

**For: Senate Standing Committee on Community Affairs  
Commonwealth Funding and Administration of Mental Health Services**

Terms of Reference

(b) changes to the Better Access Initiative, including:

- (i) the rationalisation of general practitioner (GP) mental health services,
- (ii) the rationalisation of allied health treatment sessions,
- (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
- (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;

**Specifically in relation to (b) (iv):**

It is disappointing to see the available number of sessions for patients reduced from 18 to 10 in a year. This reduction is likely to have a negative impact on the efficacy of this program as the majority of the evidence-based programs such as Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) recommend and rely on a larger number of sessions.

**For example:**

Referring to anxiety “The general style of therapy is similar to that of cognitive therapy for depression (see Chapter 6). Patients are generally seen weekly for between 5 and 20 sessions.” (p. 66, *Cognitive Behaviour Therapy for Psychiatric Problems: A Practical Guide*, Edited by Keith Hawton, Paul M. Salkovskis, Joan Kirk, and David M. Clark).

Referring to Interpersonal Therapy “In general, a course of ten to twenty sessions is used for the acute treatment of interpersonal problems, depression, or other major psychiatric illnesses. While empirical research regarding acute treatment is at present limited to controlled studies in which weekly therapy is provided and then abruptly stopped, clinical experience has been that tapering sessions over time is generally a more effective way of utilising the treatment. In other words, weekly therapy may be provided for six to ten weeks, followed by a gradual increase in the time between sessions as the patient improves, such that weekly sessions are followed by biweekly and monthly meetings. Though acute treatment should be time-limited, both empirical research and clinical experience with IPT have clearly demonstrated that maintenance treatment – particularly for those patients with recurrent disorders such as depression – should be provided for patients who have responded to acute treatment in order to reduce the risk of relapse.” (p. 6, *Interpersonal Psychotherapy: A Clinician’s Guide*, Scott Stuart and Michael Robertson, 2003)