

July 20, 2011

Dear Senate Inquiry,

I would like to address the following terms of reference for the senate inquiry on the Commonwealth Funding and Administration of Mental Health Services

Term of Reference (b iv): The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule.

As a primary carer and grandmother, I have been taking my 16 year old grandson to a clinical psychologist for some eighteen months now. As he attends monthly, this equates to 12 visits per year. I realise and appreciate there must be a limit to the number of sessions available, however to cut the number of sessions to ten would have a severe impact on the quality of service he receives. I have first hand knowledge that it takes the first 3-4 visits for a teenager to trust and open up to a psychologist. It is not fair to expect any psychologist to "fix" a moderate mental illness in the remaining six visits if this change was to be implemented by the government.

To totally eliminate any special circumstances as well is just ignorant and demonstrates that the government's intentions are classifying all patients in some sort of stereotype with similar problems.

Term of Reference (e i): The two-tiered Medicare rebate system for psychologists.

We have been very fortunate to have the services of a clinical psychologist. Cutting the rebate would mean that my out of pocket expenses would be greater as it would be almost impossible for him to bulk bill. As a single carer who can only work part time due to my grandson's requirements, I would definitely not be able to afford any further expenses to cater for his needs. I would imagine that there would be hundreds of other carers in a similar position. Clinical psychologists are no different to other medical specialists – if they have higher education, skills and knowledge, they should be able to attract a higher rebate.

Kind Regards