

APPENDIX 1

7/07/2011

To whom it may concern,

I believe that the proposed changes to the number of subsidised sessions available to consult with a Psychologist from a maximum of 18 to 10 will have detrimental effects to a number of already vulnerable people in the community.

Mental health illness is a very serious issue which affects many people directly and even more people – family, friends, and co-workers - indirectly. The services provided by these highly skilled people are not to be undervalued. The work they do to help people with mental illness learn to cope and function on a day to day basis without doubt alleviates the strain that would be placed on the public health system/purse.

Already these people who are struggling just to exist have often have to spend large amounts of money on medication, some of which is not on the PBS, on GP fees and more often than not on Psychiatrist fees. Psychiatrists are wonderful but tend to concentrate on finding a “medical cure” and prescribe as such. Rarely do they provide CBT or other methods of coping.

Without the rebate on Psychologist fees for more than 10 sessions the other important part of the treatment will sadly become unaffordable for many people. Many mental health problems require more than 10 sessions to overcome the immediate crises. In fact in times of these crises sometimes 2 sessions per week are needed. Suicide is a very real option for some at these times and six weekly visits don't cut the mustard when you are in this kind of state.

Granted there are cheaper options – counsellors for instance. Counsellors in my experience are ok however; they lack the training and insight into human behaviour and the expertise of a Psychologist. In summary: the ability to affordably access a Psychologist should remain. I would be very surprised to find there is evidence to say that since the scheme was introduced it has proven ineffectual. I would also confidently speculate that the number of hospital admissions, and the demand on GP's would increase. This would result in a larger cost to the Government in these areas. Why not spend the money where it will have the most impact for people with mental illness and a real need?

(JS BRISBANE)

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"I suffer with depression and anxiety and have done so for many years. Last year after losing my job it got really bad and I was not coping at all in fact not even sure if I would even be here if it wasn't for one visit to my GP who told me about the Mental Health Care Plan that was available. I went away and thought about it and decide to get access and look for a clinic to go to, I chose New Day Psychology.

If it wasn't for the Mental Health Care Plan I would never have been able to access this type of help being unemployed at the time money was very tight but I really needed help. I used all my first 12 visits up really quickly and still needed help you can be amazed at how quickly these visits get used up and I did require the additional 6 visits to be able to get myself back on track.

I have to say that due to all the help I received during this time I am now feeling much better within myself and have been able to return to full time employment. I still have some visits left on my current Mental Health Care Plan and I did have an occasion recently to actually use one of them when things started to get a little bit on top of me.

I can't praise both the Mental Health Care Plan and also New Day Psychology and their staff enough because without either of these services I don't know where I would be today.

It needs to remain as it is only having 10 visits a year would not be enough that would mean going for over 4 weeks between visits and a lot can happen in that time. You need more access to this type of service not less."

(LM – BRISBANE)

I am very concerned to hear the proposed changes to the Better Access Scheme in reducing the number of available (rebatable) sessions to clients and also to reducing the rebate payable to Clinical Psychologists.

I know in my own experience (anxiety, depression and addiction), that having someone available to help me stop being my own worst enemy has been life-changing. I cannot emphasise how much the support from my psychologist has aided me in looking at life differently, understanding what anxiety, depression and addiction were and how they worked, rather than just feeling like something was wrong. In therapy I learned how to identify and react to triggers and not to let things overwhelm me like they once did.

What many people may not realise, is that mental illness does not only affect the individual, but it affects their families, their relationships, and their employment. Being able to access appropriate assistance when it is required and for as long as it is required is comparable to finding a rare treasure.

If the number of rebatable sessions was reduced from 18 to 10, this would have a huge negative impact on many lives, lives which are already very vulnerable and fragile.

Visits to Clinical Psychologists also deserve to be able to receive the higher rebate. These professionals have undertaken significant amounts of additional specialist study to earn their qualifications and the right to call themselves a 'Clinical Psychologist'. By reducing the rebate would be an insult to anyone who has undergone specialist study. If the rebate is reduced, the gap between the Clinical Psychologists fees and the rebate would most likely make the assistance unaffordable for many people and result in Clinical Psychologists who currently bulk-bill disadvantaged clients to cease doing so. This would ultimately result in fewer clinicians to assist a growing number of people with mental illness in our community, which will then be forced to access the already overwhelmed public system.

In summary, why change a system that is clearly working well to create a situation which causes more strain on already stretched public mental health services.

Regards

(JP – Brisbane).

Simply, not being able to access the total number of sessions I have had the privilege of attending; I would not have been in a position to return to work and perform a functioning role in the workplace and society. I am confident in adding that if I had not been able to attend all these sessions, I would have become a burden on the taxpayer system.

Similarly, any reduction in the rebate or other tampering with funding would have resulted in me being unable to continue treatment resulting in my ability to return to work and function as a member of society.

(KN – BRISBANE)

If the new legislation is passed I would not be able to afford to get help and this would undoubtedly adversely affect myself, my children and those around me. I don't think it's fair for people who are in chronic financial hardship to have to choose between their mental health or groceries. There is so much demand for mental health services, there is no room for cuts. Prevention is better than cure (I learnt that from my psychologist).

(SD – BRISBANE)

To Whom it May Concern,

After a particularly nasty marriage breakdown my three daughters and myself were in need of help, especially my second daughter who was suffering with panic attacks and anxiety. I hate to think of what sort of place we would be in now without the help and guidance we were able to access through psychologists. With me now being in the sole parent category and left penniless there is no way I would have been able to afford the help my daughter and I needed. My thoughts often wonder with her approaching her teenage years if she could have ended up as just another statistic with teen suicide, drugs, alcohol etc.

It worries me to think that my family could be deprived of ongoing help or others in our own or different situations could become future statistics.

Regards,
Concerned Citizen.

(NP – BRISBANE)

To whom it may concern,

I am writing in response to the Federal Government's proposal to reduce the amount of clinical psychology sessions allowable under the revised **Medicare Better Access Scheme**.

In these increasingly trying times, one struggles to understand how any government could deem the health of the Australian people something to be disadvantaged.

To add insult to injury, your proposed reduced Medicare rebates will also preclude the ability for clinics to bulk-bill clients, preventing those financially disadvantaged from gaining access to mental healthcare.

In my circumstance, I am seeking assistance to help with the stresses caused by unemployment, and its related issues. As I will not be able to seek help in the future under this new regime, these changes will affect me personally.

I beg you to reconsider your proposals; please, scrap your plans to decrease the Mental Health Care Plans sessions allowable, and help keep the availability of mental healthcare open to all Australians.

(CU – BRISBANE)

To Whom Concerned,

The proposed legislation for the Medicare Better Access Scheme to reduce the number of Medicare supported psychological visits is truly disgusting. I have recently begun accessing help from a Clinical Psychologist in the community and this has made a huge impact on my mental health. Prior to this depended on medication from a general practitioner but did not receive any help in trying to solve my issues for over 2 years. Now that I have had the help from Medicare in receiving part funded psychological visits, I am able to move forward and look at ways of solving on going issues. This in turn will decrease the number of general practitioner visits and cost of PBS medications, if I continue to receive the help from my psychologist. Overall saving the health system a fortune, if this is the case for

other patients as well.

I find it very easy to access in a local practice, and would be very put off or may even contemplate stopping my sessions, if they were held back in general practitioner's office. I think for a government whom is supposed to be spending millions on Mental Health, this legislation would be a huge step backwards and not an improvement. The Clinical Psychologists have also invested a lot of time in training to become independent practitioners and the legislation would impact hugely on their personal lives as well as their work lives.

The legislation to also reduce the number of Medicare supported visits is devastating. I already have had 4 sessions and I am only starting to feel that I can work on the issues stated. It takes a long time to explain issues that you have had before you are able to work out how to solve them. So reducing the number of Medicare rebate appointments would have a large impact on my health. I may not be able to continue the appointments because it would not be financially viable, and I generally have a good/high income. For those less fortunate it would definitely stop them accessing help and there issues would not be dealt with, having not just an impact on their lives, but their children's and the community as a whole.

I urge you to reconsider these drastic cuts, and as a government follow what you advertise and help those with Mental Health Problems, whom are not yet requiring inpatient treatment, thus stopping them being admitted and putting further strain on the Health Service.

(TG – BRISBANE)

To whom it may concern,

The planned changes to the Medicare rebate for psychological visits are clearly going to do more damage to the people who you are claiming to want to help. In the recent budget there was a strong emphasis on mental health and yet with two of the proposed changes there will only be negative consequences.

The issue of cutting the number of visits from a maximum of 18 to 10 visits a year will impact a lot of people. When in crisis, or when even needing to just being able to talk out problems and to get an insight into what is going on, a visit to the psychologist is an important part of treatment. To not even have access to this even once a month is outrageous. Also when treating conditions through cognitive therapy more than 10 appointments in a year can be necessary to be effective.

From personal experience I can tell you that there are times when in dark days when the ability to be able to talk to your psychologist is essential and I am sure in some cases are the things that keeps people alive. The last thing that you are need is to have to worry that you have nearly used all your yearly appointments in the space of a very short time. Are not the lives of people worth allowing those who need it access to a service. Often people who have serious mental illness are not able to work and would not be able to afford appointments not covered through Medicare. You would be clearly restricting their access to help if this change was incorporated.

The second change to negatively affect patients will be the decrease to the rebate given to clinical psychologists. If you do this then the gap will need to be paid by their patients. Again I can tell you from, personal experience that if there is a gap needed to be paid then that will do one of the following. It will either prevent people from contacting their psychologist because they cannot afford it, or it will cause a large amount of stress about how to pay which could certainly exacerbate their condition.

Should not clinicians who have spent more time studying to get the knowledge to help their patients be compensated accordingly. As someone who has visited both general and clinical psychologists I can tell you in my case the difference in knowledge, methods and comprehension has been strongly identified. So far the only person who has been helpful in treating me is a clinical psychologist and I believe is more than entitled to the pay she currently receives.

(CP – BRISBANE)

To whom it may concern,

The proposed Medicare changes are not right. There are many people out there needing help. Medicare is meant to be helping all Australians become healthier – both mentally and physically. Many people cannot afford private health cover to pay for their psychology sessions, why should they have to?

My experience with New Day Psychology has been fantastic and instrumental in my family's happiness. I had very uncontrollable, sad and at times extremely angry children that at times resorted to physical violence towards members of the family. I needed these sessions to help my children and myself and not to mention the rest of the family cope with their anger, curb it and manage it before they could potentially take it out on a school friend/s.

I also see New Day Psychology myself, they have been instrumental in my self esteem etc. I was heading down the path of leaving my husband. I certainly did not want to put myself or my family through a 'broken family' situation. Isn't it better than people seek help/assistance and sorting themselves out, rather than potentially doing harm to themselves, others and/or walking out on their families?

There are so many 'broken' homes out there, surely Medicare and the Government would rather have families together and bring up children together in a loving, nurturing environment, than having families split and some of the having to rely on the Government for financial assistance, this also potentially putting more strain on the parents and children, not to mention the strain on Government 'hand outs'.

I please ask that you rethink these reforms for the sake of ALL Australian families needing assistance with their mental health.

(SS – BRISBANE)
