

I am a generalist psychologist working close to the city of Brisbane in private practice as a sole practitioner.

I have a mixed caseload of referrals coming in the main from GP practices in the local area.

I work with white collar workers, unemployed, aged, drug affected, victims of crime, pregnancy issues, post natal depression, adolescents and their families as well as couples.

These people in the main are experiencing a range of anxiety disorders, depression or psychoses as a result of unusual life experiences including bereavement, drug and alcohol abuse, relationship issues, financial difficulties, redundancy, work and school place harassment and bullying, eating disorders, suicidal or self harming behaviours.

Because of affordable psychological interventions, using evidence based therapies, my work has been instrumental in keeping these people out of hospital emergency departments, out of doctors surgeries, out of jail, in employment and remaining in intact functional families.

It makes sense to promote a system that keeps people psychologically well and that saves the burden on hospitals and doctors surgeries and keeps them at work. The cost to the community both financially and socially is enormous if you consider that I see probably 20 to 30 people a week.

My fees are based on a sliding scale based on individuals ability to pay. I provide a thorough service that involves for no extra charge, ongoing support out of hours to patients by phone, message or email. I provide the referring Doctor with regular reviews at no charge to the client or the Medicare system. I liaise regularly with other health care providers at no cost to the patient or the Medicare system.

I determine my own hours and therefore can respond appropriately to patients needs and I choose to work most evenings as this fits with workers coming from the city.

If you were to limit my scope to see these patients because of the new Mental Health Reforms, these people would not be serviced without disruption to there work schedules. They often prefer to see someone anonymously and would possibly not access an alternative system where they would have to disclose there reason for requiring early leave.

The drug and alcohol patients would not choose to use a more medicalised system as again for many, a private practice provides anonymity. In the past similar systems being proposed now frequently had there funding run out before the end of the funding cycle, leaving patients unsupported. A dreadful and irresponsible position and all because precious funds got chewed up in administration costs.

I provide my own administration myself at no cost to Medicare. All psychologists in private practice do this. There are many hidden costs you may not have taken into account that we absorb ourselves. We are prepared to do this in order to allow the system to continue as we know that it works. We see the results. This was a brilliant initiative by a visionary government wanting

to really make a difference by making access to mental health services a reality instead of a difficulty. If you pass these reforms then you will deny access to many, you will return us to the dark ages that proved to have very limited effect because of it's limitations.

Why change something that works well. Why do this. If there needs to be cuts then look at the areas that don't work well. I would imagine that most GP's would totally support the effectiveness of the current system.

Thank you for your consideration of these points.