

Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am a Counselling Psychologist Registrar. I have been working part time in private practice for 3 years having completed my Masters training in 2008. The majority of my work is with a lower socio-economic client population. I have assisted many clients manage and overcome their mental health disorders. I have 3 main issues that I would like to raise with regard to this inquiry.

1. The proposal to reduce the number of psychological sessions for rebate from 12(+6) to 6(+4).

While working with this population I have noted that many clients require beyond the initial 6 sessions available. This population has many past, present and future stressors to contend with and they often have backgrounds that increase their risk of developing mental health disorders.

Much of the success I achieve with this population takes up to and beyond 12 sessions. Having these sessions available has allowed many people to deal with sensitive and traumatic issues. It would be poor practice and unethical to provide treatment for such issues if the work could not be seen through to a reasonable conclusion.

It is of great concern to me that the number of available sessions reduces. While there are short term models that provide efficacious treatment such models are suitable for certain people with certain conditions. 12 sessions allows the opportunity for more people to achieve more permanent change. Of course, the current system presently caters for both short and longer term needs. I see as an ethical responsibility for psychologists to determine their clients' needs and provide the appropriate services. These will be greatly restricted if the session number reduces.

2. The two-tiered system for psychologists – Focused Psychological Strategies VS Psychological Therapy

As a counselling trained psychologist I am equipped and experienced in working with a broad range of mental health issues and problems across the lifespan. I am trained in a number of different modalities along with having skills to assess and plan treatment focused on each of the individuals that I treat. It is extremely limiting to be told that as a Masters trained psychologist I am restricted to providing focused psychological strategies.

Additionally, it isn't terribly clear where the line is drawn for 'psychological therapy' (items provided by clinical psychologists) as opposed to 'focused psychological strategies' (items provided by all other psychologists). Also, if such skill sets (FPS) do not require a Masters level of training then where do those of us who have trained to specialise fit?

I am currently undertaking a registrar programme to increase my professional skills and specialise. I have thought long and hard about this in the current environment and my decision to go ahead has been based on the fact that many employers, employing psychologists to work clinically with clients, recognise the quality and training of a Masters trained psychologist and make it a requirement for application. Such employers recognise this standard and it puzzles me as to why Medicare does not.

3. The two-tiered system for psychologists – Rebates

I currently work in a practice that has a combination of Clinical and Counselling psychologists. We provide a high quality service and often pass referrals to each other depending on availability and client needs. We do not determine who takes the referrals based on title but rather based on expertise and experience. Our clients' needs are central to these decisions.

The difference in fees provides an ongoing dilemma for us as the rebate fee suggests there is a difference in the quality, efficacy and value of what each of us provides (having viewed a number of other practices' web sites it is clear that they are having to distinguish between the two tiers also – how confusing for the clients). There is not a difference in quality at our practice but there is certainly a difference in what some of us take home at the end of the day despite having worked with an equivalent population of clients. If a counselling psychologist sees 8 clients in a day and they bulk bill all 8 they will earn \$305.6 less than their clinical colleague doing the same.

The service provided by a Counselling Psychologist isn't cheaper to provide, it doesn't take less time, it doesn't require less professionalism, it doesn't require less training and it doesn't require less insurance or less professional development to remain registered – so why should the rebate be less for clients seeing a Counselling Psychologist as opposed to a Clinical Psychologist? It shouldn't and it will eventually, if not already, affect the client by them having to pay higher fees than necessary. Or, might the Counselling Psychologists leave this area of work – one that they make a great contribution to. Again, this would also affect the client population.

Many Counselling Psychologists have actually had their skills and training recognised officially (via the APS) and become Clinical Psychologists since the Medicare initiative began. Why have they done this? I can only guess that it is so that their work is recognised as valuable and 'worth' equivalent pay. It would be interesting to know if they do anything different in their therapeutic work as a result. I strongly doubt it.

In conclusion, I don't begrudge the decision to pay differently for different services I simply can't support the argument that there is a difference in quality, value or necessity offered by a Counselling Psychologist or that the services they are able to provide are any different.