

17-7-2011

Submission to the Senate Community  
Affairs Committees regarding the  
Government's funding and administration of  
mental health services in Australia.

**"We trained hard, but it seemed that every time we were beginning to form up into teams, we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency, and demoralization."**

- attributed (falsely) to Gaius Petronius Arbiter, 210 BC.

Dear Senate Community Affairs Committee members

I am confident that you will receive many letters and petitions outlining the more plain reasons why the proposed changes to the Better Access to Mental Health Care Initiative should be stopped ... including:

- The 'blind Freddy' obvious argument that the psychological therapy is legislatively mandated by Medicare to be evidence-based, yet, none of the approved interventions (e.g. Cognitive Behaviour Therapy, Interpersonal Psychotherapy, & Narrative Therapy for Indigenous Australians) have been empirically supported over such a small number of sessions (i.e. the proposed 6 sessions over a twelve month period, with a possible extension of 4 more sessions), and
- the formal evaluations confirming that the current system is successful in every important regard (with the exception that the need was much greater than anticipated, and, hence, so has the cost), including the significant increase in accessibility to mental health services for those most disadvantaged.

Therefore, (at the risk of sounding flippant) I have opened this email with the above quote, in order to emphasise the absolute astonishment and disbelief that I experienced when I heard that such a sensible, helpful, necessary, and effective mental health scheme could be (in my opinion) butchered in this way ... and with the incredulous audacity to pass it off as an improvement to the mental health care system!

I was doing very well as a Clinical Psychologist in private practice well before the November 2006 introduction of Medicare rebates for psychological services, so, financially, it made no difference to me at all. However, I was so proud to be an Australian Psychologist when the Better Access to Mental Health Care Initiative was introduced, as I felt that we were finally addressing this dire need in such a sensible and mature way. Actually, I was surprised that you guys got it so right.

I am now, however, shattered (and somewhat embarrassed) when I see the recent plans to reduce the 6+6+6 session system to a 6+4 session system. Why don't we just mandate therapy (for those suffering from their debilitating anxieties or their life-threatening depression etc.) to be the advice to "pull your socks up" or "harden up". That won't work either, but we could easily do this in one session, so won't that be great for the budget (sorry, it's difficult to contain my sarcasm).

I implore you to take a rational and considerate approach to this issue. The proposed change is so insulting to those thousands of Australians who need this assistance. What they are actually being told is that "the system is working, but you don't warrant the cost of a properly functioning system, and we will now break it to save money in the budget ... but believe us when we say it is an improved commitment to mental health care in Australia".

It really is so insulting and quite tragic. It would be impossible for me to comprehend why this is happening if I hadn't heard one loud (but, sadly, in my opinion, quite misguided) argument that the alternative ATAPS (Access To Allied Psychological Services) scheme will provide a better quality service with the proposed lower number of sessions, as it is a 'collaborative care service'. However, the (Australia-wide) Mental Health Professions Network has developed in parallel with the current Better Access to Mental Health Care Initiative to promote collaborative care, and, 'collaborative care' or not, the number of sessions is still not sufficient for those most in need. The ATAPS system just makes the service more difficult to access, and diverts funding to (and time from) the medical profession for this quite unnecessary extra administrative role.

Also, the ATAPS system is presented as a contrast to what is referred to in the above argument (in a rather pejorative tone) as the 'fee for service model', to somehow imply that psychologists are doing something immoral by charging a fee for their services in this way. I believe that the argument in favour of the ATAPS system is presented in that way because there is no sustainable rational argument in its favour. I do not feel guilty for earning a living by providing clinical psychology services for the last 25 years, primarily on a fee for service basis. It has been a good and honest living.

I implore you to vote against the proposed changes to the Better Access to Mental Health Care Initiative, and retain the decent system that has operated so successfully since its inception.

Thank you for taking the time to read this.

Yours sincerely

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