

Dear Committee,

I welcome the opportunity to place before the committee my submission in response to the senate inquiry into mental health funding. I am an endorsed counselling psychologist and have been registered to practice for twenty years.

I suspect the committee will be inundated with submissions so I will keep this one as succinct as possible.

(1) Better Access Changes

- (i) The reduction from 18 to 10 sessions of psychological treatment does not support the only evidence that is relevant to this country (Giese, Lindner, Forsyth, and Lovelock, 2008). The people who will miss out are the very people that voted this government into power. This government came into power based on a platform of maintaining health programmes, not reducing them. It should restore the sessions to 18.

(2) Access to Allied Psychological Services (ATAPS) Programme

- (i) This program needs to recognise the fact that there is only one category of registration for all psychologists and that they should therefore be paid at the same rate.

(3) Mental Health Workforce Issues

- (i) It would appear that both the Australian Psychological Society (APS) and AHPRA (the members of which are in the main academic APS members) are blinded by their own political positions and the evidence they require to maintain those positions is scarcely available. There is an argument that puts the resultant two tier Medicare rebate system as the product of political infighting within the APS and political grandstanding by AHPRA. The division has come about by one group claiming superior training and skills and being supported in that notion with higher Medicare rebates. It is of significant interest to note that all groups associated with the APS have subscribed to the same code of ethics which clearly espouses equivalency (sections C.1.2; C.2.1; C.2.3 a b d f). Since all APS psychologists are bound by the APS code of ethics the Clinicals' departure from this code can only be seen as a political position which the committee must not allow itself to be drawn into. Again the only relevant study in Australia does not support such a division. Anecdotally, non APS psychologists do not support it either. The Committee should move immediately to rectify the situation with a single tier payment schedule for all psychologists.
- (ii) Legislation currently determines that Clinical psychologists deliver "psychotherapy" and the "other" psychologists deliver "focussed psychological Strategies". This is the result of legislators being seduced by the political arguments put forward by Clinical psychologists and the APS who has failed to support its majority supporter base (non Clinical psychologists). The term seduced is apt as there is no research evidence that supports the notion. Psychotherapy is not the sole domain of psychologists; psychiatrists, psychotherapists, social workers, counsellors are all able to deliver psychotherapy. They do so in other countries. The terms as applied by the APS and AHPRA are arbitrary and divisive and reflect the position taken by the APS pre 2007. Generalist psychologists who work in a clinical setting would agree that they do provide "psychotherapy", contrary to the Medicare schedule requirements. It is recommended that the committee seek to change the legislation to reflect the the

actual delivery of psychological services as practiced throughout Australia, that is, that all psychologists are able to provide psychotherapy.

Respectfully

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Psychologist