

2013 APS Better Access survey

Final report (January 2014)

Background

The success of the Better Access initiative in providing effective, cost-efficient and accessible psychological services for consumers with mental health disorders is well documented. However, this effectiveness has necessarily involved increased mental health funding and in 2013 under fiscal constraints the Australian Government moved to curtail spending by reducing the number of allowable psychological sessions under Better Access to 10 per consumer per year. A maximum of 18 sessions of treatment per year were available when the initiative was first introduced, with the final six sessions available to consumers who required additional treatment under 'exceptional circumstances'.

The 2013 funding cuts in effect redirected Better Access funds to other mental health programs with capped models of funding, such as the Access to Allied Psychological Services (ATAPS) program under the remodeled Better Outcomes initiative run through the network of Medicare Locals. Based on the Government's own figures, these cuts to psychological treatment services affect 87,000 Better Access consumers per annum (including 33,000 per annum who required additional psychological treatment under 'exceptional circumstances'), who are no longer able to access the appropriate length of effective psychological treatment. Data from studies of nearly 6,700 Better Access clients have consistently indicated the high prevalence and severe nature of the mental health disorders of Better Access consumers who required the additional psychological treatment, as well as the effectiveness and necessity of this treatment (APS, 2011; APS, 2012; Mackey et al., 2012).

Although the Better Access funding cuts were partly redirected to the ATAPS program, this only resulted in a modest stepwise expansion of the ATAPS program. There is not adequate funding in the ATAPS program to provide anywhere near enough services for the estimated 33,000 additional people per annum who can no longer access the additional psychological treatment under 'exceptional circumstances' arrangements. Anecdotal reports indicate a number of primary mental health care service delivery issues emerged over the course of 2013, as the ATAPS program was increasingly required to provide access to services for consumers previously seen under Better Access. Although Government programs such as ATAPS received some redirected funding, they have not been able to cope with the large number of consumers who previously have required the additional psychological treatment sessions available under Better Access. During the year a number of Medicare Locals issued correspondence to GPs and psychological service providers informing that ATAPS funding had run out and no further clients would be taken, while others offered a reduced number of services to consumers.

Impact of 2013 session reduction on consumers

In order to assess the impact of the Better Access session reduction on consumers, the APS conducted a study of 900 Better Access consumers in 2013 who, at the end of the allowable 10 sessions of treatment, were judged by their treating psychologist to need further treatment. The study aimed to investigate the nature of these consumers and the additional treatment arrangements that were put in place by the treating psychologist.

Results indicate that 86 per cent of consumers who were deemed to need more treatment than the allowable number of sessions had high prevalence depression and/or anxiety disorders (depression: 30%; mixed anxiety and depression: 31%; anxiety disorders: 14%; and posttraumatic stress disorder: 11%), with 90 per cent having moderate or severe presentations. The arrangements for further treatment that were put in place by the treating psychologist are presented below.

Psychologists’ arrangements for Better Access consumers requiring additional treatment

- 24% postponed further treatment to the new year due to lack of alternative arrangements
- 20% scheduled ongoing treatment sessions at greater intervals to ensure care over full year
- 10% organised treatment at a local community mental health service or other public organisation
- 6% organised for treatment by a private psychiatrist
- 34% provided ongoing treatment at a reduced rate
- 16% provided ongoing treatment free of charge
- 20% provided ongoing treatment at the full rate
- 6% had clients who used private health insurance to assist in funding

For nearly a quarter of these consumers (24%), further treatment was postponed to the new calendar year due to the lack of alternative treatment arrangements, while the need for additional treatment for half of these consumers was managed by the psychologists providing treatment either free of charge (16%) or at a reduced rate (34%). In addition, one in five psychologists indicated that they had scheduled treatment sessions at greater intervals to ensure consumers had care over the full calendar year (with many providing comments that this was a suboptimal arrangement in terms of the treatment the client required). The outcome of the cuts to the number of allowable sessions under Better Access is clearly very unsatisfactory for these consumers with moderate to severe mental health disorders, and it is not sustainable for psychologists to be ‘carrying’ the financial burden for the Government’s cuts.

It is evident that mental health consumers with serious high prevalence mental health disorders who were previously receiving effective and cost-effective treatment from psychologists under Better Access are not able to access appropriate affordable alternative care. Since 1 January 2013, these many thousands of Australians are being denied access to effective psychological treatment, with a concomitant impact on personal and family stress, productivity and hospital admissions. 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 Better Access allowable session reduction. The APS has developed a proposal 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.