

## 3 Methodology

### 3.1 Approach

A staged approach to consultation was undertaken, comprising national, state, regional and sub-regional stakeholders from a range of backgrounds. To address the evaluation questions, the project utilised a number of methods to access stakeholder opinion. These included:

- individual and small group interviews conducted either face-to-face or by teleconference;
- workshops and focus groups; and
- online surveys.

A broad range of stakeholders with an interest in the Better Access initiative were included in the consultation process. The types of stakeholders and the mechanisms through which consultation with them occurred are summarised in the following table (Table 2).

*Table 2 – Stakeholder types consulted and mechanisms of consultation*

Stakeholder type	Mechanism and approximate number of persons consulted <sup>9</sup>
National Peak Agencies (including non approved providers)	Individual consultations – face to face / teleconferences, N = 53 persons Submissions, N = two submissions
State/Territory Peak Agencies (including non approved providers)	Individual consultations – face to face / teleconferences, N = 20 persons
NGO mental health service providers	Specific NGO workshops (Brisbane, Darwin, Alice Springs, Perth) and interviews, N = 15 persons Small area workshops, N= five persons Online survey, N = 48 persons
Public mental health service providers	Individual consultations with jurisdictional Health Department representatives – face to face/ teleconference , N= 20 persons Small area workshops, N = five persons Online survey , N= 230 persons Submission, N = one submission

<sup>9</sup> Numbers are approximate and though individuals are only counted once they may have represented multiple organisations.

Stakeholder type	Mechanism and approximate number of persons consulted <sup>9</sup>
Private inpatient mental health services	Individual consultations – face to face/ teleconferences, N= 15 persons
Private health insurers	Contact with individual insurers lead to their written responses to the evaluation questions, N = three written responses
Individual private providers (including psychiatrists and approved allied health providers)	Individual (or small group) consultations – face to face/ teleconferences, N = 17 persons Small area workshops, N = 26 persons Online survey, N = 418 persons Submission, N= two submissions
General Practitioners	Individual (or small group) consultations – face to face/ teleconferences (excluding national and state peak agencies), N = 15 person Small area workshops, N = 12 persons Online survey , N = 193 persons
Consumers and carers	Carer and consumer small group workshops, interviews and teleconferences, N = 57 persons Small area workshops, N = three persons Online survey (specific surveys for consumers and carers), N = 155 persons

Note: The project received a significant number of unsolicited contacts and submissions from individual practitioners and representatives of smaller organisations not included within the agreed list of key stakeholders. These contacts included individual approved and non-approved providers, sub-specialty groups such as grief and bereavement counsellors and private practice psychologists groups. These direct contacts were responded to as required through telephone interviews.

### 3.2 Phasing of consultations

The consultations were undertaken at a national, state and, where appropriate, regional and sub-regional level to ensure as broad and representative a cross section of stakeholders as practicable. The consultation process was to be streamed around each of the identified stakeholder groups, although learnings and issues identified within one group were at times presented for consideration and comment by subsequent groups to allow for more in depth exploration of particular issues.

### **3.3 Scope of consultations**

During the engagement period, more than 1300 people (representing themselves or a particular group or organisation) were consulted. These included:

- Semi structured interviews (face to face or teleconference) of more than 200 people, each interview on average taking 45 to 90 minutes;
- Semi structured group teleconferences of approximately 60 people, each teleconference taking on average 60 to 90 minutes.
- workshops of more than 40 people, each workshop taking on average two to three hours; and
- online surveys, completed by in excess of 1000 people.

#### **3.3.1 Consultation with psychiatrists**

Overall the views of approximately 31<sup>10</sup> psychiatrists were obtained in the course of the evaluation through formal and informal direct consultation (24) or participation in the online survey (seven). These represented a cross section of psychiatrists working in the private and public mental health system. Many psychiatrists consulted occupied two or more roles, for example being both the RANZCP representative and director of a public mental health service, RANZCP nominee and private psychiatrist, working in both a public mental health service and having a private practice. The range of backgrounds included:

- Nominees of the national, state and territory branches of the RANZCP
- Psychiatrists acting within their role as a Director of a public mental health services
- Psychiatrists participating in the small area consultations
- Individual psychiatrists contacting the evaluation
- Psychiatrists working within private hospitals

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<sup>10</sup> In some instances the professional grouping of individual participants in the group consultations was not clearly identified.

### **3.3.2 Consultation with paediatricians**

The Royal Australasian College of Physicians (RACP), representing paediatricians was consulted during the evaluation. Two paediatricians participated in the online survey.

### **3.3.3 Consultation with general practitioners**

Overall approximately 220 GPs participated in the project. The evaluation had face-to-face or telephone consultation with representatives of 11 GP national and state/territory professional bodies and conversations with four GPs who initiated contact with the evaluation. Three of the GPs consulted also had conjoint appointments with the public mental health system, while the remainder worked in private practices. Approximately 15 GPs or GP representatives were consulted in person through the small area consultations or through direct contact with the project. Three of these GPs were from rural areas. There were a total of 193 GPs who participated in the online survey.

### **3.3.4 Consultation with non government organisations**

Excluding peak consumer and carer organisations (reported separately) the evaluation consulted with representatives of 15 NGOs through face-to-face interviews, teleconference and small area consultations. A total of 48 employees or members of NGOs participated in the online survey.

### **3.3.5 Consultation with psychologists**

There was extensive contact with both clinical and other psychologists throughout the evaluation. This included face to face and telephone interviews with 30 psychologists representing national (17) and jurisdictional (13) groups. More than 17 psychologists also attended the small area consultations or the rural and remote practitioner teleconferences. Two hundred and sixty psychologists participated in the online survey, approximately half of which were clinical psychologists. Two submissions were received from organisations representing psychologists. In total approximately 307 psychologists participated in the project.

### **3.3.6 Consultation with social workers**

Social workers were also well represented with approximately 168 social workers participating in the project. Three representatives of social work bodies at a national or jurisdictional level were consulted through face-to-face interviews. Approximately ten social workers participated in the small area consultations or the rural and remote practitioner teleconference and five social workers initiated telephone contact with the evaluation. One hundred and fifty social workers responded to the online survey.

### **3.3.7 Consultation with occupational therapists**

Ten representatives of occupational therapy groups were consulted through telephone or face-to-face interviews. Only one occupational therapist however, responded to the online survey.

### **3.3.8 Consultation with public mental health providers**

Representatives from all eight state and territory mental health branches were interviewed via teleconference or in person. In NSW, Directors of Mental Health from each area health service were also consulted. As such, approximately 20 individuals who had responsibilities in overseeing mental health services in the public sector were included in the consultation process. In addition, 230 public mental health service providers responded to the online survey. One submission was received from a public mental health service.

### **3.3.9 Consultation with non-accredited mental health providers**

Approximately 10 individuals who represented groups inclusive of non-accredited mental health providers at a national or state/territory level were consulted. One individual practitioner was interviewed via telephone. It should be noted that some of these groups included individuals who were also approved Medicare providers (e.g. a psychologist who was a member of an association representing psychotherapists). Two submissions were received from organisations representing non-accredited mental health providers.

### **3.3.10 Consultation with consumers and carers**

Approximately 215 consumers and carers were consulted through a number of different mechanisms during the evaluation. Through face-to-face meetings, small groups and teleconferences approximately 60 consumers and carers were consulted. One hundred and twenty five consumers and 30 carers participated in the online survey. Three consumer representatives attended small area workshops. A member of the evaluation team also attended and met with consumers and carers at the 19<sup>th</sup> National Mental Health Services Conference.

### **3.3.11 Private hospitals and insurers**

Representatives from three different private psychiatric hospitals were consulted including eight individuals in face-to-face consultations. Three private health insurers were consulted, each providing a written response. One peak body which represented both of these groups was consulted.

### **3.3.12 Submissions**

The evaluation received five written submissions. Written submissions have been forwarded to DOHA and key themes included in this report.