

Community Affairs, Committee (SEN)

## Mental Health Funding in Australia – Psychology

To whom it may concern

I am a Psychologist of 16 years experience in private practise in Melbourne. I am also another voice in the rising swell of discouraged and frustrated “Fully Registered” “Generalist” Psychologists struggling to comprehend why Clinical Psychologists are being treated as somehow superior to all other Psychologists. This treatment of our Clinical colleagues is despite no cited empirical evidence to demonstrate any favourable outcomes for clients of Clinical Psychologists as opposed to outcomes from clients of us “Generalist” Psychologists.

The creation of an artificial two tiered Medicare system favouring clients of Clinical Psychologists is divisive, without merit and is not able to be substantiated empirically. It would appear that this discrepancy is now putting at risk the actual funding of Medicare rebates to all psychology clients due to the artificially high rebate for clients of Clinical Psychologists. Psychology clients deserve the best care from psychologists of equal competence and experience and not to be artificially discriminated against by an ill informed Department of Health and Ageing.

Clinical Psychologists are NOT implicitly superior to highly qualified, experienced and committed Generalist Psychologists in Australia and this anomaly needs to be rectified immediately so that Psychology as a viable treatment under Medicare is not jeopardized in Australia and the artificial discrimination of all other psychology clients no longer continues in this country.

In addition, the cutting back of Medicare funded sessions to legitimate clients is putting our most vulnerable members of society at more risk. In my many years experience, it would be almost impossible in many circumstances to fully evaluate, manage and help clients recover from a large range of mental illness within 6 sessions. I often see clients who have a history of severe abuse and often my consulting room becomes the forum for their first disclosure of the abuse. This often presents as relationship issues, depression, anxiety or a whole host of other problematic behaviours, including addictive behaviours. In addition, axing the additional 6 sessions for “Special Circumstances” also disadvantages clients who may have had an extraordinary event in their lives, such as a different diagnosis caused by death of a close family member, retrenchment from their job, personal illness or other hardship. To assume that after 6 – 10 sessions these individuals can suddenly recover or access an already overextended Government sponsored mental health institute or suddenly successfully engage with another professional such as a Mental Health Nurse or Social Worker is not borne out by fact, history or circumstances.

It is also not in the individual’s best mental health interests to suddenly have to start consulting another mental health professional after having established a trusting working relationship with a highly qualified, committed and caring Psychologist. All the empirical evidence shows that the most important variable in any therapeutic relationship IS the relationship, no matter what background the psychologist comes from nor what particular therapy the psychologist employs.

I am an industrious, hardworking and compassionate Counselling Psychologist, proud of our Medicare system and of my profession.

I implore you to take this matter seriously and respond so that ALL clients of psychologists and ALL psychology rebates are treated equally.

Lyn Benson  
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Melbourne