

## Chapter 3: Study samples

### Providers

#### *Recruitment and retention of providers*

In total, 299 providers were recruited into the study. By the end of the data collection period, 69 of these had withdrawn, citing the following reasons: “unforeseen circumstances”, “recruitment difficulties”, “time consuming”, “labour intensive”, “closing down practice”, “moving practice”, “only sees children”, “too busy”, “going overseas”, “family member ill”, “own illness”, “audited by Medicare”, “too complicated”, “can’t provide service under Medicare”, “no Medicare referrals”, “unhappy with Medicare or the Australian Psychological Society”, “does not use the relevant Medicare item numbers”, and “not interested”. A further 98 did not actively withdraw, but did not actually recruit any consumers and did not participate in the interview/survey. The final total of participating providers was therefore 132 (41 clinical psychologists, 49 registered psychologists, 39 GPs and three psychiatrists).

Table 2 shows the approached, recruited, retained, and participating samples of providers. Taking the participating providers as the numerator and the approached providers as the denominator, the overall response rate was 5% (8% for clinical psychologists, 8% for registered psychologists, 3% for GPs and 1% for psychiatrists).

Table 2 also shows our original targets (based on sample size calculations performed using data from our evaluation of the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care program) and modified targets based on discussions with the Project Steering Committee and the Department of Health and Ageing. This table shows that our participant numbers met the original and revised targets with respect to clinical and registered psychologists, and almost met the original target (but not the revised target) with respect to GPs. Despite our best efforts, the response from psychiatrists was disappointing. Overall, we met our original target (but not the revised target) in terms of all providers.

**Table 2: Actual and target samples of providers**

	Approached	Recruited	Retained (i.e., did not actively withdraw)	Participated	Original target	Revised target
Clinical psychologists	509	77	57	41	20	40
Registered psychologists	640	81	73	49	20	40
GPs	1,280	125	90	39	40	160
Psychiatrists	203	16	10	3	40	40
<b>Total</b>	<b>2,632</b>	<b>299</b>	<b>230</b>	<b>132</b>	<b>120</b>	<b>280</b>

#### *Nature of participation in the evaluation by providers*

Because of the low response rate for psychiatrists, this group was excluded from the evaluation. The nature of participation of the remaining groups of providers is summarised in Table 3. Almost all participating providers recruited consumers and entered data into the minimum dataset – 40 clinical psychologists, 48 registered psychologists 39 and GPs. The vast majority also participated in the interview/survey about their experiences with delivering care through Better Access – 39 clinical psychologists, 45 registered psychologists and 32 GPs.

**Table 3: Nature of participation in the evaluation by providers**

	Recruited consumers and entered data into minimum dataset	Provided views on delivering care through Better Access		
		Took part in interview <sup>1</sup>	Completed survey <sup>1</sup>	Total
Clinical psychologists (n=41)	40	39	0	39
Registered psychologists (n=49)	48	44	1	45
GPs (n=39)	39	31	1	32
<b>Total (n=129)</b>	<b>127</b>	<b>114</b>	<b>2</b>	<b>116</b>

1. The questions in the interview and the survey were the same.

### ***Representativeness of provider samples***

Tables 4, 5 and 6 profile the participating clinical psychologists, registered psychologists and GPs in terms of their demographic and professional details, and their delivery of care through Better Access. Comparisons are made with the overall random sample of providers from which these providers were recruited (i.e., all clinical psychologists, registered psychologists and GPs who provided services through Better Access between 1 January and 31 December 2008).

Participating providers were broadly similar to the random samples of providers who were invited to take part in terms of their demographic and professional characteristics, with some exceptions. The participating clinical psychologists and registered psychologists were similar to the groups from which they were drawn in terms of gender, with two thirds being female. Nearly two thirds of the participating GPs were also female, but only about one third of the random sample of GPs were. Around 80% of all participating clinical psychologists, registered psychologists and GPs were accounted for by those aged between 35 and 64; the same was true for the random samples from which these groups came. The majority (around 80%) of both groups of participating psychologists had qualified after 1990, and a similar proportion of participating GPs had done so after 1980. These figures corresponded with the overall random samples.

Participating clinical psychologists shared a similar activity profile with the broader group from which they came; on average, they had provided a similar number of Better Access sessions and seen a similar number of consumers in 2008. Participating registered psychologists and participating GPs had typically provided a slightly higher number of sessions and seen a slightly higher number of consumers than the groups from which they came.

**Table 4: Profiles of clinical psychologists providing care through Better Access**

		Participating clinical psychologists <sup>1</sup> (n=41) <sup>2</sup>		Random sample of all clinical psychologists <sup>1</sup> (n=509) <sup>2</sup>	
		Freq	%	Freq	%
<b>Gender</b>	Male	13	32%	143	28%
	Female	28	68%	366	72%
<b>Age</b>	<25	0	0%	0	0%
	25-34	4	10%	78	15%
	35-44	9	22%	139	27%
	45-54	15	37%	156	31%
	55-64	9	22%	108	21%
	>64	4	10%	28	6%
<b>Year of qualification</b>	Pre-1960	0	0%	0	0%
	1960-1969	0	0%	6	1%
	1970-1979	5	12%	48	9%
	1980-1989	7	17%	95	19%
	1990-1999	15	37%	175	34%
	2000-2009	14	34%	185	36%
		<b>Median</b>	<b>Range</b>	<b>Median</b>	<b>Range</b>
<b>No. of Better Access sessions provided from 1 Jan to 31 Dec 2008</b>		410.0	112-1,886	408.5	101-2,505
<b>No. of consumers seen via Better Access from 1 Jan to 31 Dec 2008</b>		89.0	23-383	81.0	9-482

1. Providing care through Better Access from 1 Jan to 31 Dec 2008.
2. Cells do not always sum to the total n due to some missing data.

**Table 5: Profiles of registered psychologists providing care through Better Access**

		Participating registered psychologists <sup>1</sup> (n=49) <sup>2</sup>		Random sample of all registered psychologists <sup>1</sup> (n=640) <sup>2</sup>	
		Freq	%	Freq	%
<b>Gender</b>	Male	15	31%	184	29%
	Female	34	69%	455	71%
<b>Age</b>	<25	0	0%	2	0%
	25-34	2	4%	108	17%
	35-44	9	18%	141	22%
	45-54	12	24%	177	28%
	55-64	19	39%	166	26%
	>64	7	14%	46	7%
<b>Year of qualification</b>	Pre-1960	1	2%	1	0%
	1960-1969	3	6%	13	2%
	1970-1979	6	12%	48	8%
	1980-1989	6	12%	97	15%
	1990-1999	25	51%	251	39%
	2000-2009	8	16%	230	36%
		<b>Median</b>	<b>Range</b>	<b>Median</b>	<b>Range</b>
<b>No. of Better Access sessions provided from 1 Jan to 31 Dec 2008</b>		332.0	110-1,910	294.0	100-2,805
<b>No. of consumers seen via Better Access from 1 Jan to 31 Dec 2008</b>		74.0	22-372	64.0	10-552

1. Providing care through Better Access from 1 Jan to 31 Dec 2008.
2. Cells do not always sum to the total n due to some missing data.

**Table 6: Profiles of GPs providing care through Better Access**

		Participating GPs <sup>1</sup> (n=39) <sup>2</sup>		Random sample of all GPs <sup>1</sup> (n=1,280) <sup>2</sup>	
		Freq	%	Freq	%
<b>Gender</b>	Male	16	41%	776	61%
	Female	23	59%	504	39%
<b>Age</b>	<25	0	0%	0	0%
	25-34	3	8%	121	10%
	35-44	12	31%	392	31%
	45-54	18	46%	524	41%
	55-64	5	13%	214	17%
	>64	1	3%	20	2%
<b>Year of qualification</b>	Pre-1960	0	0%	1	0%
	1960-1969	1	3%	35	3%
	1970-1979	5	13%	252	20%
	1980-1989	18	46%	519	41%
	1990-1999	14	36%	364	28%
	2000-2009	1	3%	109	9%
		<b>Median</b>	<b>Range</b>	<b>Median</b>	<b>Range</b>
<b>No. of Better Access sessions provided from 1 Jan to 31 Dec 2008</b>		184.0	100-891	163.0	100-3,028
<b>No. of consumers seen via Better Access from 1 Jan to 31 Dec 2008</b>		113.0	50-279	102.0	15-692

1. Providing care through Better Access from 1 Jan to 31 Dec 2008.
2. Cells do not always sum to the total n due to some missing data.

## Consumers

### *Recruitment and retention of consumers*

By the end of the data collection period, 906 consumers had been recruited into the study (289 by clinical psychologists, 317 by registered psychologists, 277 by GPs and 23 by psychiatrists). Recruitment, retention and participation were more synonymous for consumers than they were for providers, in the sense that all recruited consumers had data entered into the minimum dataset. Table 7 shows the recruited samples of consumers, and compares them with the original and revised target samples. This table shows that we met the original and revised targets with respect to clinical and registered psychologists, and met the original target (but not the revised target) with respect to GPs. Again, we had difficulty with the numbers of consumers recruited by psychiatrists. Overall, we met our original target (but not the revised target) in terms of all consumers.

**Table 7: Actual and target samples of consumers**

	Recruited, retained and participated	Original target	Revised target
Recruited by clinical psychologists	289	100-200	200-400
Recruited by registered psychologists	317	100-200	200-400
Recruited by GPs	277	200-400	800-1,600
Recruited by psychiatrists	23	200-400	200-400
<b>Total</b>	906	600-1,200	1,400-2,800

### *Nature of participation in the evaluation by consumers*

Because of the low response rates for consumers recruited by psychiatrists, this group was excluded from the evaluation. The nature of participation of the remaining groups of consumers is summarised in Table 8 and described in more detail below.

**Table 8: Nature of participation in the evaluation by consumers**

	Had relevant socio-demographic, clinical and treatment data entered into minimum dataset	Had pre- and post-treatment outcome data entered into minimum dataset	Provided views on receiving care through Better Access		
			Took part in interview <sup>1</sup>	Completed survey <sup>1</sup>	Total
Recruited by clinical psychologists (n=289)	289	205	112	21	133
Recruited by registered psychologists (n=317)	317	208	136	16	152
Recruited by GPs (n=277)	277	177	104	17	121
<b>Total (n=883)</b>	<b>883</b>	<b>590</b>	<b>352</b>	<b>54</b>	<b>406</b>

1. The questions in the interview and the survey were the same.

All participating consumers who were recruited by clinical psychologists (n=289), registered psychologists (n=317) and GPs (n=277) consented to have relevant socio-demographic, clinical and treatment information entered into the minimum dataset.

Ideally, all participating consumers should have had pre- and post-treatment outcome data, but this was not ultimately the case. As noted in Chapter 2, we asked providers to collect outcome data from consumers when they began treatment (i.e., at their first session) and end treatment (i.e., at their final session, or in the final month of the data collection period, whichever came first). Pre-treatment outcome data were collected to a high level of completion. Post-treatment outcome data were relatively comprehensively collected when the consumer finished treatment, but when treatment was ongoing beyond the study period the collection rate was poorer. In total, we had pre- and post-treatment pairs of outcome data for 590 consumers (205 recruited by clinical psychologists, 208 recruited by registered psychologists, and 177 recruited by GPs).

All participating consumers were invited to participate in the interview/survey about their experiences with receiving care through Better Access, and 406 did so (133 recruited by clinical psychologists, 152 recruited by registered psychologists and 121 recruited by GPs).

### ***Representativeness of consumer samples***

Tables 9, 10 and 11 provide a breakdown of the key socio-demographic characteristics of all participating consumers and consumers for whom outcome data were available, and compares them with the overall group of Better Access consumers seen by the relevant groups of providers from 1 January 2009 to 31 December 2009. It should be noted that this time frame differs from the period in which participating consumers received care from Better Access (1 October 2009 to 31 October 2010), but was chosen as the closest full one-year period for which Medicare data were readily available.

Participating consumers who were recruited by clinical psychologists, registered psychologists and GPs, and the sub-samples for whom outcome data were available, were broadly similar to all consumers who received Better Access care from these providers in terms of their age and gender. In each case, about two thirds were female, and three quarters were accounted for by the youngest three age groupings.

Consumers from rural and remote areas were somewhat over-represented among our participating consumers (and the sub-samples for whom outcome data were available) according to the Rural, Remote and Metropolitan Areas (RRMA) system; more than half of our consumers fell into these groups, whereas around one quarter of all consumers did so. Consumers from relatively more socio-economically disadvantaged areas were also somewhat over-represented in our samples and sub-samples; three fifths or more resided in areas deemed to be in the

bottom three Index of Relative Socio-Economic Disadvantage (IRSED) quintiles, whereas less than half of the total consumer populations did so. The over-representation of rural consumers can be explained by our sampling strategy, which deliberately over-sampled rural providers (and, consequently, rural consumers). This is likely to have also had some bearing on our over-representation of consumers from socio-economically disadvantaged areas, although it would not completely explain it.

**Table 9: Socio-demographic profiles of consumers seen by clinical psychologists through Better Access**

		Participating consumers <sup>1</sup> (n=289) <sup>3</sup>		Participating consumers for whom pre-and post-treatment outcome data were available <sup>1</sup> (n=205) <sup>3</sup>		All consumers <sup>2</sup> (n=100,434) <sup>3</sup>	
		Freq	%	Freq	%	Freq	%
<b>Gender</b>	Male	101	35%	74	36%	69,254	37%
	Female	188	65%	131	64%	120,164	63%
<b>Age</b>	<30	68	24%	45	22%	672,36	35%
	30-39	68	24%	52	25%	43,092	23%
	40-49	66	23%	45	22%	37,392	20%
	50-59	51	18%	40	20%	26,095	14%
	60-69	24	8%	15	7%	11,530	6%
	>69	11	4%	7	3%	4,073	2%
<b>Region<sup>4</sup></b>	Metropolitan	145	50%	108	53%	157,569	83%
	Rural	126	44%	91	44%	30,929	16%
	Remote	18	6%	6	3%	916	0%
<b>Socio-economic disadvantage<sup>5</sup></b>	Quintile 5 (Least)	70	24%	51	25%	67,343	36%
	Quintile 4	56	19%	44	21%	41,567	22%
	Quintile 3	97	34%	71	35%	35,733	19%
	Quintile 2	38	13%	23	11%	23,903	13%
	Quintile 1 (Most)	27	9%	16	8%	18,346	10%

1. Received care through Better Access between 1 Oct 2009 and 31 Oct 2010
2. Received care through Better Access between 1 Jan 2009 and 31 Dec 2009
3. Cells do not always sum to the total n due to some missing data.
4. Region based on RRMA classification.
5. Socio-economic disadvantage based on IRSED classification.

**Table 10: Socio-demographic profiles of consumers seen by registered psychologists through Better Access**

		Participating consumers <sup>1</sup> (n=317) <sup>3</sup>		Participating consumers for whom pre-and post-treatment outcome data were available <sup>1</sup> (n=208) <sup>3</sup>		All consumers <sup>2</sup> (n=348,417) <sup>3</sup>	
		Freq	%	Freq	%	Freq	%
<b>Gender</b>	Male	90	28%	55	26%	124,498	36%
	Female	226	72%	153	74%	223,919	64%
<b>Age</b>	<30	58	19%	24	12%	117,374	34%
	30-39	67	21%	48	23%	79,070	23%
	40-49	81	26%	54	26%	71,964	21%
	50-59	68	22%	52	25%	49,607	14%
	60-69	32	10%	23	11%	22,470	6%
	>69	7	2%	5	2%	7,932	2%
<b>Region<sup>4</sup></b>	Metropolitan	127	40%	87	42%	260,651	75%
	Rural	177	56%	110	53%	85,561	25%
	Remote	12	4%	10	5%	2,203	1%
<b>Socio-economic disadvantage<sup>5</sup></b>	Quintile 5 (Least)	69	22%	53	26%	93,188	27%
	Quintile 4	59	19%	42	20%	80,727	23%
	Quintile 3	106	34%	68	33%	69,447	20%
	Quintile 2	58	18%	32	16%	58,931	17%
	Quintile 1 (Most)	22	7%	11	5%	42,897	12%

1. Received care through Better Access between 1 Oct 2009 and 31 Oct 2010
2. Received care through Better Access between 1 Jan 2009 and 31 Dec 2009
3. Cells do not always sum to the total n due to some missing data.
4. Region based on RRMA classification.
5. Socio-economic disadvantage based on IRSED classification.

**Table 11: Socio-demographic profiles of consumers seen by GPs through Better Access**

		Participating consumers <sup>1</sup> (n=277) <sup>3</sup>		Participating consumers for whom pre-and post-treatment outcome data were available <sup>1</sup> (n=177) <sup>3</sup>		All consumers <sup>2</sup> (n=971,836) <sup>3</sup>	
		Freq	%	Freq	%	Freq	%
<b>Gender</b>	Male	81	30%	53	30%	351,621	36%
	Female	193	70%	123	70%	620,215	64%
<b>Age</b>	<30	53	19%	30	17%	308,421	32%
	30-39	57	21%	29	17%	216,330	22%
	40-49	71	26%	44	25%	195,278	20%
	50-59	55	20%	41	23%	139,853	14%
	60-69	31	11%	25	14%	71,977	7%
	>69	8	3%	6	3%	39,977	4%
<b>Region<sup>4</sup></b>	Metropolitan	138	50%	88	50%	717,817	74%
	Rural	137	50%	88	50%	243,158	25%
	Remote	0	0%	0	0%	10,853	1%
<b>Socio-economic disadvantage<sup>5</sup></b>	Quintile 5 (Least)	30	11%	25	14%	247,452	26%
	Quintile 4	80	29%	52	30%	211,256	22%
	Quintile 3	75	27%	42	24%	199,709	21%
	Quintile 2	70	26%	42	24%	172,162	18%
	Quintile 1 (Most)	19	7%	14	8%	130,682	14%

1. Received care through Better Access between 1 Oct 2009 and 31 Oct 2010
2. Received care through Better Access between 1 Jan 2009 and 31 Dec 2009
3. Cells do not always sum to the total n due to some missing data.
4. Region based on RRMA classification.
5. Socio-economic disadvantage based on IRSED classification.