

July 28,2011

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

Dear Committee,

RE: Commonwealth Funding and Administration for the Mental Health Services

I am writing to you as a member of The Australian Psychological Society (APS), and a member of the College of Counselling Psychologist. I am also endorsed as a specialist in Counselling Psychology by the Australian Health Practitioners Regulation Agency (AHPRA). I have been a registered Psychologist for over 18 years.

I would like to start by thanking you for initiating the Inquiry into mental health funding and I hope this letter will contribute to your understanding on two of the issues related to mental health and the provision of quality care and treatment for people with mental health issues.

Changes to the Access of Psychological Treatment under Medicare

I would like to express my concern over the reduction of sessions clients can have under the Medicare Mental Health Care System. I deal with highly traumatized clients often with a long and complicated history of abuse or neglect. To expect them to make significant gains under the proposed 10 plus 2 sessions ignores the trauma they have experienced and the level of impact that it has had in their life. The current 12 plus 6 sessions under exceptional circumstances provides a better platform to build on change long held mental health related issues. While many people only require 10 sessions with a psychologist, there is a substantial number who do require more than 10 sessions to make significant gains.

Two Tiered Medicare Rebate system for psychologist

I have over 20 years experience in private practice with 18 years of that as a registered psychologist. During this time I have always worked alongside clinical psychologist in the practices I worked in. In my experience there has never been a difference in the population we dealt with, mental disorders we addressed or in the fees we charged. The introduction of the Medicare Rebate for psychologist was the first time a distinction was made between a clinical and other psychologist despite the fact that all psychologists have to complete the same mandatory educational and supervision requirements (six years of university training and two years of supervision). We are no longer being recognized as equals in the profession. This is despite the research findings that there is no evidence to support any difference.

Now after hundreds of hours of professional development, and supervision and despite thousands of face-to-face hours providing counselling for a broad range of mental disorders I am considered by the Medicare system to be offering a service that is of lesser value than my clinical colleagues.

This has impacted Psychologists in two significant ways.

Restricting trade practices under the Better Access Scheme

As an endorsed counselling psychologist there is support that both professional bodies the APS and recognise the expertise and skill I (as well as the other 950 plus psychologists who have been endorsed as specialist Counselling Psychologists) have developed. Counselling psychologists are defined by APS as providing:

1. **Counselling and Psychotherapy:** Provision of a wide variety of evidence-based techniques and therapeutic approaches that are tailored to meet the specific needs and circumstances of the client. This includes areas such as grief and loss, significant life transitions, developmental issues, relationship difficulties, domestic violence, sexual abuse/assault, trauma, maintaining healthy lifestyles, vocational assessment, and career development.
2. **Mental Health Disorders:** Prevention, assessment, diagnosis, and treatment of clients with mental health disorders such as anxiety, depression, substance abuse, and more complex presentations such as post-traumatic stress disorder, chronic pain, and personality disorders.

Despite this recognition of the specialization of Counselling psychologists, the Better Access guidelines, only clinical psychologists can offer psychological therapy for mental disorders. This restrictive trade practice inhibits experienced, psychologists from providing the best psychological service they can to Medicare clients by restricting them to providing only “focused psychological strategies”. This can also provide potential ethical dilemmas for psychologists who at times must decide between what is in the clients’ best interest and following the Better Access Guidelines.

Secondly, the two tiered Medicare rebate for psychologist disadvantages clients and makes an arbitrary distinction between clinical psychologists and other endorsed psychologists. This is unfair for the clients who see counselling psychologist, and consequently receive a smaller rebate and it is unfair to a large number of experienced, highly capable Counselling Psychologist and other endorsed psychologists.

Hence I am asking you to review:

Review the proposed changes to access of Psychological treatment under Medicare.

Review the two tiered Medicare Rebate for Psychological intervention

Review the Restricted trade practices under the Better Access Scheme particularly for other psychologists endorsed as specialists such as counselling psychologist.

Thank you for your consideration of these issues during the enquiry.

Ling Caslick
Psychologist