

This submission addresses the following terms of reference:

- b) changes to the Better Access Initiative, including:
 - (ii) the rationalization of allied health treatment sessions
 - (iv) the impact of changes to the number of allied mental health treatment services for patients with mild to moderate mental illness under the Medicare Benefits Schedule

I write from the perspective of a mental health service user who has benefited greatly from the Better Access Initiative. My story reflects the success of the program.

Approximately two years ago I saw a psychiatrist through a free service at University due to difficulty concentrating, oppressive feelings of anger, and some incidents of self-harm. I sought help as these symptoms were beginning to interfere significantly with my studies and daily functioning. On my request this psychiatrist provided talk therapy, although his preferred method of treatment was medication-based. Talk therapy proved useless, so he prescribed me Zoloft, of which the side-effects were unusual and intolerable. He then switched me to Effexor, which again proved useless, as it only increased my irritation and frustration.

My girlfriend, who has a good knowledge of mental illness and its treatments, suggested I instead try treatment from a psychologist. She recommended one to me who she also saw and thought would suit my needs well, and I saw my GP to obtain a referral. This treatment proved highly effective, as it significantly reduced my psychological distress and provided me with strategies to effectively manage my symptoms. Seeing the same psychologist as my girlfriend (who has suffered significant problems with mental illness) also meant we were able to receive some interpersonal therapy, which helped us manage the negative impact mental illness can have on a relationship in an effective way, creating a more stable and supportive relationship that has helped to improve both of our mental health concerns.

This treatment was much more focused and useful than the talk-therapy that was provided by my psychiatrist. I also briefly saw another psychiatrist (on recommendation from my psychologist, who was concerned that some of my symptoms may be indicative of a more serious mental illness). This psychiatrist diagnosed me as showing symptoms of bipolar disorder, but with a psychological (not biological) origin, which essentially meant that this was learned behaviour, best treated through psychotherapy (not medication). This was different to the original psychiatrist who just thought I suffered from anxiety.

The psychotherapy (from a psychologist) proved to be highly effective. I used the full 18 sessions in one year, and since then have not needed to return. I am now functioning at a high level, and achieving great success in my chosen career path. Had I not had this therapy, or had I been forced to continue experimenting with further medications, I doubt I would have been as well off today. It was also far more beneficial to receive talk therapy from a

psychologist rather than a psychiatrist who had no means to provide focused psychological strategies. However, without Medicare rebates and the low-rate provided by my psychologist there is no way I could have afforded this treatment, as at the time I was an unemployed student.

I consider my story to reflect the great benefit and success of the Better Access initiative, as it kept me off medication and allowed me access to the most effective treatment for my needs. This would not have been possible with only 10 sessions in a year. My story also shows how pointless it is to force someone in need of psychological treatment to see a psychiatrist after 10 sessions with a psychologist, who in my case was unable to provide the specific treatment for my needs.

I therefore recommend the number of sessions available with allied health professionals through the Better Access Initiative remain at the current maximum of 18 per year.