

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-11, 23 February 2011

Question: E11-179

OUTCOME 11: Mental Health

Topic: BETTER ACCESS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Given the goal of the Better Access Program has been to increase the number of people with a mental illness receiving care, has DoHA done any work since the 2007 National Mental Health Survey to derive a more recent estimate of the number of people with a mental illness receiving care in Australia?
- b) If so, how was this new estimate calculated?
- c) Based on this new estimate, it is possible to understand better who is missout (sic) out on care, along the lined documented in this recent MJA article?
http://www.mja.com.au/public/issues/194_04_210211/byl110438_fm.html
- d) What strategies are in place to increase access to care for groups now missing out?

Answer:

a and b)

Modelling has estimated that in the 2007 National Survey of Mental Health and Wellbeing, 35% of people with a mental disorder in the previous 12 months accessed treatment, while in 2010 this has grown to an estimated 46%.

The estimate of the number of Australians who received treatment for a mental disorder in each year from 2006-07 to 2009-10 was obtained by estimating the number of Australians with mental disorders and also by combining a series of separate estimates of the number of persons receiving different types of mental health care each year. Details of the methodology used to calculate these estimates is in Appendix 2 of the Summative Evaluation Report which can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval>

- c) The Better Access evaluation found that people in hard to reach groups are accessing Better Access but that there are still some groups who are not accessing the services they need. This is particularly the case with young people aged less than 15 years, men, people living in rural and remote regions and people living in areas of high socio-economic disadvantage.

Two-thirds of people who used Better Access (65.5% in 2009) live in capital cities.

Additionally, people in areas of socio-economic disadvantage are not using services at the same level as the broader population, with use of Better Access around 10% lower for people living in the most socio-economic disadvantaged areas than in all other areas. The proportion of services that were bulk-billed increased from 68% in rural centres to just under 72% in remote areas. Bulk-billing levels also increased as the level of relative socio-economic disadvantage increased.

- d) Medicare subsidised services provide a universal approach, however hard to reach groups may require more targeted services. To complement Medicare mental health services, the Department of Health and Ageing also funds Divisions of General Practice under the Access to Allied Psychological Services (ATAPS) program. This allows GPs to refer patients who have been diagnosed as having a mental disorder to an allied health professional to provide short term focused psychological strategies services. ATAPS primarily treats people with common mental disorders such as anxiety and depression and targets hard to reach groups who are under-represented in the services provided through Better Access such as young people, men, people living in rural and remote regions and people living in areas of high socio-economic disadvantage.

The Department also provides targeted funding for mental health services in rural and remote areas under the Mental Health Services in Rural and Remote Areas program. Non government organisations are funded to deliver mental health services by appropriately trained mental health care workers, including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers.

In the 2010-11 Budget it was announced that the Australian Government will fund a new *Flexible Care Packages for people with severe mental illness* measure. This will provide better clinical and non-clinical support for people with severe mental illness in the community, built around their individual needs and will be rolled out initially through the first 15 Medicare Locals.