

# 1 Background and introduction

Mental health has been designated as one of Australia's National Health Priority Areas, in view of its major impact on the population's health. Since the mid-1990s, federal and state/territory governments have been working together, through the National Mental Health Strategy and successive National Mental Health Plans, to coordinate mental health care at the national level. In July 2006, the Council of Australian Governments (COAG) agreed to strengthen the capacity of the mental health service system through a range of actions outlined in the *COAG National Action Plan on Mental Health 2006-2011*.

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative is part of the Australian Government's contribution to the COAG National Action Plan.

## 1.1 Mental health in Australia

In 1997, a *National Survey of Mental Health and Wellbeing* found that nearly one-fifth of Australians aged 16 years and over had experienced symptoms of a mental disorder in the preceding 12 months.<sup>1</sup> Ten years later, the second survey (the *2007 National Survey of Mental Health and Wellbeing*) found similar results. In 2007, an estimated 3.2 million Australians (20 per cent of the 16-85 year old population) had experienced symptoms of a mental disorder in the preceding 12 months, while an estimated 7.3 million Australians (45 per cent of the population aged between 16 and 85 years) had experienced a mental disorder at some time during their lives.<sup>2</sup>

The 2007 Survey also found that:<sup>3</sup>

- in the 12 months prior to the Survey, 14.4 per cent of Australians aged between 16 and 85, had experienced anxiety disorders, while 6.2 per cent and 5.1 per cent had experienced affective disorders or substance use disorders respectively;
- more than a quarter (26 per cent) of the youngest age cohort (16-24 years) had experienced symptoms of a mental disorder in the previous 12 months;
- anxiety disorders were the most prevalent in all age groups; and
- mental disorders were more common among people with chronic physical health conditions than among those with no such conditions (28 per cent compared to 18 per cent).

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<sup>1</sup> Australian Bureau of Statistics *1997 National Survey of Mental Health and Wellbeing*, Canberra. Australian Bureau of Statistics.

<sup>2</sup> Australian Institute of Health and Welfare. "Mental health services in Australia 2006-07". *Mental Health Series* Number 11, August 2009.

<sup>3</sup> Australian Bureau of Statistics *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*. October 2008.

## 1.2 Mental health services in Australia

Mental health services are funded and provided from multiple sources and delivered by a range of professionals and organisations. Services are offered through primary care (including general practice, community nurses and allied health professionals), and from specialised mental health services (such as private psychiatrists, public community-based mental health services, public and private acute and psychiatric hospitals, and specialised residential mental health care facilities).

Despite the high prevalence of mental disorders within the Australian population, the *1997 National Survey of Mental Health and Wellbeing* found that only 38 per cent of adults and one-quarter of children and young people with a mental disorder had sought assistance from a health service<sup>4</sup>. When these people did access a health service, most consulted a general practitioner. The *2007 Survey* found that, for the estimated 3.2 million Australians aged between 16 and 85 having symptoms of a mental disorder in the preceding 12 months<sup>5</sup>:

- only 34.9 per cent had accessed services for their symptoms;
- general practice was the most common service accessed (24.7 per cent);
- women, people aged 35 years and over, and people residing in major cities were more likely to have accessed services; and
- people with affective disorders were more likely to have accessed services (49.7 per cent) compared to those with anxiety disorders (22 per cent), despite the latter being more prevalent.

While general practice continues to be the most common health service accessed by people for mental disorders, general practitioners have experienced numerous barriers to the provision of quality mental health care services. These have included the time required to perform appropriate assessments and deliver focussed psychological strategies by Level Two trained GPs, especially within the context of a busy fee-for-service practice environment, inadequate education and training options, and poor access to specialist support.<sup>6</sup>

The Better Access initiative seeks to address these barriers, and thereby enhance the provision of quality mental health services for common mental disorders.

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<sup>4</sup> Australian Bureau of Statistics 1997 op cit.

<sup>5</sup> Australian Bureau of Statistics, 2008, op.cit.

<sup>6</sup> Australian General Practice Network 2007 *Better Access initiative Orientation Manual*, ACT, Australia.

### **1.3 The Better Access initiative**

The Better Access initiative seeks to improve outcomes for people with mental health disorders through the following objectives:

- by encouraging more GPs to participate in early intervention, assessment and management of patients with mental disorders; and to streamline access to appropriate psychological interventions in primary care;
- by encouraging private psychiatrists to see more new patients;
- by providing referral pathways for appropriate treatment of patients with mental disorders, including psychiatrists, GPs, clinical psychologists and other appropriately trained allied mental health professionals; and
- by supporting GPs and primary care service providers through education and training to better diagnose and treat mental illness.

There are two key mechanisms through which the Better Access initiative seeks to achieve these objectives:

- changes to the Medicare Benefits Schedule; and
- support for the provision of education and training for the mental health workforce.

#### **1.3.1 Changes to the MBS**

The specific changes to the MBS through the Better Access initiative were introduced in November 2006. They provide a structured framework within which GPs can provide early intervention, assessment and management of people with mental disorders, and refer to community based mental health care providers. These changes include:

- a range of new GP Mental Health treatment items to better remunerate GPs for the time to effectively manage and provide quality mental health care to their patients. The new items are the Preparation of a GP Mental Health Treatment Plan (item 2710), the Review of the GP Mental Health Treatment Plan (item 2712), and the GP Mental Health Treatment Consultation (item 2713) which supports ongoing management of patients with mental disorders, through extended consultation provisions for patients with a primary diagnosis related to a mental disorder. There were no mandated training requirements for GPs related to the use of these new items when the initiative was introduced.
- a new item for psychiatrist consultation with a new patient referred by a GP (item 296), coupled with expanded rebates for existing items for psychiatrists related to patient assessment and preparation or review of a treatment plan to be carried out by a GP (items 291 and 293). These changes seek to promote consultation and liaison between GPs and psychiatrists.

- new items for allied mental health services – Psychological Therapy (eligible clinical psychologists) and Focussed Psychological Strategies<sup>7</sup> provided by eligible clinical psychologists (items 80000, 80005, 80010, 80015 and 80020), psychologists (items 80100, 80105, 80110, 80115 and 80120), social workers (items 80150, 80155, 80160, 80165, 80170 and 81005) and occupational therapists (items 80125, 80130, 80135, 80140 and 80145). These items are subject to receipt of an appropriate referral from GPs, psychiatrists and paediatricians, in accordance with a GP Mental Health Treatment Plan or psychiatrist assessment and treatment plan. The services are capped at 12 per calendar year, and only available to allied health professionals who have registered with Medicare Australia, and satisfied specific eligibility criteria. Additional services are available to people for exceptional circumstances.

The 2009-10 Federal Budget announced two new measures under the Better Access Initiative. These were:

1. Medicare Benefits Schedule - Better Access Initiative - Continuing Professional Development (CPD).

From 1 July 2011 all general psychologists, social workers and occupational therapists will need to meet mandatory Continuing Professional Development (CPD) requirements to continue to be able to access the MBS items when providing FPS services under the Better Access initiative. Any allied mental health professional registered with Medicare Australia to provide FPS, who has not undertaken the required CPD by that time will be removed from the list of eligible providers.

2. Medicare Benefits Schedule - Better Access Initiative - improved targeting for the most in need and better quality of services.

This measure consists of three elements:

- changing the name of the “GP Mental Health Care Plan” to “GP Mental Health Treatment Plan” to better reflect what it is intended to do;
- requiring that GPs document a diagnosis of a mental disorder in the Plan; and
- the introduction of a new Medicare item for GPs who have not completed Mental Health Skills Training.

The first two components were implemented from 1 July 2009. The third component will be implemented from 1 January 2010 to allow sufficient time for GPs to undertake the training.

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<sup>7</sup> MBS item numbers

The mental disorders covered within the new MBS provisions through the Better Access initiative are as follows.<sup>8</sup>

- Alcohol use disorders
- Chronic psychotic disorders
- Bipolar disorder
- Phobic disorders
- Generalised anxiety
- Adjustment disorder
- Unexplained somatic complaints
- Eating disorders
- Sexual disorders
- Conduct disorder
- Bereavement disorders
- Drug use disorders
- Acute psychotic disorders
- Depression
- Panic disorder
- Mixed anxiety and depression
- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems
- Hyperkinetic (attention deficit) disorder
- Enuresis
- Mental disorder, not otherwise specified

### **1.3.2 Education and training**

The second mechanism through which the Better Access initiative seeks to improve outcomes for people with mental disorders consists of support for the provision of education and training to the mental health workforce. This includes education and training activities designed to:

- increase awareness of MBS changes to improve access to mental health services;
- provide multidisciplinary training opportunities to develop referral networks and foster interdisciplinary care between Better Access providers; and
- enhance the expertise of providers in working within multidisciplinary teams and promoting best practice.

## **1.4 Better Access initiative and other programs**

The Better Access initiative builds on the range of initiatives funded through the Better Outcomes in Mental Health Care Program (BOiMH) by providing GPs with increased referral pathways options and better remuneration. The Access to Allied Psychological Services (ATAPs) component of BOiMH, in which the Divisions of General Practice operate as fund holders, continues to be available. GPs cannot refer patients to allied health professionals through the Better Access initiative and ATAPs at the same time. However treatment can be provided through both programs within a single calendar

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<sup>8</sup> Ibid.

year, if the total number of services provided under both does not exceed the maximum allowable in the calendar year.

GPs who provide Focussed Psychological Strategies themselves, rather than referring patients to allied health professionals, continue to be required to undertake Level One and Level Two training accredited by the General Practice Mental Health Standards Collaboration.

The Better Access initiative also complements other national programs and initiatives that focus on providing primary mental health care for people with mental disorders, such as the Mental Health Nurse Incentive Program, the More Allied Health Services Program and the Mental Health Services in Rural and Remote Areas initiative.