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To the Senate Standing Committees on Community Affairs

26/7/11

Dear Senator,

I am writing to express my objection about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget. Specifically, I am concerned about the proposal to reduce that Medicare funded psychology sessions from 12 sessions a year to 10. I would like to offer a personal perspective as a Clinical Psychologist based on my previous employment in the Adult Mental Health system and my current work in private practice in a Melbourne GP clinic.

While I applaud the move to channel more funding into programs for client with severe mental health issues, I am deeply concerned about how the recent proposed changes will affect the clients that I work with, many of whom are disenfranchised from the community, and whose mental health issues cause significant disability.

I would like you to understand that people who access these sessions are not simply the "worried well", as is sometimes implied, but people with very real disability and distress. A large proportion of my clients have been abused as children, have comorbid substance abuse, personality disorder problems, chronic physical health issues and have been unemployed for many years. These are severe, complex issues often complicated by a variety of social and economic factors.

Despite these challenges in daily living, many of the clients I work with are extremely committed to working towards a better future for themselves and their children, and I have frequently been moved by their determination to get the most they can out of their 12 or 18 sessions per calendar year. As evidenced by the empirical measures and verbal reports carried out in session, many clients have used the sessions to improve in their mental states, substance and alcohol abuse, relationships and many have made important steps towards employment.

I do not believe that the clients I work with could make such significant improvements in 10 sessions a year, especially as conducting a thorough assessment and building trust is such an important part of working with these clients, who are all too familiar with the "revolving door" treatment they receive in public services. I do not believe that many of these clients would benefit from the multidisciplinary approach outlined in the ATAPS program, as they frequently have enough difficulty building trust and keeping appointments with one practitioner, let alone a team of them.

I urge you to recognise the vital role that psychology sessions play for people in the community and I ask that you please reconsider the decision to reduce these sessions,

Sincerely,

ClinicalPsychologist