

3rd August 2011

To whom it may concern,

Re: National Mental Health Reform

I am writing regarding the reduction in the Better Access for Mental Health Care Plan later this year from a maximum of 18 sessions to a reduced maximum number of only 10 sessions. I strongly disagree with this change to the scheme and as a parent of a child with an Autism Spectrum Disorder (ASD) I wish to provide detail about how we use the scheme as well as the devastating outcome this reduction would have to the long term outcomes for our son.

Autism Spectrum Disorder

The government recognises that a child with an ASD requires a minimum of 20 hours per week of intensive intervention in order to provide an opportunity to develop. The FACHSIA funding provided does offer some assistance to families managing a child or children with an ASD. However this is limited, and once our FACHSIA annual funding is exhausted we then utilise the Better Access for Mental Health Care Plan.

What the Plan offers us

This plan provides additional sessions of therapy; we use the plan to access Occupational Therapy (OT) services. As a result this means we have an OT working with our son while he is at kindergarten, helping to manage his high anxiety levels, regulate his sensory challenges plus provide him with the skills and language to begin engaging with his peers at kinder. Without this support, expertise and regular role within our sons intervention he would not have made such gains and progress; nor would he be able to function in the kinder environment in a way that would help him to socialise and be considered one of the 'kids'. Without this ongoing expertise he would be unable to cope with the overwhelming situations that frequently arise in this type of setting, which is so challenging on a range of levels for a child with an ASD. As a parent I play an active role in my son's intervention, however without the guidance of professionals such as OT's, Speech Pathologists and Psychologists I would not be properly skilled, informed and proactive as I am with these professionals leading the way.

The impact of the Plan

The role that our OT plays in my son's intervention has a ripple effect, providing him with improvements and development of skills that impact a range of

environments and behaviours. His behavior in a number of areas has improved at home and is no longer considered problematic; his carer's at occasional child care have come on board with the OT's strategies and have noticed significant developments; he is slowly developing skills that help him 'play' with other children and our family life is much more manageable. All of these outcomes have long term benefits: developing friendships, self esteem and confidence, progressive cognitive development, developing age appropriate self help skills, behaving appropriately, self managing of anxiety and sensory challenges.

Significant negative impact without the Plan and involvement of an OT

Without this progress and ongoing support from an OT our son would not develop in all these areas as he currently is, without ongoing therapy he may regress, in the long term with issues relating to anxiety, and social and cognitive development, the future may be a different place. Long term mental illness is a high risk, as is a reduced ability to develop and retain self help skills. This long term and much unwanted outcome would result in the need for more long term government support, which means a larger financial burden for many years. Reducing this plan would translate to a huge 2 month loss of therapy in the life of our son.

Our situation – we take responsibility

My husband works hard to provide for our family, and having a son with an ASD - my job is his intervention and looking after our daughter. I am very active, I read a lot, we are active participants as volunteers for research into ASD, we are members of a couple of ASD specific not for profit organisations and we work and focus to provide the best future for both of our children. However, we do not earn a great deal of money (not enough to provide for our family and outlay for our sons intervention within the 20 hour model), so we rely heavily on the sources of funding available to ensure we can access appropriate and ongoing services for therapy. I do also work – however I work at night, at the end of the day while our children are sleeping. So you see I think we are taking responsibility for our children, however parenting a child with an ASD is expensive, emotional and time consuming – more than that of a typically developing child (this is just the truth).

Other Plans are not an option

The Government's suggestion that families move across to a new incentive - ATAPS – is not an option for all (and would not be for us considering it can only be accessed over 12 years of age) and it appears that finding a provider would be difficult considering providers will need to go through an eight-month induction period and demonstrate and prove the highest levels of experience and expertise to become registered as a provider!

The message the Government is sending

With the introduction of a huge decrease in the Better Access to Mental Health Care Plan it sends the message that therapy is only available, for more affluent

members of community. Funding and resources for children with disabilities is limited in the school setting, I can only imagine the impact a reduction of this type will have on the outcomes for kids with an ASD at school and other educational settings. This change says to me that children with mental health issues (such as my son) are not important, their long term health and role as a member of the community is not important. Children and adults with an ASD do amazing things and contribute in a range of ways to our community.

Working together - for the future

Let's be proactive about this, use the knowledge that we have about children with an ASD, supported by research and parent experience to provide a robust Better Access to Mental Health Care Plan that will support Australians in these challenging circumstances to take control and provide the best opportunity for our children to become productive members of our community. Let's work together to invest our resources in the right areas for the long term, rather than thinking short term.

In conclusion

If the significant changes are implemented, the new scheme should not be regarded as 'Better Access to Mental Health Care' – rather the provision of a short term fix as opposed to a more long term solution.

Recommendation

Increase the amount of sessions under the Better Access to Mental Health Care Plan to at least what it was, i.e. up to 18 per calendar year – and ensure that our Government uses the knowledge about the impact that a child's ASD has on their mental health, their life, and their future.

Note: The 2008 Submission to the Senate Standing Committee on Community Affairs by Professor Lyn Littlefield OAM, provides data that supports the implementation of a more robust Plan. Reporting that 15 % of clients required more than 12 sessions to complete treatment; Ninety six percent of clients would not be able to afford this imperative intervention without this Plan in place.

Thank you for your representation and consideration.

Phil Manning