

Seven years of Better Access

Consumers show benefits from an effective,
affordable and destigmatising mental health reform

APS report

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November 2013 marked the seventh anniversary of the introduction of the Better Access initiative, which saw psychological treatment services for people with mental health disorders included under Australia's Medicare system for the first time. This has enabled Australians, particularly those with high prevalence mood and anxiety disorders, to access Medicare-funded psychological treatment on referral from a medical practitioner. The huge community uptake of psychology services under Better Access has indicated a significant but previously unmet need and has had a substantial impact on the mental health of the community. This landmark mental health reform has enabled millions of Australians with common mental health disorders to gain access to affordable, effective and cost-efficient psychological interventions in a non-stigmatising way through the nation's universal health scheme.

The Better Access initiative has certainly lived up to its name, but recent funding cuts are eroding the effectiveness of this highly successful program. Restrictions to the number of allowable sessions of psychological treatment have been vigorously opposed by the APS through an ongoing campaign. Now, the new Coalition Government is undertaking a comprehensive review of all Commonwealth-funded mental health programs, including the Better Access initiative, which is "aimed at delivering mental health services and programmes more efficiently and effectively". Better Access is certainly one of the most effective and cost-efficient programs.

After seven years of community access to Medicare-funded psychology services for treatment of common mental health disorders, it is timely to examine the broader impact of the Better Access initiative and the effect of the cuts to the number of treatment sessions on Better Access consumers.

Impact of access to Medicare-funded psychological services

Each year, one in five Australians aged 18-95, or three million Australians, are estimated to experience symptoms of a mental disorder (Australian Bureau of Statistics, 2008). Since its introduction in November 2006, the Better Access initiative has resulted in a huge community uptake of Medicare items for psychology services. Over the seven years that Medicare-funded psychological services have been available under Better Access, psychologists have provided 19,587,267 individual treatment sessions to Australians with mental health disorders (Medicare Australia, 2013) and millions of consumers have benefited from Medicare-funded access to psychological treatment since the introduction of Better Access.

- Each year, 3 million Australians (1 in 5) aged 18-95 experience symptoms of a mental disorder (ABS, 2008)
- 19.5 million individual psychological treatment sessions have been provided by psychologists since Better Access was introduced

Medicare Australia usage statistics provide a broad demographic picture of Australians across the nation who have received services from psychologists under Better Access over the first seven years of the initiative. One third of Better Access consumers are male and two thirds are female. Children and youth under 25 years make up one quarter of Better Access consumers, while the majority are adults and only four per cent are older adults of 65 years and above.

The Medicare Australia data do not provide information on the nature of consumers' mental health disorders. An APS study of over 10,000 Better Access consumers (APS, 2011) shows that 81 per cent had an ICD-10 mental disorder involving depression and/or anxiety disorders, while only a small percentage had low prevalence disorders such as schizophrenia, other psychotic disorders or bipolar disorder (see Figure 1).

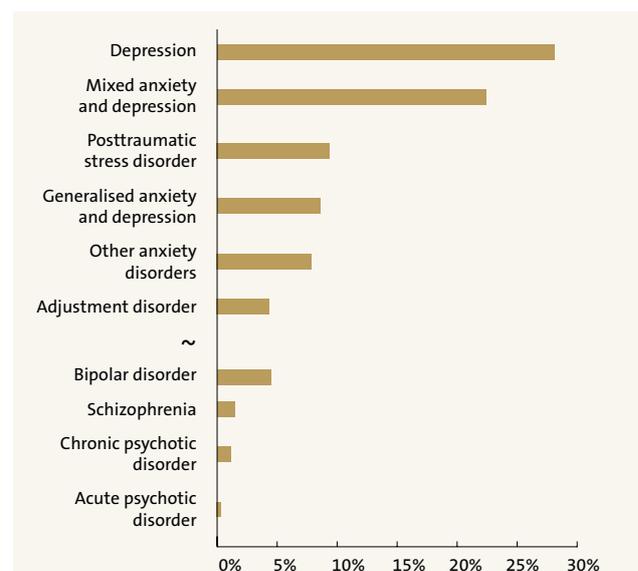


Figure 1. Percentage of Better Access consumers with high and low prevalence mental health disorders

◀ **New study shows marked increase in Australian treatment rates**
 A new Australian health policy study has underscored the success of the Better Access initiative and its impact on treatment rates for mental health disorders within the Australian community. The study by Harvey Whiteford and colleagues (2014) found a significant increase in the population treatment rate for mental disorders in Australia from 37% in 2006–07 to 46% in 2009–10, and directly attributes this increase to the introduction of the Better Access initiative in November 2006. The authors state that the increase in the treatment rate is “remarkable by international standards. No other country of which we are aware has demonstrated such an increase within three years.”

Commonly occurring mental disorders such as anxiety, depression and substance use are leading causes of disability in Australia, with major economic costs and personal suffering associated with untreated mental disorders. Previously only one third of people with these disorders accessed treatment. The study authors expect treatment rates to continue to rise with ongoing Medicare-funded access to psychological treatment.

POPULATION TREATMENT RATE STUDY (2014)

- Treatment rate for mental disorders in Australia increased from 37% in 2006–07 to 46% in 2009–10

‘The Better Access program was the sole driver of increased treatment rates’

‘The increase...is remarkable by international standards’

Whiteford et al., 2014

Government evaluation highlights effectiveness of Better Access

The Australian Government’s 2011 evaluation of the Medicare-funded mental health initiative showed very favourable results (Pirkis et al., 2011). The evaluation demonstrated that Better Access had increased the treatment rates of people with mental health disorders and that the initiative was reaching large numbers of people who had not accessed mental health care in the past. Modeling and surveys quoted in the evaluation report demonstrated that prior to the Better Access initiative, 35 per cent of people with mental health disorders in Australia sought treatment and that this previously stable rate had increased to 46 per cent since the introduction of the Medicare-funded psychological services (Pirkis et al., 2011).

The evaluation also demonstrated that 80 per cent of Better Access consumers reported high or very high levels of psychological distress at the commencement of treatment, mostly associated with a 12-month mood, anxiety or substance use disorder. This indicated that the vast majority of Better Access services were being utilised by consumers with high levels of need for psychological treatment, rather than the ‘worried well’ as some critics of the initiative have suggested. These consumers with initially moderate or severe symptoms and debilitating levels of distress received effective psychological interventions,

indicated by a decrease in symptoms from moderate or severe to normal or mild levels over the course of treatment.

GOVERNMENT BETTER ACCESS EVALUATION (2011)

- Increased treatment rates of Australians with mental health disorders
- Large numbers of Australians who have not previously accessed mental health care are being reached
- 80% of consumers had high or very high levels of psychological distress pre-treatment, associated with mood, anxiety or substance disorders
- Symptoms decreased from moderate or severe to normal or mild levels after psychological treatment

Signs of destigmatisation of help-seeking for mental health problems

Central to the success of Better Access is the ease of community access to Medicare-funded psychology services. The availability of affordable, funded psychological services in private settings via GP referral has clearly resulted in many individuals availing themselves of such services where previously they would not have been able to do so. The mechanism of availability through the Medicare system appears to have contributed to a significant destigmatisation of help-seeking for mental health problems. The inclusion of mental health psychology services under the nation’s funded health system has begun to promote interventions for mental health to a similar standing to physical health services funded under Medicare, which is an extremely important development.

Costs of Better Access

The usage statistics over the last seven years, the increase in population treatment rate, and the Government’s 2011 evaluation of Better Access have demonstrated the success of Better Access in providing effective and accessible psychological services for Australians with significant mental health disorders. The uptake and success of Better Access has necessarily required greater levels of funding for the initiative.

Although Better Access requires significant funding, the Government’s evaluation found that the initiative was a cost-effective way of delivering mental health care. The cost of a package of care was found to be significantly less than previous estimates and deemed to be value for money in terms of Medicare Benefits Schedule costs to government (Pirkis et al., 2011).

Medicare Australia data on the costs of Better Access since its 2006 introduction until October 2013 show that a total of \$2.8 billion has been spent on the provision of services from GPs, psychologists and other allied health providers (Medicare Australia, 2013). Table 1 over the page shows the breakdown of costs, with \$832 million being spent on GP items, \$1.9 billion on psychologist items and \$96 million on other allied health provider items. ▶

Table 1. Costs of Better Access GP, psychologist and other allied health provider service provision (2006-2013)

Health professional service provision	Cost accrued	%
GPs	\$832 million	29%
Psychologists	\$1.9 billion	68%
Other allied health providers	\$96 million	3%
Total	\$2.8 billion	100%

Source: Medicare Australia, 2013

Over the seven years of the Better Access initiative, 6,560,927 GP mental health treatment plan items for referral for psychological treatment and review have been provided by GPs. The Better Access costs illustrate that nearly one third of the costs of the initiative are associated with the provision of GP mental health treatment plan services.

BETTER ACCESS COSTS (2006-2013) = \$2.8 BILLION

- Psychological treatment services = 71%
- GP referral and review services = 29%

Erosion of Better Access effectiveness following funding cuts

The success of Better Access in providing effective, cost-efficient and accessible psychological services for consumers with mental health disorders is clear. 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 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).

The 2012 APS study investigated any change in the mental health status of Better Access consumers (measured using the Kessler Psychological Distress Scale [K10]) as the result of receiving the additional sessions of psychological treatment under exceptional circumstances (APS, 2012). The vast majority (83%) of consumers requiring the additional treatment had depression and/or anxiety disorders, with 81 per cent of consumers having a severe presentation. Following completion of 10 psychological treatment sessions, 65 per cent of consumers continued to demonstrate a severe presentation. However, following the completion of the additional six treatment sessions, only 22 per cent of these consumers retained a severe presentation (see Figure 2). The data indicate the effectiveness of psychological treatment for a large majority of Better Access consumers with severe high prevalence disorders, and the need for more than 10 sessions of treatment in order to achieve this effectiveness.

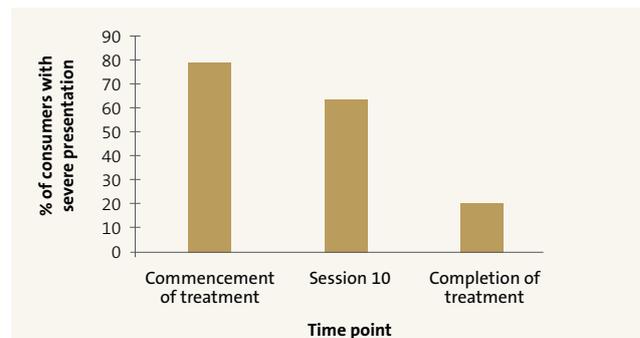


Figure 2. Course of psychological treatment for consumers with severe presentation at the commencement of treatment

Studies on 6,700 Better Access consumers show that access to the additional psychological treatment sessions is effective and necessary for a large number of Better Access consumers with severe high prevalence mental health disorders.

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 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 made by the treating psychologists for consumers who were deemed to require further treatment are presented on the following page.

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.

Adequacy of alternative treatment options for consumers requiring additional treatment

The rationale for the Government's 2013 funding cuts was that consumers with more complex problems who required additional treatment could seek alternative treatment through the ATAPS program, public mental health services or private psychiatrists.

ATAPS program

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 simply 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 have emerged over the course of 2013, as the ATAPS program has increasingly been 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 2013 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. The reduction in the number of Better Access sessions is patently not satisfactory for these consumers, who are being denied access to the previously available appropriate length of effective psychological treatment.

In addition, the cost of service provision under ATAPS has been calculated to be two to ten times more than provision of psychological treatment under the Better Access initiative, so it is not a financially feasible alternative.

Public health and private psychiatry treatment options

The various studies alluded to above have shown that the vast majority of consumers who required the additional sessions of psychological treatment have high prevalence disorders and would therefore also be denied access to public sector mental health services. Further, consumers with high prevalence mental health disorders do not usually require team-based care.

The funding cuts to Better Access were also redirected to the Government's new Partners in Recovery (PIR) program, which was established to provide coordination of multiple services for people with low prevalence disorders such as schizophrenia. The vast majority of Better Access consumers would not be deemed eligible to access services under PIR, and even if they were, the program provides a coordinating role rather than actual clinical services to consumers.

The recommendation that Better Access consumers requiring additional treatment should be referred to a consultant psychiatrist is not realistic as there is a significant shortage of psychiatrists and many charge prohibitive gap fees. In addition, the Medicare costs of six sessions of treatment from a psychiatrist are estimated to be \$937. Therefore, the costs associated with 33,000 consumers accessing the additional six sessions from a psychiatrist would be nearly \$31 million per annum, which is far greater than the costs for the additional treatment from psychologists.

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.

Australians 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.

◀ Proposal to reinstate Better Access sessions

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.

Cost savings can be made by tightening the criteria by which access to these additional six treatment sessions under exceptional circumstances is available. The APS believes that the additional sessions will be most appropriately utilised by those consumers who need them if a stipulated criterion for access is introduced. This could be achieved through the use of a nominated cut-off score on a psychological distress assessment instrument, such as the K10, administered by the treating psychologist at the completion of the 10th session. Those consumers who demonstrated a moderate or severe level of psychological distress on the K10 could then be deemed appropriate to access the additional six sessions of treatment.

The cost of six additional sessions of psychological treatment under tightened access criteria is estimated to be \$16 million per year. For a modest increase in funding, the APS proposal would see the Better Access additional treatment sessions reinstated for those consumers with moderate to severe high prevalence mental health disorders.

For the cost of \$16 million, many thousands of Australians with serious yet all too common mental health disorders could access the appropriate length of effective and cost-efficient psychological treatment.

Conclusion

The Better Access initiative has provided demonstrably effective, cost-efficient and accessible psychological services for Australians with common mental health disorders. The availability of psychological treatment through Australia's Medicare scheme has significantly increased the treatment rates of people with mental health disorders and reached large numbers of people who did not access mental health care in the past, and has facilitated significant destigmatisation of help-seeking for mental health problems. This has been a huge advance for the mental health of the Australian community. These significant and hard-won achievements as the result of Government mental health policy need to be protected and built on. It is imperative that the Government provides the appropriate level of funding to ensure that many thousands of Australians with serious yet all too common mental health disorders can access the appropriate length of effective and cost-efficient psychological treatment. ■

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