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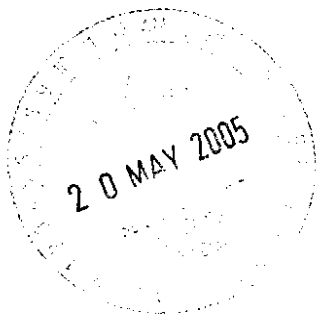

Ms Lyn Allison
Chairperson,
Senate Select Committee on Mental Health
Parliament House
CANBERRA

Dear Senator,

Re: Submission to the Senate Select Committee on Mental Health

As the professional society representing over 14,000 psychologists in Australia, the Australian Psychological Society welcomes the opportunity to make a submission to the Senate Select Committee on Mental Health.

The APS represents psychologists employed across all aspects of mental health policy and practice, including service provision, education and research, and our submission reflects this breadth of expertise. As a member of the Mental Health Council of Australia, the APS has also contributed to the submission from that body and we have obviously chosen not to re-present issues that were a focus of that submission.

As the Society has such a strong involvement in mental health policy and practice, we would appreciate the opportunity to supplement this submission with an oral presentation to the Committee. In this presentation we would like to provide possible mechanisms for advancing the concept of Divisions of Primary Care and specifically discuss the ways in which psychologists can assist in easing the burden of mental health in Australia.

Finally, we would like to seek your permission to place our submission to the Committee on our website in the members-only section, to enable members to have access to the work we have done on their behalf.

Thank you once again for the opportunity to submit our views for your consideration and we wish the Committee well in its vital work.

Yours sincerely,

Lyn Littlefield

Professor Lyn Littlefield OAM FAPS
Executive Director

The Australian Psychological Society Ltd

Submission to the Senate Select Committee on Mental Health

May, 2005

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Executive summary

As the major professional body representing psychologists in Australia, the Australian Psychological Society (APS) has a long-standing involvement in setting standards for mental health practice and professional training, and in policy development for mental health services. With mental health disorders now the leading cause of disability burden in Australia, the social, human and economic costs are enormous. The APS has grave concerns that the rising incidence of mental health disorders is not receiving the priority it deserves from governments, nor being matched by increased consumer access to best practice treatments.

The APS response to the Senate Select Committee on Mental Health focuses on the areas where psychologists can particularly contribute their expertise and, within this context, identifies key areas of concern in mental health policy and service delivery in Australia. These include:

- The demand for mental health services exceeds the current workforce capacity and yet psychologists are under-utilised
- Government funding limits access to psychology services in mental health
- There is limited use of evidence-based psychological interventions that can provide effective and cost-efficient treatments
- The critical importance of early intervention for mental health disorders
- The crucial role of primary care in comprehensive management
- The need for greater funding of mental health research.

The core proposition of this submission is that there is a significantly under-utilised, highly trained workforce of psychologists available in this country that could be readily mobilised to increase the capacity of the mental health workforce to meet the growing mental health demands in Australia. We propose a number of initiatives to increase the utilisation of psychologists within the private and public sectors. Apart from enlarging the available mental health workforce, an increased use of psychologists in primary care and public mental health services would enhance access to evidence-based psychological interventions. This would ensure that government-funded psychological interventions for mental health disorders are as effective and cost-efficient as possible and delivered by the professional group most highly trained and skilled in their delivery.

Recommendations are also provided for the development of risk assessment tools and specific early interventions programs in community, education and primary care settings to assist in identifying individuals at risk of developing mental illness. A proposed initiative to enhance the delivery of mental health services in primary care is the development of a comprehensive, multi-disciplinary approach that would convert Divisions of General Practice into Divisions of Primary Care, involving all primary care providers and community services. This would allow for more integrated care and would support proposals for early intervention programs within primary care.

The importance of research in mental health is raised and endorsed with particular emphasis on directing some funding towards innovative research into longer-term studies of effectiveness of treatment.

1. Introduction

1.1 Mental health: the leading cause of disability burden in Australia

Mental health disorders are the leading cause of disability burden in Australia, accounting for an estimated 27% of the total years lost to disability.[1] It is estimated that 18% of adults experience a mental health disorder in their lifetime and this is associated with enormous social, human and economic costs.[2] These levels represent an increase over recent years in both high and low prevalence disorders.The high prevalence disorders include affective disorders (depression, dysthymia, mania, hypomania and bipolar disorder), anxiety disorders (panic disorder, agoraphobia, social phobia, obsessive compulsive disorder, generalised anxiety disorder and post-traumatic stress disorder), eating and substance-use disorders. The low prevalence disorders include schizophrenia.

1.2 About the Australian Psychological Society

The Australian Psychological Society (APS) is the major professional society representing psychologists in Australia. With over 14,500 members and 38 branches across the country, the APS is the largest of all non-medical health professionals' associations in Australia. The APS nine Colleges that promote specialist areas of psychology, including Clinical, Community, Counselling, Educational & Developmental, Organisational, Neuropsychology and Health Psychology. A range of interest groups within the APS also reflects the Society's commitment to promoting equity for indigenous Australians, ageing people, children, adolescents and families. The Society includes in its membership psychologists from a wide range of settings, including public sector, primary care, private professional practice, education, research and management.

The APS welcomes the opportunity to contribute a submission to the Senate Select Committee on Mental Health. The Society has a long-standing involvement in mental health, and the profession itself stands at the heart of the development of all aspects of mental health – diagnosis, treatment and research. As the profession most closely associated with the understanding and management of behaviour, psychology has spearheaded the development of non-pharmacological treatments for a large number of mental health disorders. There is a large body of research evidence testifying to the effectiveness of these psychological interventions.

The APS is gravely concerned about the rising incidence of high and low prevalence mental health disorders that is not being matched by improved consumer access to best practice treatments. We acknowledge that mental health policy and strategy development has been attempted in documents such as the National Mental Health Plans and also reflected in other Commonwealth initiatives such as the Better Outcomes in Mental Health Care. However, the implementation of such policies and strategies has been very limited. The APS shares with many other mental health organisations a deep dismay at the lack of resources and the poorly focused measures to address the looming crisis in mental health in Australia.

1.3 APS response to the Terms of Reference

The Senate Select Committee on Mental Health Terms of Reference identifies 16 items concerning the provision of mental health services in Australia. The APS response has focused on those areas where psychologists can particularly contribute their expertise and, within this context, has identified key areas of concern in mental health policy and service

delivery in Australia. The submission is organised under these major areas of concern and the Terms of Reference to which each area corresponds are identified.

The submission is presented in the following sections:

- Demand for mental health services exceeds the currently utilised workforce capacity
- Current Government funding limits access to available psychology services in mental health
- Limited use of evidence-based psychological interventions that can provide effective and cost-efficient treatment
- The critical importance of early intervention for mental health disorders
- The crucial role of primary care in comprehensive management.
- Need for greater funding of mental health research.

Each of these areas of concern is discussed and recommendations for initiatives to address these concerns are included at the end of each section.

2. Demand for mental health services exceeds the currently utilised workforce capacity
(Terms of Reference a and c)

The major professional groups currently government-funded to provide primary service for mental health disorders within the private sector in Australia are psychiatrists and general practitioners (GPs). This not only limits accessible services to those provided by medical practitioners, but also fails to utilise the expertise of other professional groups who are very capable of providing primary mental health care. Some very limited funding, associated with specific government initiatives, has found its way to psychologists, specialist nurses, social workers and other mental health workers within primary care. Within the public sector, the primary source of funding is the State government and significant amounts of resources go into the support of professional services within acute care, ambulatory care, community facilities and even dedicated mental health community services. Although significant amounts of funding go to these services, and there seems to be evidence of it increasing commensurate with general health spending, there are significant questions about the efficacy of its utilisation and whether current levels of funding are appropriate to the level of demand and need. There are a number of workforce and current practice issues that impact upon patients/client needs and their access to services in both the public and private sectors.

2.1 Low number of psychiatrists

Whilst the burden of disease for mental health disorders continues to increase over time, there is a decreasing number of psychiatrists in the workforce to meet the demand. Of the 2000 or so practising psychiatrists in Australia[3], most work in private practice, with distribution rates being lower in disadvantaged areas of Australia and much lower in rural and remote areas compared to metropolitan areas[4]. The number of medical graduates entering psychiatry training programs has been declining significantly in recent years.[5]

2.2 Limited number of mental health-trained GPs

Although the involvement of GPs in managing mental health disorders has been significantly enhanced by the recent *Better Outcomes in Mental Health Care* (BOMHC) initiative, access to the program is limited to GPs who have undergone training for the program. Of the 32,000 GPs in Australia, only 12 percent (just over 4000) are currently involved in BOMHC.[6] This means that the communities served by 88 percent of GPs have no access to this government-funded mental health initiative unless they are prepared to switch their family doctor – if they can find one who is BOMHC registered.

2.3 Psychology profession significantly under-utilised

The demand for mental health services in Australia far outweighs that which is currently being provided by psychiatrists and GPs. In contrast to the number of psychiatrists (2000) and GPs (4000) involved in mental health service provision, there are 22,000 psychologists in Australia, with 17,500 registered to practice and at least **10,000** of these well qualified to treat mental health disorders.[7] This represents the largest mental health workforce in the country. Seventy percent of these psychologists reside in urban areas, while 30 percent (around 3000) are in rural settings.[7] However, psychologists are significantly under-utilised in the provision of mental health services due to limited federal/state funding for allied health in the public sector, and by affordable, government-supported access in the private sector.

2.4 Difficulties in staffing acute mental health units

Most acute units provide very short-term admissions, focus on the more 'challenging' and demanding cases, and are understaffed. It appears that psychiatric and nursing staff are often not attracted to working there. Many of the teaching hospitals around Australia report an inability to fill the medical trainee positions in their psychiatric units, many of them reporting as low as 50% uptake.

In addition, the Government has a tendency to resolve the medical staff shortages by employing overseas trained specialists. The psychiatric milieu, more than any other aspect of medicine, relies very much on the awareness and sensitivity of staff and their capacity to provide socially familiar and culturally appropriate interactions. This has serious implications for the introduction of overseas medical specialists into psychiatry units.

2.5 Recommendations

- *Planning and policy development in response to mental health concerns should reflect an acknowledgement of the crisis in the workforce and the need for innovative solutions to meet demand over the next 10 years*

- *A large workforce of trained psychologists can readily be mobilised to increase the capacity of the mental health workforce to meet the growing Australian mental health demands. Initiatives to increase the utilisation of psychologists within the private and public sectors are detailed under the Recommendations of Section 3 below*

- *Workplace arrangements in the public sector should be developed to allow for the sharing of roles between psychiatrists and specialist psychologists. Clinical duties could be shared while still preserving traditional roles. The creation of attractive professional and career positions will attract expert and experienced psychologists into the mental health workforce.*

3. Current Government funding limits access to available psychology services in mental health
(Terms of Reference a, b, c, d and h)

3.1 Private sector psychology services

Unlike GPs and psychiatrists, psychologists in private practice in the Australian community do not receive government support through Medicare (i.e. access to MBS items), nor do their treatment and intervention programs attract government funding (as compared to medical practitioners who have access to Medicare items for *psychological* treatment and to the Pharmaceutical Benefit Scheme). Clients of psychologists can recover a proportion of their costs if they have ancillary cover with a private health insurance company. Some of the government-funded organisations also cover the cost of consulting a psychologist (e.g. Department of Veterans Affairs, WorkCover and motor accident insurance). However, the majority of Australians who seek psychology services have to pay the full account from their pocket. In the last five years, however, there have been Government initiatives which have provided limited funding to increase access to private sector psychology services.

3.1.1 Better Outcomes in Mental Health Care (BOMHC) allied health component has very limited funding

Access to allied health services is a component of the BOMHC Initiative that is designed to provide Level 1 trained GPs with support from appropriately trained allied health providers to treat people with a mental health disorder. Under this arrangement, GPs who have undertaken the 6-hour training in the 3-Step Mental Health Process can refer specified patients for 6 sessions of Focused Psychological Strategies provided by allied health professionals. The predominant professional group sought by GPs has been psychologists >90%) due to their high level of mental health training and availability, although the nominated eligible allied health groups also include specially trained social workers, mental health nurses, occupational therapists and Aboriginal and Torres Strait Islander health workers.

The infrastructure for coordination and delivery of this component of the BOMHC Initiative lies with the Australian Divisions of General Practice. Almost the entire 120 Divisions have applied for and received funding for utilising services of allied health professionals under BOMHC. However, there is limited funding for this component of the Initiative, and within each Division of General Practice Level 1 trained GPs have access to only a very limited number of referrals per year. It is not unusual for GPs to use all their allocated referrals to psychologists within a few weeks of the funding year.

GPs and consumers have been extremely positive about the benefits of this significant, if limited, initiative. The evaluation of the allied health component of the BOMHC program has produced glowing reports about the substantial benefits to patients with a wide range of mental health disorders, including co-morbid drug and alcohol problems. In addition, reports indicate positive outcomes for GPs and the satisfaction of allied health professionals included in multidisciplinary care. Drug and alcohol issues, a major area of need and demand, have received separate attention under a joint project between ADGP, DVA and AERF and has encouraged clients to access BOMHC sponsored items for treatment.

3.1.2 Focused Psychological Strategies Medicare item currently only able to be provided by GPs

The Medicare item Focused Psychological Strategies (FPS) was introduced as part of the Better Outcomes in Mental Health Care (BOMHC) Initiative and is accessible to GPs who have completed Level 2 training under the Initiative. FPS are specific mental health treatment strategies, derived from evidence-based psychological therapies. Under BOMHC, GPs are required to undertake 20 hours of instruction in FPS (Level 2 training), after which they can access the MBS items to provide psychological treatment to patients presenting with mental health problems.

The techniques that GPs are expected to master in **20** hours are components of those required of psychologists to be registered to practise. Psychologists' training for registration involves a four-year university degree in psychology, two years post-graduate study (usually a Masters degree) and at least one subsequent year of weekly clinical supervision (**at least 6 years' training**). We believe that twenty hours of instruction in psychological therapy techniques is not adequate training and does not meet appropriate professional standards for mastering the skills for effective psychological intervention.

The profession of psychology, which is more highly skilled and qualified to provide psychological interventions for mental health problems, does not have access to Medicare rebates for delivery of FPS. Many patients have little choice but to use the funded (and hence cheaper), less well-trained practitioner. As a result, a person seeking psychological help from a Level 2 trained GP may not receive a highly successful intervention, which could have been delivered by more appropriately skilled hands.

3.1.3 Access to Enhanced Primary Care MedicarePlus items jeopardised under proposed changes

The Enhanced Primary Care (EPC) Initiative was established by the Australian Government in 1999 to improve coordination of care for people with chronic and complex health needs and provide a framework for a multidisciplinary approach to health care. It is well established that allied health input is required for optimal management of chronic diseases and the best practice is to have this provided by a coordinated, multidisciplinary team. In March 2004, the Government announced an expansion of the EPC Program funded under Medicare to involve an allied health component. Under this initiative, GPs are able to refer people with chronic conditions and complex needs, who are being managed under an EPC multidisciplinary care plan, for up to five allied health services per year. The new allied health Medicare Items, titled MedicarePlus, include access to a psychologist as well as other appropriate health professionals.

A major difficulty with the EPC Program has been the reluctance of GPs to complete the EPC multidisciplinary care plan, which involves consultation with two allied health care providers. In response to GP complaints regarding this, the Government has recently announced changes to simplify the administration of the EPC Program. These proposed changes involve replacing the existing EPC multidisciplinary care plan item with new items for chronic disease management (CDM), where GPs can prepare care plans to manage chronic disease without consulting other care providers (entitled a GP Management Plan [GPMP]). For patients requiring multidisciplinary care, an additional team planning step must be completed under the Team Care Arrangements (TCA) item.

However, the new simpler GPMP care planning item is no longer linked to the MedicarePlus allied health items. The allied health items will, from our understanding, now only be available if a person is managed under a Team Care Arrangement (TCA), which requires an

additional step in planning by the GPs. The pathway to provide patients with access to allied health care will now be even more difficult, and it is likely that GPs will be just as reluctant to put in the effort to develop TCAs as they were to complete the original EPC multidisciplinary care plans. It is highly likely that GPs will only complete the simpler GPMP item, which is no longer linked to the MedicarePlus allied health items. The modification of the EPC Program therefore appears to have defeated the purpose of the MedicarePlus allied health initiative, which was to allow people with chronic diseases, such as many of the mental health disorders, to have some access to rebatable allied health interventions. In many cases, allied health are the professionals trained to provide the best practice interventions for chronic disease management.

Under the proposed GPMP item, people with difficulties in adjusting to living with a chronic disease (such as the mental health disorders: depression, anxiety, OCD, psychoses, eating and substance abuse) will no longer have access to rebatable psychological assistance. People living with chronic disease are usually highly financially disadvantaged due to an inability to undertake paid employment, and these proposed changes will remove access to a justified health benefit.

3.1.4 Private sector recommendations

- Better Outcomes in Mental Health Care allied health component
  There is a need for significant expansion of the BOMHC initiative, as the mental health services provided under this program are currently only available to those members of the population who are served by the 12 percent of GPs who have undergone Level 1 training. Level 1 mental health training should be integrated into medical education or at the very least into requirements for membership of the College of General Practitioners, so that all GPs are equipped with these skills. This would then allow all Australians to have access to effective management of mental health problems, including access to psychological interventions under the BOMHC program. Providing increased funding for the Allied Health component of BOMHC would allow more GP referral to psychologists and therefore greater community access to psychological interventions for mental health disorders.

- Focused Psychological Strategies
  Enabling psychologist access to the Medicare items for Focused Psychological Strategies would use an equivalent amount of funding for treatment, yet would ensure that the highest quality and most effective, affordable care is provided for patients with mental health disorders. This initiative would provide access to best practice psychological interventions in specialised areas of great need, such as youth and aged mental health, and would ease the mental health burden through mobilisation of a significantly under-utilised trained psychology workforce.

- Enhanced Primary Care MedicarePlus items
  All of the new Medicare chronic disease management items (GPMP as well as TCA), proposed under changes to the Enhanced Primary Care (EPC) Program, should be linked to the allied health MedicarePlus items to enable people with chronic disease, such as a wide range of mental health disorders, access to rebatable allied health (including psychological) services, which provide best practice treatment for chronic mental health problems. Linking the MedicarePlus items with all of the new CDM items will allow a highly disadvantaged group with multidisciplinary health needs to continue to gain affordable access to psychology services.

3.2 Public sector psychology services

It is crucial that the public sector provides effective and comprehensive mental health services, as so many people with mental illness do not have the resources to enter the private sector. In addition, the public sector is vital for the professional development of new staff in medical, nursing and allied health areas, and is a very important context for research and development of new interventions.

In recent times, public sector mental health services have increasingly become focused on the management of low prevalence disorders and, constrained by resources, limited to the very disturbed end of the spectrum. Either for ideological or resource reasons, the case management model has been adopted across both acute and community settings, with clinical staff operating in case manager roles. Many clinical specialist positions have therefore become 'generic' and the psychological expertise provided by psychologists has become significantly under-utilised. A relevant review by Marshall et al. (2005)[8] found that case management succeeded in its aim to keep better contact with clients with mental illnesses, but failed to meet its stated aims of reducing hospital admissions, and improving outcomes in terms of mental state, social functioning and quality of life. The review found that the issue of reducing costs remains unproven.

The issues identified below reflect current concerns within the public sector that impact upon access to specialist psychology services.

3.2.1 Underfunding at state level

Although financial reports support the conclusion that funding for mental health services has kept pace with that provided to other areas of health, there is a strong sense from workers in mental health facilities that positions have been lost, budgets reduced and less and less services are able to be provided. Repeated reports from APS members working in institutions or under specific programs have raised concerns regarding this reduced level of funding for mental health services by state and local instrumentalities. Although these situations are clearly anecdotal, they are indicators of a crisis which we believe currently exists in public mental health services.

It has been pointed out by many people that investment in the treatment and effective management of mental illness is really an investment in recovered productivity both in the community and the workforce. Many of the Society's members highlight the enormous cost to health facilities of ineffective management of disorders such as borderline personality disorder which are very costly in therapist time and extremely distressing to carers and medical systems. Effective psychosocial interventions are available for delivery outside the medical model by psychologists.

3.2.2 In-patient psychiatric care limited to crisis cases

One of the consequences of limited resources within mental health services is that public health facilities within hospitals or related structures are focused on crisis cases. The limited number of beds, which are a function of the lack of appropriate staffing and the reduction in financial investment in mental health, mean that the facilities can only provide emergency treatment, short-term stay and medication-based interventions for the most serious cases. This exposes clients to premature discharge and inappropriate community placement, resulting in high levels of both carer and patient distress and the 'revolving door' pattern of treatment.

3.2.3 Failure to provide in-patient care for high prevalence disorders

The most worrying aspect of the situation described above is the total absence of in-patient/hospital resources for high prevalence disorders, such as depression and anxiety. It has become almost impossible to find public sector beds for any patient who is not psychotic, suicidal or behaviourally threatening. Cases of depression that are not desperately suicidal or cases of debilitating anxiety cannot be accommodated in short-term stay facilities within the public sector or cannot access public outpatient facilities. One solution that may not only provide treatment for these consumers but also reduce in-patient demand is the provision of outpatient or ambulatory clinics to assess, treat and manage high prevalence disorders. Many such services have actually been closed down in recent years as part of cost cutting.

3.2.4 Acute care policies associated with high readmission and relapse rates

One of the consequences of treating mental illness in a primarily medical model (short-term stay, medication only) is the high level of relapse and readmissions. There is a major problem with integration and continuity of care on discharge. Poor discharge planning from acute services and follow-up of people into the community is essential and a vital part of relapse prevention. This can only be done through better coordination and integration of the many and varied supports that a person who has experienced mental illness might need, which requires a clinical case manager. Furthermore, discharge plans need to be holistic, covering not only medication, but also agreed responses to early warning signs of illness relapse and risk and protective factors for mental health. There should also be goals for rehabilitation and longer-term recovery. Collaborative care approaches need to be prioritised. The long-term impact of mental illness, patient distress and the high costs of readmissions can be significantly reduced by an investment in relapse prevention programs.

3.2.5 Community care resources poorly funded

The reforms in mental health care that prompted moves to community-based settings were heralded by many state governments as enlightened and meritorious, but unfortunately have not been supported by ongoing adequate funding for services that are so vital to the rehabilitation and maintenance of people with chronic mental illness. Reports have been constant about the poor quality of living circumstances for isolated and unsupported people with mental illness. The description of very poor accommodation, below standard hygiene, limited privacy and failure to successfully monitor medication has been repeated over and over. Not surprisingly, this has produced some terrible consequences. Seriously alarming, there is now an over-representation of people with mental health illness in the criminal justice system. This amounts to a human rights offence.

3.2.6 Poor treatment of co-morbidity

One area that has attracted substantial consumer and carer criticism is that of the management of co-morbidities. Focused services tend to find dual diagnosis clients difficult to manage. People with depression or anxiety not infrequently have co-morbid substance abuse. However, services tend to want to manage only mental health problems or drug/alcohol issues, which clearly is not effective. Clients with dual diagnosis are often shunted from one type of service to the other and many are not treated at all. In addition, for people with such complex mental health conditions, coordination of care is often very poor. This is generally provided through a case management approach, but often those people in

the workforce who are designated as case managers are not optimally effective due to very high case loads and inadequate training. The case management role is vital but needs to employ people with sufficient skills and training to both coordinate and understand intervention options and resources.

3.2.7 Limited access to psychological interventions for medical conditions

Another clear example of the lack of impact of the rising incidence of mental health disorders on policy and funding can be found in the limited support for psychological services in general medical areas of public hospitals. It is now accepted that mood disorders (especially depression) and relationship problems can be causative in conditions like heart disease as well as commonly associated with the onset and development of those disorders[9]. There is also considerable evidence of the beneficial impact of psychological interventions on recovery, treatment adherence and quality of life as well as significant treatment cost reductions for a number of other chronic conditions (cancer, diabetes and respiratory illness). An additional growing area of demand in the context of drug or general management is that of accurate diagnosis. This is especially so in aged care and the determination of dementia and its discrimination from depression, for instance. Clinical neuropsychologists have well-developed tools for assisting with accurate diagnosis. This would suggest the need for involving psychologists of various types as adjunctive specialists in medical and specialised wards of major public hospitals.

3.2.8 Public sector recommendations

- *There should be increased funding at National and State level as well as resources and clear priorities to reflect the seriousness of mental health issues. Government committees must set appropriate benchmarks for mental health funding in Australia and create focused or tied funding to the States for mental health services in public and community settings.*

- *There is a need to reverse the trends towards case management-only programs that remove 'expert' clinical positions, allowing for the utilisation of specialist professionals to provide evidence-based practice in all areas of mental health treatment.*

- *Funding reviews at the State level should be undertaken to allocate resources to treatment programs that have demonstrated effectiveness and to those programs that address relapse prevention through integrated, continuous care.*

- *There needs to be investment of resources to manage severe high prevalence disorders in the community, and where necessary, in acute care settings.*

- *A commitment from all State governments is required to invest in community care resources, which have been the subject of many broken promises following the closure of institutionalised care. A review of the type of accommodation provided in the establishment of systems that closely mimic family homes rather than institutions is recommended. This should also have an impact on the unfortunate over-representation of people with mental illness in forensic settings.*

- *There should be a review of the management of relapse prevention and readmissions in the public settings to institute a nationwide program of relapse prevention initiatives. The principles of effective case management, identified by Rapp, 2004[10], should be adopted for people with complex care needs across the mental healthcare system.*

- *New initiatives are required in general medical settings to recognise the importance of psychological factors in a wide range of medical conditions and to provide resources for psychological services to improve patient health and management.*

4. Limited use of evidence-based psychological interventions that can provide effective and cost-efficient treatments

(Term of Reference a, b, c)

Psychologists are trained to deliver psychological treatments according to 'evidence-based' practice. This is defined by research evidence that has identified the most effective psychological interventions for various conditions across a variety of patient groups. Many interventions are short-term (approximately 12 hour-long sessions) and cost-effective. Psychological services are therefore developed according to the most effective and cost-efficient practice. The research database for evidence-based interventions continues to grow and psychologists are required by their profession to regularly update their skills with professional development programs.

The APS believes that evidence-based practice should be the foundation for mental health treatment programs. Although this proposal has received considerable support in policy documents, there is little evidence of a shift in attitudes, recommended strategies or procedures in both state and national jurisdictions to re-direct resources and patient treatment programs towards these interventions.

4.1 Evidence-based psychological interventions for various mental health disorders

Cognitive-behavioural therapy (CBT) interventions have been shown to be the evidence-based 'best practice' for depression, anxiety, panic disorder and alcohol/drug use. For example, CBT is a more effective (and cost-efficient) treatment for Major Depressive Disorder than anti-depressant medication (Selective Serotonin Reuptake Inhibitors [SSRIs]) in most cases, especially for youth.[11] In anxiety, CBT is the most cost-effective treatment available for panic disorder and generalised anxiety disorder when compared with pharmacological interventions.[12] Significant developments have occurred in the use of cognitive behavioural strategies for patients with schizophrenia. These interventions have been shown to have a significant impact on symptoms, behavioural responses and relapse incidence. Funding of medication through the PBS could be dramatically reduced by government policies and services focusing on these effective non-pharmacological treatments.

4.2 Recommendations

- *Government auspiced committees should create protocols for programs of treatment that specify best practice (e.g. CBT, IPT) and endorse a range of recommended extra initiatives (e.g. ambulatory clinics, primary care, school programs, psychology positions in medical units) for meeting the demand and needs of consumers with mental health problems.*

- *Utilising the infrastructure and expertise of the APS, dedicated Government funding could provide a best practice training resource for all mental health providers, including GPs, to access. We propose funding for a dedicated person or small group of people within the APS who would be responsible for ongoing training, and accreditation if required, to ensure that Government-funded psychological interventions for mental health disorders are delivered by appropriately trained and resourced health professionals and are as effective and cost-efficient as possible. The APS already provides some support to GPs through its contribution to the GP Mental Health Standards Collaboration and the BOMHC Implementation Advisory Group.*

5. The critical importance of early intervention for mental health disorders (Terms of Reference b and h)

There is now overwhelming evidence that highlights the critical importance of early intervention with people who have been established as at risk of developing mental health disorders. Programs of early intervention are critical both in terms of interrupting the pathway to mental illness as well as reducing the distress of individuals and families and the cost to the community.

5.1 Risk assessment processes within existing programs

The first step in early intervention is to develop processes for risk assessment to identify important indicators of risk. These include indicators such as moodiness, anxiety, social inappropriateness and aggressive behaviour, and poor parenting and family relationships. Standard risk assessment tools and processes need to be established and incorporated into programs to assist with identifying at-risk children and families.

The most appropriate mechanism for facilitating the identification phase of early intervention would be an initiative that utilises and coordinates programs already existing in community, educational and primary health care settings. In the critical early years of development, risk assessment processes in facilities such as birthing centres, maternal and child health centres and related community organisations could identify at-risk children. Similar processes applied in all pre-school settings, at primary school intake and at various stages throughout primary and secondary schooling could identify children at risk of developing mental health problems. Similar risk assessment tools and processes could be used by GPs in primary health care settings and case managers in community and acute care settings.

Psychologists have a long tradition of developing many well-used instruments for valid and reliable psychological evaluation. They are therefore in a very strong position to be a resource for the development and standardisation of brief but reliable risk assessment tools.

Once a professional in a primary care or educational setting identifies a child or family at risk, this should be followed by a more comprehensive and precise assessment, most appropriately undertaken by a specialist psychologist. On the basis of this more thorough assessment, decisions regarding appropriate intervention and management are made.

5.2 Interventions reduce risk of developing mental illness

The identification of at-risk children needs to be followed by the provision of appropriate intervention programs and/or referral to well qualified service providers to reduce the risk of developing mental illness. The critical issue is access to and utilisation of well-developed, evidence-based interventions (largely psychological in nature) with this age group once risk has been identified. Interventions need to be provided by highly qualified practitioners and available across a range of acute health, community health, primary care and education settings. Alternatively, affordable access to psychological interventions in the private sector needs to be made available where referral is necessary.

5.3 Recommendations

Utilising expertise from clinical psychology, clinical psychiatry and institutes of mental health research, standardised risk assessment tools and processes for identifying at-risk children need to be developed specifically for use in a range of community and health settings

- *GPs require a training program to enable them to more effectively assess risk and refer appropriately to professionals such as psychologists.*

- *Evidence-based, effective implementation programs should be established across community, educational and primary care settings.*

- *Specific early intervention programs in preschools, primary and secondary schools should be funded to enable professional staff to perform risk assessment and deliver psycho-educational and skill development programs. Mental health promotion programs should also be integrated into the school curriculum.*

- *In addition, funding is required to establish child and youth early intervention services linked to schools and community agencies. These services should be based on known evidence-based, effective treatments for children and youth, and delivered across a range of accessible settings including mental health, community health and private psychological practice. These services should also provide information on child development, as well as training in parenting skills and expert assistance to deal with problematic family relationships.*

6. The crucial role of primary care in comprehensive management (Term of Reference b and h)

There is a great need to enhance primary care services to enable comprehensive management of mental health disorders. Although subject to severe funding limitations, the Better Outcomes in Mental Health Care Program has been a successful initiative that has utilised the Australian system of general practice primary care to equip GPs with the skills and allied health support to better manage mental health disorders. A comprehensive approach to managing mental health in primary care would more fully incorporate a multidisciplinary approach, allowing for more integrated care and support of proposals for early intervention programs within primary care.

6.1 Divisions of Primary Care should be established

The first step in this process would be to convert the Divisions of General Practice (DGPs) into Divisions of Primary Care that integrate all primary care services in the region (including community health, community mental health, allied health professionals, psychiatrists and consumer groups) and are not just based upon GPs. This will no doubt be resisted by some GPs as they reasonably view DGPs as their instrumentality. However, GPs are clearly not the only agents of primary care, especially in the area of mental health, and for this reason the proposition for developing Divisions of Primary Care would not only better reflect best practice, but would enhance the whole concept of multidisciplinary care and provide more effective services for consumers with mental health problems.

6.2 Multidiscplinary approach is best practice

There is an imperative to develop and resource a multidisciplinary approach to all levels of primary care based upon best practice evidence-based approaches. There is growing evidence that for many mental health and general health problems, best practice involves the utilisation of a range of health professional services. This will vary for various conditions and age groups but it is essential that medical, nursing and allied health need to become experienced and expert in working in this manner. It is particularly important in the area of mental health that psychologists, carers and consumers are viewed as basic members of this multidisciplinary approach.

6.3 Services should be linked

The co-location of primary care practitioners such as psychologists with GPs or in Community Health Centres, or the creation of formal links between locations, should be a prime policy issue. As the concept of integrated care is a central issue in healthcare policy it is essential that progress be made with this process. Clearly the 'new' Divisions of Primary Care would be the most obvious agency for facilitating this development but there may be other avenues that can be utilised to develop integrated care. Many urban mental health facilities have developed community-based groups that can assist with professional development and and consultation. These would be a valuable avenue for enhancing integration and seamless care programs.

6.4 Establish post-graduate student placements within primary care

One of the successful innovations recently introduced to GP practices, and sometimes coordinated through the Divisions of General Practice, has been the establishment of

postgraduate student placements within these primary care settings as part of a university professional psychology training program. This has been experienced as very successful both by the trainee psychologists and the GPs involved, and has worked well in rural settings.

6.5 Recommendations

- *There needs to be reform of primary care to become an appropriate focus for mental health care initiatives beginning with conversion of DGPs into Divisions of Primary Care, based upon appropriate involvement of primary care providers and community services.*

- *The principles and practice of multidisciplinary care need to be enshrined and further developed within the newly created Divisions of Primary Care.*

- *Integrated care across both public/private, acute/community/primary care needs to be explored and enhanced not only within Divisions of Primary Care but between the whole range of settings associated with mental health.*

- *New initiatives are required to support GPs in areas such as risk assessment, understanding treatment options and working with multidisciplinary teams. Such processes would assist enormously in reducing the stress and demand on general practitioners.*

- *Further funding and expansion of the program for postgraduate psychology student placements in general practice should be explored.*

- *A Government multidisciplinary working group comprising medical, allied health and nursing professions should be established to construct models for Divisions of Primary Care.*

7. Need for greater funding for mental health research (Term of Reference n)

Evidence-based treatment is the cornerstone of good professional practice. As a consequence, research is absolutely vital to the collection and development of that evidence.

The APS' commitment to evidence-based practice stems from the underlying principle that psychologists' training is based on the scientist-practitioner model of professional practice. As a consequence of the requirements of training, every psychologist is familiar with the principles of scientific research, including evaluation methodology. Mental health research often includes professional psychologists as part of the research team. In addition, many psychology practitioners have a personal interest and commitment to ongoing research. Supported by research personnel, these psychologists could be funded to:

- evaluate their treatment strategies or programs and to support the assessment of innovations in treatments
- engage in the long-term evaluation of interventions to demonstrate their effectiveness over the years
- collect data in treatment and case management settings with long-term support commitment from state instrumentalities.

7.1 Recommendation

- *Funding of mental health research should look beyond the standard and conventional program funding to consider supporting assessment of innovation in a wide range of treatment modalities and the longer-term evaluation of effectiveness of interventions in both public and private settings.*

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