

Submission to the Senate Inquiry Regarding Proposed Changes to Medicare

The introduction of the Better Access Initiative was a great step forward, enabling more Australians to access affordable evidence based treatment for mental health disorders. The current proposal to reduce the maximum number of sessions per calendar year from the already insufficient 12 - 18 down to 10 under the Better Access Initiative, or to 12 under the ATAPS program, is a step backwards for mental health care in our country.

Psychologists provide evidence based treatment for mental health disorders. One major problem with capping the maximum number of sessions as outlined above is that this precludes us from being able to provide affordable best practice interventions to completion for a number of mental health disorders. One such example is Post Traumatic Stress Disorder (PTSD). The Australian guidelines for the treatment of PTSD relating to a *single* trauma recommend 8 to 12 sessions of trauma-focused treatment **in addition** to assessment, diagnosis and treatment planning. Treatment of multiple traumas requires even more sessions. A strong therapeutic alliance is required in order to create a safe environment for processing of traumatic memories, especially in individuals who have experienced multiple traumas. This can take a number of sessions to develop with some individuals. In such instances, it is unlikely that trauma-focused therapy would be completed within a total of 10 or even 12 sessions. In addition, treatment for clients living with attachment disorders, dissociative disorders, obsessive compulsive disorder, substance use disorders and comorbid personality disorders generally requires more than 12 sessions. This is further complicated by the fact that a large percentage of people presenting for psychological treatment have multiple diagnoses (referred to as comorbid diagnoses) which increases the number of sessions required. Personal crises encountered during the course of therapy such as relationship breakups, health scares and employment issues, such as losing one's job, can also understandably increase the number of sessions required by an individual. In my own practice, the vast majority of my clients experience comorbid mental health diagnoses.

While some people are able to afford to pay for ongoing sessions beyond the limits of the Better Access Initiative or ATAPS sessions, this limits access to effective evidence based treatment to the wealthy. Those with the greatest need for psychological treatment are less likely to be able to afford to pay for sessions without any government rebate. In my opinion, restricting adequate mental health care to the wealthy is discriminatory and unethical.

In my practice as a Clinical Psychologist, I see a number of clients for whom even 18 sessions per year is inadequate, and who are unable to afford sessions without government assistance. Some individuals with complex trauma, attachment disorders, and dissociative disorders need more than one year of therapy. For these clients, the proposed reduction in sessions by Medicare would mean that a number of unsatisfactory options would need to be considered. It concerns me greatly to think that I may soon have to terminate therapy prematurely or provide services at an inadequate frequency for non-wealthy clients due to a decision to reduce funding for psychological services. The alternative is to see people regularly for 12 sessions, and for them to wait up to a number of months until the next calendar year before they are able to continue therapy, or to provide "band-aid" therapy only

for individuals who are require more than 12 sessions per calendar year, or to refuse to treat complex trauma due to the fact that treatment will not be able to be completed within the limited number of sessions. As a professional who takes pride in my work, I do not wish to revert to any of these options. The idea of providing suboptimal or inadequate treatment makes me very uncomfortable.

Please reconsider this proposed reduction in funding for psychological treatment. Provision of treatment to conclusion will reduce the burden on the health care system in the future. Restricting high quality effective treatment to conclusion to the wealthy is not the way to care for Australians now or in the future. Please do not prevent us from being able to do our jobs effectively for those who need our services.