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The flexibility of this approach appears to suit many patients. On the other hand, if some patients prefer a structured program of regular appointments they are able to arrange their treatment that way as well. Also, if a therapist has sound clinical reasons for wanting to schedule an appointment with a patient they are certainly able to do so. Perhaps the therapist is concerned about risk so arranges to see the patient within the next couple of days or during the next week. It is still the case, however, if the patient is a voluntary user of the service then they can still decide whether or not they attend as the therapist has recommended.

The patient-led model of appointment scheduling has generated remarkable improvements in waiting times and access to services. In one district, a waiting list of 15 months was reduced to less than a month over a period of less than five years even though not every clinician in the district was using this method. One of the important mechanisms seems to be that when patients make their own appointments, they are very likely to attend. So the numbers of missed or cancelled appointments is very low.

Some therapists become concerned that if they don't know when a patient is coming back then they won't be able to structure therapy accordingly. A transdiagnostic cognitive therapy called the Method of Levels (MOL; www.methodoflevels.com.au) is ideally compatible with the patient-led model of appointment scheduling. In MOL each session is approached as a discrete problem solving opportunity with the patient determining the topic of the session. Therapy is not constructed in a linear step-wise fashion but, rather, develops organically according to the ongoing interplay between the patients and the environments within which they function.

MOL can be delivered as either a low intensity or high intensity therapy but it is the patient who decides what intensity they require. If they need less therapy then they schedule fewer appointments. If they require a greater intensity they schedule more appointments. In one of the first clinics to trial the patient-led approach there were four sessions a week with two therapists providing two sessions each. Patients, therefore, could make four appointments a week if they wanted to. Despite this, no-one did. Patients made appointments when they wanted to spend time working through the distress they were experiencing.

Because of its transdiagnostic nature MOL does not have the same limits that disorder specific treatments can have in working with people who have comorbid presentations. Given the high rates of comorbidity in clinical practice this makes MOL a very useful resource.

Both patient-led appointment scheduling and MOL therapy are part of a "patient-perspective" approach to mental health care. Although patient-centred care is promoted in many health contexts it still seems to be the case that the primacy of the patients' views and experiences are neglected or overlooked in many cases. Patients can be at the centre of deliberations while health professionals make decisions about them and to them and for them. A patient-perspective approach, on the other hand, ensures that the perspective of the patient is the driver of treatment decisions. Perceptual Control Theory (PCT; www.iapct.org; www.pctweb.org) offers an inside-out explanation of behaviour and clarifies why the patient's perspective is so important.

The patient-led approach to appointment scheduling, along with MOL, are ways of promoting control and empowerment with patients. It may still be the case that patients won't always make the decisions we would want them to make but they will become clearer about the things that are important to them in their life and the direction they would like their life to take. Patient-led appointment scheduling puts decisions about treatment frequency and duration where they should be: in the hands of the patients. Paradoxically, perhaps, this shift in locus of decision-making has had an extremely favourable impact on waiting times and access to services. It really is time we let patients take the lead when it comes to decisions about them and their lives.

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