Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-11, 23 February 2011

Question: E11-245

OUTCOME 11: Mental Health

Topic: BETTER ACCESS

Hansard Page: CA 31

Senator Fierravanti-Wells asked:

- a) Given the number, I think you said 16.7 million sessions, I am interested to know the number of people who were surveyed or questioned in relation to the evaluation of the program? What has been an average sample? You have obviously, as part of the review, undertaken sampling and direct face-to-face interviewing; what sort of samples have you been taking? [Sample size of Component D]
- b) Could you also take on notice, in relation to those, how they were selected as part of the process? If you could just give me the number, how they were selected, a cross section of parameters-a profile, if you can, of those groups-that would be helpful?

Answer:

a and b)

Consumers and providers were surveyed as part of Component A (A study of consumers and their outcomes) and Component A.2 (A study of consumers and their outcomes focusing on the occupational therapy and social work sectors) of the Better Access evaluation.

In Component A, randomly-selected groups of Better Access providers (General Practitioners, clinical and registered psychologists and psychiatrists) were approached to participate by the researchers undertaking the evaluation. Once they agreed to participate, providers approached consecutive new consumers (according to a specific protocol) and invited these consumers to take part in the evaluation. A total of 299 providers who participated in Component A recruited 906 consumers.

In Component A.2, the recruitment process was similar, except that all social workers and occupational therapists providing services under Better Access were invited to participate, and they were asked to approach consumers who had completed treatment to take part in the study. 191 social workers recruited 458 consumers, and 35 occupational therapists recruited 72 consumers to the study. Consumers and providers were interviewed and surveyed about their respective experiences with receiving and delivering Better Access care.

This brings the total sample size of consumers for components A and A.2 to 1,436.

The evaluation also included a stakeholder consultation component focusing on stakeholder experiences, perceptions and opinions with regard to the effectiveness and appropriateness of the Better Access initiative (Component D). A broad range of more than 1,200 stakeholders were consulted as part of this component of the evaluation.

The Department provided the consultants Conducting Component D with a list of key stakeholders who were invited to provide their views with regard to the Better Access initiative. The consultants were not limited to the stakeholders included on the list.

The stakeholders who were consulted included national as well as state and territory peak professional organisations, consumers and carers, individual experts, non government organisations mental health service providers, public mental health service providers, private inpatient mental health services, private health insurers, general practitioners, psychiatrists and individual private providers, including allied mental health professionals.

Component D used a number of methods to consult with stakeholders including individual and small group interviews, workshops and focus groups and online surveys. Consultations were undertaken at a national, state, regional and sub-regional level.