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I am a counselling psychologist and family therapist with extensive training in assessment and treatment of individuals, families and groups. I have over twenty years' experience treating moderate to severe mental health disorders in community health centres, non-government counselling agencies and now in private practice.

- I am highly qualified to provide psychological therapy and (except through Medicare) have always been entitled by my qualifications to do so. I provide the standard of care offered by equally experienced clinical psychologists. The two tier system is a restriction of trade that I and my counselling psychologist colleagues have never previously had imposed on us by any other organisation. If this decision is an economic one, why not simply implement a unified rebate between those currently provided for counselling and clinical psychology that would equally value the equal work of counselling and clinical psychologists?
- I am highly concerned for the mental health of the small percentage of my clients who need up to eighteen counselling sessions due to exceptional circumstances, if access to these sessions is removed by proposed changes to the Better Access scheme.

In my extensive experience, the few people who need up to eighteen counselling sessions are generally those who have long-term moderate to severe depression and/or anxiety, in addition to the exceptional circumstances leading them to require additional treatment. This small percentage of my clients are mostly those who are working hard in counselling to develop their abilities and manage their lives well. They are motivated to improve their relationships and support themselves by being in or returning to the workforce. Additional counselling sessions when faced with exceptional circumstances has enabled some of my clients to remain in the workforce or in a relationship, preventing added costs to government due to unemployment or relationship breakdown.