Submission Regarding: Changes to the Better Access Scheme;

I am writing as a registered and practicing clinical psychologist, with concerns about the proposed changes to the Better Access Scheme. I currently work as a provider for two headspace centres in Melbourne and believe that reducing the maximum number of sessions clients are able to access through the Better Access Scheme will have adverse consequences for many young people and families with moderate-to-severe psychological disorders.

Consistent with the evaluation results of the Better Access initiative, and with the results of the APS' recent study of 9,000 people in Australia accessing the scheme (see their Media release 7 June 2011), I find that the majority of my clients respond well to psychological treatment over a period of 6-10 sessions. However, the small minority of my clients who have required additional sessions, have done so in the context of severe mental health problems, have been very low functioning, and often have had an inability or ineligibility to seek psychological help elsewhere.

Given the published low rates of people in Australia using more than 10 sessions, I cannot believe that this change to the Better Access Scheme is a real cost saving measure. Most people in Australia seeking help for mental health problems are not eligible for specialised public health treatment options. For those that are, there are generally very long waiting lists before they can access treatment. In my view, there is a risk associated with brief intervention (10 sessions or less) for people with complex and severe psychological presentations. Leaving these clients unsupported, particularly if they are not able to seek help from other agencies, can result in a deterioration in their presentation, and increased levels of risk. Thus, there is a real possibility that the proposed changes to the Better Access Scheme will put increased pressure on an already overloaded public health system. I believe that thorough early psychological intervention is more efficient and cost-effective than risk-based late intervention.

Yours sincerely,

Dr Elizabeth M Westrupp
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