

Note: I would like my name to be kept confidential.

Committee Secretary

Senate Standing Committees on Community Affairs

PO Box 6100

Parliament House

Canberra ACT 2600

29th July, 2011

RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

Dear Committee,

As an experienced practitioner I write to congratulate the Senate on initiating an enquiry into mental health funding. Counselling psychology needs to be on equal footing with clinical psychology. The reality in my practice is that I work closely with Clinical Psychologists, often providing advice and guidance. There should be **no distinction** between the two disciplines as it the case with the British Psychological Society (BPS) and the American Psychological Association (APA). It also causes confusion amongst the public.

As a longstanding Member of the American Psychological Association (APA) I find it difficult to understand that the APS and mental health funding makes a distinction between Counselling Psychology and Clinical Psychology. The APA is the largest association of psychologists worldwide with more than 154,000 members. About 15,000 of members are early-career psychologists who will go on and determine the future of psychological science, professional practice, education, and training. Surely the APS can learn from the APA experience, at least in not making a distinction between titles. We are all registered psychologists and should be recognised financially.

The title Psychologist (in the U.S.) is usually protected by state law; that is, a person with a degree in psychology can't be called a "psychologist" unless licensed as a psychologist by a state. In California for example, psychologists are licensed by the Board of Psychology. Yet when states license psychologists they generally don't care if the person has a degree in clinical psychology or counselling psychology. So in most states a person with a psychologist license can legally do clinical work or counselling work, regardless of training or type of degree.

I mentioned earlier that people are puzzled by the fact that some professional psychologists identify themselves as "counselling" psychologists, while others describe themselves as "clinical"

psychologists. Counselling and clinical psychologists often perform similar work as researchers and/or practitioners and may work side by side in any number of settings, including academic institutions, hospitals, community mental health centres, independent practice, and school settings, where they may have overlapping roles and functions.

The differences between counselling and clinical psychologists are rooted in the history of each specialty, which has influenced the focus and emphasis of the training they receive. The specialties of counselling and clinical psychology evolved concurrently, and at times, their paths of development intertwined. In the United States both counselling and clinical psychologists are licensed in all 50 states as 'licensed psychologists', and as such are all able to practice independently as health care providers. In the British Psychological Society all psychologists, regardless if they are "counselling" or "clinical", are licensed as 'chartered psychologists'.

I make this strong plea to the Senate Standing Committee that it removes the two-tiered Medicare rebate system to safeguard the integrity of all Counselling Psychologists as it the case with the APA and BPA. By removing the two-tiered Medicare rebate system, clients of Counselling Psychologists will obtain the higher level rebate for treatment to ensure their health and well-being. The current discrimination is not in line with 'world best practice', as is the case with the BPA and APA, causes confusion among the public, and limits access to high-quality specialist care.

Thank you for your consideration of this matter.

Regards,