

Submission to the Senate Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

In reference to:

e) mental health workforce issues:

- (i) the two tiered Medicare rebate system for psychologists, and**
- (ii) workforce qualifications and training for psychologists**

I am a counselling psychologist and have been providing counselling and psychological therapy to clients referred by their treating GPs since 2000 (pre-Medicare rebates). I have the training, skill and expertise to provide psychological therapy to clients referred under Medicare-rebated treatment plans. This has been obtained through six years of academic education in psychology and several years of supervised practice and additional professional training.

I have a Master of Psychology (Counselling) degree, which provided me with two counselling placements in community mental health settings along with thorough education and training in psychological diagnoses and assessment, personality dynamics, therapies for treating disorders and changing behaviour (including, but not solely, CBT), and legal and ethical issues for psychologists in practice. I have also undertaken numerous courses in psychotherapy and counselling, both in Australia and overseas, in my desire for increased effectiveness and flexibility of approach (which in my view are inextricably linked).

I receive referrals from GPs under Medicare-rebated treatment plans to work with people with mild to moderately severe psychological disorders. The goals of treatment are generally symptom relief, increased insight and capacity for symptom control and management, and improved quality of life and hope for the future.

As a “generalist” in the current two-tier system I am required to provide focussed psychological strategies (FPS), and I comply with government legislation and good practice to do so. However, my work frequently involves associated psychological therapy to help safely draw out and resolve deep seated issues and internal conflicts impacting on progress and recovery. The service I provide to my clients (and the referring GPs) would be limited and compromised if I provided only FPS, when my assessment skills and clinical judgment indicated more complex needs.

This is the dilemma facing counselling psychologists like myself who are not acknowledged by the Department of Health and Ageing as providers of psychological therapy, but in this area have equivalent or superior training to clinical psychologists (the only specialist group with such acknowledgment). We obtain the lower rebate for FPS, while providing flexibility of approach including psychological therapy as necessary to meet the needs of each presenting client.

In view of the above I consider that counselling psychologists need to be recognised and acknowledged as specialists, with diagnostic, assessment and treatment skills for a broad population on a par with those of clinical psychologists. This should occur whether two tiers of service provision with different fee structures are maintained, or

both tiers are combined into one level of service with one set fee. Whichever option is decided on it is my view that a higher standard of mandatory qualifications, training and/or counselling experience should be required of all Medicare-registered psychologists to ensure that all providers have the clinical competence to achieve effective outcomes with diagnosed psychological disorders of varying severity and complexity.

It is of concern to me that the only current requirement for a psychologist to obtain a Medicare provider number is to be a registered psychologist. I have worked with and supervised many psychologists who have gained registration through four years of academic training and two years of supervised experience (i.e. the 4+2 pathway) and are now providing Medicare-rebated counselling. A number of the 4+2 psychologists I have known are excellent counsellors and very competent providers of FPS, after years of counselling practice and self-directed professional development. There are also many who (by their own admission) have had limited training and experience in counselling and psychodiagnosis, and frequently have a one-size-fits-all approach in their application of FPS. I believe this creates an unacceptable risk of clients receiving inadequate and ineffective treatment.