

## **Chapter 5: Question 3 – Has Better Access had an impact on the profile and operation of Australia’s mental health workforce?**

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### **3a. To what extent has Better Access had an impact on the distribution of allied health professionals in the public and private mental health sectors?**

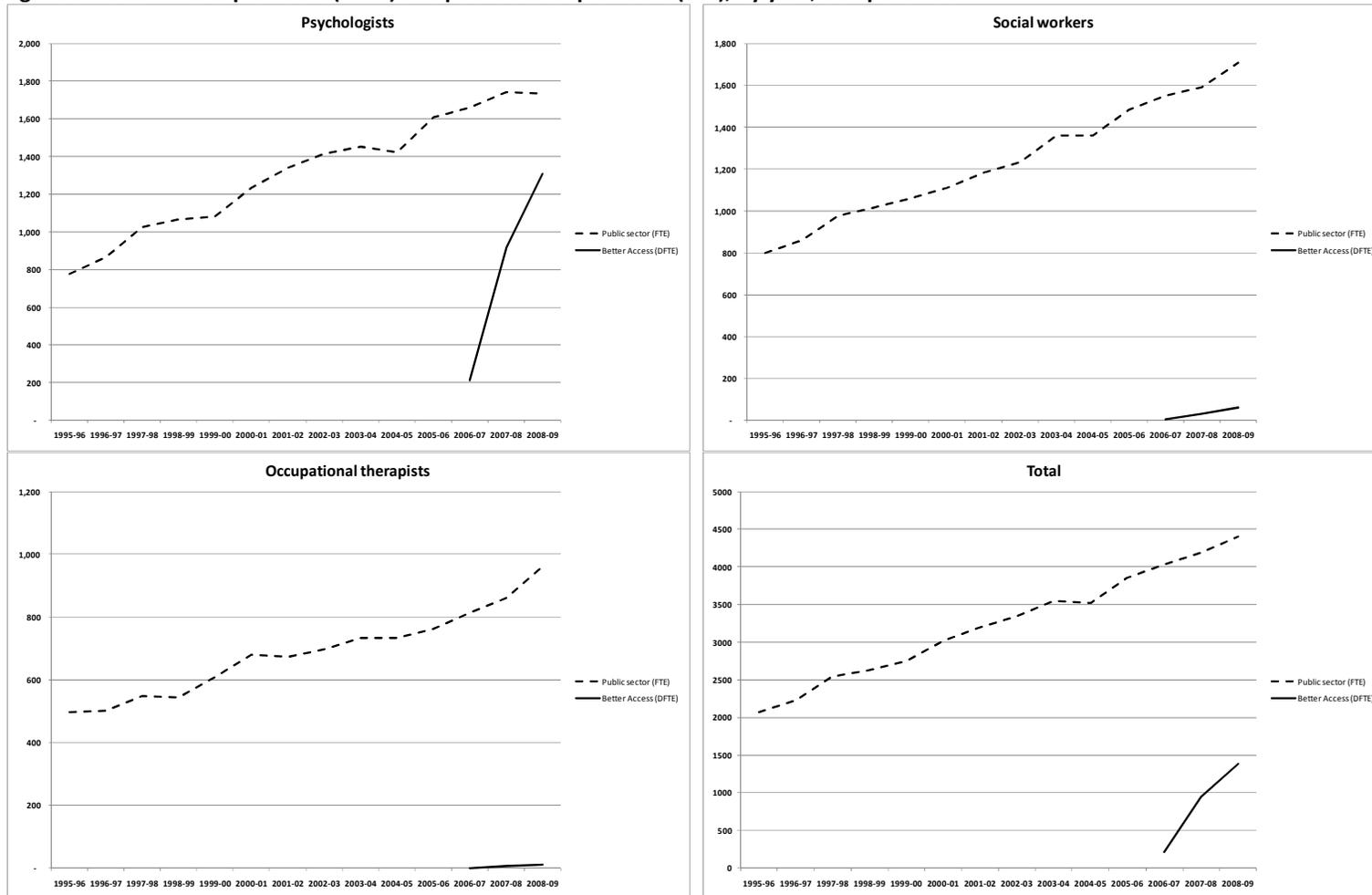
Better Access has made private practice more viable for allied health professionals, and surveys of psychologists and occupational therapists have indicated that these professionals find this opportunity rewarding.<sup>30-33</sup> Concerns have been expressed that this may have led to an exodus of these providers from public sector mental health services.

The stakeholder consultations conducted as part of Component D provided some anecdotal evidence on this issue.<sup>7</sup> Health department officials, representatives of professional bodies, public sector service managers and individual providers indicated that although they had anticipated that Better Access would lead to a significant shift, the observed movement has been quite small. According to these stakeholders, the most common outcome was that full time staff in public sector mental health services split their time to add a private practice caseload.

Component C provided more objective but complementary evidence. It examined the numbers of full time equivalent (FTE) providers in the public mental health sector in each year from 1995-96 to 2007-08 (updated by the Department of Health and Ageing to 2008-09 for the purposes of the summative evaluation), and assessed whether these numbers had dropped after the introduction of Better Access in late 2006<sup>6</sup>. Component C drew on public sector staffing data from the Mental Health Establishments National Minimum Dataset and registered Better Access provider data from Medicare. The former were available as FTE. The latter were only available as headcounts. These were converted to deemed FTE (DFTE) using data on the number and duration of sessions rendered by each provider.

Figure 3 summarises the results of the Component C analysis. It shows that the numbers of FTE psychologists, social workers and occupational therapists providing care in public sector mental health services have risen steadily since 1995-96. This is probably due to additional investment in tertiary training places.<sup>1</sup> The rate of increase has not changed since the introduction of Better Access. With a few exceptions, these patterns were relatively consistent across states and territories. For example, the numbers of FTE psychologists in public sector mental health services continued to increase after the introduction of Better Access in all states and territories except Victoria (where they remained unchanged overall) and Tasmania and the Australian Capital Territory (where they decreased overall). Within states and territories, the patterns differed between capital cities and other areas. Again taking psychologists as the example, the FTE workforce decreased outside of capital city areas in Victoria and Western Australia but increased in these areas in Queensland.

**Figure 3: Better Access providers (DFTE) and public sector providers (FTE), by year, Component C**



Overall, these data suggest that Better Access has not reduced the size of the public sector mental health workforce. They cannot shed light on a number of other related questions, however. For example, they do not provide an indication of the numbers of providers who work part time in the public and private sectors, and/or are providing private services that are funded through other avenues (e.g., the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care program). They also do not allow conclusions to be drawn about whether experienced providers may be more likely to leave the public sector, nor whether the balance of clinical and registered psychologists in the public sector has altered.

### **3b. Has Better Access improved multi-disciplinary collaboration between mental health care providers?**

An explicit aim of Better Access is to “encourage a multi-disciplinary approach to mental health care”. The Medicare item numbers require GPs and allied health professionals to work together in a more systematic manner than they may have in the past. GPs are able to refer consumers to a wider range of providers than was previously the case, and their referrals are a mandatory part of the pathway to care from allied health professionals. Their role in the review process is also crucial; a consumer cannot receive more than six (or 12) sessions from the allied health professional unless he or she is reviewed by the GP. There is also an expectation on the part of the GP that the allied health professional will provide reports on the consumer’s progress. This structure is designed to encourage inter-professional communication and collaboration.

The interviews and surveys completed by providers as part of Components A and A.2 suggest that the process requirements of Better Access have improved multi-disciplinary collaboration between mental health care providers.<sup>34</sup> The 39 clinical psychologists, 45 registered psychologists and 32 GPs who offered their opinions via Component A and the 156 social workers and 32 occupational therapists who did so via Component A.2 often discussed their working relationships with other mental health professionals. In general, they reported that the Better Access model of service delivery has worked well. Each party has developed an increased appreciation of the role of the other in providing mental health care, and this increased mutual respect. Not all views were positive, however. Some GPs reported that they did not always get sufficient feedback from allied health professionals about consumers’ progress. Some allied health professionals indicated that they had not always received adequate referral information from GPs. These diverse views were reinforced by participants in other relevant surveys of allied health professionals,<sup>30-33</sup> and by stakeholders who contributed to the post-implementation review of Better Access.<sup>18</sup>

As well as fostering multi-disciplinary care through the conditions of the Medicare item numbers, Better Access has made an explicit attempt to strengthen the links between different provider types through its education and training initiatives. In particular, the Mental Health Professionals Network has promoted communication and networking between allied health professionals, GPs and other mental health care providers by running almost 1,200 multi-disciplinary workshops, supported by a range of resources (e.g., education and training materials, a website and web portal, and a 1800 phone line). The evaluation of MHPN, which formed part of Component E, found that these workshops were attended by close to 12,000 individuals, and that four fifths of the workshops had led to ongoing, multi-disciplinary networks of local providers.<sup>89</sup> These networks are currently in their early stages, but there are signs that they are increasing collaboration between providers.