

College of Counselling Psychologists



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

20 July 2011

Dear Committee:

RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

The Australian Psychological Society (APS) College of Counselling Psychologists congratulates the Senate on initiating an inquiry into mental health funding. The college response on several issues is detailed below.

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 APS College of Counselling Psychologists represents in excess of 950 specialist counselling psychologists nationally who, typically, are practitioners in the field with many working in private practice. Furthermore, counselling psychology is the second largest area of practice endorsement under AHPRA, as indicated in Table 1 (Psychology Board of Australia, 2011).

Better Access Changes

The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule. The college is extremely concerned about the proposed reduction in the number of sessions available for Better Access patients. In effect, the government is proposing to reduce the number of available sessions for a patient with extraordinary circumstances from 18 to only 10, a reduction of 44%. Such a reduction is a regressive step for a very successful community mental health treatment programme. Our concerns about this change are detailed below:

1. **Ignoring the research.** 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.

2. **Most patients use less than 10 sessions.** The government has argued that most Better Access patients do not use in excess of 10 sessions. For the 13% of clients who do utilise more than 10 sessions, these are extremely important sessions for alleviating severe symptoms and avoiding hospitalisation.

Table 1 - *Psychologists: By area of practice endorsement and by state or territory (Psychology Board of Australia, 2011)*

Approved area of practice endorsement	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Not supplied	Total
Clinical neuropsychology	2	91	-	57	16	10	183	19	6	384
Clinical psychology	86	1,439	16	544	343	107	1039	770	31	4,375
Community psychology	-	8	-	3	1	-	24	7	1	44
Counselling psychology	8	177	1	59	6	5	381	102	8	747
Educational and developmental psychology	3	121	-	61	21	16	147	54	4	427
Forensic psychology	6	116	8	46	22	6	92	34	1	331
Health Psychology	4	38	2	29	17	8	68	4	1	171
Organisational psychology	14	105	2	41	26	1	99	37	3	328
Sport and exercise psychology	3	18	-	20	6	1	12	7	1	68
Total	126	2113	29	860	458	154	2045	1034	56	6875

Access to Allied Psychological Services (ATAPS) Programme

We hope that non-evidence based divisions between clinical psychologists and counselling psychologists will not be reflected in funding levels for the ATAPS programme, as has been the case under Better Access.

Mental Health Workforce Issues

The two-tiered Medicare rebate system for psychologists. 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 the 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). The college makes the following recommendations regarding this issue:

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 the 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. **We urge the government to 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.

The adequacy of mental health funding and services for disadvantaged groups including the following client groups: (i) CALD; (ii) Indigenous; and, (iii) Disability.

Counselling psychologists receive training in 'cultural competence' and multicultural counselling and psychology (Morrow, 2007). The college welcomes any improvements in public mental health funding to better provide for patients from disadvantaged groups, including the three listed above and numerous others such as lower socioeconomic groups and the LGBTQ population. We would like to see the Better Access program developed and

improved to encourage diversity in presenting patients Counselling psychologists are often better represented in regional Australia and as such better placed to offer greater diversity of service, if only Better Access would remove the restrictive limit on their services which means that their clients are charged a larger 'gap' fee. We believe a more equitable, less discriminatory arrangement under Medicare, or future funding arrangements, that recognises the equal skills and professional competence of both counselling and clinical psychologists will result in a more inclusive and more accessible mental health service for all Australians.

If you would like to discuss any of these issues in greater detail, we would welcome to opportunity to meet with the committee.

Yours sincerely,

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