To whom it may concern,

I am a registered psychologist and I would like to voice my concerns regarding proposed budget cuts to Commonwealth Funding and Administration of Mental Health Services.

Since 2009 I have been self employed in a Brisbane-based private practice. Since opening my doors, a proportion of clients have been referred from their General Practitioner (GP) to me through the Medicare Better Access Initiative. Under this scheme, clients have been able to access 6 + 6 + 6 sessions, with the final six approved only under exceptional circumstances. In my opinion, psychologists are proficient at determining the appropriate number of sessions required given client presentation and can effectively distinguish which clients are in genuine need of additional service provision, and thus additional funding. This opinion has been supported by a recent survey conducted by the Australian Psychological Society. I quote from their June 7 media release:

> "Since the Government announced the Budget cuts, the APS has undertaken a study of the nature and severity of disorders of the Better Access consumers who will actually be affected by these cuts. The APS research, conducted on a large sample of 9,900 people who received between 11 and 18 sessions of treatment from psychologists under the program last year, shows that these are overwhelmingly people with severe depression or anxiety disorders, including posttraumatic stress disorder.
>
> The study demonstrates that 84% of these people had a moderate to severe, or severe, disorder at the commencement of treatment, with nearly half (43%) having additional complexities such as a second mental health disorder, personality disorder or drug and alcohol abuse."

In my experience, mild to moderate symptom presentation is adequately addressed within twelve sessions. Should clients choose to continue therapy without exceptional circumstances, I do not request an extension of service provision from the referring GP. Instead, I discuss alternate payment methods. In theses instances, reducing access from twelve to ten sessions under a 6 + 4 model may be feasible and may make economic sense in the long term. However, funding for mild-moderate clientele is not the core area of contention in this proposed change to the budget.

Those requiring eighteen sessions due to complex presentation have in my opinion actually been under-funded. Rather than being too many, eighteen sessions are frankly

not enough. I will provide examples of diagnostic areas which often cannot be adequately addressed with this set up (see below). But firstly, it appears beneficial outcomes for those with a serious mental disorder paid for through access to a psychologist saves the government big dollars in the long term, much more than that outlaid by session costs, and also alleviates the massive pressure on our public mental health system, notably inpatient psychiatric wards which are generally full when contacted for admission. A return to functional, healthy living often also means a return to work and so taxation matches/profits the government expenditure. Beyond the economic arguments, access to treatment for those who have severe presentation can prevent more personal costs, including those of suicide and violence to self and others.

DSM-IV TR[1] Axis I

Chronic substance-related disorders and other forms of addiction
Severe depression
Bipolar disorders
Severe anxiety, including post traumatic stress disorder
Sexual and gender identity disorders
Eating disorders, including anorexia nervosa

DSM-IV TR[2] Axis II Personality Disorders

Due to the nature of these diagnoses, all clusters require long-term and intensive psychological service provision.

Comorbid Presentation

The reality is persons with mental health issues often have complex histories and consequently multiple, or comorbid, diagnoses. Comorbidity has been reported in 50% to 90% of clinical presentations and effective treatment goes beyond the time limits set in manualised treatment approaches[3]. Extended treatment is necessary to develop a comprehensive intervention and address relapse prevention.

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[1] American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition text revised). Washington, DC: Author.
[2] American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition text revised). Washington, DC: Author.
[3] Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The Empirical Status of Empirically Supported Psychotherapies: Assumptions, Findings, and Reporting in Controlled Clinical Trials.

In summary, psychological services provided through the Medicare Better Access Initiative have demonstrated cost-effectiveness and engaged thousands of Australians in successful treatment plans, bettering the mental health of the nation[4]. Budget cuts diminish outcomes for both the government in the long-term as well as for individuals who are severely ill and require more sessions (not less) delivered by a trusted and skilled practitioner. Flowing on from individual care the community-level system effects of mental health, be they positive or negative, are very real[5]. Therefore, government funding to psychologists cannot be undervalued. I agree that reform in the mental health sector is needed, but in accordance with the government's plan (e.g., the COAG National Action Plan on Mental Health 2006-2011), this reform should *better* support and treat the most vulnerable and severely affected of our population.

For these reasons, I support my colleagues in not supporting cuts to the mental health budget that result in decreased funding to, or the number of sessions available for, psychological services.

Regards,

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Psychological Bulletin, 130, 631–663.

[4] http://www.psychology.org.au/Assets/Files/07062011Better-Access-cuts-Briefing-Paper.pdf

[5] Foster-Fishman, P.G. & Behrens, T.R. (2007). Systems change reborn: rethinking our theories, methods, and efforts in human services reform and community-based change. *American Journal of Community Psychology, 39,* 191–196.