
29 July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

To the Committee Secretary,

Re: Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

I am writing to you as a concerned Clinical Psychologist who provides clinical psychology services both in the public sector (Child Protection Service, Flinders Medical Centre, Bedford Park SA) and private sector (Astute Education and Psychology, Goodwood, SA).

I have significant concerns about the new budget in which (Better Access) Medicare rebates for clinical psychology services have essentially been reduced by 45% from 12 plus 6 extra sessions for those in need to a maximum of 10 sessions per annum. I find it puzzling that the federal government seems to believe that only those with mild to moderate issues seek help from private clinical psychologists, or can respond favourably to these evidence-based interventions. This is despite evidence from the program to date that outlines the use of services, the level of distress and symptoms from standardised assessment measures at baseline, and the improvement in symptoms with treatment.

"Better Access appears to be achieving positive outcomes for consumers. The strongest evidence for this comes from Component A of the evaluation. Component A followed 883 consumers (289 recruited by clinical psychologists, 317 recruited by registered psychologists and 277 recruited by GPs) and examined the difference between mean pre- and post-treatment scores on standardised outcome measures for consumers with "matched pairs" of pre- and post-treatment scores. Consumers recruited by all three types of providers showed a decline from high or very high levels of psychological distress at the start of treatment to much more moderate levels of psychological distress at the end of treatment, as assessed by the Kessler-10 (K-10). Consumers who were recruited by clinical psychologists and registered psychologists shifted from moderate or severe levels of depression, anxiety and stress to normal or mild levels of these symptoms (as assessed by the Depression Anxiety Stress Scales, or DASS-21)."

As the data above provide evidence for, those presenting to private psychology providers are not typically in the "mild to moderate" category of symptoms or distress, but rather fall in the moderate to severe classification on clinical measures. We are all acutely aware of the prevalence of psychological disorders in the Australian population. For example, the 2007 National Survey of Mental Health and Wellbeing conducted by the Australian Bureau of Statistics found that an estimated 3.2 million Australians (20% of the population aged between 16 and 85) had a mental disorder in the twelve months prior to the survey. Similarly, an Australian primary care study found that 36 per cent of those attending primary care settings have symptoms of psychological disorder and 20.5 per cent report both anxiety and depressive disorders (Harris et al., 1996). A significant

proportion of these members of society may benefit from treatment, thereby improving quality of life, productivity, and general wellbeing of individuals and families. The support provided by the Better Access scheme will be central in addressing the mental health needs of Australians in the future.

Indeed, the research typically supports CBT intervention for between 12-20 sessions for most single-disorder presentations. I then fear that we will have compromised clinical outcomes for many clients with a 6-10 session limit (including assessment), then placing more demand on the public sector that has limited specialist treatment centres. Alternatively, clients will remain at significant risk of relapse with fewer skills in managing their symptoms in the longer term, which will then be likely to translate to increased health costs and poorer clinical outcome in the longer term. I believe that the current proposal lacks insight into some of these processes, and wish to express my concerns on behalf of future clients. Essentially it is the consumers who are going to suffer.

I sincerely hope that the Federal Government sees the short-sightedness of significantly reducing access to specialist psychology services under this scheme, and changes its stance on these speciality services for those in need.

Regards,

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