

Dear Senate Inquiry,

I would like to address the following terms of reference for the senate inquiry on the Commonwealth Funding and Administration of Mental Health Services:

Term of Reference (b iv): The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule

Term of Reference (e i): The two-tiered Medicare rebate system for psychologists.

I will begin with Terms of Reference (b iv) - The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule.

I am writing to ask you to advocate for the re-instatement of the 'Better Access to Mental Health Care' initiative which enabled people with mild to moderate mental health issues to have from 15 to 20 sessions with a psychologist per annum to deal with their mental health issues.

It has been well established by the mental health profession that 15 to 20 treatments per annum are required to successfully treat mild to moderate mental illness. It has also been established that this service has been successful both in terms of its therapeutic outcomes and in terms of its overall minimization of financial costs to the Government.

I understand that the Minister for Health and Ageing, Mark Butler, has looked at this extremely successful health service and has then determined to cut the service in half, by cutting the number of patient sessions with a psychologist of 15 to 20 sessions per annum down to ten sessions per annum, and in so doing, I believe he will undermine the possibility for successful therapeutic outcomes from this mental health service.

I am a beneficiary of the wonderful 'Better Access' initiative. What I want to tell you in this letter is about my experiences of this 'Better Access' service. Several weeks ago I read the Association of Counselling Psychologists' letter to Mark Butler and the attached Position Paper which outlines the benefits of the 'Better Access' service. I was struck, when I read these documents, by the fact that these documents very accurately described the positive experience of the 'Better Access' initiative for patients. That is, they very accurately described my positive experiences the 'Better Access' service.

I will now outline my experience of using the 'Better Access' service. I suffered from Post Traumatic Stress Disorder (PTSD) from August 2004 to late 2008 without treatment from a psychologist. During those years I hoped I would overcome my symptoms over time, but I didn't. And there was nothing that I, nor my family, nor my friends were able to do to help me to lessen or overcome my symptoms. So then I saw my GP about my symptoms. My GP referred me to a clinical psychologist. I was able to go to the psychologist of my choice for my PTSD. I went to see a clinical psychologist within walking distance of my house.

Initially I went to my sessions with the psychologist fortnightly. It took about the first six sessions for me to be able to establish trust in my psychologist and to be able to begin to talk at all about my trauma. I had been asked by my psychologist to attend my sessions fortnightly

and I definitely felt I needed to go to my sessions fortnightly at that time as I had to deal with very intense emotional responses to the process of dealing with my trauma.

Later on I went to my psychologist monthly. Again, I had been asked by my psychologist to attend my sessions monthly and I definitely felt I needed to go to my sessions monthly at that time in order to deal with the intense emotional responses to the process of dealing with my trauma. In the first year of my treatment for PTSD I had between 15-20 sessions. In fact I had closer to 20 sessions in the first year. I cannot emphasise strongly enough that I know, from my own experience, how extremely important it was for me personally to be able to attend all of those sessions in the first year of my treatment for PTSD. So, the first point I want to make is that I cannot emphasise strongly enough how important it was that I had all of those sessions in the first year of my treatment for PTSD.

The second point I want to make is that I cannot emphasise strongly enough how important it was to have the security of knowing I was not going to be cut off my treatment once I started it. I want you to know that it would have been absolutely horrendous for me, psychologically and emotionally, if I had been told after the first ten sessions with my psychologist, that I could not have any more sessions with my psychologist for the rest of the year because I had had my quota of ten sessions for the year, and the government funding was finished for the year.

In my case, by the time I had had my 10 sessions I had already opened up the Pandora's Box of my traumatic experiences which I'd boxed away for some years and I could not have just popped the lid back on those traumatic experiences at this point and waited for enough time to pass for me to have ten more sessions the following year. I was already working on my traumatic experiences with my psychologist but not yet at a stage where I was able to manage those traumatic experiences without my psychologist. I know that it would have had an extremely negative impact on my psychological and emotional well-being to have had to stop my treatment at 10 sessions. Again, I emphasise it was extremely important that had the security of knowing I was not going to be cut off my treatment once I started it.

The third point I want to make is that I cannot emphasise strongly enough how important it was to have the security of knowing I would have the same psychologist for the entire period of my treatment. As I stated earlier, it took me about six weeks for me to really build up trust in my psychologist. By the tenth session I had already managed to tell my psychologist some of my traumatic experiences. I definitely could not have changed my psychologist once I had built up trust in my psychologist. In fact, my psychologist relocated to a clinic on the other side of Melbourne. So I travelled nearly three hours, once a month, to attend my sessions, with my psychologist. And I travelled despite my physical injury. I travelled the distance without hesitation because I could not have considered changing from one psychologist to another psychologist.

I will use an analogy that comes to mind to explain why I could not have changed my psychologist after the first few sessions. I will conceive of my traumatic experiences as my story. After the first few sessions I had told my psychologist some chapters of my story. I could not have changed the listener of my story. I could not have moved on to a new chapter with a new listener. It would have been impossible for me to do this. And I could not have started my story again. Instead, I would have gone back to closing the book tightly on my story and continuing to suffer with my PTSD. Again, I emphasise it was extremely important

that I had the security of knowing I would have the same psychologist for the entire period of my treatment.

In regard to my third point, I understand that if the 'Better Access' service is not re-instated, patients may find that in order to continue get more treatments, they may need to work with different schemes and different psychologists. I feel this will mean patients will not get the psychological treatment they need and will probably opt out of treatment and this will lead to the failure of their treatment. That's what I would do.

If the Government does re-instate the 'Better Access' initiative and continues to provide 15 to 20 sessions per annum to patients with mild to moderate mental health illness, I feel the Government will keep financial spending on these patients to a minimum. This is because when the Government provides 15 to 20 sessions with a psychologist per annum for these patients, we know psychologists are finding they are having successes in their treatment of the these patients. And because psychologists have been allocated the number of sessions needed to successfully treat their patients, patients can get be successfully treated and then get on with their lives, and that will be the end of the financial burden on these particular patients on the mental health services.

But if the Government cuts the number of sessions for patients to see psychologists from 15-20 per annum down to 10 sessions per annum, the Government are more likely to need to continue with ongoing financial spending on these patients. This is because if the Government only provides 10 sessions with a psychologist per annum for these patients, I believe psychologists will find they are much less likely to be successful in their treatment of patients. And I feel they that patients who are only provided with 10 sessions will not have the adequate number of sessions to be helped to be successfully treated by their psychologist. And if patients find they have to go onto another scheme to get more sessions with a psychologist but cannot have their own psychologist for these sessions, patients will probably opt out of any psychological treatment. And they will very likely be in a much worse mental state than before they began treatment. If this is what transpires, then the patients will probably end up continuing to be a burden on the mental health system and they will probably continue to be unable to get on with their lives in a productive way. And they will probably continue to be a burden on the wider government support services.

In summary, I cannot emphasise strongly enough how important it was for me that I had all of the sessions I had (close to 20 in the first year and almost half that number in each of the following three years). And I cannot emphasise strongly enough how important it was to have the security of knowing I was not going to be cut off my treatment once I started it. And I cannot emphasise strongly enough how important it was to have the security of knowing I would have the same psychologist for the entire period of my treatment.

I want you to know that the success achieved with regard to my PTSD has only possible because I have had all of these measures, outlined above, in place. But it isn't just an extremely positive outcome for me. It's extremely positive for the Australian Government too because it means that I am no longer going to be a financial or resource burden on the mental health system in Australia.

I now move on to the Term of Reference (e i): The two-tiered Medicare rebate system for psychologists.

I will now discuss the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule. I must admit that I do not speak from the authority of my own personal experiences of PTSD in this Term of Reference as I did in the earlier Term of Reference.

I understand that clinical psychology services currently attract a higher rebate (\$120) than general psychology services (\$80). I understand that clinical psychology services attract this higher rebate because of the specialist skills and knowledge they hold in mental health issues. I understand that there is talk about the Government cutting the rebate for me to see a clinical psychologist.

I understand that changes to Medicare Benefit Scheme will mean that it will be almost impossible for a clinical psychologist to bulk bill any client. By cutting the rebate to see a clinical psychologist would mean that out of pocket expense will be even greater than it would be under the current rebate system.

If the Government cuts the rebate to see a clinical psychologist, this means the most disadvantaged groups in our communities, such as the disabled and elderly, will no longer be unable to access the services of a clinical psychologist through bulk billing. And if these disadvantaged groups choose to pay to see a clinical psychologist, their out of pocket expenses will be even greater than it would be under the current rebate system.

Clinical psychologists are the only psychologists whose postgraduate training is in mental health care of problems such as anxiety and depression. A clinical psychologist must have either a doctorate or masters degree to obtain the title "clinical psychologist". Other psychologists without this specialist postgraduate education are arguing that the rebate available to see a clinical psychologist (\$120) should be the same as for their services (\$80).

On a personal note, I will say that I am so grateful that I was treated by a clinical psychologist who had the educational level to so very competently help me with my PTSD.

It is a benefit to Australia that all Australians have access to clinical psychologist services. It is important that we support our clinical psychologists. The clinical psychologist has been prepared to undertake considerable additional educational studies beyond the psychologist. The result is that we have clinical psychologists working at a very high standard of expertise. Surely the Government should continue to value and reward this additional standard of expertise. Yet the Government is considering taking away the higher rebate for their services. So it is considering ignoring and devaluing their extra years of training and expertise. Why would they do this disservice to the Australian mental health system and to the clinical psychologists?

I have heard a lot of talk by the government in the mass media these past few years, telling the people of Australia that mental health problems are widespread throughout Australia. And I have heard the Government tell the people of Australia in the mass media that they were going to increase funding into the mental health system in Australia. I want the Government to do more than talk to the mass media. I am just asking the Government to at least maintain the services that have worked so well - the 'Better Access' initiative, in which patients with mild to moderate mental illness can have 15-20 sessions per annum with the psychologist of their choice, and maintain the same psychologist for their treatment, as I have outlined above; and I want to see the Government maintain the higher rebate for clinical psychologists, after

all, the clinical psychologists have years of additional tertiary education beyond the education of the general psychologist, and we need to value and reward their contribution to our mental health system.

Kind Regards