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Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Terms of Reference: Changes to the Better Access Initiative iv) impact of changes to the number of allied mental health treatments services for patients under Medicare Benefit Schedule:

I am a clinical psychologist and treat mostly patients with serious mental health issues such as Borderline Personality Disorder in my private practice. As most patients with serious mental illness are on a disability pension, they cannot afford treatment unless it is bulk billed or with a small gap payment on the Medicare Benefit Schedule. These patients need the full 18 sessions at the very least and I usually try to get an additional 6 sessions under the ATAPS system; with 18 – 26 sessions I can generally keep these patients stable and out of hospitals (and out emergency departments). This is saving the health care system a lot of money.

We did a cost benefit study at Westmead hospital on psychotherapy with borderline patients, based on 52 sessions with a psychiatrist a year (Stevenson and Meares, 1999; Australian and New Zealand Journal of Psychiatry; 33:473-477). Even with 52 psychiatrist's sessions, the treatment still saved the tax payer \$8431 dollars per year per patient. Imagine how much money is saved by giving a clinical psychologist 26 sessions a year for a borderline patient?

On the flip side though, taking away the absolute minimum of 18 sessions to keep a chronically ill patient stable will cost the health care system dearly. Borderline Personality Disorder patients without reliable specially-trained clinical psychological care are frequently suicidal, self-harming and by the very nature of their illness are very impulsive risk takers, which might inadvertently harm others. This will lead to increases in presentation to emergency departments, admissions to mental hospitals and suicidal deaths. All of this is preventable by keeping the system we have in place and increasing the number of sessions available to people with serious mental illnesses, such as Borderline Personality Disorder, Psychosis, OCD etc to 26 sessions a year for psychological treatments.

Terms of Reference: Mental health workforce issues (i) the two tiered Medicare rebate:

I am a clinical Psychologist. I have studied Psychology and Psychotherapy for 11 years and have worked at Westmead Hospital for 7 years. I find it absurd that somebody with a four year university degree and possibly no hospital experience should have the same Medicare rebate as me. This compares to reducing psychiatrists Medicare rebates to that of GPs; so what is the point of specialist training then?