

To The: Productivity Commission
RE: Mental Health Hearing

I am a retired Registered Psychologist and Lecturer in Psychology and Sociology. Currently, I have a private practice as a Registered Clinical Counsellor.

The points I wish the Commission to consider are as follows:

1. 1 in 8 G.P visits for Mental Health.
2. 1.2 million people access Medicare subsidised psychological therapy but 1 in 3 only attended 1 or 2 sessions, dropping out because of out of pocket expenses or because they could not find a suitable clinician.
3. Emergency Department presentations have risen 70% over 15 years.
4. People in Capital Cities are nearly twice as likely to access mental health services compared to those in Remote areas of Australia.
5. Suicide is increasing...8 per day.

There are other statistics telling a story of severe stress and anxiety in our society. Also, these findings and others tell us that whatever we have put in place, it is not working effectively to reduce mental health issues.

A couple of items I would like to pose could help with this situation:

1. Support Schools by Government subsidised appointed trained people to ensure a Culture of Respect and Responsibility.
2. In all workplaces, have Government/joint Employer paid EAP Counsellors, helping with issues before they become out of control.
3. In areas of difficult access, like Remote and Isolated areas, where people are affected by environmental issues, Government subsidised Counsellors to visit and support communities. Here, Government could pay for travel expenses, at least.
4. The key single best initiative would be to place Registered Counsellors on Medicare to allow clients more flexible service delivery of an equal professional standard.

Notes:

Vulnerable youths to be counselled to facilitate change in behaviour. Such people can be identified at school or from home environments. From the referral an overall assessment as to safety and strategies for positive outcomes can be implemented. This works best in Juneville Justine. Mediation can be used better in this space also.

It is recognised that to get real change in society it takes time and effort. Governments role, I believe, is to fund such programs for early intervention which would work. Vulnerable people in society are recognised as Youths, Indigenous, Imprisoned, Poor, NDIS Participants and the Aged. Realistically, across all walks of life can be at risk. So, a comprehensive Mental Health program is needed and agreed to across States and Territories.

Also, the idea of No Liability clinical treatment to be provided for Mental Health related workers compensation claims for 6 months is an excellent initiative. It takes away stigma and provides for no fault early intervention at the time when it would make so much difference.

I strongly advocate for the Government to provide Medicare Rebate to Registered Counsellors to provide early intervention programs/counselling to drive positive cultural change.

My experience tells me that Psychiatrists, Psychologists, Social Workers, General Practitioners and Counsellors have a role in solving this critical Mental Health situation. They should not be seen as being in competition but as complementary services, working cooperatively. The only way forward, then, is to have them in an even footing, so the public can easily access any of these services, as appropriate.

Counselling in Primary Care settings is ideal to support General Practitioners, which needs to be supported by a Better Access Rebate Program.

Issues such as stress, anxiety, depression, life decisions, problem solving strategies, can all be assisted by counselling support in the early stage of identification.

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