Chapter 1: Background

The Better Access initiative

The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative is one of 18 Australian Government initiatives introduced under the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006-2011.[1]

Better Access was introduced in response to low treatment rates for mental disorders, and its ultimate aim is to improve outcomes for people with these disorders by encouraging a multi-disciplinary approach to their mental health care. Underpinning this aim are the following objectives:

- Encouraging more GPs to participate in early intervention, assessment and management of patients with mental disorders and streamlining access to appropriate psychological interventions in primary care;

- Encouraging private psychiatrists to see more new patients;

- Providing referral pathways for appropriate treatment of patients with mental disorders, including by psychiatrists, GPs, clinical psychologists, registered psychologists and other appropriately trained allied mental health professionals; and

- Supporting GPs and primary care service providers with education and training to better diagnose and treat mental illness.

Its key feature is the inclusion of a series of new item numbers on the Medicare Benefits Schedule to provide a rebate for selected services provided by particular providers, namely GPs (recognised as a core part of the general mental health workforce) and psychiatrists, psychologists, social workers and occupational therapists (recognised as specialist mental health service providers).

Under Better Access a series of new item numbers were added to the Medicare Benefits Schedule to provide a rebate for selected services provided by particular providers, namely GPs (recognised as a core part of the general mental health workforce) and psychiatrists, psychologists, social workers and occupational therapists (recognised as specialist mental health service providers). These item numbers were supported by a range of education and training activities for relevant providers and included:

- **GP items numbers:** These reimburse GPs for preparing and reviewing mental health treatment plans (2710[a] and 2712, respectively) and providing mental health care consultations (2713);

- **Psychiatrist items numbers:** These reimburse psychiatrists for conducting an initial consultation with a new patient in their consulting rooms, in a hospital or at the patient's home (296, 297 and 299, respectively), for providing and reviewing a patient assessment and management plan (291 and 293, respectively); and

[a] And, from 1 January 2010, MBS item 2702.

- **Allied health professional item numbers:** These reimburse clinical psychologists for delivering psychological therapy (80000, 80005, 80010, 80015 and 80020), registered psychologists for providing focused psychological strategies (80100, 80105, 80110, 80115 and 80120), selected occupational therapists for providing focused psychological strategies (80125, 80130, 80135, 80140 and 80145) and selected social workers for providing focused psychological strategies (80150, 80155, 80160, 80165 and 80170).

Evaluation of the Better Access initiative

An evaluation framework was developed at the commencement of the Better Access initiative to guide the evaluation of the initiative.[2] Consistent with this framework, the Department of Health and Ageing commissioned an evaluation of the Better Access initiative with the objective of assessing the overall appropriateness, effectiveness and impact of the initiative.

Evaluation components

The evaluation framework included six original components, and a seventh was subsequently added. These components are as follows:

- **Component A:** A study of consumers and their outcomes;[3]
- **Component A.2:** A study of consumers and their outcomes (focusing on the occupational therapy and social work sectors);[4]
- **Component B:** Analysis of Medicare Benefits Schedule and Pharmaceutical Benefits Scheme administrative data;[5]
- **Component C:** An analysis of allied mental health workforce supply and distribution;[6]
- **Component D:** Stakeholder consultations;[7]
- **Component E:** Evaluation of main education and training projects;[7-9] and
- **Component F:** An analysis of the second National Survey of Mental Health and Wellbeing, completed in 2007[10]

At the end of 2008, the Department of Health and Ageing tendered out Components A, B, C and D. We secured the tenders to conduct Components A[3] and B.[5] We were also invited to conduct Component A.2,[4] which extended the work of Component A (which focused on GPs, psychologists and psychiatrists) by introducing an emphasis on occupational therapists and social workers. Component C[6] was conducted by the Institute of Labour Studies at Flinders University and Component D[7] was conducted by KPMG.

Component E was not tendered out in the same way as Components A-D. Instead, the various organisations that have undertaken education and training activities under the Better Access initiative have been asked to produce project outcome reports. One of the key education and training initiatives, known as the Mental Health Professionals Network, tendered out its own independent evaluation.[8 9] We were the successful tenderer. Other relevant projects include: various activities of the General Practice Mental Health Standards Collaboration;[38] a web-based mental disorders training package for rural practice developed by the Australian College of Rural and Remote Medicine;[39] and Better Access orientation/information/education modules developed by the Australian General Practice Network in collaboration with the Australian Psychological Society.[40]

Like Component E, Component F was not put out to tender at the same time as Components A-D. At that stage, data from the National Survey of Mental Health and Wellbeing were not available. Since then, the Department of Health and Ageing has undertaken some of its own analyses of the data from this survey.[10] Several members of our team and others have also conducted independent analyses of National Survey of Mental Health and Wellbeing data. Of particular relevance are a study by Harris et al which explored the use of Medicare-subsidised allied health services among people with a need for mental health treatment,[14] and a study by Burgess et al which considered service use for mental health problems more generally.[13] The summative evaluation also makes reference to other more general publications on the 2007 National Survey of Mental Health and Wellbeing,[12 16] and comparisons with an earlier survey, conducted prior to the introduction of Better Access (the 1997 National Survey of Mental Health and Wellbeing).[11 15]

Summative evaluation

From the outset, the intention of the evaluation framework was that a summative evaluation should be undertaken that would draw synthesise the findings from the above components. The summative evaluation was intended to be far more than a summary of the findings of the evaluation components; it should critically consider how these findings fit with each other and with other available evidence, and offer an in-depth interpretation of the findings to inform the future directions of Better Access.[2]

The current report

The current report presents the findings of the summative evaluation. The findings are organised around a series of evaluation questions, and draw on data from the above evaluation components, as well as additional material wherever relevant.