Submission to the
Commonwealth Funding and Administration of Mental Health Services
Senate Inquiry: Community Affairs References Committee

Thank you for the opportunity to make this submission.

I am a Clinical Psychologist and a foundation member of the Australian College of Specialist Psychologists. I have over 8 years experience in the field of mental health.

I wish to register my very deep concern regarding the Better Access initiatives that would reduce, rather than increase, the number of consultations available to patients; and the assumption that clinical psychologists only treat patients with low to moderate mental health illnesses. This assumption is so totally ill informed that it raises very real concerns about the efficacy of the advice being received by the government.

The bulk of my patients have chronic moderate to severe mental illness (psychological disorder). Often these patients also have chronic and severe presentations that include co-morbid physical illnesses. Due to the complexity of these presentations, services have to be provided by a clinical psychologist who has advanced knowledge of assessment, diagnosis, case formulation and treatment modalities.

Most of the patients I have seen have never had previous access to psychological treatments that work. Many have had non-specific counselling, been prescribed psychotropic drugs, or admitted to psychiatric hospitals. At best these treatments represent a band-aid approach to contain immediate problems.

In the context of my clinical practice I was surprised and dismayed to see in the Federal Budget announcement that the number of sessions for members of the public to access specialist Clinical Psychologists under the Better Access Scheme was being cut from 12 to 18 sessions, back to 6 to 10 sessions.

My patients with moderate to severe mental illness average about four or five out of every ten and require the current 12 to 18 sessions currently available under Medicare. While new generation psychological treatments can be very effective within the first ten sessions, for many patients there needs to be at least 20 sessions available. This is because recovery may take time, as does a shift to a persistent pattern of adjustment and adaptation. The individual's environment can change, including people, and brief psychological interventions need to be available when and as required.

The advantage in having a clinical psychologist is that specialist practitioners have the capacity to rework procedures to meet the unique nature of differing clinical situations. Psychological intervention must begin and end with the condition of the patient and not be straight jacketed by a Medicare template designed to fit all circumstances. Whatever the degree of mental illness (mild, moderate, 'advanced') one of the primary tasks is to help the patient engage with life while dealing with the effects of psychological disorder (mental illness).

Recommendations:

a) Change Medicare referral processes to allow for flexibility in ensuring rapid access to specialist services in psychology.

b) Add more Medicare items for specialist clinical psychologists to provide for shorter and longer consultations.

c) Increase the number of sessions available for clinical psychologists to at least 20 to reflect current research and findings from clinical practice (see below).

d) Add a Medicare item to provide for other family members to be seen in joint or separate sessions.

e) The need for specialist clinical psychologists.

Thank you for considering this submission.

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