

15 August 2011

## Submission to the Senate Inquiry: Commonwealth Funding and Administration of Mental Health Services.

I am a clinical psychologist who provides psychological services to refugee children who are victims of torture and trauma. I work at a NGO where clients are bulk billed under the Medicare system, and can only be seen by me with a Mental Healthcare Plan obtained by a GP.

These children have all experienced considerable grief and loss; many have no parents. Seeing them for a maximum of 18 sessions is already challenging given their high level of need, but reducing this to ten sessions is, in my view, unethical. It takes time to develop trust and rapport with people who have been tortured and traumatised, by which time treatment would be heading towards closure under the proposed 10-session plan.

Prematurely cutting the therapeutic relationship will amount to another loss in the cumulative losses these children have experienced. This will likely increase their emotional and behavioural difficulties, contributing to poorer outcomes and higher costs to society in the long term.

Treatment guidelines show that providing effective therapy to traumatised children is a long-term process. In the case of ten sessions, not providing treatment may be the more ethical option, but their ability to access other affordable and culturally sensitive services is extremely low, as we know that such groups do not access mainstream services.

I strongly urge you to maintain the 12-18 session Medicare-funded program to support these children.

Yours faithfully,

Clinical Psychologist