Having read through both volumes of the draft, I was pleased to see a focus on early intervention. However, the need for more psychological services *as a result of prolonged childhood abuse*, is profound and underrepresented in the draft. I was especially disappointed considering I was directed to the draft by Minister for Health, Hon Greg Hunt's office in response to a letter I wrote him, only to find it contained little regarding childhood abuse. Perhaps they meant I could just submit my suggestions here? I would like to hope that is the case and that I wasn't fobbed off.

According to Blue Knot foundation approximately 5 million Australian adults are affected by childhood trauma – with 3.7 million, of these, having suffered childhood abuse. This is a staggering statistic, and I hope most are not suffering like I have over the years.

I have been hospitalised in the public sector approximately 10 or so times briefly and in the private sector over 40 times (with most admissions being several months long). Trauma informed care is needed in all areas of treatment - especially poor, is treatment in emergency departments, which I was pleased to see mentioned in the draft.

I would like to see more psychological services offered under the MBS for people with complex childhood trauma histories. The 20 MBS sessions outlined in the draft, whilst better than the current 10, is quite simply not adequate for the type of therapy many survivors of childhood abuse require. Disorders of prolonged childhood abuse, such as C-PTSD, Dissociative disorders and in some cases trauma-related diagnoses of Borderline Personality Disorder really require more focused, intensive therapy than the 20 sessions can provide. I see the support of 40 sessions being offered to those with eating disorders (which I also do have) and I am saddened that this is not offered to all those with prolonged childhood abuse histories - a huge chunk of their lives has already been taken from them, they deserve care now.

I suggested moving towards these preventions, interventions and treatments to the minister for health:

- Early intervention for children and families to reduce the incidence of trauma, and hopefully intervene early enough to reduce the negative lifelong and often severe consequences when trauma has occurred.
- Increasing Medicare psychology rebates to up to 50 (or at least 40) psychology sessions per year, in the case of complex childhood trauma-induced conditions (including C-PTSD, Dissociative Disorders and in some instances, those diagnosed with Borderline Personality Disorder).
- Opening Government funded live-in facilities for those Australians living with Dissociative Disorders and C-PTSD – especially those who are unable to access Australia's private Trauma and Dissociation units, due to lack of private health insurance.
- Improved trauma informed care in public hospital Accident and Emergency Departments and at inpatient psychiatric hospitals.
- Implementing more awareness campaigns to the general public about the aftereffects of childhood trauma, and its prevalence in our society.

In other areas of the draft, I was pleased to see education of doctors regarding medication effects is a priority. I strongly believe doctors also need to be informed of slow tapering methods when withdrawing from these medications, as withdrawal effects will almost inevitably occur at the rates most doctors (both GPs and psychiatrists) taper these potent medications (or sometimes stop abruptly and don't taper at all as has been my past experience with several psychiatrists). Withdrawal effects can mimic some mental illnesses, so it is imperative to do this *extremely slowly* - perhaps even a 10% reduction at a time and then hold for a month if the patient has been on the medication longer than 12 months. I do not have a psychotic illness, yet upon beginning my tapering process from Saphris recently as requested by my Psychiatrist and earlier my GP, I encountered severe agitation, anxiety, intolerance of other people, lowered mood and irritability. This was going from a dose of 10mg to 5mg. Once I halved a 5mg wafer and went up to 7.5mg, these withdrawal effects went away completely and almost immediately. Many doctors would argue this was my original symptoms returning, but I know better than that. These were withdrawal effects from tapering too quickly. I purchased a milligram scale so I can very slowly taper by 10% from now on. As I said, doctors are quite simply uninformed in this area.

As was proposed, a university degree for Nursing and Mental Health would be a fantastic way to encourage more mental health nurses. If this goes ahead, I encourage keeping mental health training and placements in general nursing, as many nursing students are unsure of which area of nursing they would like to go into until they've completed a placement. A mental health graduate program, where a graduate nurse is attending work in a mental health setting and also university 2 days per week for 2 years, could also be an alternative option to becoming a mental health nurse. I definitely think the Nursing and Mental Health degree would be a good idea.