

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

27 July 2011

Dear Senator

Re: Proposed Changes to Better Outcomes in Mental Health

I write to address the proposed changes to the Better Outcomes in Mental Health program. Two developments are particularly concerning:

- The proposal to reduce the Medicare Rebate for GPs to produce a 'Mental Health Care Plan'
- A reduction in the number of sessions for seeing a psychologist under Medicare from 12-18 sessions (18 under 'Exceptional Circumstances) to 10 sessions maximum.

GP Mental Health Care Plans take time for GPs. GP regularly complain that the paperwork of Mental Health Care Plans is onerous, ask their patients to come back for a second appointment to fill in the paperwork, and some GPs refuse to fill them out all together. Reducing the scheduled fee for a mental health care plan will mean fewer GPs are willing to complete them, and fewer people gain access to psychologists. It is entirely likely that some GPs will simply refuse to complete mental health care plan paperwork.

A reduction in the number of sessions from 12-18 to 10 is difficult to understand. For the past 30 years publications examining the effectiveness and cost effectiveness of cognitive and behavioural therapies have consistently shown that this therapy significantly attenuates the course of mood (depression) and anxiety disorders, and has unique benefits compared to anti-depressants (e.g. no side effects, reduced relapse because of cognitive changes). These effects are typically shown with trials of therapy lasting 12-28 sessions. Reducing the number of sessions is therefore inconsistent with long-standing research in this area.

Many people require at least 12 sessions of psychological therapy to treat an episode of Major Depression or a significant anxiety disorder. In the absence of funding for at least 12 sessions many people will go partly treated and relapse will be much higher. The cost to the Australian economy in terms of decreased productivity will surely outweigh any cost savings of reducing the number of sessions by 2!

Finally I find it curious that the number of sessions with a psychologist are being reduced from 12 to 10, under a program that has been extensively evaluated by the Centre for Health Program Evaluation at the University of Melbourne. Since the early 1980's people have been able to access private Psychiatrists under Medicare for an

unlimited number of sessions, and to my knowledge this process has never been evaluated. I certainly am not recommending that sessions with private psychiatrists should be capped; but there is surely a problem with the logic of these proposed changes.

These proposed changes will decrease access to psychologists and reduce the effectiveness of treatment for people who do see psychologists.

Thank you for considering this important matter.

Yours sincerely

Dr. Alan Headey
Psychologist – Public Hospital Queensland
BA (Hons), D.Psych (Health), MAPS 032321