

To Whom It May Concern,

I wish to express my objection to the proposed cuts to the Medicare funding and resulting changes to the Better Access program for mental health patients.

I have suffered depression and anxiety for the last fifteen years since the age of sixteen. Before moving to Australia from New Zealand in 2003 to become a permanent resident I had been seeing a therapist for a year. Once in Australia I sought help from a psychotherapist I found myself. After a year of not finding this helpful, I then spoke to my general practitioner who prescribed me antidepressants and follow up appointments at six monthly intervals. After three years I was still not benefiting fully from the treatment, and after changing GPs I was introduced to the Mental Health Care Plan provided by Medicare.

I work in the hospitality industry, and even though I have always had full time employment, could never have afforded the treatment provided by such a wonderful program. The psychologist I began seeing as a result of the Better Access program has helped me immensely, and even though I am still on medication, my life has stabilised and over the last year I have made many breakthroughs that have enabled me to not only feel "normal" but also to develop the skills to deal with life's difficulties as well as recognising and preventing relapses into depression.

The proposed cuts to the session allowances for psychologists from a possible twelve per year to only six, as well as the cutting of "exceptional circumstance" session allowances from eighteen to ten, is simply a massive step backwards for the treatment of mental health in Australia. As a person suffering from a chronic mental illness, I feel these changes really pull the rug out from under those in need of regular and frequent visits to professional help. The feeling of security in having such access to a psychologist is incredibly important to those who are suffering from a mental health problem. Reducing the number of possible visits for patients in need means that instead of having a session every two weeks or every month, for example, they will instead have only one every two months throughout the year. This period of time is simply too long for those with mental health issues.

Where will these patients go if the changes go through? It is suggested they seek further help from GPs, who are not specifically trained in effective programs and are already extremely busy. GPs are likely to deal mostly with medication (which treats only the symptoms and not always successful) and they do not have specific mental health training to create programs to equip patients with the skills to deal successfully with upheaval or relapse. Session times are also limited to fifteen to thirty minutes. It is also suggested that patients see a psychiatrist, as they receive many more allocated sessions per patient per year. It is well known that psychiatrists have huge patient loads, limited session times, and focus more on medication and symptoms rather than finding ways to empower the patient to help themselves.

My particular psychologist, once satisfied of a level of progress, uses a Relapse Prevention Program. This helps patients to identify personal warning signs of a relapse, then tailors activities and personal programs that help the patient to bring themselves back from dropping into depression, as well as life skills to keep their mental state balanced and positive. I have personally found this a hugely successful part of my treatment, something that a GP would not have the training to achieve, and I can finally see the light at the end, and have the personal strength and resources to get there.

I also want to voice my objection to the proposed cuts to rebates for clinical psychology sessions from \$120 to \$75 per session. As someone who has had the ability to hold down full time employment, the financial pressure this will cause is of great concern to me personally, as it puts a great stress on other parts of my budget. However for those less fortunate than myself, who struggle so much with their mental health that employment is either sporadic or impossible, the widening of the gap patients are required to pay is likely to move the affordability of the service out of their reach. The cuts would effectively double the required payment per session after rebate, meaning many patients in need will miss out on the effective treatment they require, or cause them to stop treatment at a potentially critical time in their life.

I cannot stress enough what a fabulously helpful system I have had access to. My own personal story is proof that the system, as it currently is, is highly successful. The knowledge that I have consistent and frequent access to sessions has given me a solid base to achieve success in life, and the thought that this access could be effectively halved causes an instability that is contrary to everything that a mental health care system should provide. I worry for those that are in a worse psychological position than me, feeling that their much needed stability is under threat, as well as potentially not being able to afford it.

The people with mental health issues who fall through the cracks are often those who turn to crime, violence, drug abuse or homelessness. This not only affects communities and larger society, but requires further funding in areas that deal with these resulting issues. The proposed cuts to Medicare rebates and Better Access session allowances will result in a widening of these cracks and potentially an increase in these other areas. This will put further stress on facilities dealing with displaced patients turning to the above outlets, thus requiring further funding to these areas and a destabilising of communities on the whole.

I feel that the proposed cuts can be nothing but detrimental to the mental health system and its patients. I hope you will consider my objections and those of everyone who has responded as indication of the serious ramifications such changes to the system.

Thank you for your time in considering my submission.

Yours truly,

