

## Mental health reforms neglect psychological care

**December 2015** – Patients have expressed concern that reforms to the mental health system announced last week are being funded by cuts to psychological care.

Last week's Mental health "shake-up" rips \$350m of Medicare funding from the successful and popular Better Access to Mental Health Care program, through which the majority of Australians receive therapy. New initiatives are aimed at mild and severe disorders, however, there are no changes for those with more common mental health conditions.

Dr Ben Mullings, a Counselling Psychologist, doesn't think this shake-up is the right approach.

"There was nothing in these reforms for the vast majority who live with crippling depression, anxiety, and trauma. Most people benefit from access to a good therapist. They don't need or want a team of service providers at a large mental health centre. If we only offer ten visits to people with depression, research shows that around 54% will relapse within 2 years."

Changes will see Medicare rebates for patients "cashed out" to Primary Healthcare Networks (PHNs) to fund salaries of peer support workers and range of other in-house staff. Under this plan, patients will sacrifice their access to psychological care in the Medicare system.

Jodie is 31 and worries that the changes will affect her access to care.

"My choice of therapist is personal and it should stay that way. I don't want people telling me who I can see, or taking away my Medicare refund to pay someone else at these new centres. What if I change my mind? It sounds like I can't go back."

Dr Emma Harley is a Clinical Psychologist and member of the 'Alliance for Better Access', a group calling for Medicare support to be expanded rather than cashed out. Patients and mental health professionals in the group have criticised the proposed changes.

"It concerns me that evidence is being ignored. We know people need connection, ongoing therapy with someone they trust. Ten sessions are nowhere near enough for the trauma and depression many people live with. Short bursts of service create a revolving door effect. The evidence shows that even moderate depression can require 20 appointments or more."

Commentary over social media shows the objections are widespread, coming from GPs, psychiatrists, and the general public. Critics say the proposed changes will disrupt existing referral pathways and undermine the role of GPs and other mental health professionals.

Jodie is also concerned. "My GP, psychiatrist, and psychologist already work well together. It takes years to build up that kind of trust. People like me just need our connections with help to last long enough to recover. Why dismantle that to create new teams? How can we build any sense of hope in a system which keeps cutting off support?"

These sentiments echo growing concerns about the underfunding of mental health care.

Dr Ben Mullings added, "It makes no sense to cash out psychological care. Medicare has lifted Australia's low rate of access to care. Juggling funding around redistributes the crisis."

**END MEDIA RELEASE**