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Objection to the Government proposal to limit 'Better Access to Mental Health Care' to 10 sessions from a possible 18 sessions.

I am an endorsed counselling psychologist and I would like to make 2 comments in my objection to the proposed cuts:-

1. The first comment is that the public have displayed their preference clearly for *Better Access to Mental Health Care* over others such services by their uptake of it.
2. The second point is that many of my very vulnerable clients who have utilised this scheme do not fit into categories for other mental health services and will not be adequately covered for psychological assistance when the reductions occur.

More on the first comment : People have shown their preference

The public has displayed their preference for this service over other initiatives which were also available at the time by taking up the option in large numbers. The ATAPS scheme was also available, but did not have this uptake. This is a significant point. It was working well for clients and they displayed that in their uptake of the service.

I am registered as a practitioner for both *Better Access to Mental Health* and ATAPS. The ATAPS scheme is less accessible to clients and not as user friendly as the Better Access Scheme. Not all GP's are registered for ATAPS and therefore people may have to attend a different doctor to be referred to ATAPS. A good relationship with a GP can be extremely important for a client/ patient at a time of vulnerability and changing doctors at such a time may increase risk of suicide or not being adequately diagnosed or supported. It can be hard for people in a vulnerable state to tell a new doctor the problems they are having, especially mental health problems.

Better Access to Mental Health Care was easily accessible through General Practitioners and many psychologists were registered for it. This allowed maximum choice for people needing the service. It is an important point for people seeing a psychologist. Research into effective counselling has repeated shown, for at least three decades, that a positive relationship between the client and psychologist is one of the most important factors in achieving good outcomes in counselling.

More on the second point : The clients most affected are very vulnerable but not a large group

The particular clients that will be worst hit by the reduction of sessions are people in powerless positions in society, homeless people; women who are recovering from domestic violence; people

who have poor health; these groups are likely to be on pensions or benefits and are unable to pay for extra sessions they may need after 10 sessions are completed. This is not adequate for treating these clients

The normal guidelines for the treatment of common mental health disorders such as depression and anxiety is around 15-20 sessions of psychotherapy. These new proposals released in the budget ignore evidence from psychological research and ignore the needs of people in these groups. Previously, clients of these services could receive a maximum of 18 sessions, just adequate for these people. So the proposal that the same treatment can be achieved with half the amount of sessions is unrealistic.

There are many such people who will not qualify for other mental health services and many will not fit into the ATAPS scheme for mental health, yet these people require services, often to continue functioning adequately in the community. They do not need the added pressure and stigma associated with needing to recover quickly at risk of being referred on and having to start again with a new mental health professional, if they are eligible for other services. This makes engagement in counselling more difficult and further dis-empowers people already marginalised and often feeling powerless, or worse, leaves people without adequate treatment altogether.

Mostly, I and many of my colleagues bulk bill the clients I am talking about. This group is not where I make most of my income. In fact, the work is often demanding, with extra telephone calls between client sessions and calls to other people involved in their care. I thought working with this client group was what this scheme was meant to achieve, so engaged with them in this spirit. This will be less feasible with fewer sessions, people with on-going difficulties and crisis will not be adequately serviced with fewer sessions.

Yours sincerely,

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