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

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Dear Mr/Madame Secretary

I am a member of the APS College of Counselling Psychologists. I am also a practitioner in private practice.

I wish to address the following concerns regarding the Better Access Scheme:

1. The two tier system discriminates against Counselling Psychologists
2. Ten sessions are sufficient to treat mild, moderate, and severe mental illness.

The two tier system discriminates against Counselling Psychologists

I have completed a Masters Degree in Psychology (Counselling Psychology). This means I have completed six years of University training. As part of this degree program I completed training in clinical Assessment, Diagnosis and Treatment. Students in the clinical psychology stream complete the same units. The only difference between the two streams is that counselling psychology students complete an extra unit in psychological treatment while students in the clinical stream completed an extra unit in child assessment and psychopharmacology. I have subsequently completed training in psychopharmacology. The assumption that Clinical Psychologists (compared to Counselling Psychologists) have superior skills in working with mental illness is simply not supported by the actual training provided by tertiary institutions.

Further, through my academic training and subsequent professional development I am trained in the following 'psychological therapies': Cognitive Behavioural Therapy, Interpersonal Therapy (both taught in my Masters degree) as well as Motivational Interviewing, Family Therapy, Brief Solution Focused Therapy, and Trauma Therapy.

In terms of my private practice, I work with a range of clinical issues, including eating disorders (anorexia nervosa, bulimia nervosa, binge-eating disorders, as well as sub-clinical forms of these diagnoses). Eating disorders have the highest mortality rate of all mental illnesses. My clients range in complexity from mild dysfunction through to severe impairment due to anorexia nervosa, bulimia nervosa, as well as, anxiety disorders, mood disorders, and personality Disorders (predominately Borderline PD). I have worked

extensively with clients with eating disorders for a decade; due to my expertise in this area I have Clinical Psychologist colleagues refer clients with eating disorders to me.

Further, to work with such serious clinical issues using “focused psychological strategies” would be unethical. My training has instilled the importance of evidence-based psychological therapies, which I am competent in so why would I use focused psychological strategies. The contention that because I am a Counselling Psychologist I should restrict myself to using focused psychological strategies, while not utilising psychological therapies I am actually trained in is restrictive and unethical.

Ten sessions are sufficient to treat mild, moderate, and severe mental illness.

Lastly regarding the proposed change from 12 sessions (18 under extraordinary circumstances) to 10 sessions overlooks the different recovery periods for differing mental illnesses. While less complex or milder conditions may show improvement in up to 10 sessions, in the case of moderate to severe illnesses, 10 sessions is inadequate. For example, eating disorders are widely considered to be chronic conditions, which can disrupt normal developmental stages resulting in severe impairment in functioning across a number of social domains. Due to the eating disorder, clients may never have finished school, been able to form on-going peer friendships, find and maintain employment or further study. Clients with moderate to severe anxiety and depression may be similarly impacted. For such populations 10 sessions is only a start. To cut access to Medicare after ten sessions will increase the likelihood of premature withdrawal from therapy, subsequent relapse, ultimately costing the health care system more in the long run.

I urge the Senate to consider including Counselling Psychologists in the first tier Medicare rebates, based on specialist endorsement as a Counselling Psychologist under the PBA.

Further, that the Senate reconsider the changes to the number of sessions rebated under the Better Access Scheme.

Yours sincerely

Linda Tilgner
Counselling Psychologist