

Dear Senators

I am a registered Psychologist and have a vested interest in the current system of Medicare funded services. I work within a General practice setting and receive a wide variety of referrals for nearly all categories of mental health. My youngest referral was 10 my oldest 83.

- a) the Government's 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:
  - (i) the rationalisation of general practitioner (GP) mental health services,

GP's are the absolute front line of mental health delivery. They will see nearly all people of all ages before they engage with the state or federally funded health services. To reduce their incentives to provide a MENTAL HEALTH CARE PLAN makes no sense to me. Their capacity to refer to psychiatric assessment (item number 291) allied health assessment and treatment is rational and effective.

- (ii) the rationalisation of allied health treatment sessions,

The proposed reduction of the number of sessions with a psychologist within a calendar year is of concern. Firstly it is not a reduction from 12 to 10 as the press releases have suggested but a reduction from either 12 to 6 (normal referral) or 18 to 10 (with exceptional circumstances)

secondly while it is true that many of my more "usual" clients with depression and/or anxiety can and do show significant symptom reduction within a six session framework the capacity to schedule further "relapse prevention" sessions at longer intervals is extremely therapeutically useful.

The third and final point I would make is that those persons with personality disorders who are at high risk of suicide and or self harm form a significant proportion of a case load. The inability of them to continue to engage will force them back to the public system which in my experience has great difficulty in handling them.

- (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
- I think this will have a negative impact on the willingness of GP's to prepare the plan..

- (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 think this will have a severe negative impact upon those patients with concurring personality and substance abuse disorders. Those persons who are usually referred to as suffering from a dual diagnosis.

- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;
- (e) mental health workforce issues, including:
  - (i) the two-tiered Medicare rebate system for psychologists,
  - (ii) workforce qualifications and training of psychologists, and
  - (iii) workforce shortages;
- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
  - (i) culturally and linguistically diverse communities,
  - (ii) Indigenous communities, and
  - (iii) people with disabilities;
- (g) the delivery of a national mental health commission; and
- (h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
- (j) any other related matter.