

Cuts to scheme hurt people it aims to help

Tamara Hunter, The West Australian December 6, 2011, 5:50 am

Specialist psychologists have warned of a growing crisis among mental health consumers in the wake of Federal Government cuts to the Better Access scheme, which has seen Medicare-funded sessions with private therapists cut by nearly half.

A bid by the Greens to disallow the cuts won't be debated before next year and the Government has so far failed to heed a Senate inquiry report which recommended the cuts be delayed until alternative services were ready to fill the gap.

Psychologists who have had to cut patients off mid-treatment since the changes came into effect on November 1 say the move is short-sighted and has led to severe distress in clients reliant on regular sessions to help them keep depression, anxiety, post-traumatic stress and other mental health disorders at bay.

They report that some, unable to pick up the cost themselves, have become suicidal and face a bleak Christmas without psychological support.

Some psychologists, fearing for their most vulnerable clients, have offered pro bono sessions to keep them stable.

While for many the change will see a modest drop from 12 to 10 rebated sessions, for more than 87,000 people a year - the 13 per cent of Better Access users who took the highest available number of sessions - the number will drop significantly, from 18 to 10.

The cuts mean those who have had their 10 sessions this year, regardless of where they are in their treatment or whether they have been approved for 18 - will receive no more support until next year.

Mark Butler, Federal Minister for Mental Health and Ageing, says affected people can access 50 sessions of subsidised psychiatric care per year, along with other services which will be funded by the cuts. However, opponents say these services are not yet available or have criteria which exclude many of those affected.

Jillian Horton, founding president of the Australian College of Specialist Psychologists, says the push to herd more needy Better Access users to already pressed - and more expensive - psychiatrists ignores the proven value of psychological treatment and flies in the face of the overwhelming demand for "talking therapy".

"The community is screaming out for non-drug therapies," Dr Horton says.

"I have clients coming in all the time saying they don't want to take antidepressants or anti-anxiety medication. They want to get at the problem and find strategies and life skills to manage and resolve behaviour."

She says that while the focus on new services for young people is welcome, the Government is robbing Peter to pay Paul.

"They are taking money out of the most successful mental health program in 30 years to put it into new services which aren't even online yet," Dr Horton says.

"This program was servicing a huge unmet need in the community and there's now a huge gap."

The Better Access scheme began under the Howard administration in 2006 and proved unexpectedly popular, leaving the Federal Government with a bill three times more than anticipated.

The cuts, announced in the May Budget, are expected to save \$500 million, with the money redirected to other mental health services aimed predominantly at young people, early intervention and vulnerable groups.

The Government says it will continue to invest heavily in mental health, with \$4 billion to be spent over the next five years on the pared-down Better Access program and other services.

Opponents of the cuts say the costs will outweigh any benefits, because people who have been improving or maintaining their health and productivity lose access to trusted therapists and end up in crisis.

Psychologist and spokesman for the Alliance for Better Access Ben Mullings says costly spill-on effects include more presentations to hospitals or psychiatric wards, suicide attempts, more police call-outs as patients' conditions deteriorate and they become depressed, angry and antisocial or self-medicate with alcohol or drugs, loss of jobs and productivity and increased dysfunction within families.

Opponents also dispute Mr Butler's argument that Better Access was only ever meant to help those with mild to moderate conditions. The minister says those who are accessing more than 10 sessions have complex needs more appropriately handled by other services.

However, Richard Taylor, a clinical psychologist who has worked in the Wheatbelt for 10 years, says it's the more difficult cases that Better Access has served best.

"The evaluation of the Better Access program has demonstrated those with more serious presentations benefit the most and they have taken up the service in large numbers because their needs have been ignored for decades," Mr Taylor says.

Mr Butler says Better Access has failed to reach vulnerable groups, including young people, men, those in rural and remote areas, indigenous Australians and the economically disadvantaged.

However, psychologists strongly reject the "well-heeled worried well" argument. Dr Horton says practitioners come face-to-face daily with people suffering crippling anxiety, depression and other disorders who have been unable to find or afford the right help elsewhere.

"If someone's requiring professional treatment, they're not sad or a bit worried, they're in distress," she says.

"It's affecting their productivity, their ability to function, their ability to be a mother or somebody else in the family. What these cuts ignore is that getting these people well again represents a huge long-term saving for the community."

A spokeswoman for Mr Butler says people at risk of suicide should access special psychological services under the ATAPS program - the program opponents say is not yet ready and which those who have already used Better Access are ineligible to use until next year.