

20th July 2011

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

Dear Committee,

RE: COMMONWEALTH FUNDING ADMINISTRATION OF MENTAL HEALTH SERVICES

I am writing to urge you to retain access to psychological services at the current level of up to 18 sessions per year. It has worked extremely well.

People with serious mental health disorders will be left without appropriate mental health care under Budget cuts to the Better Access to Mental Health Care initiative, the number of sessions of psychological treatment a person with a mental health disorder can receive each year will be cut from a maximum of 18 down to 10 (not from 12 to 10 as was widely reported). The removal of these eight sessions will have a dramatic impact on people with severe mental health problems, who will be denied effective treatment.

In 25 years of experience with mental health disorders in my work, I have dealt with a full range of disorders from mild to severe. It is rare to be able to competently treat someone with a moderate to severe disorder in fewer sessions.

The scheme as it is at present does indeed live up to its name. It has created better access for people with mental illness to treatment services. As the data collected recently by the Australian Psychological Society reflects, a broad cross section of the Australian community have been assisted to resolve disorders and better participate in their lives and the broader community because of the access they have had to an adequate number of sessions with competent mental health professionals. By broader community I refer to both their social and neighbourhood communities and the business or economic community. They have been able to do so with a moderate level of support from the tax base through Medicare rebates, rather than waiting prolonged periods for overstretched and under resourced government services. If they would have to wait for government services, their conditions would worsen during the time they are left untreated, and this would of course lead to an escalation of their needs, likely resulting in them becoming a drain on society rather than contributors.

APS research, conducted on a large sample of 9,900 Better Access consumers who received between 11 and 18 sessions of treatment from psychologists under the program last year, shows that these are overwhelmingly people with severe depression or anxiety disorders, including posttraumatic stress disorder.

The study shows that 84% of these people had a moderate to severe, or severe, disorder at the commencement of treatment, with nearly half (43%) having additional complexities such as a second mental health disorder, personality disorder or drug and alcohol abuse.

"Of course, these people required more than 10 sessions of psychological treatment to achieve an effective outcome," said Professor Littlefield. "The research shows that by the end of their treatment only 3% remained severely affected, while for 43% of people their disorders were effectively reduced to either no symptoms or only a mild presentation. How can it be seen as a saving to cut funding for these people who are clearly receiving effective psychological treatment under the Better Access program?"

It is hoped that this new information would change the Government's intention to reduce access and it would restore the number of sessions of psychological treatment available, as its proposed alternatives were unlikely to meet the needs of these people.

The Government's proposed changes state that people with serious mental health disorders who need more than 10 sessions of treatment should receive services through the specialised public mental health system or private psychiatrists. Simple mathematics would show that to transfer all clients who accessed Medicare rebates at about \$80.00 per sessions to fully funded ATAPS sessions at about \$110 each is a waste of money not a saving. That is, the total burden on the mental health dollar would be much increased.

If clients must meet financial hardship criteria to be able to access ATAPS sessions, then most of those treated under BAMC would fail to meet criteria and be left under treated.

The likely result of the proposed changes would be to have close to 90,000 Australians each year under-treated. The majority of these are average, hardworking middle class tax payers. As usual, only the most severely, urgently and critically mentally ill will be treated by public services. The rest will have to "wait their turn", which will always be triaged down the list as more urgent cases "bump them down". One need only look at the overburdened emergency rooms of any of our hospitals for a model of what will happen with mental health if the proposed changes go ahead.

It seems that the BAMC is an example of the Government getting something very right. It is an excellent example of what can be achieved with reasonable Government support to the private sector to reach an enormous number of people with first class results.

Please do not compromise something that is working well for Australians with mental health problems.

Yours faithfully,

**Judy Bokor
MA (psych) MAPS
PSYCHOLOGIST
COUNSELLING COLLEGE**