

I write to advocate for the maintenance of the existing arrangement of 12-18 annual Medicare-rebatable sessions with a psychologist. I am a Clinical Psychologist in private practice who sees roughly 15 - 25 clients per week. A very large percentage of my clientele suffers from chronic anxiety and/or depression, of a moderate to severe nature. Their mental health has very widespread implications, impacting on relationships, friendships, physical health, and employment (if they are able to work). Often the current limitation of 12-18 annual sessions is not enough to adequately treat many of these clients, and most people cannot afford to pay private fees to continue their psychological treatment. The proposal to decrease the annual number of sessions to 6 + 4 would be totally inadequate for many of the people coming to see a psychologist, and it would seriously compromise the quality of treatment that could be carried out and consequently the results achieved. This would have even further implications for society in general, impacting on the health system, employment, and social harmony. The effectiveness of Cognitive Behaviour Therapy is such that therapy carried out adequately can and has changed people's lives in unimaginable ways. In order to do this, members of our society need to have access to affordable, adequate treatment. The current arrangement of 12-18 Medicare-rebatable sessions per annum is essential for this (and even more sessions required in many cases). Moreover if research has found that a very low percentage of consumers use more than 12 sessions, then why not keep this low cost option that serves to benefit our community?

Furthermore I am seriously concerned about the Federal Government's proposal to reduce the cap to 10 annual Medicare-rebatable sessions of therapy with a psychologist, to be effective as of November 2011. My understanding of this is that any person who has already accessed 10 or more sessions as of 1st November 2011 will have to wait until January 2012 to access further sessions. This means there will be a lot of very depressed/anxious people in our society desperately wanting to continue their psychological treatment but having to have at least a 2 month gap in treatment. This arrangement then puts pressure on psychologists to see clients pro bono because ethically how can we desert needy clients for 2 months? This pressure, even if self-inflicted, is unfair and unworkable given we psychologists are people needing to pay our own bills and earn a living.

Finally, I understand GPs are not happy with the budgetary cuts to their preparation of Mental Health Care Plans. That sounds fair enough given many GPs put considerable time and effort into preparing the Plans with patients. I ask is it really necessary for GPs to prepare Mental Health Care Plans in order for someone to access psychological therapy? A good psychologist does a thorough assessment before treating a client, therefore the same ground gets covered twice with the patient – in effect doubling up on government money. Why does a referral to a psychologist need to be different to a referral to any other specialist? Why can a letter of referral not suffice? Surely the funding to prepare Mental

Health Care Plans can be put to much more effective and beneficial use by being directed towards further sessions of therapy with psychologists.

Name withheld