



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

1st August, 2011

Dear Mr/Madame Secretary

I am writing to you as a member of the Counselling College of the Australian Psychological Society in regard to recent changes in the Better Access to Mental Health Care program. My concerns rest on two issues:

1. The reduction of the number of sessions available to clients from 18 to 10 a reduction of 44%
2. The status of my qualification as a Counselling Psychologist in regard to the two tiered system.

Point 1: I have been working in private practice for the last 6 years and I follow clearly articulated treatment protocols. I have also developed and delivered treatment programs for Swinburne University and Relationships Australia Victoria. Most significantly researched and validated programs are established with a range between 12 and 20 sessions. There are virtually no therapeutic programs that run for fewer sessions. In my professional experience it is also very rare to successfully treat a client for significant issues such as anxiety or depression in 10 sessions or less.

The recent reduction in available sessions creates a dilemma in treatment for clients who are unable to privately fund treatment. Clients with complex issues such as anxiety, depression or Post Traumatic Stress Disorder cannot complete treatment to a successful resolution and begin to heal only to be told that they have exceeded their sessions. This creates undue stress and another layer of distress in what are often complex and difficult histories. Treating clients with up to 18 sessions in a calendar year is a far more humane and helpful approach. The committee will have access to research as well as the recent review that will validate these assertions.

Point 2: At present my status as a Counselling Psychologist means that I am relegated to the second tier of Medicare with psychologists with a 4 year university degree as compared with my 6 year degree. I am seen as inferior in skill and ability to that of someone with a six year Clinical Psychology degree. Currently I work in a private practice with Clinical Psychologists. We work with the same populations and I am often given their more complex and difficult cases. My

opinion is regularly sought by these colleagues. I have worked with both clinical and forensic clients in structured programs as well as individual therapy. I have conducted numerous psychological tests, I have provided diagnosis and referral to community mental health services, I regularly liaise with psychiatrists and other mental health services, I have provided numerous court reports and clinical reports, in short I do exactly the same work as my colleagues with a clinical degree, yet under the current Medicare system I am viewed as inferior to them, and my clients receive significantly reduced rebates.

I have a Masters degree in Psychology and the degree structure is almost identical to that of the Clinical degree run at the same university. The only difference is that I have an extra unit in psychological treatment and they have an extra unit in psychological assessment. Otherwise there is no difference in our educational qualifications; throughout much of the degree we shared the same classes. Yet I am seen as an inferior practitioner under the current Medicare system.

Over the years I have given a great many professional development papers, presentations and provided supervision to other colleagues. This work involves complex clinical conceptualisation and expertise. Yet under the current Medicare system my qualifications are seen as inferior.

I would ask the committee to consider the high level of need in clients and extend the current session allowance from 10 to 18 sessions in order to consider the needs of a large and vulnerable group of Australians. The long term savings on medical expenses for clients who no longer require PBS subsidised medications or who are saved from developing stress related illnesses in later life would be immense.

I also ask the committee to consider the unique status of Counselling Psychologists within the Medicare system. I am equally qualified and skilled to deal with the populations that Clinical Psychologists deal and it is patently unfair and would presumably be in breach of the Trade Practices Act as there appears no real distinction between the two areas of Psychology: Counselling and Clinical. Given the current shortage in Psychologists nationally and given that the Counselling College has less than 1000 members nationally, it would seem logical that we should be considered to be specialists under tier one of the Medicare system. Anything less would seem to be an unfair discrimination against a small professional group of psychologists who are equally qualified with other tier one members.

Yours Faithfully,

Nigel Denning
Counselling Psychologist
Director, East Melbourne Psychology