

Australian Labor government slashes access to mental health services

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The Australian Labor Party began the new year by cutting the number of publicly subsidised psychologist appointments available per person each year from 20 to 10.

This deeply regressive measure is bound up with the government's drive to reduce debt and its budget deficit by cutting public spending, including to vital public services. It is also part of the campaign to depict the COVID-19 pandemic as a thing of the past. Subsidised sessions were initially increased from 10 to 20 in 2020, in response to a Productivity Commission report on mental health that was issued amid concerns over workforce shortages during the pandemic.

The need for subsidised psychological treatment, like the pandemic itself, has not gone away. COVID-19 infections continue, globally and in Australia, causing debilitating long-term effects and deaths. The worsening social crisis, fuelled by escalating costs of living and declining living standards, has seen the demand for mental health support grow, not lessen.

More than 20 percent of the Australian population experiences some kind of mental health disorder. Young people are especially burdened by the mental health crisis, with around 40 percent of 16–24 year-olds experiencing some kind of mental health problem. There are many more people who would benefit from psychologist appointments without a formal diagnosis, in addition to those who do not seek out a diagnosis. Just 5 percent of the adult population received one or more subsidised psychologist session last year.

The halving of subsidised appointments will cause further harm and suffering. While the affluent upper-middle class will be unaffected, being able to afford private treatment as required, working-class people will be hard hit.

Labor Health Minister Mark Butler attempted to

cover his tracks by absurdly claiming the policy of slashing subsidies was aimed at improving health services. He insisted that the 20 available sessions had “aggravated existing waitlists and aggravated barriers to access,” with “lowest income Australians” especially affected by shortages of available psychologists.

This situation ought to trigger a massive expansion in government funding for mental health services. When a system is failing to serve some of the people who require it, the answer is to increase the resources available, not reduce them.

Butler also insisted that a government-commissioned review found that providing 20 rather than 10 sessions to people made no difference, because “self-reported baseline mental health was almost identical for those who did and did not receive the additional sessions.”

Numerous mental health experts have rejected this, and denounced the government's cuts to subsidised treatment.

Dr Katrina Norris, director of the Australian Association of Psychologists, wrote in the *Daily Telegraph*: “As a psychologist working in private practice, whose clients have directly benefited from these additional sessions, I am disappointed, saddened and angered by this decision. [...] The additional sessions gave those who were able to access services, the opportunity to have more frequent treatment as needed. For those in crisis or with complex mental health needs, the additional sessions allowed them to receive adequate treatment without reliance on the public health or community health systems. It allowed them security, stability, and choice in their mental healthcare.”

She added: “Ultimately, this decision is likely to cost lives and this is why psychologists and other mental

health practitioners are outraged.”

Professor Caroline Hunt, president of the Australian Clinical Psychology Association, and Associate Professor Christopher Lee from the University of Western Australia wrote in the *Sydney Morning Herald*: “This move cannot be justified through a healthcare lens and the federal government seems comfortable reserving the highest-quality expert mental health care exclusively for the wealthy few who may be able to privately fund it. [...] These cuts won’t just mean reduced access to vital care; in some cases psychologists may have to turn away vulnerable patients with more complex mental health conditions because we know delivering only half the required treatment will not provide beneficial outcomes. This is an enormous ethical dilemma for mental health professionals.”

The Labor government has ignored all these pleas. This is consistent with its earlier dismissal of recommendations made in a report it commissioned, reviewing the Better Access initiative (the program under which people can access subsidised psychologist appointments).

On December 8, a team of University of Melbourne researchers—led by Professor Jane Pirkis, Associate Professor Dianne Currier, Associate Professor Meredith Harris and Professor Cathy Mihalopoulos—provided the government with a 337-page report. It reviewed the history and record of the initiative, and collated numerous statistics and surveys. It specifically recommended that the increase to 20 sessions be maintained, explaining: “The additional 10 sessions should continue to be made available and should be targeted towards those with complex mental health needs.”

Complex needs refers to the most vulnerable, those who suffer from debilitating mental health problems that prevent them from functioning in society without regular specialised care.

The report contained numerous statistics pointing to the class issues within the mental health crisis. Working class and poor people are the worst affected by mental health problems, and the least able to access proper treatment. Within the poorest 20 percent of the Australian population, 22 percent suffer high or very high levels of psychological distress. This is more than double the level of distress in the wealthiest 20 percent

of society.

Wealthy layers are significantly more likely to access psychological treatment. The report explained: “Those on the lowest incomes are least likely to access services. The wait times to treatment for those who did progress from a [mental health] plan to treatment were also longer for those in the lowest income quintile; their median wait time was 22 days whereas the median wait time for those in the highest quintile was 17 days. All of these indicators have worsened over time.”

Lower access for working people partly reflects fewer available psychologists. The report found that 1 in 3 psychologists in 2022 were unable to take on new patients, compared to 1 in 5 in 2021.

Cost is a major barrier to treatment. Nearly two-thirds of subsidised sessions require patient “co-payment,” with median out-of-pocket cost per service now \$90. A survey included in the report found that of patients who ceased psychological treatment early, nearly one-third, 31.7 percent, reported that they did so because “co-payment” charges were unaffordable.

One person told researchers: “It’s really just the financial side that’s difficult, having to take like time off work and things to go to appointments. That also has a financial impact but there’s not really any way around that, and I’m casual at the moment so it’s unstable to begin with.”

The Labor government’s cut to psychological services is a ruthless, anti-working class measure that underscores its role as an instrument of finance capital and big business.



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