

Submission 138 - Alicia Halls - Mental Health - Public inquiry

ALICIA HALLS
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Hello,

My name is Alicia Halls and I am a high school counsellor working in the Sydney region. I also work in private practice as a counsellor with adults who have had or are currently presenting with mental health stress. I am interested in the current inquiry as I work individually with adolescents and adults, and collectively with families, and I frequently observe the impact social and economic factors have in the prevention and management of people experiencing mental ill health. In my submission I will address the current problems with the assessment model and suggest an alternative approach.

Many Australians are not getting the support they need to maintain good mental health or recover from episodes of mental ill-health. Working in a school capacity I rely heavily on external mental health providers, often being the first point of access and sometimes exposure that a family has to mental health. Students may not be suffering from a diagnosable DSM-V mental health illness yet, but are experiencing periods of acute stress, mood dysregulation and sleeping issues. These students do not necessarily need to see a psychologist for a formal mental health diagnosis but need assistance to become equipped with skills for coping with stressors that are often a part of life. If an adolescent can learn how to recognise and use reliable and effective coping skills they have a greater chance of becoming mentally resilient adults (Peterson & de Bruin, 2019). Sometimes a diagnosis is required for students to receive the appropriate healthcare such as extra interventions from psychiatrists, but nevertheless there is a large percentage of adolescent students that require support for coping with life stress before it becomes a persistent mental health issue. When I refer a student out to an external mental health provider, they often endure long waitlists. I am frequently frustrated that there is a sector of highly qualified mental health professionals out there that I cannot refer students to because they do not have access to being a Medicare Provider and families are reluctant to pay full fee if they can see a psychologist for a subsidised rate. These mental health professionals are registered counsellors, who are qualified with a registered bachelor and/or master's degree and membership to either the Australian Counselling Association (ACA) or the Psychotherapy and Counselling Foundation of Australia (PACFA).

I believe that the Australian population would greatly benefit from having access to seeing a qualified, registered counsellor under Medicare when they are experiencing mental ill-health. Registered, qualified counsellors have training in the areas that underpin mental illness dare I say more so than some psychologists. One does not necessarily require a diagnosis from a psychologist to know they are experiencing symptoms of anxiety, depression and/or suicidal ideation. Psychologists are beneficial for receiving a diagnosis as this can allow for further support (Government support, educational support, medical support and access to other health care workers) and counsellors can

work alongside psychologists to support this and use the information to support clients further. Where psychologists and counsellors overlap however is in their modality and treatment options. Cognitive behavioural therapy, acceptance and commitment therapy, psychoeducation and dialectic behavioural therapy are all evidence based, popular modalities used by both psychologists and counsellors. As a counsellor in a school, I have never experienced setbacks due to being a counsellor and not a psychologist in regards to my skills and knowledge. My main set back is the limitations I have in referrals to Medicare only professionals, and GP's supporting this industry over the counselling industry because it is Medicare funded. If a child is experiencing grief, emotional dysregulation or anxiety they need someone who can listen and help them and their family learn management skills that they can apply in the present and into the future. I struggle to understand why the government allows social workers and psychologists to be the favoured approach when I know as someone who has trained and works in mental health that professionals like me are highly equipped to also offer their services in this area. If counsellors were given the same provisions as their peers, perhaps this would lift the burden off the current works and enable them to share the load, thus providing a higher quality and quantity of healthcare service for those with mental illness.

When I completed my Masters of Counselling degree, I had fulfilled over 200 hours of face-to-face counselling in two different internship placements. I had 50 hours of supervision and had undertaken my own therapy as a requirement of the degree to ensure I was not taking my own biases into working with clients. I had studied and practiced four evidence based modalities, undertaken study in the history of psychology, grief and loss, trauma, attachment, ethics, development and diversity, children and young people and mental health, as well as producing a research project and thesis. From my perspective when looking over the subjects taught in a registered counselling Master's degree, I believe the content in these subjects educated students into understanding the underpinning risk factors that often contribute the development of mental illness. I argue that counsellors should be included in the prevention and treatment for mental health disorders with the same benefits that psychologists have. Registered counsellors should have access to providing Medicare rebates and private health insurance to people who are suffering mental ill health. Since my training, I have been registered with the Australian Counselling Association and the Psychotherapy and Counselling Federation of Australia. Each accredited body has a set of ethics counsellors are obliged to follow, minimum hours of professional development and supervision requirements to meet annually, and provide information on current research and training relevant to mental health in Australia. The standards are not particularly different to those in the psychology industry yet we are a left out, extremely resourceful industry with much to contribute.

Registered counsellors can provide help where a diagnosis is not required, such as for people experiencing periods of acute stress, grief, family structure changes and other life stressors. Counsellors are resilience equippers, supporters, interventionists and teachers who are trained in evidence based, reliable treatment modalities. There is a gap where they are urgently needed in society to assist in taking the strain off waitlists in psychology practices and medical facilities. Poor mental health results in school or workplace absenteeism, missed opportunities, substance abuse or suicide. Including registered counsellors as providers of mental health support along with psychologists and other healthcare professionals will assist in increasing social and economic participation, wellbeing in communities and rewarding relationships in the long term thus potentially decreasing the economic impact mental health has on society.

Thank you for your consideration.

Kindest regards,

Alicia Halls

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