

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

27th July 2011

Dear Committee,

Re: Commonwealth Funding and Administration of Mental Health Services

I am writing to express my concern about two aspects of the Better Access to Mental Health Scheme.

1. I find the two tiered payment system, which elevates the treatment offered by clinical psychologists above the treatment offered by other specialist trained psychologists completely unwarranted. The reality of the treatment patients receive is that it is identical, whether supplied by a Clinical, Counselling, Health or other specialist trained psychologist. All these specialities require at least a Masters Degree, and all are trained to treat the types of disorders presenting under the Better Access Scheme. I refer to disorders such as anxiety, depression, sleep, eating, addictions and mild psychotic or personality disorders. In addition this unfairly and arbitrarily advantages one group of practitioners over the others and does not make good use of the skills available, in a society where mental health workers are in demand. It is not easy to be in private practice as a psychologist. It requires a high level of skill and responsibility. The lack of adequate remuneration for a large group of practitioners is keeping them from being able to sustain a viable practice, therefore the skills are wasted.
2. The recent cutting of the maximum number of sessions per calendar year from 18 to 10 is in contradiction of what the research in this area demonstrates. If an individual has a significant mental health disorder it is rare for them to be adequately treated and stabilized within 10 sessions. Inadequate treatment most often results in unsatisfactory progress and possibly a worsening in symptoms. We would not think it were adequate to half treat medical conditions such as cancer, so why do we even consider half treating mental health conditions? Just like a cancer an inadequately treated and contained mental disorder continues to grow and has a detrimental effect on the individual and the society. Our society needed more funding for acute mental

health and it was a great relief to see some extra funding at the last budget, but cutting the Better Access Scheme is a backward step almost suggesting that patients will be left until they are acute before they can access any professional care. It would make more sense to offer adequate intermediate and preventative care rather than let patients suffer until they are acute enough to warrant care.

I ask that the committee carefully consider these points when deliberating over changes proposed to mental health provisions.

Yours Sincerely,

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