

Submission to Senate Community Affairs Reference Committee into Commonwealth Funding and Administration of Mental Health Services

I am a clinical psychologist who has almost 8 years experience working in the mental health field with children, adolescents and families. At this stage, I work solely in the Public Service so the proposed changes will not significantly or directly impact on me or my own financial situation currently and I also therefore do not have direct experience of working in the private sector with Medicare rebates. However, I believe it is important to contribute a submission to the inquiry, as I have concerns that some of the proposed changes outlined in the terms of reference have the potential to adversely affect the consumers of mental health services as well as more broadly affecting the psychological profession in Australia.

While providing some comment below in relation to specific terms of reference of the inquiry, I would also like to endorse the extensive and more detailed positions provided by the Australian Psychological Society (including that of the Clinical College) and the Psychologists Association SA Branch (PASAB) as a member of these organisations.

(b) (iv) 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;

- It is my experience that in order to effect significant and lasting change in the mental health outcomes of young people, it is important that they are able to access quality therapeutic services as early as possible. There is considerable research demonstrating the effectiveness of early intervention in altering the life paths of these vulnerable young people, who may otherwise develop into adults with more entrenched mental illnesses, drug and alcohol abuse issues, chronic unemployment, criminal activities, intergenerational abuse and violence issues and a number of other issues that are extremely costly to society.
- The population of clients seen in mental health settings, particularly adolescents, can be difficult to engage in therapy and need time before they feel comfortable enough to start to explore complex and sensitive personal issues. With the pressure of only a limited number of sessions available, it is possible that clients may feel overwhelmed and may drop out of therapy prematurely.
- It is also vitally important to allow enough time to consolidate therapeutic gains and spend some time at the end of therapeutic involvement addressing relapse prevention. This may then prevent further costly episodes requiring further mental health intervention in the future.
- If clients are not able to access sufficient therapeutic input from private psychologists, either due to being unable to afford it without the Medicare Benefits Schedule or because the length of therapy is limited to 10 sessions, this is likely to increase the pressure on the government mental health sector as more clients will need to rely on the public system for therapy from the outset or will need to be referred to the public system once the Medicare funded private sessions have been used.

(e) mental health workforce issue: (i) the two-tiered Medicare rebate system for psychologists

- Clinical Psychology is a specialist branch of psychology requiring practitioners to undertake an additional two year post-graduate degree specialising in mental health issues following the normal four year psychology degree. The Masters Degree in Clinical Psychology focuses on the theoretical understanding, diagnosis

and treatment of mental health disorders as well as providing further training in research and critical evaluation skills.

- In addition to the six years of formal training specialising in mental health, psychologists seeking endorsement in Clinical Psychology must also complete a further two years of extensive clinical supervision and further professional development.
- Clinical Psychologists are therefore trained in a number of specialised skills not required by other psychologists and allied health professionals and there are stringent requirements in place ensuring that Clinical Psychologists continue to update their skills and training through ongoing professional development and supervision to ensure standards are maintained at a high level. This means that in mental health, the assessment and therapy skills of a Clinical Psychologist are most closely comparable to those of a Psychiatrist.
- For further more comprehensive information regarding the specialist skills of Clinical Psychologists, I draw your attention to the Work Value Document from Western Australia in 1998 – Increased Work Value: The Case of Clinical Psychology, prepared by the HSOA Clinical Psychology Negotiating Committee in support of Application No P39 of 1997 HSOA v Royal Perth Hospital & Others. I believe the APS has provided this document with their submissions, so have not included it with this submission.
- Only psychologists with fully recognised six year Clinical Psychology qualifications are eligible to apply for psychology positions in the Public Service department where I currently work, which supports the view that the specialist training is recognised as a valuable resource in providing the most effective clinical work with people with moderate to severe mental health problems.
- The additional training required to become qualified as a Clinical Psychologist also requires significant extra costs for the psychologist during the training and on an ongoing basis during their career. Additional costs include forgoing a salary for an additional two years of study while completing the post-graduate degree, as well as additional HELP debts accumulated by the extra years of study. To maintain Clinical Psychology qualifications, there is also considerable cost in applying for and maintaining membership in professional organisations, as well as the costs of ongoing professional development to maintain up to date skills and knowledge as a requirement of Clinical Psychology endorsement.
- Given the extra costs and time involved, it is reasonable to expect some financial incentive to continue to acquire the higher skills. By recognising the specialist nature of Clinical Psychology to date in the Medicare Benefits Scheme, there has been an incentive for psychologists to maintain and update their specialist skills while being able to make a reasonable living. Furthermore, it has allowed Clinical Psychologists to maintain reasonably low gap charges and has ensured that quality clinical treatment is accessible and available to the more disadvantaged populations, who are likely to otherwise be unable to afford these services if Clinical Psychologists were compelled to increase their gap fees to compensate for the loss of income that would come from a decrease in Medicare funding.

Thank you for your time in considering the points made in this submission.