There is currently a lack of fairness to Australians suffering psychologically based mental illness as a consequence of the two tiered Medicare rebate system. The arbitrary, unfair and highly discriminatory distinction in the Medicare rebate system, Better Access Scheme, between clinical psychologists and other specialist psychologists such as counselling psychologists. This distinction between equally trained psychologists is unrelated to their skill, level of qualification, (all requiring at least 6 years of university training and 2 years of supervision) or professional competence and, regrettably, Australia is the only country to make it.

Clinical psychologists are not the only specialist endorsed psychologists equipped to deal with serious mental illness and there is no empirical evidence or theoretical basis to support the view that Clinical psychologists may be “best equipped” to do so.

Counselling psychology is an endorsed psychology specialty under the Australian Health Practitioners Regulation Agency (AHPRA) and counselling psychologists are extensively trained in evidence-based psychological therapies to treat both high prevalence and serious mental health disorders. They are skilled at assessment, diagnosis and treatment of the community mental health presentations that the Medicare rebate system, Better Access scheme, is intended for.

The Australian public would be better severed if the arbitrary and highly discriminatory distinction between clinical psychologists and counselling psychologists in the top tier for Medicare rebates was removed. This would allow clients of the latter to obtain the higher level rebate for treatment of their mental health problems. The current discrimination limits access to high-quality endorsed specialist care and is particularly restrictive in rural and outer metropolitan areas, and for patients who cannot afford to pay the larger ‘gap’ payment.

Counselling psychologists are fully trained to deliver the full range of ‘psychological therapies’ for mental health disorders but their Medicare clients are only funded to receive ‘focused psychological strategies’. Hence the terms of the Medicare rebate system, Better Access Scheme prevents counselling psychologists from providing the best psychological services they can to their Medicare patients. This is not only a restrictive trade practice but presents an ethical dilemma for counselling psychologists imposed by the arbitrary distinction between the clinical and counselling psychology. Counselling psychologists provide ‘psychological therapy,’ including assessment, diagnosis and provision of the evidence-based psychological therapies for mental health disorders approved under Medicare.

I believe a more equitable, less discriminatory arrangement under Medicare, or future funding arrangements, that recognises the equal skills and professional competence of both counselling and clinical psychologists will result in a more inclusive and more accessible mental health service for all Australians.

In addition I would like to draw your attention to the following:-
1. The disadvantage to the psychologically mentally ill as a consequence of GP’s being
the gatekeeper for patients access to Medicare rebates.

2. The disadvantage to the psychologically mentally ill as a consequence of Government consultation with only one Psychologist Practitioners (APS) representative body.

3. The current systems erosion of psychologists qualifications, and lack of recognition of experience in treating serious mentally illness.