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Submission to
The Senate Community Affairs Committee
enquiry into Commonwealth funding and administration
of mental health services mental health services

The introduction of the Better Access initiative of Medicare resulted in a significant shift in the balance and cost of service provision of mental health care around Australia. As pointed out in the submission by Jones and Armstrong evidence clearly suggests that there is no difference in clinical outcomes between the higher and lower tiers of service provision. There is ample research showing it is the quality of the therapeutic relationship, rather than the counselling modality and particular training of the therapist that brings the most significantly successful results. This was not taken into account in setting up the scheme. The scheme when introduced used a high cost model that failed to value and take into account the significant part played by experienced and qualified counsellors many of whom are tertiary trained.

For me personally the introduction of the scheme saw my Fremantle practice collapse as I could not compete for new clients. All referrals from doctors ceased as there were no rebates available for clients referred to me. A service that was at that time being paid for by clients at a cost of \$80 per hour became a cost to Medicare at \$120 per hour plus any gap payment. Agencies saw many psychologists leave and move into private practice. Many counsellors moved back into agencies from private practice. The result simply higher cost to the taxpayer and little real change in the services delivered.

As a result I took on a position as a fly in fly out counsellor for Relationships Australia in Port Hedland. In the three years in Port Hedland I turned the branch around working with many individuals and families with complex cases from a client group that was fully representative of the mix of the Hedland community. Many clients experienced chronic pain, anxiety depression or anger issues as a result of complex trauma and abuse. Many clients were high suicide risks. Relationships Australia did not charge clients for accessing the service so rebates were not an issue. My replacement in Hedland is also a counsellor who does similarly complex work. In Hedland our skills and training are accepted by the medical profession and mental health services. My question is if our skills are acceptable in places like Hedland why are they not acceptable Australia wide?

My clients have included all those allied health professionals covered by the scheme. They clearly see the my work as competent. It is an anomaly that when they choose to see me and my similarly qualified counselling colleagues for similar service they are not eligible to receive rebates. As counsellors we and our clients are doubly disadvantaged. There is no rebate and we are not eligible for GST exemption. It is like being charged a tax and a tariff and then told compete.

I fully support the submissions made the Australian Counselling Association and Messrs Jones and Armstrong to the enquiry.

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