

4 Survey of GPs and psychiatrists

4.1 Sampling

Information on the evaluation and hyperlink to the online survey was forwarded by email to the state branches of the RACGP and RANZCP for forwarding to their members.

The survey was live for a three week period. There were a total of 203 respondents to the survey.

Note that unless otherwise stated, no tests of statistical significance were conducted given the relatively small size of the samples.

4.2 Responses to survey of GPs and psychiatrists

Q1. What is your occupation?

Respondents comprised 193 GPs, eight psychiatrists, two paediatricians and two respondents who did not provide their occupation.

Occupation	Respondents	Per cent
General Practitioner	193	95%
Psychiatrist	8	4%
Paediatrician	2	1%
Grand Total	203	100%

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

The majority of respondents (54 per cent) indicated that they did not think the Better Access Initiative had improved access to clinical training. Forty three per cent of respondents believed that clinical training had been affected.

Affected access to clinical training	Respondents	Per cent
No	110	54%
Yes	88	43%
(blank)	5	2%
Grand Total	203	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 by the initiative (43 per cent), 89 per cent believed that it had improved access while eight per cent believed that it had made access more difficult.

Impact on access to clinical training	Respondents	Per cent
Improved access	78	89%
Made it more difficult	7	8%
(blank)	2	2%
Grand Total	88	43%

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

Approximately 80 per cent of the respondents worked in private practice only, with about 20 per cent working in both public and private sectors.

Working in private and public practice	Respondents	Per cent
Both public and private	44	22%
Private	158	78%
(blank)	1	0%
Grand Total	203	100%

Q4. How long have you been in private practice?

Approximately two thirds (64 per cent) of respondents had been in private practice 11 or more years. Those with less experience in private practice (five years or less) were equally likely to work in both public and private sectors (16 per cent of respondents work in public and private practice) or in the private sector alone (16 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	4	3%	2	5%	6	3%
2 to 5 years	21	13%	5	11%	26	13%
6 to 10 years	24	15%	4	9%	28	14%
11 to 20 years	43	27%	7	16%	50	25%
21 years and over	64	41%	16	36%	80	39%
(blank)	2	1%	10	23%	12	6%
Total	158	100%	44	100%	202	100%

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

Overall, 43 per cent of respondents reported working 30 hours or less per week and one third reported working between 31 and 45 hours per week in private practice. Sixteen per cent of respondents reported working 46 or more hours per week.

Of the respondents who worked in both public and private sectors, 18 per cent worked 15 hours or less per week in private practice, 20 per cent worked 16-30 hours per week and 36 per cent worked 46 hours or more. Of those who worked in private practice alone, 43 per cent worked 30 hours or less, 35 per cent worked 31-45 hours per week and 18 per cent worked 46 hours or more.

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	24	15%	8	18%	32	16%
16 to 30 hours per week	45	28%	9	20%	54	27%
31 to 45 hours per week	55	35%	12	27%	67	33%
46 + hours per week	29	18%	4	9%	33	16%
(blank)	5	3%	11	25%	16	8%
Grand Total	158	100%	44	100%	202	100%

Q6. Since 1 January 2009 have you claimed for seeing patients with a mental disorder for any of the following MBS item numbers?³³

- **291: Referred patient assessment and management plan**
- **293: Review of management plan**
- **296: Initial consultation on a new a patient – in rooms**
- **297: Initial consultation on a new a patient – in hospital**
- **298: Initial consultation on a new a patient – home visit**

Since 1 January 2009, almost 90 per cent of respondents have claimed for seeing patients with a mental disorder. Of those respondents working solely in private practice, 92 per cent had claimed for seeing a patient with a mental disorder, whilst 77 per cent of the respondents working in both private and public practice had claimed for seeing patients with a mental disorder.

Claimed for seeing a patient with a mental disorder since January 2009	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
	No	6	4%	1	2%	7
Yes	145	92%	34	77%	179	89%
(blank)	7	4%	9	20%	16	8%
Total	158	100%	44	100%	202	100%

³³ Note: Drop down menus in the web-based survey may mean variation in questions numbering across provider groups. The text reflects the question asked.

Q6a. Since 1 January 2009, how many patients have you referred to GPs/ Psychiatrists/Paediatricians through the Better Access initiative?³⁴

Since 1 January 2009, 38 per cent of respondents reported referring 20 or fewer patients to GPs, psychiatrists or paediatricians through the Better Access Initiative and two thirds reported making 21 or more referrals.

Of those respondents working solely in private practice, 62 per cent reported referring 21 or more patients and 29 per cent reported 51 or more. Respondents working in public and private practice made fewer referrals, with more than half reporting that they had made 21 or more referrals and 21 per cent reporting that they had made 51 or more referrals.

Number of patients since January 2009	Private practice		Both public and private		All respondents	
	Respondents	Per cent	Respondents	Per cent	Respondents	Per cent
1 to 10 patients	17	11%	7	21%	24	13%
11 to 20 patients	37	26%	7	21%	44	25%
21 to 50 patients	48	33%	12	35%	60	34%
51 to 100 patients	28	19%	3	9%	31	17%
101 + patients	15	10%	4	12%	19	11%
(blank)	0	0%	1	3%	1	0%
Total	145	100%	34	100%	179	100%

Q7. Who do you refer patients to for treatment of their mental disorder?

Seventy seven per cent of GPs reported that they referred to clinical psychologists, less than 60 per cent reported referring to psychologists, twenty per cent referred to social workers and ten per cent reported referring to occupational therapists.

GPs referring to	Number of GPs	Per cent of GPs
Psychiatrist	124	61%
Clinical psychologist	157	77%
Psychologists	120	59%
Social worker	40	20%
Occupational therapist	21	10%
Total respondents reporting nature of referrals	203	

³⁴ Note: Drop down menus in the web-based survey may mean variation in questions numbering across provider groups. The text reflects the question asked.

Q8. In referring a patient with a mental health disorder to an allied health professional (psychologist, occupational therapist or social worker) through Better Access what are the key factors influencing your decision?

Professional skill and competence (19 per cent) and cost (18 per cent) were identified as the biggest influences on referring a patient whilst information on waiting times was the least influential. One respondent reported that they do not refer to allied health professionals.

Influence on decision	Respondents	Per cent
Professional skill and competence	122	19%
Cost	112	18%
Established relationship	97	15%
Location	89	14%
Area of specialisation	66	10%
Professional group	45	7%
Information on waiting times	36	6%
Do not refer to allied health professionals	1	0%
(blank)	62	10%
Grand Total	630	100%

Q9. 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 (53 per cent) of respondents reported the information provided in the GP Mental Health Care Plan as good (26 per cent) or fair (27 per cent). Eighteen per cent rated the information provided as very good. Thirteen per cent rated the information provided as poor or very poor.

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	30	19%	6	14%	36	18%
Good	42	27%	10	23%	52	26%
Fair	47	30%	7	16%	54	27%
Poor	12	8%	4	9%	16	8%
Very poor	8	5%	2	5%	10	5%
(blank)	19	12%	15	34%	34	17%
Total	158	100%	44	100%	202	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?

Twenty nine per cent of respondents reported that more than 61 per cent of referrals were receiving treatment for their mental disorder for the first time, and 6 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 %	18	11%	3	7%	21	10%
21 to 40%	30	19%	9	20%	39	19%
41to 60%	42	27%	8	18%	50	25%
61 to 80%	42	27%	5	11%	47	23%
81 to 100%	8	5%	4	9%	12	6%
(blank)	18	11%	15	34%	33	16%
Total	158	100%	44	100%	202	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.

Eighty eight per cent of respondents strongly agreed with the statement that the Better Access Initiative has contributed to mental health services becoming more affordable. Six percent of respondents disagreed with this statement. Five per cent of respondents reported that they were unsure and one per cent did not respond to this question.

BAI has contributed to services being more affordable	Respondents	Per cent
Strongly Agree	125	62%
Agree	53	26%
Unsure	10	5%
Disagree	7	3%
Strongly Disagree	6	3%
Did not respond	2	1%
Grand Total	203	100%

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 three 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. Three percent disagreed with this statement. Twelve 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	95	47%
Agree	73	36%
Unsure	24	12%
Disagree	7	3%
Strongly Disagree	0	0%
Did not respond	4	2%
Grand Total	203	100%

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. Seventeen per cent disagreed with this statement. Thirty one 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	42	21%
Agree	61	30%
Unsure	63	31%
Disagree	25	12%
Strongly Disagree	10	5%
Did not respond	2	1%
Grand Total	203	100%

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

Ten per cent of respondents agreed with the statement that the Better Access Initiative had contributed to psychiatrists being more accessible. Sixty one per cent disagreed with this statement. Twenty six 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	7	3%
Agree	15	7%
Unsure	52	26%
Disagree	68	33%
Strongly Disagree	56	28%
Did not respond	5	2%
Grand Total	203	100%

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 one per cent of respondents agreed with the statement that the Better Access Initiative had contributed to more culturally and linguistically diverse mental health services. Twenty six per cent disagreed with this statement. Fifty one per cent of respondents reported that they were unsure and one 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	15	7%
Agree	29	14%
Unsure	104	51%
Disagree	34	17%
Strongly Disagree	18	9%
Did not respond	3	1%
Grand Total	203	100%

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 four 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. Three per cent disagreed with this statement. Three per cent of respondents reported that they were unsure and one per cent did not respond.

BAI has contributed to more GPs providing mental health services	Respondents	Per cent
Strongly Agree	123	61%
Agree	66	33%
Unsure	6	3%
Disagree	2	1%
Strongly Disagree	4	2%
Did not respond	2	1%
Grand Total	203	100%

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.

Thirty four per cent of respondents agreed that Better Access had contributed to making health services more accessible for people with substance use disorders. Thirty per cent disagreed with this statement. Thirty three per cent of respondents reported that they were unsure and one 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	23	11%
Agree	47	23%
Unsure	68	33%
Disagree	51	25%
Strongly Disagree	11	5%
Did not respond	3	1%
Grand Total	203	100%

Q34. 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.

Twenty 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. Seventeen per cent disagreed with this statement. Sixty one per cent of respondents reported that they were unsure and two per cent did not respond to this question. This distribution of responses was broadly consistent across the regions although the two respondents from the remote regions disagreed or were unsure.

BAI has contributed to making mental health services more accessible for Aboriginal and Torres Strait Islander people	Respondents	Per cent
Strongly Agree	10	5%
Agree	30	15%
Unsure	124	61%
Disagree	20	10%
Strongly Disagree	15	7%
Did not respond	4	2%
Grand Total	203	100%

BAI has contributed to making mental health services more accessible for Aboriginal and Torres Strait Islander people	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	6	0	2	0	8
Agree	17	8	0	0	25
Unsure	85	20	7	1	113
Disagree	14	3	3	0	20
Strongly Disagree	8	4	1	1	14
Did not respond	2	1	0	0	3
Grand Total	132	36	13	2	183

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.

Twenty 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. Fourteen per cent disagreed with this statement. Fifty seven per cent of respondents reported that they were unsure and two per cent did not respond to this question. By region, the distribution of responses varied, with the majority of regional respondents agreeing with the statement while the majority of major city respondents were unsure.

BAI has contributed to making mental health services more accessible for people living in rural communities	Respondents	
	Respondents	Per cent
Strongly Agree	19	9%
Agree	37	18%
Unsure	115	57%
Disagree	16	8%
Strongly Disagree	12	6%
Did not respond	4	2%
Grand Total	203	100%

BAI has contributed to making mental health services more accessible for people living in rural communities	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	6	8	2	0	16
Agree	11	16	6	1	34
Unsure	94	5	4	0	103
Disagree	12	2	1	1	16
Strongly Disagree	7	4	0	0	11
Did not respond	2	1	0	0	3
Grand Total	132	36	13	2	183

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.

Eleven 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. Sixteen per cent disagreed with this statement. Seventy one per cent of respondents reported that they were unsure and two per cent did not respond to this question. This distribution of responses was broadly consistent across the regions although the two respondents from the remote regions disagreed or were unsure.

BAI has contributed to making mental health services more accessible for people living in remote communities	Respondents	Per cent
Strongly Agree	4	2%
Agree	18	9%
Unsure	144	71%
Disagree	19	9%
Strongly Disagree	14	7%
Did not respond	4	2%
Grand Total	203	100%

BAI has contributed to making mental health services more accessible for people living in remote communities	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	1	0	1	0	2
Agree	5	9	2	0	16
Unsure	101	20	9	1	131
Disagree	15	2	1	0	18
Strongly Disagree	8	4	0	1	13
Did not respond	2	1	0	0	3
Grand Total	132	36	13	2	183

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.³⁵

Twenty one 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. Sixteen per cent disagreed. Sixty 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 from culturally and linguistically diverse backgrounds	Respondents	Per cent
Strongly Agree	8	4%
Agree	35	17%
Unsure	122	60%
Disagree	27	13%
Strongly Disagree	7	3%
Did not respond	4	2%
Grand Total	203	100%

³⁵ Note previous question 31 refers to Better Access Initiative contributing to more culturally and linguistically diverse mental health services
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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.

Sixty five 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. Ten 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 children and young people	Respondents	Per cent
Strongly Agree	46	23%
Agree	86	42%
Unsure	46	23%
Disagree	14	7%
Strongly Disagree	7	3%
Did not respond	4	2%
Grand Total	203	100%

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).

Sixty five 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. Ten 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 older people	Respondents	Per cent
Strongly Agree	47	23%
Agree	85	42%
Unsure	47	23%
Disagree	16	8%
Strongly Disagree	5	2%
Did not respond	3	1%
Grand Total	203	100%

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 nine 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 disagreed. Five per cent were unsure and 13 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	75	37%
Agree	85	42%
Unsure	11	5%
Disagree	3	1%
Strongly Disagree	3	1%
Did not respond	26	13%
Grand Total	203	100%

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.

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 with substance abuse disorders. Twenty per cent disagreed with this statement. Thirty nine per cent per cent of respondents unsure and 13 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	15	7%
Agree	41	20%
Unsure	79	39%
Disagree	29	14%
Strongly Disagree	12	6%
Did not respond	27	13%
Grand Total	203	100%

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.

Ten 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. Twelve per cent disagreed with this statement. Sixty four per cent of respondents were unsure and 13 per cent did not respond to this question. This distribution of responses was broadly consistent across the regions although the two respondents from the remote regions disagreed or were unsure.

BAI has contributed to more appropriate services being provided to Aboriginal and Torres Strait Islander people	Respondents	Per cent
Strongly Agree	4	2%
Agree	16	8%
Unsure	130	64%
Disagree	15	7%
Strongly Disagree	11	5%
Did not respond	27	13%
Grand Total	203	100%

BAI has contributed to more appropriate services being provided to Aboriginal and Torres Strait Islander people	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	2	0	0	0	2
Agree	7	6	0	0	13
Unsure	95	18	7	1	121
Disagree	8	2	4	0	14
Strongly Disagree	6	3	0	1	10
Did not respond	14	7	2	0	23
Grand Total	132	36	13	2	183

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 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. Eight per cent disagreed with this statement. Fifty seven per cent of respondents were unsure and 14 per cent did not respond to this question. By region, the distribution of responses varied, with the majority of regional respondents agreeing with the statement while the majority of major city respondents were unsure.

BAI has contributed to more appropriate services being provided to people living in rural communities	Number	Per cent
Strongly Agree	11	5%
Agree	31	15%
Unsure	115	57%
Disagree	9	4%
Strongly Disagree	9	4%
Did not respond	28	14%
Grand Total	203	100%

BAI has contributed to more appropriate services being provided to people living in rural communities	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	4	3	2	0	9
Agree	11	14	5	0	30
Unsure	92	7	4	1	104
Disagree	6	1	0	1	8
Strongly Disagree	4	4	0	0	8
Did not respond	15	7	2	0	24
Grand Total	132	36	13	2	183

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.

Ten 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. Eleven per cent disagreed with this statement. Sixty six per cent of respondents were unsure and 13 per cent did not respond to this question. This distribution of responses was broadly consistent across the regions although the two respondents from the remote regions disagreed or were unsure.

BAI has contributed to more appropriate services being provided to people living in remote communities	Respondents	Per cent
Strongly Agree	4	2%
Agree	16	8%
Unsure	133	66%
Disagree	12	6%
Strongly Disagree	11	5%
Did not respond	27	13%
Grand Total	203	100%

BAI has contributed to more appropriate services being provided to people living in remote communities	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	2	1	0	0	3
Agree	5	7	2	0	14
Unsure	98	15	9	1	123
Disagree	7	3	0	0	10
Strongly Disagree	6	3	0	1	10
Did not respond	14	7	2	0	23
Grand Total	132	36	13	2	183

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.

Eighteen 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. Twelve per cent disagreed with this statement. Fifty five per cent of respondents were unsure and 14 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	7	3%
Agree	31	15%
Unsure	111	55%
Disagree	17	8%
Strongly Disagree	9	4%
Did not respond	28	14%
Grand Total	203	100%

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. Eight per cent disagreed with this statement. Twenty four per cent of respondents were unsure and 13 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	30	15%
Agree	80	39%
Unsure	48	24%
Disagree	11	5%
Strongly Disagree	7	3%
Did not respond	27	13%
Grand Total	203	100%

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. Eight per cent disagreed with this statement. Twenty five per cent of respondents were unsure and 14 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	37	18%
Agree	71	35%
Unsure	51	25%
Disagree	10	5%
Strongly Disagree	6	3%
Did not respond	28	14%
Grand Total	203	100%

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.

Eighty one 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 one per cent disagreed with this statement. Four per cent of respondents were unsure and 12 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	95	47%
Agree	69	34%
Unsure	9	4%
Disagree	3	1%
Strongly Disagree	3	1%
Did not respond	24	12%
Grand Total	203	100%

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.

Thirty five 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. Twenty two per cent disagreed with this statement. Thirty one per cent of respondents were unsure and 12 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	22	11%
Agree	49	24%
Unsure	62	31%
Disagree	36	18%
Strongly Disagree	9	4%
Did not respond	25	12%
Grand Total	203	100%

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.

Ten 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. Thirteen per cent disagreed with this statement. Sixty four per cent of respondents were unsure and 12 per cent did not respond to this question. This distribution of responses was broadly consistent across the regions although the two respondents from the remote regions disagreed or were unsure.

BAI has contributed to improved mental health outcomes for Aboriginal and Torres Strait Islander people	Respondents	Per cent
Strongly Agree	5	2%
Agree	16	8%
Unsure	129	64%
Disagree	19	9%
Strongly Disagree	9	4%
Did not respond	25	12%
Grand Total	5	100%

BAI has contributed to improved mental health outcomes for Aboriginal and Torres Strait Islander people	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	3	0	0	0	3
Agree	8	5	1	0	14
Unsure	92	20	7	1	120
Disagree	10	4	3	0	17
Strongly Disagree	5	2	0	1	8
Did not respond	14	5	2	0	21
Grand Total	132	36	13	2	183

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 three 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. Nine per cent of respondents disagreed with this statement. Fifty four per cent of respondents were unsure and 13 per cent did not respond to this question. By region, the distribution of responses varied, with the majority of regional respondents agreeing with the statement while the majority of major city respondents were unsure.

BAI has contributed to improved mental health outcomes for people living in rural communities.	Respondents	Per cent
Strongly Agree	14	7%
Agree	33	16%
Unsure	110	54%
Disagree	11	5%
Strongly Disagree	9	4%
Did not respond	26	13%
Grand Total	203	100%

BAI has contributed to improved mental health outcomes for people living in rural communities.	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	3	7	2	0	12
Agree	14	14	4	0	32
Unsure	88	5	5	1	99
Disagree	8	1	0	1	10
Strongly Disagree	4	4	0	0	8
Did not respond	15	5	2	0	22
Grand Total	132	36	13	2	183

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.

Nine 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. Eleven per cent of respondents disagreed with this statement. Sixty seven per cent of respondents were unsure and 12 per cent did not respond to this question. This distribution of responses was broadly consistent across the regions although the two respondents from the remote regions disagreed or were unsure.

BAI has contributed to improved mental health outcomes for people living in remote communities.	Respondents	Per cent
Strongly Agree	3	1%
Agree	16	8%
Unsure	137	67%
Disagree	12	6%
Strongly Disagree	10	5%
Did not respond	25	12%
Grand Total	203	100%

BAI has contributed to improved mental health outcomes for people living in remote communities.	Respondents				
	Major City	Inner Regional	Outer Regional	Remote	Total
Strongly Agree	1	1	0	0	2
Agree	4	8	2	0	14
Unsure	101	16	9	1	127
Disagree	7	3	0	0	10
Strongly Disagree	5	3	0	1	9
Did not respond	14	5	2	0	21
Grand Total	132	36	13	2	183

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.

Eighteen 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. Fourteen per cent of respondents disagreed with this statement. Fifty five per cent were unsure and 13 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	6	3%
Agree	31	15%
Unsure	111	55%
Disagree	19	9%
Strongly Disagree	10	5%
Did not respond	26	13%
Grand Total	203	100%

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 two 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. Ten per cent of respondents disagreed with this statement. Twenty five per cent of respondents were unsure and 12 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	33	16%
Agree	74	36%
Unsure	50	25%
Disagree	15	7%
Strongly Disagree	6	3%
Did not respond	25	12%
Grand Total	203	100%

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 six per cent of respondents agreed with the statement that the Better Access Initiative has contributed to improved mental health outcomes for older people. Eight per cent of respondents disagreed with this statement. Twenty three per cent were unsure and 12 per cent did not respond to this question.

BAI has contributed to improved mental health outcomes for older people	Respondents	Per cent
Strongly Agree	39	19%
Agree	75	37%
Unsure	47	23%
Disagree	9	4%
Strongly Disagree	8	4%
Did not respond	25	12%
Grand Total	203	100%

4.3 Comments from survey of GPs and psychiatrists

4.3.1 Profile of GP respondents providing comment

Of the 203 respondents to the survey, 88 (43 per cent) provided additional comments regarding the Better Access initiative. Of these respondents who also provided their postcode of primary practice (93 per cent), 34 per cent were from Victoria, 27 per cent from New South Wales, 21 per cent from Queensland and 18 per cent were from South Australia, Western Australia or Tasmania. Eighty nine per cent of respondents were located in a major city or inner regional area. The remaining 11 per cent were from outer regional or remote areas.

4.3.2 Comments received on survey

Note: Comments that were not relevant to the project/survey have not been included.

General Practitioner, Major City, NSW

The form of training is problematic: now, after years of undertaking the program in its previous form, you want me to go back to start and train again. Do you do this for specialists too, or is it only GPs who you demean so? (#23)

General Practitioner, Major City, NSW

FPS accredited GPs cannot work in their own settings, but only in accredited practices. This is an inappropriate restriction, and a waste of their expertise, qualifications and experience. (#28)

General Practitioner Major City NSW

A marvellous programme. integrates well with my group practice. Allows appropriate counselling of appropriate people, all benefit from access to clinical psychologists, no losses or failures. Major benefit, appropriate time to review and assess patients, (#30)

General Practitioner Major City NSW

I treat homeless men only in my GP. Better access seems useful but in reality, most are unable to keep appointments, do not have the cognitive skills to allow treatments to be effective and forming a good therapeutic relationship takes years not sessions. (#58)

General Practitioner Major City NSW

Don't stop it! It has revolutionised management of patients, making help more accessible especially financially. Most patients I have referred will need no more than the six sessions. A few long-term patients, eg with chronic depression or personality disorders, or . . . (incomplete comment) (#63)

General Practitioner Major City NSW

Need more training programmes for ongoing CPD. A lot of paper work associated with mental health plans etc. (#74)

General Practitioner Major City NSW

I think there are a lot of people billing the item number without really doing the work. I have had patients not even aware that the item number has been used, some see it as a 'cash cow'. (#84)

General Practitioner Major City NSW

Generally a very good program but the benefit has not extended to access to psychiatrists. The frequency and quality of reporting feedback from psychologists is very poor. An improvement to the program would be a compulsion for psychologists to write back. (#93)

General Practitioner Major City NSW

The Better Access Initiative has been the best thing that has happened in my time in medicine to enable those who need professional care with mental health problems to receive it. It has been brilliant!!!! . (#112)

General Practitioner Major City NSW

I think it has been a positive initiative for my patients with mental health conditions. (#132)

General Practitioner Major City NSW

Best initiative in a long time. It enables lower SES population access to high quality allied mental health care. However the state health system seems to have decreased its allied health providers which should not have been allowed unless the same state(incomplete comment) (#137)

General Practitioner Major City NSW

I don't believe that GPs need extra training for referring patients under Better Access initiative. (#142)

General Practitioner Major City NSW

1. gap payments by some psychologists make referrals prohibitive
2. has done nothing to aid psychiatry access in Newcastle
3. psychologists seem to use 12 visits from January to December each year whilst GPs have been told it was from the date of the mental health plan. (#161)

General Practitioner Major City NSW

Receiving reports from allied health staff about the treatment/progress of patients is very poor!!! (#178)

General Practitioner Major City QLD

The paperwork associated with the preparation of mental health care plans and reviews etc can detract with establishing a therapeutic relationship. (#36)

General Practitioner Major City QLD

No benefit for my major psychiatric patients, schizophrenia etc as too expensive. (#44)

General Practitioner Major City QLD

I have still found many socially disadvantaged people not able to afford professional counselling services - specialised mental health services - as a result of fees charged by psychologists and clinical psychologists above those subsidised by the government. (#85)

General Practitioner Major City QLD

Access to affordable psychology services was long overdue, and has been a God-send for my patients. It has made a massive improvement in the management of the mental health disorders in the patients I see." (#88)

General Practitioner Major City QLD

Overall the program has been a huge success for my patients. I am no longer juggling their mental health problems while trying to care for their other health issues. I enjoy mental health care but the truth is it's better for patients to get some specialist care. (#97)

General Practitioner Major City QLD

It is great that it is remunerating me for time spent with these patients, but it could be made simpler. Especially the 2710 could be replaced by a referral letter. In a situation where GP numbers are very limited, it greatly frees up my time to help other patients. (#129)

General Practitioner Major City QLD

It is a pity we can't just diagnose a recognisable mental illness and then write a letter to the allied health professional we want the patient to see. Why all the forms and tick the box requirements? (#143)

General Practitioner Major City QLD

The overall concept is good, ie. improve the access to counselling for groups of people who will benefit more from counselling than through a medical model psychiatric care. However, the implementation is the challenging part. (#159)

General Practitioner Major City QLD

The formatting of the case notes is poor. As a level 2 provider of FPS, I have patients referred who have already had a 2710 by another GP but done inadequately and I can't be remunerated for doing one thoroughly.. (#160)

General Practitioner Major City QLD

Quality of reporting back from allied health is truly dismal much of the time, skill of allied health professionals highly variable, costs of psychologists have soared with rebate access under Medicare. (#167)

General Practitioner Major City SA

FPS-trained GPs should be recognized for what they carry around in their heads, not the chair they have to sit on to do the work - an accredited practice is not necessary. Some of us work at locations that would never get accredited, such as residential care. (#54)

General Practitioner Major City SA

Better access initiative is well intentioned, but like most things has been misused. As a GP with many years experience and training in mental health issues, I resent referring my patients to a social worker or OT with a counselling degree, who has a large(incomplete comment) (#113)

General Practitioner Major City SA

Better Access is great, is needed, but could be improved. For GPs, feedback from psychologists and psychiatrists is still below an expected standard, and this limits GPs from giving even better service and getting better results. (#127)

General Practitioner Major City SA

The financial incentives within MBS have meant more GPs are prepared to do mental health consults, but because the MBS benefits for allied health remain low, most patients cannot afford the (necessary) gaps the allied health need to charge to stay viable. (#193)

General Practitioner Major City VIC

Simply: Better outcomes has improved access to affordable mental healthcare to those who don't really need it and could afford it anyway. (#4)

General Practitioner Major City VIC

Include integrative medicine perspectives and approaches. Mind/Body/Energy Medicine. Consider the effectiveness, and cost efficiencies of some of the less 'mainstream' modalities, eg Meridian therapies, Emotional Freedom techniques, www.emofree.com (#21)

General Practitioner Major City VIC

It was difficult to find a list of psychologists specialising in children, adolescent and drug and alcohol related issues. (#24)

General Practitioner Major City VIC

An invaluable pathway for improving treatment options due to increased availability and decreased cost. (#45)

General Practitioner Major City VIC

Many of the psychologists either do not write back or write very little - not good when it's part of the program that they feed back to the GP who then continues to manage the patient(s). (#47)

General Practitioner Major City VIC

Mental health services are still difficult to access for the unemployed, those on low incomes and the elderly (especially those in residential aged care facilities) except in acute "crisis" situations - the gap fee after the Medicare rebate still precludes. (#61)

General Practitioner Major City VIC

It has really helped people who previously would not have been able to afford counselling to get this vital source of treatment and support - a great scheme. (#69)

General Practitioner Major City VIC

There has been significant leakage with the public assuming (and at times reporting they have been told by another provider) that they can get counselling for a variety of issues that are not defined mental health problems. (#75)

General Practitioner Major City VIC

We need a more appropriate template for a mental health plan. It is too formal, doesn't include much of the information likely to be gained by the GP. It is totally focused on patient deficits rather than their strengths and competencies. (#83)

General Practitioner Major City VIC

The availability of allied mental health at low cost has been an important assistance to already over stretched GPs in the management of these patients. (#86)

General Practitioner Major City VIC

The emphasis in BOMH is on allied health practitioners providing mental health services and those GPs who have provided or continue to provide focussed psychological strategies are poorly supported by government (Medicare) and the RACGP. (#89)

General Practitioner Major City VIC

One of the frustrations as a GP is patients often come in when a mental health care plan needs to be done (ie needs minimum 30 minute appointment) having been told by the allied health professional "they just need a referral from their GP". (#90)

General Practitioner Major City VIC

Referrals are overly bureaucratic requiring a specified format. Further training is an insult to already appropriately trained professionals. (#99)

General Practitioner Major City VIC

Communication from allied health providers is mostly late, unhelpful and usually consists of a request for a further six visits with no justification or discrimination. (#101)

General Practitioner Major City VIC

The reports I have received back have varied markedly from quite helpful to non existent. In my experience, psychiatrists with one or two exceptions have always been quite useless at writing to GPs and this has not changed. (#139)

General Practitioner Major City VIC

Other than the preparation of an MH plan and review of such, other item numbers haven't been helpful to me. If anything they are restrictive. They make no provision for prolonged consults. Very hard to find (still) psychiatrists who will do long term counselling. (#146)

General Practitioner Major City VIC

I have noted the costs of some psychological services have increased by a similar amount to the Medicare rebate, i.e., the out of pocket costs for patients have remained much the same. (#149)

General Practitioner Major City VIC

I don't always perform a formal mental health plan on every mental health patient, hence I would like an item number that is a 2713, but for a level "D" consultation, not just a level "C". I am level 2 trained, but don't usually use the fps item numbers. (#165)

General Practitioner Major City VIC

Better Access allowing referral to psychologists/social workers and OTs is unable to be used in patients residing in Aged Care facilities. All older people should have access to these services. One other issue is the cost including out of pocket expense (#168)

General Practitioner Major City VIC

I feel that too often patients get sent to their GP for a "Medicare funded referral" suggested by the psychologist they were already seeing and paying for willingly. I feel there should be greater regulation so that people with greater financial need are . . . (incomplete comment) (#172)

General Practitioner Major City VIC

Access to psychiatrists remained to be unaffordable to the majority of people with mental illness even with the introduction of Better Access Initiative. (#173)

General Practitioner Major City VIC

The Initiative has been tremendous for my patients. The Medicare requirements for reviews and new mental health care plans have proved to be quite difficult to understand. I have run into problems of not knowing what to do when a different GP has started. (#175)

General Practitioner Major City VIC

This Initiative is the single most important factor that has changed my working life in the past five years. Prior to this, dealing with mental health problems was nothing short of a titanic struggle for the average busy GP. (#195)

General Practitioner Major City WA

Many people referred have problems that are relatively minor and so block places for more severe cases. Still a significant shortage of psychiatric services for children. (#32)

General Practitioner Major City WA

Caters to those who can afford the gap and who are easy to look after (those who attend appointments on time, not complex), for the more complex, they can't afford or are not really as welcomed by providers. A lot of money for a small group, but very popular. (#96)

General Practitioner Major City WA

Would like easy access to a central registry of psychologists, their qualifications and special areas of interest. (#98)

General Practitioner Major City WA

I am very pleased to be able at last to have accessible and affordable psychology services for my patients, and item numbers which reflect the content of my mental health consultations. I also suspect that the availability of psychology has decreased the . . . (incomplete comment) (#171)

General Practitioner Major City WA

Mostly accessed by the milder illness patients who can afford the gap. I am unsure that it has been helpful for those with severe illness who cannot work and cannot afford gaps of up to \$50. (#191)

Psychiatrist Major City NSW

Psychologists seem to be charging exorbitant fees and have just soaked up the Medicare rebate. It is very hard to find a bulkbilling psychologist. This program has improved access for the wealthy to a Medicare subsidy. What level of scrutiny is there. (#200)

Psychiatrist Major City SA

My impression is that Better Access referrals to allied health professionals are for low morbidity problems. There seems little quality control in the treatment people receive from this wide variety of allied health professionals, who at times seem to us . . . (incomplete comment) (#10)

General Practitioner Inner Regional NSW

Having worked in small rural towns with NO access or very limited crisis only Mental Health access, the BAMH scheme has made outcomes and treatments less drug focused and more diverse leading to improved outcomes. It is an amazing initiative (#5)

General Practitioner Inner Regional NSW

The fee from providers has dramatically increased. As a result the gap is about the same now as it was prior to the program commencing. It seems to me all that one major result that has occurred is remuneration has increased for the psychologists. (#51)

General Practitioner Inner Regional NSW

I worked in headspace where young people get to access a great variety of mental health support. I think it's great that there is Better Access for these people as for some of them a problem can be squashed or detected before it becomes a problem in their lives. (#55)

General Practitioner Inner Regional NSW

The above aren't the questions relevant to me, and I think many GPs. The required referral pathway is too complex and time consuming, albeit adequately paid by Medicare rebate. Usually, the referral happens in reverse order, patients request one. (#70)

General Practitioner Inner Regional NSW

I feel that if GP assesses patient as requiring psychological services then they should be able to refer without doing a mental Health Plan. I don't find that doing a health plan adds any benefit other than enabling patient to access Medicare benefits. (#72)

General Practitioner Inner Regional NSW

There is still a great tendency for allied health professionals to say to patients 'just get a referral from your GP', including to those who do not qualify as having a mental disorder. This is either disingenuous of those allied health professionals or s. . . .(incomplete comment) (#94)

General Practitioner Inner Regional NSW

Excellent items, easy to use, good communication 2 way between GP and psychologist. Good access for patient who can't afford private fees to psychologists, enables people to get back to work by treating their mental health disorder. (#102)

General Practitioner Inner Regional QLD

Empowering patients, self help strategy learning, less medication reliance, demystifying mental illness etc = huge benefits. affordability & distance options are brilliant too. (#145)

General Practitioner Inner Regional QLD

I refer patients for short term psychological treatment as CBT. CBT is an evidence based very powerful technique to treat anxiety disorders and depression and I am very happy that Better Access made it available to a greater audience. (#154)

General Practitioner Inner Regional TAS

Many providers are not trained adequately and their standards of practice are not ensured enough. Only those using proven therapies should be subsidised and only those properly trained e.g. clinical psychologists should have services subsidised. (#144)

General Practitioner Inner Regional VIC

1. I have never received clinical reports from psychologists. Why?

2. I have no clear understanding of the professional skill and competence of the various psychologists in our region.

3. The Better Access Initiative does allow more affordable services b. . . .(incomplete comment) (#64)

General Practitioner Inner Regional VIC

Better access would be a much better use of money and resources if access to psychologists etc could be direct or by a well written meaningful GP referral rather than a formulaic wordy not generally appropriate mental health plan that requires a long appointment time. (#95)

General Practitioner Inner Regional VIC

I am pleased to continue to fund this initiative - cut the red tape and remove the mental health plan hurdle. (#204)

General Practitioner Inner Regional VIC

The contribution of MH trained GPs (ie those eligible to provide focused psychological strategies) should be recognised as valuable and not overlooked because they as a group are numerically smaller than allied health professionals. (#205)

Psychiatrist Inner Regional TAS

Ill-conceived, poorly monitored. (#11)

General Practitioner Outer Regional QLD

Has not increased number of mental health providers in rural areas, especially in areas of Child/Youth Mental Health or Indigenous mental health. (#59)

General Practitioner Outer Regional QLD

To build further upon this initiative. (#71)

General Practitioner Outer Regional QLD

Great in terms of improving psychology access but no improvement at all in provision of psychiatrists. (#76)

General Practitioner Outer Regional QLD

In our area, there are a limited number of Allied workers using languages other than English, and no-one with an ATSI background. The cost of the co-payment is prohibitive, leading to continued poor services to the poor and ATSI folk. (#124)

General Practitioner Outer Regional QLD

A lot of patients don't complete or come back for review. They consider it as just like any other referral. Reverse Referrals after a patient has seen a psychologist are very awkward and often inappropriate and should be actively discouraged. (#197)

General Practitioner Outer Regional SA

Has greatly freed up my time as a rural GP to see more patients, as I'm not having to do as much counselling. Excellent scheme - well done Government. Could do lots more for inpatient mental health services though. (#38)

General Practitioner Outer Regional TAS

I find that there is lack of mental health providers specialising in drug and alcohol services in our area. (#68)

General Practitioner Outer Regional VIC

Still limited numbers psychologists in the country. (#100)

General Practitioner Remote WA

In principal it would have been great if one had enough psychologists and psychiatrists, paper access initiatives go no-where without these people actually existing. And they had not. (#49)

General Practitioner

This is an excellent programme. This has not only made access to mental health a little bit easier but has also improved outcomes of mental health disorders. (#25)

General Practitioner

1. I am mental health level two trained. I need further specific training in my area to strengthen my CBT IPT skills and other skill but no such work shop is available for this triennium to sustain my mental health level 2. (#34)

General Practitioner

Better access initiative has been a miracle - patients who could never afford counselling have been able to access services, would be good to have more salaried psychologists - as many still have a hefty gap which is difficult for disadvantaged to pay. (#106)

General Practitioner

I don't think the outcomes are better over time, eg the number of patients who benefit from six sessions only from eg CBT is probably no better than the number of patients who get better anyway over time through regular contact with a GP like me who has a specialist mental health training. (#153)

General Practitioner

I think the Medicare funding is excellent but do not feel there is a need for the complex GP item for referral. Referrals could be done just as appropriately with a "normal" referral letter like a GP does for any other referral (which would often be more). (#164)

Psychiatrist

Most patients bypass psychiatrists altogether. Patients now receive poor quality care with poorly trained GPs and psychologists. Patients now have about 6 months more illness and accumulated complications before they get referred to a psychiatrist. (#9)