

1 August, 2011

To whom it may concern,

I am writing with reference to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health. I am a member of both the College of Educational and Developmental Psychologists and the College of Counselling Psychologists.

There is substantial research to suggest that most manifestations of adult mental illness can be traced to those observable in childhood, irrespective of whether they are mild, moderate or severe. Since Educational and Developmental psychologists have distinctive expertise in child and adolescent psychology, the research underscores the importance of these specialists in the treatment not just of childhood psychopathology, but as a means of reducing the incidence of mental illness in adulthood. Many of us are grateful for the Better Access programme as it has offered us a unique opportunity to treat developmental psychopathology both directly and as a preventative strategy for adult mental illness.

Moreover, with specialist training in Counselling, treatment is likely to have higher efficacy. There is therefore good reason to include both the *Educational and Developmental and the Counselling specialities* in the Medicare rebate system.

Yet, because treatment is a process, positive outcomes depends on the number of hours of treatment for behavioural change to occur. I propose that a sufficient number of sessions are allowed under the rebate system. A treatment context with fewer than eighteen sessions per year may render the ten proposed as inadequate.

Furthermore, I advocate a *single tier* system for practioners with *equivalent training*, and in light of the fact that outcomes for Clinical specialists have not been shown to be superior.

Sincerely,