

## **Submission to the Inquiry: Commonwealth Funding and Administration of Mental Health Services**

I have been a psychologist for 6 years after completing the four year degree + 2 year supervision as a mature adult. I currently work for an organisation offering psychological services within Job Services Australia. Within this organisation I provide approximately 5 Medicare sessions per week and my financial income would not alter with the introduction of the proposed changes. With this organisation I have provided JSA and Medicare services across a range of socio-economic areas.

I request that the following comments are taken into consideration:

- Often clients that require more than 10 sessions of Medicare psychological intervention are the most vulnerable in our society. They are also clients where our society has neglectful in providing them with timely and appropriate interventions – those clients where childhood abuse and neglect went undetected. They may have great difficulty in trusting others and when they find a psychologist and build rapport they do not want to change therapists because some other service can offer more sessions or they are in the wrong “system” to get the assistance they require. They cannot afford to pay for extra sessions because they are often in low paid employment or unemployed. These vulnerable clients are the ones that will miss out when they can only access 10 sessions. While there may be a minimal number of clients that will access more than 10 sessions, these are the clients who require them. Attending psychological interventions, is not in general a pleasurable recreational activity, therefore why penalise those clients who are willing to engage in the challenging work to improve their social, vocational and psychological functioning.
- Psychological services for Centrelink clients, who are often most vulnerable of our society have already been reduced and a further reduction of services through the reduction of Medicare sessions is not merited. Job Capacity Assessment Counselling (JCAC) services ceased in 2010. While this service was provided it removed barriers to psychological assistance by providing psychological interventions without having to go through, for some clients the formidable barrier of consulting a doctor. While providing JCAC services I frequently assisted clients to access medical assistance, and then they could obtain a referral to a psychologist through Medicare. We cannot assume that the doctor is always at the frontline of assessing the need for psychological interventions. On a daily basis I work with clients who have either not seen a doctor for many years or who, if they see a doctor, have not addressed their mental health problems. The cessation of the JCAC (a quietly closed door to mental health services not noted in the media) and the reduction of the number of Medicare sessions significantly reduce the availability of mental health services to Centrelink clients.
- Six, ten, twelve, eighteen sessions – the number of sessions available to clients appears to have been decided on the basis of cost, not maximum therapeutic benefit or appropriate treatment plan. We greatly reduce the benefit of the service when we have a one size fits all approach to mental health. By offering only 10 sessions we are minimising both the level of psychological distress that clients experience and minimising the ongoing costs to society

when clients do not receive timely, individually tailored psychological interventions, over an appropriate period of time.

I would urge you to reconsider the reduction of psychological services through Medicare and to continue to work towards providing multiple access pathways to psychological services.

Anne Moorhouse

Psycholoist