

I wish to comment on the following two areas that this committee is due to report. Namely the changes to the Better Access Initiative, including:

- (i) the rationalisation of general practitioner (GP) mental health services,
- (ii) the rationalisation of allied health treatment sessions,

I am a psychologist and work within a GP Clinic. I treat people with a wide range of mental health issues some of which are moderate to severe in nature. These conditions are often further complicated by physical illnesses and I see the strong link between mental and physical health and the huge costs these have. I have worked in this setting for over 7 years and developed close working relationships with many GP's. I welcomed the changes in Medicare in 2006 and experienced firsthand the difference when Medicare rebates were made available for psychological services for the first time. It is with concern I write to you with the proposed reduction in the number of sessions and the rationalisation of GP mental health items.

The rationalisation of GP mental health services is concerning as the reduction in time and rebates for completing Mental Health Care Plans and Reviews will intimately result in fewer referrals or those which are given less time. A good quality referral from a GP is a vital link in providing good quality care. This I believe will result in less patients accessing treatment which has been shown to be both efficacious and cost effective.

The reduction from a possible 18 psychology sessions to a maximum of 10 in any one calendar year represents a major issue for both quality care and ultimately long term costs. The current system allows a possible 18 sessions under exceptional circumstances. This provides avenues for people with complex and severe mental health conditions to be better treated. There is little evidence that this system is being over utilised as is indicated by the small percentage who use more than 12 sessions. What is important is allowing those who have multiple, complex mental health issues to have the opportunity for evidenced based treatment of a sufficient length. The reduction of the total number of sessions although it appears to be a budgetary control mechanism I believe will save little money and have a significant cost not only in reduced quality of care for the individual but ultimately on overall health costs. I believe it will push many of these people who are struggling towards costly inpatient services. It may also result in them having to try to manage via multiple repeat visits with their GP's who unlike psychologists do not have limits placed on services they provide. GP's are time pressured and struggle to deal with those who have complex multiple issues. My concern is both from a best practice point of view as well as the economic one. All the evidence would suggest that those with moderate to severe mental health issues can achieve significant outcomes within 12-18 sessions. These are the people who are most likely if not treated effectively to develop chronic, enduring mental health issues. Cutting the number of sessions is a short term strategy to reduce costs but will ultimately cost us much more from both individual and society level.

Please carefully consider what a reduction in the total number of sessions may really cost and what the likely outcomes will be.