
14 July 2011

Inquiry: Commonwealth Funding and Administration of Mental Health Services

Access to better mental health should not become worse.

I am a functioning member of the Australian community, a small business owner, a taxpayer and a contributor to a private health fund. I work fulltime, own my own home, have close family relationships and a number of close friends. For all intents and purposes, I represent the “norm” of society and would be considered lucky.

I do, however, suffer from a mental illness which is severe and episodic. I first experienced depression at the age of eight. I am currently, at the age of 52, working towards regaining my health after suffering through a two year episode of depression and anxiety.

My doctor’s written and verbal diagnosis of my major depressive disorder is confronting, as is my ongoing therapy with a Clinical Psychologist. What has become more confronting is the financial cost involved in becoming well.

Like anyone with a chronic illness, I am committed to my treatment which is complex and ongoing. Unlike many other medical conditions, my treatment is largely self-funded.

Extras cover with private health care funds places a cap on psychology services so that it does not warrant paying the premium.

The cost of my clinical therapy is currently subsidised through the already slim Better Access to Mental Health scheme.

The Medicare benefit is payable for 12 sessions, 18 if I am considered “special” after three visits to a General Practitioner. I am not special, I am sick. I am no more special or less sick than someone who has access to ongoing Medicare benefits for asthma, osteoarthritis kidney disease, diabetes, cancer and any other chronic illness.

The self-funded cost of my not so special illness is some \$15,600 per annum.

The proposal to remove access to Medicare benefits for treating debilitating mental illnesses after six visits, ten under special circumstances is illogical and unacceptable.

No serious chronic illness is cured after six treatments, not even after 10, 12 or 18. For the Australian Government to reduce access to benefits for one brand of illness and not another is inequitable. Imagine telling a cancer patient that their maximum benefit was about to be reduced by 44%, or by a massive 50% if they are not considered to have special circumstances.

According to this illogical numbers based proposal, my brand of illness has become less important than others. I function and contribute to the Australian community and economy because I am being treated and because I have amassed personal debt in an effort to become well.

Those with chronic mental illness need better access to Medicare benefits, not worse.