

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

28 July 2011

Dear Committee:

**RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES**

I am writing to you on behalf of my professional colleagues and clients regarding the proposed changes to funding in the Better Access to Mental Health Care initiative. First of all, I would like to thank you for the opportunity to provide feedback on an initiative which I believe one of the most successful and practically helpful programs in the treatment of mental health issues in Australia. I strongly support the continuation of the Better Access initiative and I hope my comments in the following two areas are given due consideration by the committee:

**(1) Maintain the current number of sessions available for clients to access each year**

The majority of clients that I see in my private practice meet the criteria for moderate to severe levels of depression and anxiety when I first meet them. Multiple Axis I diagnoses are common, as are Axis II disorders. No matter how committed and determined my clients are to improve their mental well-being, it is simply impossible to expect long-term improvement and abatement of symptoms after just six or even ten sessions. It is unreasonable and unethical to expect clients to switch to seeing another psychologist under another scheme (e.g., ATAPS), or to delay treatment until they can afford it again in the next calendar year. There is much independently collected evidence to warrant concern about cutting the number of sessions, some of which is outlined in other submissions to this inquiry (e.g., by the APS College of Counselling Psychologists), so I will not repeat it here. I wish only to make the point that by nearly halving the number of rebated sessions, I know that most of my clients will struggle to fund their mental health treatment. They will simply stop coming despite knowing that their presenting issues have only been partly addressed.

With less development of mood management skills this will make their lives and the lives of those close to them even tougher. When primary intervention programs are underfunded, the inevitable conclusion is an even greater financial burden on the Government later in terms of hospital beds in emergency wards, PBS subsidised medications, and disability pensions.

**(2) Remove the inappropriate and unethical professional discrimination implied by the two-tiered rebate system for endorsed Counselling Psychologists**

I wish to make it clear that my comments relate specifically to the discrimination that I have experienced as Specialist/Endorsed Counselling Psychologist under a system that only recognises Clinical Psychologists as mental health care specialists. Counselling Psychologists complete an equal number of years of post-graduate training as Clinical Psychologists. I do not know of any other country in the world where such a policy-based professional discrimination exists. There is no supportive evidence to justify this inequality. Again, I wish to refer you to the submission made by the APS College of Counselling Psychologists for their detailed discussion of this matter.

This incorrect assumption has a significant impact on my clients and their ability to access rebates that as Australian citizen they have every right to. I have completed a combined Masters/PhD degree, have completed my specialist title training, have worked in an inpatient hospital setting for over four years, supervised both Clinical and Counselling Masters students on placement, and am a member of two peer supervision groups which are comprised of Counselling Psychologist, Clinical Psychologists and Psychiatrists. Despite all this, I have been deemed as 'second tier'.

I personally chose to complete my Masters degree in this specialty because it emphasised the importance of understanding the individual person you are treating rather than focusing solely on a disorder to be fixed. It provided me with an opportunity to learn a variety of forms of psychotherapy which included CBT, IPT, Narrative therapy, psychodynamic approaches, individual and group psychotherapy, and couples and family therapy. One of the key points that I took from the Counselling Masters program was that if you wanted to help an individual, you needed to not only conceptualise and diagnose their issues, but also be able to select from a variety of therapeutic interventions the approaches that best suits them in their current situation. The current two-tiered system is based on the erroneous assumption that only Clinical Psychologists have the training to do this. This is simply incorrect – and a perusal of the units completed in the Masters programs of the Counselling

psychology speciality will demonstrate this clearly. Counselling psychology may be lesser known but it is by no means a lesser specialty area in Psychology profession.

Thank you for taking the time to consider my feedback.

Regards

A private practitioner in Perth

Specialist Counselling Psychologist