

Committee Secretary
Senate Standing Committees on Community
Affairs PO Box 6100 Parliament House
Canberra ACT 2600 Australia
4 August 2011

Dear Committee:

**RE: COMMONWEALTH FUNDING AND
ADMINISTRATION OF MENTAL HEALTH
SERVICES**

I would like to put forward a submission to the Senate Standing Committee about the inequity that currently exists between specialists Counselling Psychologists and Clinical Psychologist, with regard the two tier Medicare rebate system.

Counselling psychology is an endorsed psychology specialty under the Australian Health Practitioners Regulation Agency (AHPRA) and counselling psychologists are extensively trained in evidence-based psychological therapies to treat high prevalence and serious mental health

disorders. They are skilled at assessment, diagnosis, and treatment of mental health disorders. Counselling psychologists are defined by the APS as:

*...specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families and groups, and **treat a wide range of psychological problems and mental health disorders.** Counselling psychologists use a variety of evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients. (Australian Psychological Society, 2011)*

The APS College of Counselling Psychologists represents in excess of 950 specialist counselling psychologists nationally who, typically, are practitioners in the field with many working in private practice? Furthermore, counselling psychology is the second largest area of practice endorsement under AHPRA.

The Two Tiered Structure. The current two-tiered structure for psychologists represents an arbitrary, unfair, and highly discriminatory distinction between clinical psychologists and other **endorsed** psychologists, such as counselling psychologists. This distinction between equally trained psychologists is unrelated to their skill, level of qualification (all requiring at least 6 years of university training and 2 years of supervision), or professional competence. Current evidence shows no difference in the populations being treated by clinical psychologists and counselling psychologists. All psychologists in the Better Access scheme predominantly treat high-prevalence disorders of anxiety and depression; there is no evidence that clinical psychologists are more frequently treating the more severe mental health population. The contention that only clinical psychologists can provide psychological therapy for mental health disorders is not supported by the evidence. Indeed, in all major APS and registration board documentation this is clearly not the case. Regrettably, Australia is

the only country to make such a distinction and no other jurisdiction internationally makes this distinction. In the US and UK, counselling psychologists and clinical psychologists are both considered front-line mental health providers. I reiterate the points that counselling college of the Australian Psychological Society makes, which are as follows:

1. **Remove the arbitrary and highly discriminatory** distinction between clinical psychologists and counselling psychologists to allow patients of the latter to obtain the higher level rebate for treatment of their mental health problems. The current discrimination limits access to high-quality endorsed specialist care.
2. **Legislate to cease the promotion of restrictive trade practices** under the Better Access scheme. Counselling psychologists are fully trained to deliver the full range of 'psychological therapies' for mental health disorders but their Medicare patients are only

funded to receive 'focused psychological strategies.' Hence the terms of the Better Access scheme prevent counselling psychologists from providing the best psychological services they can to their Medicare patients. This is not only a restrictive trade practice but presents an ethical dilemma for counselling psychologists imposed by the arbitrary distinction between the clinical and counselling psychology.

3. Recognise that **counselling psychologists are extensively trained to provide assessment, diagnosis, and evidence-based psychological therapies** for mental health disorders as approved under Better Access.

4. The reorganisation of mental health funding, as proposed in the 2011-2012 Budget, is an opportune time for the government to redress inequities that have been enshrined under Better Access since its inception in 2006. Of particular import is the Psychological Therapies MBS item, and we recommend that this item be recalibrated and renamed such that other specialist

psychologists, not just clinical psychologists, are eligible to provide such items. **We urge the government to change this item to a 'specialist psychological therapies' item**, and base eligibility on the specialist areas of endorsement under the Psychology Board of Australia. Counselling psychologists are trained extensively in evidence-based psychological therapies and arguably, counselling psychology is the specialty area best equipped to work with the mild, moderate, and severe mental health disorders in non-inpatient primary mental health care.

The adequacy of mental health funding and services for disadvantaged groups including the following client groups: (i) CALD; (ii) Indigenous; and, (iii) Disability.

Counselling psychologists receive training in 'cultural competence' and multicultural counselling and psychology. The counselling college welcomes any improvements in public mental health funding to better provide for patients from disadvantaged groups, including the three listed above and numerous others such as lower socioeconomic groups and the LGBTQ population. We would like to see the Better Access program developed and improved to encourage diversity in presenting patients. Counselling psychologists are often better represented in regional Australia and as such better placed to offer greater diversity of service, if only Better Access would remove the restrictive limit on their services which means that their clients are charged a larger 'gap' fee.

In terms of my own practise, I have been practicing as a Counselling psychologist for approximately twenty one years. I have been recognised as one of Australia leading psychological specialists in a particular field of psychological disorders and coexisting conditions. This has involved psychotherapy and assessment of one of the most severe chronic complex disorders. One of my substantial sources of referrals has been from clinical psychologists. I have been the supervisor of clinical psychologist (for the completion of Clinical psychology PHD) as a part of the practical component of psychotherapy, assessment and management of complex cases. Since the early 1990s I have supervised numerous psychologists. I have in the past been commissioned to supervise members of clinical health services for the police at a state level. I have also been clinical adviser to a state work cover authority. Since this period I have been the provider of training and professional development to Psychiatrists, Clinical psychologists, Counselling psychologists, Psychologists,

General Practitioners, Psychiatric nurses and clinical social workers. My training programs for health professionals in psychotherapy and assessment and management of severe chronic complex disorders have been accredited/endorsed by the College of Clinical psychologists Australian Psychological Society (APS), the College of Counselling Psychologists APS and the **Australian College of Rural and Remote Medicine (ACRRM) : Accredited for Core Clinical Knowledge and Skills, Extended Skills, Primary Curriculum: Psychiatry/Mental Health (Members-General Practitioners & Psychiatrists)**. Since 2004 I have been invited annually -as one of Australia's leading experts in my field in the treatment of severe chronic complex cases- alongside my Clinical psychology and Psychiatrist, academic and General Practitioner colleagues to one of Australia's main forums in medical research. This forum has a strong association with the Australian Government medical representatives and

other involved parties from Government. In recent years my work in the development treatment and training for Professionals and the Australian community was recognised by the Australian Government. I have published nationally and internationally in my particular field involving the treatment of severe chronic complex Psychiatric disorders. I am of the view that my training and supervision in Counselling psychology has well equipped me professionally to deal with complex disorders and I respectfully request that the senate committee recommend that Counselling psychology be recommended as equal to our Clinical psychology colleagues. A situation that I understand does not exist in other parts of the world except for Australia.

I believe most importantly of all that the
Mental Health of the Australian community
would benefit from this development.

Sincerely yours,