

28 July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Re: Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

Dear Secretary,

I am writing to add my voice in support of those making submissions to the senate regarding the recent proposed changes to the funding and administration of mental health services. I wish 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.

As a Psychologist who has undertaken a postgraduate Masters program in clinical psychology, and will be eligible to practice as a 'Clinical Psychologist' in several months, I am specifically worried and outraged by the following proposals:

- 1) the removal of the two-tier system (which currently recognises the specialist training and knowledge of those endorsed as Clinical Psychologists), and
- 2) the reduction in the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder under the Better Access Initiative, from 18 to 10 sessions.

I feel that these changes will have a detrimental impact on both the field of clinical psychology and those accessing psychological services.

I object to the removal of the two-tier system as I believe that this underestimate the complexity of mental health issues, and the resources, skill, time and knowledge it takes to address them. Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. Clinical Psychologists are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

Secretary, I urge you to reject these proposals immediately and instead maintain the current two-tier system that recognises the specialist training and knowledge of those endorsed as Clinical Psychologists.

Regarding the cuts to the number of sessions available to those accessing psychological services: 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). I do not believe that people should 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' countless people have already been able to access and achieve effective gains from psychological treatment without the utilisation of team-based care. Furthermore, individuals in a vulnerable psychological state do not need the added pressure or stigma of needing to recover 'quickly', if they do not wish to be referred to a community team or psychiatrist and therefore having to start again with new practitioners.

Taking a hard line on mental health consumers is not the answer. Therefore, I am deeply concerned as to how much those treatment gains 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' reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health disorders.

If this proposal were to go through, there is no doubt in my mind that many people, particularly those with more severe mental health issues who are not eligible for psychological treatment provided by community clinics, would suffer terribly as a result. If the government were to look beyond the short-term financial gains, it would be apparent that there are consequences for both patients and the community when psychological interventions for serious mental health issues are not able to be completed. Patients are more likely to relapse, experiencing a worsening of symptoms and a decline in day-to-day functioning. A flow-on effect to relationships (e.g., marriage breakdown, family conflict) and employment (e.g., poor work performance, absenteeism, unemployment) often occurs.

Longer-term it would also be easy to imagine that this need for affordable treatment for severe and complex mental illness would also place an increased demand on existing Government facilities which cater to this population (e.g. Child and Youth Mental Health Service), and are already overstretched and often at capacity.

I feel that it would be a great pity, and something to be ashamed of, if the Australian Government, in a misguided attempt to improve other aspects of mental health care, were to take from the public a support Initiative that is so clearly and desperately needed by some of the most vulnerable members of our society.

Secretary, I again 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'.

Yours in hope.