Dear Productivity Commission,

Since the Better Access to Mental Health Care scheme began in 2006, there has been a great deal of confusion in the public about who can provide therapy and mental health services. Making an educated choice about who one would like to be their therapist has consequently become even more complex.

Being in therapy is a brave, vulnerable and courageous act. People need to be able to be appropriately met and supported when decide to enter into it. There are many modalities available, and this causes part of the confusion regarding how to choose your therapist. While all the different modalities show results, the main healing ingredient in therapy is the RELATIONSHIP.

The Better Access to Mental Health Care (BAMHC) scheme will provide with 10 sessions per calendar year with a psychologist, mental health social worker and some mental health nurses, getting a referral from your GP is required. While this can be great help for some, it can mislead others about therapy. More often than not 10 sessions are not enough for deep change. Personality disorder, bipolar or any developmental trauma related disorder or difficulty requires much longer-term treatment.

There are also the issues of education, and the services that can be provided under the BAMHC. In Australia, the main modality being taught in Universities for future psychologist and social workers is an evidence based therapy called Cognitive Behavioral Therapy (CBT). As a result, CBT has, sadly in my opinion, achieved a near monopoly in field of mental health care. It has become a self-perpetuating system of creating research to prove that what APS promotes is the only way of treatment.

The evidence base of CBT comes from randomised controlled trials. In these trials the only ingredient that cannot be controlled is the RELATIONSHIP. In the universities and private colleges that deliver the degrees in psychology and social work required for future BAMHC providers, students do not learn long term, in-depth psychotherapy that would help in developing RELATIONSHIPS with clients and patients.

There are couple of other modalities that can be provided by GP referred therapists offering the Medicare rebate, like some mindfulness based interventions and EMDR. However, if you are interested in other methods like somatic based-, psychodynamic psychotherapy, IPNB, Brainspotting, creative arts therapies and many others you are not able to use the BAMHC. People should have the option to choose what works best for them.

I find very damaging to the mental health industry and for the people in need, that the government do not value psychotherapy and counselling.

Psychotherapists are professionals who have training in long term, in-depth psychology, and psychotherapy. The methods that they use can be varied; somatic based, psycho-dynamic, Jungian, mindfulness based and so on. They can specialise in different mental health issues and life challenges.

Usually their education has a post-graduate component of 3+ years of psychotherapy training and they are required to have their own therapy as part of the training or as part of registration with their governing professional body. The training has a practical and
experiential component of working with clients regularly, weekly or twice weekly basis for long term. The training focuses on how to develop a RELATIONSHIP, and from that safe place treat mental health issues.

Places to find your psychotherapist: ANZAP, Pacfa, Gestalt, Jungian. There are copious amount of research available on the benefits of psychotherapy. Counsellors are professionals who have at least a 3 years degree in counselling or applied psychology. Counselling is usually offered for as a short term solution-focused treatment. Counsellors generally are experimentally trained and do learn skills to develop the therapeutic relationship and are often encouraged to have their own therapy. They charge similarly to psychotherapists. and often can be found on the same directories: Pacfa, Australia Counselling, ACA.

Sincerely

ANDREA SZASZ
Master of Science in Medicine (Psychotherapy)
Psychotherapist, Supervisor, Group Facilitator
SE® Practitioner, Certified Daring Way™ Facilitator
ANZAP Registered Psychotherapist®
PACFA Clinical, EMDRAA,

www.bravetherapy.com

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