

Jill Brewin South Barwon Psychology Services

Committee Secretary
Senate Standing Committee on Community Affairs
P. O.Box 6100
Parliament House
Canberra ACT 2600
Australia
27 July 2011-07-28

Dear Committee:

RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

Please accept my congratulations for setting up an enquiry into mental health funding.

I have been a psychologist in Private Practice since 1993. I am a member of the Australian Psychological Society and a member of the College of Counselling Psychology.

I have found the access to funding for my clients through Medicare has enabled me to see many clients who would never have been able to fund their own access to psychological services. Since the onset of the Better Access to mental health, I have had some clients who have concluded their consultations before utilising the whole twelve sessions available. Most continue for at least 6 sessions, but if they feel they have benefitted enough to cope with the presenting condition; using techniques they have learned; they may discontinue further treatment. At the same time, they are very grateful to have the possibility to return and utilise the further sessions if they so need. Most utilise the full 12 sessions.

A smaller number of clients suffer from complex trauma/depression/anxiety and so have more chronic and severe conditions. These few clients have made use of the 18 sessions which have been spaced out sometimes to their regret. However I have continued to space the sessions according to need, so in some cases I have provided pro bono sessions for clients who really look for continuing support and care. These people are unable to work due to their poor mental health and could not possibly fund their own treatment, so are all bulk billed by me.

I have not mentioned the Government's proposed funding cuts to the most severe chronically ill clients that would reduce their sessions to 10 in a calendar year, as I did not wish to add to their anxiety. This morning I did see a client who has been a long term chronically ill client who had been informed of this proposal by her referring doctor. She was concerned enough to say to me "Do they want me in hospital again?" She has just sent me an email which I will attach and she has informed me that she has already been in touch with our Federal MP.

These people take time to establish the necessary trust to feel comfortable to deal with the deep underlying conditions; often of trauma due to sexual, physical or emotional abuse. They are not likely to feel able to transfer to another psychologist under an ATAPS program.

I will allow the only client of mine who knows about the Government proposal to speak for herself.

“To whom it may concern,

*having access to the 18 sessions is vital for my mental well being. Without this support from my psychologist I would become a burden to the public hospital system.

*cutting the costs or the number of sessions will cost the federal government more in acute care.

*my mental wellbeing can be fragile at times so am reliant on this service.

*I am on a low income.

Kind regards

Sent from my iPhone”

Thank you for your consideration, I sincerely hope these concerns are taken into account. I am seeing another client this afternoon, who at present is very depressed and fears self harm or even suicide. She is another chronic sufferer whom I have been seeing for several years. I dread to think of the impact on this lady if she hears about the Government proposal.

Yours Truly

Jill Brewin(Counselling Psychologist)