Dear Senate Standing Committee Members and Minister Butler,

I am writing to express my serious concerns regarding changes to the Better Access to Mental Health Scheme outlined in the 2011-2012 Federal Budget. I am writing to you as clinical psychologist and member of the Australian Clinical Psychology Association (ACPA), a national organisation that represents clinical psychologists with accredited post-graduate qualifications in the speciality. These 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. They complete a period of training similar to that of psychiatrists (i.e., I studied for 10 years to get my Doctor of Clinical Psychology-Child Specialisation from the University of Melbourne), with a comprehensive focus on the assessment, diagnosis and treatment of mental health problems from a psychological perspective. I have serious concerns about these budget changes that reduce patient access to treatment by clinical psychologists and reduce the overall quality of service provision, particularly for those patients with moderate to severe mental disorders and/or significant co-morbidity.

Under the changes proposed in the federal budget, the number of clinical psychology treatment sessions a person with a mental health disorder can receive each year will be reduced from a maximum of 18 down to 10. The Government has argued that the changes to the Better Access Scheme will not affect large numbers of consumers, as only approximately 13% of Better Access patients receive more than 10 sessions. I would argue strongly that this group of patients have a right to access affordable clinical psychology care and that it is this group who can stand to make the most substantial gains from treatment, as the presence of moderate to severe mental disorders can have a significant impact on all aspects of functioning, including work, study, family and relationships, as well as physical health.

The Department of Health and Ageing Fact Sheet on the Budget measure states: *"People with severe and persistent mental disorders who require over 10 allied mental health services are still eligible for up to 50 Medicare Benefits Schedule consultant psychiatrist services per annum, or to access the specialised mental health system in each State or Territory".* **However, I am concerned that this significant loss of available sessions will have a major impact on patients with moderate to severe mental disorders, who need more than 10 sessions, but who do not fit the specific criteria for severe and persistent mental illness catered for by intensive support services in the public sector.** In addition, the government's statement regarding access to the services of psychiatrists ignores the fact that: (1) patients with moderate to severe mental illness should be able to choose to have treatment with a clinical psychologist and/or psychiatrist, as both have specialised training in providing mental health care for these patients, and often work collaboratively in both the public and private sectors, providing different forms of complementary care which are not mutually exclusive; (2) there is a significant shortage of psychiatrists; (3) only a very limited number of psychiatrists bulk-bill patients, and patients may be charged a substantial gap fee that can be prohibitive, particularly for those from low socioeconomic backgrounds.

The government budget document has additionally stated that *"The new arrangements will ensure that the Better Access initiative is more efficient and better targeted by limiting the number of services that patients with mild or moderate mental illness can receive, while patients with advanced mental illness are provided with more appropriate treatment through programs such as the Government's Access to Allied Psychological Services program."* However, it is not clear that there is sufficient funding or clinical psychology positions/services within the ATAPS program to compensate for the major shortfall created by the cuts to the Better Access Program. Additionally, there is no evidence that patients with advanced mental illness would be better provided for under the ATAPS program relative to seeing a clinical psychologist in private practice under the Better Access Scheme, particularly as the Better Access Scheme allows patients to choose their service provider where appropriate based on criteria such as clinical experience and goodness of fit between patient and therapist (which isn't always easy to find the "right fit").

I work for child psychiatry in the public sector but I frequently refer clients with moderate to severe mental disorders to private clinical psychologists under the Better Access programme. This patient group includes individuals presenting with personality disorders, substance abuse, and early trauma histories, as well as those with long-standing and/or severe mental health issues and associated impairment in functioning. **Treatment of these patients under the 10 session scheme may have unintended negative consequences for these patients as session limits will likely require that treatment be interrupted or ceased prematurely, for instance, in the public sector I frequently see clients for months-years according to evidenced based treatment as well as an evaluation of their needs and progress by both parents and the young person themselves.** Such treatment interference may result in symptom exacerbation or relapse; treatment aversion; or may reinforce long-standing patterns of isolation, rejection/abandonment and hopelessness, particularly for individuals with trauma or personality disorder presentations.

Since the Government announced the Budget cuts ACPA has compiled current data relating to clinical severity, co-morbidity and treatment needs in patients seen by clinical psychologists under Better Access. Voluntary contributions to the data set were made by thirty-three Members of ACPA, and related to a total of 503 clients seen within a specified one-week period. Analysis indicates that 30% of clients were rated by clinicians in the severe to extremely severe range of impairment on the Global Assessment of Functioning Scale, and 36% were rated in the moderate range. Only 31% of clients were rated in the mild/minimal impairment range. In addition, 42% of clients have two mental health diagnoses, and 16% have symptoms of three or more diagnoses. In terms of chronicity of presenting symptoms, 20% of clients reported symptom duration for their primary mental health diagnosis of 2-5years, and 33% reported symptom duration of more than 5 years. In addition to their primary mental health diagnosis, 30% of clients presented with comorbid personality disorder symptomatology. It is of note that 73% of clients had at least one significant comorbid problem, such as a medical condition, intellectual disability, social impairments or trauma and or abuse histories. A significant percentage of clients reported trauma histories: 43% reported a history of childhood emotional abuse, 22% a history of childhood physical abuse, 11% a history of childhood sexual

abuse, 23% had suffered childhood neglect, 25% had witnessed domestic violence in their family of origin, and 38% had experienced a significant traumatic event as an adult. It is well recognised that trauma has a broad range of cognitive, behavioural, emotional, physiological and relational sequelae, such that these clients may require a significant level of ongoing psychological support and intensive trauma-based psychotherapy. In the clinical opinion of the treating clinical psychologists 85% of the clients in the ACPA survey would require more than 10 psychological therapy sessions, of whom approximately half would require more than 18 sessions. Clinician recommendations for a higher number of sessions were associated with greater duration of primary diagnosis, greater severity at initial presentation and the presence of significant comorbid issues. This snapshot of clients seen by clinical psychologists demonstrates the need for psychological intervention at least at the level currently provided for under the Better Access Scheme for clients referred to clinical psychologists in the private sector.

The proposed changes to Better Access are not directed by evidence-based clinical practice guidelines for individuals with moderate to severe mental disorders and complex presentations. **These cost-saving measures can be expected to have serious unintended associated costs for the public and the health care system, which public child psychiatry will not be able to manage.** Please act to ensure that treatment for individuals with moderate to severe mental illness is not compromised by the proposed budget cuts to the Better Access Scheme. I am pleased that a Senate Inquiry has been announced into the Commonwealth Funding and Administration of Mental Health Services which will examine these issues in full, and hope that this will lead to the government increasing access to Clinical Psychologists in both the public and private sectors.

Yours sincerely,

Dr Olga Szymanska

Clinical Psychologist

Member Australian Clinical Psychology Association