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Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

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I have been a Clinical Psychologist in private practise in regional NSW for the last nearly 20 years. I am writing to request urgent clarification regarding changes to the Better Access Scheme as outlined in the 2011-2012 Federal Budget.

Clinical Psychologists have specialised training and experience in the assessment and treatment of mental health disorders, across the spectrum of mild, moderate and severe presentations. While our professional bodies ("Australian Clinical Psychologists Association" and the "Clinical College of the Australian Psychological Society") applaud many of the new mental health initiatives outlined in the Budget, we have serious concerns about changes that reduce patient access to treatment by Clinical Psychologists and reduce the overall quality of service provision, particularly for those patients with moderate-severe mental disorders and/or significant comorbidity.

By way of background, depression and anxiety (and all the subtypes of anxiety disorders) are by far, the most common mental health disorders in the general population. There are mild, moderate, severe and chronic forms of (every disorder, including) anxiety and depression. These are the problems which people in the community are coming, in droves, to seek treatment from clinical psychologists such as myself, under the Better Access Scheme. For the first time ever in Australia, ordinary people have been able to access private, confidential and specialised evidence-based treatment for common mental illnesses.

Under the existing Better Access scheme, patients with complex presentations and at the severe end of the spectrum of anxiety or depression had been eligible for a maximum of 18 sessions under the "exceptional circumstances" condition. However under the 2011-12 budget's proposed scheme, patients will not have access to any more than 10 sessions, full stop.

This is a woefully inadequate number for the many people with severely crippling forms of these disorders, whose daily functioning is so compromised that their family relationships are also impaired, as is their job performance, their job attendance, their ability to be productive, their ability to achieve their potential in all aspects of life – and who in some cases may even be at risk of ending their own life – these are the people in our communities who need more than the 10 sessions that will soon be available under the proposed Better Access scheme.

In the absence of a scheme that provides access to clinical psychology services for some of the more vulnerable members of the community, I recommend that the 18 sessions for exceptional circumstances are reinstated under Better Access.

Yours sincerely

Clinical Psychologist