

Senate Community Affairs Committees
Commonwealth Funding and Administration of Mental Health Services Inquiry
Submission

27/07/2011

I have been in general practice in Tasmania for 25 years. I manage many patients with mental illness, ranging from mild to serious. There has always been major access block at the level of specialist psychiatric opinion and support in both the public and private arenas.

Until the last few years, there has also been significant access block for these patients for psychology services. As GPs we had to do what we could with limited time and inadequate training. The Better Access Initiative and before that the Better Outcomes programme have made an enormous difference. This is fortunate because the increasing workforce shortages in general practice have dramatically limited our availability for time consuming mental health interventions.

In my experience the Better Access Initiative has definitely not been used mainly for the 'worried well', but rather for patients with major psychiatric diagnoses that are, and will continue, to have serious impact on their quality of life and capacity to contribute positively to work and social life.

The proposed cuts target exactly those who need it most – those with more serious problems who need the most support. Some issues, like recovery from trauma such as rape or domestic violence, post-natal depression, severe anxiety in children and many others cannot be fixed in a few sessions over a short period. Good psychological intervention is ultimately an excellent investment as outcomes for many conditions are either better than long-term (expensive) drugs or improve outcomes used in combination with drugs.

I will continue to prepare Mental Health Plans but the cuts are disappointing. Most patients I see do not present with one single diagnosis, and the more challenging patients likely to need intervention such as through the Better Access Initiative typically have co-morbid conditions to complicate their management and the preparation of their plans.

I have seen many, and indeed most, patients make significant gains through the Better Access Scheme. The benefits are likely to persist as they are based on improved self-management but the evidence for this is likely to be hard to collect and needs to be assessed over time.

I strongly urge you to protect those most in need of therapy for their mental illness and retain the current allocation of Better Access Initiative psychological services.

Clare Smith