



29 August 2011

Senator Siewert
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Senate Standing Committees on Community Affairs
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Dear Senator

RE: Inquiry into Commonwealth Funding and Administration of Mental Health Services

I write in relation to the Senate Inquiry hearing held in Melbourne on 19 August 2011. The Royal Australian College of General Practitioners (RACGP) thanks the Senate Community Affairs Subcommittee for the opportunity to appear before the Senate Committee, and present evidence regarding the delivery of mental health in Australia.

As discussed at the hearing, the RACGP received questions on notice regarding submissions received from:

1. The Department of Health and Ageing
2. Mental Health Council of Australia.

The College would like to provide comment regarding these submissions to the Senate Committee regarding these submissions.

1. The Department of Health and Ageing

The College has reviewed the Department of Health and Ageing's submission, and notes that the submission covers a number of issues including:

1. Changes to the Better Access program
2. Access to Allied Psychological Services (ATAPS)
3. Rebates for Better Access.

1.1 Changes to the Better Access program

The submission states that the evaluation of Better Access has confirmed that the distribution of services across communities is relatively poor, and that the further people live from a GPO the fewer services they receive.

However, the College notes that:

- The Better Access Evaluation Report actually concludes that while some groups have had greater levels of uptake of Better Access than others, Better Access has reached all groups and increased most dramatically for those who have been the most disadvantaged in the past, including people aged 0-14, rural areas, and the most socio-economically disadvantaged areas¹
- There is a maldistribution of health services throughout Australia, and in some particularly disadvantaged areas there is simply no workforce to deliver Better Access services. It is therefore not valid to state that Better Access delivers fewer services in rural and remote areas without consideration of overall health delivery in those areas.

1.2 Access to ATAPS

The College notes that the Department has highlighted the benefits of the ATAPS program, including access for difficult to reach patients, no out-of-pocket expenses, and improved patient outcomes.

Whilst the investment into ATAPS is significant and welcome, the College notes that:

- The Better Access evaluation report also showed significant and improved patient outcomes, with 90% of patients reporting that the treatment had resulted in “significant” to “very significant” improvement²
- There is a significant gap between the reduction in funding for Better Access, and the increased funding for ATAPS, which will mean that a significant number of patients’ care will be compromised in the interim
- There are significant barriers for patients wishing to access ATAPS, and it is often not possible to secure treatment for semi-urgent cases
- There is finite funding for ATAPS, with the Divisions of General Practice and other fundholders exhausting funding for the provision of mental health services before the end of funding cycles
- Access to ATAPS still requires a mental health plan, so cuts to MBS item 2710 may also affect access to ATAPS.

The College believes that it is not a question of whether funding should be directed to ATAPS or to Better Access. Rather, the RACGP believes that mental health services remain underfunded, and that mental healthcare deserves a greater focus and its rightful share of total health funding. Integrating mental health services into primary care is the most viable way of closing the treatment gap and ensuring that people get the mental healthcare they need.³

1.3 Rebates for Better Access

The Department’s submission states that the proposed changes to general practice patient rebates for Better Access brings the Better Access rebate back into line with a standard timed consultation.

As advised at the Senate Inquiry Hearing, the 2710 MBS item number was never intended to be time based, and was structured to include consideration of the time spent on preparing the mental health plan and coordinating services outside of the patient consultation.

Therefore, the proposed changes to the general practice MBS item numbers for Better Access will actually result in below-par patient rebates for mental health.

2. Mental Health Council of Australia

In its submission, the Mental Health Council of Australia raises a number of concerns regarding the evaluation of the Better Access program, including:

1. The Evaluation of the Better Access program
2. Patient outcomes for traditionally disadvantaged groups
3. Cost effectiveness
4. The need for evidence and a strategic approach.

2.1 Evaluation of Better Access

The RACGP notes that the majority of comments regarding the Better Access program relate primarily to the evaluation of the program as opposed to the program itself. Whilst agreeing that there remain a number of unanswered questions regarding the program, the Better Access remains one of the most evaluated mental health programs.

2.2 Patient outcomes for traditionally disadvantaged groups

In relation to patient outcomes for traditionally disadvantaged groups, as noted above, the College advises that whilst the evaluation report was unable to assess all traditionally disadvantaged groups, it was able to confirm significantly increased access for younger Australians, rural patients, and socio-economically disadvantaged areas.

The College agrees with the Mental Health Council of Australia that further evaluation is required for the Better Access program, other mental health programs, and healthcare more broadly.

2.3 Cost effectiveness

The RACGP advises that the Summative Evaluation report of the Better Access program confirmed that Better Access program is a cost effective way of delivering mental healthcare.⁴

2.4 The need for evidence and a strategic approach

The RACGP agrees that a more strategic approach to identifying and addressing the needs of the mental health system is required. As noted in previous submissions, the RACGP calls on the Government to conduct a comprehensive review regarding mental healthcare delivery, including consultation with the profession, consumer groups, and all other stakeholders, to identify a revised approach which does not reduce access to high quality mental healthcare support for Australians across all states and territories.

Should you have any comments or questions regarding the above, please contact me on advocacy@racgp.org.au or call me on (03) 8699 0408.

Regards



Prof. Claire Jackson
President

References

¹ Pirkis J, Harris M, Ftanou M. Summative Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare benefits Schedule Initiative Final Report. Melbourne: Centre for Health Policy, Programs and Economics, School of Population Health, Melbourne University, 2011, p.7

² Pirkis et al, p.9

³ World Health Organisation. Integrating mental health into primary care: a global perspective. World Health Organisation and World Organization of Family Doctors, Singapore (WONCA), 2008

⁴ Pirkis et al p.10