Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

5 September 2011

Question No: 2

Topic: Better Access Evaluation - did it look at multidisciplinary, collaborative care

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The Committee asked:

(1) Are the professionals working together?

(2) What therapies are being provided?

(3) Are people actually getting better?

Answer:

(1) Chapter 7 (p119) of *Component B*: *An analysis of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) administrative data* of the Better Access Evaluation explored whether or not mental health professionals were working together. This component of the evaluation sought to address the following evaluation question:

To what extent has the Better Access initiative provided interdisciplinary primary mental health care for people with mental disorders?

Interdisciplinary care was defined as receiving services from two or more types of providers and examined by exploring rates of uptake and service use of various combinations of Better Access MBS items.

A summary of findings from the evaluation in relation to the extent to which mental health professionals were working together is below.

- People using Better Access services were most commonly provided these services by GPs alone (44.9% of consumers) or by combinations of services involving GPs and allied health professionals only (39.7%).
- Overall 55.1% of all Better Access users received interdisciplinary care i.e. services from more than one type of provider. This may include services provided by a GP plus an allied health provider, or psychiatrist; or services provided by an allied health provider and psychiatrist but no GP.
- Receipt of interdisciplinary Better Access care varied according to gender, age and region. Most notably, compared to the average across all Better Access consumers, rates of interdisciplinary care were approximately 15% lower in other rural areas and approximately 33% lower in remote areas. The evaluators noted that some consumers,

particularly those people in non-metropolitan areas, may be receiving psychological services via the ATAPS program which are not recorded by Medicare.

- Rates of interdisciplinary care also decreased as level of socio-economic disadvantage increased. Specifically, rates of interdisciplinary care were approximately 13% higher among people in the least disadvantaged areas, and approximately 13% lower among people from the most disadvantaged areas, compared to Better Access consumers overall.

To encourage greater collaboration among mental health professionals, the Australian Government has funded the Mental Health Professional Networks (MHPN) to conduct local case conferencing workshops. These workshops were attended by a wide variety of professionals including psychiatrists, general practitioners, psychologists, occupational therapists, social workers and mental health nurses. A total of 1,169 workshops were conducted nationally and attended by 15,000 professionals. Nearly 500 ongoing local networks have emerged from the workshops which maintain membership of nearly 7,000 professionals. Component E of the Better Access Evaluation concluded that the MHPN had achieved its aim of promoting interdisciplinary networking among mental health professionals.

(2) Findings from the evaluation indicate the majority of consumers received evidence-based psychological therapies with 87% receiving cognitive-behavioural therapy (CBT) from clinical psychologists and 90% receiving CBT from registered psychologists (Component A p. 25).

(3) The Better Access evaluation *Component A: A study of consumers and their outcomes* indicates that Better Access consumers experience clinically significant reductions in levels of psychological distress and symptom severity upon completing treatment. Consumers reported a decrease from high or very high levels of psychological distress at the start of treatment to more moderate levels of psychological distress at the end of treatment. The same outcomes were achieved whether the consumer was male or female, young or old, wealthy or financially disadvantaged.