

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

Submission. 0002.0029.0019

## Name

Anonymous

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

N/A

**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?**

N/A

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

N/A

**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.**

N/A

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

N/A

**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?**

N/A

**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 Victoria's mental health system and**

## **support improvements to last?**

N/A

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

"The psychology profession needs to address the rigidity of its cognitive testing methodology, which allows them to turn away people who are seeking help for their child, and/or a second opinion. In our experience, we Paid to see a a pediatrician, and two psychologists; Spent close to a thousand dollars; Failed to secure an assessment; and Now cannot have our son psychologically assessed for two years (because of a non-result of the first psychologist). Our experience is summarised as following: In late 2018, in response to concerns raised by on son's school regarding his behaviour and some learning challenges, his pediatrician referred him to a psychologist for a WISC test. Our son was 7 years old at this time. The testing process was disappointing. The psychologist was unprepared, the appointment chaotic, the testing only partially completed. (Amongst other things the testing was interrupted several times as the psychologist responded to personal phone calls, text messages, a visit from her husband and her receptionist. At one point, she even scrolled through and read her personal text messages, while simultaneously moving pages of an ipad to bring up puzzles for our to complete. In an hour and a half appointment, she spent no more than 15 minutes assessing our child). As such, we chose not to return to this psychologist to have the test finalised, but sought out another psychologist to undertake the test instead. Following a pre-assessment appointment with the second psychologist, this psychologist got in touch to advise that there would be ethical issue' in her undertaking a WISC test commenced by another practitioner, as the 'rules' of Cognitive Assessments are that they should only be undertaken every two years. Re-issuing an assessment that had been commenced elsewhere would present the possibility of bias, even if only 15 minutes of the test had been conducted and under disruptive circumstances. She advised that in 2 years, our son would be again able to complete the WISC assessment. She indicated that she had consulted with the Australian Psychology Society (APS) in formulating her advice to us. This psychologist did advise that our son could instead undertake a couple of alternative tests, even though they would not provide what we required. ie: a WPPSI-IV test (however this was unsuitable as our son was aged at the upper end of the age range for this test and it would not provide an accurate assessment of his capabilities) or the Woodcock-Johnson test (but we would need to seek out a third psychologist at Monash University to enquire about this). At this point, and with an outlay of almost \$1,000, significant time and no actual or likely outcome, we were not keen to pursue any further testing. We did make a complaint against the first psychologist to AHPRA, which accepted the actions of the psychologist did disadvantage the client, however, they claimed that as the actions of the psychologist were not life threatening, they could not take further action. We find astounding is that the mental health system functions in such a way that an individual is turned away, locked out of getting the help that they seek for two years, and is not able to seek a second opinion. That patients and families have to accept sub-standard service, or nothing! To think the profession lacks the capacity to modify its testing processes to enable an assessment to be completed as in our circumstance is mind boggling. We are keen for this Royal Commission to ensure that our experience is not repeated. The fees that are charged by psychologists and the duty of care owed to clients has not been reflected in our experience. We believe the psychology profession has too important a role to play in helping people with mental health and associated challenges than to leave this area of practice unreviewed. "