Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

27th July 2011

Submission for the Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am a general psychologist working in private practice in Brisbane for the last 16 years. I have a Bachelor of Arts (Psychology) UNSW, A Diploma of Psychology UQ, and a Diploma of Corporate Management ICMSA.
I am registered with the Psychology Board of Australia and an Associate Member of the Australian Psychological Society. I have a Medicare provider number.

I wish to raise a number of concerns about the Government's 2011-12 Budget changes relating to mental health.

<u>Re the number of sessions qualifying to a rebate:</u>
In my private practice I see patients with a variety of problems. Approximately half my Medicare patients do not need more than six sessions, as I am able to address their problems effectively in a short period of time. However, there are those patients (about 20%) who have serious health issues, both physical and mental. While these patients improve over time, it can take several years of ongoing therapy to address their problems. As well as depression, anxiety, eating disorders and OCD, many patients are suffering from a variety of physical illnesses (e.g. morbid obesity, diabetes, complications of alcoholism). Their physical health improves when their mental health improves.

I specialise in treating people who have suffered sexual abuse. Some of these patients need longer-term treatment especially in cases of severe, long-term abuse. Those suffering serious abuse often have difficult lives and have not succeeded in life financially. They need the support of the Medicare Rebate to cover part of the cost.

Please consider carefully the broader social consequences of cutting the number of sessions per year. I do not have many patients (less than 5%) who need the 18 sessions in a year but those few that do, really need them.

<u>Re the two tier system of practitioners qualifying for rebates:</u>
I do not agree with the two-tier system. I have discussed my cases with clinical psychologists and they have discussed their cases with me. I have spoken to dozens of patients who have previously been treated by clinical psychologists. I have discerned no difference in the type of client I treat to those treated by

clinical psychologists in private practice. The treatment methodologies are comparable and the outcomes are comparable. Having been in private practice for 16 years, I believe my experience and ongoing professional development makes me at least as effective as a newly graduated clinical psychologist. I believe there should be a level playing field, service for service. I accept that a specific assessment consultation may attract a more generous rebate as assessment involves the use of costly psychological instruments. However both clinical psychologists and other psychologists in private practice do assessments.

Re the elimination of co-payments for ATAPS:
I consider some form of co-payment by the patient to be essential to success in therapy. To maximise the success of therapy, a patient need to commit to the process. The act of making a co-payment deepens the patient's commitment. In my experience, those who do not have to pay do not do as well as those who are personally out of pocket.

Co-payments complement the Commonwealth's contribution, ensuring the best use of the taxpayers' monies. Even the disadvantaged can afford to make a contribution to their health if they are motivated. Many find the money needed to fund their addictions. Individual responsibility is a key issue when the objective is effective treatment. I oppose bulk billing for the same reason. The patient should make some contribution relative to their income to maximise treatment outcomes.

Re the currant system's discrimination against regional and rural patients in their choice of therapist.
I strongly disagree with limiting the Medicare Rebates to people who are physically present at the therapy session. This disadvantages all those patients who live in rural or regional areas who want the expertise of a clinician who lives in the city. I have a number of regional and rural patients who are denied the Medicare rebate even though some would qualify for it. They struggle to pay the fee but want the choice of therapist. Consultations by phone or Skype are very effective if conducted by a skilled therapist.

I suggest you consider allowing regional and rural patients to access rebates for distance psychological counseling with the counselor of their choice.

I trust you will take my points into account when considering this important matter.

Yours faithfully