

5 Survey of public providers

5.1 Sampling

Information on the evaluation and hyperlink to the online survey was distributed through the Departments responsible for public mental health services in each state or territory.

The survey was live for a three week period. There were a total of 229 respondents to the survey.

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

5.2 Responses to survey of public providers

Q1. What best describes your role within your organisation?

Respondents comprised 179 Service providers, 40 Service director/team leaders, nine Administrative managers and one respondent who did not provide their occupation.

Occupation	Respondents	Per cent
Administrative manager	9	4%
Service director/team leader	40	17%
Service provider	179	78%
(blank)	1	0%
Grand Total	229	100%

Q2. In which state/territory is your service based?

The most respondents (41 per cent) were from South Australia. Thirty three per cent of respondents were from New South Wales and 13 per cent of respondents came from the Australian Capital Territory whilst all other states and territories had less than 10 per cent of respondents each.

State or Territory the respondent is based	Respondents	Per cent
Australian Capital Territory	29	13%
New South Wales	75	33%
Northern Territory	4	2%
Queensland	6	3%
South Australia	93	41%
Tasmania	1	0%
Victoria	13	6%
Western Australia	7	3%
(blank)	1	0%
Grand Total	229	100%

Q3. Where is most of your service provided?

The majority of respondents (63 per cent) provide most of their service in a metropolitan area. Eighteen per cent of respondents provide most of their service in a regional area and 10 per cent provide most of their service in a rural area, whilst all other areas had less than 10 per cent of respondents each. Two respondents did not provide an answer.

Area service is provided	Respondents	Per cent
Metropolitan area	145	63%
Regional area	41	18%
Remote area	4	2%
Rural area	24	10%
Statewide	13	6%
(blank)	2	1%
Grand Total	229	100%

Q4. What is the primary client group of your organisation?

Out of the total 229 respondents, most (79 per cent) identified general adults as a primary client group of their organisation. Twenty three per cent identified adolescents as a primary client group. Nineteen per cent identified children as a primary client group whilst 28 per cent identified older people as a primary client group.

Client group	Respondents	Per cent of total respondents
Children (0 to 12 years)	44	19%
Adolescent/younger people (12 to 18 years)	52	23%
General adult (18 to 64 years)	182	79%
Older people (65 years and older)	42	18%

Q5. How many staff are involved in direct client service delivery in your organisation?

Half of the respondent organisations have less than 20 staff involved in direct client service delivery, while a quarter have between 21 and 100 and a quarter have more than 100.

Staff involved in direct client service delivery	Respondents	Per cent
Less than 10	60	26%
Between 11 and 20	54	24%
Between 21 and 50	39	17%
Between 51 and 100	20	9%
More than 100	54	24%
(blank)	2	1%
Grand Total	229	100%

Q6. Has the Better Access Initiative affected access to clinical training in your discipline?

The majority of respondents (81 per cent) indicated that the Better Access Initiative has not affected access to clinical training in their discipline. Only 19 per cent indicated that the Better Access Initiative had an effect.

BAI has affected access to clinical training	Respondents	Per cent
Yes	43	19%
No	185	81%
(blank)	1	0%
Grand Total	229	100%

Q6a. Has the Better Access Initiative affected access to clinical training in your discipline? If yes has it improved access or made it more difficult?

The majority of respondents (53 per cent) who indicated that the Better Access Initiative has affected access to clinical training in their discipline reported that it had improved access, while 42 per cent reported that it had made access more difficult.

BAI has affected access to clinical training	Respondents	Per cent
Improved access	23	53%
Made it more difficult	18	42%
(blank)	2	5%
Grand Total	43	100%

Q 14. To what extent do you agree with the following statement: Workers within my organisation are aware of the services offered by Better Access.

Sixty three per cent agreed with the statement that workers within their organisation are aware of the services offered by Better Access. Eighteen per cent disagreed with this statement. Seventeen per cent were unsure and two per cent did not respond.

Workers within my organisation are aware of the services offered by Better Access.	Respondents	Per cent
Strongly Agree	47	21%
Agree	96	42%
Unsure	40	17%
Disagree	25	11%
Strongly Disagree	16	7%
Did not respond	5	2%
Grand Total	229	100%

Workers within my organisation are aware of the services offered by Better Access	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	23	13	0	6	4	1	47
Agree	67	18	3	3	5	0	96
Unsure	25	6	0	8	1	0	40
Disagree	16	3	1	4	1	0	25
Strongly Disagree	12	1	0	1	2	0	16
Did not respond	2	0	0	2	0	1	5
Grand Total	145	41	4	24	13	2	229

Q 15. To what extent do you agree with the following statement: Workers within my organisation know how to refer people to services available through Better Access.

Forty nine per cent agreed with the statement that workers within their organisation know how to refer people to services available through Better Access. Twenty one per cent disagreed with this statement. Twenty four per cent were unsure and six per cent did not respond.

Workers within my organisation know how to refer people to services available through Better Access.	Respondents	Per cent
Strongly Agree	30	13%
Agree	82	36%
Unsure	54	24%
Disagree	35	15%
Strongly Disagree	14	6%
Did not respond	14	6%
Grand Total	229	100%

Workers within my organisation are aware of the services offered by Better Access	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	17	7	0	3	3	0	30
Agree	50	16	4	10	2	0	82
Unsure	32	11	0	4	6	1	54
Disagree	25	4	0	6	0	0	35
Strongly Disagree	11	1	0	0	2	0	14
Did not respond	10	2	0	1	0	1	14
Grand Total	145	41	4	24	13	2	229

Q 16. To what extent do you agree with the following statement: Better Access has improved the mental health service system

Fifty seven per cent agreed with the statement that Better Access has improved the mental health service system. Seventeen per cent disagreed with this statement. Twenty seven per cent were unsure.

Better Access has improved the mental health service system	Respondents	Per cent
Strongly Agree	43	19%
Agree	86	38%
Unsure	61	27%
Disagree	25	11%
Strongly Disagree	13	6%
Did not respond	1	0%
Grand Total	229	100%

Better Access has improved the mental health service system	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	23	13	0	2	5	0	43
Agree	54	14	1	12	4	1	86
Unsure	42	9	1	8	1	0	61
Disagree	16	4	1	2	2	0	25
Strongly Disagree	10	1	1	0	1	0	13
Did not respond	0	0	0	0	0	1	1
Grand Total	145	41	4	24	13	2	229

Q 17. To what extent do you agree with the following statement: Better Access provides referral options for people contacting my organisation who we would not normally provide services to.

Fifty two per cent agreed with the statement that Better Access provides referral options for people contacting their organisation who they would not normally provide services to. Twenty five per cent disagreed with this statement. Twenty one per cent were unsure and two per cent did not respond.

Better Access provides referral options for people contacting my organisation who we would not normally provide services to.	Respondents	Per cent
Strongly Agree	53	23%
Agree	67	29%
Unsure	49	21%
Disagree	36	16%
Strongly Disagree	20	9%
Did not respond	4	2%
Grand Total	229	100%

Better Access provides referral options for people contacting my organisation who we would not normally provide services to.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	30	14	1	4	4	0	53
Agree	44	8	1	10	3	1	67
Unsure	33	6	0	6	4	0	49
Disagree	19	10	1	4	2	0	36
Strongly Disagree	16	3	1	0	0	0	20
Did not respond	3	0	0	0	0	1	4
Grand Total	145	41	4	24	13	2	229

Q 18. To what extent do you agree with the following statement: Better Access complements the services that my organisation provides.

Sixty five per cent agreed with the statement that Better Access complements the services that their organisation provides. Thirteen per cent disagreed with this statement. Twenty per cent were unsure and one per cent did not respond.

Better Access complements the services that my organisation provides	Respondents	Per cent
Strongly Agree	65	28%
Agree	85	37%
Unsure	46	20%
Disagree	19	8%
Strongly Disagree	12	5%
Did not respond	2	1%
Grand Total	229	100%

Better Access complements the services that my organisation provides	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	38	18	0	5	4	0	65
Agree	54	13	1	14	2	1	85
Unsure	33	5	0	3	5	0	46
Disagree	11	3	2	1	2	0	19
Strongly Disagree	9	2	1	0	0	0	12
Did not respond	0	0	0	1	0	1	2
Grand Total	145	41	4	24	13	2	229

Q 19. To what extent do you agree with the following statement: Better Access has reduced demand for the services that my organisation provides.

Twenty one per cent agreed with the statement that Better Access has reduced demand for the services that their organisation provides. Fifty one per cent disagreed with this statement. Twenty eight per cent were unsure and one per cent did not respond.

Better Access has reduced demand for the services that my organisation provides.	Respondents	Per cent
Strongly Agree	18	8%
Agree	29	13%
Unsure	64	28%
Disagree	68	30%
Strongly Disagree	48	21%
Did not respond	2	1%
Grand Total	229	100%

Better Access has reduced demand for the services that my organisation provides.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	12	4	0	1	1	0	18
Agree	17	8	0	2	2	0	29
Unsure	36	10	1	13	3	1	64
Disagree	45	10	2	6	5	0	68
Strongly Disagree	34	9	1	2	2	0	48
Did not respond	1	0	0	0	0	1	2
Grand Total	145	41	4	24	13	2	229

Q 20. To what extent do you agree with the following statement: Better Access has increased options for referral to mental health services for individuals using my service.

Sixty three per cent agreed with the statement that Better Access has increased options for referral to mental health services for individuals using their service. Eighteen per cent disagreed with this statement. Eighteen per cent were unsure.

Better Access has increased options for referral to mental health services for individuals using my service.	Respondents	Per cent
Strongly Agree	48	21%
Agree	97	42%
Unsure	41	18%
Disagree	26	11%
Strongly Disagree	16	7%
Did not respond	1	0%
Grand Total	229	100%

Better Access has increased options for referral to mental health services for individuals using my service.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	29	10	0	5	3	1	48
Agree	62	18	1	12	4	0	97
Unsure	27	7	0	4	3	0	41
Disagree	15	5	2	1	3	0	26
Strongly Disagree	12	1	1	2	0	0	16
Did not respond	0	0	0	0	0	1	1
Grand Total	145	41	4	24	13	2	229

Q 21. To what extent do you agree with the following statement: Better Access has had no real impact on the client group that my service works with.

Twenty six per cent agreed with the statement that Better Access has had no real impact on the client group that their service works with. Fifty three per cent disagreed with this statement. Nineteen per cent were unsure and two per cent did not respond.

Better Access has had no real impact on the client group that my service works with.	Respondents	Per cent
Strongly Agree	15	7%
Agree	44	19%
Unsure	43	19%
Disagree	81	35%
Strongly Disagree	42	18%
Did not respond	4	2%
Grand Total	229	100%

Better Access has had no real impact on the client group that my service works with.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	11	2	0	1	1	0	15
Agree	28	9	2	4	1	0	44
Unsure	28	10	0	4	1	0	43
Disagree	51	13	0	10	6	1	81
Strongly Disagree	25	7	1	5	4	0	42
Did not respond	2	0	1	0	0	1	4
Grand Total	145	41	4	24	13	2	229

Q 22. To what extent do you agree with the following statement: My service receives many referrals from Better Access providers.

Twenty per cent agreed with the statement that their service receives many referrals from Better Access providers. Sixty per cent disagreed with this statement. Nineteen per cent were unsure and one per cent did not respond.

My service receives many referrals from Better Access providers.	Respondents	Per cent
Strongly Agree	10	4%
Agree	36	16%
Unsure	44	19%
Disagree	66	29%
Strongly Disagree	70	31%
Did not respond	3	1%
Grand Total	229	100%

My service receives many referrals from Better Access providers.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	6	2	1	1	0	0	10
Agree	23	9	0	2	2	0	36
Unsure	26	9	0	8	1	0	44
Disagree	42	10	2	5	6	1	66
Strongly Disagree	46	11	1	8	4	0	70
Did not respond	2	0	0	0	0	1	3
Grand Total	145	41	4	24	13	2	229

Q 23. To what extent do you agree with the following statement: My service encourages many patients to contact their GP to request a referral to allied health services through Better Access.

Fifty four per cent agreed with the statement that their service encourages many patients to contact their GP to request a referral to allied health services through Better Access. Twenty two per cent disagreed with this statement. Twenty three per cent were unsure and one per cent did not respond.

My service encourages many patients to contact their GP to request a referral to allied health services through Better Access.	Respondents	Per cent
Strongly Agree	40	17%
Agree	84	37%
Unsure	52	23%
Disagree	34	15%
Strongly Disagree	16	7%
Did not respond	3	1%
Grand Total	229	100%

My service encourages many patients to contact their GP to request a referral to allied health services through Better Access.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	24	9	1	3	2	1	40
Agree	57	12	2	8	5	0	84
Unsure	34	8	1	7	2	0	52
Disagree	17	11	0	3	3	0	34
Strongly Disagree	11	1	0	3	1	0	16
Did not respond	2	0	0	0	0	1	3
Grand Total	145	41	4	24	13	2	229

Q 24. To what extent do you agree with the following statement: Better Access providers work well with my service to provide coordinated care to clients using both services.

Thirty per cent agreed with the statement that Better Access providers work well with their service to provide coordinated care to clients using both services. Forty per cent disagreed with this statement. Twenty eight per cent were unsure and one per cent did not respond.

Better Access providers work well with my service to provide coordinated care to clients using both services.	Respondents	Per cent
Strongly Agree	21	9%
Agree	49	21%
Unsure	65	28%
Disagree	60	26%
Strongly Disagree	32	14%
Did not respond	2	1%
Grand Total	229	100%

Better Access providers work well with my service to provide coordinated care to clients using both services.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	11	6	0	1	2	1	11
Agree	26	12	0	8	3	0	26
Unsure	47	9	1	6	2	0	47
Disagree	37	11	2	6	4	0	37
Strongly Disagree	23	3	1	3	2	0	23
Did not respond	1	0	0	0	0	1	1
Grand Total	145	41	4	24	13	2	229

Q 25. To what extent do you agree with the following statement: Better Access has reduced my organisation's ability to recruit and retain occupational therapists.

Six per cent agreed with the statement that Better Access has reduced their organisation's ability to recruit and retain occupational therapists. Thirty eight per cent disagreed with this statement. Fifty one per cent were unsure and five per cent did not respond.

Better Access has reduced my organisation's ability to recruit and retain occupational therapists.	Respondents	Per cent
Strongly Agree	5	2%
Agree	9	4%
Unsure	117	51%
Disagree	45	20%
Strongly Disagree	41	18%
Did not respond	12	5%
Grand Total	229	100%

Better Access has reduced my organisation's ability to recruit and retain occupational therapists.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	4	0	0	1	0	0	5
Agree	7	2	0	0	0	0	9
Unsure	75	22	1	13	6	0	117
Disagree	29	9	2	2	3	0	45
Strongly Disagree	24	7	1	6	2	1	41
Did not respond	6	1	0	2	2	1	12
Grand Total	145	41	4	24	13	2	229

Q 26. To what extent do you agree with the following statement: Better Access has reduced my organisation's ability to recruit and retain psychiatrists.

Six per cent agreed with the statement that Better Access has reduced their organisation's ability to recruit and retain psychiatrists. Forty four per cent disagreed with this statement. Forty five per cent were unsure and five per cent did not respond.

Better Access has reduced my organisation's ability to recruit and retain psychiatrists.	Respondents	Per cent
Strongly Agree	7	3%
Agree	6	3%
Unsure	103	45%
Disagree	53	23%
Strongly Disagree	48	21%
Did not respond	12	5%
Grand Total	229	100%

Better Access has reduced my organisation's ability to recruit and retain psychiatrists.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	4	1	1	1	0	0	7
Agree	4	1	0	1	0	0	6
Unsure	65	21	0	12	5	0	103
Disagree	34	11	2	3	3	0	53
Strongly Disagree	32	6	1	5	3	1	48
Did not respond	6	1	0	2	2	1	12
Grand Total	145	41	4	24	13	2	229

Q 27. To what extent do you agree with the following statement: Better Access has reduced my organisation's ability to recruit and retain psychologists.

Thirty three per cent agreed with the statement that Better Access has reduced their organisation's ability to recruit and retain psychologists. Thirty three per cent disagreed with this statement. Thirty per cent were unsure and four per cent did not respond.

Better Access has reduced my organisation's ability to recruit and retain psychologists.	Respondents	Per cent
Strongly Agree	37	16%
Agree	39	17%
Unsure	68	30%
Disagree	38	17%
Strongly Disagree	37	16%
Did not respond	10	4%
Grand Total	229	100%

Better Access has reduced my organisation's ability to recruit and retain psychologists.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	23	7	1	5	1	0	37
Agree	26	5	0	4	4	0	39
Unsure	45	12	0	8	3	0	68
Disagree	23	10	2	1	2	0	38
Strongly Disagree	23	6	1	4	2	1	37
Did not respond	5	1	0	2	1	1	10
Grand Total	145	41	4	24	13	2	229

Q 28. To what extent do you agree with the following statement: Better Access has reduced my organisation's ability to recruit and retain social workers.

Six per cent agreed with the statement that Better Access has reduced their organisation's ability to recruit and retain social workers. Forty two per cent disagreed with this statement. Forty eight per cent were unsure and five per cent did not respond.

Better Access has reduced my organisation's ability to recruit and retain social workers.	Respondents	Per cent
Strongly Agree	4	2%
Agree	9	4%
Unsure	109	48%
Disagree	52	23%
Strongly Disagree	43	19%
Did not respond	12	5%
Grand Total	229	100%

Better Access has reduced my organisation's ability to recruit and retain social workers.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	3	0	1	0	0	0	4
Agree	5	3	0	1	0	0	9
Unsure	73	18	0	14	4	0	109
Disagree	31	12	2	4	3	0	52
Strongly Disagree	28	7	1	3	3	1	43
Did not respond	5	1	0	2	3	1	12
Grand Total	145	41	4	24	13	2	229

Q 29. To what extent do you agree with the following statement: Better Access has increased training and professional development opportunities for my staff.

Ten per cent agreed with the statement that Better Access has increased training and professional development opportunities for their staff. Fifty eight per cent disagreed with this statement. Twenty eight per cent were unsure and four per cent did not respond.

Better Access has increased training and professional development opportunities for my staff.	Respondents	Per cent
Strongly Agree	4	2%
Agree	18	8%
Unsure	65	28%
Disagree	80	35%
Strongly Disagree	52	23%
Did not respond	10	4%
Grand Total	229	100%

Better Access has increased training and professional development opportunities for my staff.	Respondents						Total
	Metropolitan	Regional	Remote	Rural	Statewide	(blank)	
Strongly Agree	4	0	0	0	0	0	4
Agree	11	0	1	4	2	0	18
Unsure	41	16	0	5	3	0	65
Disagree	51	15	2	5	6	1	80
Strongly Disagree	33	9	1	8	1	0	52
Did not respond	5	1	0	2	1	1	10
Grand Total	145	41	4	24	13	2	229

5.3 Comments from survey of public providers

5.3.1 Profile of public provider respondents providing comment

Of the 229 respondents to the survey, 105 (46 per cent) provided additional comments regarding the Better Access initiative. Of these respondents, 39 per cent were from South Australia, 32 per cent from New South Wales, nine and eight per cent from ACT and Victoria, respectively, and 13 per cent from Queensland, Western Australia or Northern Territory. Sixty six per cent of respondents provided a metropolitan based service, 17 per cent provided a regional based service, 11 per cent provided a remote or rural area based service, six per cent provided a statewide service and 1 provider did not identify an area.

5.3.2 Comments received on survey

Statewide service -NSW

I believe that the Better Access Initiative has had a markedly positive impact on the provision of mental health services. It has given clients greater access and choice for services that previously would have been unaffordable. (#36)

Statewide service -NSW

Better Access has improved and increased the follow-up options for families, metropolitan and rural, who are treated and assessed at out service. (#46)

Statewide service -NT

It has had very little impact here - any initiative based on GP service will struggle to make an impression beyond urban areas, and beyond those able to pay (and wait) to access GP services. The initiative does not really address the issues of recruitment. (#19)

Statewide service - SA

Better Access has substantially decreased the number of "soft" referrals, however as a specialist MH service, it has correspondingly increased (on average) the acuity of the client referrals we see. BA providers generally do not have the facilities or training (#194)

Statewide service - SA

Better access could be improved in the rural and remote area based services of SA by ensuring that the clinicians employed bring skills that are most needed for the area, that the areas targeted for funding are the ones that Country Health SA identify as high need. (#150)

Statewide service - SA

Because Better Access emphasises allied health interventions to consumers with predominantly high prevalence disorders, it has little or no impact for people who are

experiencing acute distress. This illustrates the need to fund mental health services. (#122)

Metropolitan based service - ACT

Would be good if psychiatrists and psychiatry registrars working in the public system could refer to psychologists for treatment under this scheme. (#8)

Metropolitan based service - ACT

When I worked in rural NSW in Mental Health where services are limited we referred onto the Better Access service all the time. In the ACT I hardly hear of it happening even though I think it is a good service. (#5)

Metropolitan based service - ACT

Provision needs to be made to provide more sessions to more difficult and complex clients. (#160)

Metropolitan based service - ACT

I would like to receive information about the initiative please. (#15)

Metropolitan based service - ACT

I think the cost to the client to go to a GP and set up a plan is very high and should be claimable by the GP without up-front cost to the consumer, at least not above the usual GP visit cost. The program also doesn't cover neuropsychology. (#18)

Metropolitan based service - ACT

1. Why are Mental Health Nurses restricted from providing services as part of the Better Access Initiative? How are (e.g.) OTs better placed to provide such a Service?
2. Have you started to measure the actual outcomes for the Better Access Initiative? (#161)

Metropolitan based service - NSW

There are ongoing problems working across systems, with differing expectations of what other systems/services can or should do. The experience and ability of private psychologists working within the Better Access scheme varies. (#41)

Metropolitan based service - NSW

The restriction of Better Access to 12 sessions, or 18 in exceptional circumstances, and to CBT or IPT, makes it virtually useless for one of my client groups, adult survivors of childhood abuse, who typically need long term therapy. (#76)

Metropolitan based service - NSW

The opportunity given to allied Health providers has been valued dearly by mental health clients. They not only provide psychological therapy but also providing them with psycho-education helps these clients and their carers in how to control their disorder.. (#212)

Metropolitan based service - NSW

The initiative has not been effectively promoted, nor taken up, by my organisation. Lack of knowledge and awareness are barriers to drawing on the clear benefits the initiative provides. (#59)

Metropolitan based service - NSW

The Better Access initiative is a much needed program that has allowed many people who would have previously fallen through the net of health services to access ongoing

mental health support. Working within the government sector, this has not made a great change. (#52)

Metropolitan based service - NSW

Senior management in public mental health services seem to have the opinion that they can move towards using Better Access to fund psychology services within the public mental health service, and therefore not need to employ or fund psychology services. (#71)

Metropolitan based service - NSW

Private services are generally poorly coordinated with public sector C&A Mental Health services. Our service has experienced dumping of clients to public health when single providers go on holidays or if the clients become service intensive. (#27)

Metropolitan based service - NSW

Patients get referred to us after running out of the Better Access sessions and there isn't always good communication. At times, Better Access is being used by those who were and can afford private treatment. (#77)

Metropolitan based service - NSW

My primary concern would be that the BAI represents a privatisation of mental health care and that it has the impact of drawing resources away from the public mental health system which is often left to assess and treat the most severe mental health presentations. (#51)

Metropolitan based service - NSW

It is really valuable to be able to offer patients and carers access to services closer to home, or that might give them a more secure sense of privacy (compared with the file entries in a hospital medical file). (#70)

Metropolitan based service - NSW

It is imperative that the practitioners actually have specialised training in therapy as opposed to only psychological diagnosis and provision of advice or the extremely narrow and limited CBT. Many clinical psychologists do not have any specialised training. (#62)

Metropolitan based service - NSW

Initially Better Access was a fantastic resource for our clients who are all students and mostly can't afford private treatment. However, increasingly there are very few who bulk bill and once again we are finding that students can't afford the gap fee payment. (#187)

Metropolitan based service - NSW

I think it is a fantastic scheme. Whilst it does not directly relate to my clients, brain injured individuals, it has provided opportunities for referrals for their family members who may not have been eligible for ongoing psychological or social work support. (#175)

Metropolitan based service - NSW

I have a particular concern regarding access of older people to these initiatives, and the training of participating clinicians in providing care to older people, particularly the 'frail' elderly or those with comorbid cognitive impairment. (#24)

Metropolitan based service - NSW

I am a GP accredited to provide FPS services within an AMS setting. There are very few opportunities for professional development for people like me who have completed post-graduate studies in psychology, but also have a medical degree. (#57)

Metropolitan based service - NSW

Has increased number of part-time employees in the service, as some staff choose to work part-time under Better Access and part-time under the health service. I have been concerned at inexperience of some staff who operate under Better Access. (#107)

Metropolitan based service - NSW

Due to the unofficial employment freeze we are unable recruit staff at all. The other issue is our clients are complex and require more than 12/18 sessions which is what they get under Better Access. The clients are then referred back to mainstream mental health services. (#177)

Metropolitan based service - NSW

Better Access system does not include rebates for neuropsychological assessment for the purpose of differential diagnosis of dementia. This is a significant gap in terms of effective provision of services for behavioural and cognitive aspects of ageing. (#66)

Metropolitan based service - NSW

Better Access Initiative is biased towards promoting business to just Psychologists, not to better qualified Clinical Psychologists and GPs trained to provide better services than just a psychologist with no other knowledge apart from CBT training! (#58)

Metropolitan based service - NSW

Almost all clients who are referred from our service to the Better Access initiative are in need of "psychological therapy services" (provided by clinical psychologists) rather than the "focused psychological strategies" that a psychologist, social worker or occupational therapist provides. (#38)

Metropolitan based service - NSW

Access to neuropsychological assessments would be a significant improvement in managing those with cognitive impairments and assisting in differential diagnosis (e.g. between psychological/psychiatric disorder and underlying organic change). (#72)

Metropolitan based service - NT

It has offered both training for staff through the Division of General Practice and served to provide service delivery to clients who fall through the gaps in the public system. (#125)

Metropolitan based service - QLD

Only that the 2 tiered level for psychologists means that I try to ensure I only refer patients to clinical psychologists and only to people I would recommend. Several psychologists attached to GPs in this state are not post graduate holders and in my view not that skilled. (#133)

Metropolitan based service - QLD

I have not accessed the community provided training as yet, but have listed for this and will be commencing a link up to a community group this period. (#221)

Metropolitan based service - QLD

I am a registered general Psychologist (nearing the completion of a professional doctorate of clinical psychology) and I believe the Better Access initiative has been the best change to the mental health treatment available for the entire population. (#218)

Metropolitan based service - SA

What is this thing called Better Access? (#121)

Metropolitan based service - SA

This program has significant benefits for my clients and for me personally as it increases the care choices available to clients and what I can offer them following an assessment. (#126)

Metropolitan based service - SA

Should include questions about barriers to access. Like the increasing gap payments. Therefore this initiative is not serving people in the low socio economic population who most need the service. (#99)

Metropolitan based service - SA

Psychology services often of poor quality especially when provided by psychologists who are not trained as clinical psychologists. People can be referred for CBT and only get relaxation/supportive therapy. (#136)

Metropolitan based service - SA

Our work establishment would benefit from an in-service as not all staff are aware of the Better Access service. (#147)

Metropolitan based service - SA

Our service primarily assists clients with moderate to severe mental health issues, and often those with comorbid diagnoses, and for this reason, there is often minimal overlap with private practitioners using the Better Access initiative. (#86)

Metropolitan based service - SA

Not inclusive of all allied health disciplines to be providers. Providers still charging gap fee which prohibits access for the socially disadvantaged. No requirement for providers to deliver evidence based interventions and or evidence of treatment outcomes. (#182)

Metropolitan based service - SA

Need ongoing education of availability of services and referral process. Further workshop/presentations to Mental Health sites would be useful to update knowledge and awareness of service. (#201)

Metropolitan based service - SA

My main role is as discipline Sen Psychologist in public mental health. I also work privately, mostly in response to GP Medicare referrals. It has become harder to attract and retain psychologists in the public system. (#127)

Metropolitan based service - SA

It is very important to note that the Better Access scheme allows psychologists to charge HUGE gaps to patients in excess of the rebated amount (often up to \$100 per session). The majority of patients referred to the Better Access scheme are unable to pay. (#138)

Metropolitan based service - SA

It is good to have alternatives for consumers. (#185)

Metropolitan based service - SA

If Addiction Medicine is recognised as a specialty, Fellows of the Australasian Chapter of Addiction Medicine should be able to refer to s/w, OT and psychologists in the same way that psychiatrists and paediatricians can currently. (#156)

Metropolitan based service - SA

I think the nomenclature or labelling of the various schemes need to be clearer and reflect the referral pathways for GP initiated/Medicare funded mental health care. The terms "Better Outcomes" or "Better Access" have little meaning to consumers or other. . .(incomplete comment) (#173)

Metropolitan based service - SA

I recently had a session about Better Access - prior to that I had no idea allied health other than psychologists were accessible through this program - nor did others in my service (#91)

Metropolitan based service - SA

I have many concerns about services provided by psychologists - many are inexperienced in dealing with significant mental health problems, and at best do nothing apart from provide no more than friendship and a bit of support, but often do significant harm (#88)

Metropolitan based service - SA

I do not know a great deal about the Better Access initiative (#131)

Metropolitan based service - SA

I am aware of the service we do refer patients to their GP for on going referral. I am not aware of any recruitment difficulties as this is not my responsibility (#219)

Metropolitan based service - SA

Great idea to reduce need for emergency mental health services. Concerned re. amount of gap charged by most psychologists - few seem to bulk bill. I think a certain proportion of clients should be bulk billed. Great to refer but not sure how skilled the. . . .(incomplete comment) (#157)

Metropolitan based service - SA

GPs now preferentially refer patients to allied health staff under Better Access, usually psychologists, who would previously have referred to our service for therapy. This has significantly reduced the numbers of clients for trainees to treat under supervision. (#228)

Metropolitan based service - SA

Good initiative but is focussed really on individuals with less serious mental health conditions. However it does provide an early intervention and hopefully increases possibility of prevention of longer term conditions. (#85)

Metropolitan based service - SA

Excellent way to provide access to vital psychologists who bulk bill. (#222)

Metropolitan based service - SA

Better Access is not well known about. (#152)

Metropolitan based service - SA

Better Access initiative needs to provide more financial incentive for allied health workers to take on patients. Currently the system does not allow financial reimbursement for preparing reports, travel to patient's home etc. (#193)

Metropolitan based service - SA

Better Access has been an essential complement to public mental health services that are chronically under resourced and struggling with demand. Better Access enables clients to access a broader range of services, with much greater continuity of care. (#178)

Metropolitan based service - SA

As a psychiatrist, it has been helpful to use psychologists to undertake CBT rather than having to do it all myself. However, I am also seeing a number of patients who have seen psychologists first but are not much improved and they still end up seeing me. (#174)

Metropolitan based service - SA

A valuable service for all of the community. (#171)

Metropolitan based service - VIC

The Better Access initiative has taken funding from the public system but does not adequately support the private system so complicated cases are referred back to a system with fewer resources. (#110)

Metropolitan based service - VIC

More information/media needs to be provided to the general public about the benefits of Better Access services. (#139)

Metropolitan based service - VIC

It is one of the few initiatives that actually works (ie. to provide comprehensive, coordinated care for many of my mental health patients who would otherwise fall through the cracks). It is disappointing though to see that there are some unscrupulous GPs w. . . .(incomplete comment) (#63)

Metropolitan based service - VIC

It is a valuable and much needed service. However, more promotion, better pay rates are needed to retain psychologists in public practice as this is a valuable forum for clinical training for students. (#162)

Metropolitan based service - VIC

I think the initiative is very helpful for people with a mental health disorder. I also think that when the child is the client that when the parent comes alone they should be able to claim Medicare given that with young children what is in their best interest. (#129)

Metropolitan based service - VIC

I believe that having doctors do a care plan and make a referral to allied health professionals has a very positive impact on their patients. They become more empowered and inclined to take responsibility for their own health and to implement and maintain. . . .(incomplete comment) (#118)

Metropolitan based service - VIC

1. There was no required trial demonstration phase for BA, thoroughly evaluated with recognised clinical measures, hence it is not possible to reply to your question on "Impact". The question is redundant in the absence of such data. (#179)

Metropolitan based service - WA

The BAMH initiative has allowed people that would not normally be able to afford mental health services to access these services. Further, it has had significant flow-on effects in terms of reducing the stigma of mental health, encouraging discussion of m. . . (incomplete comment) (#191)

Regional area based service - ACT

All of our service recommends consumers see their doctor and that they should use the Better Access Initiative. (#22)

Regional area based service - NSW

This is a great initiative. As a public sector clinical psychologist, it is fantastic that clients have the option to access private psychology services in the community. This reduces the burden on our service and allows us to treat clients who are more. . . (incomplete comment) (#49)

Regional area based service - NSW

Not sure what Better Access is. (#33)

Regional area based service - NSW

My understanding is that the initiative assists with more low level client concerns rather than complex cases. In our service, we need to consult with many other services including DOCS, and schools including meetings at those sights. (#209)

Regional area based service - NSW

Mental health's role seems to increasingly be the management of the chronically mentally ill. This cohort is clogging up case managers whose numbers have not changed in my service for 10 years in an area whose population doubles every 10 years. (#53)

Regional area based service - NSW

I believe the Initiative has made psychological support available to a large group of people who have had to go without in the past. (#75)

Regional area based service - NSW

I am a psychologist with NSW Department of Corrective Services and we use this initiative with many of our clients. Psychologists providing this service usually do not seek information regarding their clients' previous assessment and contact history. (#120)

Regional area based service - NSW

Better Access does not increase mental health clients' access to services in any meaningful way. Rather, the initiative provides funding for clients with mild difficulties; clients with moderate to severe mental health issues require more than 12-18 sessions. (#60)

Regional area based service - NSW

As someone who has newly entered the workforce as a psychologist, I'm very aware of the turmoil the Better Access initiative has created for psychologists around the two tiered system. I feel that this is a major issue. (#168)

Regional area based service - QLD

The process of developing the plan and gaining the referral through the GP is often off-putting for clients which negatively affects a decision to access the initiative. (#155)

Regional area based service - QLD

As an organisation, my understanding is that clients are not able to utilise the Better Access service if they come to my organisation for services, as the Better Access program only works for those individuals receiving and providing services in private practice. (#227)

Regional area based service - QLD

A social worker having the mental health accreditation does not mean that this SW is actually working within the capacity of Better Access, as there is still a lot of prejudice to overcome from doctors and nurses, particularly in rural and Regional areas. (#205)

Regional area based service - SA

We are able to refer clients with more straightforward issues that don't require a lot of interagency follow up through to Better Access and this appears to have somewhat reduced our waiting times. These are now building back to previous levels, and we are. . . (incomplete comment) (#103)

Regional area based service - SA

Visiting, sessional psychologists have long waiting lists in my Regional area based service. Psychiatrists do not want to work in the Regional area based service. They need a better remunerative incentive. Local doctors need more specialist mental health training. (#226)

Regional area based service - SA

Often not able to give services to more remote areas. (#180)

Regional area based service - SA

Experienced (Counselling, Clinical and PHC expertise) Mental Health Nurses should be included in the Better Access initiative in the regional/rural sector as they remain the most accessible resource for local GPs. (#208)

Regional area based service - VIC

No comments in relation to the initiative but the survey was restricted by the fact it does not accommodate practitioners of psych or social work who work in both the private and government. sectors. Many have two jobs across both areas. (#197)

Regional area based service - WA

Why is it that my services are paid less than that of a psych? We provide the same service. The program has and helps many people to access services in Rural area based services. (#211)

Remote area based service -NSW

Better Access has reinforced a schism between public MH services and the GP population. Patients are being given care plans by their GPs and being told to withdraw

from public MH services. We end up picking them up months later after there has been no re. . . (incomplete comment) (#100)

Remote area based service - NT

There are few service providers in regional NT, therefore the impact of such initiatives is greatly reduced, even though the idea is a good one. (#67)

Remote area based service - NT

Other service providers in this area are thin on the ground so most of the disagrees are related to lack of (consistent on the ground, not a visit from the nearest large town every two weeks to a month) (#25)

Rural area based service - NSW

Better Access providers are not able to service the kind of complex multi issue client typically seen by MH services. Funding used in Better Access Initiatives would be better spent supporting public health. (#28)

Rural area based service - SA

There is a need for more psychology sessions especially for the older person in rural and remote SA. The CMHTs are not funded to case manage people over 65 years of age and many older people with depression and anxiety benefit from psychological therapy. (#141)

Rural area based service - SA

New employee. Limited understanding. (#223)

Rural area based service - SA

It is very useful and provides an alternative for consumers who do not meet community mental health team criteria. (#190)

Rural area based service - SA

I have encouraged some parents who are in need of mental health services to ask their GP for a referral via Better Access. At times I have heard back that GPs have refused this, or not known about the initiative. (#169)

Rural area based service - SA

I believe the Better Access initiative has meant parents of children/adolescents that we see can access support/counselling for themselves, which would previously have been unavailable. This has important positive implications for our work with children. (#84)

Rural area based service - VIC

Young people and their parents had more limited opportunities within a Rural area based service - to gain access to allied health services. The Commonwealth initiative have improved the mental health outcomes of a range of families within more isolated regions. (#128)

Rural area based service - WA

I cannot access any of the Better Access initiatives for my patients because I work in a state salaried position out of a hospital. We do not bill Medicare and can't utilise mental health care plans. (#159)

Area not identified - SA

Waiting period for access to therapist if often an issue. (#163)

