

I am a single mother of three young children, ages 8, 6 and 6 (yes, twins!) and as a family we were subjected to extremely severe domestic violence, perpetrated by my (now ex) husband, the children's father. As a result of his behaviour, I was diagnosed by a clinical psychologist as having post traumatic stress disorder, major depression and severe anxiety.

Since leaving him, I have seen my psychologist multiple times a year, and each year have used all 18 of the currently allowed sessions funded by Medicare's Better Access Program. Due to the nature of the family court process (that's a whole other topic that needs to be reviewed!), I was also seen pro bono 4 times last year, having used all 18 Medicare funded sessions.

Being a single parent on Centrelink benefits, I am unable to afford the cost of \$130 a session, which I might add is well below what most other clinical psychologists charge, and below the scheduled fee suggested by Medicare.

Women who have experienced domestic violence are at a much greater risk of mental health conditions than other groups in the population, and the rates of depression, PTSD and suicidality are generally substantially higher than for the general population. PTSD is diagnosed in 50-85% of these women (compared to 6% in the general population), suicidality is around 18% (compared to 3% for the general population) and depression is found in 75% of abused women (compared to 15% in the general population). If these rates are compared to rates for schizophrenia or personality disorders (1% or less of the general population) it is easy to see that depression and PTSD are substantial issues that MUST be addressed. Cutting access to the very services that can address these issues is quite frankly plain stupid and lacking in foresight.

And it is not just the women who are affected by the domestic violence – their children are also affected, suffering from PTSD, depression, anxiety as well as cognitive impacts caused by neural rewiring through exposure to high levels of the stress hormone cortisol. Children who have been subjected to trauma are anxious and irritable, and often have complex reactions to seemingly innocuous situations. Attention deficit hyperactivity disorder and PTSD have the same symptoms but require very different treatment – PTSD needs talk therapy with a specialised therapist able to provide the guidance for the young person to move forward from their traumatic experience. A recent article says that many children diagnosed with ADHD are in fact probably being misdiagnosed and are likely to be suffering from PTSD.

I have found it almost impossible to get someone to diagnose my 8 year old son with a mental health condition – his therapist at the Child and Adolescent Mental Health Service refused (yes, REFUSED), believing that contact with his father would be beneficial, and knowing that contact would be prevented on the recommendations of the report from the court psychologist. Because of this refusal, my ex husband was granted 7 sessions of supervised access with the 3 children, which has resulted in my son telling me “I hate myself, no one cares about me, I want to die”, “I hate myself, I want to kill myself” and “the only way to make this better is to go to heaven and be with Grandad” (Grandad is my father who passed August 2007) – no 8 year old child should have something in his life that is so bad that he wants to kill himself ... quite frankly, no 8 year old child should even know that he could kill himself. The therapist has since changed her mind about contact being beneficial, but the damage has already been done.

The proposed cuts to the Medicare Better Access Program is going to compromise the mental health of a great deal of people, and the fact that women who have been abused and/or beaten are already vulnerable as a group, removing what is possibly their only lifeline and source of support is highly dangerous, especially when the already high rate of suicidality in the group, and the growing rate of suicides in society are taken into account.

Anyone reading the psychological literature would know that Cognitive Behaviour therapy needs at least 15-20 sessions to 'fix' an issue, usually something like a phobia. Conditions like PTSD, which can be triggered by several sources of life experiences, take much longer to work through, as do personality disorders, and conditions such as schizophrenia and bipolar disorder.

If anything, the number of sessions available through Medicare's Better Access program should be tripled (and preferably unlimited) to allow for 52 weekly sessions in 12 months. Allowance of this number of sessions does not mean that all of them would be used, but to limit those who need more sessions than is currently allowable is disgraceful – who has the right to put a limit on the amount of assistance a person needs to get well?

The governments answer is that there are 50 sessions a year available with a psychiatrist – I do not know of many psychiatrists who do talk therapy, and given that I have already built a substantial therapeutic relationship with my psychologist over the last 4 years, why should I then be made to go and recount AGAIN the trauma and horror of the 10 years of my marriage to yet another person (a GP, a psychologist, 3 lawyers, and a court psychologist is more than enough, thanks) especially considering the symptoms of PTSD include “avoiding talking about the event”, “avoiding people and places that remind you of the event” – having to go through all that again would cause a great deal more damage than has already been done, and add substantially to the amount of treatment needed.

Or the other “solution” is ATAPS – which wouldn't be possible for me to access, given that my GP is some 25km from my home and is the same GP I have been seeing since I came to Australia in 1996. I see no reason to change my GP each time I move, and I have moved 5 times in the 3 years since leaving my ex-husband, but that means that any ATAPS service would be 'unavailable' to me because it's outside of the catchment area for my home. And even then, my understanding is that the number of sessions is limited to 12 per year. Using ATAPS as a solution effectively restricts my choice of GP as well as my access to psychological help.

Obviously, the Minister for Mental Health has failed to realise that once people are mentally well, they are then capable of working, and able to repay the costs of their therapy in taxes over their working lifetime.

It is my belief that the Minister for Mental Health needs to reassess his priorities for mental health, and stop “screwing over the already screwed up”! He also needs to look very closely at exactly who is providing the advice to cut Better Access – information has been released in a report that says psychiatrists are struggling to maintain full time private practise since the inception of Better Access, which throws a whole different light on the fact that it is PSYCHIATRISTS that are recommending the cuts, not to mention the fact that the money being 'saved' on Better Access is being redirected to the consulting psychiatrists' “pet projects” ... let's talk conflict of interest, shall we?