

Dear Senate,

I have provided 942 sessions to clients referred under Medicare, usually for referrals Anxiety and/or Depression.

The following table is a breakdown of the number of sessions actually utilised.

Despite being authorised to seek 6 sessions, you will note that 55% of clients do not complete the whole six sessions, so for the majority of clients changing the rules will not make any difference to their access. Clients do not attend therapy just because they can. If they have dealt with the issues they have dealt with them.

However, 30% clients do access more than the six sessions. Their problems are more complex than needing to learn how to deal with anxiety or depression, but often stem from childhood trauma. However, looking at those who access more than the 10 sessions that may be permitted under the new regulations, you will note a further halving (approximately) of clients accessing sessions, with 17% continuing. After twelve sessions, 15 (out of 19) of these clients suffered severe childhood trauma, including rape by their father, brother, or grandfather. They were not able to access any other assistance and in most cases certainly could not disclose their sexual childhood abuse, because that is the nature of the beast. Some of these clients have spent years bulimic, anorexic, unable to work, suicidal, alcoholic, consumed by obsessions and compulsions, dissociative, and even admitted to psychiatric units. Others have apparently functioned in society very well, but at a severe personal cost that may see them curled up in a fetal position in the bathroom unable to function or having a breakdown that destroys relationships and families.

Some may be able to access services elsewhere, through Victims' Services , IF the crime was perpetrated within the ACT for instance, but the trust of the therapeutic relationship is basic to a client being able to divulge these dark secrets for which they have blamed themselves for their entire lives and which they were unable to visit a stranger in an office to share before they had done any therapy. So I plead for these 17%. They are the ones you are hurting. Why do you ask the most vulnerable to be the most resilient? Don't you know how hard it is for them to front up to a doctor and plead for help and then to a stranger, a psychologist? Don't you know how brave these people are as they heal? They sometimes only reach me after suicide attempts. Referral only once has actually mentioned the childhood sexual abuse. Yet it is the basis for the anxiety and depression for 10% of my clients. They weren't protected when they were little. They were not heard when they tried to tell someone. Hear them now. Don't cut them off when they have made such brave attempts to recover from their childhood abuse.

Session	Number of Clients	% of client
1	152	100%
2	117	77%
3	100	66%
4	77	51%
5	69	45%
6	60	39%
7	45	30%
8	40	26%
9	38	25%
10	33	22%
11	26	17%
12	22	14%
13	19	13%

14	14	9%
15	14	9%
16	10	7%
17	9	6%
18	8	5%

I have plenty of work, easier cases than these 10%. I am not pleading for me. I am nearly 65 and I might retire any time, but when I help a person heal and move on, I take on another client. I don't need to, financially or for ego. It is foolish to think that people reveal all their needs and will be slotted into appropriate services based on some mild/moderate/severe classification. However, once having established the severity, it would be very damaging to refer them away based on a governmental directive. They have had enough betrayal in their lives. So is the directive from the government meant to force me to undertake this arduous work without payment? Ahh, forcing the most needy onto charity.

I think we can do better than that in Australia.



Carolyn Sullivan