APS Psychologist

Counselling
Psychotherapy
Assessment

3rd August 2011

Senate Committee Inquiry:
Commonwealth Funding and Management of Mental Health Services

Dear Committee Members,

As a mental health professional I wish to express my deep concern regarding two important issues adversely affecting the provision of psychological services to the general community.

i). As a specialist counselling psychologist I have undergone six years of full-time university training, including a masters degree and extensive professional supervision. Many of my colleagues hold a doctorate in counselling psychology. Our specialty has been recognised and endorsed by the new federal registration body, Psychologists Board of Australia. Our particular competencies within the profession lie in the provision of evidence based psychological therapy in the treatment of moderate to severe psychological problems and mental health disorders in an outpatient setting.

Unfortunately, the resource of our expertise continues to be greatly under-utilised within the ironically named *Greater Access to Mental Health Care (GAMHC)* programme. Since its inception in 2006 the Medicare-funded scheme ignored the competencies of other than clinical psychology specialties. Banded together with no regard for the qualifications or experience under the collective umbrella of 'generalist' providers, my colleagues and I had been limited to the provision of *'focussed psychological strategies'*. The latter, seen by many as brief interventions targeting symptoms rather than their underlying cause can also be provided by social workers or even GPs, who have completed short mental health care workshops. In contrast, clinical psychologists whose training traditionally focused on assessment (psychometric testing) and work in inpatient settings have been given under the GAMHC unrestricted licence to provide *'psychological therapy'*.

Not only are clients of counselling and other specialist psychologists prevented from receiving best available treatment for their condition under the above directives, but their access to mental health care is restricted by significantly lower Medicare rebates for sessions of equivalent duration, than those awarded to 'clinical' psychologists. Such discrimination has the most devastating effect on financially disadvantaged clients (who also happen to represent the population with the greatest and most urgent need for psychological treatment), as most psychologists are unable to bulk-

Telephone

APS Psychologist

Counselling
Psychotherapy
Assessment

bill for their services and continue to run a financially viable private practice. Psychologists whose clients are entitled to the higher level of Medicare rebate constitute a minority of the profession, and as such access to their services is very limited.

Recent outcome-based independent research into the effectiveness of treatment provided by 'clinical' psychologists and those of other specialties failed to find any difference. Continued two-tier system of funding psychological services is therefore unjustified and discriminates against the most vulnerable members of the community.

Therefore, as one of many psychologists trained and experienced in the provision of psychological therapy at the highest (yet, *Medicare*-unrecognised) level of professional competence, I call on the Senate Committee conducting enquiry into the funding of mental health care services to end the artificial, ill-advised and manifestly unfair discrimination restricting the very access to essential services among the clients of most practicing psychologists.

ii). The current federal budget proposal limiting the number of *Medicare*-subsidised psychological consultations from twelve, or eighteen for those affected by chronic and complex mental health conditions, to the maximum of ten per year constitutes further discrimination against those most in need. The majority of clients seeking psychological assistance do not require more than twelve (and often fewer) sessions with a psychologist, however to those with severe and challenging conditions access to additional psychological support can mean a difference between long-term improvement and treatment failure (with often devastating consequences to the client and his/her family). Access to any more than twelve consultations had always been restricted and was authorised by treating GPs for those with very special needs only. Therefore, it appears highly questionable as a 'cost saving measure', yet may prove very costly indeed to the lives of many people affected by mental illness. As psychologist providing services to this particular client population, I feel compelled to strongly advise the Committee against imposing further limitations on access mental health care.

Thank you for your consideration.

Yours sincerely,

PSYCHOLOGIST

*Postal address supplied to the Senate website

Telephone