

27 July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
Canberra ACT 2600

I am a generalist psychologist with more than 15 years experience operating a private practice. Since the introduction of the Better Outcomes program many clients who would not have been able to afford counselling have been able to access counselling services.

All Medicare-funded clients are assessed to determine the severity of their pre- and post-treatment symptoms, which serves as a means of evaluating treatment effectiveness. Most of my clients fall within the moderate-severe category prior to treatment, and almost all of these clients report significant reduction in their symptoms after 6-12 treatment sessions. These sessions are usually at 1-4 week intervals.

My client group is a roughly even mix of males and females, ranging in age between 20-60 years, and are mostly employed. They seek counselling to overcome social anxiety, manage depression, improve relationships, or overcome stress – issues which impact on their well-being, their relationships, or their ability to cope at work. Within a relatively short period of time most of my clients are able to deal with their issues and do not end up seeking long-term assistance from health services or drawing on community resources. Psychologists provide evidence-based interventions, which have proven to be cost-effective preventative measures.

The proposed changes to the Better Outcomes for Mental Health funding will have profound effects in a couple of ways that you may not realise:

- (i) Reducing the number of sessions available to clients (to 10 sessions per year) will leave some clients without treatment for periods of time, putting them at risk of relapse and in some cases, of suicide.
- (ii) All psychologists undergo basic training to work with clients with anxiety, stress and depression, the symptoms which most clients present with in private practice. We all undertake 6 years of training. While Clinical Psychologists have more specialised training, this is undertaken in institutional contexts such as hospitals, psychiatric units, community and mental health centres. Clients presenting at these centres have more complex mental health problems and are not usually presenting at private practice clinics. A large percentage of Medicare-funded psychology services are conducted in private practice clinics.
- (iii) The proposal to channel psychology services through ATAPS would mean that GP Divisions would determine the fees it pays psychologists which have in some places been as low as \$95 pr hr. This is a huge restriction of trade and would mean that many private practice clinics would close because they would not be financially viable. ATAPS typically run out of funds in the third quarter of a funding cycle and then stop funding programs until the next financial year. This has consequences for clients in treatment programs.

Please consider these issues when reviewing the changes proposed for the Better Outcomes for Mental Health funding.

Judi Pears
Alternatives Consulting Psychologists
West End, Brisbane