

27 July 2011

Re: Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

Dear Minister Roxon

As an Australian citizen, 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 expressing my rejection of the proposal that from 1 November, 2011, the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder will be reduced from 18 to **10** sessions. I also express my significant concern that a collapsing of the two tiered medicare rebate structure currently in place is being muted, reducing rebates and the overall scheme to the generalist level.

Whilst new investments in mental health care are important and are to be applauded, they should not be at the detriment of existing mental health programs. For example, I understand that the Government has proposed to redirect funding from the '*Better Access Initiative*' to team-based community care (ATAPS). Personally, I do not want to be mandated to participate in treatment involving multiple disciplines (i.e., psychiatry registrar, social worker, occupational therapist, mental health nurse) in order to access psychological treatment. Under the existing '*Better Access Initiative*' I have already been able to access and achieve effective gains from psychological treatment without the utilisation of team-based care.

Most specifically, a majority of my clients are students, unemployed or young employed individuals who would struggle to engage in psychological care without the current rebate gap for clinical psychology; the costs of indemnity insurance, registration, professional development expectations, professional association membership and general business costs such as room hire making a reduction in current fees unrealistic to match any collapse or reduction in sessions. These individuals, as the current data shows, are expressing increased rates of anxiety and depression, along with other AXIS II (personality) difficulties; their ability to access affordable treatment at this early time of their worklife a significant and critical investment in their ability to contribute to the social economy of Australia.

Therefore, I am deeply concerned as to how much those treatment gains and overall access will be adversely impacted if the funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. The proposed cuts to the '*Better Access Initiative*' and muted discussion regarding the collapse of the two tiered system to the lower rate/line of the generalist reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health disorders.

Taking a hard line on mental health consumers is not the answer. It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish a rapport with a mental health professional even within the current 12-18 sessions – let alone achieve treatment gains within 10 sessions. I do not need the added pressure or stigma of needing to recover quickly with the threat of being referred to a community team or psychiatrist and therefore having to start again with new practitioners.

Minister, I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'.

I trust that my feedback will be given due consideration.