



College of Clinical Psychologists

31 July 2008

The Secretary
Senate Community Affairs Committee
P O Box 6100
Parliament House
Canberra ACT 2600

Dear Secretary

The National College of Clinical Psychologists of the Australian Psychological Society appreciates the opportunity to make a submission to the Inquiry into Mental Health Services in Australia. While the College does feel that the National Action Plan on Mental Health has provided a good framework for the improvement of mental health services in Australia, we are concerned that the actual delivery of mental health services still lags behind the framework.

This is particularly evident in the shift from a bio-medical model of care to a bio-psycho-social model of care. Mental health services across Australia continue to place a priority on the funding of psychiatric care which is generally delivered at the tertiary level of care – i.e., psychiatric hospitals. Even at this tertiary level, there needs to be a shift from reliance on medical treatment to other evidence-based interventions provided by specialist clinical psychologists and rehabilitation services provided by nurses and allied health clinicians. While there will always be a need for inpatient acute mental health care, there is a growing body of evidence that indicates concentrating mental health resources at the primary and secondary levels of care will significantly decrease the reliance on inpatient psychiatric care. The recommendation of the first Senate inquiry on Mental Health (2006) to establish a larger network of community mental health centres with salaried positions, in conjunction with Medicare mental health funding, needs to be implemented.

This translate into a health reform agenda which focuses mental health resources into early identification, psycho-social education, evidence-based psychological interventions and a recovery framework which includes management of chronic mental illness, educational vocational, social and accommodation services – as well as acute psychiatric care. The current review of the Medicare Better Access scheme's cost effectiveness needs to include the issue of best matching of service needs to service provider, and the broader issue of whether an overall fee for service model is actually the best fit.

Such a health reform platform would also have to include a re-alignment of the mental health workforce. The reliance on psychologists, social workers, occupational therapists will significantly increase – along with rehabilitation counselors, peer consultants and welfare workers. Such a workforce paradigm would also create an additional need for specialist psychologists to provide the assessment, treatment planning, supervision and clinical leadership for any members of this non-medical workforce who possess the skills required for delivery of appropriate interventions. Clinical psychologists would continue service provision of specialist level formal psychotherapy and specialist assessment and clinical diagnosis, for those patients with complex presentations and multiple needs. Those functions in particular require postgraduate level training, and the new Medicare Better Access scheme is a start to the development of this new specialist level of service delivery through its recognition of the specialty area of clinical psychology. However, the Medicare items needs to be expanded to allow the development of this clinical leadership role.

The College supports the funding for increased university places for the training of clinical and other specialist psychologists at the postgraduate level. There continues to be a gap in adequate funding for the teaching of postgraduate training which involves formal class instruction, one-to-one clinical supervision provided by University clinics, clinical supervision provided by field supervisors and research supervision. The lack of clinical placement opportunities in the field can be directly correlated to the lack of adequate career structures provided by many State governments throughout Australia. One solution to the issues around clinical experience in the University clinics could include Medicare rebates for psychologists in training.

Another factor that must be considered is the need to significantly increase the mental health services at the primary level. The primary level includes involvement of parents, teachers, daycare workers, GPs and community nurses. It is crucial that these groups receive education and consultation on the early signs of psychological, cognitive and social disturbance so that early intervention and support can be provided to decrease the likelihood of the development of more serious mental illness in the future. Currently, very little funding for such services is provided b state or federal government and, as a result, are unlikely to occur for those individuals who are most at risk. Funding for this level of service delivery would also need to include a wide range of specialist psychologists to provide the specialist direction and supervision for the range of mental health workers needed at this level of service delivery.

The College is also concerned about the definition of mental health problems. Mental health services continue to focus on severe mental illness and on those individuals with chronic histories. Although services to this population are very important, mental health services, as discussed earlier, need to include pre-morbid and non-psychosis related problems in order to prevent or ameliorate the emergence of chronic mental illness or to prevent the occupational and social disability that accompanies such illness.

The final area to discuss is mental health issues related to health difficulties. Again, these mental health difficulties are often not funded under most current state and federal government allotments. This is another area that allows for early intervention which would significantly decrease the likelihood of ongoing or worsening mental health problems or an extended length of hospitalization due to the health problem not resolving satisfactory due to the untreated mental health problem.

The National College of Clinical Psychologists again wishes to thank the Senate Community Affairs Committee for its inquiry into this very critical area of health need in Australia.

Yours truly

A handwritten signature in cursive script, appearing to read "Deborah Wilmoth".

Dr Deborah Wilmoth, PsyD
Chair
National College of Clinical Psychologists
Australian Psychological Society