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

RE: Commonwealth Funding and Administration of Mental Health Services

I am writing with regard to the Senate inquiry into mental health funding and wish to present the following points for consideration.

I am an endorsed Counselling Psychologist who holds a Professional Doctorate in Counselling Psychology. In order to obtain this qualification and professional endorsement, I completed 8 years of full time university training and extensive supervised practice in professional settings. This included rigorous training and professional experience in the assessment, diagnosis and treatment of a wide range of mental health disorders using a comprehensive range of evidence based psychological therapies.

I currently work in private practice and see a wide range of clients. I am particularly concerned regarding the proposed reduction of sessions available to clients from a possible 18 per calendar year at present, to only 10. In my professional experience, this will severely impact a large majority of clients that are referred to me for psychological therapy who seek treatment to recover from common mental health issues such as depression, anxiety and other related mental health disorders. Whilst some clients with milder mental health concerns may not access the full current entitlement of 18 sessions, this does not discount the reality that for a large proportion of the clients I see, they typically access between 12-18 sessions so that they can not only improve their mental health and quality of life, but **consolidate and maintain the improvements made over the course of their psychological therapy**. It is my professional opinion that many clients I see would be severely disadvantaged if they were only able to receive access to 10 sessions as currently proposed. Further, a reduction to only 10 sessions is contradictory to empirical research that has supported

the notion that somewhere between 15-20 sessions is required for effective treatment of psychological disorders such as depression and anxiety.

Further, I consider that the current two-tiered Medicare rebate system which divides Clinical psychologists from all other psychologists, including Counselling Psychologists, to be discriminatory. As an endorsed Counselling Psychologist with 8 years of full time university training I consider the current system to be unfair for several reasons. First, as I hold a Professional Doctorate, I have a higher level of training than some endorsed Clinical Psychologists. Second, there is no research evidence to support the notion that there is a significant difference in the client populations that are currently being treated by Clinical psychologists as opposed to Counselling psychologists in private practice settings. Therefore it is unfair to my clients that they receive a substantially lower Medicare rebate for the psychological services they receive from me which are not significantly different or less superior to what they would obtain if seeing a Clinical Psychologist.

Despite being eligible for a full scholarship place in the Clinical Psychology Doctorate program at the university where I studied, I specifically chose Counselling Psychology because I valued the extensive training and experience I would receive in psychological therapy, which was not, in my opinion, as extensive within the Clinical courses. I also planned to specialise in psychological therapy within a private practice setting and wanted to ensure that I received the appropriate training to be able to do so. It is disappointing that many university post-graduate courses at present appear to offering more places within Clinical Psychology programs, where in reality other areas of psychology, such as Counselling Psychology are **equally valuable**, especially in private practice settings. I encourage the Senate inquiry to remove this unfair distinction within the Medicare rebate system, as it is a distinction that has caused a very large and controversial divide within the Psychology profession as a whole.

I look forward to hearing the outcome of the inquiry and hope that the best interests of all Australian Psychologists will be taken into account.

Yours sincerely

Dr Karen Johnson
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