

I am writing to convey my opposition to the proposed changes to mental health funding and to urge you to resist these changes.

As a past consumer the changes that primarily concern me are as follows:

Re changes to Medicare Funding which reduces the funding available to General Practitioners to prepare the GP Mental Health Care Plans:

Under the budget changes the funding for GPs is essentially halved. GP's need to devote considerable time to assessing, completing and submitting care plans and some are already reluctant to spend that time even with the current fee. That fee being halved will result in either GPs being even more reluctant to spend time submitting care plans or will lead to already disadvantaged patients being charged the true fee by GPs for doing so. This will mean, like many other health services, this scheme will not help those it is intended to help and will largely only be utilised/accessible by those who can afford it.

Further restricting the number of Medicare supported visits to Psychologists, social workers and mental health nurses and changing to one tier system of Psychologists' fees:

[Reducing from 12 + 6 special needs, to 6 + 4 special needs, therapy sessions with a Psychologist; and

Replacing a two tier system where Clinical Psychologists claim higher fees than General Psychologists, with a one tier system and the same fee for all. Clinical Psychologists have completed a minimum of 7 years training as opposed to 4 years for General Psychologists. To my understanding General Psychologists are often new graduates in the process of post graduate training.]

This change is likely to have many repercussions:

It is apparent that Clinical Psychologists will drop out of Medicare if they do not receive adequate remuneration and this will result in a shortage of specialised Psychologists for consumers needing to access such services under Medicare.

Will the quality of care be the same under a one tier fee system for those needing the skills and expertise of Clinical Psychologists but who are only able to access under Medicare less specialised General Psychologists?

Why does the govt not recognise Psychologist service specialists in the same way as physical health specialists? Why impose so many restrictions on consumers accessing these services? Whether it is a physical or a mental illness peoples' lives and wellbeing are compromised without the right treatment being available.

By allowing such a small number of therapy sessions Psychologists will need to refer clients on to a Psychiatrist if therapy cannot be continued by those who need it. This in itself will cause problems because there is a shortage of Psychiatrists and lengthy waiting lists in my experience and also often a gap fee to pay under Medicare. What is achieved by interrupting therapy and referring on to a Psychiatrist? The waiting time, together with consumers needing to rebuild trust in a new treating professional can be extremely detrimental to the consumer. Also in my experience the majority of

Psychiatrists are more focussed towards treating mental health conditions with drugs and many do not actually get involved in psychological therapy/counselling. Ironically many refer patients to a Psychologist for that aspect of treatment because it is so time consuming.

It seems to me therefore that this approach could see an increase in pharmaceutical costs, a possible decline in consumer's mental health because of the change mid therapy, and will not result in anything advantageous to consumers at all. Psychiatrists also attract far higher Medicare fees than Psychologists and funds would be much better spent continuing with Psychologist therapy.

These proposed changes are like to severely erode treatment options for the most disenfranchised section of the population. They are also likely to discourage Psychologists from undertaking post-graduate training designed specifically to build assessment and treatment skills for this population. This will not only affect the consumer (which includes children) but also their families and possibly future generations of that family.

The current total of 18 sessions p.a. are already often inadequate and 'stretched' over the entire year to ensure that clients do not remain without support for long periods of time, it is not because more frequent sessions are not needed. Many consumers are able to stay out of the public mental health system because of the assistance available through Medicare but by limiting further the already limited number of therapy sessions, this inevitably will change, overloading an already overloaded public health system.

Many will not be able to access the level of expertise and already limited frequency of therapy sessions required to adequately treat their condition. The majority of people seeing Clinical Psychologists for moderate/serious mental health problems need the option of more treatment sessions made available to them not less!

I don't know where the "Better outcomes ....." comes into these changes? I cannot see how these measures are likely to produce better outcomes?

June Knox