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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
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Dear Committee,
Thank you for the opportunity to give comment on the budget changes made in mental health. I am a counselling psychologist whom prior to returning to private practice over the last 2 years also worked in a Division of General Practice managing an ATAPS program for 5 years.

Changes to the Better Access Initiative

The rationalisation of general practitioner (GP) mental health services
Quality care takes time and those GPs that have completed additional mental health skills training and spend more time with their patients deserve to be paid more for their time.

The rationalisation of allied health treatment sessions
There is no logic apart from financial in the idea of cutting the number of services to the small number of patients who need additional care. The assumption is that patients with severe mental health conditions are not seen via this initiative. That is just not the case. I see patients who are suicidal, who may have had a long history of mental health problems, who may have had hospitalizations, and who have often not had access to good quality counselling support in their life ever before. The decision to cut the number of sessions to this small group severely limits the opportunity to provide good quality care. This jeopardises stabilization of symptoms, may trigger loss of working capacity or hospitalization, not to mention the negative impact on family and carers. As a private health provider, this reduction in sessions to those that are in most need is stressful for me – it is hard enough to be limited to 18 maximum sessions a year for some of the patients I see.

This decision ignores the research about the number of sessions required to deliver clinically effective treatment. Australian and international research has repeatedly shown that 15 to 20 sessions of treatment are required for common psychological disorders, like depression and anxiety, in order to achieve clinically significant outcomes for 85% of patients (Australian Psychological Society, 2010). The current session allowance of 12, with an extra 6 sessions in extraordinary circumstances, in most cases enables psychologists to achieve clinically significant outcomes with their patients. The proposed reduction in sessions to a maximum of 10 is likely to result in the failure of many treatments; such a change ignores the research evidence, and as such is not evidence-based.

The impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program

One of the problems ATAPS has always faced is lack of funding. Even the current proposed increase of funding will not likely ensure that patients have access to 18 or more sessions a calendar year who attend via the ATAPS pathway. Patients have often had to rely on attending sessions via the Better Access pathway when funding was insufficient to allow them to receive the number of sessions they needed. Not all GPs are registered to access ATAPS for their patients or choose to refer patients via ATAPS due to additional paperwork or lack of service availability due to limited funding. The most important thing is that patients have access to flexible, effective clinical care.

The two tiered Medicare rebate system

Counselling psychology is an endorsed psychology specialty under the Australian Health Practitioners Regulation Agency (AHPRA) and counselling psychologists are extensively trained in evidence-based psychological therapies to treat high prevalence and serious mental health disorders. They are skilled at assessment, diagnosis, and treatment of mental health disorders. Counselling psychologists are defined by the APS as:
…specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families and groups, and treat a wide range of psychological problems and mental health disorders. Counselling psychologists use a variety of evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients. (Australian Psychological Society, 2011).

The current two-tiered structure for psychologists represents an arbitrary, unfair, and highly discriminatory distinction between clinical psychologists and other endorsed psychologists, such as counselling psychologists. This distinction between equally trained psychologists is unrelated to their skill, level of qualification (all requiring at least 6 years of university training and 2 years of supervision), or professional competence. Current evidence shows no difference in the populations being treated by clinical psychologists and counselling psychologists. All psychologists in the Better Access scheme predominantly treat high-prevalence disorders of anxiety and depression; there is no evidence that clinical psychologists are more frequently treating the more severe mental health population. (Giese, Lindner, Forsyth, & Lovelock, 2008).

Furthermore, the contention that only clinical psychologists can provide psychological therapy for mental health disorders is not supported by evidence. Indeed, in all major APS and registration board documentation this is clearly not the case. Regrettably, Australia is the only country to make such a distinction and no other jurisdiction internationally makes this distinction. Indeed in the US and UK, counselling psychologists and clinical psychologists are both considered front-line mental health providers with equal access to the same levels of health and insurance rebates (Munley, Duncan, McDonnell, & Sauer, 2004).

Thus I recommend the following:

1. Remove the arbitrary and highly discriminatory distinction between clinical psychologists and counselling psychologists to allow patients of the latter to obtain the higher level rebate for treatment of their mental health problems. The current discrimination limits access to high-quality endorsed specialist care.

2. Legislate to cease the promotion of restrictive trade practices under the Better Access scheme. Counselling psychologists are fully trained to deliver the full range of 'psychological therapies' for mental health disorders but their Medicare patients are only funded to receive 'focused psychological strategies.' Hence the terms of the Better Access scheme prevent counselling psychologists from providing the best psychological services they can to their Medicare patients. This is not only a restrictive trade practice but presents an ethical dilemma for counselling psychologists imposed by the arbitrary distinction between clinical and counselling psychology.

3. Recognise that counselling psychologists are extensively trained to provide assessment, diagnosis, and evidence-based psychological therapies for mental health disorders as approved under Better Access.

4. The reorganisation of mental health funding, as proposed in the 2011-2012 Budget, is an opportune time for the government to redress inequities that have been enshrined under Better Access since its inception in 2006. Of particular import is the Psychological Therapies MBS item, and we recommend that this item be recalibrated and renamed such that other specialist psychologists, not just clinical psychologists, are eligible to provide such items. I request that the government change this item to a 'specialist psychological therapies' item, and base eligibility on the specialist areas of endorsement under the Psychology Board of Australia. Counselling psychologists are trained extensively in evidence-based psychological therapies and arguably, counselling psychology is the specialty area best equipped to work with the mild, moderate, and severe mental health disorders in non-inpatient primary mental health care.

Kind Regards

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