

**SUBMISSION
TO
THE SENATE SELECT COMMITTEE
ON
MENTAL HEALTH**

By

**PSYCHOLOGY PRIVATE AUSTRALIA INC.
THE FEDERATION OF
STATE ORGANISATIONS SERVING
AUSTRALIA'S
PSYCHOLOGISTS IN PRIVATE PRACTICE**

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EXECUTIVE SUMMARY

1. Introduction

(Numbering used corresponds with sub-section numbers in the full submission)

1.1 Psychologists perceive being mentally healthy as a condition of living to which every person has a right. Psychologists are trained to promote, maintain, enhance and restore a person's mental health. Largely, it seems, the term Mental Health is perceived by Governments and the community as connoting mental ill-health.

1.2 Having a general sense of well being is the prime characteristic for possessing a satisfactory state of mental health. Persons functioning without this general sense seek non-constructive 'remedies' to alleviate their feeling of dissatisfaction with life. These remedies for some have disastrous results. Experienced psychologists can contribute to the prevention of loss of a general sense of well being.

1.3 Psychologists in private practice currently make a significant contribution to the restoration of a satisfactory state of mental health to individuals who are not enjoying that satisfactory state and who may be self-referred or referred by a General Medical Practitioner. A very recent study carried out by Psychology Private Australia Inc (PPAI) indicates the value of this contribution to medical practitioners and to psychologists' clients. In the survey, 90% of medical practitioners indicated that psychologists have skills in assessment/management/treatment of mental disorders that generally, medical practitioners do not have or do not have the time to use.

1.4 The experience and expertise of psychologists in private practice are a woefully underused resource that could be used to meet community needs given appropriate Government action, one vital part of which would be adequate funding. Two areas of community need are identified: **the first** is the strong desire by many for non-medication treatment of mental, emotional and psychosomatic distress; **the second** is the largely ignored area of prevention of distress. Medical practitioners, psychologists' clients and members of the public recently were sample-surveyed and stated very strongly that more use would be made of psychologists if psychologists were accessible for treatment by way of Medicare or some similar system of funding.

1.5 The training that psychologists in private practice are required to have and their experience as practitioners equip them uniquely amongst professions for interventions in the Mental Health field. The Commonwealth Government's recent initiative taken to give general medical practitioners short courses in a "brand name" therapy is unlikely to contribute to doctors the expertise needed to provide to patients' effective non-medication treatment for mental, emotional and psychosomatic distress.

2. Comments on Terms of Reference of Select Committee

(Lettering used corresponds with item lettering in the full submission and with the lettering in the Select Committee document 'Appointment and Terms of Reference')

- (a) By enabling patients suffering mental, emotional or psychosomatic distress to access psychologists via Medicare, the National Mental Health Strategy now endorses the fact that has been known for quite some years, that non-medication treatment of such disorders by psychologists is equally as effective as prescribed medication. However, if the one aim of the Strategy has been to give the public equality in ease and frequency of access as between psychologists and medical practitioners, that aim has not been achieved. If another aim has been to increase the options for types of treatment for patients with depression, full achievement of that aim has been vitiated by the structure of the scheme itself including uninformed design elements which may place users of the scheme at risk of receiving non-expert treatment. The barriers to achieving aims would be the limitation of the knowledge and understanding of either or both the designers and the funders of 'treatment' schemes. Psychology Private Australia Inc (PPAI) is prepared to offer information-giving and scheme-design assistance.
- (b) The financial facilitation of public access to psychologists in private practice would make good much of the lack of opportunity for prevention of mental health deterioration (it appears to be missing entirely from the Strategy) and increase the adequacy of care and treatment of persons suffering mental ill-health.
- (c) At no level of government does it appear that serious consideration has been given to providing satisfactory mental health deterioration prevention, promotion and maintenance services. Psychologists in private practice throughout Australia can provide information that could be used to make good this lack.
- (d) Psychologists in private practice survive in their businesses only if their expertise, efficiency and effectiveness are of a high order. This factor is missing from employed psychologists particularly those employed in the government sector.
- (e) No comment offered.
- (f) Covering (h) and (j) as well as (f): By training, by professional attitudes and skills, by knowledge of the implications of 'individual differences' and by role self-perception psychologists are the best equipped professionals to analyse and to design promotional and remedial mental health programmes for special groups, and particularly for children and adolescents and law-breakers in custody. Psychologists frequently find themselves necessarily in the role of primary health mental health carer e.g. for all self-referred clients.
- (g) The role of primary mental health carer is filled by many privately practising psychologists fully effectively because their training and experience in developmental and other domains of psychology ideally equips them for this work. They receive no support from any quarter outside their profession.
- (h) Comment included under (f).
- (i) The most effective iatrogenesis-minimising and recovery-focussed care/treatment opportunity does not appear in the list – that by an experienced psychologist. It is suggested that the "psychologist" opportunity be seized.
- (j) Comment included under (f).

- (k) No comment offered.
- (l) Psychologists instead of medical practitioners could be used in public presentations that might be part of a de-sensitising education programme in respect of mental, emotional and psychosomatic disorders.
- (m) It could be expected that the proficiency of general health services would increase if experienced psychologists are given their proper place in the education/treatment service.
- (n) The use of the phrase “best practice” should be abandoned as it places the emphasis on a procedure and not on the therapist who wisely selects an approach in therapy that best fits a particular client’s needs. Research must take full account of therapist techniques, style, skills and outcome.
- (o) Psychologists in private practice should be included in the team that plans data collection, outcome measures and quality control for mental health interventions. Recent attempts by government instrumentalities to prescribe relevant procedures have been ill-founded and consequently ill-designed.
- (p) No comment offered.

RECOMMENDATIONS

(Recommendations have been drawn as composites from both Sections 1 and 2 of the main submission and any one recommendation may rely on more than one sub-section or Term of Reference to provide its rationale)

1. That the National Mental Health Strategy (NMHS) cover the whole gamut of mental health and not merely deteriorating health and ill-health.
2. That maximizing “personal well-being” receive as much attention in the Strategy as “restoration of lost well-being”.
3. That the entity (entities) responsible for developing and implementing the NMHS consult Psychology Private Australia Inc (PPAI) regarding development and implementation of the Strategy overall, priorities in development and in implementation, and in evaluation techniques and procedures.
4. That those entities which have the carriage of NMHS matters, be properly informed of the unique and apposite training, knowledge and expertise possessed by PPAI members in the field of Mental Health.
5. That the underused or non-used resource that resides in PPAI be utilized to the full to ensure that the Strategy is flexible and devised and revised to fit the changing personal health and well-being, social coping skills, and general happiness needs of all Australia’s. citizens.
6. That psychologists in private practice assessing, managing and treating “mental health” clients be given full recognition within the Strategy as primary mental health carers.
7. That as primary mental health carers, Strategy-recognised private practising psychologists, within the fields of mental, emotional, psychosomatic and pain distress be accorded a similar status in Medicare to that of general medical practitioners.
8. That psychologists having been given appropriate status within Medicare, Australian citizens be informed publicly of the access available to them in respect of psychologists.
9. That privately practising psychologists be directly involved in the development and implementation of individualized and group rehabilitation and mental health restoration programmes for persons in prison, both on remand and convicted and sentenced.
10. That privately practising psychologists be deeply involved in the public education process and programmes for de-stigmatising mental illness and disorders as developed and “owned” by NMHS.
11. That PPAI resources be utilized from the outset in planning and implementing research projects in the Mental Health field – PPAI members would be available as consultants for this purpose.

SUBMISSION FULL TEXT

1. INTRODUCTION

1.1 Psychologists and Mental Health

Psychologists perceive being mentally healthy as a condition of living to which every person has a right. Psychologists are trained to promote, maintain, enhance and restore if lost, a person's mental health. They may do this publicly by way of lecture, radio or television communication to a group, writing books, or individually by way of face-to-face contact. Psychology Private Australia Inc (PPAI) has noted that most (if not all) of the references to Mental Health made by private organisations such as Medical Benefits Fund and Amcal and by Commonwealth instrumentalities imply "repair" and "restoration" of mental health. In recent references by these organizations in their magazines and by spokesmen for Commonwealth bodies there has been no mention of preventative measures that may avoid loss of good mental health or of maintaining a state of good mental health.

1.2 A Satisfactory State of Mental Health

1.2.1 Happiness, contentedness, a sense of security in the present, optimism as to the future, the existence of realistic goals, absorbing activities and being mentally stimulated are characteristics of a person enjoying a satisfactory state of mental health – in short, having a general sense of well-being. In our community today, there are many individuals whose state of mental health is below this standard. Persons functioning "below standard" have recourse to a multitude of 'remedies' to deal with their non-satisfying or dissatisfying state of mental health. Amongst these remedies are sensation-seeking activities, thoughts avoidance by way of mind-altering substances, medications designed to mask unpleasant and unwanted feelings, withdrawal from the real world, cult practices and conventional or unconventional (according to country, etc.) religious practices, suicide. Yet the 'unfulfilled look up and are not fed' (apologies to John Milton) despite their continuous efforts to experience an abiding sense of fulfillment and well-being or to be rid of an oppressing weight of futility and unhappiness.

1.2.2 Psychologists study and gain experience in the processes and activities that can contribute to children and adolescents maturing as well-adjusted, happy and pursuing a course in life that will maximize their potential for fulfillment. Ours is not alone amongst the professions to have this amongst its aims, but there is no other profession that focuses on this aim to the extent that becoming a practising psychologist does.

1.3 **The Contribution NOW of Psychologists in Private Practice to the Mental Health of Individuals Referred by a Medical Practitioner or Other, or Self-referred**

1.3.1 To stay in business in private practice, a psychologist must be competent and effective at his profession. In the 2005 Federal and other Governments climate of thought, it is impractical for a private psychologist, except as a voluntary contributor, to participate in promotional and preventative Mental

Health activities. **The focus by Government Agencies and Private Health Funds generally, in respect of Mental Health activities by Psychologists is Distress**

Conditions Repair Work. That psychologists do this well has been borne out by a pilot survey carried out by PPAI in March/April 2005.

Three groups were sampled: Medical practitioners including psychiatrists, Clients of psychologists, and Non-client members of the public. More than 50%, **175 in all** responded to a short questionnaire worded appropriately for

each group, as follows:

Medical Practitioners	41	made up of:
General Practitioners	21	
Psychiatrist	16	
Other Specialists	4	
Clients of Psychologists	62	
Members of the Public		
Not having been a		
Psychologist's Client	72	

They responded in the following terms;

Medical Practitioners: 95% said that psychologists' work had been of use to

them;

92% said that their patients found working with a psychologist helpful;

95% said that they had noticed improvement as a result of a psychologist's work.

Psychologists' Clients: 94% found their work with a psychologist helpful/successful in relieving/eliminating the problem or condition.

Members of the Public who Know at least one Person who has consulted a psychologist and who Know the Difference between a Psychiatrist and a Psychologist:

**74% of cases they know of improved
21% they know of did not improve
5% they know of got worse**

1.3.2 PPAI believes from comments made by both Medical Practitioners and Clients that the number of persons consulting psychologists is small compared with the number in need of the services that psychologists as specialists in their field have to offer. In the survey, **90% of medical practitioners agreed** with the

statement that psychologists have attitudes, aims and skills in assessment/management/treatment that generally Medical Practitioners do not have or do not have the time to use.

- 1.3.3** Psychologists currently serve people by self-referrals and referrals from such organisations as Dept of Veterans Affairs, Workcover, Victims of Crime Services, Workplace Provider Schemes and through other Government Agencies such as child and family services, schools, hospitals and prisons. However, for the majority of the community, the much-needed psychology expertise is financially out of reach.

1.4 Underused Potential: Further Psychologist Contributions to Mental Health

- 1.4.1** PPAI sees two areas in which the personal resources of Psychologists in Private Practice can be utilized given appropriate Government action. **One** is the unmet need of many in our community for non-medication treatment of mental, emotional and psychosomatic distress. **The other** is the largely ignored area of prevention of the development in individuals of mental, emotional and psychosomatic distress.

- 1.4.2** **The first need** could be met by the Commonwealth Government providing access by the public to psychologists by way of Medicare. The recent survey asked each group a question concerning non-availability of funds being a barrier to many in respect of their using psychologist services for assessment, treatment and management of Mental Health distress conditions. The response

of each of the groups was:

Medical Practitioners:	90% indicated that more referrals would be made to psychologists if they were accessible by way of Medicare or some similar system.
Psychologists' Clients:	98% thought that Medicare or some similar scheme should cover access to psychologists generally.
Members of the Public:	83% said that persons with problems would be more likely to use psychologist services if accessible by way of Medicare or some similar fee-reducing scheme.

- 1.4.3** **The second need**, if it is to be met at all, requires that Australian Governments, perhaps under the leadership of the Commonwealth Government, recognize clearly that dealing effectively with Mental Health involves focusing on its whole spectrum and not merely on doing a repair job once that Health in a particular person has been impaired. PPAI is available and willing now to join with the Commonwealth Government to assess the extent and depth of this need, to develop a strategic plan to meet the need, and to supply trained and experienced psychologists to implement the plan. Psychologists in private practice are doing something now to a limited degree as a public service; but for them to do more, they would need funding from a source other than the people or groups whom they serve voluntarily.

1.4.4 Sponsoring bodies are needed if private practising psychologists are to play the part for which they are trained and experienced, in public presentations. If their work is to be done in individual face-to-face situations, their clients need funding to pay for this service.

1.5 The Training and Experience of Psychologists Relevant to Mental Health Work

1.5.1 Four years of academic training in Psychology plus two additional years of on-the-job training under rigorous professional supervision, and in most States and Territories usually several further years of employment as a psychologist, are necessary before a psychologist may enter private practice. [This, when thoughtfully considered in terms of equipping a professional for Mental Health interventions with an individual, throws serious doubt on both the efficacy for a medical practitioner and the usefulness for a patient, of the current Commonwealth Government's program of short training courses in psychological knowledge and practice for General Medical Practitioners.]

1.5.2 The significance of this rigorous training in psychology for psychologists may be gauged from the conclusion of a recent research study "Cognitive therapy can be as effective as medications for the initial treatment of moderate to severe major depression, but this degree of effectiveness **may depend on a high level of therapist experience or expertise**" (*Arch. Gen. Psychiatry* 2005;62:409-416)

2. COMMENTS ON TERMS OF REFERENCE OF SELECT COMMITTEE

Each term of reference to which comments are made in this submissions, appears by its specific letter allocated in the Letter of "Appointment and Terms of Reference". Comments will be directed only to the current National Mental Health Strategy (NMHS) as PPAI members understand it.

- (a) There are serious barriers to the achievement of the aims and objectives of the current NHMS. Some of the important ones are:
- People in the community are not being told what constitutes good and proper training for treatment of their psychological disorders;
 - People are not being given useful and convenient access to available and appropriate fully trained professionals;
 - The Government initiative *Better Outcomes in Mental Health* actually supports poor standards of training and promotes consumer access to this body of so-trained persons (General Medical Practitioners using "Focused Psychological Therapies");
 - "Focused Psychological Therapies" provides for a meagre 26 hours of training in "Brand name" therapies such as IPT or CBT which a psychologist studies as suggested processes along with many other "named" processes for carrying out therapeutic work with depressed and otherwise distressed clients;
 - The 26 hours of training stands in stark contrast to the six years of training undertaken by psychologists -- Science-Practitioners -- in the body of knowledge and experience necessary to decide which of one or another named or unnamed processes

is appropriate to the needs of a particular client (a text such as *K S Dodson, Handbook of Cognitive Behavioral Therapies, 2nd Ed. (2001). New York: Guilford* would provide relevant information).

- Either the “Beyond Blue” Council, or the Government entity that funds the proposals from that Council, it would appear, is not being properly informed of the effective range of treatment for depression, the identity of the professionals adequately trained for treatment and the extent and nature of the training necessary for providing effective treatment;
- Allowing that it is a recognition of the right of the public to access psychologists through Medicare, the *Medicare Plus* scheme is much too limited and “administratively” too cumbersome to meet mental health needs of patients; it is the ignorance of those who designed the scheme that demands that they be adequately informed as to what is needed to assist long-term (chronic) patients with Mental Health problems to recover, and what should be done sensibly to meet that need by way of access to psychologists through Medicare;
- As it stands, it is obvious from the above that the NMHS has to date made a gross and unfortunate undervaluation of the potential contribution of psychologists to the restoration of patients to good mental health, which undervaluation denatures and vitiates the purpose intended to be served by initiatives it has introduced, particularly in respect of depression, in recent years.

An attachment to this submission is a paper by Jillian Horton-Hausknecht *Perceptions of Psychology through the eyes of Government Mental Health policies* delivered at the PPAI Congress on 16 April 2005. There are implications for Human Rights recognition in that paper and in the availability to the public of Government-funded mental health services.

- (b) Currently, the only mode (in the sense of type of practitioner) that offers mental health advice publicly is **the purely medical mode** and what is offered is very limited in content range, quantity and target groups. [The medical mode provides a varied and substantial programme of advice on maintenance of good physical health and on early intervention for a number of physical diseases and complaints.]

Recourse to a psychologist in private practice is **one mode** of care for people with a mental, emotional or psychosomatic disorder. Prevention of mental health deterioration and early intervention where deterioration has begun, would be facilitated if experienced psychologists were enlisted and funded to offer public advice and individual assistance to people at risk or in need of help with early-stage mental health problems. These psychologists are competent and available to afford after hours crisis services also e.g. for traumatic happenings. By initiating a scheme to enlist psychologists in private practice to care for such distressed people as are mentioned, the National Medical Health Strategy would **add a further mode -- the**

psychologist mode – to its means of providing effective care to those in need. Right now, help from the experienced psychologist mode is denied to many because of limited or no finances – denied to people who might be most in need of that help.

- Private practice psychologists, if their help is enlisted, would make a substantial contribution to the content range, the quantity and the presentation medium for public information and advice to selected groups. Also, these psychologists could supply causes of deterioration and distress that they address in working with distressed clients. This information cannot be gleaned from a *DSM* code, yet it is causal material that must be obtained to provide the starting point for the development of any publicly presented programmes.
- (c) At no level of Government in Australia does it appear that serious consideration has been given to the type of service needed for promotion and maintenance of a state of good mental health for members of a local community, residents of a State and citizens of the Commonwealth. Accordingly, opportunities will need to be **created** in order for there to be **any** funding and delivery of appropriate services. Privately practising psychologists throughout Australia from Kunnamurra, Darwin, Mt Isa and Cairns south could provide ideas for such ‘creations’. There is great room for improvement in the scope of recent ‘repair and recovery’ initiatives taken by the Commonwealth Government and for removal of the complicated and cumbersome procedures and associated paper-work. PPAI is willing and able to assist in the search for opportunities and in developing plans for extending and streamlining existing Commonwealth schemes.
- (d) Survival in business is the aim of all entities in the private sector and **expertise, efficiency and effectiveness** in their specific fields are the essentials of survival and the characteristics of professional service providers in the private and non-government sectors; and being a psychologist in a surviving practice means ‘possessing these characteristics’. The same level of the three “e’s” is not essential to the continued existence and functioning of a professional service operated by Government.
- (e) No comment is offered.
- (f) Comments offered at (f) cover also Terms of Reference (h) and (j):
- For the development and maintenance of good mental health, it is crucial that psychologists as well as other specialists provide a service of early intervention to children and adolescents, and as necessary, to parents;
 - Early intervention i.e. primary care, can alleviate and prevent distress in younger members of our community; such primary care could most effectively be given by psychologists;
 - Currently, psychologists in private practice have the role of primary carers for those persons who are self-referred clients or those who are referred to them by insurers, rehabilitation agencies and other such entities. Often they are de facto primary carers for clients who are referred to them by medical practitioners.
 - To deliver effective mental health care to juveniles, will serve to prevent or alleviate the occurrence of long-term psychological problems. Failure to deliver such care will place a drain on Mental Health costs and will have untold negative effects on many individuals by way of suicide, drug abuse,

broken marriages, depression, hopelessness, unemployment and crime – a huge cost both in human misery and funds;

- There are indications that custodial environments for law-breakers rarely operate remedially; this suggests that a very substantial programme of psychologist help in servicing both prisoners and prison officers is needed.
 - (g) The adequacy of the training of psychologists as primary carers in the Mental Health field cannot be questioned; that of the training of General Medical Practitioners in that field (either by the small “mental ill health” component of their undergraduate training or by way of *Better Outcomes* training) is inadequate. Support for psychologists in the treatment, recovery and support of people with a mental (psychological) illness is effectively non-existent, that Government support being directed mainly to the medical profession; [The training of psychologists as Science-practitioners provides them with a body of knowledge in scientific method, the study of individual differences, motivation, personality, learning and memory as well as teaching them unique skills in psychometric, diagnostic assessment].
 - (h) Comments have been made under (f).
 - (i) Psychologists offer non-drug intervention which per se has no implications for iatrogenic consequences. Psychologists are trained as developers and as thought and behaviour changers; doctors are trained as healers. Psychologists focus on consumer (and on peer if appropriate) involvement and on acceptance of responsibility by the consumer, doctors provide a solution to the consumer and require consumer cooperation usually by accepting the healing medication prescribed. Is it not strange that the opportunity to use the already available services of privately practising psychologists does not appear in the list appearing in this Term of Reference? It suggests that there is a knowledge gap.
 - (j) Comments have been made under (f).
 - (k) No comment is offered.
 - (l) The de-stigmatisation of mental or psychological illness has a long way to go before it is generally accepted in the community at the same level as say myopic vision. The distinction between “problem solvers” and “healers” (the latter group includes of course, psychiatrists) needs to be given strong emphasis in public education programmes. This distinction would be underlined by affording the public the option of using a “problem solver” or a “healer” as primary carer.
- Beyond this, however, it could be of help in a de-stigmatisation programme to use a psychologist (or psychologists) to do presentations when the distinction referred to earlier has been made and hopefully, meaningfully understood.
- (m) Until the competence of psychologists in dealing with people with mental health problems is fully recognized, accepted and utilized by general health services, the proficiency of these general health services in dispensing mental health care will remain in doubt.
 - (n) “Best practice” in psychological intervention is a phrase that has little meaning in the way it is used at the present time by most persons outside the psychology profession (and indeed even by some within the profession). It has reference usually to a limited, prescribed, named procedure in therapy. Psychologists who

are expert, experienced and effective will have an awareness of many such named procedures but above all, will have an extensive armamentarium of skills and techniques from which to select the intervention that is the most appropriate for the client in the situation. It is important that in any research that is to be directed at effectiveness of intervention by psychologists (or for that matter, by a medical practitioner) account should be taken of the totality of a particular psychologist's intervention and its outcome.

(o) PPAI believes that recent attempts by Government to prescribe standard procedures for dispensing mental health care have been ill-founded and ill-designed both in respect of assuring high quality service and in successful outcomes. To involve experienced psychologists from private practice in determination of data collection processes and of setting up national standards and compliance requirements would assure improved services delivery.

(p) No comment is offered