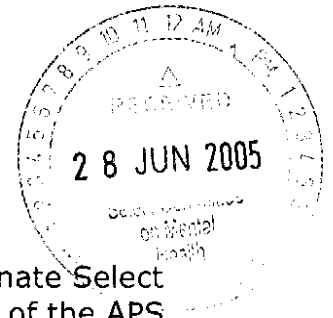


Mr Ian Holland
Secretary
Senate Select Committee on Mental Health



Dear Mr Holland,

Thank you for the opportunity to make a submission to the Senate Select Committee on Mental Health on behalf of the Victorian Section of the APS College of Clinical Psychologists.

Clinical psychology is a specialist branch of psychology concerned with the assessment, diagnosis and treatment of mental illnesses and complex psychological problems and in strategies for prevention and early intervention of these disorders. Clinical psychologists work with people across the lifespan, from infancy to old age, including those with medical conditions. They are specialists in applying psychological theory and scientific research to solve complex clinical problems requiring individually tailored interventions. A distinguishing feature of clinical psychology is its focus on tertiary postgraduate scientific training, clinical practice and research to better understand disabling psychological problems (including the most severe mental disorders) and how they can best be treated (Specific Rules of the APS College of Clinical Psychologists, 1998).

The APS College of Clinical Psychologists fosters and maintains the highest standards for clinical psychology practice in Australia. These standards are also consistent with international standards for clinical practice. Eligibility for membership of the College is via an approved postgraduate Clinical Doctoral degree or Clinical Masters degree, with additional supervision and professional development in the speciality. There are approximately 1300 clinical psychologists who are members of the College in Australia and 409 in the State of Victoria.

The following points reflect both the potential contribution clinical psychologists could make to the issues being addressed by the Senate Enquiry on Mental Health, some current impediments to their effective contribution and barriers to the effective implementation of the National Health Strategy. Perhaps the greatest barrier is the sense of helplessness experienced by those working in the field and those suffering from mental health problems, who are aware of great need and inadequate resources

Respectfully submitted



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Summary of points raised in this submission

1. Specialist skills of clinical psychologists employed in public mental health are not effectively utilised
2. Clinical psychologists employed in public health have limited opportunities to provide early intervention and relapse prevention.
3. Individuals suffering from chronic medical conditions and mental health problems have limited access to much needed and effective psychological treatment interventions
4. Mental health needs of those who are unable or who have little ability to advocate for themselves are poorly understood and often not identified, preventing access to appropriate psychological assessment and assistance.
5. A greater degree of flexibility is required in the number of sessions funded for clinical psychology services in Primary Care, so that treatment provided can be sensitive to individual differences and circumstances.
6. Research skills of clinical psychologists should be maximised to provide a greater understanding of the nature of psychological problems and the effectiveness of treatment interventions in clinical practice
7. Support is also required for tertiary training places in the specialist field of clinical psychology to address current workforce needs in clinical practice and research and future projections for increasing mental health needs

Our comments are provided on the basis that clinical psychologists would like to have the opportunity to help remove barriers to the effective implementation of the National Health Strategy by contributing their specialist skills at all levels.

1. Specialist skills of clinical psychologists employed in public mental health are not effectively utilised

The public health sector is the major employer of clinical psychologists (Smith and Lancaster 2001a). Current policies in mental health delivery have resulted in clinical psychologists becoming increasingly involved in generic case management and protocol-driven tasks rather than the specialist psychological assessment treatment and consultation for which they are trained. Employment of clinical psychologists in generic positions such as "case manager" or "allied health worker" or "mental health clinician" increases the risk of professional de-skilling those who have the potential to improve mental health services. This situation is in marked contrast to the recognized specialist clinical role of provision of psychological assessment, treatment and consultation in mental health undertaken by psychologists overseas (Smith and Lancaster 2001b; Lancaster and Smith 2004).

2. Clinical psychologists employed in public health have limited opportunities to provide early intervention and relapse prevention.

Mental health services, including treatment interventions provided by clinical psychologists within the child, adolescent and adult sector, are currently only available to those with the most severe mental health disorders. Many people suffering from complex and disabling psychological problems, including disorders of high prevalence, are unable to access psychological treatments in the public mental health sector, despite evidence of their effectiveness. In addition, the long waitlists and increasing caseloads present in continuing care mental health teams mean that little or no opportunity is available for clinical psychologists to provide early intervention and relapse prevention.

3. Individuals suffering from chronic medical conditions and mental health problems have limited access to much needed and effective psychological treatment interventions

There has been an increasing recognition the high incidence of psychological problems and mental illnesses in children and adults suffering from chronic medical conditions. Mental health problems in those with chronic illness are characterised by diminished self-care and thus may if untreated have serious health implications in the short and longer term. The specialist contribution of clinical psychologists in the provision of effective psychological treatments has been recognised, for example in the National Health and Medical Research Council (NHMRC) Clinical Practice Guidelines the Psychosocial Care of Adults with Cancer (2003) and for Type 1 Diabetes in Children and Adolescents (2005)

Despite this recognition, opportunities for people with chronic medical conditions to access psychological treatment in the public health system. The number of clinical psychologists employed by public hospitals and specialist medical units has increased in recent years but is totally inadequate and there are some major public hospitals in Victoria which do

not have one clinical psychologist on staff. Funding of such services (for example HARP funding), is limited and currently only available on a very restricted basis and for a limited range of health problems. The universal health system of Medicare on which most people with chronic conditions must rely, provides cover for all medical treatment including psychiatry but does not pay for psychological treatment provided by clinical psychologists. Access to clinical psychologists working in the private sector is restricted by the fact that private health insurance benefits, when available, for psychological services only cover a small proportion of the expenses which must be paid by patients.

4. Mental health needs of those who are unable or who have little ability to advocate for themselves are poorly understood and often not identified, preventing access to appropriate psychological assessment and assistance.

Often neglected are the psychological needs of infants and children and their caregivers, including those children suffering from intellectual developmental and learning disabilities, those with chronic medical conditions or whose parents suffer from chronic medical or mental illness. A range of complex co-morbid conditions and additional risk factors such as the presence of family conflict, abuse and neglect may also be present but not identified. These difficulties may be expressed in frank emotional distress or range of emotional behavioural problems which are often not recognised, understood and acknowledged. "They are young and won't remember" is one of the hopes expressed by many adults. For older children, the hope is that a trip to Disneyland or meeting with their favourite football star will replace or compensate for their suffering and distress. Public concern and donations are rarely directed toward the provision of specialist psychological assistance to understand and address the needs of the child.

An integrated approach or treatment plan across the system is required in order to alleviate distress and prevent difficulties progressing along a developmental trajectory toward frank mental disorders. Specialist assessment, such as that provided by a clinical psychologist could identify the multiple risk factors and/or presence of protective factors, integrate and address the issues of the child and other family members, school, mental health system/practitioner and develop a formation and individualised a treatment/intervention plan. To this end clinical psychologists could be utilised more widely in organisations such as schools, maternal and child health, community health services and hospitals, to assist in a range of levels of service including the identification of those at risk, providing secondary consultation, training and supervision as well as direct service provision.

The above concerns and how they might be addressed apply to other groups, including adults with developmental and medical disabilities, the aged, those with non English speaking backgrounds those in prison and those with little status or public support in this society.

5. A greater degree of flexibility is required in the number of sessions funded for clinical psychology services in Primary Care, so that treatment provided can be sensitive to individual differences and circumstances.

In the Primary Care sector, recent government-funded initiatives which enable access to clinical psychology services are welcome. However, with exceptions for simpler problems and possibly those that do not reach threshold for a mental health disorder diagnosis, the number of sessions currently funded (5 or 6) is inadequate. For treatment to be effective, it is important that an assessment and formulation is first conducted and that the treatment provided should be sensitive to the variation in severity and complexity of presenting mental health problems and individual interpersonal cultural and environmental factors identified in the assessment. Many apparently straightforward mental health presentations soon reveal further complexities which may include risk to self or others. Evidence and expert opinion indicate that therapies provided in less than eight sessions are unlikely to be optimally effective (UK Department of Health Guidelines, 2001). For example, the average number of treatment sessions recommended for treatment of depression in adults is 12-20 sessions (Sherbourne et al. 2001).

6. Research skills of clinical psychologists should be maximised to provide a greater understanding of the nature of psychological problems and the effectiveness of treatment interventions

The scientist practitioner training of clinical psychologists prepares them to perform research, but many employed in public health do not do so. There is a great need for research to be conducted in "real life" clinical settings in order to understand factors which contribute to the development and maintenance of psychological problems and how they may best be treated. However, opportunities to develop research are frequently overlooked by line managers and service administrators in mental health, whose principle concerns include management of service delivery and coping with financial constraints. Service administrators, while supportive in theory, currently give research a low priority and find it difficult to adjust the conditions of service provision to enable systematic research and evaluation of clinical services and treatment to be conducted (Barrington Prior Richardson and Allen, 2005).

High quality research is needed within all sectors providing mental health services, and in collaboration with other institutions such as universities to improve understanding of psychological problems, to establish effectiveness of treatment interventions in clinical settings, and to develop and evaluate strategies for the prevention of and early intervention for mental health problems in sickness and in health across the lifespan

7. Support is also required for tertiary training places in the specialist field of clinical psychology to address current workforce needs in clinical practice and research and future projections for increasing mental health needs (Murray and Lopez, 1996).

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