

## **2013 APS Better Access survey**

### **Preliminary data – June 2013**

Clients receiving treatment from psychologists under the Better Access initiative are starting to reach the 10 session limit for the calendar year, and the reductions to the Better Access session allowance that have been implemented this year are increasingly having an impact. Better Access consumers were previously able to access additional sessions under exceptional circumstances up to a total of 18 sessions per year. The funding cuts were introduced by the Federal Government from 1 January this year and were ostensibly to redirect funds to other mental health programs.

The redirection of funds to other mental health programs is leaving many thousands of Australians who have moderate to severe mental health problems without access to the appropriate length of effective treatment under the highly successful Better Access initiative. Other Government programs that have received the redirected funding, such as the Access to Allied Psychological Services (ATAPS) program run through the Medicare Locals, are simply not able to cope with the estimated 33,000 people per year who would previously have required the additional sessions of psychological treatment available under the Better Access initiative. A number of service delivery issues are emerging over the course of 2013, as the ATAPS program has increasingly been required to provide access to services for consumers who would have previously been seen under the Better Access initiative. A number of Medicare Locals have issued correspondence to GPs and allied mental health providers informing that ATAPS funding has run out and no further clients will be taken, while others are offering a maximum of six sessions only to clients under the ATAPS program or refusing services to suicidal clients.

### **APS study confirms trends**

Preliminary results from the 2013 APS Better Access survey are confirming these trends. The APS is collecting data on clients seen by APS psychologists under the Better Access initiative in 2013 who, at the end of the allowable 10 sessions of treatment, were judged by the psychologist to need further treatment. The study aims to investigate the nature of these clients and additional treatment arrangements that have been put in place.

The accumulating data from the 2013 APS Better Access survey has provided information on over 400 clients to date. Results indicate that 78 per cent of these clients had moderate to severe presentations, with the most prevalent mental health disorders being depression, anxiety and posttraumatic stress. For nearly a quarter of these clients (22%), further treatment was postponed to the new calendar year due to the lack of alternative treatment arrangements, while the need for additional treatment for nearly half of these clients was managed by the psychologists providing treatment either free of charge (17%) or at a reduced rate (32%).

The outcome of the cuts to the number of allowable sessions under Better Access is clearly not satisfactory for these clients with moderate to severe mental health disorders, nor is it sustainable for psychologists to be 'carrying' the financial burden for the Government's cuts. With major problems in access to alternative care, the APS has urged the Government to find a permanent solution under Medicare for those affected by the changes.

The APS has presented a proposal to the Government requiring only a modest funding increase that would enable many thousands of Australians with serious yet all too common mental health disorders to continue to access the appropriate length of effective and cost-efficient psychological treatment. From 1 January this year, these individuals are being denied access to effective psychological treatment, with a concomitant impact on family stress, productivity and hospital admissions.

### **Preliminary data on 419 Better Access clients who were deemed to require additional treatment at the end of the 10 allowable sessions in 2013**

#### *Severity of the presentation*

- 26% severe
- 52% moderate to severe
- 17% moderate
- 5% mild to moderate

#### *Nature of mental health disorder – prevalence*

- 27% depression
- 25% mixed depression and anxiety
- 13% posttraumatic stress disorder
- 35% with disorders that had a prevalence of less than 9%

#### *Further treatment arrangements for client*

- 17% provided treatment free of charge
- 32% provided treatment at a reduced rate
- 21% provided treatment at the full rate
- 13% organised for treatment at a local community mental health service or other public organisation
- 8% organised for treatment by a private psychiatrist
- 22% postponed further treatment to the new calendar year due to lack of alternative arrangements