

Beyond efficacy to national implementations of net-therapy: Public Health Perspectives

The Australian Scene

Helen Christensen

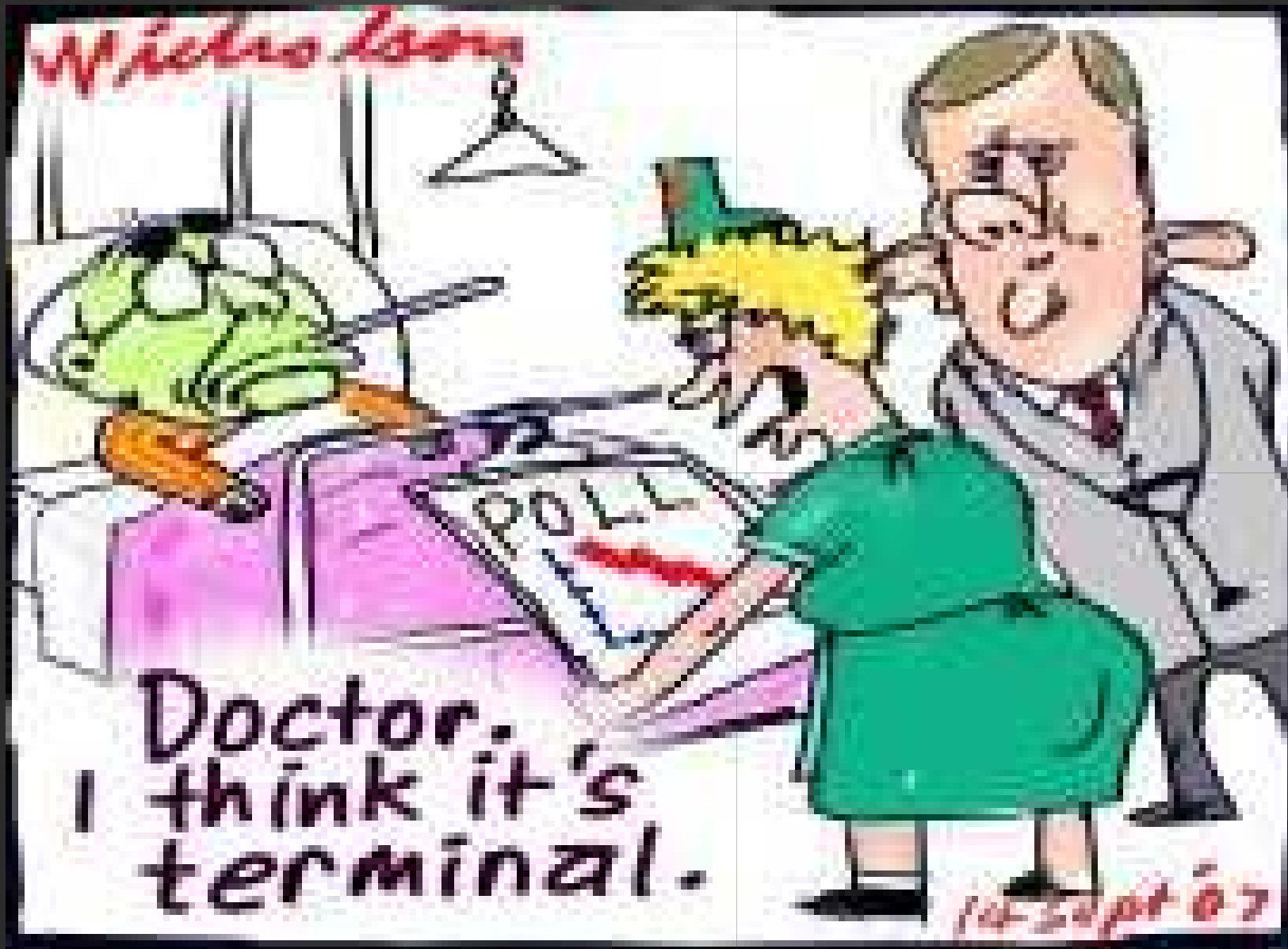
Canberra, AUSTRALIA



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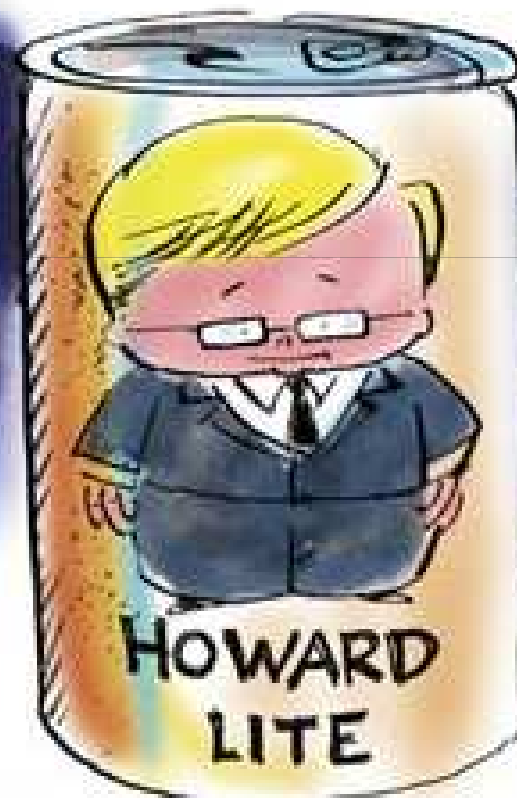
The political context





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The health context



Problems in the provision of mental health services for anxiety and depression

Quality

Access

Episodic focus

Cost

Workforce

Two recent policy initiatives under COAG reforms

Provision of 12 sessions of psychological therapy most of which is covered by Medicare

Provision of web-based and telephone counselling services- 59M over 4 years

But rates increased three times planned levels

The screenshot shows the Sydney Morning Herald website. The main article is titled "Psychologist visits 'up under govt plan'" and is dated March 28, 2007. The article text states that more than 10,000 people have visited a psychologist each month, which is higher than the expected 35,000 consultations per year. It also mentions that the program covers various psychological conditions and that the government initially expected 35,000 consultations per year. A sidebar on the right lists news items under "NEWS WIRE" and "World".

Psychologist visits 'up under govt plan'
March 28, 2007 - 10:44AM

More than 10,000 people have visited a psychologist each month to seek help for a mental illness after a higher than expected take-up of a government scheme that provides Medicare rebates for the visits.

Since November 1, patients have been able to claim up to 12 psychological consultations each year on referral from their GP, who must review them after the first six sessions.

The program covers a range of psychological conditions including anxiety, depression, eating disorders, attention deficit disorder and schizophrenia.

The government initially said about 35,000 consultations each year were expected under the program.

But Health Minister Tony Abbott told the lower

NEWS WIRE >>

- 7:09AM Man killed in Cairns workplace accident
- 6:49AM Masked men hold up convenience store
- 6:49AM Sydney man charged over sexual assault
- 5:04AM Better housing options for the disabled
- 5:04AM Walkers make better workers: expert
- 1:04AM Welfare group unveils election demands
- 1:04AM Canberra cuts hospital funding: report
- 11:59PM Young offenders could be named in NSW
- 10:29PM Missing boy found dead in NT waterhole
- 10:04PM De Bortoli winemaker wins magazine gong

World

- 7:09AM Congo kills 35 renegade fighters in east
- 6:39AM Iran says will go ahead with atomic work
- 6:20AM Indonesia hit by quakes, no tsunamis

Business

- 9:45PM Nations must save WTO round: US
- 8:24PM Man shot near Pelican's Philippines mine
- 7:44PM UK reviews of BSKyB's terrestrial plan

Sport

- 7:04AM Shah's 82 paves way for England



And access not equitable

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Psychologist access is a mind game

Annabel Stafford, Canberra
May 5, 2007

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IF YOU live around Hawthorn or Kew, finding a psychologist that Medicare will pay for is a breeze. If you live in Reservoir or Footscray, it's quite a bit harder. And if you're unlucky enough to live in a country town such as Ararat, you miss out altogether.

When the Government announced a \$1.9 billion funding package for mental health services last year, it was hailed as a big fix for Australia's ailing mental health system.

But now there are concerns that the package is skewed to helping wealthy and urban Australians and will do little to help the mentally ill in poor and remote areas.

Today's National Coverage

- Tourist hopes high for Kidman epic
- Will ye no come back again?
- African migrants 'welcome addition'
- Labor backs pulp mill
- Crown fined for short decks
- Maccas takes out 'pester power' prize
- Public hospitals fail to cope with onslaught
- Science helps bury bodies but keep names alive
- Institute's timing is perfect for Vic cause
- Bracks' new job a tender subject inside KPMG

+ **National Index**

Energy crisis
Management Line Up
...
Previous | Next

TODAY'S TOP 10 ARTICLES

1. Minister's African dossier renews racial tensions
2. Crown fined for short decks
3. Sputnik turns 50
4. Pippas leaves ABC, considers future
5. Tourist hopes high for Kidman epic

Skewed to the wealthy?



And what about the farmers?



Two recent policy initiatives under COAG reforms

Provision of 12 sessions of psychological therapy most of which is covered by Medicare

Provision of web-based and telephone counselling services- 59M over 4 years

Funding

Lifeline

Kids Help Line

Reachout!

MoodGYM and BluePages

Panic online

Challenges

- [1] The government must continue to recognize the value these interventions as solutions to health care need otherwise services will be dropped.
- [2] The business model adopted must allow for sustainability: The current model of providing services may not be sustainable – short term funding and little career structure with the potential for creep back
- [3] No development money making it difficult for new players
- [4] No support for general practice models.
- [5] No support for workplaces or schools.
- [6] The services must meet standards of service that are still developing
- [7] The interventions need to be linked into 'normal' health services or NGO services.

What we can do

Continue to develop high quality, evidence based scalable products- commercial quality

Write theoretical papers on standards for dissemination – see Flay et al.

Develop international portal sites

Advocacy at an international level

Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination

Brian R. Flay,^{1,10} Anthony Biglan,² Robert F. Boruch,³ Felipe González Castro,⁴ Denise Gottfredson,⁵ Sheppard Kellam,⁶ Eve K. Mościcki,⁷ Steven Schinke,⁸ Jeffrey C. Valentine,⁹ and Peter Ji¹

Published online: 16 May 2005

Ever increasing demands for accountability, together with the proliferation of lists of evidence-based prevention programs and policies, led the Society for Prevention Research to charge a committee with establishing standards for identifying effective prevention programs and policies. Recognizing that interventions that are effective and ready for dissemination are a subset of effective programs and policies, and that effective programs and policies are a subset of efficacious interventions, SPR's Standards Committee developed overlapping sets of standards. We designed these Standards to assist practitioners, policy makers, and administrators to determine which interventions are efficacious, which are effective, and which are ready for dissemination. Under these Standards, an efficacious intervention will have been tested in at least two rigorous trials that (1) involved defined samples from defined populations, (2) used psychometrically sound measures and data collection procedures; (3) analyzed

Flay et al., 2005

showed consistent positive effects (without at one significant long-term follow-up. An not only meet all standards for efficacious interventions, but also will have (1) manuals, appropriate training, and technical support available to allow third parties to adopt and implement the intervention; (2) been evaluated under real-world conditions in studies that included sound measurement of the level of implementation and engagement of the target audience (in both the intervention and control conditions); (3) indicated the practical importance of intervention outcome effects; and (4) included a cost-benefit analysis.

