

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2012-2013, 17 & 19 October 2012

Question: E12-064

OUTCOME 11: Mental Health

Topic: BETTER ACCESS

Type of Question: Written Question on Notice

Number of pages: 2

Senator: Senator Wright

Question:

- a) Is there any strategy or program in place for ensuring a transition between the Better Access program and other programs that provide treatment and assistance to people experiencing a severe and persistent mental illness?
- b) For example, what happens once the ten treatment sessions under Better Access are used up and the client is still suffering a severe mental illness?
- c) How is that client connected or referred to alternative services?
- d) Is there an evaluation that occurs after the ten sessions are completed to ascertain whether further support and assistance is required to treat the client and assist with their recovery?
- e) If not, then what happens and where do they go?

Answer:

a) to e)

The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative was neither designed nor intended to provide intensive, ongoing therapy for people with severe and persistent mental illness. The focus of the Better Access initiative is to provide short-term evidence based psychological therapies primarily for people with mild to moderate mental disorders.

The intention of the Better Access initiative is also consistent with Commonwealth and state roles and responsibilities in the delivery of mental health care. While the Australian government funds primary mental health care services, responsibility for the provision of acute mental health services, including for people with a severe and persistent mental illness, remains with state and territory governments.

As per standard clinical practice, it is the responsibility of a patient's GP and allied mental health provider/s to plan the patient's mental health care and to make patient referrals and linkages to relevant mental health services and programs as is clinically appropriate.

If a GP makes an assessment that their patient has a more severe and persistent mental illness, there is a range of services and programs specifically targeting this group which would be more appropriate for the GP to refer the patient to, rather than use the Better Access initiative to meet their needs. This may include a range of Commonwealth-funded programs (such as those outlined in the response to Question on Notice E12-063, Budget Estimates 17 and 19 October 2012), as well as state-funded programs, and the state specialist mental health service delivery system. GPs can also continue to refer those people with more severe ongoing mental illness to Medicare subsidised consultant psychiatrist services, where 50 sessions can be provided per year.

The Commonwealth-funded programs, as referred to in Question on Notice E12-063, were developed in recognition that for people with more severe and persistent mental illness, service needs are more than just about clinical care. Housing, social connectedness, secure income, employment and general health services are all essential supports to restore and maintain well-being. The 2011-12 Federal Budget Delivering National Mental Health Reform package focused on rebalancing the system to expand the focus of service provision beyond just clinical care and better targeting and integrating service delivery.