

To Whom it May Concern,

I am a clinical psychologist who works predominantly in the public sector and one day in private practice. I would like to make a submission to Senate Inquiry into the changes to the Medicare funding of mental health services.

I was trained in the UK and came to Australia six years ago before the Medicare "Better Access to Mental Health" scheme was introduced. When I arrived I worked as a psychologist in a acute hospital seeing patients with physical health problems. I was appalled at the lack of appropriate mental health services available in the community for me to refer patients with "high prevalence" disorders such as anxiety disorders and depression to, which was very significantly below that which I was used in the UK. This was a great concern given that these conditions are high prevalence but are also associated with very significant burden of disease (WHO, 2007).

The Medicare "Better Access to Mental Health" created a significant improvement in the care of people with high prevalence mental health disorders. The magnitude of its uptake highlights that this was a significant gap in previous services.

My concerns regarding the changes in funding are as follows:

- 1) A small but significant group of patients I see under the "Better Access to Mental Health" scheme require the full 18 sessions/year, usually due to the complexity of their difficulties. In fact the evidenced-based treatments for some of their conditions e.g. PTSD, require more than the new 10 session limit. They would not be eligible to or easily access similar care via the public system. I feel that a proportion of my most vulnerable clients will be unfairly disadvantaged by capping the number of sessions per year to 10.
- 2) I am concerned about the move towards more services being provided by ATAPs and via the local hospital networks. I have worked in public medical, rather than mental health, settings for more than eight years. I have universally been my experience that when medical practitioners are predominantly responsible for funding decisions, mental health issues get neglected at the expense of physical health issues even when substantial evidence exists for the need to address mental health issues. I am concerned that if governance for mental health services for high prevalence disorders comes increasing under the influence of medical boards services will suffer and with it the wellbeing of our clients.

From a personal and financial point of view, I believe that these changes will have limited impact on me as I only work in private practice one day per week and typically have more work than I have hours, so I am raising these points because of my concern for my profession, the availability of appropriate mental health services and primarily the welfare of the clients we treat.

Thank you for considering my objection.

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