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1Source Health & Wellbeing Inc.

In this issue:

"Australian Counselling Association Election Campaign"

"The truth about mental and emotional health & well being finally revealed!"

"The keys that you must be aware of that enable mental and emotional health, bringing Peace, Love, and Contentment into your life!"

1. The missing piece of the puzzle is finally revealed..."

If you are sick and tired of trying every type of counselling, reading a pile of self help books, and attending an abundance of workshops and depriving yourself of the life you enjoy, only to slip back into pain, depression and anxiety, then I expect by now, that you're screaming inside for some answers. You see it's all very well for spiritual gurus, personal trainers and diet companies to go on about meditation, eating less and exercising more, but what they are not telling you is why it's not working for you.

The answer may surprise you – let us explain... You see, the reason that all this help hasn't worked long term is because you are fighting a fierce battle with your own unconscious mind – and guess who wins!

The missing information that you must know...

It works like this – If you have some unresolved emotion or internal conflict that needs sorting out, your mind will force you to suppress the emotion or conflict, creating an emotional void.

It may feel like you are banging your head against a brick wall sometimes, but the good news is that we can help you take away all the pain once and for all. Here's how...

As a qualified and registered Counsellors, we can help you to deal with the unresolved emotion that is costing you your energy and your life's peace, love and joy. Afterwards, you will no longer need to deprive yourself of the joy you love, because your own mind will regulate your well being, happiness, and the speed at which you move forward in your life.

That's just the start, you see, you will also...

- Feel great about yourself
- Love, Like and Approve of yourself
- Enjoy your life more
- Break free of barriers that you used to put in the way of happiness

So what next...

You probably have many questions that you want to ask us. To help you decide if this is

right for you, we offer a totally confidential consultation. Let's get together, have a chat and you see what you think. To book your no obligation consultation call now on:

Ph. 0400 606 321

Email: support@1source.org.au

2. ACA ELECTION CAMPAIGN 2010 -

Medicare Provider Numbers for Counsellors saves \$millions

Why are we launching this campaign?

Despite millions of dollars being poured into funding mental health services, many people, particularly those on low and middle incomes and those living in rural and regional Australia, do not have access to the mental health services they require.

Who knows how many people are slipping through the cracks and missing out on early intervention treatment which is crucial in the prevention of a mental disorder from developing?

Counsellors assist people in the early onset stages of a mental illness or during emotional distress i.e. job loss, mortgage distress, loss, stress and help prevent a chronic mental illness from occurring.

In Australian society, there are many people who experience depression without suffering from a mental disorder. Similarly many are anxious without having an anxiety disorder. However these individuals are at risk of these developing into a chronic or acute disorder if not given access to early intervention services. Such individuals can be supported to work through such issues quickly and effectively via a registered counsellor whereas those with diagnosable disorders would rightly be seen by their GP and psychologist/psychiatrist.

Since the introduction of the Better Access Initiative (BAI) in 2006, vast amounts of taxpayers' money have been spent on mental health services which force people into a particular pathway of treatment- this treatment may not be the most appropriate for their needs. In many cases the treatment that is provided is at a level far higher than necessary which has led to over servicing, cost blow outs and waiting lists.

Allowing ACA and other counsellors who are registered on Australian Register of Counsellors and Psychotherapists (ARCAP) to access Medicare rebates is crucial to assist in both the prevention and early intervention of mental illness. Alternative models of funding and treatment are needed to ensure that services are better targeted to area of need thus avoiding a "one size fits all" approach.

We hope that all counsellors, psychotherapists and members of the broader community join our campaign and lobby for better targeted, more cost effective services to those in need.

What is the Key Issue?

Counselling is evidence based as well as being cost effective in the treatment and early prevention of mental illness, yet counsellors and their patients are not able to claim rebates through Medicare.

The Better Access Initiative (BAI) is producing unintended consequences for the health workers at the front line - registered counsellors - and for patients, particularly those on low incomes and living in rural and regional Australia.

Counsellors cannot receive BAI funding, and General Practitioners - who must refer patients to psychologists to receive Medicare rebates - are not compensated for the work of preparing mental health care plans for non-BAI patients.

Counsellors are both significantly more cost-effective than BAI providers such as psychologists, and much more widely-spread geographically. Psychologists are heavily clustered around capital cities. This means that patients in rural and regional areas in particular are being disadvantaged and waiting lists are increasing.

There is no valid reason for this discrimination against counsellors. The UK National Health Service has been delivering counselling services using registered counsellors for more than eight years. The Cochrane Review in 2004 showed that counselling provided significantly greater clinical effectiveness than "usual care" in the short-term - with no significant differences between the clinical effectiveness of both types of care in the long-term.

What do we want?

Counsellors are not seeking to compete with current BAI services. We would like counselling brought under primary care mental health services. Counselling should be able to be offered within a triage-type model, delivering services at the early intervention and primary care level, not treatment level.

Early intervention is crucial to preventing mental disorder from developing. Early intervention care would require a maximum of six visits to a counsellor, with a Medicare rebate of \$50 a session. This would provide highly effective care, be cost-effective, free up waiting lists and alleviate GP workloads.

Key Points

- Australians should be able to choose early intervention and mode of primary care for their emotional difficulties.
- An alternative funding stream to the BAI is needed in both Federal and State mental health services, which recognises the crucial and cost-effective role counselling services play in the treatment of mild incidences of emotional distress prior to them developing into a chronic condition
- For many people in rural and regional Australia, access to psychiatrists and psychologists is virtually non-existent however this is not the case with accessing

counsellors

- One of the key points identified in the Fourth National Mental Health Plan, released in November 2009 by the Australian Health Minister's Conference, is the focus on the need for mental health policy to support "**Prevention and early intervention**".

Note on Current Regulatory Environment

- In 2008, two peak professional associations responsible for registration of qualified professional counsellors and psychotherapists (ACA and PACFA) established a Working Party chaired by Prof Peter Baume to work towards the establishment of a single national credentialing system for the professions of Counselling and Psychotherapy.
- The Australian Register of Counsellors and Psychotherapists (ARCAP) was established on 1 July 2009 as the independent national professional self registration body recognised by the ACA and PACFA for Australian Counsellors and Psychotherapists. Both ACA and PACFA confirmed in writing acceptance of the code of ethics, code of conduct and compliance procedures of the Company (ARCAP) and generally to do all such acts, matters and things and to enter into and make such arrangements as are incidental or conducive to its main Object.
- The main object is to maintain an independent National Register of Counsellors and Psychotherapists who hold qualifications and recognised supervised professional practice and continuing professional education that qualifies them to offer accredited psychotherapeutic and Counselling service.
- ACA and PACFA representatives are lobbying on behalf of patients and ARCAP health professionals to ensure the Government recognises us under the National Health Identifiers Act so that our industry and our patients are protected from shonky providers.

Evidence to Show Counselling Works

- In the United Kingdom the National Health Service (NHS) has been delivering counselling services by registered counsellors to deliver counselling services in Primary Care for over 8 years. Counsellors are able to offer 6 sessions against the NHS with over 50% of medical practices in Britain having a counselling service attached to them. These services are delivered by counsellors as opposed to psychologists and social workers with comparable registration requirements to ARCAP.
- Cochrane Review in 2004 assessed the efficacy and cost effectiveness of counselling in primary care. Reviewed cost and outcome data randomized controlled trials, controlled clinical trials and controlled patient preference trials. The main findings showed:
 - Significantly greater clinical effectiveness in the counselling group compared with 'usual care' over the short term

- No significant difference between the clinical effectiveness of counselling and the 'usual care' over the long term;
- Four studies reported similar total costs associated with counselling and 'usual care' over the long term
- Satisfaction with counselling was high
- The Federal Government supports counselling through funding for telephone crisis but not Medicare face to face services.

The need for an alternative approach to funding Mental Health services

- There is no evidence which supports the hypothesis of thinking there is a difference in primary mental health care practice outcomes between social workers, counsellors, psychologists and clinical psychologists.
- Since the intro in Nov 2006 of the BAI there is no evidence to indicate there has been any significant drop in the prescription of anti depressants or anti anxiety drugs by GPs. Therefore no decrease in expenditure on PBS.
- Therefore either those who need mental health services within BAI are not being provided with evidence based mental health care or access is so limited to those in real need it is difficult to answer the question with any authority as access is the issue.
- The *Fourth Mental Health Plan* released by the AHMC, offers an agenda for collaborative government action in mental health and stresses that relationships between relevant portfolio areas must continue to be developed.
- It also notes that:
 - Good Mental health is determined by many factors, with the individual, and also within families and communities. This is why we need a cross portfolio approach to advocate for complementary policy and service development
 - Mental health reform operates in a dynamic environment. Early intervention strategies are important early in life, early in illness and early in episode but each might involve different approaches

TRIAGE MODEL

ACA and ARCAP are not lobbying to compete with current services under BAI- although research indicates counsellors are as competent to deliver mental health services as other mental health professionals.

WE ARE lobbying for the Federal Government to expand its current range of services including counselling within the provision of primary care mental health services. Counselling services would be offered within a **triage type model** where it delivers services in mental health at the early intervention and primary care level, not treatment level.

Early intervention care would require a max of 6 one hour visits to a counsellor with a medicare rebate of \$50 per session.

- The introduction of this model which is rebateable through Medicare would be cost effective, free up waiting lists and alleviate GPs workloads to focus on their primary business.
- It would also lessen the burden from the arduous and time intensive administrative task of writing up Mental Health Care Plans for patients suffering from mental health problems as opposed to patients with mental disorders.
- In Queensland the Regional Counselling Project (funded by the Queensland Government and run by the Federation of Psychotherapists and Counsellors Inc) was very effective in the delivery of counselling services during the recent drought- See Table 1 for cost savings and explanation

Table 1 shows how many eligible consumers accessed the Regional Counselling Project rebateable counselling service. Each of these clients was assessed as being eligible to access Medicare rebates. Therefore cost comparisons are real.

Table 1. Regional Project: Cost Comparison

Jan to Mar 2007	FPCQ, no waiting lists	BAI General Psychologist, waiting lists up to 6 weeks	BAI Clinical Psychologist, waiting lists up to 8 weeks
Number of Clients/Patients	342	342	342
Number of Sessions	988	988	988
Cost per GP referral MHCP	\$0.00	\$51,300	\$51,300
Rebate per session	\$40, max \$20 gap payment	\$75 per client per session, up to \$120 gap payment	\$110 per client per session, up to \$150 gap payment
Cost to Health non BAI	\$39,520	\$0.00	\$0.00
Cost to Medicare/BAI	\$0.00	\$74,100	\$108,680
Total Cost to deliver service	\$39,520	\$125,400	\$159,980

Market Distortions as a result of the BAI

The Australian Psychologists Society (APS) recommends hourly rates for clinical services should be set at \$200. Once people access these services and are made aware of the gap, financial restraints result in a drop off of retention rates. Less than 30% of psychologists offer bulk billing services.

Due to the financial disincentive for GPs to refer patients to Counsellors (as GPs don't receive remuneration through the MBS for writing care plans to non BAI services), consumers are only able to access limited services that offer rebates.

This biased nature of the BAI has closed down more than 1500 mental health services.

Counselling has not been able to compete for three reasons:

- Lost their primary historical referral base, GPs, who don't receive any financial remuneration for referring patients to non BAI services.
- Counsellors who don't qualify for BAI are unable to offer Medicare rebateable services to mental health consumers
- Private mental health service providers who are able to offer rebateable services have a distinct commercial advantage over those who offer the same or similar services who do not have access to rebates – uneven playing field created.

There is no research to suggest that psychologists, who have access to BAI, actually have better outcomes than registered counsellors who are not eligible for the BAI.

Impact of the BAI on Counsellors and NGOs

The results of two surveys conducted by the ACA in 2007 and 2008 to its members and networks found the following:

- 313 out of 340 respondees indicated they had experienced a decline in referrals since the intro of the BAI.
- 255 of 313 respondents indicated they were told directly by clients/GPs that they will no longer use the counsellors service because of a lack of access to medicare services
- 145 said they would not be able to continue in practice for more than 6 months unless situation changed
- Since 2007 survey, 300 counselling practices have shut their doors.

- Respondents also noted the average waiting list for Medicare rebateable services in their area was a minimum of 5 weeks
- 447 said they would offer bulk billing services if a \$50 rebate were made available for counsellors.
- 246 indicated they would offer counselling services in a low socio economic area where there are no bulk billing services.
- 217 indicated they would be servicing members of the indigenous population in their area if rebateable services were offered.

ACA Position Paper on the Role of Counselling - EIICAPS Report

EIICAPS paper not only focuses on the history and here and now of counselling in Australia but also discusses the unrealised potential of the counselling industry in mental health in Australia. The EIICAPS paper has the solution, the real question is do the politicians have the motivation to implement it.

[Download EIICAPS Paper](#)

What can you do?

Use the information contained in this [special election website](#) to write to your local candidate in the Federal Election. Use this letter as a guide link to a pdf printable copy of shell letter.

If you are unsure of which electorate you reside in check here >
<http://apps.aec.gov.au/eseach/>

The contact details for each Federal MP are listed [here](#).

To find candidates in your electorate from each of the major Parties click on these links:

<http://www.alp.org.au/federal-government/labor-people/>

<http://www.liberal.org.au/Abbott-Team.aspx>

<http://www.nationals.org.au/OurTeam/FederalElectionCandidates2010.aspx>

<http://greens.org.au/candidates2010>

You can also write letters to the editor and ring local talk back radio. This is particularly helpful if you are responding to a news article or report which is

discussing mental health. It is your chance to **put in a good word for the great work our counsellors and psychotherapists do!**

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