



AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY LTD

ABN: 50 147 110 996

4th August 2011

Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

To the Senate Standing Committee,

Re: Cuts to the Better Access to Mental Health Care Program

The Australian Association for Cognitive and Behaviour Therapy Limited (AACBT Ltd), is the peak professional interest group for cognitive behaviour therapy (CBT) training in Australia. We are the Australian equivalent of the American Association of Behavioral and Cognitive Therapies (ABCT), the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the European Association for Behavioural and Cognitive Therapies (EABCT).

The Association welcomed the Commonwealth Government's recent investment in mental health care. However, we are writing to express our concern about the recent cuts to the maximum number of subsidised Medicare sessions of psychological focused therapy available for individuals with mental health disorders. The introduction of the Better Access to mental health care program in November 2006, provided the 20% of Australians with depression, anxiety and/or substance use disorders¹ with access to evidence based CBT care for the first time. CBT is recommended as the treatment of choice for depressive disorders as well as a number of anxiety disorders including generalised anxiety disorder (GAD), posttraumatic stress disorder (PTSD) and obsessive compulsive disorder worldwide.²⁻⁴ A recent independent evaluation of the Better Access program provided preliminary evidence for its effectiveness. Consumers (289 recruited by clinical psychologists, 317 recruited by registered psychologists and 277 recruited by GPs) level of psychological distress reduced from moderate-severe levels of distress to the Mild-Normal range (on the Kessler-10 scale (K10)), following psychological treatment⁵.

The recent reduction in the maximum number of subsidised Medicare sessions of CBT (maximum of 10), threatens the integrity and effectiveness of the CBT delivered. International guidelines recommend 16 to 20 sessions of CBT for depressive disorders and 12 to 15 sessions of CBT for anxiety disorders (e.g., GAD). Any reduction in the number of CBT sessions available is likely to reduce the effectiveness of CBT, as clinicians are forced to finish treatment before it is complete and discharge clients before it is clinically indicated.

Thus, the AACBT believe the recent cuts to the number of CBT sessions available for the treatment of high prevalence mental health disorders will undermine the capacity of the Better Access program to deliver effective evidence based CBT treatment.

Yours Sincerely

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References

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