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28 July 2011

**RE: Senate inquiry into Commonwealth Funding and Administration of Mental Health Services**

I am a Counselling Psychologist, a member of the APS College of Counselling Psychologists and registered with AHPRA as having a specialisation in counselling psychology. I work in partnership with a Clinical Psychologist, a member of the APS College of Clinical Psychologists and registered with AHPRA as having a specialisation in clinical psychology. Both of us provide Medicare services. Both of us bulk bill our clients.

I am in favour of the current 2-tiered structure. (Even though my first preference is that counselling psychologists have the same status as clinical psychologists; in effect creating a new 2-tiered structure: clinical/counselling psychologists and other psychologists, given that the difference between clinical and counselling is relatively small compared with other psychological disciplines.)

In our practice the clinical psychologist takes on the 'more clinical,' harder, end of the counselling range (e. g., suicidal, psychotic, etc. clients) and the counselling psychologist (me) takes on the less clinical cases. Both of us deal with people having mild to severe depression and anxiety, though, it's the proportions that vary.

Patients attending the clinical psychologist are often less privileged than those attending the counselling psychologist, so it makes sense to me that a higher rebate applies to clinical services. These clients are also more difficult to work with, again supporting a greater rebate for clinical services.

Finally, I believe that the current 18 sessions per annum (with exceptional circumstances) should not be reduced to 10. With only a small percentage of clients utilising sessions beyond 10 the cost is relatively small compared with the importance that these sessions provide to those who really need them. For some clients, particularly those with deep depression or severe anxiety, the 10 sessions are just not enough. Moreover, these clients will not go to the new services recently announced by the Government in the Budget once they have built a relationship with a psychologist. Most of our clients come to us because they have seen us before or because they were referred to us by their friends. (We no longer have a need to advertise our services.) Having confidence in, or relationship with, a psychologist is very important to the healing process. Finally, those clients who need the extra sessions often have limited financial resources. It seems to me that social justice principles should apply, at least to this sector of society.

I would be pleased to provide further information, should you deem appropriate. I mostly wanted to point out that I, as a counselling psych, support the elevation of clinical psychologists and the current 2-tiered structure over a single-tiered structure.

Yours faithfully,