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Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

5/8/2011

Dear Committee

Re: Senate Inquiry into commonwealth funding and administration of mental health services

I am writing to you as a member of the Australian Psychological Society, member of APS College of Counselling Psychologists and as a registered psychologist with specialist endorsement of a Counselling Psychologist by Australian Health Practitioners Regulation Agency (AHPRA) on the following issues.

(1) Changes to the Better Access Initiative:

As a registered psychologist since 2002 I have been seeing clients who largely represent diverse socio economic status, cultural and linguistic backgrounds across the life span receiving help for various mental health problems and biopsychosocial issues. Since the start of Better Access in September 2006 I noticed a huge change as more clients were referred from the low socio economic backgrounds who never had received any psychological help ever for themselves or their family members. Many of these clients belong to refugee and indigenous backgrounds, adolescents, people with disability and women. 'Better Access' really worked for these people who otherwise would not go out and seek help. Most of these clients consumed all 12 sessions and also brought their family members, friends and work colleagues as they saw value in the psychological help that lasted for extended period of time and was affordable and useful.

Unfortunately the decision to cut back the counselling sessions from 18 to 10 will not only limit my professionalism but also destroy the completion of the process that ideally should cover rapport and trust building, early intervention, prevention, education, skill building, case planning and reviews including relapse prevention. All the medical practitioners and the allied health professionals that I work with, have conveyed their disappointment in the decision and requested a review to maintain best health outcomes for the clients. Since most clients come with a dual diagnosis or multiple physical and psychological issues, 8 sessions of counselling are insufficient to maintain the newly learnt skills and strategies. It is not sustainable.

**2. Two tiered Medicare Rebate System for Psychologists:**

It is an extremely unfair and unjustifiable system which has brought an unnecessary drift among the psychologists. It is also confusing to other health professionals and clients who don't know the difference between various endorsements and classifications.

Having the post graduation qualifications, experience and detailed training in evidence based therapies which prepared me to appropriately diagnose and treat diverse range of mental health problems, assess and implement individual plans for clients with various disabilities; I don't see the logic behind psychologists being treated differently professionally and financially. In fact most clients don't even know whether they have seen a clinical psychologist, a counselling psychologist or a psychologist with general registration. What matters is whether the professional has made any positive contribution to their clients' psychological wellbeing. The psychological gains should be long lasting and ideally should have given clients the skills to self manage their problems.

Therefore I urge the Committee to look at the above mentioned issues from the professional, ethical, equity and the consumer's perspective.