

I am writing to this enquiry for 2 reasons. The first is in regard to my outrage on a practical level of counselling psychologists NOT being in the top tier for the provision of psychological services under Medicare. The second reason is in relation to the decrease of sessions allowed to clients in a calendar year from 18 to 10.

I have been exceptionally upset since entering private practice to find that the Medicare rebate for clients of Counselling Psychologists is not in the top tier. Please accept my argument from a practical application.

I have a private practice with another Psychologist, who happens to be a Clinical Psychologist. We practice the same way, with the same frameworks, and treat the same client groups. There is no differentiation at referral as to whom the client will see, it is simply a case of who has the first available timeslot. We attend the same trainings, manage our files in the same way, seek supervision in the same manner and charge the same rates. The difference is that my partner's clients are able to claim a higher rebate for services.

I have no grounds to demonstrate to clients WHY this is? There is no justification for the difference in Medicare schedule at the practical level. The irony is also that my now business partner was also an Intern Psychologist of mine, who worked under me on placement and later during employment, and learnt extensively from me and how I practice Psychology during that time.

By way of background, I have been working in mental health for some 12 plus years. I have been based predominately in residential drug and alcohol treatment facilities and have routinely worked with underlying issues such as depression, anxiety, bipolar disorder, psychosis, schizophrenia and personality disorders. Obviously I have also worked extensively in addiction and the treatment of such.

As mentioned, currently I am working in private practice. We receive referrals for adults with mental health issues approximately 90% of the time, the remainder are issues pertaining to parenting and mental health issues of children.

I have trained extensively in psychology, and have spent a good deal of time and money doing so. I completed a Bachelor of Science from the ANU, and then an honors equivalent year. I then completed a 2 year Masters of Psychology degree, specializing in counselling and family therapy.

My training and supervision in psychopathology and treatment for mental health disorders is extensive and thorough, and occurred all through my undergraduate degree, and post-graduate degrees. My professional development activities and work place trainings have also led to a more detailed application of these skills. I continue to take my professional development very seriously, and endeavor to do more than mandated by our governing body.

Counselling psychologists should be in the top tier, along with clinical psychologists. We receive advanced training in psychopathology and treatment for mild, moderate and severe mental health disorders. We have trained exceptionally hard, and have completed a minimum of 6 years of university training and a further 2 years of supervision, and therefore, we should not be excluded from the top tier.

I would also like to state from a practical level that the majority of clients with a moderate to severe mental health condition require more than 10 psychological sessions per year. I even have several 'mild' cases of mental health conditions that have required more than 10 sessions in order to stabilize. 10 sessions does not even equate to one session a month, which is not even close to being able to assist those with moderate to severe conditions.

If the aim for consumers is to give 'better access to mental health', surely we don't want to significantly reduce the actual access?