

the ACSP met with the Federal Mental Health Minister, Mark Butler, to talk about mental health reform in the lead-up to the upcoming COAG talks

In the lead-up to the COAG Meeting, representatives from the ACSP met with Federal Mental Health Minister Butler, to discuss the shared perspectives of specialists in the field of psychology about mental health policy reform. The discussion points were focused on 3 main areas relevant to the upcoming COAG talks:

1. The problems and limitations of the Better Access Scheme (Medicare supported private services),
2. Some suggestions of ways to better integrate of our existing state-based public and private services, rather than using Medicare Locals for co-ordinating psychological services, and
3. The training and expertise of all specialist psychologists, and in particular, those who provide assessment and treatment of psychological health problems.

Regarding the Better Access scheme, the ACSP brought to the minister's attention the various barriers to community members which currently exist, such as the requirement for a medical referral and a medical review during the psychological therapy, the lack of support for couple and family therapy, the lack of recognition of assessment sessions, and the limited number of therapy sessions supported by the scheme, which for some patients is highly insufficient. Minister Butler [received a submission about these limitations](#). The ACSP also highlighted that there would be an immediate increase in the private specialist workforce available to people in need, if the full range of specialists in psychology with expertise to contribute in the area of mental health care came under the Better Access scheme. The Minister was made aware that counselling psychologists, clinical neuropsychologists, health psychologists, educational and developmental psychologists and forensic psychologists all have advanced training and supervised experience appropriate to the assessment and treatment of mental health issues targeted by the Better Access initiative.

On the issue of integrating services, the ACSP raised concerns about the proposed 'Medicare Locals' system, which at this stage appears quite unclear with regards to how it will support and promote psychological health care. One significant area of concern is that funding which may be ear-marked for mental health may not have adequate protection from being re-directed into medical areas. One possibility suggested was to have at least one specialist psychologist required to be on the Board of Management of such centers. However it was also highlighted that while GPs only work in the private sector, specialist

psychologists work in the private and public sector and Medicare Locals would not have the mandate to help co-ordinate the seamless movement of people from private to public services, and vice versa, as needed. The ACSP indicated that people in the community need to know where public and private services are in their local area, how to access them and what the requirements of the various services are. A co-ordinating body to provide information to community members and to assess where gaps in mental health services in local areas exist, could be more readily undertaken by a targeted body, which the ACSP has called Divisions of Psychological Health Care. These Divisions could be a non-fund holding body whose aim is to inform community members of mental health services in their area and assist in the movement of people across services, and to inform State/Federal Ministers of Mental Health about resources needed in any particular catchment area. Specialist Psychologists do not need new ways to be employed (such as the ATAPs scheme or other related systems). We actually already have an established public and private sector of specialists who can do the work. However it was emphasized that the public sector, in all its various forms, has been starved for so long of funding that the services are run down or limited in number, specialist psychologists staffing levels are low and very few people can access them unless in crisis.

Lastly, discussions focused on the significant variety of training levels and skills in people who are currently employed to provide psychological services. The ACSP indicated that mental health care needs to be better understood as it requires a similar expertise and training level as that offered in the medical field. Mental health problems are complex and require the practitioner to have expert knowledge and skills in assessment, diagnosis and treatment of a range of factors and influences which are involved in mental health problems. Training in ethical practice and a range of therapy modalities to match the needs of the individual client requires post graduate training in one of the specialist psychology fields. These training and supervision standards also meet international standards for the provision of psychological therapies, and any less level in training, places Australia out of step with the rest of the English speaking world.

The outcome of the meeting was positive and the Minister indicated he would consider the comments made by the ACSP. We look with some optimism to the possibility that our critical points of concern and constructive ideas for change will be brought to the table at the next round of COAG talks.