

When I first heard that the Better Access Scheme was going to be cut nearly in half, my response was shock. When I found out that Head Space would be allocated more beds, my response was “thank goodness – now that I can’t access the help I need, my kids are going to need those beds”.

Mental Illness.

Mental illness is such a broad term that covers everything it seems these days, from “I’ve just lost my job and am sad about it”, to severe debilitating psychosis. I have a mental illness that perhaps falls into the middle ground section. I have Post Traumatic Stress Disorder (PTSD) and have had since I was a child.

My PTSD affects me in a number of ways. I need the help of my psychologist in order to understand how my brain works and how I can best utilise my strengths. If the Better Access Scheme is to be cut down, my best case scenario is to stagnate. My worst case scenario is to decline.

Costs to the Government.

Psychologists cost money, obviously, and I can’t afford to see one without help. I would like to return to work. I am currently not in a position to work. The more access I have to my psychologist, the more quickly I will be able to return to work, and start paying taxes. Not to mention that if I do not have access to a psychologist, and do not get better, then not only is the government missing out on my tax contributions, but possibly those of my children, as having a mother with a continuing mental illness leads to a more likely chance of developing one yourself.

Now I’m not an economist, but surely the current Australian population is better off when as many of those who are capable of working are doing so, having received appropriate treatment with a psychologist they know and trust, instead of wandering aimlessly from one professional to another hoping to one day find the right fit?

Which System?

Sebastian Rosenberg (2011), Senior Lecturer of the Brain and Mind Research Unit at the University of Sydney, claims that “the establishment of a new National Mental Health Commission is exciting, offering a new level of federal scrutiny and accountability over a system characterised by an inability to demonstrate the impact it makes on people’s lives” (para. 13). Funnily enough, the thought of yet more bureaucracy doesn’t excite me at all. Perhaps the current system does lack an ability to demonstrate the impact it has. I wonder, as a consumer, how it is meant to do this however. How does one judge, statistically on paper, a personal impact? Is such a thing even possible? Certainly no one has ever asked me how it is working for me. I know that what I have now isn’t working for me, but only because it is too slow – there are too **few** sessions available. More sessions are needed to be made available, **not** less with a side of ‘if you need more, we’ll kick you over to ATAPS’ (Russell, as cited in Sweet, 2011, para. 15).

ATAPS may well work for some people, however for those with long term needs it will not work for most. First and foremost, a continuity of care is important. Trust needs to be built in order for treatment to work, and trust takes time. ATAPS does not provide continuity of care – indeed for the twelve sessions available (up to a maximum of 18) one may end up seeing twelve different people (“Glen”, personal communication, 2011). Once in the ATAPS “system” a consumer has no control

over whom they see or where they see them. Perhaps this is a great system for remote Australia, where it is the only way to employ mental health professionals; however for those living in areas where other options are available, these options are very important, and can be the difference between wasting everyone's time, and "getting better".

I have been seeing my psychologist for three years, and we've made progress. If Better Access remains cut, then I will have the choice of either sticking with a maximum of ten sessions (possibly only six, given the new guidelines as to who qualifies for the extra sessions, something else that needs consideration by this Senate Inquiry), a number that is ridiculously low; or go over to ATAPS for a maximum of eighteen sessions, possibly with eighteen different people, and probably with eighteen different people who do not specialise in childhood PTSD. Given the best case scenario and I find someone who specialises in what I need, and I get the same person again and again, it will take time to build trust with someone new – something that does not come easily to me, even those I 'click' with. The last three years would become a huge waste of time, in the long run.

Please Consider.

Joe once had a flat tyre next a mental health institution. As he was putting on his spare, he realised someone on the other side of the fence was watching him, and it gave him the heebie jeebies. He took the nuts off and placed them in the hub cap and went to get the spare. When he came back, he tripped over the hub cap and the nuts flew off into the long grass. "Jeez" he exclaimed, "what do I do now?" The man on the other side of the fence offered a suggestion. "Why don't you take one nut off each of the other wheels and use them on the spare tyre?" Joe said "Brilliant. How did you come up with such a great idea?"

"I'm insane mate, not stupid."

I would like to ask this Senate to consider this – where are the voices of those that are affected? I see articles referring to this or that professional opinion, and that is needed to be sure. There is the odd anecdote of someone who is related to someone with a mental illness. However, the best person to ascertain what I need in order to achieve my optimal self is me. Not all people with a mental illness are capable of stepping outside the moment enough to consider their best options, and some with psychosis need their advocates to speak on their behalf. However that is not the case for all of us. Some of us have brains, and we like to use them. We have voices and we like to use those too. What seems to be a strange concept to many is that some of us have BOTH and like to use them together.

In every other area of health, people are encouraged to speak up, ask questions, and make their own decisions. Most people seeking help for mental health issues are capable of doing the same, yet we are deemed to be essentially stupid. People with a mental illness face discrimination on a daily basis and none hurts us more than having the choice of how we manage our illness taken away from us. And that is what this budget cut effectively does for those of us who are unable to work to pay for it ourselves. It takes away our choice, and relegates us to second-class citizens.

We deserve to have **our** voices heard, both on the ground with our GP's and mental health professionals, **and** in government.

References:

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