



## **Additional submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services**

**September 2011**

### ***1. Details of the APS survey of Better Access consumers who required more than 10 sessions of psychological treatment in 2010***

#### **RATIONALE FOR UNDERTAKING THE SURVEY**

The 2011 Federal Budget announced cuts to the Better Access initiative which will be operative from 1 November 2011, involving a reduction in the annual allowance of sessions of psychological treatment to 10, with no 'exceptional circumstance' arrangements enabling additional sessions. The Government has stated that the cuts to Better Access equate to 13 per cent of people treated by psychologists who are seen for more than 10 sessions, which on Medicare Australia session data equates to approximately 87,000 people per year who would be affected by the cuts.

The Government only has Medicare session data on clients and providers to inform the decisions that are made, and these data do not provide information on the nature and severity of the mental health disorders of Better Access clients who will be affected by the cuts. This information is also not available in the evaluation of the Better Access initiative

To investigate the types of consumers who will be impacted by these cuts, the APS undertook an audit survey of clients seen by psychologists in 2010, gathering data on the severity and type of mental health disorders of clients seen for more than 10 sessions in an episode of treatment.

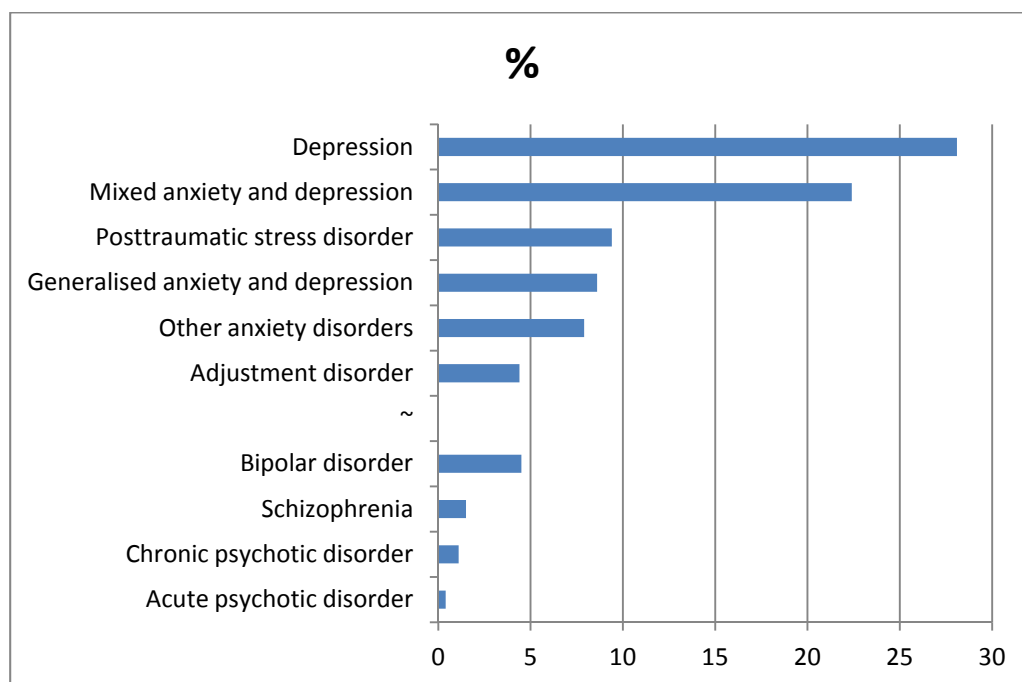
#### **SURVEY METHODOLOGY**

APS members were invited to participate in the online survey via email. Data was provided by 1,182 psychologists on a large sample of 9,900 Better Access consumers treated in 2010 who required more than 10 sessions of psychological treatment. The survey requested information on the nature of each client's mental health disorder, the presence of additional complexities in the presentation, the severity of presentation at the commencement and conclusion of treatment, and the number of sessions of treatment required.

## KEY FINDINGS

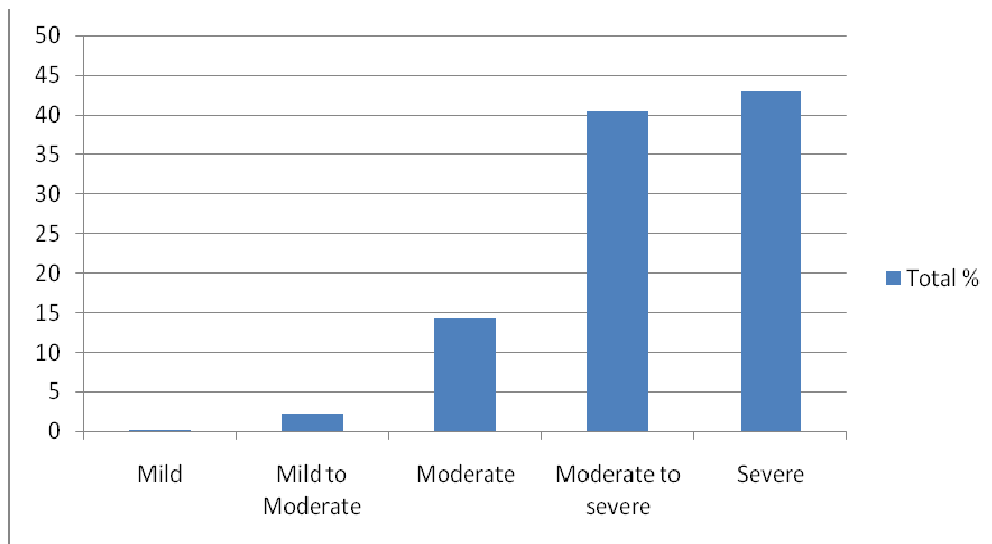
**A. The vast majority of Better Access clients who required more than 10 sessions of psychological treatment had moderate to severe or severe high prevalence mental health disorders involving depression and anxiety disorders, which were frequently complicated by comorbidities.**

- **81%** of Better Access clients requiring more than 10 sessions had an ICD-10 mental disorder involving depression and/or anxiety disorders (i.e., a high prevalence disorders; see Figure 1). Only a very small number had a low prevalence disorder – 1.5% had schizophrenia, 1.5% had another psychotic disorder and 4.5% had a diagnosis of bipolar disorder (Figure 1).



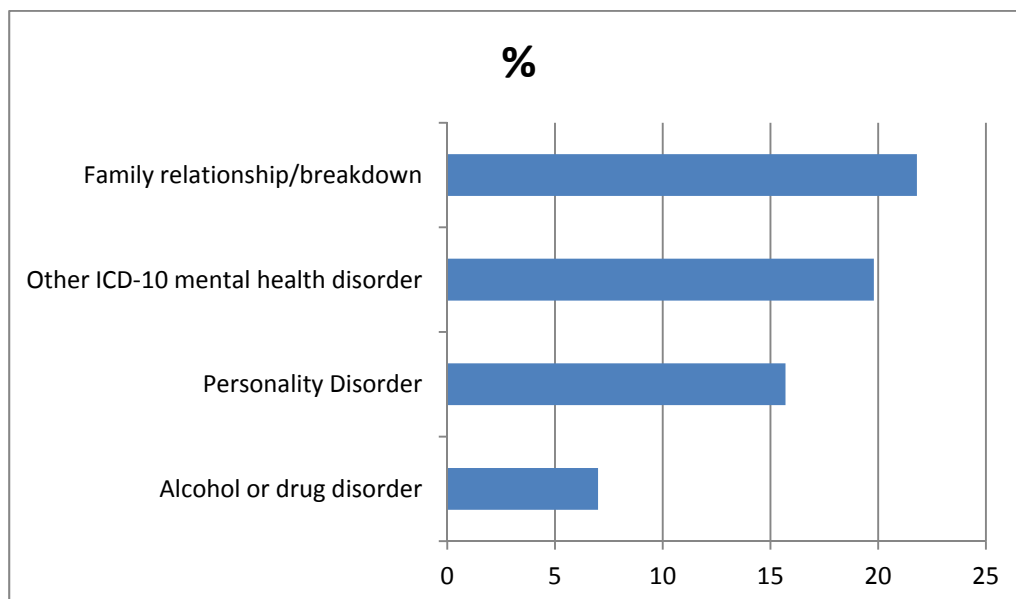
*Figure 1. Percentage of Better Access clients with high and low prevalence mental health disorders*

- At the commencement of treatment, **84%** of Better Access clients were rated by the treating psychologist as having a moderate to severe (41%) or severe presentation (43%), and only 0.2% were rated as having a mild presentation (Figure 2).



*Figure 2. Prevalence of rating severity of Better Access clients' mental health disorders at commencement of treatment*

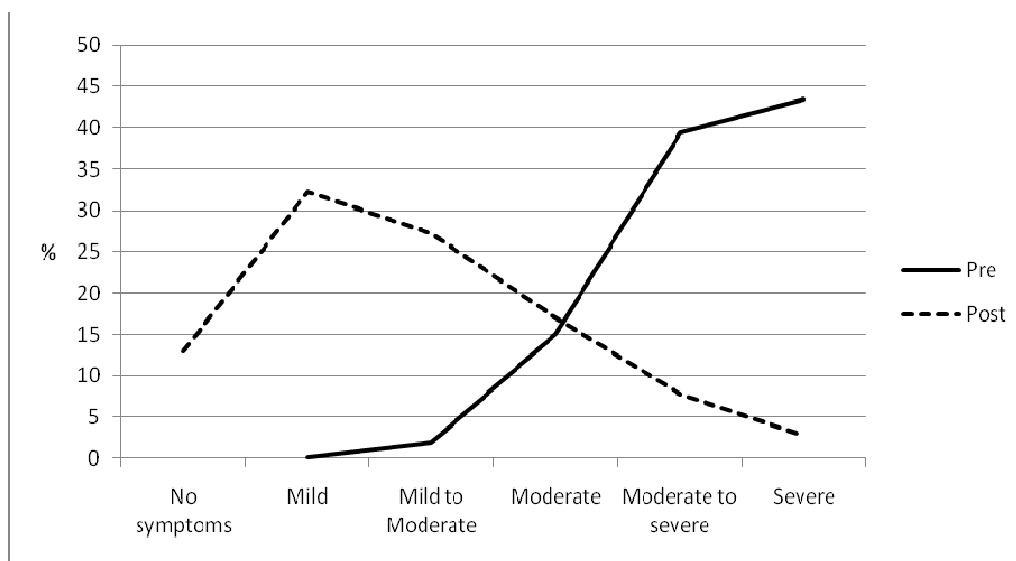
- **65%** of clients had additional complexities to their presentations, including 43% with comorbidity involving another ICD-10 mental disorder, drug or alcohol disorder or a personality disorder, and 22% with co-occurring family/relationship breakdown (Figure 3).



*Figure 3. Prevalence of various additional complexities among Better Access clients*

**B. These clients with moderate to severe or severe high prevalence disorders who required more than 10 Better Access sessions demonstrated significant improvement, indicating that they received effective psychological treatment.**

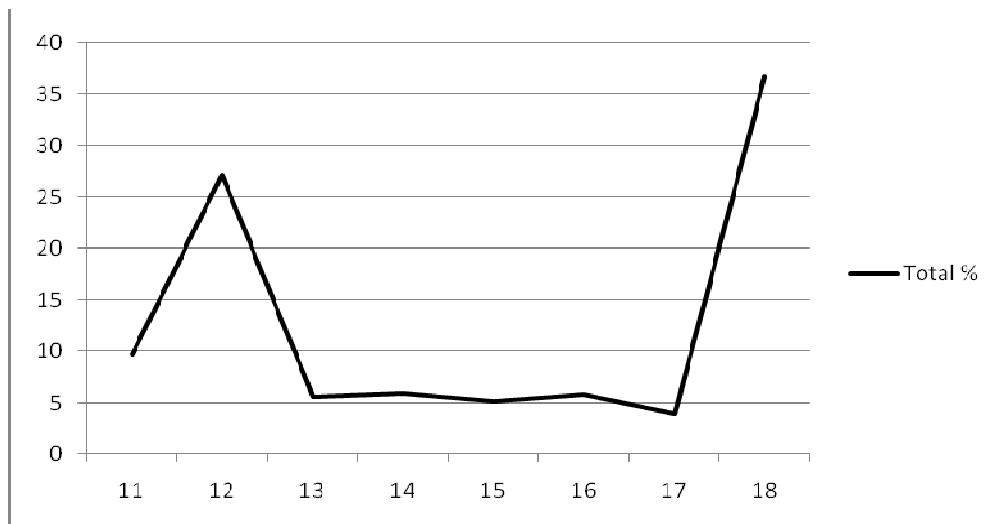
- At the commencement of the episode of treatment, **84%** were rated by the treating psychologist as having a moderate to severe or severe presentation and only 0.2% were rated as having a mild presentation (Figure 4).
- At the conclusion of the episode of treatment, **43%** were rated by the treating psychologist as having no residual symptoms (10%) or a mild presentation (33%), while only 3% retained a severe presentation (Figure 4).



*Figure 4. Percentage of clients with various severity ratings pre- and post-treatment*

**C. Up to 18 sessions of psychological treatment were required by clients with moderate to severe or severe high prevalence disorders to achieve these effective outcomes.**

- **37%** of clients required 11 or 12 sessions to achieve an effective treatment outcome (Figure 5).
- **37%** of clients required the additional 6 sessions under exceptional circumstances (to a maximum of 18 sessions) to achieve an effective treatment outcome (Figure 5).



*Figure 5. Percentage of clients requiring various numbers of sessions for completion of psychological treatment*

## CONCLUSIONS

The APS audit survey of nearly 10,000 clients who required more than 10 sessions of treatment under Better Access during 2010 shows that the vast majority had moderate to severe or severe mental health disorders involving depression and/or anxiety disorders, and that they received effective psychological treatment. These people would be denied access to effective psychological treatment under the Better Access initiative under the proposed funding cuts. The vast majority of these people would also be denied access to public sector mental health services as they have high prevalence disorders and are not necessarily in need of team-based care.

The Government has stated that people affected by the cuts can be seen under the Access To Allied Psychological Services (ATAPS) program run through the Divisions of General Practice (DGPs) and soon through Medicare Locals, but this is not a viable referral option under current arrangements. There is simply not enough funding in ATAPS to provide services for anything like 87,000 per annum. Another recommendation for people affected by the cuts is referral to a consultant psychiatrist. However, this is not a realistic option as there is a significant shortage of psychiatrists and those that are available usually have long waiting lists and charge a prohibitive gap fee.