## Senate Community Affairs Committee

## ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

## HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-11, 23 February 2011

Question: E11-244

OUTCOME 11: Mental Health

Topic: BETTER ACCESS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Do we know the demographics of this population-age and gender breakdown by item-and whether the service was provided in rural, remote or urban settings?
- b) Can you provide [number of services provided in rural and remote areas, as well as age and sex breakdown] some of that on notice?
- c) That would include how many healthcare card holders?

## Answer:

a and b)

Component B of the evaluation of Better Access examined the socio-demographic characteristics of consumers who had received Better Access services. For the purpose of the evaluation, socio-demographic characteristics of consumers were examined by all Medicare Benefits Schedule subsidised Better Access services as well as by major item group (GP Mental Health Treatment Items, Consultant Psychiatry items, Psychological Therapy services items provided by clinical psychologists and Focussed Psychological Strategies (FPS) services items provided by registered psychologists, occupational therapists and social workers).

Table 1 below is an extract of data from Component B which can be found at: <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval-b">http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval-b</a>

Table 1 provides a breakdown on the number of people who have received Better Access services within each item group, by age and gender, from 2007 to 2009.

The evaluation found that the pattern of uptake by age group was similar for all item groups, with uptake increasing with age, peaking among adults in the 25-34 year and 35-44 year age groups. The evaluation found that young people aged less than 15 years had the lowest use of services. However, the relative growth in uptake between 2007 and 2009 was considerably greater for young people under 15 years than for all other age groups.

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

In 2009, for the GP Mental Health Treatment item group, uptake rates were highest among people living in other metropolitan centres (51.2 people per 1,000 population) and rural centres (50.9 people per 1,000 population), and slightly lower for people living in capital cities (45.6 people per 1,000 population). Compared to people living in metropolitan regions (the region type with the highest uptake), uptake rates were 18% lower (41.9 people per 1,000 population) for people residing in other rural areas and 62% lower (19.5 people per 1,000 population) for people in remote areas.

There was a similar pattern for the Focussed Psychological Strategies services item group. Uptake was highest among people living in metropolitan centres (21.3 people per 1,000 population) and rural centres (20.6 people per 1,000 population), and slightly lower for people living in capital cities (17.9 people per 1,000 population). Compared to people living in metropolitan regions (the region type with the highest uptake), uptake was 27% lower (15.6 people per 1,000 population) for people residing in other rural areas and 80% lower (4.2 people per 1,000 population) for people in remote areas.

Similarly for the Psychological Therapy Services item group, uptake rates steadily decreased from capital cities (10.3 people per 1,000 population) to remote areas (1.6 people per 1,000 population).

Table 1: Persons receiving MBS-subsidised Better Access services within item groups, by age and gender, 2007, 2008 and 2009

	_	2007		2008		2009	
		N	% of	N	% of	N	% of
		persons	persons	persons	persons	persons	persons
GP Mental	Age group						
Health Treatment Items	0-14 years	31,251	5.0	46,403	5.7	61,963	6.4
	15-24 years	92,869	15.0	123,855	15.1	150,664	15.5
	25-34 years	132,666	21.4	170,806	20.9	197,275	20.3
	35-44 years	143,485	23.2	185,370	22.7	216,295	22.3
	45-54 years	112,444	18.2	146,845	18.0	171,963	17.7
	55-64 years	66,806	10.8	89,980	11.0	107,041	11.0
	65+ years	39,346	6.4	46,403	6.7	66,635	6.9
	Gender						
	Male	217,822	35.2	290,608	35.5	351,621	36.2
	Female	401,045	64.8	527,130	64.5	620,215	63.8
Consultant	Age group						
Psychiatry Items	0-14 years	4,157	4.7	4,397	4.7	4,645	4.6
	15-24 years	14,841	16.9	15,703	16.8	17,515	17.4
	25-34 years	17,313	19.7	18,563	19.8	19,811	19.7
	35-44 years	18,273	20.8	19,422	20.7	20,556	20.5
	45-54 years	15,313	17.4	16,189	17.3	16,853	16.8
	55-64 years	10,043	11.4	10,698	11.4	11,465	11.4
	65+ years	8,007	9.1	8,764	9.3	9,589	9.5
	Gender	0,007	<i>,</i>	0,70.	7.0	,,,,,,	,
	Male	39,912	45.4	42,690	45.5	46,063	45.9
	Female	48,035	54.6	51,046	54.5	54,371	54.1
Psychological	Age group	.0,000	2	21,010	0	0 1,071	02
Therapy Services Items	0-14 years	9,167	9.3	15,302	10.1	20,521	10.8
	15-24 years	14,689	14.9	22,272	14.7	28,089	14.8
	25-34 years	20,943	21.2	32,067	21.2	38,833	20.5
	35-44 years	22,943	23.3	34,419	22.7	42,581	22.5
	45-54 years	17,296	23.3 17.5	26,343	17.4	32,286	17.0
		9,720	9.9	15,192	10.0		10.1
	55-64 years		3.9	5,992	4.0	19,180	
	65+ years	3,854	3.9	3,992	4.0	7,928	4.2
	Gender	24.562	25.0	5 4 <b>3</b> 00	25.0	60.254	26.6
	Male	34,562	35.0	54,298	35.8	69,254	36.6
	Female	64,050	65.0	97,289	64.2	120,164	63.4
Focussed Psychological Strategies Items	Age group	10.11			0.4		
	0-14 years	18,146	8.0	26,972	8.6	37,535	9.9
	15-24 years	31,441	13.9	43,879	14.1	54,531	14.4
	25-34 years	47,644	21.1	64,278	20.6	75,585	19.9
	35-44 years	53,578	23.7	73,528	23.6	87,006	22.9
	45-54 years	41,642	18.4	56,632	18.1	67,950	17.9
	55-64 years	23,703	10.5	32,855	10.5	39,603	10.4
	65+ years	10,015	4.4	13,891	4.5	17,074	4.5
	Gender						
	Male	76,293	33.7	107,092	34.3	134,895	35.6
	Female	149,876	66.3	204,943	65.7	244,389	64.4

c) The number of healthcare card holders was not a factor which was analysed as part of the evaluation. However, Component B of the Better Access evaluation did analyse the relative distribution of Better Access services in geographic areas of relative socioeconomic disadvantage using the Index of Relative Socio-economic Disadvantage.