

I am a psychologist in private practice and have been practicing since 1995. When the Medicare Rebate for mental health was introduced it made accessing support for mental health so much easier for many of my clients.

My work is mostly with people with chronic illness or potentially chronic, particularly in the area of eating disorders. The time of treatment recommended by studies providing CBT programs for eating disorders is usually **26** weeks. This is modest in the treatment of bulimia, and for anorexia it is much more. So the 18 weeks for these clients is very helpful as the treatment for these people is very expensive as they also have to access dieticians and regular contact with GP's and often also a psychiatrist.

For those clients with eating disorders who do not develop more chronic ongoing conditions the 26 weeks provides treatment that is also preventing ongoing need for treatment. Some clients may move through the program faster but rarely under 12 sessions.

Overall for all my clients the provision of Medicare Rebate provides a stress free environment from which they can recover more quickly and efficiently. While most clients would not use the full 18 possible sessions, having that availability allows for more effectively dealing with issues that may not need further attention in the future. I wonder if it is cheaper to provide good quality private outpatient care, for depression and anxiety in particular, that would prevent large mental health hospital and community health centre expenditure and pressure on services?

These comments are sent in the hope of supporting the government to make good decisions in supporting people with mental health issues, and appreciation for the efforts of government staff to understand these issues better.

Sincerely,

Virginia Woods
BA, PGDip. Psych, MA(CAT) MAPS, AHPRA
Psychologist in Private Practice