

Evaluation of
*Better Access to Psychiatrists,
Psychologists and General
Practitioners through the Medicare
Benefits Schedule*
(Better Access) initiative

**Component F: Analysis of the Second
National Survey of Mental Health
and Wellbeing**

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FINAL AT 29 DECEMBER 2010

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BETTER ACCESS INITIATIVE EVALUATION COMPONENT F ANALYSIS OF THE 2007 NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING

BACKGROUND

The Better Access Initiative was introduced in November 2006. Its key aim was to improve the access of people in Australia with mental health problems to the health services that they need. Since its introduction the number of services provided through the Initiative has increased dramatically, however, concerns continue to be raised as to whether these services are sufficient, whether the people who receive services are those who actually need them and who is missing out.

In 2007 a second National Survey of Mental Health and Wellbeing of the adult Australian population was undertaken. The first survey was conducted in 1997 and determined, for the first time, the prevalence of mental disorders and service use. The 2007 survey updated this information, primarily showing that, as expected by most people, the prevalence of mental disorders had hardly changed over the previous decade. It also showed that, in spite of considerable investment in mental health and new initiatives, service use had varied little overall over the ten years.

The focus of these population surveys was necessarily on the common mental disorders, that is affective (or mood), anxiety and substance use disorders and the surveys determined the prevalence of these and services for mental health problems used over the previous 12 months.

From August to December 2007 interviews of some 8,841 Australians aged 16 to 85 years were conducted by the Australian Bureau of Statistics using an Australian adaption of the World Mental Health Survey Initiative Composite International Diagnostic Interview (WMH-CIDI). The interviews were on average 90 minutes, ranging between 2-3 hours and up to 6-7 hours for those meeting diagnostic criteria. From the data collected estimates of the prevalence of these mental disorders and service use for mental health problems in the Australian population were produced.

Further background information on the 2007 and 1997 surveys is appended at Attachment 1.

Component F

Other components of the Better Access Initiative evaluation have brought together information on the Better Access services provided, to whom and by whom, the impact on other mental health services, and how consumers and providers perceive these. Component F is about context circa 2007. Given that the 2007 survey asked about the period in which Better Access was first introduced, the results provide an important baseline on service users and service use.

In particular, the 2007 survey is the key means for determining:

- who in the Australian population needs mental health services;
- who was getting them in the first year of Better Access;
- who was providing those services; and
- why more people were not receiving help they need.

Data sources

National Surveys of Mental Health and Wellbeing

All data for this component has been sourced from the Confidentialised Unit Record Files (CURF) of first and second National Surveys of Mental Health and Wellbeing, which were conducted in 1997 and 2007 respectively.

Survey data, including both 12-month prevalence and service use data, relates to the 12-month period prior to the time each respondent was surveyed. The second survey interviews took place between August and December 2007. As such, the period some respondents were asked about included a period (up to three months) prior to the introduction of the Better Access Initiative.

Prevalence is reported using the International Classification of Diseases 10th Revision (ICD-10).

These surveys are of the general adult population. The first provided data on those aged 18 years and older. The second survey covered 16 to 85 year olds.

Medicare data

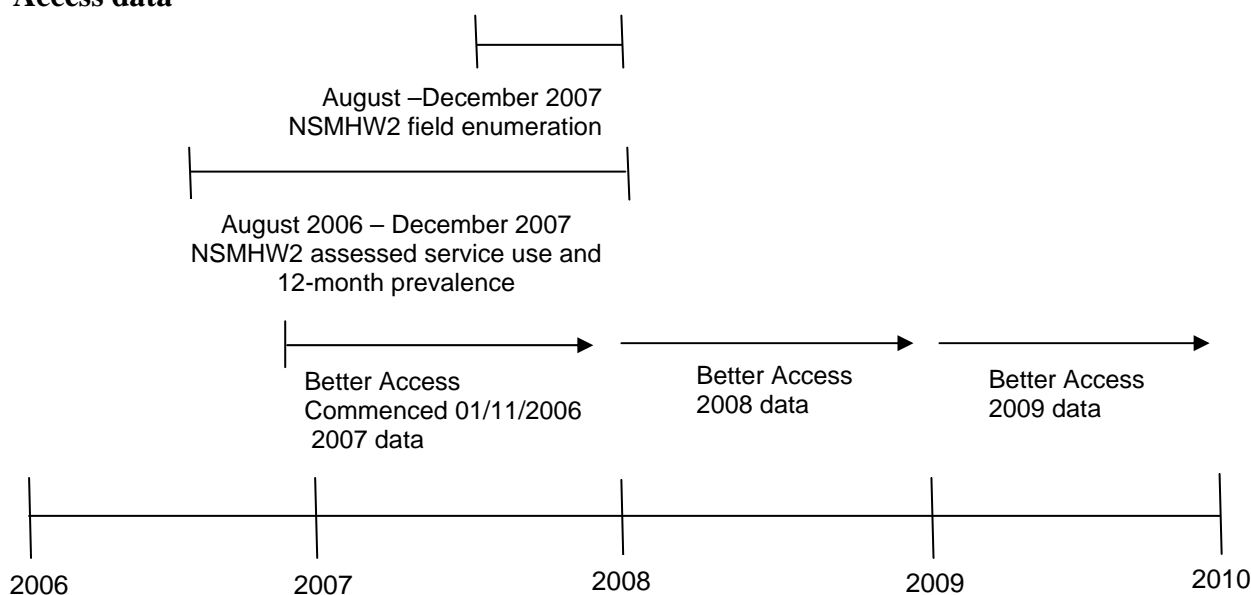
Better Access data has been sourced from Medicare data held by the Department of Health and Ageing, as was sourced for Component B of the Better Access Evaluation. This has been extracted on a calendar year basis.

Comparisons between data sources

Where data are compared between these sources attempts have been made to maximise their comparability. Due to the differing methodologies, time periods covered and different ways in which data is aggregated to ensure confidentiality, this is not always possible. Where differences exist these have been duly noted.

Although not exactly comparable, when comparisons are made in relation to service use, data from the 2007 survey (on 16-85 year olds) has been compared with Better Access data for 2007 on those aged 15 years and older.

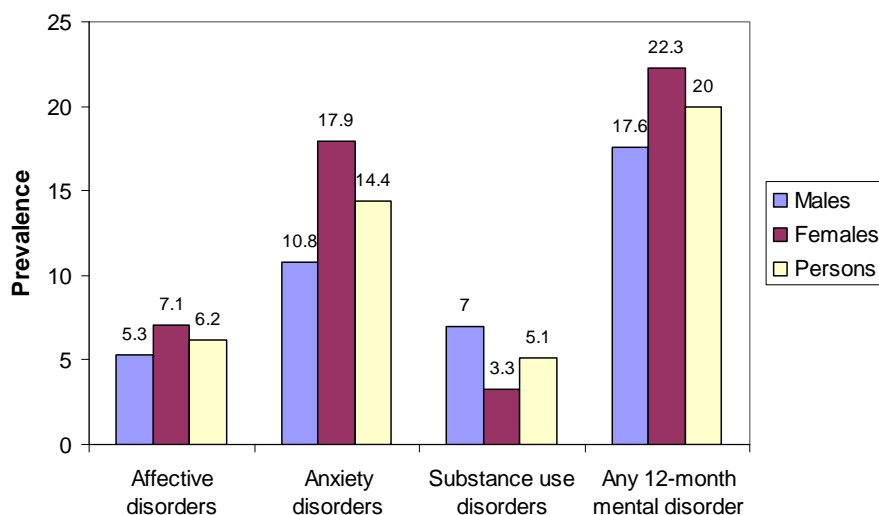
Figure 1: Timelines of Second National Survey of Mental Health and Wellbeing and Better Access data



PREVALENCE OF MENTAL DISORDERS IN THE AUSTRALIAN POPULATION

The second National Survey of Mental Health and Wellbeing (NSMHWB2) found that one in five (20.0%) or 3.2 million Australians aged 16-85 years had a mental disorder in the previous 12 months (Figure 2). This is consistent with the findings of the first National Survey of Mental Health and Wellbeing (NSMHWB) some ten years later.

Figure 2: Prevalence of 12-month mental disorders by disorder class and sex



Source: *National Survey of Mental Health and Wellbeing 2007*

The NSMHWB2 also determined the lifetime prevalence of mental disorders, that is if people had experienced symptoms of sufficient severity and duration at any point in their lifetime that would mean that if they saw a health professional they might be diagnosed with a mental disorder according to the detailed diagnostic criteria of the specific disorders as detailed in the standard diagnostic classification systems (ICD-10 and DSM IV).

Almost half of the Australian population (45.5%) aged 16-85 years were found to have experienced a mental disorder at some point in their lifetime (Table 1).

Table 1: Prevalence of lifetime and 12-month mental disorders

	Lifetime prevalence		12-month prevalence	
	Proportion (%)	Population estimate	Proportion (%)	Population estimate
Affective disorders	15.0	2,405,000	6.2	996,000
Anxiety disorders	26.3	4,205,000	14.4	2,303,000
Substance use disorders	24.7	3,960,000	5.1	820,000
Any mental disorder	45.5	7,287,000	20	3,198,000

Totals are lower than the sum of disorders as people may have had more than one class of mental disorder in the 12 months.

Source: *National Survey of Mental Health and Wellbeing 2007*

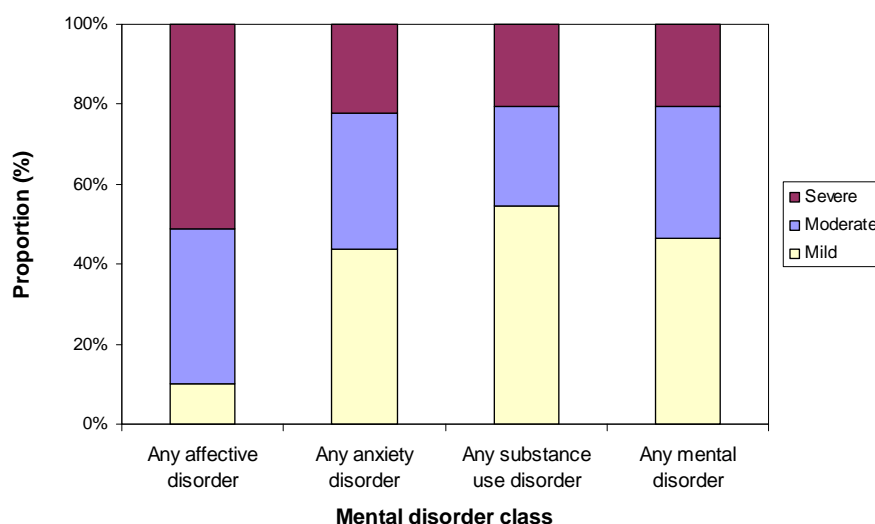
Anxiety disorders were the most prevalent 12-month mental disorders with 14.4% of the population being assessed as having these, compared with 6.2% with affective disorders.

Although substance use disorders had the lowest 12-month prevalence (5.1%), across the lifetime around one quarter (24.7%) of people were assessed as having met the diagnostic criteria for these disorders (Table 1).

Severity

It is important to note that, while the survey determined the prevalence of the common or more high prevalence disorders, the impact of these on people’s lives can still be great. Indeed, one-fifth of those with these mental disorders were assessed as having a ‘severe disorder’ in the previous 12 months (see Attachment 1 for further information on how this was determined) (Figure 3). The proportion with severe disorders was highest for those with affective (or mood) disorders, with one half (51.1%) experiencing severe disorders. Whereas the impact of the disorders was assessed as severe for around one-fifth of those with anxiety and with substance use disorders (22.2% and 20.4% respectively).

Figure 3: Proportion of people with 12-month mental disorders by mental disorder class and severity

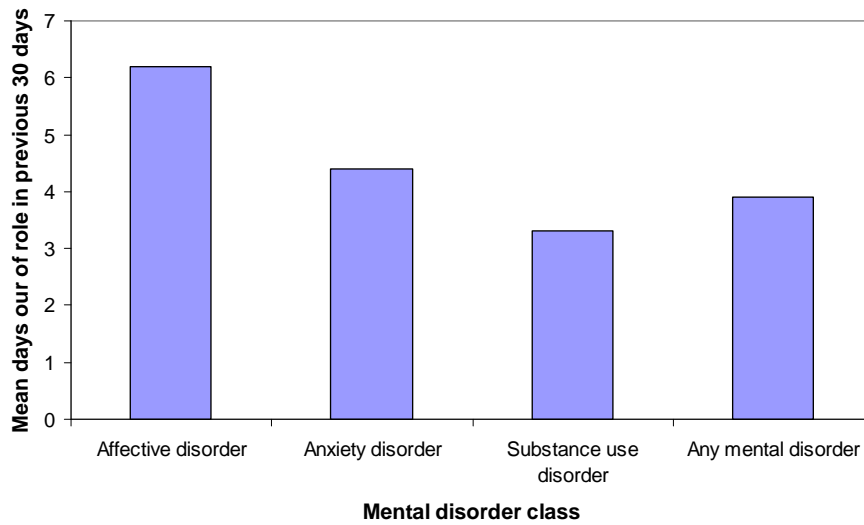


Source: *National Survey of Mental Health and Wellbeing 2007*

At the other end of the scale, one-tenth (10.2%) of those with affective disorders were assessed as having mild disorders. Substance use disorders cover both harmful use and dependence on alcohol and drugs and two-fifths (46.3%) of those with these disorders were assessed as mild. The figure was similar for anxiety disorders with 43.8% being assessed as mild.

Another measure of the impact included in the NSMHW2 was ‘days out of role’, which captures the impact of mental disorders and physical conditions on people’s ability to function in their day-to-day activities. People assessed with a 12-month mental disorder experienced on average four days out of role in the last 30 days (Figure 4). This was highest for those with affective disorders who experienced on average six days out of role.

Figure 4: Days out of role by 12-month mental disorder class

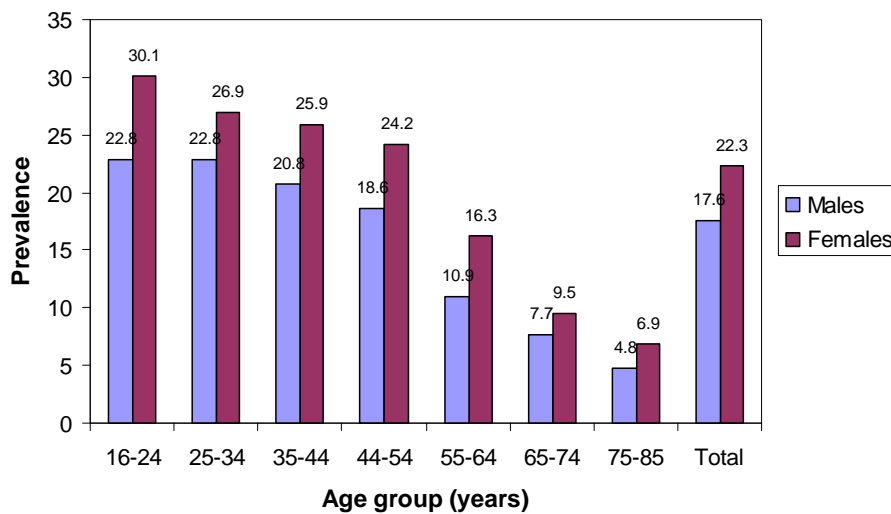


Source: *National Survey of Mental Health and Wellbeing 2007*

Age and sex profile

The prevalence of 12-month mental disorders is lower in men (17.6% compared with 22.3% for females) and decreases with age for both sexes (Figure 5).

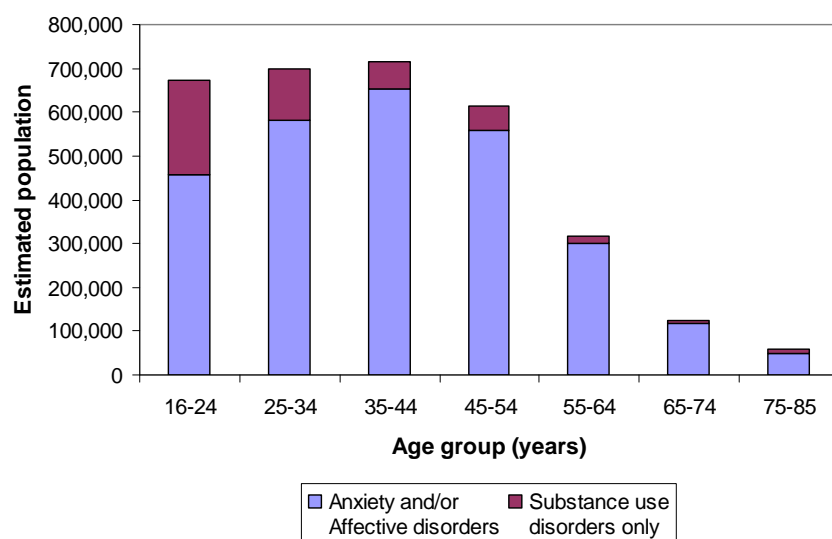
Figure 5: Prevalence of 12-month mental disorders by sex and age



Source: *National Survey of Mental Health and Wellbeing 2007*

The prevalence of mental disorders is highest in young people. Figure 6 shows, however, that this is due, to a large extent, to the higher prevalence of substance use disorders in the young, particularly 16-24 year olds.

Figure 6: Estimated population with 12-month mental disorders by mental disorder class and age



Source: *National Survey of Mental Health and Wellbeing 2007*

Other demographic characteristics

A wide range of demographic data was collected in the NSMHWB2, with only a few of variables showing highly significant relationship to the prevalence of mental disorders (Table 2).

Table 2: Prevalence of 12-month disorders by sex, marital status, labour force status, education and country of birth

	Males (%)	Females (%)	Persons (%)
Marital status			
Married/De facto	14.7	19.3	17.3
Separated/Divorced/Widowed	25.7	25.2	25.7
Never Married	22.4	26.2	24.3
Labour force status			
Employed	17.7	19.5	18.7
Unemployed	23.9	26.6	25.8
Not in the labour force	23.9	28.3	26.8
Education			
Post school qualification	17.6	21.5	19.5
School qualification only	16.0	25.1	20.2
Did not complete school	22.9	26.7	24.9
Country of birth			
Australia	19.5	24.0	21.8
Other English speaking country	17.7	19.9	18.7
Non-English speaking country	8.4	16.2	12.6

Source: *National Survey of Mental Health and Wellbeing 2007*

People who were married or in de facto relationships and those who were employed were less likely to have mental disorders. Prevalence was also markedly lower for people born in non-English speaking countries (Table 2).

SERVICE USE

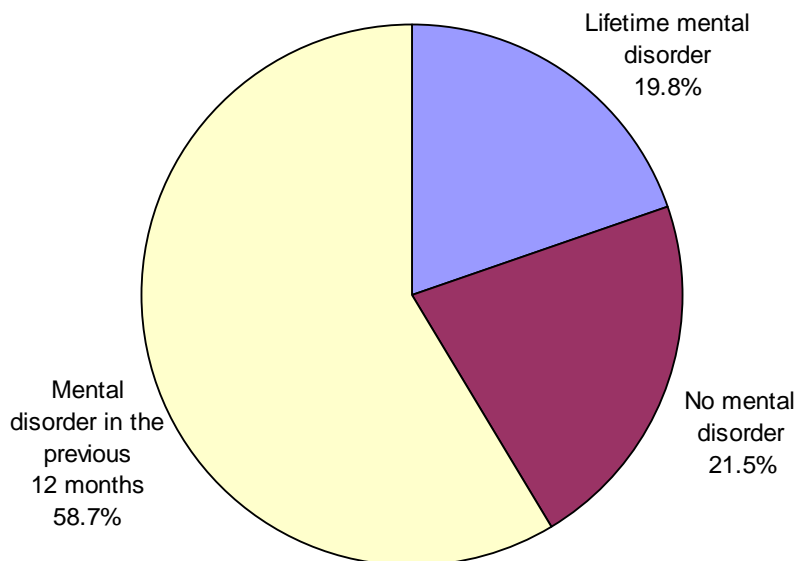
Population receiving services for mental health problems

The NSMHWB2 found that overall 11.9% of the total Australian population aged 16-85 years used health services for mental health problems in the previous 12 months (in the main 2007). This includes both consultations with health professionals and hospital admissions. A similar proportion of the total population (11.6%) used medications for mental health problems in the previous 12 months.

Of the population using services (Figure 7):

- Three-fifths (58.7%) of people had a 12-month mental disorder;
- One-fifth (19.8%) had a mental disorder at some point in their lifetime, but did not have symptoms in the previous 12 months; and
- One-fifth (21.5%) did not meet lifetime diagnosis for any of the mental disorders assessed in the survey.

Figure 7: Proportion of people using services for mental health problems in the previous 12 months by mental disorder status



Source: *National Survey of Mental Health and Wellbeing 2007*

The population estimates in Table 3 show that 1.2 million people with mental disorders in the previous 12 months used services in that period.

In addition, almost half a million Australians were estimated to have used services when they were assessed as not having a diagnosable mental disorder. Roughly half of these were

assessed as having a lifetime mental disorder, that is that they had experienced one of the common mental disorders (affective, anxiety and/or substance use disorders) at some stage previously in their lifetime, but did not report symptoms in the 12 months preceding the survey. The other half assessed as having no mental disorder at the time they were surveyed have been misconstrued sometimes as the ‘worried well’. Most will, however, have sought services for a variety of legitimate reasons. People seek help at times of crisis. People also seek help with mental health problems to prevent their escalation or where they are not at a level at which they would be clinically diagnosed with a specific mental disorder (either in terms of number, severity and/or duration). Others will be receiving treatment for mental disorders not included in the survey, specifically the low prevalence or psychotic disorders.

Table 3: Population estimates of service use by 12-month mental disorder status

	Any 12-month mental disorder
No service use	6,864,634
Any service use	1,200,897
	No 12-month disorder
No service use	5,797,938
Any service use	469,871

Source: *National Survey of Mental Health and Wellbeing 2007*

Service use by people with 12-month mental disorders

One third (34.9%) of people aged 16-85 years with 12-month mental disorders used health services for mental health problems in the 12 months preceding the survey. This is equivalent to 1.1 million Australians with a mental disorder receiving services for mental health problems during this 12-month period.

Service use by sex and age

Service use for mental health problems was higher among females than males. Two-fifths (40.7%) of females with 12-month mental disorders used services for mental health problems in the previous 12 months compared to just over one quarter (27.5%) of males with 12-month mental disorders.

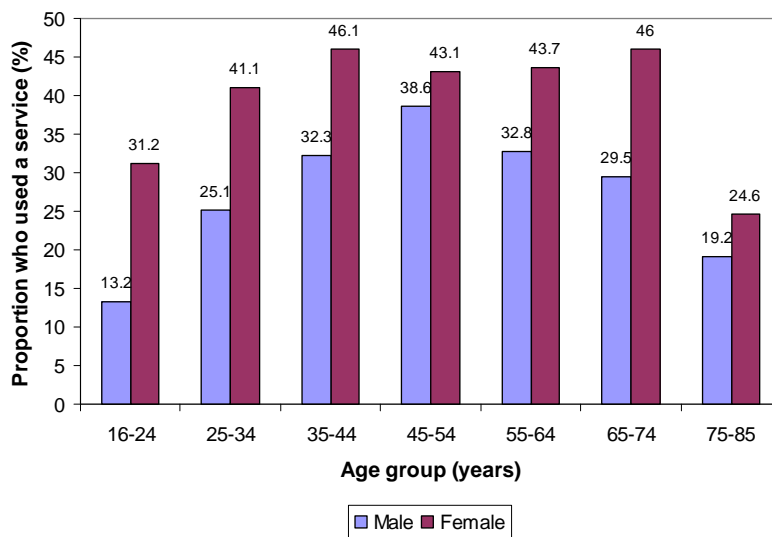
Service use was lowest among the youngest and oldest age groups, with less than one quarter having used services for mental health problems in the previous 12 months (23.3% for those aged 16-34 years and 22.6% for those aged 75-85 years).

For males, service use was lowest among those aged 16-24 years (13.2%), peaked among the 45-54 year olds with almost two-fifths (38.6%) using services and then declined with age to 19.2% among males aged 75-85 years (Figure 8).

For females, service use was also lower in the youngest and oldest age groups, being lowest for females aged 75 to 84 years (24.5%) and slightly higher for females aged 16-24 year (31.2%). Unlike males, service use for females remained above 40% for all other age groups, that is those aged between 25 and 74 years (Figure 8).

The difference in service use between the sexes was greatest for those aged 16-24 years, with females being more than twice as likely to use services compared to males (31.2% in females compared to 13.2% in males).

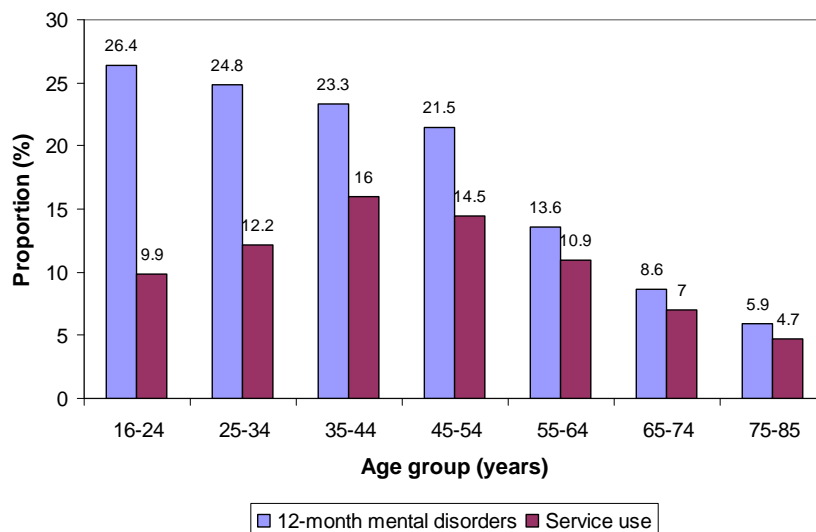
Figure 8: Proportion of males and females who used services by age group



Source: *National Survey of Mental Health and Wellbeing 2007*

In summary, when comparing service use to prevalence across age groups (Figure 9), the highest level of servicing in comparison to prevalence is for the older age groups (5.9% prevalence compared to 4.7% service use in the 75-85 year olds), with the lowest levels of service use compared to prevalence for the 16-24 year olds (26.4% prevalence compared to 9.9% service use).

Figure 9: Prevalence of 12-month mental disorders and service use by age



Source: *National Survey of Mental Health and Wellbeing 2007*

Service use by severity

Service use also varied depending on the severity of the mental disorder. Almost two thirds (64.8%) of people with severe mental disorders used services in the previous 12 months compared to two-fifths (40.2%) of those with moderate mental disorders and less than one-fifth (17.9%) of people with mild mental disorders (Table 4).

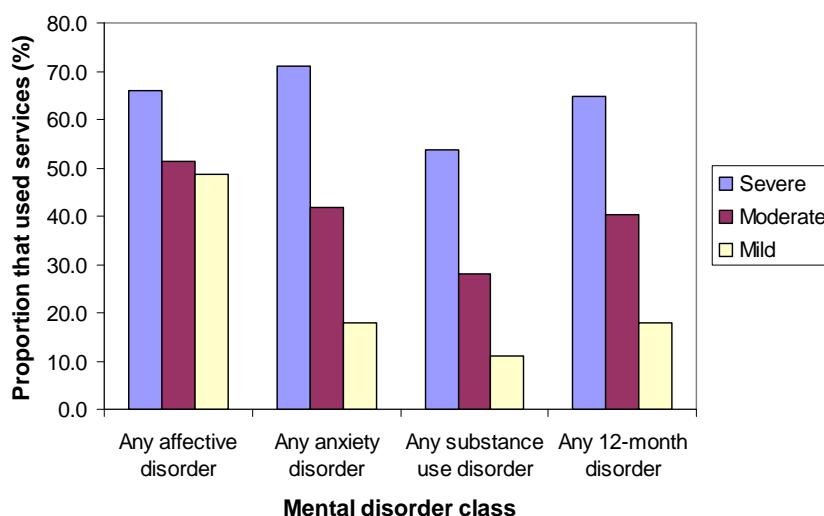
Table 4: Proportion of people with 12-month mental disorders using services by severity

	Proportion using services (%)
Mild mental disorders	17.9
Moderate mental disorders	40.2
Severe mental disorders	64.8
Any mental disorder	34.9

Source: *National Survey of Mental Health and Wellbeing 2007*

The same pattern of service use for the various levels of severity was also evident among people with anxiety disorders. However, although service use was highest among people with severe affective disorders (66.1%), it was also relatively high for people with moderate (51.4%) and mild (48.6%) affective disorders (Figure 10). This may in part be due to the nature of these disorders, however, it is also likely to be due to people’s greater knowledge of these disorders, the services available to treat them and possibly as a result reduced stigma in seeking these services. Service use was generally lower for those with severe substance use disorders, dropping significantly with lesser severity.

Figure 10: Service use by 12-month mental disorder class and severity



Source: *National Survey of Mental Health and Wellbeing 2007*

People with mental disorders who did not use services

The NSMHW2 not only provided information about who was using services in 2007, it also provided information about the characteristics of people who experienced mental disorders in the previous 12 months, but did not access services for their mental health problems.

As previously stated, one third (34.9%) of people with 12-month mental disorders used health services for mental health problems in the previous 12 months. Conversely, about two thirds (65.1%) of people with 12-month mental disorders did not use any health services for their mental health problems.

Males were much less likely to use services for their mental health problems than females, with nearly three quarters (72.5%) of males with a mental disorder not using services compared to three-fifths (59.3%) of females.

Although the prevalence of mental disorders was highest in the younger age groups, service use was low in these groups. Over 80% of males and nearly 70% of females with mental disorders aged 16-24 years did not use any health services for their mental health problems. Service use was also low in the older age groups, particularly in females. Three quarters (75.5%) of females and four-fifths (80.8%) of males aged 75-85 years did not use services for their mental health problems in the previous 12 months.

While service use is more common among people experiencing more severe mental disorders, one third (35.2%) of people experiencing severe disorders and over half (59.8%) of those with moderate disorders did not use services. Moreover, while service use is more common among people with co-morbid mental disorders, the survey found that one third (34.6%) of people with 12-month mental disorders from all three mental disorder classes and almost one half (44.1%) of those with disorders from two classes did not use services in the previous 12 months.

SERVICE PROVIDERS

The NSMHWB2 found that in 2007 the majority of people with a 12-month mental disorder received services in the previous 12 months from a general practitioner (24.7%).

Psychologists provided services to 13.2% and psychiatrists to 7.9% of people with 12-month mental disorders. Other mental health professionals (which covers mental health nurses and other health professionals working in specialised mental health settings) provided services to 7.7% of people with 12-month mental disorders (Table 5).

Table 5: Proportion of people with any 12-month mental disorder that used a service in the previous 12 months by service provider

Service provider	Proportion of people with 12-month mental disorders who received services (%)
General practitioner	24.7
Psychologist	13.2
Psychiatrist	7.9
Other mental health professional	7.7
Other health professional	6.6
Mental health admission	2.6
Any service use	34.9

Source: *National Survey of Mental Health and Wellbeing 2007*

In total 34.9% or 1.1 million people with 12-month mental disorders used health services for mental health problems in the previous 12 months. Of this group:

- more than two thirds (70.8%) consulted general practitioners;
- more than one third (37.7%) consulted psychologists;
- almost one quarter (22.7%) consulted psychiatrists;

- one-fifth (22.1%) consulted other mental health professionals, who were defined in the survey as mental health nurses and other health professionals working in specialised mental health settings; and
- just under one-fifth (18.8%) consulted other health professionals, who include social workers, occupational therapists and counsellors providing general services; medical doctors other than psychiatrists or general practitioners, and practitioners of complementary and alternative medicines; and
- seven out of ten consulted more than one type of provider.

In terms of population estimates, Table 6 shows that most people (over 250,000) with 12-month mental disorders who received services in the previous 12 months for mental health problems received them from a general practitioner. This was followed by psychologists and psychiatrists, who provided services to just over 180,000 and 100,000 people with 12-month mental disorders respectively.

Table 6: Population estimates of people with 12-month disorders that used a service by service provider

	Any 12-month Affective disorder	Any 12-month anxiety disorder	Any 12-month substance use disorder	Any 12-month mental disorder
General practitioner	138,009	182,781	70,450	252,275
Psychiatrist	42,141	89,189	26,547	104,389
Psychologist	91,369	133,255	52,578	182,894
Other mental health professional	72,294	76,451	39,133	96,523
Other health professional	42,890	55,933	31,399	66,497
Any use of ambulatory care	190,969	286,931	112,742	380,876
Mental health admission in past 12 months	40,062	34,569	25,863	48,071

Source: *National Survey of Mental Health and Wellbeing 2007*

Changes in servicing between 1997 and 2007

There was considerable new investment and initiatives in mental health in the ten years following the first survey in 1997. This created the expectation in some sectors that by 2007 this would result in significant increases in servicing of those with mental disorders. Instead it was found that servicing had changed little over the ten years (34.9% compared with 38.0% of those with 12-month mental disorders using services in 1997).

Comparisons between data from the surveys undertaken in 1997 and 2007 should be undertaken with some caution due to a number of methodological issues (see Attachment 1 for caveats). In particular, the lack of improvements in the treatment rates can be explained in part by differences in some of the diagnostic modules. The 2007 survey identified a higher proportion of people with ‘mild’ mental disorders, particularly mild anxiety disorders, than were found in the 1997 survey. This would be expected to result in a lower overall proportion of people with 12-month mental disorders who used services, as people with mild mental disorders are relatively less likely to access services. In 2007 only one-fifth of people with mild disorders used services compared to two-thirds of those with severe disorders. People with mild mental disorders are also less likely to need health services, as milder

disorders are more likely to be transient or remit without health intervention.

With hindsight this was not a reasonable expectation. In the previous decade there had been relatively little additional investment in services for common mental disorders, rather the focus had been on reform of state and territory services to improve the quality of these services.

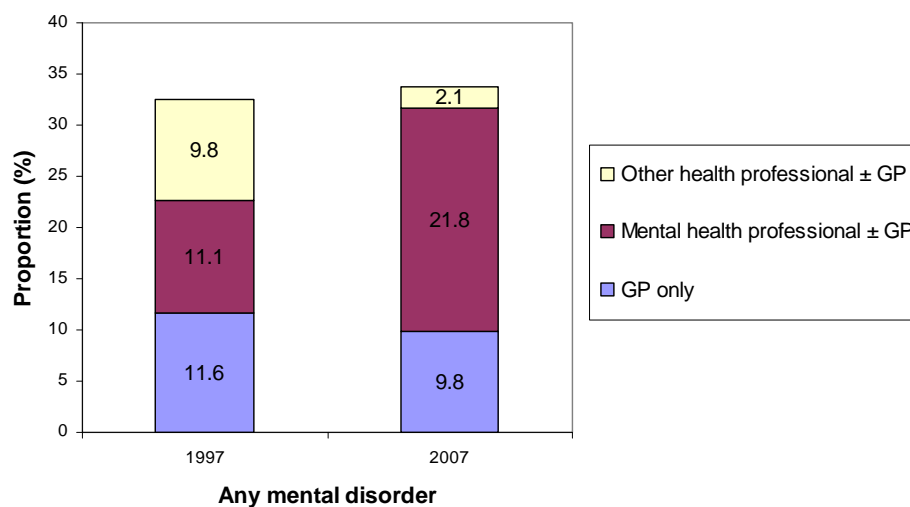
Additional data on service use in 1997 and 2007 by mental disorder status is appended in Attachment 1, Tables 2 and 3.

Changes in service providers

One of the more positive findings, when comparing servicing in 1997 and 2007, is the shift to greater use of mental health professionals.

In 2007 almost twice as many people with mental disorders were seeing mental health professionals (psychiatrists, psychologists and other health professionals working in specialised mental health settings) than a decade earlier (Figure 11). This is primarily due to the implementation in November 2006 of the Better Access Initiative, in particular the introduction of new Medicare items for services by psychologists.

Figure 11: Proportion of people with 12-month mental disorders that used services in the previous 12 months by service provider



Source: *National Survey of Mental Health and Wellbeing 2007*

PERCEIVED NEED FOR SERVICES

The NSMHW2 examined whether people who had received services or particular types of help for mental health problems over the previous 12 months felt their needs had been met. For people who did not receive services the survey examined whether there were services or types of help that they felt they needed, but had not received.

The types of help people were asked about were:

- information about mental illness, its treatment and available services;
- medication;

- talking therapy, such as cognitive behaviour therapy, psychotherapy and counselling;
- social intervention, such as help to meet people and sort out accommodation or finances; and
- skills training to improve the ability to work, self-care or manage time effectively.

Overall, 98.3% of those with 12-month mental disorders that used services were assessed as having a need for health services, that is they felt they needed them (Table 7). Whilst 80.9% of people with 12-month mental disorders who used talking therapy services thought that they had a need for those services, this compares to only 32.0% of those that used skills training having self-perceived a need to do so.

Of those that did not use services, the data shows that the majority of these people thought that they had no need for services. In particular, of those with 12-month mental disorders that did not use services, only 10.6% thought they had a need to do so.

There also appeared to be little self-perceived unmet need in people with mental disorders who did not use services, with 85.6% of people reporting that they had no need for any of the types of help asked about in the survey (Table 7).

Table 7: Perceived need for services of people with 12-month disorders who used and did not use services for mental health problems in the previous 12 months

	Proportion (%)				Population estimates			
	Used services		Did not use services		Used services		Did not use services	
	Need	No need	Need	No need	Need	No need	Need	No need
Information	65.7	34.3	5.8	94.2	733,622	382,763	116,741	1,889,370
Medication	67.5	32.5	2.2	97.8	753,520	362,864	43,615	1,962,497
Talking therapy	80.9	19.1	10.6	89.4	902,699	213,686	213,567	1,792,545
Social intervention	34.3	65.7	5.9	94.1	383,328	733,056	119,170	1,886,942
Skills training	32.0	68.0	3.8	96.2	357,583	758,802	75,313	1,930,799
Any type of need	98.3	1.7	14.4	85.6	1,097,146	19,239	288,376	1,717,736

Source: *National Survey of Mental Health and Wellbeing 2007*

Looking at the data slightly differently, of those people with 12-month mental disorders who used services, most generally felt that their needs had been met, especially in the areas of medication (86.7%) and, to a lesser extent, talking therapy (68.2%) (Table 8). Two thirds of people with 12-month mental disorders who used services, however, felt that their needs had not been met for skills training (66.0%) and social intervention (68.7%).

Table 8: Perception of met need in people with 12-month mental disorders who used services

Type of help	Proportion who needs were met (%)
Information	56.6
Medication	86.7
Talking therapy	68.2
Social intervention	31.3
Skills training	44.0

Source: *National Survey of Mental Health and Wellbeing 2007*

In terms of those with severe mental disorders, who would generally be considered to be most in need of services, the data shows that 96.6% of people with 12-month mental disorders who used services felt they needed them (Table 9). Though in contrast, half (52.5%) of those with 12-month mental disorders who did not use services felt they had no need for them.

Table 9: Perceived need for services of people with severe 12-month disorders who used and did not use services for mental health problems in the previous 12 months

Type of help	Proportion (%)				Population estimates			
	Used services		Did not use services		Used services		Did not use services	
	Need	No need	Need	No need	Need	No need	Need	No need
Information	76.2	23.8	22.9	77.1	323,882	101,303	47,822	160,768
Medication	78.6	21.4	11.0	89.0	334,320	90,864	22,933	185,657
Talking therapy	80.8	19.2	33.9	66.1	343,593	81,591	70,723	137,867
Social intervention	46.3	53.7	26.3	73.7	196,653	228,531	54,905	153,686
Skills training	38.6	61.4	17.8	82.2	164,043	261,141	37,117	171,473
Any type of need	96.6	3.4	47.5	52.5	410,830	14,354	99,149	109,441

Source: *National Survey of Mental Health and Wellbeing 2007*

There are obviously a wide range of reasons that individuals do not seek help with their mental health problems. Some do not actually need them as their disorders are mild and/or transient or remit without health intervention. For some it is the stigma that prevents them seeking help. For others, it is due to a lack of knowledge or appreciation that there is a problem. Some believe that they or others close to them should deal with it and/or that services can't help. Use is also limited by problems with access to services, whether due to cost, distance and/or availability of services. The NSMHW2 did not cover these issues, but it does provides important insight into people's perceived needs for service, highlighting a major barrier to improved treatment rates. The majority of people with 12-month mental disorders who did not access services in 2007 believed they have no need for those services. In short, accessibility of health services is not the only barrier to those most in need seeking and receiving health services.

ROLE OF BETTER ACCESS

People receiving services

In 2007 a total of 710,840 people received Better Access services. Each year since there has been a significant increase in services, rising from 33.8 per 1,000 population in 2007 to 52.8 per 1,000 population receiving Better Access services in 2009 (Table 10).

Table 10: Better Access services, 2007, 2008 and 2009

	2007	2008	2009
Persons ^(a)	710,840	951,454	1,130,384
Annual increase (%)		33.8	18.8
Rate ^(b)	33.8	44.5	52.8

(a) 2007 and 2008 figures have regard to all claims processed up to and including 30 April 2009.

2009 figures have regard to all claims processed up to and including 30 April 2010.

(b) Rates are per 1,000 population.

Source: Medicare data sourced for Better Access Evaluation Component B

Better Access service use increases with age, peaking in those aged 35-44 years, then decreases again as the population ages (Table 11). There have been steady increases each year in uptake by all age groups, particularly those aged 0-14 years.

Table 11: Better Access service use by age

Age group (years)	Rate ^(a)			Increase (%)		
	2007	2008	2009	2007 to 2008	2008 to 2009	2007 to 2009
0-14	10.1	14.8	19.7	47.7	32.8	96.1
15-24	35.9	47.3	57.3	31.7	21.2	59.5
25-34	50.6	65.2	75.2	28.7	15.5	48.6
35-44	52.3	68.5	80.0	30.9	16.8	52.9
45-54	44.1	57.5	67.4	30.6	17.1	52.9
55-64	33.2	43.6	51.8	31.2	18.9	56.0
65+	17.3	23.0	27.9	33.3	21.3	61.6
Total	33.8	44.5	52.8	33.6	18.7	58.6

(a) Rates are per 1,000 population.

Source: Medicare data sourced for Better Access Evaluation Component B

When comparing service use by age, the age profile of people serviced through Better Access is very similar to that found in the NSMHWB2. That is, service use and prevalence are most disparate for the younger age groups and grow closer as the population ages (see Figure 9).

Service providers

General practitioners have been key to the delivery of Better Access services, preparing mental health care plans, reviewing these and also making referrals to other services providers. In 2007 they provided services to 618,867 people through the Better Access Initiative (Table 12).

Medicare funding was available for services by psychologists through the Better Outcomes Initiative from November 2002. With the introduction of the Better Access Initiative, however, services by psychologists and other allied health professionals could be funded directly through Medicare for the first time.

The uptake of these services has increased dramatically each year since the introduction of these new items and so have the numbers of people serviced. While the proportion of services provided by general practitioners remained roughly the same, the number serviced increased by 57% with general practitioners providing services to just under one million (971,836) people through the Better Access Initiative in 2009. There have also been significant increases in services by psychologists, particularly general psychologists.

People serviced by occupational therapists and social workers have increased proportionally even more each year, however, overall remain relatively low.

Table 12: Persons receiving Better Access services by service provider, 2007, 2008 and 2009

	2007 ^(a)			2008 ^(a)			2009 ^(a)		
	Persons	Proportion (%)	Rate ^(b)	Persons	Proportion (%)	Rate ^(b)	Persons	Proportion (%)	Rate ^(b)
General practitioner	618,867	87.1	29.5	817,738	85.9	38.3	971,836	86.0	45.4
Consultant psychiatrist	87,947	12.4	4.2	93,736	9.9	4.4	100,434	8.9	4.7
Clinical psychologist	98,612	13.9	4.7	151,587	15.9	7.1	189,418	16.8	8.9
General psychologist	213,963	30.1	10.2	289,785	30.5	13.6	348,417	30.8	16.4
Occupational therapist	2,011	0.3	0.1	3,701	0.4	0.2	5,103	0.5	0.2
Social worker	10,918	1.5	0.5	20,157	2.1	1	28,276	2.5	1.3
All items^(a,c)	710,840	100	33.8	951,454	100	44.5	1,130,384	100	52.8

(a) 2007 and 2008 figures have regard to all claims processed up to and including 30 April 2009; 2009 figures have regard to all claims processed up to and including 30 April 2010.

(b) Rates are per 1,000 population.

(c) The sum of persons receiving services under each item group will be greater than for all Better Access items because a person may receive services from more than one item group.

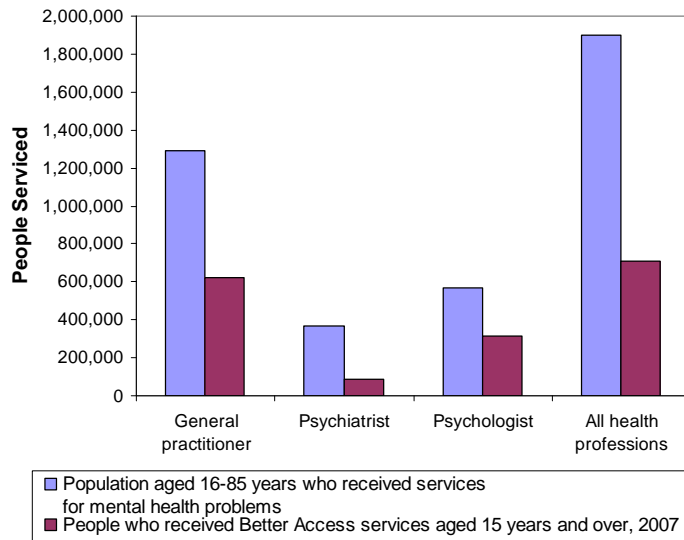
Source: *Medicare data* sourced for Better Access Evaluation Component B

When comparing services by various providers, the relative proportion of services provided by general practitioners, psychiatrists and psychologists through the Better Access Initiative is less similar to that found in the NSMHWB2, reflecting the role of general practitioners and the major change in access to services by psychologists brought about by introduction of the Better Access Initiative.

Two thirds (67.8%) of people who received services for mental health problems saw a general practitioner, while 87.1% of people received a Better Access service by a general practitioner in 2007 (Figure 12). The proportion receiving services by psychologists was also

far higher for Better Access than reported in the NSMHWB2 (44.0% compared with 29.8%).

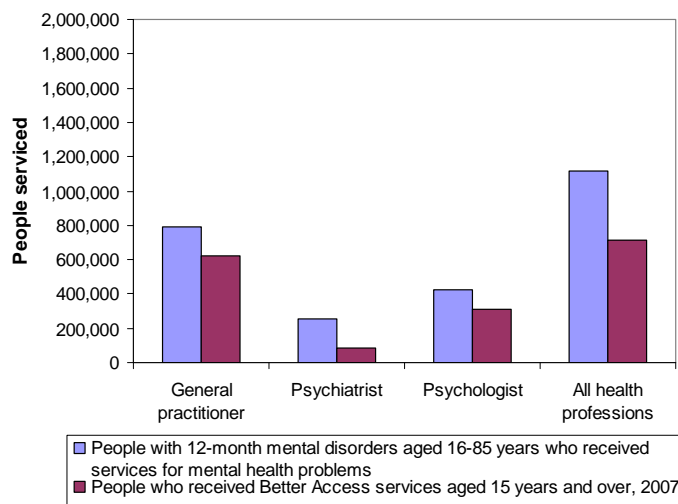
Figure 12: People receiving services and Better Access service users by service provider



Source: *National Survey of Mental Health and Wellbeing 2007*
Medicare data 2007 sourced for Better Access Evaluation Component B

Figure 13 shows the numbers of people in the population assessed as having 12-month mental disorders who used health services. It is a requirement that all people receiving Better Access services have a diagnosable mental disorder and this is reflected in the closer alignment of the number of people who received Better Access services in 2007 to those with 12-month mental disorders who used services.

Figure 13: People with 12-month mental disorders who used services and Better Access service users by service provider



Source: *National Survey of Mental Health and Wellbeing 2007*
Medicare data 2007 sourced for Better Access Evaluation Component B

Who is filling the service gap

As shown in Figure 13, the NSMHWB2 estimated that over 1.1 million people (1,116,380 16-85 year olds) with 12-month mental disorders received services for mental health problems in the previous year. Better Access accounts for a significant proportion of these services, with around 710,000 people receiving Better Access services in 2007. Of these, 669,790 were 15 years and older, which is roughly equivalent to three-fifths of the people with 12-month mental disorders who used services. The other two-fifths who received services can be accounted for in a number of ways, as these services may not be billed as Better Access items or even through the Medicare system.

Firstly, there is evidence that many more people receive Medicare funded services than are reflected in the Better Access data. This is particularly true for general practitioner services, with it being estimated through the Bettering the Evaluation and Care of Health (BEACH) study that only 6.6% of general practice mental-health related encounters are billed to Better Access and over 90% are recorded as surgery items (April 2007 to March 2008 data). The NSMHW2 gives a slightly different story, suggesting that general practitioners provided services for mental health problems to twice as many people as those who received Better Access services by general practitioners. In summary, these data suggest that around half of all services in 2007 were billed to other Medicare general practitioner items, primarily general and long consultation items.

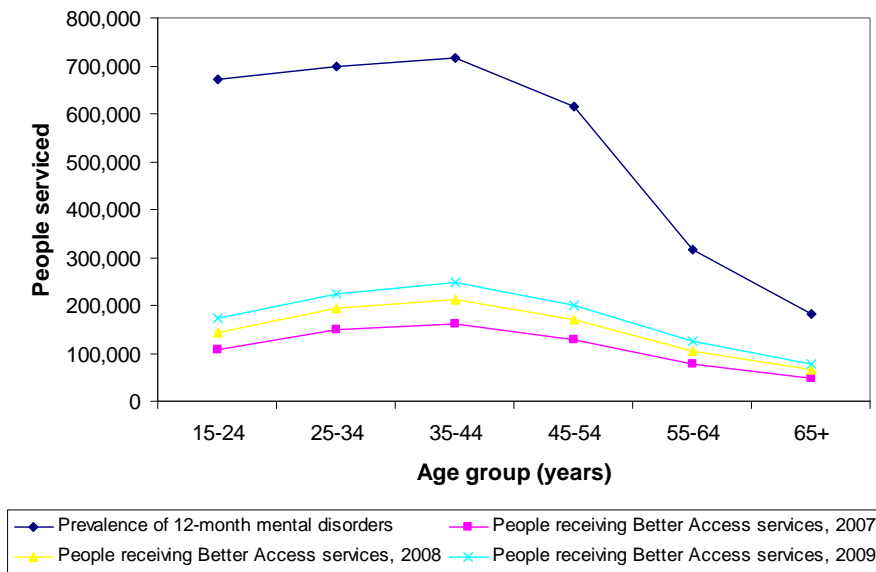
State and territory run specialised mental health services deal primarily with people with severe disorders, including the psychotic disorders and severe depression. In 2006-07 these provided services to 330,000 people. The national surveys produced data on people with common mental disorders (affective, anxiety and/or substance use disorders) and did not cover low prevalence or psychotic disorders. Some people will have had comorbid mental disorders (that is affective, anxiety and/or substance use disorders, as well as a mental disorder not covered by the surveys) and would be included in the data reported, however, others will not. Services are also provided and funded through the veteran sector.

Servicing the population in need

Even in this first full year since its implementation, the Better Access Initiative was an important part of the mental health service system, with 60% of the adult population who received services for their mental health problems receiving services billed as Better Access items.

Given the marked increases in Better Access servicing each year since its introduction, it would be expected that the differences in the number of people who receive Better Access services and the population with 12-month mental disorders will have reduced over time, with it now be used to provide services to an even higher proportion of people with mental disorders (Figure 14).

Figure 14: Population estimates of 12-month mental disorders in comparison to people receiving Better Access services by age



Source: *National Survey of Mental Health and Wellbeing 2007*
 Medicare data 2007 sourced for Better Access Evaluation Component B

There has been concern that by increasing access to Medicare funded services, people may continue to use these services irrespective of their mental health needs. The data in Table 13 suggests that this should not be a major concern, with just over two thirds (68%) of consumers receiving Better Access services for the first time in 2008. Services of new patients were slightly higher for general practitioners, with 87.2% of mental health care plans (Item 2710) being prepared in 2008 being for new patients. These figures drop slightly, but continue to account for the majority of consumers serviced in 2009.

This trend is similar when looking at services by other service providers, ranging from 71.4% of those seen by allied health providers in 2008 up to 92.1% for psychiatrists. These figures would be expected to decrease in future years, and indeed drop to 86.9% and 62.9% respectively in 2009. The data highlight that, whilst many people continue to receive Medicare funded Better Access services, many also no longer have use these services.

Table 13: Persons receiving Better Access services for the first time in 2008 and 2009 by service provider

	Received services in 2008				Received services in 2009				Change from 2008 to 2009 (%)
	Total persons	Received services prior to 2008	Received services for the first time in 2008	Proportion (%)	Total persons	Received services prior to 2008	Received services for the first time in 2009	Proportion (%)	
All items^(a)	953,161	304,696	648,465	68.0	1,130,384	486,089	644,295	57.0	-16.2
General practitioner	818,434	220,438	597,996	73.1	971,713	367,394	604,319	62.2	-14.9
<i>Item 2710</i>	555,479	71,207	484,272	87.2	636,908	144,569	492,339	77.3	-11.3
Consultant psychiatrist	94,398	7,421	86,977	92.1	100,390	13,102	87,288	86.9	-5.6
Allied health providers	452,600	129,615	322,985	71.4	550,354	204,246	346,108	62.9	-11.9
<i>Psychologists</i>	430,928	123,106	307,822	71.4	520,588	191,838	328,750	63.1	-11.6
<i>Clinical psychologists</i>	152,721	39,345	113,376	74.2	189,418	62,640	126,778	66.9	-9.8
<i>General psychologists</i>	292,129	76,870	215,259	73.7	348,417	115,170	233,247	66.9	-9.1
<i>Social Workers</i>	20,139	4,155	16,164	79.6	28,276	7,198	21,078	74.5	-6.3
<i>Occupational therapists</i>	3,719	801	2,918	78.5	5,103	1,432	3,671	71.9	-8.3

(a) Claims processed up to and including 30 April 2010.

Source: Medicare data sourced for Better Access evaluation Component B

Only another population survey could confirm the true effect of the Better Access Initiative on the treated prevalence of mental disorders. In summary, however, given this throughput of patients and the considerable increases in Better Access item uptake each year since its implementation (as shown in Figure 14), it can be assumed that the Better Access Initiative is now providing a far greater proportion of all mental health services than it was in 2007 and is key to the delivery of health services to over one million people who experience a diagnosable mental disorder each year.

NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING SNAPSHOT

Background on 2007 National Survey of Mental Health and Wellbeing

- The 2007 National Survey of Mental Health and Wellbeing (NSMHWB2) is a general household survey of a representative sample of the Australian population aged 16-85 years.
- It was conducted by the Australian Bureau of Statistics from August to December 2007.
- The survey instrument was based on the latest version of the World Mental Health Survey Initiative Composite International Diagnostic Interview (WMH-CIDI Version 3.0), which had at that time been used in 28 other countries. This is an extensive survey instrument designed for the collection of data on mental disorders and associated factors. In its current form, the WMH-CIDI provides estimates of lifetime and 12-month prevalence of mental disorders, the impact of these disorders on functioning and types and frequency of service use.
- The survey was designed to estimate the prevalence of common mental disorders defined according to clinical diagnostic criteria, as directed by both the International Classification of Diseases 10th Revision (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV).
Diagnostic criteria for a disorder usually involve specification of:
 - the nature, number and combination of symptoms;
 - a time period over which the symptoms have been continuously experienced;
 - the level of distress or impairment experienced; and
 - circumstances for exclusion of a diagnosis such as it being due to a general medical condition or the symptoms being associated with another mental disorder.
- Modules were selected from this instrument, adapted or written specifically for the survey as appropriate to the survey aims and the Australian cultural context.
- The average length of the survey was 90 minutes with those meeting diagnostic criteria taking 2-3 hours and up to 6-7 hours on occasion to complete the survey.

Survey content

- Information is available on some 3,500 data items, making it the largest survey undertaken by the Australian Bureau of Statistics (<http://www.abs.gov.au>) at the time. These cover:
 - prevalence of mental disorders in the Australian population across people's lifetimes and in the previous 12 months;
 - socio-demographic characteristics of people who did and did not have mental disorders;
 - use of health services for mental health problems, both consultations with health practitioners and hospital admissions;
 - medications used for mental health problems;
 - extent of chronic physical conditions focussing on the National Health Priority Areas of diabetes, asthma, coronary heart disease, stroke, cancer and arthritis;
 - comorbidity of mental disorders and mental disorders comorbid with physical conditions;
 - social networks; and
 - caregiving.

- A number of scales were also included to determine the impact of mental disorders :
 - a composite severity measure of the impact on daily life of all mental disorders experienced by an individual;
 - levels of psychological distress as measured by the Kessler 10 (K10);
 - Sheehan Disability Scales measuring the interference with life across four domains (household maintenance, work or study, close relationships and social life); and
 - days out-of-role, which captures the impact of mental and physical health conditions on people's ability to function in their day-to-day roles.
- The survey determined both a lifetime and a 12-month prevalence of mental disorders, in which the individual met diagnostic criteria for a mental disorder at any point in lifetime and had symptoms of the disorder in 12 months prior to interview.
- The common or high prevalence mental disorders covered by the survey are:
 - Anxiety disorders**
 - Panic disorder
 - Agoraphobia
 - Social phobia
 - Generalized anxiety disorder
 - Obsessive-compulsive disorder
 - Posttraumatic stress disorder
 - Affective (mood) disorders**
 - Depressive episode
 - Dysthymia
 - Bipolar affective disorder
 - Substance use disorders**
 - Alcohol harmful use
 - Alcohol dependence
 - Drug use disorders
- Severity was measured using the World Mental Health Survey Initiative severity measure, which summarises the impact of all the mental disorders experienced by an individual in the previous 12 months into a mild, moderate or severe category as follows:
 - To be classified as *severe*, in addition to having a 12-month mental disorder, one of the following must have occurred in the previous 12 months: an episode of mania; attempted suicide; or experienced severe role impairment on at least two domains of the disorder specific Sheehan Disability Scales or overall functional impairment at a level equivalent to a Global Assessment of Functioning score of 50 or less.
 - A classification as *moderate* requires a 12-month mental disorder and moderate role impairment in one domain on the Sheehan Disability Scales.
 - The remaining people with a 12-month mental disorder were categorised as *mild*.

1997 National Survey of Mental Health and Wellbeing

- The first National Survey of Mental Health and Wellbeing was conducted in 1997 and provided the first evidence of the prevalence of mental illness in the Australian population and directed government initiatives in mental health, particularly the focus on primary care.
- The three main questions the survey aimed to address were:
 - How many Australians have which mental disorders?
 - What impact do mental disorders have on people, their families and society?
 - How many people have used services and what services have they used?

- It was based on a previous version of the World Mental Health Survey Initiative Composite International Diagnostic Interview (WMH-CIDI version 2.1).
- The instrument determines a 12-month prevalence only.

What was not covered in both surveys

- The survey did not attempt to detect less common or low prevalence mental disorders, such as schizophrenia and other psychotic disorders, somatoform disorders, eating disorders, impulse-control disorders and personality disorders. These are estimated to add only 1-3% to the prevalence of mental disorders in the total population both due to their lower prevalence and likely overlap with other mental disorders covered by the survey.
- It also did not cover dementia.
- Surveys with tailored sampling strategies and, in some cases, clinician or other specifically skilled interviewers are required to obtain useful information on these mental disorders.
- The survey sampling strategy and response rate have important implications for the reliability of estimates for subgroups in the population. As a household survey, homeless people, people resident in nursing homes, hostels, and hospices and those in prison or other corrective service facilities were not surveyed. Although these groups comprise a relatively small proportion of the total Australian adult population, it is known that the prevalence of mental disorders is higher in these groups.

Comparison of data from 1997 and 2007

- While it is possible to make comparisons between the 1997 and the 2007 surveys, such comparisons should be undertaken with caution and made in the context of the similarities and differences between the methodologies used in the two surveys.
- With regard to the similarities, both surveys assessed mental disorders according to the criteria set out in ICD-10 (as presented in this report) and also in the DSM-IV. Both surveys focussed on the same set of common mental disorders and the order in which these disorders were covered in the interview was roughly the same in both surveys. Both surveys interviewed a representative sample of the Australian adult population living in households.
- While every effort was made to maintain comparability between the 1997 and the 2007 surveys, there are also a number of significant differences. Modifications were made to the WMH-CIDI to create version 3.0 used in the NSMHWB2, including changes to the number and content of questions used to tap the diagnostic criteria, changes to the structure of the interview specifically with regard to the placement of diagnostic screener questions in a separate early module, and changes to the sequencing of questions within diagnostic modules. Even small changes to the wording of a questionnaire can result in large differences in the extent and type of information elicited from respondents.
- The timeframe used to assess the diagnostic criteria for mental disorders was also different. In the 1997 survey the timeframe was the 12 months prior to the survey. In the 2007 survey the timeframe was the respondent's entire lifetime. An estimate of 12-month prevalence from the 2007 survey was derived from a combination of the lifetime prevalence of mental disorders and the presence of symptoms in the last 12 months.
- The 1997 surveyed the adult population aged 18 years and over, while the 2007 surveyed those aged 16 to 85 years.

Prevalence of mental disorders in the Australian population in 2007

- Data on 12-month mental disorders was determined on the basis of an individual meeting diagnostic criteria for a mental disorder at any point in their lifetime and having symptoms of the disorder in the previous 12 months.
- The 2007 survey found that one in five (20%) Australian adults experience mental illness in the previous year.
 - One in sixteen had an affective disorder (6.2%);
 - One in seven (14.4%) or an estimated 2.3 million Australians had an anxiety disorder in the previous 12-months; and
 - One in twenty (5.1%) or 820,000 had a substance use disorder.
- Almost half of the Australian population (45.5%) or an estimated 7.3 million people were estimated to have experienced mental illness at some point in their lifetime.

Table 1: Prevalence of lifetime and 12-month mental disorders

	Lifetime prevalence		12-month prevalence	
	Proportion (%)	Population estimate	Proportion (%)	Population estimate
Affective disorders	15.0	2,405,000	6.2	996,000
Anxiety disorders	26.3	4,205,000	14.4	2,303,000
Substance use disorders	24.7	3,960,000	5.1	820,000
Any mental disorder	45.5	7,287,000	20	3,198,000

Totals are lower than the sum of disorders as people may have had more than one class of mental disorder in the 12 months.

Source: *National Survey of Mental Health and Wellbeing 2007*

- In relation to the prevalence of 12-month mental disorders:
 - Women were more likely than men to have experienced anxiety disorders (17.9% compared to 10.8%) and affective disorders (7.1% compared to 5.3%).
 - Men were more than twice as likely as women to have substance use disorders (7.0% compared to 3.3%).
 - The prevalence of mental disorders generally decreased with age, with 26.4% and 24.8% of those aged 16-24 years and 25-34 years respectively, experiencing mental illness in the previous 12 months.

Use of health services for mental health problems

- The NSMHWB2 found that 11.9% of the total Australian population aged 16-85 years used health services for mental health problems in the previous 12 months.
- One in three (34.9%) people with a 12-month mental disorder used health services for mental health problems in the previous 12 months.
 - This is equivalent to 1.1 million Australians receiving health services for their mental health problems over the course of the year.
- Women were one and a half times more likely than men to use services
 - 41% compared to 28%.
- People with affective disorders (58.6%) were more likely than people with anxiety disorders (37.8%) or substance use disorders (24.0%) to use services for their mental health problems.

- Service use increased with greater severity and complexity.
 - People with comorbid mental disorders (that is assessed as having more than one class of mental disorder in the 12 months) were more likely to use services, with 57.2% of those with two or more classes of disorder using services.
 - Two thirds (64.8%) with severe impairment due to mental disorder used services, in comparison with 40.2% of those with moderate and 17.9% of those with mild disorders.
- Almost three quarters (73.2%) of those who reported attempting suicide and 68.0% of those who had made a suicide plan had used services.
- By contrast about two thirds or 2.2 million people with a mental disorder did not report using services for their mental health problems.
 - Around 90% of these people reported that they did not need services.

Tables 2 and 3 provide more detailed information on who did and did not use services in relation to whether they were assessed as having a mental disorder, either in the last 12 months or over their lifetimes. Cautions, as stated above, should be noted when comparing data from the 1997 and 2007 surveys.

Table 2: Service use for those with 12-month mental disorders and no disorder by sex and age, 1997 and 2007

Age group (years)	1997 Proportion (%)								2007 Proportion (%)							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Service use	Any 12 month mental disorder								Any 12 month mental disorder							
	Males								Males							
No service use	84.8	72.1	64.8	57.1	74.8	76.2	84.4	71.1	86.8	74.7	67.7	61.4	67.2	70.5	77.3	72.4
Any service use	15.2	27.9	35.2	42.9	25.2	23.8	15.6	28.9	13.2	25.3	32.3	38.6	32.8	29.5	22.7	27.6
	Females								Females							
No service use	63.7	54.9	49.3	48.8	52.2	56.8	58.4	53.9	68.8	59.1	53.9	56.9	56.3	54.0	77.5	59.4
Any service use	36.3	45.1	50.7	51.2	47.8	43.2	41.6	46.1	31.2	40.9	46.1	43.1	43.7	46.0	22.5	40.6
	Total persons								Total persons							
No service use	74.4	63.3	56.8	52.3	62.4	64.1	72.3	62.0	76.7	66.3	60.1	58.8	60.7	61.1	77.4	65.1
Any service use	25.6	36.7	43.2	47.7	37.6	35.9	27.7	38.0	23.3	33.7	39.9	41.2	39.3	38.9	22.6	34.9
	No Disorder								No Disorder							
	Males								Males							
No service use	98.1	97	95.6	95.3	97.2	97.9	96.5	96.6	97.2	98.1	90.6	94.9	93.9	97.2	97.3	95.2
Any service use	1.9	3.0	4.4	4.7	2.8	2.1	3.5	3.4	2.8	1.9	9.4	5.1	6.1	2.8	2.7	4.8
	Females								Females							
No service use	95	91.8	91.8	93.5	94.0	97.0	97.0	93.7	92.2	91.5	92.1	90.6	93.3	94.8	95.7	92.5
Any service use	5.0	8.2	8.2	6.5	6.0	3.0	3.0	6.3	7.8	8.5	7.9	9.4	6.7	5.2	4.3	7.5
	Total persons								Total persons							
No service use	96.6	94.4	93.7	94.4	95.7	97.5	96.8	95.2	94.9	94.9	91.3	92.8	93.6	96.0	96.4	93.9
Any service use	3.4	5.6	6.3	5.6	4.3	2.5	3.2	4.8	5.1	5.1	8.7	7.2	6.4	4.0	3.6	6.1

Source: National Survey of Mental Health and Wellbeing 2007

Table 3: Mental disorder status of people who used services, 1997 and 2007

Age group (years)	1997 Proportion (%)								2007 Proportion (%)							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Disorder status	Males								Males							
12-month disorder	26.7	22.1	20.2	16.3	11.1	6.6	5.6	17.8	22.8	22.8	20.8	18.7	10.9	7.7	5.0	17.6
Lifetime disorder	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	36.6	55.4	56.3	58.3	43.6	37.3	26.6	48.1
No disorder	73.3	78.0	80.0	83.7	88.9	93.5	94.4	82.3	63.4	44.7	43.7	41.7	56.4	62.7	73.4	51.9
	Females								Females							
12-month disorder	27.4	22.7	21.4	21.4	14.6	9.9	3.4	19.4	30.1	26.9	25.9	24.2	16.3	9.5	6.8	22.3
Lifetime disorder	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	42.5	52.3	51.7	45.6	38.9	26.3	18.5	42.9
No disorder	72.6	77.3	78.6	78.7	85.4	90.2	96.6	80.6	57.5	47.7	48.3	54.4	61.1	73.7	81.5	57.1
	Total persons								Total persons							
12-month disorder	27	22.4	20.8	18.9	12.8	8.3	4.3	18.6	26.4	24.8	23.3	21.5	13.6	8.6	5.9	20.0
Lifetime disorder	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	39.5	53.8	54.0	51.8	41.2	31.7	22.2	45.5
No disorder	73.0	77.6	79.2	81.1	87.2	91.7	95.7	81.4	60.5	46.2	46.0	48.2	58.8	68.3	77.8	54.5

Source: *National Survey of Mental Health and Wellbeing 2007*

Service providers

- General practitioners are the main service providers with more than two thirds (70.8%) of people with a 12-month mental disorder consulting them in the previous 12 months.
- Service patterns had changed over the previous decade, with the following found in 2007:
 - People are now much more likely to receive services from mental health professionals, particularly psychologists.
 - Almost one third (28.9%) of people with a 12-month mental disorder only saw a general practitioner.
 - Two thirds (64.2%) saw a mental health professional only or as well as a general practitioner.
- Hospital admissions were only a small part of the services used for mental health problems with 2.6% of people with a 12-month mental disorder reported at least one hospital admission for a mental health problem in the previous 12 months.

Table 4: Proportion of population aged 16-85 years that used a health service for mental health problems in the previous 12 months by mental disorder class and service provider

	Proportion with any 12-month affective disorder (%)		Proportion with any 12-month anxiety disorder (%)		Proportion with any 12-month substance use disorder (%)		Proportion with any 12-month anxiety or affective disorder (%)	
	1997	2007	1997	2007	1997	2007	1997	2007
General practitioner	42.9	35.5	42.5	46.3	19.3	10.5	57.4	55.9
Psychiatrist	46.8	37.4	52.4	56.8	23.1	12.9	65.4	63
Psychologist	55.9	40.9	55.6	57.1	27.9	13.2	70.8	65.9
Other mental health professional	43.9	44.8	44.5	54.0	28.0	20.5	57.6	60.4
Other health professional	45.2	29.9	39.0	44.9	22.4	12.1	54.2	50
Any use of ambulatory care	39.8	30.7	39.5	45.6	19.9	10.3	54.0	53.0
Mental health admission in past 12 months	65.0	62.2	62.4	54.0	24.4	29.0	83.0	67.3
Any health service use	39.8	30.7	39.5	45.8	19.9	10.3	54.0	53.1

Source: *National Survey of Mental Health and Wellbeing 2007*

BETTER ACCESS SNAPSHOT

Background

- The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule* (Better Access) initiative forms part of the Australian Government's commitment to the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006 - 2011.
- The Better Access initiative was implemented in November 2006 to improve the treatment and management of mental illness within the community.
- It aims to increase community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.
- The Better Access initiative promotes greater interaction between medical practitioners and allied mental health professionals, with general practitioners able to shape and direct the treatment of mental disorders through the new general practitioner mental health treatment items.
- Part of the Better Access funding has been allocated to education and training for health professionals.

Overview of rebates

- Medicare rebates are available for general practitioners to provide early intervention, assessment and management of patients with mental disorders, as part of a mental health treatment plan.
- A general practitioner mental health consultation item is available for general practitioners to provide continuing management of patients with mental disorders. A review of the mental health treatment plan item is also available.
- Medicare rebates are available for up to 12 individual (18 in exceptional circumstances) and 12 group allied mental health services per calendar year to patients with an assessed mental disorder who are referred by:
 - a medical practitioner managing the patient under a general practitioner mental health treatment plan or under a psychiatrist assessment and management plan; or
 - a psychiatrist or a paediatrician.
- Allied mental health services include psychological assessment and therapy provided by eligible clinical psychologists, and focussed psychological strategies services provided by registered psychologists and appropriately trained social workers and occupational therapists.
- Psychiatrists and paediatricians are able to directly refer patients with mental disorders to clinical psychologists, registered psychologists, social workers and occupational therapists for Medicare-rebatable services.

Better Access items

Further detail on all items is available at <http://www.mbsonline.gov.au>

General practitioner

Item #	MBS category	MBS group	Service type	Additional information
2710	1	A20	Assessment/Plan	GP with MH training
2702	1	A20	Assessment/Plan	GP without MH training
2712	1	A20	Review of plan	
2713	1	A20	Consultation	

Consultant psychiatrist

Item #	MBS category	MBS group	Service type
291	1	A8	Assessment/Plan
293	1	A8	Review of plan
296	1	A8	Consultation
297	1	A8	Consultation
299	1	A8	Consultation

Clinical psychologist

Item #	MBS category	MBS group	Service type
80000	8	M6	Consultation
80005	8	M6	Consultation
80010	8	M6	Consultation
80015	8	M6	Consultation
80020	8	M6	Consultation – group therapy

Psychologist

Item #	MBS category	MBS group	Service type
80100	8	M7	Consultation
80105	8	M7	Consultation
80110	8	M7	Consultation
80115	8	M7	Consultation
80120	8	M7	Consultation – group therapy

Occupational therapist

Item #	MBS category	MBS group	Service type
80125	8	M7	Consultation
80130	8	M7	Consultation
80135	8	M7	Consultation
80140	8	M7	Consultation
80145	8	M7	Consultation – group therapy

Social workers

Item #	MBS category	MBS group	Service type
80150	8	M7	Consultation
80155	8	M7	Consultation
80160	8	M7	Consultation
80165	8	M7	Consultation
80170	8	M7	Consultation – group therapy