

Chapter 6: Consumers' experiences with receiving care through Better Access

As noted in Chapter 3, 133 consumers recruited by clinical psychologists contributed their views to the evaluation via interview/survey, as did 152 consumers recruited by registered psychologists and 121 consumers recruited by GPs.

It is worth noting here that although consumers recruited by all three provider groups were asked the same questions, there were some nuances in terms of the way they interpreted them. In particular, consumers who were recruited by clinical and registered psychologists interpreted the questions as being about the care they had received from these individual providers. Sometimes consumers who were recruited by GPs did this too, particularly in circumstances where the GP had been the sole provider of their mental health care. In other cases, however, consumers who were recruited by GPs tended to think more broadly about the package of care they had received, and often this included care from the GP and another Better Access provider (e.g., a clinical or registered psychologist, a social worker or an occupational therapist) to whom he or she had been referred by the GP.

Experiences of consumers who were recruited by clinical psychologists

Previous barriers to seeking mental health care

Consumers who were recruited by clinical psychologists were asked whether cost had acted as a barrier to their seeking mental health care in the past, and whether there had been any other barriers to their seeking care. Their responses are recorded in Table 24.

Table 24: Previous barriers to seeking care experienced by consumers who received Better Access services from clinical psychologists (n=133)*

	Freq	%
Costs	70	53%
Stigma	18	14%
Difficulty accessing services	17	13%
Not perceived as relevant	17	13%
Other/prior contact with mental health services	15	11%
Personal factors	12	9%
Limited knowledge of available services	9	7%
Didn't want medication	1	1%

* Multiple responses permitted

Over half of all consumers (70, or 53%) noted that cost had limited their access to mental health care in the past.

Stigma was the next most common obstacle mentioned by consumers. Eighteen consumers (14%) indicated that this had influenced their previous help-seeking behaviour. Some made general comments about stigma, and others talked of not wanting people they knew finding out about their seeking mental health care and the possible ramifications of this. Examples of these different sorts of comments include:

"Probably the social stigma more than anything else."

“Number one is the stigma attached to having psychological support or some kind of mental health issue.”

“I’m a long standing professional in my area and I didn’t want other professionals to know how I was feeling and that I needed support.”

Difficulties with accessing services were also mentioned relatively frequently (by 17 consumers, or 13%). These difficulties included problems with making a booking with some mental health professionals, and physically getting to services. Below is a sample of some of their responses:

“Transport to access services.”

“I work, full time work so it’s very difficult to get time, I have to make an appointment and not be at work and ask for time off to go and do that - I’m very reluctant to do so.”

“I have had to wait a long time to get an appointment after working hours.”

“Just getting an appointment with my psychologist was really difficult, because she was quite booked out.”

Another barrier mentioned by 17 consumers (13%) related to their own perceptions of their mental health problems. They indicated that they had not considered themselves to have a problem, or that their problem was not significant enough to warrant the intervention of a mental health care professional. They made comments like:

“I did not think that I needed to go.”

“I hadn’t seen anyone for years and years, but I’ve suffered depression.”

“I suppose not admitting that I needed help. Denial.”

“I suppose I just didn’t feel that I really needed it until my health became such an issue, and family members got involved in it.”

“I felt that I was going okay.”

Other less commonly mentioned barriers to prior mental health care utilisation included previous negative experiences with mental health services (mentioned by 15 consumers, or 11%), personal factors such as others discouraging them from seeking help and/or not feeling ready to seek help themselves (mentioned by 12, or 9%), limited knowledge of available services (mentioned by nine, or 7%), and not wanting to be prescribed medication (mentioned by one, or 1%).

Reasons for seeking care

Consumers were asked what prompted them to seek care from the clinical psychologist on this occasion. Their responses fell into the themes listed in Table 25.

Table 25: Reasons for consumers seeking care from a clinical psychologist on this occasion (n=133)*

	Freq	%
Referral by health professional	50	38%
Symptoms worsening	46	35%
Traumatic event	28	21%
Perceived need	25	19%
Encouragement by family/friends	20	15%
General health problems	10	8%
Addiction problems	1	1%

* Multiple responses permitted

Most commonly, consumers indicated that they had seen the clinical psychologist because they were referred by a GP. Fifty consumers (38%) responded in this way, making comments like:

“... I had tried medications, but as soon as I went off it everything came back, so I went to my GP and she suggested that it'd be a good idea to see a psychologist.”

“A referral from a GP. He suggested that I see someone. He believed I was suffering depression and on top of that I went from depression to anxiety. I wouldn't have thought of seeing someone otherwise.”

Consumers also frequently made reference to realising that that their symptoms were worsening or not remitting. Forty six consumers (35%) made remarks along these lines, including:

“Severely depressed and serious personal issues and I lost my job and stuff like that.”

“I got to a stage where I got sick of everything and thought now it's actually time to get help.”

“My life wasn't what I wanted it to be. I wasn't fulfilled or happy or thriving, as I wanted to be. I decided to get help and change.”

“I'd been depressed for so long I had gotten into a pattern of negative thinking.”

Approximately one in five consumers (28, or 21%) indicated that a stressful or traumatic life event (e.g., losing a job, death of someone close, relationship breakdown, adjustment after the birth of a child) had acted as a catalyst to their seeking help on this occasion. Some examples of consumers' responses are:

“...I had a friend die in front of me.”

“My mother had a stroke and I had a bypass and I get very depressed.”

“I was having some real issues in my marriage and I wasn't coping very well with it, so I just wanted an outsider to kind of mediate what was happening in my marriage at the time.”

Another relatively common reason cited by consumers for seeking care was that they perceived a need to seek the advice of a professional or that they began to recognise their symptoms or need for treatment. Twenty five consumers (19%) made responses that fell into this category. For example, some made remarks such as:

"I just suddenly realised that there was so many issues affecting me from my whole life. It just suddenly hit me one day like a bolt from the blue. I suppose I always knew there were a lot of things that weren't great, but it just hit me like a ton of bricks one day from a small incident and from that everything came tumbling down."

"Recognising that I had some issues that I needed professional assistance in dealing with."

"Realising that I've got an anxiety problem I suppose."

"I just know enough to know that I needed some help with what was going on."

Twenty consumers (15%) made reference to the influence or involvement of family members or friends. They made comments like:

"A friend of mine went to see her for herself for another issue and we've spoken quite a lot ... She said 'I think she'd be someone you could approach and talk to and someone you can relate to and talk to about your issues'."

"I'm in a relationship so that was being affected and I was really pushed by my partner and his family."

Other less frequent responses related to health or addiction problems, cited by 10 consumers (8%) and one consumer (1%), respectively.

Sessions of care

Half of the 133 consumers recruited by clinical psychologists (67, or 50%) indicated that they had received treatment for the recommended number of sessions and/or experienced sufficient improvement to discontinue care, or were still receiving sessions of care. These consumers were positive about the quality and quantity of care they had received, as indicated by comments like:

"Because I was just feeling a lot better in myself, our sessions were, had sort of run their course I suppose, and the issue that I had has been dealt with."

"I was doing quite well and managing my depression or how I was feeling and coping with things, so she'd given me a number of tools and I felt quite safe to not have to rely on her to go back to her fortnightly."

"I went to all the sessions."

A minority of consumers had discontinued care before the recommended number of sessions because they did not find the treatment met their needs. Six (5%) commented that they found the costs prohibitive, six (5%) felt that the treatment was not having its desired effect, six (5%) were put off by the therapist's manner or approach, and five (4%) indicated that they had difficulties fitting the sessions in around competing commitments.

Process of seeking care through Medicare

Consumers were asked how they found the process of receiving psychological services that were refundable by Medicare. Table 26 shows that the vast majority of consumers were happy with the process.

Table 26: Experiences of the process of receiving care through Medicare (n=133)*

	Freq	%
Good due to the lowered costs, processes of claiming were good or easy, helpful bulk-billing or automatic system	64	48%
Generally good/easy/helpful	58	44%
Remaining costs, high gap payments, prefer more bulk-billing	5	4%
Processes not good: unclear process, took too long to obtain consultation or cancellation of consultation	4	3%

* Multiple responses permitted

Fifty eight (44%) reported that it was generally “good”, “easy” or “helpful”. Sixty four (48%) offered more direct observations about positive aspects of the system (e.g., lowered costs, ease of processing claims), making statements like:

“Really, it was fantastic. I am retired and don’t have that sort of money. It was fabulous to be able to have the help.”

“It has been very easy. Not having to worry about the financial aspect made it easier.”

“The refund was a huge benefit. I probably wouldn't have gone if there wasn't a refund.”

A small number of consumers contradicted the above view. Five (4%) felt that paying up-front was difficult and that the rebate was insufficient. Four (3%) indicated that there were logistical difficulties with claiming the rebate. Their concerns are summarised in the comments below:

“They were alright, only it was not enough of course. Not enough dollars, with the circumstances of being unemployed and not having any money and not being able to get to the doctor, and then when I did get into the doctor not having food and all the rest of it, just to allow for doctors appointments and that, well everything just compounded, it's purely a financial thing, because there's no bulk-billing doctors in this town.”

“She was fabulous, easy to talk to. My problem was I couldn't come up with \$140 on the day and even though I would get most of that back it was hard to come up with \$140 cash on the day.”

“I work 9am-5pm, so to claim I have to do it in my lunch hour.”

Positive aspects of clinical care

Overwhelmingly, consumers indicated that they were satisfied with the clinical care provided by their clinical psychologist. Table 27 describes particular elements of care that consumers liked.

Table 27: Positive aspects of care received (n=133)*

	Freq	%
Professional skills, qualities and competency of the provider (e.g., established rapport, non judgemental, good to talk to).	99	74%
Good, satisfied, received helpful or constructive advice or care (e.g., useful strategies or resources were provided)	52	39%
Did not impose financial burden	2	2%

* Multiple responses permitted

Most commonly, consumers were positive about the professional skills and competencies of the psychologist. Ninety nine (74%) commented on particular qualities, such as empathy and

kindness, a non-judgemental attitude, the ability to communicate well and establish rapport, and the ability to listen. Their viewpoints are exemplified in the following statements:

“I was able to speak to her clearly. I had a rapport with her.”

“She was easy to talk to, comforting, feeling.”

“She was very professional and experienced. Had good counselling skills.”

“She had very valuable listening skills and allowed me to talk about things that I thought were important, not things that she thought I should be talking about, and then giving me feedback about why I was feeling the way I was and how I could resolve that.”

“She has been amazing. She is very accessible. She cares and she calls me to check up when she sees that I am not particularly well which I haven't found with anyone else.”

Consumers also expressed satisfaction with the advice, strategies and guidance that they received from their clinical psychologist. Fifty two consumers (39%) made comments in this regard, including:

“The aspects that were good were identifying specific issues and working out ways to address them. It was very specific. It was almost like training for a job in some ways, for your personal life, and I found that really, really good.”

“I went to a psychologist and I did cognitive behavioural therapy and it was mainly just good because it's just teaching you really practical things. Really useful things.”

“There was a plan and process that you understand from the beginning and it felt like there was a beginning middle and end to it.”

Negative aspects of clinical care

Nearly half of all consumers (60, or 45%) could not cite any negative aspects of care. They made statements like:

“Nothing - I wish I could keep going.”

“I wouldn't say that anything was bad. My experience was a positive experience.”

A minority of consumers identified some negative aspects of care, and these are summarised in Table 28.

Table 28: Negative aspects of care received (n=133)*

	Freq	%
Uncomfortable talking about personal issues or other personal factors	16	12%
Not comfortable with the provider, no rapport, judgemental	13	10%
Took too long to see someone	12	9%
Uncertain about the value or usefulness of the treatment	7	5%
Difficulties with cost	5	4%
Stigma/privacy concerns	2	2%

* Multiple responses permitted

Most commonly, they talked about being uncomfortable discussing personal issues with the psychologist. Sixteen consumers (12%) mentioned this as a concern. Typically, they made comments like:

“Just emotional rawness.”

“In the beginning it was about talking about the trauma and reliving that was re-traumatizing.”

Thirteen consumers (10%) made reference to the fact that they felt uncomfortable with the psychologist, usually because they experienced a lack of understanding on the psychologist’s part. The following comment exemplifies this:

“I feel that she was trying to provide practical solutions to my problems but not really trying to work out emotionally what was going on for me.”

Twelve consumers (9%) felt disadvantaged by the time it took to see the psychologist, noting that:

“Availability was an issue.”

Other less common responses related to uncertainty about the value of treatment (mentioned by seven consumers, or 5%), difficulties with meeting the cost of care (mentioned by five, or 4%) and concerns about stigma and privacy (mentioned by two, or 2%).

Types of change

Consumers were asked whether their general wellbeing had shifted since seeing their psychologist. Nearly all consumers (124, or 93%) felt that there had been a change in their wellbeing. For most of these, the change was positive. Table 29 summarises the kinds of changes consumers observed.

Table 29: Types of positive change noticed (n=133)*

	Freq	%
Improvements in mental health (e.g., symptoms or feelings improved, have learnt strategies for managing)	59	44%
Generalised improvement	39	29%
Some improvements but underlying causes are still present	14	11%
Reduced unhealthy behaviours	5	4%
Return to work, coping better at work or seeking work	4	3%
Improvements in physical health/lifestyle/sleeping	4	3%

* Multiple responses permitted

Most commonly, consumers spoke of improvements in their mental health. Fifty nine (44%) discussed reductions in their symptoms, and commented on the strategies they had learnt to modify maladaptive thought patterns and change negative behaviours. They made comments like:

“Much better control of anxiety.”

“I saw her for problems with anxiety and she has given me tools to cope with that. I have seen a big difference with my state of mind and daily life.”

“She taught me to work through things. It put things into perspective.”

“She pointed out things that were going on in my thinking. The negative side of my thinking was pointed out to me and I thought, ‘Oh, okay, that is a different way of thinking about it.’ I have come out of it a lot more positive.”

“I dealt with my ability to manage anger.”

Many consumers (39, or 29%) also reflected on more general improvements (e.g., increased confidence, improved outlook on life, better attitudes). Their views are highlighted in the following comments:

“I think I've gotten better overall since going to see them.”

“A lot happier, more content, more appreciative of the little things. Not getting myself caught up in silly ideals.”

Fourteen consumers (11%) noted some improvements but still felt that they had unresolved mental health issues. They made comments like:

“I can be very up and down. However, I have found that it has been very helpful when I have been in the right headspace, and haven't been having a meltdown.”

“Although the anxiety isn't totally gone because my husband's still sick, yeah, it's a lot better, and it's an ongoing thing.”

Less frequently, consumers noted reductions in unhealthy behaviours (cited by five, or 4%), improvements in their physical health and/or sleeping patterns (cited by four, or 3%), and ability to cope in work situations (cited by four, or 3%).

Attribution of change

Consumers were asked the extent to which they would attribute any of the above changes to the care provided by their clinical psychologist. The majority of consumers who provided responses to this question indicated that their clinical psychologist had contributed to the change in their wellbeing. Sixty nine consumers (52%) attributed all or most of their improvements to their consultations with the clinical psychologist. They made comments like:

“Definitely attribute change to the psychologist.”

“A huge percentage. I don't know if I could have gotten myself out of the rut by myself.”

Having said this, a sizeable number of consumers (45, or 34%) indicated that although seeing the psychologist was a contributing factor, there were also other influences on their improved state. They made comments like:

“Work with the psychologist has been significant in conjunction with the other supports I have.”

“Seeing a psych is a tool. It's not 100% of the improvement, but I also don't want to minimise the importance.”

Only six consumers (5%) did not feel that they could attribute change to the psychologist. Typically, these consumers said that they thought they would have improved anyway, or that their life circumstances had changed.

Experiences of consumers who were recruited by registered psychologists

Previous barriers to seeking mental health care

Consumers were asked whether cost or other barriers had prevented them seeking mental health care in the past. Table 30 shows the results.

Table 30: Previous barriers to seeking care experienced by consumers who received Better Access services from registered psychologists (n=152)*

	Freq	%
Costs	72	47%
Personal factors	20	13%
Availability and difficulty accessing services	19	13%
Associated stigma	18	12%
Lack of knowledge regarding services	8	5%
Previous negative experience with mental health services	4	3%
Not recognising mental health issue	4	3%

* Multiple responses permitted

Seventy two consumers (47%) indicated that cost had previously been a barrier to seeking mental health care. They made statements like:

“I put it off (seeking treatment) because of the cost.”

Other barriers to seeking care in the past included personal factors (reported by 20 consumers or 13%), such as overcoming the anxiety involved in seeking care, lack of motivation and feelings of *“not being ready”*. Several consumers reported previously believing that they could cope on their own.

Difficulties accessing services was also reported as a barrier by 19 consumers (13%). This included difficulties with accessing services because of waiting lists, distance, and lack of available services out of work hours. Several consumers reported difficulties finding a *“good”* practitioner or someone they could relate to or *“find that rapport with”*.

Eighteen consumers (12%) reported the stigma associated with seeking mental health care had limited their doing so in the past. These consumers made comments like:

“It might be [seen as] a weakness, to think that you need help.”

“Sometimes there [are] perception[s] that I should be able to sort it out myself.”

“I didn’t like to admit that I had a problem ... [because] oh gee, there must be something wrong with me!”

Other less commonly cited barriers to accessing care in the past included lack of knowledge about available services or how to access services (cited by eight consumers, or 5%), previous negative experience with or contact with mental health services (cited by four, or 3%), and not recognising they had a problem (cited by four, or 3%).

Reasons for seeking care

Consumers were asked to describe what prompted them to seek care from the registered psychologist for this episode of care. Responses fell into the thematic categories listed in Table 31.

Table 31: Reasons for consumers seeking care from a registered psychologist on this occasion (n=152)*

	Freq	%
Symptoms associated with mental health issue	56	37%
Referral suggested by GP or another health professional	48	32%
Perceived need for professional intervention	31	20%
Traumatic life events	31	20%
Encouraged to seek care by friend or family member	10	7%
General health problems	5	3%
Addiction problems	2	1%
Compelled to seek help	2	1%

* Multiple responses permitted

Issues that were associated with mental health symptoms (e.g., symptoms of anxiety, depression, or general distress) were most commonly mentioned as the catalyst for their seeking care. Fifty six consumers (37%) made comments along the lines of the following:

“I just wasn't handling things very well. Things were getting on top of me and I was getting very distressed and very angry. That's about it.”

“Well I was sort of, I don't want to embarrass myself, I was depressed for a long time – a 10 year period – and I desperately wanted to make things better, so yeah ...”

“[I] just got sick of feeling down all the time and wanted to do something about it.”

A considerable number of consumers reported that they were referred for care by their GP or another health professional (48, or 32%), or encouraged by friends or family members (10, or 7%).

Thirty-one consumers (20%) reported seeking help because they themselves recognised a need for assistance. This sentiment is illustrated in the following quotation:

“I suddenly realised that if I didn't do something that this thing was going to be bigger than me really and was going to just swallow me up.”

Consumers also frequently mentioned seeking assistance to cope with difficult, distressing situations. Thirty one consumers (20%) reported traumatic or stressful life events, such as the death of a loved one or relationship issues as the reason for seeking care. Responses included:

“My sister died suddenly and unexpectedly, and I was absolutely crushed.”

“We were going through a family crisis. My mother had Alzheimers, my relationship broke down and my cousin said ‘you need a mental health plan’.”

Other less commonly cited reasons for seeking help from the registered psychologist included issues arising from general health problems (cited by five consumers, or 3%), addiction problems (cited by two, or 1%), and being compelled (for legal reasons) to seek help (cited by two, or 1%).

Sessions of care

The majority of the 152 consumers recruited by registered psychologists (97, or 64%) had received treatment for the recommended number of sessions and/or experienced sufficient improvement to cease care, or were still continuing care. These consumers expressed satisfaction with the amount of care they had received, making comments like:

“I became happy, pretty much that simple.”

“I was feeling better and I was able to put the strategies that she taught me into practice and it helped me get through the situation.”

“I felt as if I was on top of it all and I didn't really need any more help.”

A minority of consumers had discontinued care before the recommended number of sessions because they were unsatisfied with some aspect of treatment. Five (3%) commented on the cost, five (3%) felt that the registered psychologist did not have a sufficiently strong rapport with them, four (2%) indicated that they found it difficult to fit their treatment in around their other responsibilities, and three (2%) expressed concerns that the treatment was not making any difference. These issues are highlighted in the following comments:

“I could not afford to pay the rebate.”

“I didn't feel she was helping me at all. In fact, she made me feel like my problems were worse than they were. She was extremely unsympathetic to my feelings.”

“I can't get there during the hours that they are open. And they don't open after 5pm. I just can't get time off work at the moment to get there. I have to take annual leave to get to the appointment.”

“Because frankly I didn't think it was of any great benefit to me.”

Process of seeking care through Medicare

Consumers were asked how they found the process of receiving psychological services that were refundable by Medicare. Table 32 shows that the vast majority indicated that they were happy with the process, either by reporting that it was generally “good” or “easy” (94, or 62%) or by being more specific about the aspects of the systems that they were happy with, such as lowered costs, or ease of processing claims (26, 17%).

Table 32: Experiences of the process of receiving care through Medicare (n=152)*

	Freq	%
Generally good/easy/helpful	94	62%
Good due to the lowered costs, processes of claiming were good or easy, helpful bulk-billing or automatic system	26	17%
Remaining costs, high gap payments, prefer more bulk-billing	10	7%
Processes not good: unclear process, took too long to obtain consultation or cancellation of consultation	5	3%

* Multiple responses permitted

Those who were less positive indicated that cost was still an issue or that aspects of the processes were poor (e.g., because they had to get a referral from a GP, had to pay up-front and claim back from Medicare). The former issues were cited by 10 consumers (7%) and the latter were cited by five (3%). The following comments illustrate some of these concerns:

“It was good except for the fact that I had to have the money, and instead of paying the gap I had to pay the whole amount and then get the refund. Sometimes I did not have the \$100. If you just had to pay the gap fee it would be a far more accessible system.”

“If I was poor it would be tragic because the refund was only 80% of what I spent.”

“In Victoria it was easy to find a psychologist who bulk-bills, but in Brisbane a lot of them tended to want extra payments on top of that. So it was hard. It was a month before I could see someone who bulk-billed.”

“The referral was a bit, an extra step I had to go through I had to pay and take time out to see a GP when I didn't think I needed to, I knew I needed to see a psychologist.”

Positive aspects of clinical care

The vast majority of consumers (139, or 91%) were generally satisfied with the clinical care that they received, with consumers reporting that they were “very satisfied”, “absolutely satisfied”, and that the care was “good”, or “excellent”. Table 33 indicates the key aspects of their care that contributed to these high levels of satisfaction.

Table 33: Positive aspects of care received (n=152)*

	Freq	%
Professional skills, qualities and competency of the provider (e.g., established rapport, non judgemental, good to talk to).	82	54%
Good, satisfied, received helpful or constructive advice or care (e.g., useful strategies or resources were provided)	67	44%
Other issues	9	6%
Everything	7	5%
Did not impose financial burden	3	2%

* Multiple responses permitted

Most commonly, consumers indicated that the qualities of the registered psychologist (e.g., competency, empathy, and ability to establish rapport) shaped their positive experience with their care. Eighty two (54%) made comments like the following:

“I found her very understanding. I found her not judgemental and I found that she saw me as a person. The communication between her and I was very important.”

“She was insightful, experienced, very good and non-judgemental, compassionate and really objective which is what I was seeking.”

“She was warm and open and I could open up [because] she was so lovely.”

“She was older and experienced and that was important to me.”

Sixty-seven consumers (44%) indicated that the help, advice, strategies and resources they were given were positive aspects. Many consumers reported being taught to challenge their thinking and to look at things from different perspectives. Many also indicated that the care and

resources with which they were provided enabled them to feel more control over their particular situation. Consumers' comments included:

"It just made me realise that I can have different ways of thinking around things, instead of just hitting a brick wall and not being able to progress further, or just slipping backwards into that horrible dark place. Just different ways to attack it."

"I think it is very helpful in giving an insight into my issues and illness and developing strategies to deal with it (identifying triggers, that sort of thing), so you become proactive in your own health so it is not such a fearful thing. It has made a big difference in my life."

"My condition has improved dramatically. I valued my existence at 1/10 when I sought help, now I feel 7/10. The breathing techniques, positive thinking strategies and learning new ways to communicate were good aspects."

A small number of consumers (nine, or 6%) indicated other positive aspects such as ease of access, a safe, comfortable environment and the unhurried pace of treatment. Seven (5%) consumers reported that 'everything' about the care they received was positive. Three (2%) reiterated the point that it did not impose a financial burden.

Negative aspects of clinical care

Almost half of all consumers (72, or 47%) indicated that the care they received had no negative aspects. Where negative aspects were mentioned, they tended to coalesce around the themes indicated in Table 34.

Table 34: Negative aspects of care received (n=152)*

	Freq	%
Uncomfortable talking about personal issues or other personal factors	13	9%
Practical difficulties	11	7%
Uncertain about the value or usefulness of the treatment	9	6%
Not comfortable with the provider, no rapport, judgemental	8	5%
Miscellaneous	16	11%

* Multiple responses permitted

Most commonly, those who mentioned negative aspects of care indicated that they found it difficult to discuss personal or painful issues with a stranger. Thirteen consumers (9%) gave this sort of response:

"It brought up issues that I did not want to think about."

"Just the opening up and telling them what was the problem."

"Going through the emotions and reliving it."

Eleven consumers (7%) reported practical difficulties such as making appointments, needing to travel to appointments, finding time in busy schedules and organising child care. Examples of responses included:

"The wait list annoyed me a bit. Getting the office people to get back to me was shocking."

“Difficult to get to in lunch break and sometimes if it was a difficult session you don’t feel like going back to work. Also by the time you get into an issue the time is up.”

“Because the provider I was seeing only visited [at certain times] and my town here doesn't have a full-time service available locally, it was difficult trying to fit in appointment times around my work commitments.”

Nine consumers (6%) expressed uncertainty about the value of their treatment (9, 6%). They made comments like:

“Not entirely satisfied because I still have symptoms that I first went in there with.”

Eight consumers (5%) talked about a lack of confidence in the registered psychologist, making statements like:

“In some senses I felt like (I've never been to anyone else so I don't know) she didn't give me a lot of techniques to go away with. She gave me a few books to read, but I felt like there wasn't a lot of technique given to help me. We were talking about stuff and it was all good, but there wasn't a lot of technique giving.”

“I feel like sometimes I was just sitting down having a chat with a friend. I was almost wanting her to hurry up and give me something more.”

“I guess I just didn't particularly find what she had to say helpful as I thought it would be.”

A number of isolated negative aspects were each mentioned by one consumer. These included factors like cost, the limited number of sessions available, treatment being time-consuming, and the fact that the registered psychologist could not prescribe medication.

Types of change

Consumers were asked whether they had noticed any change in their wellbeing since seeing their psychologist. One hundred and twenty six consumers (83%) reported that they had noticed a change. Twenty three (15%) reported no change in wellbeing. The remainder were unsure or did not respond.

The vast majority of those who reported change discussed specific, positive changes. These are summarised in Table 35.

Table 35: Types of positive change noticed (n=152)*

	Freq	%
Improvements in mental health (e.g., symptoms or feelings improved, have learnt strategies for managing)	74	49%
Generalised improvement	29	19%
Improvements in physical health/lifestyle/sleeping	10	7%
Some improvements but underlying causes are still present	3	2%
Reduced alcohol consumption	2	1%
Return to work, coping better at work or seeking work	2	1%

* Multiple responses permitted

Most commonly, consumers indicated that they had experienced positive improvements in their mental health, either in terms of a reduction in symptoms or in terms of an increased ability to manage negative thoughts, feelings and situations. Seventy four (49%) made comments in this

regard. Twenty nine consumers (19%) indicated more generalised improvements. Typical responses included:

"I am quite happy these days. I don't worry as much. I had a bit of a crash and now I am optimistic with living."

"I developed a balanced perspective [and] learnt ways to avoid anxiety and develop a level of preparedness regarding incidents and particular people."

"I'm a bit more relaxed and not as uptight about things, less stressed."

"I am a much stronger person. I have got far more confidence in myself."

"The difference in my wellbeing from the very first appointment to my last appointment is incredible. It was great for me to be seeing a psychologist on a regular basis. I went from strength to strength. I used to think that there was nothing that I could do to help myself, but with (my psychologist's) guidance, I know that there is SO MUCH that I can do. I have been consistently stable."

"Absolutely, I am a different person. I am communicating now."

Ten consumers (7%) reported improvements in their physical health (including improvements in lifestyle and sleeping habits). Two (1%) talked about reductions in their alcohol use, and two (1%) discussed improvements in their work situations (including being able to return to work or coping better at work). Examples of consumer responses include:

"Got back on my feet, and was able to survive my job. I fell apart when I first went in and now I'm feeling pretty strong and capable."

"I am not as tired all the time. I am more motivated to do things whereas I wasn't motivated at all before."

"Stopped drinking, felt better about self. More self awareness, realise ... takes time to improve your situation but you can do it."

A small number of consumers (three, or 2%) noted that although they had experienced some improvements, they still had ongoing difficulties. This is illustrated by the following quotation:

"I feel like I am in control now. Before I was trying to change the situation and I can't, so now I have accepted that the situation is the way it is and I am coping a lot better – so much better that I have reduced my anti-depressant."

Attribution of change

Consumers were asked the extent to which they would attribute any change in their wellbeing to the care that they had received from their psychologist. The majority of consumers who provided responses to this question indicated that their psychologist had contributed to the change in their wellbeing. Fifty six consumers (37%) indicated that their psychologist had been largely responsible for the improvements. A further 33 (22%) suggested that their psychologist had played a significant role. Only nine (6%) actively indicated that their psychologist had not helped.

Experiences of consumers who were recruited by GPs

Consumers who were recruited by GPs were asked the same set of questions as those who were recruited by clinical and registered psychologists, but some of them interpreted these questions in a slightly different way. Consumers who were recruited by clinical and registered psychologists interpreted the questions as being about the care they had received from these individual providers. Sometimes consumers who were recruited by GPs did this too, particularly in circumstances where the GP had been the sole provider of their mental health care. In other cases, however, consumers who were recruited by GPs tended to think more broadly about the package of care they had received, and often this included care from the GP and another Better Access provider (e.g., a clinical or registered psychologist, a social worker or an occupational therapist) to whom he or she had been referred by the GP.

Previous barriers to seeking mental health care

Consumers were asked whether cost had acted as a barrier to their seeking mental health care in the past. They were also asked to describe any other barriers that may have previously prevented their seeing a mental health care provider. Their responses fell into the categories listed in Table 36.

Table 36: Previous barriers to seeking care experienced by consumers who received Better Access services from GPs (n=121)*

	Freq	%
Costs	68	56%
Not recognising mental health issue	14	12%
Availability and difficulty accessing services	13	11%
Personal factors	11	9%
Previous experience or contact with mental health services	8	7%
Lack of knowledge regarding services	6	5%
Did not want medication	1	1%

* Multiple responses permitted

Just over half of the consumers recruited by GPs (68, or 56%) indicated that cost had acted as a barrier to their seeking mental health care in the past. These consumers often made brief, summary statements about the previous impact of costs on their help-seeking behaviour such as:

“Only financial.”

The next most commonly-identified barrier to their previously seeking care was a lack of recognition on their part that they had a mental health issue. This barrier was mentioned by 14 consumers (12%) who made comments like:

“I just was not aware that I had mental health issues.”

“Main barrier was not admitting to myself that I needed care and advice.”

The availability of services and difficulties with accessing them were also mentioned relatively frequently (by 13 consumers, or 11%). Specifically, consumers discussed the fact that the distance and associated travel time had limited their access in the past and that sometimes they had experienced long waiting times. The following comments exemplify these responses:

“At one stage it was the distance.”

“The waiting time to get in to see someone.”

Other less commonly mentioned barriers included personal factors (mentioned by 11 consumers, or 9%), previous negative experiences with mental health care (mentioned by eight, or 7%), lack of knowledge about what services were available (mentioned by six, or 5%), and a concern that they might be prescribed medication (mentioned by one, or 1%).

Reasons for seeking care

Consumers were asked what had prompted them to seek mental health care from their GP on this occasion. Their responses were aggregated into the thematic categories listed in Table 37.

Table 37: Reasons for seeking care from a GP on this occasion (n=121)*

	Freq	%
Symptoms worsening	42	35%
Referral suggested by GP or another health professional	33	27%
Traumatic life events	18	15%
Perceived need for professional intervention	18	15%
General health problems	16	13%
Suggestion from family or friend	4	3%
Addiction problems	2	2%
Compelled to seek help	1	1%
Other	2	2%

* Multiple responses permitted

Most commonly, consumers indicated that a deterioration in their mental health had acted as the catalyst for seeing their GP. Forty two consumers (35%) indicated that they had noticed that particular symptoms (e.g., negative feelings) had increased in intensity or were not remitting with the passing of time. Some noted that they felt overwhelmed by this. The following comments are typical:

“I felt that it was not worth being here. I lost my self esteem. Lots of other reasons. My nerves were very bad I worried about having another breakdown.”

“I was very stressed, very angry, very depressed. I wasn't coping with it, and I normally can but I wasn't.”

In addition to mental health problems, some consumers indicated that they were prompted to seek mental health care as a result of general health problems (16, or 13%) and/or addiction problems (2, or 2%).

Over one quarter of consumers (33, or 27%) said that the reason for their seeking care was a recommendation from a health professional. Usually this took the form of a referral from their GP during a regular visit for an unrelated health problem. They made statements like:

“Recommendation from my GP.”

“[I] moved and needed to find a new GP. [I] met her [and] on [a] regular visit [while] talking about my medical history, [I] told her I had a bad burnout some years before. She started to evaluate me in that whole area, so that's how it came about.”

In a similar vein, several of the consumers (4 or 3%) mentioned that other third parties (usually a family member or friend) had suggested that they seek help, and a larger number (18, or 15%)

had come to this conclusion themselves. In all cases, the increased understanding that help might be beneficial had led them to seek mental health care through their GP.

Traumatic or stressful life events were also cited as a reason for seeking care on this occasion. Eighteen consumers (15%) made mention of triggers such as a relationship break-up, the death of a loved one and the loss of employment. Some of these are highlighted in the quotations below:

“What's the best way to describe...? I can't think now, isn't that terrible? It was the death of my mother ... just trying to think of the word 'grief'.”

“Struggling with work relationships and marital relationship.”

Sessions of care

The majority of the 121 consumers recruited by GPs (68, or 56%) had received treatment for the recommended number of sessions and/or experienced sufficient improvement, or were still continuing care. They expressed satisfaction with the amount of care they had received, making comments like:

“I have finished now, I don't need any more at this point. I had six sessions.”

“We'd had 6 sessions I think I was entitled to 12, but the issues were quite thoroughly I think dealt with, it was a very positive outcome.”

A minority had discontinued care, as some of these expanded on their reasons for doing so. Five (4%) had difficulty fitting the sessions in around their other responsibilities, three (3%) experienced a lack of rapport or confidence with the provider, two (2%) felt that the treatment was not making a difference, and two (2%) experienced issues associated with cost.

Process of receiving care through Medicare

Consumers were asked about their experiences of the process of receiving psychological services that were refundable by Medicare. Table 38 summarises the results.

The majority (78, or 64%) described the positive aspects of receiving care through Medicare in very general terms, indicating that they found the process “good”, “easy” and “helpful”. A smaller number (20, or 17%) were more specific, indicating that they appreciated the fact that Medicare had lowered the costs of care and that the process of claiming had been straightforward. This latter group made comments like:

“And obviously with the help of Medicare and all that ... with the reimbursement [and] things like that ... it makes it a lot easier. I probably wouldn't have done it, to be honest, if I didn't have that. Just because of financial tightness.”

Table 38: Experiences of the process of receiving care through Medicare (n=121)*

	Freq	%
Generally good/easy/helpful	78	64%
Good due to the lowered costs, processes of claiming were good or easy, helpful bulk-billing or automatic system	20	17%
Remaining costs (e.g., high gap payments or prefer more bulk-billing)	5	4%
Processes were not good (e.g., unclear process, took too long to obtain consultation or cancellation of consultation)	4	3%

* Multiple responses permitted

A minority of consumers indicated that there was room for improvement in the Medicare process. Five (4%) were negative about the out-of-pocket costs they paid over and above the schedule fee and/or found the process of going to a Medicare office to claim the rebate cumbersome. Four felt that the processes were unsatisfactory in some way (e.g., because they were unclear). These negative perceptions of the process are highlighted in the following quotations:

“It still leaves a fair whack to pay.”

“It would be good if there was a bulk-billing arrangement ... so you wouldn't have to go to Medicare. It is a bit frustrating at times to do that.”

Satisfaction with clinical care received

An overwhelming majority of consumers (116, or 96%) were satisfied with the clinical care they received. Table 39 clarifies particular aspects of this care that consumers viewed positively.

Table 39: Positive aspects of care received (n=121)*

	Freq	%
Good, satisfied, received helpful or constructive advice or care	66	55%
Professional skills, qualities and competency of the provider	43	36%
Did not impose financial burden	3	2%
Other issues	4	3%

* Multiple responses permitted

Over half of all consumers (66, or 55%) expressed satisfaction with the advice, strategies and guidance that they received. They made comments like:

“The GP that I was seeing was very helpful in telling me about what I was feeling and who I could contact.”

“Since I've been going I've only really had one panic attack. It wasn't half as bad as the panic attack that I was having because she helped me learn to breathe properly and relax and everything. I can't explain it to you ... Yes, she has helped me so much.”

Over a third of consumers spoke in glowing terms of the professional skills and competencies of the GP (and/or of the mental health professional they saw as a result of the GP's referral). They commented on the providers' specialised skills, and on the fact that they took the time to develop a rapport with them, listen to them, and provide them with support. Several also commented that the providers were non-judgemental and kind. Typical comments included:

“He is easy to talk to.”

“Both GP and the psychologist are wonderful, really good. I am telling others about them. The listening part [was good]. The GP took ... time to listen and explain things to me. He went through everything with me and he followed up and provided me with feedback.”

Negative aspects of clinical care

Consumers were asked what aspects of care they found unsatisfactory. Two thirds did not identify any such aspects of care. Those who did made comments consistent with the themes identified in Table 40.

Table 40: Negative aspects of care received (n=121)*

	Freq	%
Unfamiliar or uncomfortable to talk about personal issues or other personal factors	15	12%
Uncertain about the value or usefulness of the treatment	10	8%
Took too long to see someone or other practical difficulties	7	6%
Not comfortable with the provider (e.g., no rapport, judgemental)	6	5%
Cost or payment difficulties	2	2%

* Multiple responses permitted

When consumers did identify negative aspects of care, they most commonly spoke about feeling outside of their “comfort zone”. Fifteen consumers (12%) indicated that they felt awkward discussing personal or painful issues, making comments like:

“The strangeness of opening up to a stranger.”

“I felt embarrassed to talk about it.”

Other less common responses related to questioning the value of treatment, practical difficulties (often related to the availability of GPs or other mental health professionals), lack of comfort with the GP or other mental health professional, and cost or payment difficulties. In each case, these comments were made by ten or less consumers. These were mentioned by seven consumers (6%), six consumers (5%) and two consumers (2%), respectively.

Types of change

Consumers were asked the types of change they had experienced since receiving care. Table 41 summarises the results.

Table 41: Types of change noticed (n=121)*

	Freq	%
Generalised improvement	58	48%
Improvements in mental health	18	15%
Improvements in physical health/lifestyle/sleeping	9	7%
Return to work, coping better at work or seeking work	7	6%
Reduced unhealthy behaviours (e.g., smoking, drinking)	3	2%
Some improvements but underlying causes are still present	2	2%

* Multiple responses permitted

Most commonly, consumers reported that they had experienced generalised improvements in their wellbeing. Fifty eight consumers (48%) made comments along these lines, including:

“Just in myself personally I feel better. My partner and my kids have noticed the difference - it is noticeable.”

“More energy, more motivation, more enthusiasm for life - Just enthusiasm for life rather than before where I had none”

Eighteen consumers (15%) indicated that they had made gains in their mental health. Some commented on a reduction in symptoms of depression, anxiety or stress, and others mentioned that they had learnt new coping strategies. These responses are exemplified in the following comments:

“Yes, my suicidal tendencies are far less.”

“My anxiety has improved and my mood has stabilized.”

“I now have strategies to couple with the situations that may arise.”

Less common responses related to improvements in physical health or lifestyle (mentioned by nine consumers, or 7%), improvements in ability to work (mentioned by seven, or 6%), and reductions in unhealthy behaviours (mentioned by three, or 3%). Two consumers (2%) mentioned unspecific, small-scale improvements and indicated that the underlying causes were still present.

Attribution of change

Consumers were asked to consider the extent to which they would attribute any changes they had noticed to the GP. Sixty four consumers (52%) totally attributed their observed changes to the service provider, and 23 (19%) partially did so. Twenty nine consumers (24%) did not answer this question.