

Clients of mental health services deserve to have choice when it comes to their provider. Currently the Medicare Better Access Plan only provides mental health services via mental health nurses, OTs, psychologists and mental health social workers.

Having trained in psychology, social work, therapeutic counselling and depth psychotherapy - psychotherapy through private training centres and university, is the only discipline that specifically focuses on psychotherapy skills. Psychotherapists (trained in psychotherapy) are trained at depth to work at depth with the complex trauma underlying many of the symptoms that are being treated at a surface level currently through the Medicare system.

With the recent increase in sessions for eating disorders for example – I do not believe the number of sessions is the only issue. Cognitive Behavioural Therapy is not suitable for every client seeking help. In fact, for some eating disorders the success rate is less than 50%. So, the kind of therapy being provided is part of the issue, not just the number of sessions – providing 40 sessions a year of CBT, whilst useful for less than 50% of patients – what about the other 50% who don't respond to CBT?

There are many highly skilled eating disorder psychotherapists who already work long-term in private practices and who are not social workers or psychologists. Whilst I have a degree in social work and could apply to become a mental health social worker, I identify as a psychotherapist. My training in depth psychotherapy took 8 years in total. I was required to participate in my own weekly depth psychotherapy for the duration of my training – 8 years. Psychologists and social workers are neither encouraged, nor required to participate in this depth of experience and training. Psychotherapists are trained in many different disciplines, for example somatic, Gestalt, psychodynamic, soul-centred, art therapy etc – psychotherapists therefore offer a wide choice of evidence based practices for clients.

Patients currently seeking Medicare for their mental health are therefore deprived of this choice.

My understanding is that in a recent review of the Medicare system for mental health, the results were poor – as someone recovered from an eating disorder (via a private pay depth psychotherapy) and 20 years' experience as a psychotherapist having trained in social work, psychology, therapeutic counselling and psychotherapy – my sense is that the poor results are related to the dominance of the medical model and CBT focused therapies currently provided.

Patients should be free to choose psychology, social work or highly qualified Psychotherapy and Counselling Federation of Australia (PACFA) registered psychotherapists as part of Medicare Better Access.