

Submission to the Government's 2011-12 Budget changes relating to Commonwealth Funding and Administration of Mental Health Services

- changes to the Better Access Initiative,

I am almost sixty and have worked as a maths teacher in secondary schools for many years. I have also suffered bouts of depression since the age of about ten years.

About eight years ago I became extremely depressed. As, at that time, there was no government help with the cost of a psychologist's fee, my GP referred me to a psychiatrist.

He diagnosed me as suffering from depression and an anxiety disorder and began a regime involving the trial of one antidepressant, up to full strength; suffer the side effects, no improvement. Slowly come off that one and suffer the withdrawal symptoms, try the next one, again and again... until he suggested that the next thing he wanted to try was electroconvulsive therapy (ECT).

I refused that offer, better to kill myself than have my brain fried! I was by this time, not suicidal, but thinking continually of not being alive. The government was providing Medicare coverage for me to see him once a week, but I was not getting any better.

He then went on holiday and I was desperately depressed, even had a suicide plan, but I have an overriding sense of self preservation so I went back to my GP. He gave me the name of a psychologist. I protested that I could not afford to see one, but took her phone number anyway.

Two days later I realized that I could not hold out until my psychiatrist returned from holiday and I rang her. I had been trying to talk to a male psychiatrist, ten years my junior whose main push was medication. I found that I could tell a female of similar age to myself, with advanced psychotherapeutic skills, unpleasant things from my childhood that I could not tell the psychiatrist.

I found the money to see her several times until the psychiatrist returned. As I found it hard to justify spending so much of my family's income on myself, I returned to the Medicare funded provider, even though talking therapy had helped me much more than medication.

To the credit of the psychiatrist, he then gave me what was the best advice he had given during the eighteen months that I was his patient.

He said 'If she is helping you - find the money.' And I did. I rearranged our family budget, allowing my health to be of prime importance, and I paid to see her twice a week for a year.

After that time my illness had improved from extremely serious, to moderate with short bouts of deep depression. Often a short phone conversation (at no cost) with her can lessen the depth of a bout. I have continued to see her once a week ever since. I am much improved but I am not cured.

From 2006 onwards I have received the 12 Medicare sessions a year. I did not qualify for 18 sessions because my privately funded visits to my psychologist had improved my mental health before this scheme began.

Ever since I first heard about the changes, I have been on the edge of depression. Ironically, I am fighting to stay on the up side of the abyss with the help of my wonderful, supportive psychologist!

Why is it triggering me?

- The reduction in Better Access is cloaked in the feel good massive increases in mental health funding in other areas. It feels disloyal to those extremely deserving recipients of the new initiatives to even think '... but what about Better Access?'
- I sent an email to my local federal member telling her my story. Her letter of reply read as a party press release converted to a personal letter. I said I had been to a psychiatrist first for nearly 18 months, and it did not help me. She replied that people in my situation could have 50 sessions with a psychiatrist!
- My reading of ATAPS is that it is for low income consumers. I am middle income. I currently see my psychologist weekly, and have 12 Better Access sessions, the other sessions I pay myself. \$140 a week is a drain on the family finances even if you are middle income.
- I feel 'less than' because my illness is mental, not physical. If I had any physical illness, I would see a GP, Medicare pays the base rate and because of my income, I pay the gap. I would do this until I recovered. I see my psychologist who helps me stay in the workforce, Medicare pays

the base rate and I pay the gap. This is only for 12 sessions, soon to be 6 (maybe 10). Why am I made to feel guilty about using up Medicare funds for mental illness when it is acceptable for physical illness?

I write this submission to try to convince the Senate that the reduction in Medicare funded visits to psychologists should be overturned. I do this, not for myself, as I know the benefit of continuing my treatment, and I will continue to find the money. I ask you for all the other people out there suffering from anxiety and depression, who do not know the benefits of talking to someone trained to listen, and for those who simply cannot find the \$140+ that it costs for this lifesaving treatment.