

SUMMARY OF SUBMISSION RE GOVERNMENT CHANGES TO MENTAL HEALTH PSYCHOLOGY REBATES.

I have been extremely worried by the Government's reduction of the current 18 psychology appointments to only 10 Medicare rebated psychology appointments per calendar year because I have a chronic illness and depression.

Psychologists focus on teaching coping skills to manage depression and prevent relapse. This leads to better health outcomes and improved quality of life than when depression is treated with drugs alone.

My psychologist has provided crisis counselling outside appointments when I have been suicidal.

How the government benefits from me seeing a psychologist

- It is much cheaper for the government to give a Medicare rebate for a psychologist than me being in hospital (where I see a psychiatrist everyday, and also have some sessions with a psychologist)
- Treating depression with therapy in addition to drugs leads to better outcomes and greater resistance to relapse which will save the government money in the long run
- Treating depression may lead to an improvement in chronic illness. Depression makes it more difficult to manage chronic illness. If the depression gets better, it may lead to other health improvements.

RECOMMENDATIONS. I would like to make the following recommendations:

- Maintain the current number of psychology Medicare rebates at 18 sessions. While it may initially appear like a financial saving to reduce Medicare psychology rebates from 18 to 10, it is unlikely to represent any real saving. People in need will increase other appointments such as with GPs who do not represent the same value for money as most do not have mental health training. They are also more likely to end up in psychiatric hospitals which is extremely expensive.
- If people get the necessary treatment early and when they need it, they are much less likely to have a relapse of depression. It is well documented that cognitive behaviour therapy reduces relapse when compared to depression patients who do not have therapy.
- People with special needs such as those with chronic health problems are more likely to have problems with depression, and unfortunately less likely to be able to pay for psychological therapy because they may be unable to work and on a pension. These people need more support.
- I also recommend that the psychology rebate for non-clinical psychologists be increased to match that of clinical psychologists.

I am writing this submission regarding the Government's 2011-12 Budget changes relating to mental health and medicare rebates for psychology.

My personal situation

1. I have a chronic physical illness and developed very severe treatment-resistant depression and anxiety with frequent repeated episodes of suicidality over the last 5-6 years. I had 2 psychiatric hospital admissions of 2 weeks each and also attended a psychiatric hospital day program of 17 days as an outpatient.
2. Outside of hospital programs I have attended a psychiatrist and a psychologist for help managing depression, anxiety and chronic illness.
3. My psychologist has been invaluable and without his support I am sure that I would have killed myself. He has made himself available between appointments by telephone when I have rung him when I was going to kill myself. My psychiatrist is not available between appointments.

Concerns about changes to mental health

4. I have been extremely worried by the Government's reduction of the current 18 psychology appointments to only 10 medicare rebated psychology appointments per calendar year.
5. As I am unable to work because of chronic illness and am consequently on a disability support pension I am unable to pay for a psychology appointment without a medicare rebate.
6. I see a psychiatrist once a month for 30 minutes, but she is too busy to see me more frequently and suggested that I see a psychologist in between our appointments. I understand there is a shortage of psychiatrists which was one of the reasons that medicare rebated psychology appointments were introduced.
7. Psychologists are also focused on helping a patient manage depression through coping strategies and making changes whereas a psychiatrist has to spend some of the limited appointment time discussing medication. In contrast to the 30 minutes I see my psychiatrist, I see my psychologist for 60 minutes.
8. I understand that the government wants general practitioners to be more involved in mental health. The problem with this is that my GP (who is supportive) has no extra mental health training. He does not have the skills to replace my psychologist. He cannot do the type of therapy that I do with my psychologist which is based on developing coping skills and making changes to my life that will lessen depression.
9. If psychology sessions are reduced from 18 to 10 medicare rebated sessions, it is likely that some patients will increase their appointments with GPs. Ultimately, this will not result in significant savings for the government. GPs charge much the same as a psychologist but you won't get the same value for the money spent because many GPs do not have extra mental health training. They cannot do cognitive behavior therapy to

help patients make appropriate changes to their lives which leads to improvements in depression.

10. I want to make a comment on the two-tiered system of medicare rebates for psychologists. I started seeing a clinical psychologist but I found that he did not understand my chronic physical illness. This led to a lot of frustration for me and eventually I changed to another psychologist who was not a clinical psychologist but he had a lot more experience with people with chronic illness so I felt understood and therapy has been more productive. Yet he gets a lower medicare rebate. I don't see any difference and the non-clinical psychologist has been better for me than the clinical one.

11. **I need 18 psychology sessions because:**

- the only support I have is from health professionals.
- I am estranged from my family because of the depression.
- I have lost friends because of the depression.
- I have burdened the few friends that I have with my depression.
- The depression is interfering with the management of my chronic physical illness, making it more difficult.
- I need psychological support and also need to learn coping strategies and skills to manage depression and also prevent relapses.
- I need help with suicidal ideation.
- I am stressed for financial reasons, the loss of employment, loss of friends and social contact and loss of my family relationships.
- I lost the life I expected when I developed a chronic illness.

How I benefit from seeing a psychologist

12. My psychologist has provided crisis telephone support between appointments when I have been suicidal. My situation is complicated by the fact that I have a chronic physical illness in addition to depression.

13. With chronic physical illness the focus of psychological therapy has been to change the way I manage the illness and to manage my symptoms more effectively through learning how to pace activity and changing unhelpful behaviours.

14. With depression the psychologist and I have addressed the following:

- suicidal ideation,
- worked through distress,
- examined unhelpful thoughts and beliefs,
- assertiveness,
- problem solving,
- planned activities to increase a sense of achievement, feelings of productivity and increase social contact.

15. How the government benefits from me seeing a psychologist

- It is much cheaper for the government to give a medicare rebate for a psychologist than me being in hospital (where I see a psychiatrist everyday, and also have some sessions with a psychologist)
- Treating depression with therapy in addition to drugs leads to better outcomes and greater resistance to relapse which will save money in the long run
- Treating depression may lead to more positive outcomes for people with chronic illnesses. If the depression gets better it may lead to other health improvements.

16. **On a personal note, I would like to say that** I wish I had the psychological support I have now at the beginning of my chronic illness. I can not say whether it would have made any difference to the outcome of my illness but I think I would have had less depression and consequently had a better quality of life, and this may have led to better health.

17. **RECOMMENDATIONS.** I would like to make the following recommendations:

- Maintain the current number of psychology medicare rebates at 18 sessions. While it may initially appear like a financial saving to reduce medicare psychology rebates from 18 to 10, it is unlikely to represent any real saving. People in need will increase other appointments such as with GPs who do not represent the same value for money as most do not have mental health training. They are also more likely to end up in psychiatric hospitals which is extremely expensive.
- A stitch in time saves 9, so to speak. If people get the necessary treatment early and when they need it, they are much less likely to have a relapse in depression. It is well documented that cognitive behavior therapy reduces relapse when compared to depression patients who do not have therapy. Some psychiatrists do not provide therapy and they have very limited time to spend with patients.
- People with special needs such as those with chronic health problems are more likely to have problems with depression, and unfortunately less likely to be able to pay for psychological therapy because they may be unable to work and on a pension. These people need more support.
- I also recommend that the psychology rebate for non-clinical psychologists be increased to match that of clinical psychologists.