

3 Survey of allied health professionals

3.1 Sampling

Information on the evaluation and hyperlink to the online survey was forwarded by email to the state branches of the AASW, APS and OTA for forwarding to their members. Links were also provided to sub groups of these organisations who had participated in the preceding consultations and indicated an interest in ensuring information was distributed to members.

The survey was live for a three-week period. A total of 420 allied health providers (AHPs) responded to this survey.

3.2 Responses to AHP survey

Location of practice

Sixty two per cent of respondents provided postcode of principal practice. For the respondents for which location was known, 26 per cent were located in Victoria, 24 per cent in Western Australia, 20 per cent in NSW and 17 per cent were located in Queensland. Ninety three per cent of respondents were located in either a major city (74 per cent) or inner regional area (19 per cent). Seven per cent of respondents were located in outer regional areas and only one per cent (2 respondents) in remote areas.

State	Major City	Inner Regional	Outer Regional	Remote	Missing	Total State	State valid per cent
VIC	55	12	1			68	26%
WA	51	5	5	1		62	24%
NSW	36	15	2			53	20%
QLD	31	9	5			45	17%
SA	17		1			18	7%
TAS		8	1			9	3%
ACT	3					3	1%
NT			2	1		3	1%
Missing					159	159	
Total region	193	49	17	2	159	420	
Region valid per cent	74%	19%	7%	1%			

Q1. What is your occupation?

Only one occupational therapist responded to the online survey and two respondents did not provide their occupation.

Sixty three percent of total responses were from psychologists, with approximately equal numbers from clinical psychologists and general psychologists. Social workers comprised 35 per cent of total responses.

Occupation	Respondents	Per cent
Clinical Psychologist	131	31%
Occupational Therapist	1	0%
Psychologist	133	32%
Social Worker	153	36%
(blank)	2	0%
Grand Total	420	100%

Q2. Has the Better Access initiative affected access to clinical training in your discipline?

Most respondents (64 per cent) reported that they did not think the Better Access Initiative had improved access to clinical training. Only one third of respondents believed that clinical training had been affected.

Affected access to clinical training	Respondents	Per cent
No	268	64%
Yes	143	34%
(blank)	9	2%
Grand Total	420	100%

Q2a. Has the Better Access initiative affected access to clinical training in your discipline? If yes, has it improved access or made it more difficult?

Of those respondents who believed that clinical training had been affected, 67 per cent reported that it had improved access while 27 per cent reported that it had made access more difficult.

Impact on access to clinical training	Respondents	Per cent
Improved access	96	67%
Made it more difficult	38	27%
(blank)	9	6%
Grand Total	143	100%

Q3. Do you work in a private practice or in both private and public practice?

Approximately two thirds of the respondents worked in private practice only, with about one third working in both public and private sectors.

Working in private and public practice	Respondents	Per cent
Both public and private	139	33%
Private	277	66%
(blank)	4	1%
Grand Total	420	100%

Q4. How long have you been in private practice?

Approximately half (49 per cent) of respondents had been in private practice six or more years. Those with less experience in private practice (five years or less) were more likely to work in both public and private sectors (60 per cent of respondents work in public and private practice) than in the private sector alone (44 per cent of respondents work in only the private sector).

Time in private practice	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
Less than 2 years	43	16%	42	30%	85	20%
2 to 5 years	77	28%	42	30%	119	29%
6 to 10 years	51	18%	18	13%	69	17%
11 to 20 years	69	25%	25	18%	94	23%
21 years and over	31	11%	6	4%	37	9%
(blank)	6	2%	6	4%	12	3%
Total	277	100%	139	100%	416	100%

Q5. On average, how many hours per week do you work in private practice?

Approximately one third of respondents reported working 15 hours or less per week and one third reported working between 15 and 30 hours per week in private practice. Twenty two per cent of respondents reported working 31-45 hours per week and seven per cent worked more than 46 hours per week in private practice.

Of the respondents who worked in both public and private sectors, the majority (62 per cent) worked 15 hours or less per week in private practice, while 27 per cent worked 16-30 hours per week. Of those who worked in private practice only, the spread was somewhat more even, with 19 per cent working 15 hours or less, 37 per cent working 16-30 hours per week and 30 per cent working 31-45 hours per week.

Hours worked per week	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
1 to 15 hours per week	53	19%	86	62%	139	33%
16 to 30 hours per week	103	37%	37	27%	140	34%
31 to 45 hours per week	84	30%	8	6%	92	22%
46 + hours per week	30	11%	1	1%	31	7%
(blank)	7	3%	7	5%	14	3%
Grand Total	277	100%	139	100%	416	100%

Q6. Since 1 January 2009, how many clients have been referred to you by GPs/ Psychiatrists/Paediatricians through the Better Access initiative?

Since 1 January 2009, nearly half (44 per cent) of respondents reported 20 or fewer patients referred to them by GPs, psychiatrists or paediatricians through the Better Access Initiative and 50 per cent reported receiving 21 or more referrals.

Of those respondents working solely in private practice, 61 per cent reported receiving 21 or more referrals and 29 per cent reported receiving 51 or more referrals. Respondents working in public and private practice received fewer referrals, with 29 per cent reporting that they received 21 or more referrals and only six per cent reporting that they received 51 or more referrals.

Number of referrals since January 2009	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
1 to 10 patients	37	13%	45	32%	82	20%
11 to 20 patients	58	21%	43	31%	101	24%
21 to 50 patients	90	32%	32	23%	122	29%
51 to 100 patients	58	21%	9	6%	67	16%
101 + patients	22	8%			22	5%
(blank)	12	4%	10	7%	22	5%
Total	277	100%	139	100%	416	100%

An examination of referrals by provider type found that clinical psychologists received 30 per cent more referrals from GPs than did psychologists and 60 per cent more than social workers.

Q7. Since 1 January 2009, please estimate the average waiting time for patients to see you who have been referred to you by GPs/Psychiatrists/Paediatricians through the Better Access initiative?

Overall, 73 per cent of respondents reported an average waiting time of 14 days or less. Respondents working in both public and private practice reported shorter waiting times than respondents working solely in private practice. Fifty per cent of respondents in public and private practice reported waiting times of seven days or less, and 79 per cent reported waiting times of 14 days or less.

Practitioners working in private practice reported slightly longer waiting times for clients referred through the Better Access Initiative, with only 33 per cent of practitioners having waiting times of seven days or less and 71 per cent reported waiting times of 14 days or less. Eighteen per cent reported waiting times of 15-28 days and six per cent with waiting times in excess of 29 days.

Average waiting time	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
7 days or less	91	33%	69	50%	160	38%
8 to 14 days	106	38%	41	29%	147	35%
15 to 28 days	49	18%	15	11%	64	15%
29 to 42 days	15	5%	4	3%	19	5%
More than 42 days	3	1%			3	1%
(blank)	13	5%	10	7%	23	6%
Total	277	100%	139	100%	416	100%

Q8. Since 1 January 2009, on average how would you rate the information provided to you in the GP Mental Health Care Plan from the referring GP?

Overall, the majority (73 per cent) of respondents reported the information provided in the GP Mental Health Care Plan as good (33 per cent) or fair (40 per cent). Five per cent rated the information provided as very good, while twenty seven per cent rated the information provided as poor (13 per cent) or very poor (four per cent).

There were only slight differences in the views held by respondents working solely in private practice and those working in both public and private practice.

Quality of information provided in GP care plan	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
Very Good	16	6%	4	3%	20	5%
Good	90	32%	49	35%	139	33%
Fair	116	42%	50	36%	166	40%
Poor	32	12%	22	16%	54	13%
Very poor	11	4%	4	3%	15	4%
(blank)	12	4%	10	7%	22	5%
Total	277	100%	139	100%	416	100%

Q9. Since 1 January 2009, have you had clients referred to you through the Better Access Initiative that were not appropriate referrals?

The majority (72 per cent) of respondents reported that they had not received inappropriate referrals. There was very little difference between the perceptions of respondents working solely in private practice and those working in both public and private practice.

Twenty two per cent of respondents reported receiving referrals through the Better Access Initiative that were not appropriate, and seven percent reported that they were unsure whether they had received referrals that were not appropriate.

Received inappropriate referrals	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
No	200	72%	101	73%	301	72%
Yes	61	22%	26	19%	87	21%
(blank)	16	6%	12	9%	28	7%
Total	277	100%	139	100%	416	100%

Q9a. Since 1 January 2009, what percentage of the clients referred to you were not appropriate referrals?

Of those practitioners who reported receiving referrals that were not appropriate, 74% of respondents reported that these comprised five per cent or less than the total clients referred. A small number of respondents (six respondents, or 1.5 per cent of all respondents to the survey) reported that 20 per cent or more referrals were not appropriate.

There were only small differences in the perceptions reported by respondents working solely in private practice and those working in both public and private practice.

Referrals that were not appropriate	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
5% or less	46	75%	18	69%	64	74%
Between 6 to 20%	11	18%	6	23%	17	19%
Greater than 20%	4	7%	2	8%	6	7%
Total	61	100%	26	100%	87	100%

Q9b. What was the main reason these referrals were not appropriate?

Of those who reported inappropriate referrals, the most common reason (38 per cent) was that the referrals were not for a disorder eligible for treatment through the Better Access initiative. Smaller, more equal proportions of respondents reported that the referrals were inappropriate because they were not appropriate to the range of services they provided (18 per cent) or an equal combination of the disorder not being eligible and the referral not being appropriate to their particular range of services (23 per cent).

Of those practitioners who reported receiving referrals that were not appropriate, 74% of respondents reported that these comprised five per cent or less than the total clients referred. A small number of respondents (six respondents, or 1.5 per cent of all respondents to the survey) reported that 20 per cent or more referrals were not appropriate. There was little difference in the perceptions reported by respondents working solely in private practice and those working in both public and private practice.

Reason for inappropriate referrals	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
Referrals did not have a disorder eligible for treatment through Better Access	24	39%	9	35%	33	38%
Referrals were not appropriate to the range of services that I provide	13	21%	3	12%	16	18%
Roughly equal combination of the above	13	21%	7	27%	20	23%
Other	11	18%	7	27%	18	21%
Total	61	100%	26	100%	87	100%

Q10. Of those patients referred to you through the Better Access initiative since 1 January 2009, please estimate the percentage who are receiving treatment for their mental disorders for the first time?

Approximately half of respondents reported that more than 61 per cent of referrals were receiving treatment for their mental disorder for the first time, and 18 per cent reported that more than 81 per cent of their referrals were receiving treatment for the first time.

There was little difference in the perceptions reported by respondents working solely in private practice and those working in both public and private practice.

Referrals receiving treatment for first time	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
0 to 20 %	21	8%	17	12%	38	9%
21 to 40%	31	11%	18	13%	49	12%
41 to 60%	70	25%	29	21%	99	24%
61 to 80%	92	33%	38	27%	130	31%
81 to 100%	47	17%	27	19%	74	18%
(blank)	16	6%	10	7%	26	6%
Total	277	100%	139	100%	416	100%

Q11. Of those patients referred to you through the Better Access initiative since 1 January 2009, please estimate the percentage who are receiving treatment for their mental disorders who are from culturally or linguistically diverse backgrounds?

Seventy per cent of respondents reported that fewer than 20 per cent of their clients referred through the Better Access initiative were from culturally or linguistically diverse backgrounds. A smaller proportion (17 per cent) reported between 21 and 40 per cent were from culturally or linguistically diverse backgrounds and eight per cent reported that more than 40 per cent of referrals were from culturally or linguistically diverse backgrounds. There was little difference in the perceptions reported by respondents working solely in private practice and those working in both public and private practice.

Referrals from culturally and linguistically diverse background	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
0 to 20 %	199	72%	92	66%	291	70%
21 to 40%	44	16%	26	19%	70	17%
41 to 60%	10	4%	7	5%	17	4%
61 to 80%	6	2%	2	1%	8	2%
81 to 100%	5	2%	3	2%	8	2%
(blank)	13	5%	9	6%	22	5%
Grand Total	277	100%	139	100%	416	100%

Q 27. To what extent do you agree with the following statement: the Better Access initiative has contributed to mental health services becoming more affordable.

Ninety-two per cent of respondents strongly agreed with the statement that the Better Access Initiative has contributed to mental health services becoming more affordable. Four percent of respondents disagreed with this statement. Three per cent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to services being more affordable	Respondents	Per cent
Strongly Agree	317	75%
Agree	70	17%
Unsure	12	3%
Disagree	7	2%
Strongly Disagree	7	2%
Did not respond	7	2%
Grand Total	420	100%

Though social workers were less likely to report strong agreement with the statement of improved affordability, there was no significant difference² across occupational groups in respect to overall agreement.³

To what extent do you agree with the following statement: Better Access has contributed to mental health services becoming more affordable

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	110	84%	15	11%	2	2%	0	0%	3	2%	1	1%	131	100%
Psychologist	114	86%	14	11%	1	1%	1	1%	2	2%	1	1%	133	100%
Social Worker	93	61%	41	27%	9	6%	6	4%	2	1%	2	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	317	76%	70	17%	12	3%	7	2%	7	2%	5	1%	418	100%

² Chi-squared 8.56, Degrees of freedom = 4, P= 0.07.

³ Two respondents did not provide an occupation, resulting in total responses by occupation (418 responses) being less than the overall total of 420 responses.

Q 28. To what extent do you agree with the following statement: the Better Access initiative has contributed to more allied health professionals (clinical psychologists, occupational therapists, psychologists and social workers) providing mental health services in the community.

Eighty eight per cent of respondents reported that they agreed with the statement that the Better Access Initiative has contributed to more allied health professional providing mental health services in the community. Two percent disagreed with this statement. Eight percent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to more allied health services in the community	Respondents	Per cent
Strongly Agree	242	58%
Agree	127	30%
Unsure	34	8%
Disagree	4	1%
Strongly Disagree	5	1%
Did not respond	8	2%
Grand Total	420	100%

Though relatively fewer social workers reported agreement with the statement of the Better Access Initiative contributing to more allied health professionals providing mental health services in the community, the difference was not significant⁴.

To what extent do you agree with the following statement: Better Access has contributed to more allied health professionals (clinical psychologists, occupational therapists, psychologists and social workers) providing mental health services in the community

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	78	60%	41	31%	8	6%	1	1%	2	2%	1	1%	131	100%
Psychologist	85	64%	37	28%	7	5%	2	2%	1	1%	1	1%	133	100%
Social Worker	79	52%	49	32%	19	12%	1	1%	2	1%	3	2%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	242	58%	127	30%	34	8%	4	1%	5	1%	6	1%	418	100%

⁴ Chi-squared 6.10, Degrees of freedom = 4, P= 0.19

Q29. To what extent do you agree with the following statement: the Better Access initiative has contributed to more GPs providing mental health services.

Fifty one per cent of respondents reported that they agreed with the statement that the Better Access Initiative has contributed to more GPs providing mental health services. Eight per cent disagreed with this statement. Thirty seven per cent of respondents reported that they were unsure and one per cent did not respond to this question.

BAI has contributed to more GPs providing mental health services	Respondents	Per cent
Strongly Agree	93	22%
Agree	130	31%
Unsure	155	37%
Disagree	30	7%
Strongly Disagree	6	1%
Did not respond	6	1%
Grand Total	420	100%

There was no significant difference⁵ in responses to this question between occupational groups.

To what extent do you agree with the following statement: Better Access has contributed to more GPs providing mental health services

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	22	17%	40	31%	51	39%	15	11%	3	2%		0%	131	100%
Psychologist	37	28%	41	31%	42	32%	8	6%	3	2%	2	2%	133	100%
Social Worker	34	22%	49	32%	62	41%	7	5%		0%	1	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	93	22%	130	31%	155	37%	30	7%	6	1%	4	1%	418	100%

⁵ Chi-squared 3.52, Degrees of freedom = 4, P= 0.46

Q30. To what extent do you agree with the following statement: the Better Access initiative has contributed to psychiatrists being more accessible.

Twenty five per cent of respondents agreed with the statement that the Better Access Initiative had contributed to psychiatrists being more accessible. Thirty three per cent disagreed with this statement. Fifty per cent per cent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to more psychiatrists being more accessible	Respondents	Per cent
Strongly Agree	17	4%
Agree	46	11%
Unsure	210	50%
Disagree	87	21%
Strongly Disagree	50	12%
Did not respond	10	2%
Grand Total	420	100%

There was no significant difference⁶ in responses to this question between occupational groups.

To what extent do you agree with the following statement: Better Access has contributed to psychiatrists being more accessible

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	4	3%	17	13%	70	53%	27	21%	12	9%	1	1%	131	100%
Psychologist	9	7%	11	8%	60	45%	27	20%	24	18%	2	2%	133	100%
Social Worker	4	3%	18	12%	80	52%	33	22%	14	9%	4	3%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	17	4%	46	11%	210	50%	87	21%	50	12%	8	2%	418	100%

⁶ Chi-squared 0.86, Degrees of freedom = 4, P= 0.93

Q31. To what extent do you agree with the following statement: the Better Access initiative has contributed to more culturally and linguistically diverse mental health services.

Twenty five per cent of respondents agreed with the statement that the Better Access Initiative had contributed to more culturally and linguistically diverse mental health services. Fifteen per cent disagreed with this statement. Fifty eight per cent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to more culturally and linguistically diverse mental health services	Respondents	Per cent
Strongly Agree	27	6%
Agree	80	19%
Unsure	244	58%
Disagree	44	10%
Strongly Disagree	19	5%
Did not respond	6	1%
Grand Total	420	100%

There was no significant difference⁷ in responses to this question between occupational groups.

To what extent do you agree with the following statement: Better Access has contributed to more culturally and linguistically diverse mental health services

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	12	9%	24	18%	78	60%	13	10%	4	3%		0%	131	100%
Psychologist	8	6%	29	22%	74	56%	15	11%	6	5%	1	1%	133	100%
Social Worker	7	5%	27	18%	92	60%	16	10%	9	6%	2	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	27	6%	80	19%	244	58%	44	11%	19	5%	4	1%	418	100%

⁷ Chi-squared 1.35, Degrees of freedom = 4, P= 0.85

Q32. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: People with anxiety or depression related disorders.

Ninety six per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making mental health services more accessible for people with anxiety or depression related disorders. One per cent disagreed with this statement. Two per cent of respondents reported that they were unsure.

BAI has contributed to more GPs providing mental health services	Respondents	Per cent
Strongly Agree	314	75%
Agree	90	21%
Unsure	9	2%
Disagree	2	0%
Strongly Disagree	3	1%
Did not respond	2	0%
Grand Total	420	100%

There was no significant difference⁸ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to making mental health services more accessible for people with anxiety or depression related disorders

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	105	80%	21	16%	2	2%	1	1%	2	2%		0%	131	100%
Psychologist	107	80%	22	17%	2	2%	1	1%	1	1%		0%	133	100%
Social Worker	102	67%	47	31%	4	3%		0%		0%		0%	153	100%
Occupational Therapist		0%		0%	1	100%		0%		0%		0%	1	100%
Total responses	314	75%	90	22%	9	2%	2	0%	3	1%		0%	418	100%

⁸ Chi-squared 0.66, Degrees of freedom = 4, P= 0.96

Q33. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: People with substance use disorders.

Sixty one per cent of respondents agreed that Better Access had contributed to making health services more accessible for people with substance use disorders. Seven per cent disagreed with this statement. Thirty per cent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to services being more accessible for people with substance abuse disorders	Respondents	Per cent
Strongly Agree	104	25%
Agree	153	36%
Unsure	126	30%
Disagree	26	6%
Strongly Disagree	4	1%
Did not respond	7	2%
Grand Total	420	100%

There was no significant difference⁹ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to making mental health services more accessible for people with substance use disorders

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	39	30%	49	37%	35	27%	5	4%	2	2%	1	1%	131	100%
Psychologist	42	32%	46	35%	36	27%	6	5%	2	2%	1	1%	133	100%
Social Worker	23	15%	58	38%	55	36%	15	10%		0%	2	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	104	25%	153	37%	126	30%	26	6%	4	1%	5	1%	418	100%

⁹ Chi-squared 5.89, Degrees of freedom = 4, P= 0.21

Q 34. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: Aboriginal and Torres Strait Islander people.

Thirty per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making health services more accessible for Aboriginal and Torres Strait Islander people. Fourteen per cent disagreed with this statement. Sixty five per cent of respondents reported that they were unsure and one per cent did not respond to this question.

BAI has contributed to making mental health services more accessible for Aboriginal and Torres Strait Islander people	Respondents	Per cent
Strongly Agree	37	9%
Agree	47	11%
Unsure	272	65%
Disagree	53	13%
Strongly Disagree	6	1%
Did not respond	5	1%
Grand Total	420	100%

Though proportionally less social workers agreed that the Better Access Initiative had contributed to services being more accessible for Aboriginal and Torres Strait Islander people, the difference was not significant¹⁰.

To what extent do you agree Better Access has contributed to making mental health services more accessible for Aboriginal and Torres Strait Islander people

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	15	11%	17	13%	87	66%	11	8%	1	1%		0%	131	100%
Psychologist	16	12%	17	13%	81	61%	17	13%		0%	2	2%	133	100%
Social Worker	6	4%	13	8%	104	68%	25	16%	5	3%		0%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	37	9%	47	11%	272	65%	53	13%	6	1%	3	1%	418	100%

¹⁰ Chi-squared 8.15, Degrees of freedom = 4, P= 0.09

Q 35. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: People living in rural communities.

Thirty seven per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making health services more accessible for people living in rural communities. Ten per cent disagreed with this statement. Fifty two per cent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to making mental health services more accessible for people living in rural communities	Respondents	Per cent
Strongly Agree	67	16%
Agree	88	21%
Unsure	217	52%
Disagree	32	8%
Strongly Disagree	9	2%
Did not respond	7	2%
Grand Total	420	100%

There was no significant difference¹¹ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to making mental health services more accessible for people living in rural communities

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	23	18%	25	19%	69	53%	11	8%	2	2%	1	1%	131	100%
Psychologist	18	14%	37	28%	65	49%	9	7%	3	2%	1	1%	133	100%
Social Worker	26	17%	26	17%	83	54%	12	8%	4	3%	2	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	67	16%	88	21%	217	52%	32	8%	9	2%	5	1%	418	100%

¹¹ Chi-squared 1.47, Degrees of freedom = 4, P= 0.83

Q 36. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: People living in remote communities.

Fourteen per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making health services more accessible for people living in remote communities. Fourteen per cent disagreed with this statement. Seventy per cent of respondents reported that they were unsure and one per cent did not respond to this question.

BAI has contributed to making mental health services more accessible for people living in remote communities	Respondents	Per cent
Strongly Agree	30	7%
Agree	31	7%
Unsure	294	70%
Disagree	39	9%
Strongly Disagree	21	5%
Did not respond	5	1%
Grand Total	420	100%

There was no significant difference¹² in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to making mental health services more accessible for people living in remote communities

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	10	8%	9	7%	91	69%	14	11%	7	5%		0%	131	100%
Psychologist	10	8%	9	7%	96	72%	11	8%	6	5%	1	1%	133	100%
Social Worker	10	7%	13	8%	107	70%	14	9%	8	5%	1	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	30	7%	31	7%	294	70%	39	9%	21	5%	3	1%	418	100%

¹² Chi-squared 0.14, Degrees of freedom = 4, P= 0.998

Q 37. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: People from culturally and linguistically diverse backgrounds.¹³

Thirty seven per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making health services more accessible for people from culturally and linguistically diverse backgrounds. Eleven per cent disagreed. Fifty three per cent of respondents reported that they were unsure and one per cent did not respond to this question.

BAI has contributed to making mental health services more accessible for people from culturally and linguistically diverse backgrounds	Respondents	Per cent
Strongly Agree	45	11%
Agree	109	26%
Unsure	223	53%
Disagree	32	8%
Strongly Disagree	7	2%
Did not respond	4	1%
Grand Total	420	100%

There was no significant difference¹⁴ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to making mental health services more accessible for people from culturally and linguistically diverse backgrounds

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	17	13%	32	24%	72	55%	9	7%	1	1%		0%	131	100%
Psychologist	17	13%	39	29%	64	48%	11	8%	1	1%	1	1%	133	100%
Social Worker	11	7%	38	25%	87	57%	12	8%	5	3%		0%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	45	11%	109	26%	223	53%	32	8%	7	2%	2	0%	418	100%

¹³ Note previous question 31 refers to Better Access Initiative contributing to more culturally and linguistically diverse mental health services

¹⁴ Chi-squared 3.06, Degrees of freedom = 4, P= 0.55

Q 38. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: Children and young people.

Seventy two per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making mental health services more accessible for children and young people. Four per cent disagreed. Twenty three per cent of respondents reported that they were unsure and one per cent did not respond to this question.

BAI has contributed to making mental health services more accessible for children and young people	Respondents	Per cent
Strongly Agree	138	33%
Agree	164	39%
Unsure	98	23%
Disagree	12	3%
Strongly Disagree	5	1%
Did not respond	3	1%
Grand Total	420	100%

Significantly fewer social workers¹⁵ agreed that the Better Access Initiative had contributed to services being more accessible for children and young people than other occupational groups.

To what extent do you agree Better Access has contributed to making mental health services more accessible for children and young people

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	57	44%	49	37%	22	17%	1	1%	2	2%		0%	131	100%
Psychologist	48	36%	54	41%	25	19%	5	4%	1	1%		0%	133	100%
Social Worker	33	22%	61	40%	51	33%	6	4%	2	1%		0%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	138	33%	164	39%	98	23%	12	3%	5	1%	1	0%	418	100%

¹⁵ Chi-squared 14.35, Degrees of freedom = 4, P= 0.006

Q 39. To what extent do you agree with the following statement: the Better Access initiative has contributed to making mental health services more accessible for: Older people (i.e. those aged 65 + years).

Seventy one per cent of respondents agreed with the statement that the Better Access Initiative had contributed to making mental health services more accessible for older people. Five per cent disagreed. Twenty three per cent of respondents reported that they were unsure and two per cent did not respond to this question.

BAI has contributed to making mental health services more accessible for older people	Respondents	Per cent
Strongly Agree	140	33%
Agree	160	38%
Unsure	95	23%
Disagree	13	3%
Strongly Disagree	7	2%
Did not respond	5	1%
Grand Total	420	100%

Fewer social workers agreed that the Better Access Initiative had contributed to services being more accessible for older people than did other occupational groups. The difference was approaching significance¹⁶.

To what extent do you agree Better Access has contributed to making mental health services more accessible for older people (i.e. those aged 65 + years)

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	51	39%	45	34%	30	23%	2	2%	2	2%	1	1%	131	100%
Psychologist	58	44%	49	37%	20	15%	5	4%	1	1%		0%	133	100%
Social Worker	31	20%	66	43%	45	29%	6	4%	4	3%	1	1%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	140	33%	160	38%	95	23%	13	3%	7	2%	3	1%	418	100%

¹⁶ Chi-squared 9.41, Degrees of freedom = 4, P= 0.052

Q 40. Additional comments

Feedback received through this question is included in the main body of the report and provided at the conclusion of this appendix.

Q 41. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: People with anxiety or depression related disorders.

Seventy five per cent of respondents agreed with the statement that the Better Access Initiative had contributed to more appropriate services being provided to people with anxiety or depression related disorders. Two per cent of respondents were unsure and 23 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to people with anxiety or depression related disorders	Respondents	Per cent
Strongly Agree	225	54%
Agree	87	21%
Unsure	8	2%
Disagree	2	0%
Strongly Disagree	1	0%
Did not respond	97	23%
Grand Total	420	100%

There was no significant difference¹⁷ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to more appropriate services being provided to people with anxiety or depression related disorders

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	76	58%	25	19%	1	1%		0%	1	1%	28	21%	131	100%
Psychologist	82	62%	16	12%	5	4%	2	2%		0%	28	21%	133	100%
Social Worker	67	44%	46	30%	2	1%		0%		0%	38	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	225	54%	87	21%	8	2%	2	0%	1	0%	95	23%	418	100%

¹⁷ Chi-squared 3.63, Degrees of freedom = 4, P= 0.46

Q 42. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: People with substance use disorders.

Forty four per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to people with substance abuse disorders. Three per cent disagreed with this statement. Twenty nine per cent per cent of respondents unsure and 24 four per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to people substance abuse disorders	Respondents	Per cent
Strongly Agree	77	18%
Agree	109	26%
Unsure	123	29%
Disagree	11	3%
Strongly Disagree	1	0%
Did not respond	99	24%
Grand Total	420	100%

There was no significant difference¹⁸ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to more appropriate services being provided to people with substance use disorders

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	25	19%	32	24%	42	32%	2	2%	1	1%	29	22%	131	100%
Psychologist	29	22%	38	29%	31	23%	6	5%		0%	29	22%	133	100%
Social Worker	23	15%	39	25%	50	33%	3	2%		0%	38	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	77	18%	109	26%	123	29%	11	3%	1	0%	97	23%	418	100%

¹⁸ Chi-squared 4.17, Degrees of freedom = 4, P= 0.38

Q 43. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: Aboriginal and Torres Strait Islander people.

Thirteen per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to Aboriginal and Torres Strait Islander people. Four per cent disagreed with this statement. Sixty per cent of respondents were unsure and 24 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to Aboriginal and Torres Strait Islander people	Respondents	Per cent
Strongly Agree	16	4%
Agree	38	9%
Unsure	250	60%
Disagree	15	4%
Strongly Disagree	2	0%
Did not respond	99	24%
Grand Total	420	100%

There was no significant difference¹⁹ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to more appropriate services being provided to Aboriginal and Torres Strait Islander people

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	7	5%	15	11%	78	60%	2	2%		0%	29	22%	131	100%
Psychologist	6	5%	15	11%	78	59%	5	4%		0%	29	22%	133	100%
Social Worker	3	2%	8	5%	94	61%	8	5%	2	1%	38	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	16	4%	38	9%	250	60%	15	4%	2	0%	97	23%	418	100%

¹⁹ Chi-squared 6.39, Degrees of freedom = 4, P= 0.17

Q 44. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: People living in rural communities.

Twenty six per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to people living in rural communities. Four per cent disagreed with this statement. Forty seven per cent of respondents were unsure and 25 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to people living in rural communities	Number	Per cent
Strongly Agree	49	12%
Agree	57	14%
Unsure	196	47%
Disagree	11	3%
Strongly Disagree	4	1%
Did not respond	103	25%
Grand Total	420	100%

There was no significant difference²⁰ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to more appropriate services being provided to people living in rural communities

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	17	13%	18	14%	61	47%	5	4%		0%	30	23%	131	100%
Psychologist	18	14%	14	11%	65	49%	2	2%	3	2%	31	23%	133	100%
Social Worker	14	9%	25	16%	70	46%	4	3%	1	1%	39	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	49	12%	57	14%	196	47%	11	3%	4	1%	101	24%	418	100%

²⁰ Chi-squared 0.33, Degrees of freedom = 4, P= 0.99

Q 45. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: People living in remote communities.

Fourteen per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to people living in remote communities. Four per cent disagreed with this statement. Fifty seven per cent of respondents were unsure and 25 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to people living in rural communities	Respondents	Per cent
Strongly Agree	23	5%
Agree	37	9%
Unsure	241	57%
Disagree	12	3%
Strongly Disagree	4	1%
Did not respond	103	25%
Grand Total	420	100%

There was no significant difference²¹ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to more appropriate services being provided to people living in remote communities

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	9	7%	10	8%	77	59%	4	3%	1	1%	30	23%	131	100%
Psychologist	8	6%	9	7%	81	61%	2	2%	2	2%	31	23%	133	100%
Social Worker	6	4%	18	12%	83	54%	6	4%	1	1%	39	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	23	6%	37	9%	241	58%	12	3%	4	1%	101	24%	418	100%

²¹ Chi-squared 1.02, Degrees of freedom = 4, P= 0.91

Q 46. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: People from culturally and linguistically diverse backgrounds.

Twenty seven per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to people from culturally and linguistically diverse backgrounds. Four per cent disagreed with this statement. Forty six per cent of respondents were unsure and 24 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to people from culturally and linguistically diverse backgrounds	Respondents	Per cent
Strongly Agree	32	8%
Agree	78	19%
Unsure	192	46%
Disagree	15	4%
Strongly Disagree	1	0%
Did not respond	102	24%
Grand Total	420	100%

There was no significant difference²² in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to more appropriate services being provided to people from culturally and linguistically diverse backgrounds

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	11	8%	26	20%	59	45%	3	2%		0%	32	24%	131	100%
Psychologist	15	11%	28	21%	56	42%	5	4%		0%	29	22%	133	100%
Social Worker	6	4%	24	16%	77	50%	7	5%	1	1%	38	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	32	8%	78	19%	192	46%	15	4%	1	0%	100	24%	418	100%

²² Chi-squared 5.69, Degrees of freedom = 4, P= 0.22

Q 47. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: Children and young people.

Fifty four per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to children and young people. One per cent disagreed with this statement. Twenty one per cent of respondents were unsure and 24 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to children and young people	Respondents	Per cent
Strongly Agree	101	24%
Agree	124	30%
Unsure	89	21%
Disagree	4	1%
Did not respond	102	24%
Grand Total	420	100%

Note no 'strongly disagree' responses

Fewer social workers agreed that the Better Access Initiative had contributed to more appropriate services for children and young people than did other occupational groups. The difference was approaching significance²³.

To what extent do you agree Better Access has contributed to more appropriate services being provided to children and young people

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	39	30%	33	25%	30	23%		0%		0%	29	22%	131	100%
Psychologist	40	30%	44	33%	19	14%	1	1%		0%	29	22%	133	100%
Social Worker	22	14%	47	31%	40	26%	3	2%		0%	41	27%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	101	24%	124	30%	89	21%	4	1%		0%	100	24%	418	100%

²³ Chi-squared 9.16, Degrees of freedom = 4, P= 0.06

Q 48. To what extent do you agree with the following statement: the Better Access initiative has contributed to more appropriate services being provided to: Older people (i.e. those aged 65 + years).

Fifty three per cent of respondents agreed with the statement that the Better Access Initiative has contributed to more appropriate services being provided to older people. One per cent disagreed with this statement. Twenty two per cent of respondents were unsure and 24 per cent did not respond to this question.

BAI has contributed to more appropriate services being provided to older people	Respondents	Per cent
Strongly Agree	101	24%
Agree	121	29%
Unsure	93	22%
Disagree	4	1%
Strongly Disagree	1	0%
Did not respond	100	24%
Grand Total	420	100%

Fewer social workers agreed that the Better Access Initiative had contributed to more appropriate services for older people than did other occupational groups. The difference was approaching significance²⁴.

To what extent do you agree Better Access has contributed to more appropriate services being provided to older people (i.e. those aged 65 + years)

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	36	27%	34	26%	31	24%		0%	1	1%	29	22%	131	100%
Psychologist	44	33%	39	29%	20	15%	1	1%		0%	29	22%	133	100%
Social Worker	21	14%	48	31%	42	27%	3	2%		0%	39	25%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	101	24%	121	29%	93	22%	4	1%	1	0%	98	23%	418	100%

²⁴ Chi-squared 9.05, Degrees of freedom = 4, P= 0.06

Q 49. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: People with anxiety or depression related disorders.

Seventy five per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for people with anxiety or depression related disorders. Two respondents (less than one per cent) disagreed with this statement. Three per cent of respondents were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for people with anxiety or depression related disorders	Respondents	Per cent
Strongly Agree	227	54%
Agree	87	21%
Unsure	11	3%
Disagree	2	0%
Strongly Disagree	2	0%
Did not respond	91	22%
Grand Total	420	100%

There was no significant difference²⁵ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to improved mental health outcomes for people with anxiety or depression related disorders

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	77	59%	24	18%	1	1%		0%	1	1%	28	21%	131	100%
Psychologist	81	61%	16	12%	5	4%	2	2%	1	1%	28	21%	133	100%
Social Worker	69	45%	47	31%	5	3%		0%		0%	32	21%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	227	54%	87	21%	11	3%	2	0%	2	0%	89	21%	418	100%

²⁵ Chi-squared 2.79, Degrees of freedom = 4, P= 0.59

Q 50. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: People with substance use disorders.

Forty six per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for people with substance abuse disorders. Four per cent disagreed with this statement. Twenty eight per cent of respondents were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for people with substance abuse disorders	Respondents	Per cent
Strongly Agree	74	18%
Agree	117	28%
Unsure	119	28%
Disagree	16	4%
Strongly Disagree	1	0%
Did not respond	93	22%
Grand Total	420	100%

There was no significant difference²⁶ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to improved mental health outcomes for people with substance use disorders

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	31	24%	37	28%	32	24%	2	2%	1	1%	28	21%	131	100%
Psychologist	27	20%	37	28%	37	28%	4	3%	0	0%	28	21%	133	100%
Social Worker	16	10%	43	28%	50	33%	10	7%	0	0%	34	22%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	74	18%	117	28%	119	28%	16	4%	1	0%	91	22%	418	100%

²⁶ Chi-squared 4.89, Degrees of freedom = 4, P= 0.23

Q 51. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: Aboriginal and Torres Strait Islander people.

Fourteen per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for Aboriginal and Torres Strait Islander people. Seven per cent disagreed with this statement. Fifty seven per cent of respondents were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for Aboriginal and Torres Strait Islander people	Respondents	Per cent
Strongly Agree	23	5%
Agree	37	9%
Unsure	238	57%
Disagree	24	6%
Strongly Disagree	4	1%
Did not respond	94	22%
Grand Total	420	100%

There was no significant difference²⁷ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to improved mental health outcomes for Aboriginal and Torres Strait Islander people

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	12	9%	13	10%	71	54%	5	4%		0%	30	23%	131	100%
Psychologist	8	6%	14	11%	75	56%	7	5%		0%	29	22%	133	100%
Social Worker	3	2%	10	7%	92	60%	12	8%	4	3%	32	21%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	23	6%	37	9%	238	57%	24	6%	4	1%	92	22%	418	100%

²⁷ Chi-squared 6.70, Degrees of freedom = 4, P= 0.15

Q 52. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: People living in rural communities.

Twenty eight per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for people living in rural communities. Six per cent of respondents disagreed with this statement. Forty four per cent of respondents were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for people living in rural communities.	Respondents	Per cent
Strongly Agree	50	12%
Agree	67	16%
Unsure	183	44%
Disagree	21	5%
Strongly Disagree	5	1%
Did not respond	94	22%
Grand Total	420	100%

There was no significant difference²⁸ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to improved mental health outcomes for people living in rural communities

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	18	14%	19	15%	58	44%	6	5%	1	1%	29	22%	131	100%
Psychologist	18	14%	22	17%	56	42%	7	5%	1	1%	29	22%	133	100%
Social Worker	14	9%	26	17%	69	45%	8	5%	3	2%	33	22%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	50	12%	67	16%	183	44%	21	5%	5	1%	92	22%	418	100%

²⁸ Chi-squared 0.55, Degrees of freedom = 4, P= 0.97

Q 53. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: People living in remote communities.

Sixteen per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for people living in remote communities. Six per cent of respondents disagreed with this statement. Fifty six per cent of respondents were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for people living in remote communities.	Respondents	Per cent
Strongly Agree	24	6%
Agree	40	10%
Unsure	234	56%
Disagree	23	5%
Strongly Disagree	6	1%
Did not respond	93	22%
Grand Total	420	100%

There was no significant difference²⁹ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to improved mental health outcomes for people living in remote communities

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	9	7%	9	7%	76	58%	6	5%	2	2%	29	22%	131	100%
Psychologist	9	7%	12	9%	75	56%	7	5%	1	1%	29	22%	133	100%
Social Worker	6	4%	19	12%	83	54%	10	7%	3	2%	32	21%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	24	6%	40	10%	234	56%	23	6%	6	1%	91	22%	418	100%

²⁹ Chi-squared 0.54, Degrees of freedom = 4, P= 0.97

Q 54. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: People from culturally and linguistically diverse backgrounds.

Twenty five per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for people from culturally and linguistically diverse backgrounds. Five per cent of respondents disagreed with this statement. Forty seven per cent were unsure and 22 two per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for people from culturally and linguistically diverse backgrounds	Respondents	Per cent
Strongly Agree	30	7%
Agree	74	18%
Unsure	199	47%
Disagree	21	5%
Strongly Disagree	2	0%
Did not respond	94	22%
Grand Total	420	100%

There was no significant difference³⁰ in responses to this question between occupational groups.

To what extent do you agree Better Access has contributed to improved mental health outcomes for people from culturally and linguistically diverse backgrounds

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	13	10%	22	17%	62	47%	5	4%		0%	29	22%	131	100%
Psychologist	12	9%	27	20%	61	46%	4	3%		0%	29	22%	133	100%
Social Worker	5	3%	25	16%	76	50%	12	8%	2	1%	33	22%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	30	7%	74	18%	199	48%	21	5%	2	0%	92	22%	418	100%

³⁰ Chi-squared 3.35, Degrees of freedom = 4, P= 0.50

Q 55. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: Children and young people.

Fifty four per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for children and young people. Three per cent of respondents disagreed with this statement. Twenty per cent of respondents were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for children and young people	Respondents	Per cent
Strongly Agree	98	23%
Agree	130	31%
Unsure	86	20%
Disagree	12	3%
Strongly Disagree	2	0%
Did not respond	92	22%
Grand Total	420	100%

Fewer social workers agreed that the Better Access Initiative had contributed to more appropriate services for children and young people than did other occupational groups. The difference was not significant³¹.

To what extent do you agree Better Access has contributed to improved mental health outcomes for children and young people

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	37	28%	37	28%	27	21%	1	1%	1	1%	28	21%	131	100%
Psychologist	36	27%	44	33%	18	14%	6	5%		0%	29	22%	133	100%
Social Worker	25	16%	48	31%	41	27%	5	3%	1	1%	33	22%	153	100%
Occupational Therapist		0%	1	100%		0%		0%		0%		0%	1	100%
Total responses	98	23%	130	31%	86	21%	12	3%	2	0%	90	22%	418	100%

³¹ Chi-squared 8.34, Degrees of freedom = 4, P= 0.08

Q 56. To what extent do you agree with the following statement: the Better Access initiative has contributed to improved mental health outcomes for: Older people (i.e. those aged 65 + years).

Fifty three per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for older people. Two per cent of respondents disagreed with this statement. Twenty one per cent were unsure and 22 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for older people	Respondents	Per cent
Strongly Agree	106	25%
Agree	117	28%
Unsure	90	21%
Disagree	9	2%
Strongly Disagree	2	0%
Did not respond	96	23%
Grand Total	420	100%

Fewer social workers agreed that the Better Access Initiative had contributed to more appropriate services for children and young people than did other occupational groups. The difference was approaching significance³².

To what extent do you agree Better Access has contributed to improved mental health outcomes for older people (i.e. those aged 65 + years)

Occupation	Strongly Agree		Agree		Unsure		Disagree		Strongly Disagree		Did not respond		Total responses	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Clinical Psychologist	37	28%	35	27%	29	22%	1	1%	1	1%	28	21%	131	100%
Psychologist	47	35%	32	24%	18	14%	3	2%	1	1%	32	24%	133	100%
Social Worker	22	14%	50	33%	43	28%	5	3%	0	0%	33	22%	153	100%
Occupational Therapist		0%		0%		0%		0%		0%	1	100%	1	100%
Total responses	106	25%	117	28%	90	22%	9	2%	2	0%	94	22%	418	100%

³² Chi-squared 9.17, Degrees of freedom = 4, P= 0.06

3.3 Comments from allied health provider survey

3.3.1 Profile of allied health respondents providing comment

One hundred and seventy two (41 per cent) of all respondents to the survey provided comments. Of respondents providing comment, 61 per cent also provided a postcode. Of respondents providing a postcode of primary practice, 26 per cent were from Victoria, 23 per cent from NSW, 18 per cent from Western Australia and 16 per cent from Queensland. Eighty nine per cent of respondents providing comment and postcode were located in a major city (71 per cent) or inner regional area (18 per cent). Ten per cent were from outer regional areas and one per cent (one respondent) from a remote area.

Allied health comments by state and rurality

State	Major City	Inner Regional	Outer Regional	Remote	Missing	State total	State valid per cent
VIC	20	6	1			27	26%
WA	16	1	2			19	18%
NSW	19	4	1			24	23%
QLD	11	3	3			17	16%
SA	5		1			6	6%
TAS		5	1			6	6%
ACT	3					3	3%
NT			1	1		2	2%
Missing					68	68	
Total region	74	19	10	1	68	172	
Region valid per cent	71%	18%	10%	1%			

Of respondents providing comment, 41 per cent were social workers, 30 per cent clinical psychologists and 29 per cent psychologists. There were no comments by occupational therapists.

Allied health comment by occupation and region

Occupation	Major City	Inner Regional	Outer Regional	Remote	(blank)	Occupation	Per cent
Clinical Psychologist	23	4	3		21	51	30%
Psychologist	27	4	4	1	14	50	29%
Social Worker	24	11	3		33	71	41%
Total region	74	19	10	1	68	172	
Region valid per cent	71%	18%	10%	1%			

3.3.2 Comments received on survey

Comments below are sorted by region, occupation and state.

Clinical Psychologist, Major City, VIC

1. The poor rebate for group sessions makes them untenable to run despite being highly effective and uniquely appropriate for children and adolescents, 2. Requiring a medical referral creates a major barrier - especially for adolescents. (#38)

Clinical Psychologist Major City, WA

An item for autism assessment has been brought to the BAMH program in that it pays less in a rebate to the client than a standard clinical psychology item (\$78.40 for the autism assessment item versus \$115.05 for the standard 50 minutes plus appointment). (#213)

Clinical Psychologist Major City, NSW

As a clinical psychologist I feel the client base under BAMH has been suitable to my training and experience. I worry that psychologists with less training and experience in mental health may not be providing the best-practice treatments to this client group. (#142)

Clinical Psychologist Major City, NSW

As a Clinical Psychologist working in a so called 'affluent area', I found that my bulk billing clients referred under a care plan was highly beneficial to many disenfranchised people in this community. All referring GPs are aware of this. (#110)

Clinical Psychologist Major City, QLD

Clinical Psychologists are trained in assessment, diagnosis and treatment of mental health issues. I do not believe patients should need a referral from a GP in which the GP assesses and diagnoses mental health issues as some GPs may have very limited training. (#300)

Clinical Psychologist Major City, WA

Far too many under-trained psychologists are getting Medicare numbers (i.e. they have no Masters degree and are not specialist psychologists) and are trying to treat people who are too ill for them to assist. The patients need specialist psychological care. (#214)

Clinical Psychologist Major City, WA

Feedback from patients tell me this initiative has made a huge difference to many people's lives enabling them to cope better in their respective circumstances. We must also be aware of what tragedies we are preventing in terms of suicide and long term s... (incomplete comment). (#271)

Clinical Psychologist Major City, NSW

I believe, through comments from clients and talking with other colleagues, that the Better Access Initiative is making a very big impact on the accessibility and affordability of mental health services for a large proportion of Australians with mental health. (#76)

Clinical Psychologist Major City, NSW

I bulk bill for the treatment of ex prisoners in an attempt to help them to integrate into the community and to lead productive lives. The recidivism rate for participants is 9%

against 46% on a state basis for NSW thus saving the community many millions. (#169)

Clinical Psychologist Major City, WA

I do not consider GPs acting at gatekeepers as a necessary function in accessing psychological services. It is costly for the system and the review process is costly for the clinician and places client confidentiality at risk. (#416)

Clinical Psychologist Major City, NSW

I practise partly in an Aboriginal Medical Centre and this helps access. There are difficulties getting interpreters for CALD people. One other problem is that many of the patients change GPs in the course of treatment. (#157)

Clinical Psychologist Major City, SA

I'm concerned about the quality of services provided by clinicians who are not clinical psychologists. (#98)

Clinical Psychologist Major City, WA

It is a very positive initiative enabling people to access psychological services who most need them and who have difficulty affording them. Significant improvements in their mental health are the direct result and very much needed. (#22)

Clinical Psychologist Major City, VIC

Limiting services for individuals to 12-18 sessions per year means treatment is often stop gap and inadequate. This population of patients, by definition, have significant issues which, to be adequately addressed, need more time. (#23)

Clinical Psychologist Major City, NSW

Medicare items allow for 12 and up to 18 sessions of individual therapy per annum. plus 12 group sessions. I suggest 24 sessions and up to 30 sessions per annum IRRESPECTIVE of individual or group mode. This is more therapeutically useful. (#80)

Clinical Psychologist Major City, SA

My responses "Don't Know" are based on lack of information on my part. (#151)

Clinical Psychologist Major City, QLD

Should be an item number for outcome and review reports for allied health practitioners. No need for patients to see GP for review, or in some cases initial referral. Perhaps up to 3 sessions without GP referral. (#106)

Clinical Psychologist Major City, WA

The BAI has been invaluable in helping people access mental health services and educating GPs on the importance of identifying mental health issues (considering the prevalence and 'costs' of these problems). The latent need for it was seen in the initial . . . (incomplete comment) (#210)

Clinical Psychologist Major City, WA

The initiative needs to take into consideration best practice guidelines for working with children and adolescents and allow sessions to be conducted with parents when the child is not present. (#262)

Clinical Psychologist Major City, VIC

The most co morbid, complex and severe level of depression, anxiety and other disorders are referred to clinical psychologists and these require far more than 12 to 18 sessions for evidence-based treatments. (#368)

Clinical Psychologist Major City, NSW

This initiative has made mental health care more accessible to financially challenged community members and also resulted in GPs and Psychologists working together more effectively in the community. (#107)

Clinical Psychologist Major City, QLD

This initiative should have started 30 years ago. It is evident from my experience that there are a significant number of people out there who need access to psychological services and over time this will be reflected not only in the improved mental health. . . . (incomplete comment) (#25)

Clinical Psychologist Major City, WA

Two comments: 1) It adds to the expense of the system to have the Dr. do such an intensive referral when any competent clinical psychologist will do his or her own. The review similarly adds unnecessary expense for the system. (#156)

Psychologist Major City, WA

Counselling psychologists are 6 year trained Master's or PhD graduates and should have access to Tier-1 Medicare rebates that Clinical psychologists do. 42% of counselling psychologists are in private practice and the government is not making good use of. . . . (incomplete comment) (#209)

Psychologist Major City, NSW

GPP referrals are often missing vital information. Sometimes there is no paperwork at all!! There is also a confusion amongst GPs as to the period of time in which referrals can be made. The erroneous perception is that it is from, eg, August to August. (#413)

Psychologist Major City, ACT

GPs do need more information about diagnosing Mental Health disorders. All health professionals involved in this initiative need more networking opportunities. (#113)

Psychologist Major City, WA

I am advised that many service providers do not have appropriate training in the mental health conditions or indeed in mental health counselling. This is a serious concern and should NOT be addressed by one day workshops. (#288)

Psychologist Major City, VIC

I am frustrated at the demarcation between clinical psychologists and registered psychologists. My clientele I imagine is identical to that of a clinical psychologist. It is time that someone really examined quite objectively the purported difference. (#119)

Psychologist Major City, WA

I believe that generalist psychologists who can provide evidence of clinical practice from peer reviewed client files should be allowed to register as clinical psychologists. (#65)

Psychologist Major City, VIC

I get concerned that people who can afford services are directly referred. I don't believe GPs are reviewing that aspect of things, perhaps it is not within the scope of

the scheme, eg. not means tested in any way, or had been considered by Government
.(#75)

Psychologist Major City, WA

I have people fly or drive from rural communities to see me or others in my practice. It would help them enormously if telephone counselling, particularly by skype (VoIP), could be included in the Initiative. (#143)

Psychologist Major City, VIC

I have the impression there are already too many psychologists now in private practice, competing to obtain referrals from a limited number of GPs. However, the service distribution (of psychologists) appears to be concentrated in the inner city and. . . . (incomplete comment) (#61)

Psychologist Major City, NSW

I work in a low income, high unemployment area and bulk bill a large percentage of my clients who would not have access to individual mental health services if they did not have the Medicare subsidy. (#186)

Psychologist Major City, NSW

It's difficult to ascertain the impact of the BAI when working with a restricted sample of the population. The prevalent belief among psychologists, which I share, is that the BAI has contributed to de-stigmatising mental illness by making services more affordable. (#28)

Psychologist Major City, NSW

Level of Medicare rebate gives false impression that this is a satisfactory level of remuneration and/or income for professional psychological services provided in the context of private practice costs. Awareness raising about this could be a suitable. . . . (incomplete comment) (#94)

Psychologist Major City, NSW

Many GPs are still not knowing about the Better Access Initiative. (#131)

Psychologist Major City, WA

Only about 1% of clients are initially referred by GPs under this programme. The rest are people who contact me about an appointment and then on my advice they go to their GP for a formal referral. These people seem to seek out assistance from a psychologist. (#150)

Psychologist Major City, ACT

The BOMHC initiative has enabled low income earners, unemployed, pensioners, etc. to receive quality psychological care where they would not have been able to access this in the past. This is the best thing to be introduced to the Australian people since (incomplete comment) (#171)

Psychologist Major City, VIC

The key issue is getting people with mental health problems to seek help. Privacy and confidentiality is thus important. Requiring a GP referral adds a further hurdle that is off-putting to many who value privacy. The fact that a huge amount of the budget. . . . (incomplete comment) (#32)

Psychologist Major City, VIC

The lack of ability to use interpreters is a major concern for NESB patients. For children and adolescents, private practice may not always be the most appropriate place. For psychologists working in high NESB communities and low SES, there is considerable . . . (incomplete comment) (#114)

Psychologist Major City, NSW

The narrow range of supported therapies is not necessarily in patients' best interests, as some may benefit from more appropriate therapies that are not included under Better Access protocols. (#146)

Psychologist Major City, VIC

The provision of 6 to 12 sessions for many psychological issues is unrealistic, particularly for drug and alcohol related issues. and it seems to me that this arbitrary figure is wrongly setting up expectations that mental health issues ought to be 'fixed.' (#42)

Psychologist Major City, QLD

The referral system through GPs is good as they obviously see a lot of people who suffer from mental health problems and can direct them to assistance that the patient otherwise may not access. However the review process for psychologists (reports after. . . . (incomplete comment) (#26)

Psychologist Major City, WA

The survey doesn't really capture the problems with the Better Access Initiative, nor the issues around how it is being (mis)used. For example, "access" may have improved, but quality has reduced: Many GPs seems to have a standard practice of diagnosing . . . (incomplete comment) (#237)

Psychologist Major City, QLD

The system procedures are limiting GPs and psychologists from using the program. (#96)

Psychologist Major City, NSW

There are great impediments for providers who wish to bulk bill including the lack of resources in GP software to add on psychologists, making it at least a five week wait until being paid. If the government. wishes psychologists to consider bulk billing for . . . (incomplete comment) (#144)

Psychologist Major City, QLD

There are too many restrictions in the program for assisting children - child clinical work often involves working with the parents or conducting family therapy rather than seeing the child on their own which is a condition of the scheme. (#95)

Psychologist Major City, QLD

The Better Access initiative has made access to mental health services more accessible for many people who couldn't previously afford the services and it has made it more practicable for mental health workers to provide services to disadvantaged people by . . . (incomplete comment) (#102)

Psychologist Major City, QLD

This initiative has been instrumental in providing quality support and treatment for ordinary Australians struggling with the impact of a mental disorder. Almost all of my clients could not access such care and treatment without the access to Medicare (incomplete comment) (#33)

Psychologist Major City, SA

This initiative has not only allowed those unable to afford/access services, it would seem to have a preventative effect for people graduating to more serious mental health problems. (#218)

Social Worker Major City, VIC

Access for CALD people depends on availability of bulkbilling practitioners like me. (#327)

Social Worker Major City, VIC

Always chasing up appropriate referral information from GPs such as referral letter, they usually send copy of MHCP. Constantly educating GPs and informing them that I have the same clinical skills as a Psychologist, and have to prove myself to GPs (incomplete comment) (#399)

Social Worker Major City, NSW

As a private practitioner, I notice that the people coming to me are not substantially different to those who came previously. They seem to be largely people who know how to get access to resources that they would otherwise have paid for themselves. (#8)

Social Worker Major City, VIC

As a Social Worker with a Masters Degree in Child and Adolescent Psychotherapy, I have worked in private practice for over 20 years. My practice concentrates on treating children with complex mental health needs such as anxiety and depression, suicidal (incomplete comment) (#363)

Social Worker Major City, QLD

As a social worker, I am as yet uncovered by private health insurers. The inclusion of social workers in the Better Access program has enabled me to ensure access and equity to my clients. For economically disadvantaged clients, I now bulk bill, which has (incomplete comment) (#347)

Social Worker Major City, VIC

Can we have some additional items like case management, family work, more sessions before report is needed, payment for reports and missed sessions. Same payment for social workers as psychologists and additional refunds for practitioners who solely bulkbill. (#162)

Social Worker Major City, NSW

Children and adolescents are being referred as patients. Often the best treatment is to educate parents about how they can assist their child but the parent does not have the referral (incomplete comment) (#394)

Social Worker Major City, VIC

Clients have commented that they would not have been able to access counselling without the GP referring them through this program. (#269)

Social Worker Major City, NSW

Firstly, I am concerned that the seriously mentally ill are being referred to private practitioners who are not able to manage them effectively and safely in the community. We need to absolutely ensure that community based services are ALSO adequately (incomplete comment) (#280)

Social Worker Major City, WA

For many clients it has 'mainstreamed' primary mental health care and been the tipping point for many to seek help when they may not have previously, or might have waited for a major crisis before being medicated, hospitalised or separating or divorcing. (#379)

Social Worker Major City, VIC

I am unsure if indigenous and CALD patients are accessing services as I haven't received any referrals for these patients. I would also like to say that 12 sessions with the possibility of another 6 is very limited and that there are times when the (incomplete comment) (#410)

Social Worker Major City, VIC

I am very unclear why mental health social workers providing focused psychological strategies are rebated less than registered psychologists. It would help us as a professional group to be treated fairly. (#276)

Social Worker Major City, VIC

I can only comment on my client load, I am seeing older people, people who have come for the first time, and those who have sought help at earlier times and now have a little extra help to help with current stresses. (#285)

Social Worker Major City, VIC

I have some reservations about the 'appropriateness of services' and 'better outcomes' under the initiative. I strongly support the initiative but believe that the treatments available under it are too limited both in the treatment modalities offered as (incomplete comment) (#258)

Social Worker Major City, SA

I think it an excellent initiative and believe many patients are benefiting from it enormously. I bulk bill most of my Better Access patients and many of these people are getting assistance where they would not have access to the public system or some (incomplete comment) (#283)

Social Worker Major City, ACT

I use Better Access as a bulk billing opportunity for clients who may have multiple issues and do not readily fall into public mental health categories (ie not e=acute enough). A major issue is 'do not attends' - which has in the past 6 months halved my (incomplete comment) (#415)

Social Worker Major City, NSW

It's very difficult to network with GPs about services a mental health social worker can provide and why they would choose to refer to one over a psychologist. (#318)

Social Worker Major City SA

My suggestion is to include family therapy in the Better Access program. I feel families as part of treatment process need to be included as well along with individual therapy. (#250)

Social Worker Major City, VIC

Some people are concerned that private health insurers will be able to know they have accessed mental health services under the Better Access Initiative - and therefore don't access the service or pay the full fee despite being financially stressed. (#330)

Social Worker Major City, QLD

The anomaly between social work and clinical psychology and psychology rates needs to be removed. Most Mental Health social workers enter private practice after many years of practice and experience in the public sector and are very skilled. (#378)

Social Worker Major City, NSW

The report writing requirements are excessive and extremely time consuming, a standard pro forma document needs to be created and applied across all disciplines. The rebate for social work needs to be in line with psychology. (#313)

Social Worker Major City, WA

There is a reluctance by GPs, Psychiatrists and Mental Health Services to refer to Clinical (Mental Health Social Workers) because they do not know that we have special, adequate and relevant training and experience to provide mental health services. (#337)

Social Worker Major City, QLD

There should be equity in financial remuneration for practitioners, eg. Social workers providing services under this scheme should receive the same payment from Medicare as clinical psychologists do. (#376)

Social Worker Major City, VIC

There were already many appropriately qualified and skilled practitioners before this program. The value is in making it accessible to all. The financial circumstances of my referrals has not changed under this scheme. (#292)

Clinical Psychologist Inner Regional, VIC

As a Clinical Psychologist, I am asked to work with the full range of mental health disorders, therefore the option to extend to a full 48 sessions would seem warranted, as opposed to non-specialist psychologists, occupational therapist and social workers (#159)

Clinical Psychologist Inner Regional, WA

Item 2712 is unnecessary. Require a 90min+consultation item. GP referral is unnecessary. Travel and administrative time needs to be covered. Bulk billing in a rural situation so as to provide access for psychological treatment requires compensation. (#417)

Clinical Psychologist Inner Regional, NSW

My practice is in a rural area. Most of my clients now have Mental Health plans, however, there has been no significant change in the type of client that I am seeing in terms of their demographics. (#19)

Clinical Psychologist Inner Regional, NSW

There is a significant shortage of Clinical Psychologist in rural areas. (#18)

Psychologist Inner Regional, VIC

I found the above questions difficult to answer, because you failed to provide a 'not applicable' or 'not relevant' option. I don't work with people in remote areas, nor Torres Strait Islander people, nor people from C & LDB, so I can't accurately answer. (#34)

Psychologist Inner Regional, VIC

Putting clinical psychs on higher level is not supported by any evidence. I am a counselling psychologist with more training and experience than most clinicals, but am considered a 'registered psychologist' only. (#17)

Psychologist Inner Regional TAS

Sorry about the content of the survey - very light-on in terms of teasing out some of the difficulties. We have an excess of clients wanting to access the BA initiative, but not enough allied health professionals and no psychiatrists in pp. (#178)

Psychologist Inner Regional VIC

The two tier rebate system for clinical and generalist psychologists is unfounded and discriminatory. As a "generalist" psychologist in a regional area I receive referrals for people with chronic and complex mental health problems. (#123)

Social Worker Inner Regional VIC

Needs to be an incentive to bulkbill as per what GPs get to increase accessibility for people on healthcare cards. Social workers need to be remunerated on the same rate as Psychologists. (# 312)

Social Worker Inner Regional NSW

I undertake a number of home visits under Better Access. These are to the aged, those with transport or mobility issues, and those people who do not have the capacity to attend appointments in an office. (#392)

Social Worker Inner Regional QLD

Another positive has been building closer relationships between GPs and Allied Health Providers. With regard to fees, I don't understand the rationale for Social Workers and Occupational Therapists receiving a lower rate than psychologists when they are (incomplete comment) (#360)

Social Worker Inner Regional NSW

Better access has given people in rural and remote communities (rrc's) access to services that were just not available to them previously (I work in such an area). Most people in these areas are very poor and bulk billing is essential. (#291)

Social Worker Inner Regional QLD

Differential rebates for psychologist and social workers and occupational therapists is a continuing lack of parity and limits the number of bulk billing clients that social workers and OT's can carry. (#252)

Social Worker Inner Regional QLD

I am puzzled as to why several GPs in my area don't refer patients to anyone for mental health problems. (#314)

Social Worker Inner Regional TAS

I believe that the therapy I do as a social worker is often more effective than some of the more rigid approaches of psychology. I have a Master of Social Work - 7 years' university study and many years tertiary study in therapies. Why do I receive less rebate? (#315)

Social Worker Inner Regional TAS

I have been bulk billing a number of clients that otherwise would not be able to access services. The problem I come across is when I am doing assessments for the paediatricians. There is about 4 hours work in scoring assessments such as for Asperger's. (#353)

Social Worker Inner Regional TAS

I have found it very difficult to access referrals. GP's specialists appear very interested and then simply don't refer. I would question if it is related to me being Social Work Trained because the question always arises as to whether I am psychology (incomplete comment) (#343)

Social Worker Inner Regional TAS

I noted the information on mental health care plans as 'fair' - it varies from poor - virtually nothing written - to very good. Most GPs provide adequate information. (#407)

Social Worker Inner Regional VIC

This initiative has made high quality counselling available to people who are struggling financially. Especially as some counsellors bulk bill clients. (#375)

Clinical Psychologist Outer Regional SA

Accessing Better Access in the area I work is dependent on the attitude of the GPs toward mental health and psychotherapy. I find some see the value and some don't and prefer to rely on medication only. (#124)

Clinical Psychologist Outer Regional NT

Better Access should also provide for older people with depression along with dementia; or anxiety and depression related to stroke etc. It needs to be better promoted amongst individuals who come from CALD backgrounds. (#127)

Clinical Psychologist Outer Regional QLD

The majority of my clients come through better Access referral and would not have been able to afford private psychological services without the scheme - especially young people and older people. I believe this has made an important difference to health outcomes (#377)

Psychologist Outer Regional QLD

As a private practitioner I have found that the Better Access Initiative has decreased my income as most individuals request bulk billing, which has led to my hourly rate going from \$180 per hour to \$78 per hour as doctors are referring people who cannot afford to pay full fee (#58)

Psychologist Outer Regional VIC

Despite this, some GPs are still "too busy" to make full use of the initiative such that the gatekeepers are not referring until the patients reach crisis point. (#86)

Psychologist Outer Regional WA

My clients report that they are highly appreciative of the Better Access Initiative. (#244)

Psychologist Outer Regional NSW

The Better Access initiative has meant that these services can be provided in the regional and remote community in which I both live and practice. I also want noted that I bulk bill most individuals. (#126)

Social Worker Outer Regional WA

As a private practitioner working in an allied health practice of four people - and pre-dating the Better Access initiative - I can confidently assert that Better Access has improved significantly access to appropriate mental health services for the people. (#324)

Social Worker Outer Regional TAS

As I am rather remote from many others in private practice, it is difficult for me to answer some of the questions. The initiative has certainly enabled most of the people I see to access support that they otherwise would not be able to. (#338)

Social Worker Outer Regional TAS

There is a definite lack in all areas for the provisions of service for most groups in the north west coast of Tasmania with the lack of service providers and mental health facilities in this region. The lack of adequately qualified and trained clinician (incomplete comment) (#298)

Social Worker Outer Regional QLD

Yes I have a strong view that reports to doctors as part of referrals should be paid for by Medicare. It is unacceptable that we are required to complete these reports without remuneration. (#358)

Psychologist Remote NT

In my opinion, Better Access has transformed the public's access to psychologists in private practice and has vastly increased the public's ability to choose between treatment approaches and different psychologists - more likely resulting in better client-outcomes (#72)

Clinical Psychologist Missing

I am very pleased to have the opportunity make some comments about the Better Access Initiative, especially to an independent body. Better Access has provided an excellent opportunity for members of the community in need to access appropriate mental health. (#163)

Clinical Psychologist Missing

As clinical psychologist often get referred more complex cases where psychological treatment requires more than 12 sessions. (#225)

Clinical Psychologist Missing

Better Access has provided opportunities for those who cannot access public mental health clinical psychologists due to demand and service restrictions (#62)

Clinical Psychologist Missing

Clinical Psychologists are required in mental health services and hospitals not in private practices which are geographically limited. Better to use funds to provide well paid clinical psychologist posts in specialist services as are needed. (#170)

Clinical Psychologist Missing

I also work in a rural community where Better Access is not available. There, clinical psychologists provide psychological services under the Better Outcomes in Mental Health Care via a Division of General Practice. (#135)

Clinical Psychologist Missing

I have some reservations about 4 year trained psychologists working with clients with complex issues (there is no practicum component to the university course at undergraduate level). I also think it should be compulsory to produce some type of standard. . . . (incomplete comment) (#235)

Clinical Psychologist Missing

I think the better initiative could be strengthened for children and young people if it was recognised that some appointments need to be with the parent alone, and they were reimbursed for these. It is not always helpful or productive in treatment to see only the child (#238)

Clinical Psychologist Missing

In my view, this service is serving the community well, and providing considerably better services to those in our community who have mental health problems. However, for those with Axis 2 disorders (personality disorders etc), there are far too few sessions. (#287)

Clinical Psychologist Missing

It is a great initiative. Lots of people need help but may not be acutely unwell enough to go into the public system. This initiative has closed the gap and has helped many people in the community. (#217)

Clinical Psychologist Missing

It is good that many people who would not meet the criteria for Mental Health Clinics can assess treatment through this service, however, I note that many patients who are accessing Better Access are in fact financially able to access a private Clinical Psychology services (#203)

Clinical Psychologist Missing

It is my experience that people who previously could not afford to access high quality psychological care are the major beneficiaries of this initiative and this allows them to address their issues earlier thus being more preventative (#201)

Clinical Psychologist Missing

It would be helpful to abolish the six session review - GPs always approve further sessions anyway. GPs require further information about eligibility for further sessions, ie the confusion between the anniversary date of the plan, the notion of calendar years (#132)

Clinical Psychologist Missing

Overall BAI helpful. however, suggests to public that all problems are treatable in 12 (or occasionally 18) sessions which is not true, does not account for psychological treatment for people with severe PD and in fact may be iatrogenic for these; does not pay non (incomplete comment) (#160)

Clinical Psychologist Missing

People have concerns that most of the psychological services are being delivered within the relatively wealthy eastern and northern suburbs of Sydney. I think there are two points worth considering. Firstly, this is where, prior to 2006 most private psychologists were located. . . . (incomplete comment) (#48)

Clinical Psychologist Missing

Some key conditions of child psychopathology (e.g. Autism) are not included in the initiative and this causes significant difficulty for some of the most needy families. We have seen a major increase in low-income families (in western Sydney) bringing children (#234)

Clinical Psychologist Missing

The Better Access Initiative has, on the whole, made a big difference to the accessibility of services to the general community. I'm not sure about some groups and have indicated this above. For rural and remote communities I think we should work toward (incomplete comment) (#14)

Clinical Psychologist Missing

The impact of 'psychologists' referrals vs. Clinical Psychologists referrals should be explored. Psychologists, whom have half the training of Specialists are now dominant in the field to the extent that Clinical Psychologists positions are now threatened (incomplete comment) (#219)

Clinical Psychologist Missing

The information available to psychologists re administrative issues has been inconsistent, especially when contacting Medicare eg. how long a current referral is valid, whether a written referral is required etc. Locating information on the Medicare website. (#167)

Clinical Psychologist Missing

The initiative does not adequately address the appropriate and empirically supported treatments for young people. It needs to further investigate treatments options such as family therapy and parent sessions/therapy. It needs to allow for parents to be seen separately (#87)

Clinical Psychologist Missing

The lack of formal overall evaluation of the efficacy of services being offered by private practitioners needs to be addressed. (#196)

Clinical Psychologist Missing

There are some very poorly prepared psychologists rendering services under this initiative. (#188)

Psychologist Missing

Because children need adults to supervise their health and development, there should be provision for counselling sessions/interviews with parents without the child present. It is often not appropriate to discuss the child's difficulties with the child present. (#187)

Psychologist Missing

Better Outcomes has made mental health services available to those individuals who before did not have access to a mental health service. Individuals who previously could

not afford private rates and whose illness was classed as not severe enough as requiring public mental health care (#184)

Psychologist Missing

Extreme need for neuropsychology services to be added in to assist in ax and tx plans for mental illness. (#66)

Psychologist Missing

I am unsure of the advantages to people in remote communities - would probably depend if there were Psychologists in the local area. I think it would be beneficial if there was some provision for phone sessions to improve access. (#108)

Psychologist Missing

I do not entirely agree with the rebate split between psychologists and clinical psychologists. As a psychologist, my training and experiences makes me qualified to provide psychological treatment so the distinction for me, personally, is significantly f. . . (incomplete comment) (#158)

Psychologist Missing

I have had many individuals comment that they have accessed the service via their GPs through personal referral because it is personal and not agency based. (#103)

Psychologist Missing

I have no exposure to some of the target population. (#233)

Psychologist Missing

I work primarily with Ethnic Chinese community. It is well documented in Cross Cultural Mental Health Literature across the world that Chinese tended to have a low MH service usage. With the Better Access initiative, there are many Chinese clients seek psychologists (#55)

Psychologist Missing

In the low income area where I practice, it would be impossible to earn a sufficient wage to justify offering psychological counselling there without Better Outcomes. At present with the reduced funds available through Better Outcomes, I am having to look a. . . . (incomplete comment) (#154)

Psychologist Missing

People who previously could not afford psychological services can now receive help. I believe in bulk billing clients when this is needed but I know other psychologists who are reluctant to do so. (#290)

Psychologist Missing

Some doctors still do not appear to support the initiative wholeheartedly, and question the legitimacy of patients' entitlement to psychological services. (#128)

Psychologist Missing

The current two tier system for psychologists is unfair and divisive. There needs to be only one level of rebate for all psychologists. (#83)

Psychologist Missing

The face to face requirement of services provided by psychologists is a major hindrance to people from rural and remote areas in accessing services. The problem is

not one of a lack of psychologist but one of a lack of psychologists in rural areas. (#278)

Psychologist Missing

The two tier system for psychologists appears to have had unintended consequences on demand for one type of academic training, and demand for services offered by Clinical psychologists at a higher rebate. The distinction in actual services offered between (incomplete comment) (#11)

Social Worker Missing

Improvement of referrals from Doctors will occur only if the doctors each have a data base of allied mental health profession to whom they could refer in their area. Alongside each name, there could be appropriate information such as the type of service. (#384)

Social Worker Missing

As a Social Worker, I would like to see more promotion of Social Workers as skilled professional practitioners to GPs and Psychiatrists. Often equally trained and skilled in psychological practice as Psychologists, we do not receive the same recognition. (#299)

Social Worker Missing

As a social worker, with much training and experience, I would like us to receive the same rebate as psychologists. We have specific training in service provision to CALD people. When referrals are made for young people or children, the parents usually (incomplete comment) (#387)

Social Worker Missing

GPs appear reluctant to refer to social workers. The wording in the Medicare information is biased towards psychology. (#348)

Social Worker Missing

GPs are continuing to prefer to refer to Psychologists rather than Mental Health Social Workers like myself. More people with anxiety or depression related disorders could have access to effective treatment if did not have to get a referral from a GP. (#304)

Social Worker Missing

I believe that it has caused a great division between psychologists and social workers with psychologists believing they are superior to social workers. I'm not sure about the occupational therapists. This is extremely disappointing professionally. (#391)

Social Worker Missing

I do ask about nationality and Aboriginality and I do not see a lot from diverse groups - it could be because of the location I work in. I operate in a low socio-economic area and bulk bill and operate out of a GP surgery - it provides counselling at the (incomplete comment) (#326)

Social Worker Missing

I feel GPs are referring to private practice without considering community based alternatives which are often more affordable for the client so this blows out the overall Medicare budget. There is a strong bias towards psychologists from medical personnel (#302)

Social Worker Missing

I feel it has been a great initiative and made psychological services much more accessible for people who would not ever thought of seeking this kind of help. (#5)

Social Worker Missing

I strongly believe the initiative has allowed faster and cheaper outcomes for mental health patients. I have heard some comments that it is expensive in that it allows subsidised services for the "worried well" and would dispute this on the grounds that t. . . (incomplete comment) (#335)

Social Worker Missing

I think this program does not recognise the experience and abilities of some social workers who have been working as specialised clinicians for 20 or 30 years. I am a senior social worker with 2 degrees (including first class honours) and a five year clinical Masters (#296)

Social Worker Missing

I work in a GP Private Practice and there is little incentive to work for extended time periods with clients when you receive the same amount if you see someone for 20 minutes or if you see them for 1 hour. (#279)

Social Worker Missing

Increase in remuneration for in home visiting of clients, particularly elderly or rural to assist promote flexible service delivery. (#346)

Social Worker Missing

It allows services to mildly mentally ill in a preventative way. The effects of this show over time, and need to be evaluated as such. (#402)

Social Worker Missing

It is a pity that the allied health providers such as social workers who tend to charge less for similar services, or bulk bill all or many of their clients, are not referred to more regularly. I would like to see the statistics on fees which are being charged. (#370)

Social Worker Missing

It is very unjust that Accredited Mental Health Social Workers receive so much less of a rebate (payment) under this scheme. I have 2 University Degrees and a Postgraduate Qualification in Social Work and over 20 years Clinical Social Work experience, inc. . . . (incomplete comment) (#294)

Social Worker Missing

More education is required for GPs regarding the ability and expertise in providing mental health counselling and are in most instances quite surprised to learn that allied health, eg social workers, are qualified to provide mental health services to patients. (#270)

Social Worker Missing

People who would not normally get assistance with distress and life catastrophes are being assisted in a timely and effective way. I don't know how some of the people I have seen would have managed. People have a chance to be more functional and effective. . . . (incomplete comment) (#373)

Social Worker Missing

Referral Pathways for Social Workers need to be included in all other people available for referral. (#272)

Social Worker Missing

Social workers who have completed PhDs should gain EQUALITY of rebate with clinical psychologists. (#383)

Social Worker Missing

The BAI is not used by many GPs in Alice Springs. Very few different GPs have referred to me. (#259)

Social Worker Missing

The Better Access initiative has significant contribution to early detection and treatment of mental health issues. This compliments the public services and address a very significant clinical service gap. (#369)

Social Worker Missing

The discrepancy in rebates provided to the different allied health providers does not allow clients to fairly access services of their choice. I have clients who want to see me as a mental health social worker and express a desire to see me. . . . (incomplete comment) (#411)

Social Worker Missing

The restrictions on number of sessions under the BAI means that allied health professionals cannot provide longer term treatment to people who require this type of care. They are still forced to see psychiatrists in the public or private sector and this is (incomplete comment) (#354)

Social Worker Missing

The service benefits these groups in a significant way. However as a social worker, I will not be able to continue providing this service because the Medicare bulk bill rebate is too low. I am not able to cover my cost. 274

Social Worker Missing

There are continual barriers as a Social Worker to accessing GP services under Better Access as they are now referring to other internal Mental Health programs in Div of GP that has less paperwork requirements. (#395)

Social Worker Missing

There are numerous issues re the Better Access Scheme providing access - eg for CALD communities it does not fund interpreters, a significant gap. In my experience virtually everyone, regardless of income, is coming to counselling through the Better Access. (#408)

Social Worker Missing

There should be a Medicare item that allows for couple counselling and family therapy because many people's families need support and advice on how to add value to individual therapy. (#305)

Social Worker Missing

This initiative is very important for people on low incomes to receive treatment and for clients to be able to self select their therapist. (#397)

Social Worker Missing

Unable to comment on rural, remote communities and children as I have received no referrals from those areas. (#374)

Social Worker Missing

Whilst I am a specialist Mental Health Social Worker, referral letters from GPs still refer to the Better Access to Psychiatrists, Psychologists and General Practitioners Scheme - Social Workers should be identified as a specialist discipline alongside psychology (#323)

Social Worker Missing

Yes I would have liked to receive this survey earlier (only received this 22-7-09) (#247)