

Submission to the Senate Committee on Commonwealth Funding & Administration of Mental Health Services

29th July, 2011

Dear Committee Secretary

RE: REDUCTION IN NUMBER OF CLIENT SESSIONS PERMITTED EACH YEAR

Firstly, let me commend the Howard Government for introducing the Better Access Plan, and for the Rudd and Gillard Governments for continuing to fund mental health initiatives.

I am an Educational and Developmental Psychologist with eight years of university training in psychology and research. On behalf of my patients, I wish to appeal to the Gillard Government not to reduce the number of allied mental health treatment services for patients with mental illness from a maximum of 18, to a maximum of 10 per annum under the Medicare Benefits Schedule.

Approximately 80% of my patients are children and adolescents who have developmental disorders, specifically Autism Spectrum Disorders (ASDs). Many of these young people are referred by their paediatricians for psychological support under a Helping Children with Autism Plan (HCWAP). However, because these children also frequently have speech-language impairments, which require treatment by speech-language pathologists, and sensorimotor impairments, which require treatment by occupational therapists, the twenty Medicare-rebatable treatments, which are shared among the relevant allied health therapies, including psychology, are often insufficient for families to access adequate mental health care for their children with autistic disorders.

Autism, of course, is not a mental illness, but a Pervasive Developmental Disorder. However, the incidence of anxiety, anger, and other emotional/mood disturbances among those with ASDs is significant, and the impact of these mental health disturbances on these young individuals, their families, and teachers can be quite profound. I know that the families I work with are extremely thankful that they can now access affordable psychological treatment for their children under the HCWAP. However, because those with ASDs have communication difficulties: (a) the usual CBT treatments have to be adapted quite substantially in some cases; and (b) patients often take longer to treat. Often, because their care is ongoing and they quickly use up their twenty allied-health treatments under the HCWAP, their GPs and paediatricians switch them to the Better Access Plan to help address their mental health concerns.

Sometimes, among those with ASDs:

- children with mild anxiety or anger-management problems et cetera, respond very well quite quickly, and are able to receive all the psychological care they need under the HCWAP
- children with moderate anxiety or other mental health concerns, who have no, or only mild difficulties with speech-language and/or sensorimotor processing, and therefore do not need services from other allied health professions, are likewise able to receive all the psychological care they need under the HCWAP

However, those who have moderate to severe mental health conditions, as well as moderate to severe speech-language, and sensorimotor impairments, often cannot be provided with sufficient psychological support under the HCWAP. Therefore, alternative access to Medicare-rebatable mental health services is essential. And, as indicated previously, because these children often take longer to respond to treatment than neurotypical children with the same mental health conditions, often more than 10 treatments annually are required. For example, in the case of some children, because their anxiety is so severe, they often have extreme behavioural responses (e.g., physical attacks) to what appear on the surface, quite minor events. These extreme responses can result in their being suspended from school. Obviously, in such acute circumstances, these children need to be seen quite frequently in order to help them learn anxiety and behaviour management strategies, and return to school better equipped to cope.

At the same time, older adolescents and adults with ASDs, who unfortunately were unable as children to access mental health care because affordable services were not available, and are not eligible for psychological support under the HCWAP currently, which was designed as an early intervention initiative for children and young adolescents only, often have quite serious mental health problems. Therefore, they often also require more than 10 psychological treatments annually to improve the quality of their lives.

I would therefore like to appeal to the Government to retain the number of treatments available annually under the Better Access Plan as currently exists, that is, 12 psychological treatment sessions (extended to a maximum of 18), without reduction, so as to allow the continuation of the provision of flexible services in line with the variable needs of mental-health patients.

Yours faithfully

Dr Heather Ward
Educational & Developmental Psychologist