

Submission to the Productivity Commission on the Final Review of the National Mental Health and Suicide Prevention Agreement

21 July 2025

I have read through many of the submissions and have found them very insightful and informative. Thank you to those who have taken the time to share their experiences.

Professionally I am new to the area of Mental Health. I have spent the last 25 years working in the corporate world of fintech (finance and technology) making millions of dollars for companies. I hold a Master of Law and Legal Practice from the University of Technology Sydney, a Bachelor of Arts from the University of Newcastle and a Diploma of Counselling from the Institute of Applied Psychology. I have recently started a Graduate Certificate in Mental Health from Victoria University. I am proud to say I have been accepted in the Lifeline telephone counselling program and will start training in August 2025. I also have lived experience in the Mental Health system personally and as a parent.

I will share my experience as a student practitioner in Counselling as I think that the voices of students are missing from the wide range of perspectives and experiences shared through the submissions. Here are some of the experiences I have had coming into this industry. Please note they are my personal experiences and are not reflective of any institution, charity or organisation I am associated with.

Barriers to professional qualifications

I chose to study a Diploma level course in Counselling as the financial and time commitment was low. After extensive research it seemed to me that most Diploma courses offered online were very similar. Most gave the student up to 24 months to complete the course modules and charged around \$4,000. Most also offered upfront payment or some form of deferred payment. In the end I chose my RTO provider based on the rapport I had built with the sales person (student advisor) selling me the course. This course allows me to register as a Level 1 member of the Australian Counselling Association (ACA). I can start my own Counselling practice with this qualification.

Barriers to post-qualification employment

For the last three months I have been reviewing Counselling jobs advertised on Seek and LinkedIn to see what qualifications they are looking for when employing Counsellors. After reading hundreds of ads asking for Counsellors who have a minimum required experience of 2 years and level 2 membership with the ACA, there has only been one job advertised in the last 3 months that has said that the role is suitable for a Counselling graduate. So how then are Counselling graduates able to get practical experience if we aren't being accepted into entry level roles after graduation? You have two choices; either start your own practice or volunteer your time.

Option A: Starting your own practice

This requires you to register with the ACA, source professional indemnity insurance, find a suitable place to practice (if doing face-to-face appointments) and market yourself to the general population or allied health providers for referrals. This will not suit many people as they don't have the skills or the confidence to start their own business.

Option B: Volunteer your time

If you are to volunteer your time you need to either apply for a specific volunteer program or reach out to a variety of services and charities asking if you can volunteer. My experience with a number of charities was that my email and phone requests for volunteer placements were ignored. Some may have responded but others didn't engage at all with my offer of (administrative, not even counselling) support.

Barriers to further study

I have plans to study a Masters of Counselling when I complete my Graduate Certificate in Mental Health however I have a few concerns. I will need to pay around \$45,000 for the degree. There are no Commonwealth Supported Places (CSP) for a Master of Counselling in Australia. For those of you who might not be aware of CPS it is a Commonwealth subsidy given to students per subject. It makes studying much more affordable and decreases the barrier to entry. I could apply for a Bachelor's degree however that is another year of full time study with no benefit to future graduates income.

The Masters of Counselling degrees all require a period of professional placement. This is a volunteer period within an organisation where the student undertakes the required activities and required amount of hours. For example in the Masters of Counselling offered by the University of Canberra the compulsory placement is 200 hours. This is a typical requirement and is reflective of similar degrees from other Universities. There is no opportunity to have previous work experience count towards the placement requirements. That means that a student will lose 200 hours of potential income by choosing to study this degree. I understand the requirement and benefit for practical placement however I don't understand making it a barrier to study the course. For example if I was earning \$35 an hour in the industry which is an average entry level wage then I would miss out on \$7,000 plus superannuation plus leave entitlements. If I am earning more than this, for example \$120 an hour working in my own practice then I would miss out on \$24,000 during this period. This doesn't cover the cost of travel or lost income for travel during this period. Adding this to the cost of the degree itself this is an investment of approximately \$70,000.

Widening the eligibility of Medicare Rebates to other qualified mental health professionals

I am aware that as a Counsellor my clients will not be able to access Medicare benefits. This seems illogical to me. Surely one way to increase mental health services and decrease wait times is to widen the number of recognised allied health professionals whose clients can receive Medicare rebates? I note that another submission made the same recommendation but for Clinical Mental Health Nurse Practitioners (Goldsmith, 2025). These professionals are already

providing mental health support however their skills and experiences are poorly utilised and recognised within the current system.

A tiered approach to mental health support

There are a range of qualified mental health service providers who could be better engaged to provide support to clients. This would increase client access and also give them choice in determining their own care. Not all Counselling (or mental health support) needs to be done by Psychologists and Psychiatrists. The fact that this group of health care providers are preferred is historical (Holmes, A., et al., 2023). Instead we should offer a tiered care model where many people could be supported by qualified people before they saw a psychologist or psychiatrist. Other submissions have noted the need for more peer support for people with mental health issues. Qualified peers could provide first-line support and care as they have lived experience in this area. Their understanding and empathy should not be overlooked. Of course there will always be a need for some people with mental health issues to be treated by psychologists and psychiatrists. The recommendation of a recognising other allied health care providers in this area will free up psychologist and psychiatrist time so the people who really need them can access their support.

Utilise the skills of allied mental health practitioners more effectively

It is clear based on the survey responses, submissions and suicide or self-harm related presentations into Emergency Departments that the current system is not working. Emergency departments are loud, bright and clinical environments where people experiencing a mental health crisis may or may not find care and support. We could create mental health crisis rooms within our current emergency departments. If someone is at risk of suicide they need to be cared for and supported in an environment that is calm and relaxing. They should also be monitored by people with appropriate mental health crisis training. Again these people do not have to be Psychologists, Psychiatrists or Doctors. They might be Mental Health Nurses, Social Workers, Counsellors, Peers, Case Workers or anyone with an appropriately recognised qualification in mental health crisis care. When the person experiencing the mental health crisis feels better, they can be given referrals to alternative care options and leave the crisis care center.

Recommendations

1. Decrease barriers for students to gain professionally recognised qualifications in mental health. This should be done by offering more Commonwealth Supported Places, and restructuring degrees to recognise prior practical experience.
2. Increase pathways for new Counselling graduates (0-2 years post-qualification) to gain employment within the mental health industry.
3. Create a tiered level of support for people with mental health issues. Not everyone needs to be seen by a Psychologist or Psychiatrist.

4. Widen the list of allied health professionals who can offer their clients a Medicare rebate for their services.
5. Open Mental Health Crisis centres within the current Emergency Departments staffed by appropriately trained Mental Health Crisis specialists from a range of different backgrounds.

References

Goldsmith, S. (2025). Submission: Inclusion of Credentialed Mental Health Nurses in the Better Access Initiative. Submission 96 to the Productivity Commission's review on Mental Health and Suicide Prevention Agreement Review.

https://www.pc.gov.au/_data/assets/word_doc/0005/393854/sub096-mental-health-review.docx

Holmes, A., Windsor, C., & Douglas, C. (2023). How we got here: A contextual review of the Better Access initiative. *Psychotherapy and Counselling Journal of Australia*, 11(1).

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