

Gail E Jones MAPS
Psychologist

2nd August 2011

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

Dear Committee:

RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

I am a psychologist in private practice, and welcome the opportunity to contribute to the inquiry into mental health funding.

I am an endorsed Counselling Psychologist under the Australian Health Practitioners Regulation Agency (AHPRA). I hold two degrees, a Bachelor of Arts majoring in psychology from the Australian National University, and a postgraduate Bachelor of Education (Counselling) from La Trobe University. I was first registered as a psychologist in the state of Victoria in 1984, and I have been a practicing psychologist since then. I worked as a counsellor at the University of Melbourne Counselling Service for thirteen years, and have been in private practice since 1993.

I have been in clinical practice for over 27 years. During this time I have been responsible for the assessment, diagnosis and treatment of people who present with a range of psychological problems from severe psychopathological disorders to those who need stress management and supportive counselling. I have experience and training in a range of therapeutic models and frameworks including cognitive and behavioural interventions, narrative therapy, existential therapy and psychodynamic psychotherapy.

Formal academic study, ongoing learning through reading, professional development and supervision, and many years of working with clients inform my current practice as a psychologist. My academic training and experience has given me a working knowledge and understanding of the complexity of the relationships between theory, research and practice in counselling psychology.

It is from this perspective that I would like to give my feedback on some of the issues being addressed by the Senate Inquiry.

(1) One of the very positive outcomes of Better Access Mental Health that I have observed since its beginning is that I have had a number of people come to see me, via a doctor's referral through Better Access, who never would have thought to seek help from a psychologist before. These clients have discovered that speaking about difficulties, and being supported in finding new ways of managing problems and debilitating symptoms has allowed for positive change and relieved emotional suffering. I am concerned that Better Access will no longer be able to adequately support many of these people because of the reduction of sessions in the recent legislation. I think the reduction of a maximum of 18 sessions per year to a maximum of 10 sessions will have a detrimental impact on what it is possible to achieve in the psychological work for many clients. This is in terms of providing relief of symptoms of extreme anxiety and severe depression in particular, as well as allowing enough time to engage clients to make lasting changes to the way they manage difficulties, stress and major life crises. These people will slip through the cracks and suffer. For many others, the maximum sessions will not be necessary, but I think the option needs to be there for those who need it.

(2) I believe the two-tiered Medicare rebate system for psychologists should be abolished, and there should be one rebate for all psychologists. The two-tiered system is an arbitrary discrimination not supported by research. What is shown in the research of positive outcomes for clients in clinical practice is that it is not the theoretical model used in therapy, but rather the skill and ability of the practitioner to form and develop a supportive and containing relationship, which allows psychological work and real change to take place. Experienced psychologists who work in a clinical setting have the training and skills to treat complex mental health issues and should be able to do so under Better Access. Instead we are restricted in the range of services we can provide under the definition of focused psychological strategies. Clients need to have access to a range of psychologists with varying methods of practice, and the rebate should be the same for all.

I have many colleagues with many years of experience who are passionate about their work and this rewarding profession. This experience is invaluable to the profession, and is passed on through supervision of newer professionals and in peer discussions. The two-tiered system negates this experience and expertise.

In summary I strongly support the reinstatement of allowing 18 sessions per year for those people who need it. I strongly support the abolishment of the two-tiered system, and the restrictions to treating mental health disorders, allowing clients greater access to the expertise that is available to them in our profession, and acknowledging this expertise in a non-discriminatory piece of legislation.

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