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

4th August 2011

To the Senate Standing Committee,

I am writing to express my concerns regarding the proposed changes in the Better Access system.

Re: The reduction of the maximum of sessions allowable in a calendar year from 18 to 10.

I have worked in private practice for two days a week since October 2009. I rarely request the maximum of eighteen sessions in a calendar year but for those clients that do meet the extreme circumstances outlined, those extra sessions are a veritable lifeline. Their mental health difficulties are, obviously, more severe than most and the majority of these clients (5 out of 6) I have bulk billed due to their lack of financial resource. I would be inclined not to accept such clients if the maximum number of sessions was 10. I believe it would be unethical to start a process with them, knowing that I could not see them through to a stage where they would have a good chance of maintaining their therapeutic gains. I also would not want to put them through the experience of beginning to feel that they could trust me and that they were benefiting from therapy only to have to cull their treatment prematurely. Given that it is the thought of these clients not receiving the help that they need that propels me to write this letter, I wanted to share some of their stories in order to represent their need. The clients discussed provided consent for me to share their de-identified stories.

I am currently working with a woman in her late fifties who presented with severe symptoms of depression and trauma. Her father had died before she was born, she was raised by a disconnected and grief-stricken mother and she was sexually and emotionally abused by multiple family members. She has enormous difficulties with trust and self worth and has a history of self-harm. Because I was recommended to her by her sister (whom she trusts), we were able to develop a strong rapport and she worked very hard on the tasks set out in therapy. After ten sessions together, we had significantly reduced her depressive symptoms and built enough trust to begin addressing her trauma symptoms. We are now up to session twelve and, although she still has difficulty regulating her high levels of distress, she is better at grounding and soothing herself, she has more confidence in her ability to cope with life's ups and downs and she is less prone to dissociation. Despite her impressive gains, the client remains incredibly vulnerable and needs ongoing support to help her maintain these gains and do the emotionally challenging work of processing her traumatic experiences. We often have to spread our sessions apart so that we do not run out too quickly but I notice that she tends to go a little backwards when sessions are longer than a fortnight apart. In contrast, with weekly to fortnightly sessions she was making consistent gains. I would not have taken this client on if I had been aware that the maximum allowable medicare sessions would be reduced to ten. This client trusts me implicitly and believes that she is making significant progress with

our sessions. She panicked when I mentioned the possible reduction in sessions – fortunately I was able to soothe her by saying we would sort something out. I was prepared to provide her with some sessions free of charge if necessary because would have been be unethical to build such a framework of trust and to undertake such challenging psychological work and then leave her in the lurch. Given that I can't really afford to hand out free sessions (due in part to large student debt – see next section), I was pleased to hear that the changes would not come in until November. This will give us sufficient time to consolidate some of her gains and means there will only be two months until she can claim further sessions. I do have concerns though that having to end ten session in next year will lead to therapeutic outcomes that are far from optimum and that in some ways, may be counter-productive. In my experience, it is distressing for clients with more severe disorders, who are starting to make progress, to be cut off from what they often perceive as a key source of support.

I am currently working with a 51 year old male client with severe, generalised social phobia. At the time this client was referred to me, he had had social phobia for 21 years. For 18 of those years, he had managed to function in a job where he was not required to have much contact with people. However, when he was made redundant 3 years ago, he largely ceased interactions with the outside world and had developed severe depressive symptoms with suicidal ideation. On the night before our first appointment, he was so anxious, he didn't sleep – this was a typical experience for him the night before any form of appointment that would require social interaction. One year, two months and 27 sessions later, he has embraced the concepts of relaxation training and "exposure". He has also learnt to celebrate his gains and be kind to himself when he slips up. Although he remains socially anxious, he regularly ventures out into social situations, he feels a real pride in his achievements and his depression has remitted. He has met his goal of saving for a car and now drives himself to his own appointments. At our last session, he announced that he is now in a relationship with a woman whom he was introduced to four years ago but, at that time, he was far too anxious to pursue a conversation, let alone a relationship. To the observer, he is still patently anxious and this anxiety currently precludes him from engaging in work or community activity. However, he has maintained a steady rate of progress with sessions held every three weeks and I am confident that if the eighteen sessions a calendar year were to continue, he would eventually reach the stage where he would be ready to enter the workforce or volunteer work. Fortunately, he has already benefited from 18 sessions last year and a further 9 sessions tis year and I feel we could maintain change, although at a less optimal rate, even if limited to ten sessions a year. Sadly, if the proposed changes go ahead, other clients will not have the opportunity for the same therapeutic foundation to be laid before losing their service entitlements.

Re: the dissolution of the two-tiered billing system

To become a specialist (clinical) psychologist requires an enormous investment of time and money. I have made this investment, along with an ongoing investment in supervision and professional development, because I believe that it allows me to provide a high quality service to those most in need. Although it has cost me heavily in terms of student fees and lost income to complete a Doctorate in Clinical Psychology, I still choose to bulk bill a significant proportion of my clients (approximately 33%) because I believe in ensuring access to services for those who struggle financially – indeed, it is often these bulk-billed clients that present with the most complex and chronic mental health difficulties and use up the most of my time. I also see a maximum of six clients a day (seven in an emergency) because I believe that limiting the number of clients I see in a day enables me to provide a higher quality service.

My practices of bulk-billing clients, providing discounts to students and capping the number of clients I see in a day are all part of my desire to practice ethically and according to my value system. However, having only recently qualified to provide clinical psychology services (after 9.5 years of study and 6.5 years of practice), I can say from first had experience that it is very difficult to make a living, repay the large student debt involve in postgraduate study and fund ongoing supervision and professional development when practicing in this manner. Consider that for a bulk-billed client at the generalist rate, I receive only $50.00 a session (after my employer has taken their percentage and before tax). $50.00 a session seems a fairly meagre amount for someone with my extensive training and qualifications, particularly given that I will often spend significant 'behind the scene' time on this client in terms of session preparation, report writing, case notes, conversing with family members and other medical practitioners etc. As my partner is fast to point out, the company he works for pays $30.00 an hour for archivers – a role that requires no education or training. As much as I enjoy working with my private practice clients and feel that it is very worthwhile and fulfilling work, should the two-tiered billing system be abolished, there is a good chance I would reconsider my role within private practice.

Anonymous (name withheld to prevent the identification of described clients via association)

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