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4 August 2011

Dear Committee Members,

Re. Submission to the Commonwealth Funding and Administration of Mental Health Services Senate Inquiry: Community Affairs References Committee

I would like to suggest that the changes proposed to the Better Access Scheme be reconsidered. I work primarily with older adolescents and adults presenting with anxiety and depression and frequently with clients suffering from Obsessive Compulsive Disorder. I run a small private practice and am involved in research and teaching at Macquarie University. Often clients will present with depression being a primary concern or a secondary concern to an anxiety disorder. When several disorders are present and depression is particularly severe, 18 sessions are required to develop improvement which can be maintained.

I would like to suggest that Clinical Psychologists, who are specialists in working with severe presentations, receive funding to see clients for a minimum of 12 sessions when they feel this is necessary. I have been content with the scheme using General Practitioners as gatekeepers however would also be satisfied if psychiatrists were to be the ones to validate sessions being extended to 18 under extenuating circumstances. Psychiatrists are in a good position to understand and discriminate between clients who absolutely require extra. When a moderate to severe depression is present I will often be working on the focused psychological strategies in coordination with a psychiatrist who may be managing their medication.

Many of my clients are people with a severe OCD (eg. Spending many hours per day in the bathroom). I often work with young adults and we have been able to eliminate the OCD with weekly appointments. The process requires a therapeutic relationship to be formed and then we work on a range of problems in addition to the OCD (eg. severe depression and severe social anxiety and avoidance).

I understand that the medicare funding is for evidence based treatment and all the work that I carry out is evidence based. It aims to allow the person to function normally in our society without long term dependence on a clinical psychologist/mental health worker. I am concerned at the number of clients who will suffer as a result of the proposed limits and am amazed that an alternative can not be found that cuts down funding to 10 sessions for clients that are straightforward but allows those with comorbid disorders or particularly severe presentations to continue with the previous Better Access benefits.

Thank you for considering my comments.

Yours Faithfully
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