

5th August 2011
Committee Secretary
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Re: Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

As a Provisional Psychologist undertaking a clinical masters degree, I am writing to express my disappointment about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* as announced in the 2011 Federal Budget. I am particularly concerned about the reduction in the number of funded sessions made available to those who are seeking psychological treatment (from 18 to a mere 10 sessions), who are also some of the most vulnerable members of our community, for a number of reasons as listed below:

- High prevalence disorders have been well known to significantly result in high disease burden to families, individuals, employers, health services and the general community. For example, individuals who suffer from depression and anxiety are more likely to take days off work, remain unemployed and relapse more frequently (therefore returning to health care services) due to the debilitating nature of their illness. Furthermore, the impact of such illnesses can negatively impact the family unit in a multitude of ways, resulting in increased stress (a well-known risk factor to developing a mental illness), carer burnout and the increased likelihood of the carer developing a mental illness themselves. Therefore, reducing the number of funded sessions that individuals are entitled to is counterproductive in the long run.
- Patients with complex and chronic illnesses will be severely disadvantaged by the proposed reduction of sessions. Best practice guidelines recommend a minimum of 12 and usually more sessions to address their difficulties appropriately and in a way that can assist them to improve their day to day functioning in the longer term. Should the proposed cuts to service availability be approved, then these patients may not be able to be ethically accepted for treatment.
- Based on the results from the Australian Psychological Society (APS) audit survey, 13% of clients required more than 10 sessions. Of those 13%, more than 80% required psychological services for high prevalence disorders including depression and anxiety. Given these results, it is absurd to reduce access to adequate, evidence based treatments for those who need it most. Furthermore, the proposed changes discriminate against the 13% that will no longer have access to the necessary number of sessions required for treatment. These individuals will 'fall through the cracks' as their symptoms are too severe to be effectively treated under the proposed scheme, yet are not severe enough to meet eligibility criteria to access community based mental health services treatment.
- Treatment gains will be adversely impacted if the funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. As we would not fund a surgeon to do half a surgery, why then would we fund a clinical psychologist to provide half of a psychological intervention?
- Any cut to the present maximum of 18 permissible annual Medicare subsidised consultations directly undermines the most unique contribution of the Clinical Psychologist to evidence-based and scientifically-informed mental health treatment. The most vulnerable population cohort will be those who cannot afford to fully pay for their remaining mental health treatment. It is extremely disappointing that the government is proposing to introduce inequality into the provision of mental health care in Australia, by reducing the number of sessions available to patients through Medicare.

I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'.

I trust that my feedback will be given due consideration.

Yours sincerely,