Submission to the Government's 2011-12 Budget changes relating to mental health services in Australia

I am writing to express my concern regarding the decision to cut the "better access" funding for psychological services. This decision will likely adversely affect the *access to* and *efficacy of* the treatment provided to those individuals that may need it the most (e.g., are unable to privately fund treatment).

Specifically, Hansen, Lambert and Forman's (2002) review published in Clinical Psychology: Science and Practice, examined the number of sessions ("doses") required for clinically significant change to occur in psychological treatment. Their results revealed that "greater than 10 but fewer than 20 is typically required before 50% of patients meet criteria for recovery" (p. 333) and that ***"a realistic summary of the literature suggests that between 13 and 18 sessions of therapy are needed for psychiatric symptoms alleviation, across various types of treatment and patient diagnosis" (p. 333).*** So, my question is...if the treatment interventions provided to our clients are guided by an evidence-base, should not the "dosage" of treatment also be guided by empirical evidence?

In summary, research indicates that the capping of rebates to only 10 sessions is far below that required for evidence-based practice to be effective for most people. Thus, individuals who are the most disadvantaged or experiencing the greatest psychosocial difficulties will be unable to afford to complete a course of psychological treatment sufficient to experience clinically significant change. As a care professional, I feel it is largely immoral to offer such an abbreviated service and fear it will cause much greater harm than good.

Regards,

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