

5 August 2011

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

Dear Committee Secretary

I have been registered as a psychologist since 1983 and am a Member of the Australian Psychological Society's College of Counselling Psychologists. In my professional career I have managed one of Australia's largest non-profit counselling agencies and have occupied key advisory positions for the state and federal governments. In the last ten years I have managed a successful private practice.

I wish to submit information and comment to the senate enquiry in the Commonwealth funding and administration of mental health services on the following terms of reference:

- (b) Changes to the Better Access Initiative, including:
  - (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule
- (e) Mental health workforce issues, including:
  - (i) the two-tiered Medicare rebate system for psychologists

(b) (iv) Changes to the Better Access Initiative:

The use of evidence based approaches to psychological practice is essential to help ensure integrity of the field and to protect the public from unsound, risky practices. Ultimately the focus should be on what works best and ensuring that the practices employed and the evidence used to determine their effectiveness are appropriate for the discipline in question.

If current research indicates that effective outcomes can be obtained with therapy involving 16 to 20 sessions, it makes no sense to reduce the possible amount of allied mental health treatment sessions from 18 to 10. If the emphasis is on applying evidence based approaches, the proposed reduction, by almost 50%, would mean that the only people who would benefit would be those who would normally respond to treatment within that number of sessions. I imagine this to be akin to providing surgery to someone on the basis that they do their own suturing! I believe the proposed rationalization of treatment sessions would discriminate against those who need the assistance the most.

The reality is that an effective response needs to recognize the uniqueness of people's situations and that not everyone is going to respond in the same manner, in the same

way, in the same time frame. Without recognition of individual differences any attempt to 'box' people in to a particular treatment regime will have only limited success. Knowing the limitations of the model and applying it anyway amounts to unethical and irresponsible behaviour.

I implore the Senate Standing Committee to maintain the current level of treatment sessions.

(e) (i) the two-tiered Medicare rebate system for psychologists:

I accept that those who possess specialised qualifications and skills, in any field, should receive appropriate acknowledgement and recognition. It seems, however, when it comes to psychological services the issue is not that clear. I am sure the Committee has received numerous submissions attesting to the inequality between clinical and general psychologists based on training, skill level and experience, etc. I am also confident that evidence can be found to support the notion that not all psychologists, be they clinical, counselling or generalist are the same, regardless of the amount of training and experience they have received. I am sure my colleagues can attest to the times when they have received clients who have been to another psychologist, both clinical and generalist, and have been dissatisfied with the service they have received. To assert that all psychologists do the same thing I think is, at best, naïve and adds nothing to promoting an adequate response to an already difficult and sensitive issue in this country.

While skills and abilities are essential before any therapeutic endeavour should be embarked upon, there is a plethora of evidence that acknowledges the therapeutic relationship or alliance is paramount for change to occur in therapy. Without this alliance being formed no amount of skills or qualifications will be adequate to effect change. This is not a comment on the clinician but rather a recognition that some aspect of the client will also play a part in the success, or not, of their own therapy.

I believe the decision to either keep the current two-tiered system or abolish it is too premature at this stage given the complexity of the issues being discussed. A considered approach should be well grounded and respond appropriately and sufficiently to those with particular needs. This system should also acknowledge the needs of the community in a way that maximizes choice for the consumer. As in any other field people with high needs should have access to those with specialist skills while others should have access to appropriate levels of care. For some, this may require a multi-disciplined approach and whether a private practice model can accommodate these particular needs should be considered. For others, more 'generalist' levels of care would be most appropriate and, in fact, deemed necessary to help prevent deterioration to more extreme levels of the spectrum and therefore should be maintained.

We cannot afford to overlook the value that generalist, clinical and counselling psychologists provide in the community but we need to be clear about who is most skilled to deal with what given the level of need demanded and ensure that one does not preclude the other. There is no doubt that a resolution can be reached if there is cooperation between all groups and that client needs are the focus of discussion so that they receive the most appropriate level of care.

Yours faithfully

Dave Misso  
Counselling Psychologist