4 August, 2011

Committee Secretary Senate Standing Committees on Community Affairs

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Dear Sir/Madam

**Re: *Commonwealth Funding and Administration of Mental Health Services.***

As a practicing psychologist of 15 years, I hereby make the following submission in relation to the Commonwealth Funding and Administration of Mental Health Services Inquiry.

I am a registered psychologist and have worked with children and adolescents in schools and in a hospital setting as an Educational and Developmental psychologist. I would like to make comment on four areas that have been listed in the Terms of Reference for the Inquiry:

My submission is regards to four areas of concern:

1. ***The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule (from 18 sessions to a maximum of 10 sessions per annum)***

2. ***The two-tiered Medicare rebate system for psychologists***

3. ***Workforce qualifications and training of psychologists, and***

4. ***Workforce shortages.***

***The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule (from 18 sessions to a maximum of 10 sessions per annum)***

The reduction of services made available to patients or clients with mild or moderate mental illness is a major concern in terms of early detection and prevention of mental illness. Since my client base has been with children and adolescents I can attest to the great benefits of psychological services being available at this stage of illness. In my treatment of young people, I can also verify that the prevalence of mental health issues are present within families as a whole. Many of the parents and carers I have had contact with have presented with mental health problems. An unfortunate trend in our society is the high prevalence of relationship breakdown ending in separation and divorce. Whilst there may be some support offered to young people within schools, where do their parents and carers go to for their mental health needs?

As every well-trained and experienced mental health practitioner knows treating mental illness is a process.

***I firmly believe that reducing the number of session made available to people (with mild, moderate or severe mental health issues) through the Better Access to Mental Health Scheme will have a major deleterious effect upon the Australian population's health.***

Globally, people are becoming far more aware and knowledgeable about the impact that mental health has on their general well-being. The Better Access to Mental Health scheme has been successful in breaking down the stigmatisation and fear that accompanies mental illness by encouraging people to consult with General Practitioners. But this is just the start of the process towards wellness. In many instances, mental illnesses such as depression and anxiety if not detected and treated at early stages leads to maladapted behaviours such as substance abuse, aggression, eating disorders, suicide and psychopathology (to name but a small list of psychological problems) requiring far more intensive treatment. And, there are simply not enough hospitals or treatment facilities for these acute and often chronic patients.

When working with young people it takes time to assess and collect data from not only the young people but from their parents and carers.

The first five (5) to six (6) sessions generally cover, and not restricted to:

- initiating, developing and establishing a therapeutic alliance with the young person
- interviewing the parents to gather collateral information
- explaining the process of psychological counselling and treatment
- providing psycho-education to the client and their family
- negotiating with the young person and determining appropriate therapeutic plans
- building trust and mutual respect and dispelling fears and anxieties that are often embedded in the person's perceptions of psychological therapy
- assessment (semi-structured interviews, questionnaires or screening tests)
- interpreting and formulating the presenting issue (assessing level of severity and risks)

The second five (5) or six (6) sessions can often be the most difficult part of the therapeutic engagement as the client can begin to uncover deeper issues that may have been repressed. During these series of sessions if the previous set of sessions has established good therapeutic communication and alliance, deeper and more threatening underlying psychological features may appear. These sessions may include disclosures from the client such as:

- alcohol and illicit drug use
- incest and sexual abuse/assault
- bullying and intimidation
- witnessing or receiving domestic violence
- emotional disturbance after parental separation and divorce
- suicidal ideation/attempt(s); deliberate self-harm
- anger outbursts; aggression towards others; homicidal ideation
- anti-social behaviour

- criminal activities
- traumatic natural events such as the recent flooding and cyclones in Queensland, involvement in or witnessing of motor vehicle accidents and other critical incidents
- grief reaction to death, terminal illness, disability

Once these issues are revealed then it is paramount that therapy continues. Referring a young person after establishing a trust bond that is part of the therapeutic alliance could result is an escalation of harmful cognitions and behaviours. This may not occur in every young person that is seen but should a severe underlying issue as listed above be disclosed then being unable to continue therapy with this client could raise duty of care concerns.

This situation presents a myriad of questions such as:

1. If this young person's family cannot afford the costs of psychological treatment would they seek alternate treatment options?
2. Or, would they more likely stop treatment altogether?
3. Where could they find alternate treatment from a public mental health system that is already overburdened?
4. What impact would the change to another mental health professional have on the young person who trusted the therapist when he or she disclosed such personal and traumatic events?
5. Would they never again engage with another adult to receive professional treatment?

I firmly believe it is irresponsible to reduce the maximum number of sessions to ten (10) sessions especially for children and young people who may initially present with mild or moderate levels of psychological problems. In many cases, young people may have less developed communication skills and may have more resistance to treatment (especially if they have had a history of trauma) and they may not immediately present with severe psychological disturbance/symptoms.

***Implications of the two-tiered Medicare rebate system for psychologists***

In relation to the two-tier discrepancy of registered psychologists, I cannot see the justification for this discriminatory and 'ad hoc' decision to label some psychologists as "Clinical" while others are not recognised for their skills and knowledge. I have a Masters degree in Educational Psychology and am a member of the College of Educational and Developmental Psychology. My training, education and experience have given me highly valuable skills in my particular area of practice. Moreover, I have been a field supervisor and trainer of post-graduate students who are completing their course practicums as part of their higher degrees. If I now choose to have a private practice my earnings with Medicare-referred patients is substantially less (and I certainly could not expect patients to paid the gap between the rebate and the APS recommended fees for services which is currently $218.00/hour)

I have always believed that Australia has also been a country that recognises and stands up for human equality and a "fair go" especially within the workforce – but this two-tiered system that has been introduced is a shameful and dreadful misapplication of a government policy. It is simply "un-Australian".

I have read other submissions from the public and was shocked to see that one individual stipulated that clinical psychologists are the ONLY psychologists given specialist postgraduate training in assessment, diagnosis and treatment of moderate to severe mental illness.

**This simply IS NOT TRUE.**

There are psychologists in many areas of specialisation (Forensic, Counselling, Neuro-Clinical, Educational and Developmental, Health, Forensic to name but a few) who have acquired and completed training and education at the tertiary level who are skilled in assessment, diagnosis and treatment of mental illness.

In defence of my colleagues who are labelled "Generalist" who completed Board approved internships after completing a 4$^{th}$ year Honours (or equivalent) degree, they have also attained tertiary education and training within the supervised practice program that was approved by the various State Psychology Boards across the country. Indeed, the continuation of this internship program (the 4+2 Pathway to registration) is still in place and monitored under the National standards and guidelines by the Australian Health Practitioners Regulation Agency (AHPRA).

All registered psychologists are expected and required under the law to practice their professional to the highest standard. Practitioners who don't will simply not sustain an income if their work is substandard. Also, these "general" practitioners who have been practicing over the years (sometimes more than 30 years) have experience and knowledge that is to be honoured and valued. In my interactions with these practitioners many have expressed feelings of being de-valued to the point where they are considering leaving the profession. What a loss this would be to the nation!

This statement leads directly to comments on the last two areas (i.e. workforce shortages):

***Workforce qualifications and training of psychologists, and workforce shortages***

I have already commented on the qualifications issue as it pertains to the two-tiered model of the Medicare rebates.

I will add this: there are *inadequate Higher Degree places* in our Universities to maintain and supply the demand for mental health services in the 21st century. It has long been cited in our media that mental health problems will continue to rise and may surpass other health problems such as heart disease, cancer and other life threatening diseases. In fact, research is showing that as the population increases stress and emotional disturbances will rise and the link from mental health to physical well-being is well documented. Therefore, we desperately need our schools, colleges and universities to promote and expand their courses for mental health professions especially psychology.

In addition, support should be given to employers to take on provisional psychologists. Good supervision for psychology interns is vital to ensure high quality standard of psychological services in the future.

*The State and Federal governments should be investigating and investing in this area of need***.**

Perhaps intern psychologists could be given the same support toward their training and education as the trades industry receives. Employers who take on apprentices are able to received governmental assistance to employ these trainees. Why can't this attitude and rationale be taken for Allied Health Professionals? Are our services less important than a carpenter, plumber or electrician? I am sure that private and public employers of psychologists would take on psychology interns in all Pathways (4+2, 5+1 and Higher

degree) if they could receive a government subsidy for their services in supervising and training intern psychologists.

In conclusion, I ask the Standing Committee to:

1) Reconsider the move to reduce the number of allowable sessions under the Medicare Rebate System and reinstate the maximum number of sessions to eighteen (18)

2) Remove the two-tiered Medicare rebate system so that all psychologists with specialist qualifications or who are recognised as generalist psychologists are equal

3) Recommend that tertiary institutions are funded to provide additional courses and places for psychology

4) Consider recommending that government bodies provide better incentives to employers to increase the number of training placements for intern psychologists (i.e. modelled on the apprenticeship scheme that is available in other workforce sectors).

Yours in good faith