

# 2019 Submission - Royal Commission into Victoria's Mental Health System

Submission. 0002.0028.0473

## Name

Anonymous

### **What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

"As a psychologist at a school, it is my strong opinion more psychologists at schools, universities, and TAFEs be employed to be able to assess, diagnose and treat mental health issues in children and adolescents. From my own anecdotal experience working at a high school for the last 10 years, the link between learning difficulties, behavioural disorder, anxiety disorders, depressive disorders are strongly linked. Poor educational outcomes then can significantly impact an individuals ability to cope. Transition from high school to post high school support is essential so many of these students who have sought mental health support can transition into their new environment (e.g., TAFE) and continue to have access to appropriate mental health support. "

### **What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?**

"Again, anecdotally I believe encouraging children and adolescents to access support early is imperative in educating, providing support and treatment. The importance of having a continuation in mental health support throughout their early educational or work environments is important in providing the continuity of care where it is needed. More access to psychological support sessions (up to 20) to minimise disruption to an individual or family's access to mental health treatment. "

### **What is already working well and what can be done better to prevent suicide?**

██████████ provides satisfactory support for young people with suicidal ideation. However, there are too many limitations with support offered by them. For instance, they will only engage a young person if they have actively attempted suicide or made threats on several occasions. They also cease to offer support if the client refuses to engage. However, those clients are the most vulnerable who need agencies or mental health clinicians to offer support and not give up. "

### **What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

"With just under 36,000 psychologists across Australia I believe we are failing to meet the demand of the mental health issues across urban, rural and regional areas. One major reason has been the introduction of different Medicare rebates between generalist psychologists and endorsed clinical psychologists. The APS, AHPRA and the Psychology Board have actively the two-tier rebate system without any evidence to suggest a difference in knowledge, experience or success in treatment of individuals with mental health issues. They have also actively portrayed generalist psychologists as inexperienced and inferior to working with the those with mental health needs. However, from the public's perspective the desire to receive a higher rebate for psychological services drives the demand GPs and clients to seek endorsed Clinical Psychologists. As a psychologist who completed a Doctorate in Psychology (Counselling) and worked at the Royal

Children's Hospital for 10 years. However, it would now be impossible for me to get a job despite my years of experience in a hospital or clinical setting. The drive for endorsed clinical psychologists has resulted in many generalist psychologists leaving the profession due to the years of professional discrimination faced. I had spent the last few years weighing up whether to continue within the profession I spent 9 years studying to acquire registration. There are just over 7,000 out of 36,000 endorsed as a clinical psychologist. When the majority of psychologist's are treated as inferior, despite strict criteria to meet ongoing registration requirements and despite extensive experience not being valued, in my case working with children and adolescents, then I believe the system is faulty in design and ultimately limits the public's access to all registered psychologists. An urgent review into the state of the Psychology profession, national registration and endorsement is critical if we are to retain psychologists within the profession and to address the demand vs supply imbalance impacting on people's access to mental health services. "

### **What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

"The APS purports to be the leading association for psychologists in Australia with their role being to advocate for the profession of psychology, support high standards, promote community wellbeing, and are dedicated to providing benefits to support members. That's why it's shocking that they would propose restricting access to psychological services and denigrating the workforce they are meant to represent. The APS proposes a three-tier model of care and has decreed who can work within each tier: \* Severe and Chronic/Unremitting Disorders - 40 Sessions \* Moderate-Severe Disorders and more Complex Disorders - 20 Sessions Mild to Moderate Disorders - 10 Sessions Under the APS proposal, generalist psychologists regardless of their years of experience working with severe or chronic disorders will only receive referrals from general practitioners, psychiatrists and paediatricians to work with level 3 clients, i.e., Mild to Moderate Disorders. However, a clinical psychologist or an endorsed psychologist, who could be newly registered, will be referred the most complex clients. Clients currently receiving treatment from experienced psychologists, who may have severe and chronic disorders, would not be able to receive a Medicare rebate under the proposed scheme. Clients would have to choose whether to pay the fee themselves or be referred elsewhere so they could access the rebate. This won't work because of the following reasons: 1. Clients who initially present with a mild to moderate disorder, then disclose a greater range of symptoms once they have developed a trusting relationship with their psychologist will need to stop treatment if they want to receive a Medicare rebate. To afford ongoing treatment they may need to access a clinical or endorsed psychologist. 2. Some clients currently receiving long-term treatment with a generalist psychologist will need to stop treatment if they want to receive a Medicare rebate, and access a clinical or endorsed psychologist. 3. Clients with Moderate, Severe and Chronic disorders will find themselves on a waiting list. An estimated 60% of psychologists in Australia are currently generalists without endorsements, who will no longer be able to provide treatment. The increased number of sessions for treatment, currently 10 for any presentation is beneficial for clients, however, this will also add to the waiting list. 4. Rural communities often have no clinical or endorsed psychologists and clients in these areas will be disadvantaged. 5. As generalist psychologists close their private practices, due to the lack of clients, greater stress will be placed on GP's and community health services. Under the current two-tier Medicare rebate system, a client who is referred to a clinical psychologist receives a greater Medicare rebate, regardless of the severity of their condition. If a client sees a generalist psychologist they receive a rebate of \$84.80 if they see a clinical psychologist they receive a rebate of \$124.50 I am in favour of well-educated psychologists, however, there is strong evidence that clinical psychologists do not achieve better outcomes than generalist psychologists

within the Medicare system. One-tier Medicare system where clients can choose an accessible psychologist with the expertise required. An increased number of Medicare-funded sessions for those clients with the greatest need. Clients requiring psychological treatment to receive the same Medicare rebate regardless of who they see. Clients able to access a diverse range of educated and experienced psychologists.

**What are the needs of family members and carers and what can be done better to support them?**

N/A

**What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

"Funding for peer supervision and support to prevent burnout and mental health workers leaving the professions. A review into the endorsement of psychologists and the professional differentiation of generalist psychologists vs endorsed Clinical Psychologist, the impact the two tier Medicare rebate system is having on the availability of psychologists meeting the increasing demand! "

**What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

N/A

**Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

N/A

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

N/A

**Is there anything else you would like to share with the Royal Commission?**

"A review into the two Medicare system. A review into accessibility of registered psychologists and limitations placed on them through the two-tier system. A review into the Psychology Board of Australia, the Australian Psychological Society, and the Australian Psychological Accreditation Council and their role into the division within the psychology profession, the reduction of accredited courses in other psychology fields outside of Clinical Psychology and the clear lack of communication between these governing bodies, and the impact these issues are having on the profession. "