

Dear Committee

My submission is on behalf of The Australian Psychological Society (APS) College of Counselling Psychologists who represent in excess of 950 specialist counselling psychologists in Australia. Counselling Psychology is an endorsed psychology specialty under the Australian Health Practitioners Regulation Authority (AHPRA). Counselling Psychologists are specialists in the provision of psychological therapy.

I am a Counselling Psychologist providing psychological services to private individuals through my private practice, to corporate organisations and to the Commonwealth Government for the past 20 years. I have provided expert assessment, diagnosis and therapy in my private practice and to corporate organisations including Job Services Australia. I have also provided expert risk assessments, opinion and reports on behalf of various Commonwealth Law agencies and the Family Court of Australia.

My submission is directed toward the changes to the Better Access system recently introduced by the Federal Government and the highly discriminatory distinction between clinical psychologists and counselling psychologists with the two-tiered Medicare rebate system for psychologists.

As you will see by submissions from the APS, psychologists and other groups representing psychologists, The Better Access to psychological services has been a great success over the years. Reducing the number of sessions available to Better Access patients ignores the Australian research that 15 to 20 sessions of treatment is required for common psychological problems let alone for more serious psychological problems. The statistics and facts will be made clear to your committee. Placing our community and society at risk by not having the opportunity to alleviate severe symptoms and to reduce hospitalisation is of major concern to patients and their families and will place further strain and costs on our overall welfare/health system. I am not sure whether any member of the Committee has had experience with friend, colleague or family member who has had to battle mental illness. Mental illness can be enduring taking time for treatment to take effect.

I believe we are taking a step backwards not forward with regard to the Better Access system. I do however congratulate the Federal Government for implementing other Mental Health programs that are also needed for the Australian population.

I ask the Committee to recommend that we revert back to the Better Access conditions that the Australian people have embraced and benefitted.

For the next issue, I believe the Committee has the opportunity to heal a fractured psychology profession. You will notice from other submissions that there is an unhealthy division between psychologists emerging because of the introduction of the two-tiered Medicare rebate system for psychologists. The College of Clinical psychologists advocate superiority over other psychologists including specialists Counselling psychologists in the provision of psychological services thereby attracting a higher Medicare rebate.

As you will see from submissions there is no empirical evidence to show one is better than the other with regard to qualifications and training and patient outcomes. The College of Clinical Psychologists have been advocating that they are the 'Real' psychologists when it comes to the treatment of psychological/mental illness. Again this is contrary to the evidence produced by the Government findings into the assessment and outcomes under the Better Access system. Counselling psychologists are just as effective if not more so than Clinical psychologists.

In creating this division, there will be fewer psychologists Australia wide that will be available to treat mental illness placing the Australian people at risk. We require more psychologists not less. It is also questionable whether there are enough Clinical Psychologists to look after the Australian population.

It is a shame that psychology in Australia is fighting itself by creating division. In the USA and UK Clinical and Counselling psychologists come under the same terms and conditions; they are equal. Why not in Australia? If for some reason Counselling psychologists continue to be discriminated against, an opportunity should be given to bridge any gaps should they be identified. Also Clinical psychologists should be given the opportunity to access further training to meet Counselling psychologists requirements.

I have noticed that Universities have introduced more Clinical Psychology programs and Counselling Psychology programs are diminishing. This is a sad case when compared to the USA and the UK where Counselling psychology is on par with Clinical Psychology.

Again the Committee has the opportunity to heal and mend the psychology profession and at the same time provide better access to the people of Australia needing psychological services.

Overall, I ask the Committee to please give serious consideration to the removal of the arbitrary and highly discriminatory distinction between Counselling and Clinical psychologists; to bring it in line with the USA and UK. To legislate to cease the promotion of restrictive trade practices and to recognise that Counselling psychologists are equally trained as Clinical psychologists in the provision of psychological services and treatment as indicated by the Government research findings into the Medicare Better Access system. Therefore I ask the Committee to consider removing the two-tiered system.

This is an important time for the provision of psychological services to the Australian population and the survival of the psychology profession. Providing fewer sessions is not the answer to saving money and bringing the Australian deficit down. Most importantly, the Australian public must not lose faith and confidence in the psychology profession. We must be seen as united and professional in the provision of our psychological services.

Yours sincerely,

Simon Jacobs

