



Australian Government

Department of Health and Ageing

FACT SHEET

Key findings from the program evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative

Background

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative was introduced in November 2006 in response to low treatment rates for high prevalence mental disorders like anxiety and depression.

The aim of Better Access is to improve outcomes for people with clinically-diagnosed problems by providing evidence-based treatment.

New item numbers were added to the Medicare Benefits Schedule (MBS) to provide a rebate for selected mental health services provided by GPs, psychiatrists, psychologists (clinical and registered), social workers and occupational therapists.

The Department of Health and Ageing commissioned an independent and wide-reaching evaluation of the program, overseen by experts in the research and mental health fields, which began in January 2009 and was completed at the end of 2010.

This program evaluation aimed to assess the overall appropriateness, effectiveness and impact of the initiative.

The following table summarises the separate components of the evaluation which are all available at www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval

Component	Title
A	A study of consumers and their outcomes
A2	A study of consumers and their outcomes (focusing on the occupational therapy and social work sectors)
B	An analysis of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) administrative data
C	An analysis of allied mental health workforce supply and distribution
D	Consultation with stakeholders
E	Evaluation of projects conducted under the education and training initiative to support Better Access
F	Analysis of the Second National Survey of Mental Health and Wellbeing
Overall	Summative Evaluation

Key Findings

According to the evaluation...

1. Better Access has improved access to mental health care for people with common mental disorders such as anxiety and depression

Use of services under Better Access has been high and has increased over time. In 2007, more than 700,000 Australians (one in every 30) received at least one Medicare rebatable mental health service under the initiative. In 2008, this figure was more than 950,000 (one in every 23), rising to more than 1.1 million people (one in every 19) in 2009.

Australians received a total of 2.7 million Better Access services in 2007, 3.8 million in 2008 and more than 4.6 million in 2009.

After accounting for some people who received services in more than one year, this equates to over two million individuals who received more than 11.1 million services over the three year period 2007 to 2009.

2. Better Access is reaching groups who are traditionally disadvantaged in their access to mental health care although there are still some groups not accessing the services they need

People in hard to reach groups are using Better Access but they continue to use these services at a lower rate than the general population and miss out on the mental health care they need. This is particularly the case with young people under 15 years old, men, people living in rural and remote regions and people living in areas of high socio-economic disadvantage.

However all groups are using the services more each year, with the biggest increase for those who have traditionally been the most disadvantaged. For example, the relative growth in uptake between 2007 and 2009 was considerably greater for young people under 15 years than for all other age groups.

More than two-thirds of people who used Better Access (65.5% in 2009) live in capital cities. The evaluation shows that geographic disadvantage continues to be an issue - compared to capital cities, people living in rural areas used the services 12% less and people living in remote areas used the services 60% less

Use of Better Access was around 10% lower for people living in the most socio-economic disadvantaged areas, than in all other areas. People with the greatest levels of financial need were the biggest beneficiaries of bulk-billed services. The proportion of services that were bulk-billed increased from 68% in rural centres to 72% in remote areas. Bulk-billing levels also increased as the level of relative socio-economic disadvantage increased.

3. Better Access has contributed to an increase in treatment rates for people with mental illness

In the 2007 National Survey of Mental Health and Wellbeing, it was estimated that only 35% of people with a mental disorder in the previous 12 months accessed treatment, while in 2010 this has grown to an estimated 46%.

4. Better Access is reaching people who have not previously accessed mental health care

Around half of all Better Access consumers may be new, not only to Better Access but to mental health care more generally (see Component A report).

Of the more than 950,000 consumers who had received at least one Better Access service in 2008, more than two thirds were first-time Better Access users. In 2009, more than half of the 1.1 million consumers served by Better Access were first-time users (see Component B report).

5. Better Access is providing treatment to people in need

Better Access is providing treatment to people with severe symptoms and high levels of psychological distress.

The majority of consumers accessing mental health services under Better Access were experiencing depression and/or anxiety. This is consistent with the aim of the initiative, which is to improve access for people with common mental disorders who historically had low treatment rates.

Among consumers who received Better Access allied mental health services, close to 73% received between one and six services. The average number of services received was five.

6. Better Access has resulted in improved mental health outcomes for consumers

The evaluation indicates that consumers experienced clinically significant reductions in levels of psychological distress and symptom severity upon completing treatment.

The same outcomes were achieved whether the consumer was male or female, young or old, or more wealthy or financially disadvantaged.

7. Better Access is a cost-effective way of delivering mental health care

While it was difficult for the evaluation to assess cost-effectiveness directly, findings show the typical cost of a Better Access package of care delivered by a psychologist is estimated to be \$753.31. Based on cost modelling for optimal treatments for a population with common disorders, it is estimated that optimal treatment for anxiety or depressive disorders costs about \$1,100 in 2010 dollars.

Further information

The evaluation reports are available from www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval

If you have any difficulty accessing the PDF printable versions of the Better Access evaluation reports, please email mentalhealth@health.gov.au

For all media enquiries, please contact the office of the Minister for Mental Health and Ageing on (02) 6277 7280.