

## **Federal Budget cuts to the Better Access initiative**

### **Background information, details of the APS research study and arguments against Government recommendations for those affected by the cuts**

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#### **Current arrangements under the Better Access initiative**

- On referral from a medical practitioner, people can access up to 12 sessions of treatment from a psychologist per calendar year.
- The referring practitioner may consider that in “exceptional circumstances” the person requires an additional six sessions of psychological treatment (to a maximum total of 18 individual services per person per calendar year).

#### **2011 Federal Budget cuts to the Better Access initiative**

- From 1 November 2011, the yearly maximum allowance of sessions of psychological treatment will be reduced from 18 to 10, with no exceptional circumstances enabling additional sessions.
- Government rationale for cuts:  
*“The new arrangements will ensure that the Better Access initiative is more efficient and better targeted by limiting the number of services that patients with mild or moderate mental illness can receive, while patients with advanced mental illness are provided with more appropriate treatment through programs such as the Government’s Access to Allied Psychological Services program.”*
- The Government has stated that the cuts to Better Access equate to 13% of people treated by psychologists who are seen for more than 10 sessions.

#### **Medicare Australia session data**

- Medicare Australia session usage data for the first three years of the Better Access initiative (2007–2009) show that 2,016,495 unique individuals received services from psychologists under Better Access and 262,144 (13%) of these people received more than 10 sessions of psychological treatment.
- This represents a figure of approximately **87,000** people per annum who will be denied the additional sessions of psychological care required for effective treatment.

## **APS research study of clients seen for more than 10 sessions of treatment**

- Since the Budget cuts were announced, the APS has conducted a research study of Better Access clients seen by psychologists in 2010 who required more than 10 sessions of psychological treatment.
- Psychologists providing services under Better Access were invited to participate in the online audit survey and data from **9,900** Better Access clients was collected from 1,182 psychologists.

### **FINDINGS**

- 1. The vast majority of Better Access clients who required more than 10 sessions of psychological treatment had moderate to severe high prevalence mental health disorders involving depression and anxiety disorders, with a high number having additional complexities to their presentation.***

Of the Better Access clients who required more than 10 sessions of treatment:

- On referral, **84%** 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.
- **81%** had an ICD-10 mental disorder involving depression or anxiety disorders, also known as 'high prevalence disorders'.
- Only a very small number had a 'low prevalence disorder' – 2% had schizophrenia, 2% had another psychotic disorder and 5% had a diagnosis of bipolar disorder.
- **65%** had additional complexities to their presentations, including 43% with comorbidity involving another ICD-10 mental disorder, drug and/or alcohol abuse or a personality disorder, and 22% with co-occurring family/relationship breakdown.

- 2. These clients had treatment outcomes indicating very significant improvement, demonstrating that they are receiving effective psychological treatment under the Better Access initiative.***

- At the commencement of the episode of treatment, **84%** 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.
- 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.

### **CONCLUSIONS**

- The APS research indicates that the Better Access initiative is providing care for the very people it was designed to treat – those with high prevalence mental health disorders and significant levels of distress (not the 'worried well' as critics of the

Better Access initiative frequently disparagingly refer to), who are being managed by GPs in primary care settings.

- The APS research data have clearly demonstrated that the session cuts will affect those with moderate to severe mental health disorders who will be denied access to effective treatment under the initiative. The Government's own evaluation of Better Access demonstrated that it is a cost-effective way of delivering mental health care (Pirkis et al, 2011). Successful treatment also reduces costs of hospital admissions and allows many consumers to return to work, with the associated productivity benefits.

### **Government recommendation for people needing more than 10 sessions**

- The Federal Budget papers states:  
*"The new arrangements will ensure that the Better Access initiative is more efficient and better targeted by limiting the number of services that patients with mild or moderate mental illness can receive, while patients with advanced mental illness are provided with more appropriate treatment through programs such as the Government's Access to Allied Psychological Services program."*
- The Department of Health and Ageing Fact Sheet on the Budget measure states:  
*"People with severe and persistent mental disorders who require over 10 allied mental health services are still eligible for up to 50 Medicare Benefits Schedule consultant psychiatrist services per annum, or to access the specialised mental health system in each State or Territory."*

### **ARGUMENTS AGAINST THIS RECOMMENDATION**

- The Government's rationale that affected patients can seek alternative treatment through the Access to Allied Psychological Services (ATAPS) program, public mental health facilities or private psychiatrists is unviable as these avenues are not currently accessible or equipped to manage the large influx of affected people.
- There is simply not enough funding in the ATAPS program to provide services for anything like the estimated 87,000 additional people per annum who will be affected by the Budget cuts. In addition, ATAPS service delivery costs from two to 10 times more per session than Better Access (the typical cost of a package of care delivered by a psychologist under the Better Access initiative is \$753; Pirkis et al., 2011).
- As the APS research study has indicated, the vast majority of people who will be affected by the cuts have high prevalence disorders and would therefore also be denied access to public sector mental health services and are not necessarily in need of team-based care.
- The recommendation that these people should be referred to a consultant psychiatrist is not realistic as there is a significant shortage of psychiatrists and most charge a prohibitive gap fee. There is significant inequity in the fact that psychiatrists are funded to provide up to 50 treatment services per year for each person given the cap on the number of allowable treatments that can be provided by psychologists.

**Reference**

Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: summative evaluation*. Melbourne: Centre for Health Policy, Programs and Economics.