Friday, 5 August 2011

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

Dear Committee Secretary,

RE: Cuts to Medicare-rebated mental health sessions (under better Access to Mental Health) from a maximum of 18 to 10 sessions per year.

I am writing to express my opposition to the proposed cuts to the Better Access to Mental Health initiative, coming from both a consumer and a provider perspective.

As a consumer with a history of severe major depression, Better Access has been invaluable to my recovery. During the worst of my illness, the help I received from my psychologist literally saved my life, and frequently kept me out of hospitals. It also made it possible for me to go on with my life in a productive way, by returning to the workforce, and to university studies.

In the more recent years, although the diagnosis of major depression no longer applies to me, I have been more vulnerable than most to stresses in life, and my psychologist has been my lifeline. Knowing that she is available when I am in need has helped me manage these stressful times in healthy ways, and stopped me from regressing to old destructive ways of coping, such as alcohol abuse or self-mutilation.

However, had I only had 10 sessions available to me per year, I would not have been able to achieve this and, as a student, I would not have been able to pay out of my own pocket.

The argument that I could have used a different service when my Medicare-rebated sessions ran out (such as ATAPS, community counselling, or a psychiatrist), is one clearly coming from a place of ignorance of how psychotherapy works. Before I began work with my psychologist, I did actually see a number of mental health workers, including counsellors, psychologists and psychiatrists, with no success.

It must be understood that therapy differs significantly from other professional services in that technical skills are not sufficient, and the relationship between the client and therapist is crucial. When I need my teeth fixed, I can go to any dentist who has the required training, but when I need therapy I need to be able to trust and work with another human being, with all of both mine their unique personality traits. The building of trust is a slow and very individual process, and I do not feel that now, after years of working with my psychologist, I could go to someone else and start over.

Because working with my psychologist was the reason I decided to pursue my own studies in psychology, I also need to state my case as a future provider of psychotherapy. A large

emphasis in my training has been on ethical professional conduct, and I believe that the cuts to medical rebates will cause a great ethical dilemma to psychologists. After seeing a client for 10 sessions, which means only two and a half months of work if meeting weekly, psychologists will be forced to tell clients who cannot afford out of pocket payments that they need to go elsewhere to seek support. I wonder if some psychologists will just refuse to see lower income clients altogether to avoid this situation.

The proposal that clients with more severe disorders go to ATAPS to start with is not realistic for the reason I mentioned earlier – it is not possible to know how many sessions a person may need in advance, and once they start working with a therapist, it can be difficult or even destructive to have to go elsewhere. In addition, many clients do get better quite quickly, but, like me, need ongoing support (maintenance sesisons0, especially at times of stress or during major life changes. They may not necessarily be diagnosed with a disorder any more, but they are more vulnerable to regressing (and therefore emergency room visits) if they don't have an available support network, which often includes their trusted therapist.

Another point I need to make is that if the reason for these cuts is a lack of funding, then perhaps the way the funds have been distributed within the scheme needs to be revised. A recent study by the government into Better Access has found no support for a higher rebate for some providers over others based on the outcomes for their clients. In addition, the differentiation in Australia between psychologists trained in the Clinical stream from those trained in other streams of Master and Doctorate degrees (e.g. Counselling stream), has no basis in research or worldwide practice in psychology. In order to benefit the clients of our services, it may be justified to remove the top rebate tier and use the money saved to allow more sessions per client per year.

I am aware that the commission is receiving numerous submissions on this topic, and that even if there isn't consensus among submitters about how the Better Access initiative could be improved, there certainly is a lot of agreement regarding the detrimental effects of the proposed cuts. I hope the commission takes seriously the opinions of the professionals, as they see the effectiveness of Better Access first-hand every day, but also that you pay special attention to the voices of the consumers, who will be left to suffer if these cuts go ahead.

Regards,

Ania Krysztofiak

Provisional Psychologist
MA Counselling Psychology, La Trobe University