Dear Committee,

RE: Commonwealth funding and Administration of Mental Health Services

As an endorsed counselling psychologist, I am writing in response to your inquiry into Mental Health Funding. I really appreciate the opportunity to articulate my concerns on this important matter. The changes and cut backs to Medicare funded psychology services will have detrimental effects for our entire community. I have already personally witnessed this in my practice, where I have desperately tried to hand over specific clients who required further care to Mental Health Teams, non government agencies such as Anglicare and private psychiatrists all who lacked the capacity to take on the therapeutic and supportive roles required. In general the cuts reflect a lack of understanding of the role of psychologists and the services they are required to provide. A maximum of 10 sessions especially for someone who is isolated (reflective of the contemporary society we live in), is completely insufficient. People who do not have a diagnosis of active psychosis are not eligible for government services, and those struggling with debilitating experiences of trauma, depression, and anxiety amongst others are falling between the cracks. Without sufficient psychological intervention they are likely to dip deeper into destructive directions. These cuts are linked to the inappropriate elevation of clinical psychologists and the removal of many psychologists, previously providing professional services, from both the public and private sectors.

I would like to express my concern regarding the two tier Medicare system and my support of the College of Counselling Psychologists' recommendations dated October 1 2010. The current set up of the Better Access to Mental Health Care Scheme appears to be based on serious misconceptions about the work, research, theoretical frameworks and training requirements that clinical psychologists have in comparison to other psychologists and the level of competence associated with these groups. This is damaging to the profession and having far reaching implications for access to, and the level of care provided in mental health services to members of our community.

Counselling psychology is an endorsed psychology specialty under the Australian Health Practitioners Regulation Agency (AHPRA). Counselling psychologists are acknowledged by the Board to be extensively trained in evidence-based psychological therapies and as having the capacity to assess and treat serious mental health disorders. Attaining the level of endorsement means that they are recognised as having the skill and competence to treat mental health presentations that the Better Access scheme is intended for, (refer to College of Counselling Psychology submission re training requirements for endorsement). If you look at counselling psychologists' job descriptions, resumes and client load's you would find this to clearly be the case.

I personally worked as the psychologist in charge of Mental Health Services, for a community organisation; Jewish Care, for 3 years from 1995-1998. In addition, I have presented training to colleagues on ways of working with this population eg Presenter, NSW Department of Health conference "Health Issues in the Jewish Community", Prince of Wales

Hospital, April 2000. Topic: Jewish Identity, Experience and Mental Health Intervention. Since then both in my private practice work with Past President of the Australian Psychological Society, Amanda Gordon, and in my own practice, I have been providing these assessment and therapeutic services to clients with concerns including; anxiety and panic, depression, psychosis, post traumatic stress, anorexia amongst others. I have also trained and given supervision to other psychologists and therapists providing psychological services in the community both privately as well as the Department of Health service; The Langton Centre Drug and Alcohol Out Patient Clinic of Sydney Hospital.

Counselling psychologists not only have the required training and experience to work in these areas of need in the community, which they are currently not given the appropriate rebate for, but they have additional areas of specialisation as well. Counselling psychologists are trained to work in family couple and group contexts which is particularly pertinent to people experiencing serious mental health diagnoses and their implications, as well as their families and carers. Counselling Psychologists are often called upon as working contextually, within the family system, and providing culturally appropriate services is their realm of expertise whilst Clinical Psychologists are not trained extensively in family and relationship therapy. In addition, grief and loss and trauma, are more generally treated by Counselling Psychologists, then by Clinical Psychologists. In particular post-structuralist approaches involving a community approach are considered best practice in working with Indigenous communities and a diverse range of cultural contexts.

Another huge area of specialisation specific to Counselling psychologists is the provision of professional supervision required for ongoing professional development. A key inconsistency which can be highlighted is the acknowledgment by AHPRA and previously the NSW Registration Board, of Supervisor training developed by Daphne Hewson which comes from a counselling psychology and more particularly narrative framework, as the requirement for supervisor registration and ongoing professional development of **all** psychologists. The use of reflective practice in peer consultation groups as taught by Daphne Hewson is pertinent to all psychologists, due to the new Board requirements for professional development. *(pg 5 guidelines on continuing professional development Psychology Board of Australia). Peer consultation is defined as supervision and consultation in individual or group format, for the purposes of professional development and support in the practice of psychology, and includes a critically reflective focus on the psychologist's own practice"* The intentions behind, and the techniques involved, are very different to traditional "case management" supervision used by clinical psychologists. If counselling psychologists are seen to be the leaders in the field in this area then it follows that their therapeutic intervention competencies will be representative of exposure to and consistent practice of these reflective processes.

There are far reaching implications for the content of Masters programs and the supervision of future psychologists which needs to be understood. Already Counselling Masters courses have been cut eg at Macquarie University and the direction the profession is going in is becoming narrower and narrower. Having less psychologists trained as counselling psychologists, and less psychologists being able to take on many positions which are not

appropriate for, or being filled by clinical psychologists, will leave a huge void in the provision of services.

The lack of theoretical basis for the clear inequality of the 2 -tier system, needs to be made visible and I urge you to review the scheme in line with the recommendations of the Counselling College and based on international examples. This will allow other appropriately skilled and trained psychologists the opportunity to fully provide quality services that they are so committed to, and ensure that as many people as possible have access to the level of care they require and deserve!

Kind Regards,

Counselling Psychologist
Member Australian Psychological Society
Member Counselling College Australian Psychological Society