

Dear Members of the Senate Committee enquiring into the funding and administration of mental health services.

I wish to express my dismay at the proposal to reduce the number of sessions available under the Better Access scheme from a possible maximum of 18 sessions within a calendar year to a maximum of 10 sessions within a calendar year. This decrease in available sessions seems to have been overlooked in the publicity about an increase in funding to mental health services. Data collected by the APS indicate that the majority of clients referred to psychologists under this scheme often use only the first six or second group of six sessions as recommended by their GPs i.e many clients utilise only 12 sessions for the year. However there is a sizeable minority of clients who need 18 sessions and who unfortunately need even more than that. I refer to those clients with the more severe disorders or the more severe level of a disorder who currently are not treated by local Mental Health teams. Amongst this group are personality disorders such as borderline and narcissistic personality disorders, eating disorders and people who are experiencing severe levels of depression and anxiety disorders. Approximately 20% of the clients whom I saw in 2010 fell into a category where they required and received the maximum number of 18 sessions. These were often very complex cases. With judicious juggling I was able to treat them over the year. A reduction in the total number of sessions would exclude many of these clients from the treatment they so obviously need. My concern is that if the number of available sessions is reduced these clients will not be treated appropriately. I advocate that the number of sessions available at least remain the same. It is hardly likely that clients who don't need the full number of 18 sessions would avail themselves of them if they don't need them. Most people are interested in getting better. It is highly undesirable that the more severe end of the spectrum be excluded in this way simply because less unwell clients don't need as many sessions.

I would also like to endorse the current two-tier system where Clinical Psychologists are recognized as being specialist in mental health. The training and experience that Clinical psychologists undergo focuses specifically on the diagnosis and treatment of mental health illnesses. Having supervised psychologists who are qualified in another stream of psychology, I'm very aware that many of them lack considerable expertise in identifying some disorders especially Axis 11, personality disorders. Their training and experience has not exposed them to the more severe disorders hence their inability to identify and treat them appropriately. There are obviously many individual differences in the different streams of psychology. I would endorse the recognition of different areas of specialty rather a system where all are assumed to be providing the same service. I would never see a GP and an orthopaedic surgeon as providing the same service in the medical profession. I think that similarly, differences in psychological areas of expertise needs to be recognized and acknowledged.

Thanking you
Yours faithfully

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