THE UNIVERSITY OF MELBOURNE

Evaluation of Better Access

APPENDICES

Jane Pirkis, Dianne Currier, Meredith Harris, Cathy Mihalopoulos

Vikas Arya, Michelle Banfield, Bridget Bassilios, Ben Buchanan, Peter Butterworth, Lisa Brophy, Philip Burgess, Mary Lou Chatterton, Miranda Chilver, Kathy Eagar, Jan Faller, Ellie Fossey, Maria Ftanou, Jane Gunn, Ariel Kruger, Long Le, Danielle Newton, Leo Roberts, Katrina Scurrah, Roman Scheurer, Matthew Spittal, Caley Tapp, Tim van Gelder, Michelle Williamson

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List of appendices

Appendix 1: List of Better Access item numbers

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
Original	Associated MBS items	Mental health treatment consultation	General Practitioners	2713	Face-to-face		20+	$74.60	$74.60	
Original	Associated MBS items	Mental health treatment consultation	Other Medical Practitioners (OMPs)	279	Face-to-face		20+	$59.70	$59.70	
Original	Associated MBS items	Initial patient consultation	Psychiatrists	296	Face-to-face	Consulting room	45+	$274.95	$233.75	
Original	Associated MBS items	Initial patient consultation	Psychiatrists	297	Face-to-face	In hospital	45+	$274.95	$233.75	
Original	Associated MBS items	Initial patient consultation	Psychiatrists	299	Face-to-face	Call out	45+	$328.75	$279.45	
Original	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	2700	Face-to-face		20-40	$74.60	$74.60	
Original	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	2701	Face-to-face		40+	$109.85	$109.85	
Original	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	2702	Face-to-face		Not timed			31/10/2011
Original	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	2715	Face-to-face		20-40	$94.75	$94.75	
Original	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	2717	Face-to-face		40+	$139.55	$139.55	
Original	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	2710	Face-to-face		Not timed			31/10/2011
Original	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	272	Face-to-face		20-40	$59.70	$59.70	
Original	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	276	Face-to-face		40+	$87.90	$87.90	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
Original	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	281	Face-to-face		20-40	$75.80	$75.80	
Original	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	282	Face-to-face		40+	$111.65	$111.65	
Original	Associated MBS items	Preparation of a psychiatrist assessment and management plan	Psychiatrists	291[4,5]	Face-to-face		45+	$478.05	$406.35	
Original	Associated MBS items	Review of a mental health treatment plan	General Practitioners	2712	Face-to-face		Not timed	$74.60	$74.60	
Original	Associated MBS items	Review of a mental health treatment plan	General Practitioners	2719	Face-to-face		Not timed			29/02/2012
Original	Associated MBS items	Review of a mental health treatment plan	Other Medical Practitioners (OMPs)	277	Face-to-face		Not timed	$59.70	$59.70	
Original	Associated MBS items	Review of a psychiatrist assessment and management plan	Psychiatrists	293[5]	Face-to-face		30-45	$298.85	$254.05	
Original	Associated MBS items	3 Step Mental Health Process	General Practitioners	2574[1]	Face-to-face		20-40			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	General Practitioners	2575[1]	Face-to-face		20-40			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	General Practitioners	2577[1]	Face-to-face		40+			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	General Practitioners	2578[1]	Face-to-face		40+			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	Other Medical Practitioners (OMPs)	2704[1]	Face-to-face		25-45			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	Other Medical Practitioners (OMPs)	2705[1]	Face-to-face		45+			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	Other Medical Practitioners (OMPs)	2707[1]	Face-to-face		25-45			30/04/2007
Original	Associated MBS items	3 Step Mental Health Process	Other Medical Practitioners (OMPs)	2708[1]	Face-to-face		45+			30/04/2007
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2721	Face-to-face	Consulting room	30-40	$96.50	$96.50	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2723[2]	Face-to-face	Call out	30-40	$96.50	$96.50	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2725	Face-to-face	Consulting room	40+	$138.10	$138.10	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2727[2]	Face-to-face	Call out	40+	$138.10	$138.10	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	283	Face-to-face	Consulting room	30-40	$77.20	$77.20	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	285[3]	Face-to-face	Call out	30-40	$77.20	$77.20	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	286	Face-to-face	Consulting room	40+	$110.50	$110.50	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	287[3]	Face-to-face	Call out	40+	$110.50	$110.50	
Original	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	80000	Face-to-face	In clinic	30-50	$103.80	$88.25	
Original	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	80005	Face-to-face	Call out	30-50	$129.70	$110.25	
Original	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	80010	Face-to-face	In clinic	50+	$152.40	$129.55	
Original	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	80015	Face-to-face	Call out	50+	$178.30	$151.60	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	80100	Face-to-face	In clinic	20-50	$73.55	$62.55	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	80105	Face-to-face	Call out	20-50	$100.05	$85.05	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	80110	Face-to-face	In clinic	50+	$103.80	$88.25	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	80115	Face-to-face	Call out	50+	$130.35	$110.80	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	80125	Face-to-face	In clinic	20-50	$64.80	$55.10	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	80130	Face-to-face	Call out	20-50	$91.25	$77.60	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	80135	Face-to-face	In clinic	50+	$91.50	$77.80	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	80140	Face-to-face	Call out	50+	$117.95	$100.30	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	80150	Face-to-face	In clinic	20-50	$64.80	$55.10	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	80155	Face-to-face	Call out	20-50	$91.25	$77.60	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	80160	Face-to-face	In clinic	50+	$91.50	$77.80	
Original	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	80165	Face-to-face	Call out	50+	$117.95	$100.30	
Original	Group sessions	Group psychological therapy health services	Clinical Psychologists	80020	Face-to-face		60+	$38.70 per patient (6-10 patients)	$32.90 per patient (6-10 patients)	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
Original	Group sessions	Group focussed psychological strategies services	Psychologists	80120	Face-to-face		60+	$26.50 per patient (6-10 patients)	$22.55 per patient (6-10 patients)	
Original	Group sessions	Group focussed psychological strategies services	Occupational Therapists	80145	Face-to-face		60+	$23.25 per patient (6-10 patients)	$19.80 per patient (6-10 patients)	
Original	Group sessions	Group focussed psychological strategies services	Social Workers	80170	Face-to-face		60+	$23.25 per patient (6-10 patients)	$19.80 per patient (6-10 patients)	
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2729	Telehealth		30-40			31/12/2021
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2731	Telehealth		40+			31/12/2021
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	371	Telehealth		30-40			31/12/2021
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	372	Telehealth		40+			31/12/2021
Rural and remote	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	80001	Telehealth		30-50	$103.80	$88.25	
Rural and remote	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	80011	Telehealth		50+	$152.40	$129.55	
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	80101	Telehealth		20-50	$73.55	$62.55	
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	80111	Telehealth		50+	$103.80	$88.25	
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	80126	Telehealth		20-50	$64.80	$55.10	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	80136	Telehealth		50+	$91.50	$77.80	
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	80151	Telehealth		20-50	$64.80	$55.10	
Rural and remote	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	80161	Telehealth		50+	$91.50	$77.80	
Rural and remote	Group sessions	Group psychological therapy health services	Clinical Psychologists	80021	Telehealth		60+	$38.70 per patient (6-10 patients)	$32.90 per patient (6-10 patients)	
Rural and remote	Group sessions	Group focussed psychological strategies services	Psychologists	80121	Telehealth		60+	$26.50 per patient (6-10 patients)	$22.55 per patient (6-10 patients)	
Rural and remote	Group sessions	Group focussed psychological strategies services	Occupational Therapists	80146	Telehealth		60+	$23.25 per patient (6-10 patients)	$19.80 per patient (6-10 patients)	
Rural and remote	Group sessions	Group focussed psychological strategies services	Social Workers	80171	Telehealth		60+	$23.25 per patient (6-10 patients)	$19.80 per patient (6-10 patients)	
COVID-19	Associated MBS items	Mental health treatment consultation	General Practitioners	92115	Telehealth		20+	$74.60	$74.60	
COVID-19	Associated MBS items	Mental health treatment consultation	General Practitioners	92127	Phone		20+	$74.60	$74.60	
COVID-19	Associated MBS items	Mental health treatment consultation	Other Medical Practitioners (OMPs)	92121	Telehealth		20+	$59.70	$59.70	
COVID-19	Associated MBS items	Mental health treatment consultation	Other Medical Practitioners (OMPs)	92133	Phone		20+	$59.70	$59.70	
COVID-19	Associated MBS items	Initial patient consultation	Psychiatrists	92437	Telehealth		45+	$274.95	$233.75	
COVID-19	Associated MBS items	Initial patient consultation	Psychiatrists	92477	Phone		45+			31/12/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	92124	Phone		20-40			30/06/2021

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	92125	Phone		40+			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	92128	Phone		20-40			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	92129	Phone		40+			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	92130	Phone		20-40			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	92131	Phone		40+			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	92134	Phone		20-40			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	92135	Phone		40+			30/06/2021
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	92112	Telehealth		20-40	$74.60	$74.60	
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	92113	Telehealth		40+	$109.85	$109.85	
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	92116	Telehealth		20-40	$94.75	$94.75	
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	92117	Telehealth		40+	$139.55	$139.55	
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	92118	Telehealth		20-40	$59.70	$59.70	
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs)	92119	Telehealth		40+	$87.90	$87.90	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
			(w/o MH skills training)							
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	92122	Telehealth		20-40	$75.80	$75.80	
COVID-19	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	92123	Telehealth		40+	$111.65	$111.65	
COVID-19	Associated MBS items	Preparation of a psychiatrist assessment and management plan	Psychiatrists	92435[4]	Telehealth		45+	$478.05	$406.35	
COVID-19	Associated MBS items	Preparation of a psychiatrist assessment and management plan	Psychiatrists	92475[4]	Phone		45+			31/12/2021
COVID-19	Associated MBS items	Review of a mental health treatment plan	General Practitioners	92114	Telehealth		Not timed	$74.60	$74.60	
COVID-19	Associated MBS items	Review of a mental health treatment plan	General Practitioners	92126	Phone		Not timed	$74.60	$74.60	
COVID-19	Associated MBS items	Review of a mental health treatment plan	Other Medical Practitioners (OMPs)	92120	Telehealth		Not timed	$59.70	$59.70	
COVID-19	Associated MBS items	Review of a mental health treatment plan	Other Medical Practitioners (OMPs)	92132	Phone		Not timed	$59.70	$59.70	
COVID-19	Associated MBS items	Review of a psychiatrist assessment and management plan	Psychiatrists	92436	Telehealth		30-45	$298.85	$254.05	
COVID-19	Associated MBS items	Review of a psychiatrist assessment and management plan	Psychiatrists	92476	Phone		30-45			31/12/2021
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	91818	Telehealth		30-40	$96.50	$96.50	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	91842	Phone		30-40	$96.50	$96.50	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	91819	Telehealth		40+	$138.10	$138.10	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	91843	Phone		40+	$138.10	$138.10	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	91820	Telehealth		30-40	$77.20	$77.20	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	91844	Phone		30-40	$77.20	$77.20	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	91821	Telehealth		40+	$110.50	$110.50	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	91845	Phone		40+	$110.50	$110.50	
COVID-19	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	91166	Telehealth		30-50	$103.80	$88.25	
COVID-19	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	91181	Phone		30-50	$103.80	$88.25	
COVID-19	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	91167	Telehealth		50+	$152.40	$129.55	
COVID-19	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	91182	Phone		50+	$152.40	$129.55	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	91169	Telehealth		20-50	$73.55	$62.55	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	91183	Phone		20-50	$73.55	$62.55	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	91170	Telehealth		50+	$103.80	$88.25	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	91184	Phone		50+	$103.80	$88.25	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	91172	Telehealth		20-50	$64.80	$55.10	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	91185	Phone		20-50	$64.80	$55.10	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	91173	Telehealth		50+	$91.50	$77.80	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	91186	Phone		50+	$91.50	$77.80	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	91175	Telehealth		20-50	$64.80	$55.10	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	91187	Phone		20-50	$64.80	$55.10	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	91176	Telehealth		50+	$91.50	$77.80	
COVID-19	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	91188	Phone		50+	$91.50	$77.80	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93300[6]	Face-to-face		30-40	$96.50	$96.50	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93301[6]	Telehealth		30-40	$96.50	$96.50	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93302[6]	Phone		30-40	$96.50	$96.50	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93303[6]	Face-to-face		40+	$138.10	$138.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93304[6]	Telehealth		40+	$138.10	$138.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93305[6]	Phone		40+	$138.10	$138.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93306[6]	Face-to-face		30-40	$77.20	$77.20	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93307[6]	Telehealth		30-40	$77.20	$77.20	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93308[6]	Phone		30-40	$77.20	$77.20	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93309[6]	Face-to-face		40+	$110.50	$110.50	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93310[6]	Telehealth		40+	$110.50	$110.50	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93311[6]	Phone		40+	$110.50	$110.50	
COVID-19	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93330[6]	Face-to-face		30-50	$103.80	$88.25	
COVID-19	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93331[6]	Telehealth		30-50	$103.80	$88.25	
COVID-19	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93332[6]	Phone		30-50	$103.80	$88.25	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
COVID-19	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93333[6]	Face-to-face		50+	$152.40	$129.55	
COVID-19	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93334[6]	Telehealth		50+	$152.40	$129.55	
COVID-19	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93335[6]	Phone		50+	$152.40	$129.55	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93350[6]	Face-to-face		20-50	$73.55	$62.55	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93351[6]	Telehealth		20-50	$73.55	$62.55	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93352[6]	Phone		20-50	$73.55	$62.55	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93353[6]	Face-to-face		50+	$103.80	$88.25	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93354[6]	Telehealth		50+	$103.80	$88.25	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93355[6]	Phone		50+	$103.80	$88.25	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93356[6]	Face-to-face		20-50	$64.80	$55.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93357[6]	Telehealth		20-50	$64.80	$55.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93358[6]	Phone		20-50	$64.80	$55.10	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93359[6]	Face-to-face		50+	$91.50	$77.80	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93360[6]	Telehealth		50+	$91.50	$77.80	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93361[6]	Phone		50+	$91.50	$77.80	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93362[6]	Face-to-face		20-50	$64.80	$55.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93363[6]	Telehealth		20-50	$64.80	$55.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93364[6]	Phone		20-50	$64.80	$55.10	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93365[6]	Face-to-face		50+	$91.50	$77.80	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93366[6]	Telehealth		50+	$91.50	$77.80	
COVID-19	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93367[6]	Phone		50+	$91.50	$77.80	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	93400	Face-to-face		20-40 mins	$74.60	$74.60	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	93401	Face-to-face		40+ mins	$109.85	$109.85	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	93402	Face-to-face		20-40 mins	$94.75	$94.75	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	93403	Face-to-face		40+ mins	$139.55	$139.55	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	93404	Telehealth		20-40 mins	$74.60	$74.60	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	93405	Telehealth		40+ mins	$109.85	$109.85	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	93406	Telehealth		20-40 mins	$94.75	$94.75	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	93407	Telehealth		40+ mins	$139.55	$139.55	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	93408	Phone		20-40 mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/o MH skills training)	93409	Phone		40+ mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	93410	Phone		20-40 mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	General Practitioners (w/ MH skills training)	93411	Phone		40+ mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	93431	Face-to-face		20-40 mins	$59.75	$59.75	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	93432	Face-to-face		40+ mins	$87.90	$87.90	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	93433	Face-to-face		20-40 mins	$75.85	$75.85	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	93434	Face-to-face		40+ mins	$111.65	$111.65	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	93435	Telehealth		20-40 mins	$59.70	$59.70	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	93436	Telehealth		40+ mins	$87.90	$87.90	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	93437	Telehealth		20-40 mins	$75.80	$75.80	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	93438	Telehealth		40+ mins	$111.65	$111.65	
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	93439	Phone		20-40 mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/o MH skills training)	93440	Phone		40+ mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	93441	Phone		20-40 mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Preparation of a mental health treatment plan	Other Medical Practitioners (OMPs) (w/ MH skills training)	93442	Phone		40+ mins			6/08/2021
RACF COVID-19 Mental Health Support items	Associated MBS items	Review of a mental health treatment plan	General Practitioners	93421	Face-to-face		Not timed	$74.60	$74.60	
RACF COVID-19 Mental Health Support items	Associated MBS items	Review of a mental health treatment plan	General Practitioners	93422	Telehealth		Not timed	$74.60	$74.60	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
RACF COVID-19 Mental Health Support items	Associated MBS items	Review of a mental health treatment plan	General Practitioners	93423	Phone		Not timed	$87.75	$74.60	
RACF COVID-19 Mental Health Support items	Associated MBS items	Review of a mental health treatment plan	Other Medical Practitioners (OMPs)	93451	Face-to-face		Not timed	$59.70	$59.70	
RACF COVID-19 Mental Health Support items	Associated MBS items	Review of a mental health treatment plan	Other Medical Practitioners (OMPs)	93452	Telehealth		Not timed	$59.70	$59.70	
RACF COVID-19 Mental Health Support items	Associated MBS items	Review of a mental health treatment plan	Other Medical Practitioners (OMPs)	93453	Phone		Not timed	$59.70	$59.70	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2733	Face-to-face		30-40	$113.50	$96.50	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	2735	Face-to-face		40+	$162.45	$138.10	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	941	Face-to-face		30-40	$90.80	$77.20	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	942	Face-to-face		40+	$130.00	$110.50	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93375	Face-to-face		30-50	$103.80	$88.25	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93376	Face-to-face		50+	$152.40	$129.55	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93381	Face-to-face		20-50	$73.55	$62.55	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93382	Face-to-face		50+	$103.80	$88.25	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93385	Face-to-face		20-50	$64.80	$55.10	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93386	Face-to-face		50+	$91.50	$77.80	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93383	Face-to-face		20-50	$64.80	$55.10	
RACF COVID-19 Mental Health Support items	Initial 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93384	Face-to-face		50+	$91.50	$77.80	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93287[6]	Face-to-face		30-40	$96.50	$96.50	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	General Practitioners	93288[6]	Face-to-face		40+	$138.10	$138.10	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93291[6]	Face-to-face		30-40	$77.20	$77.20	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Other Medical Practitioners (OMPs)	93292[6]	Face-to-face		40+	$110.50	$110.50	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93312[6]	Face-to-face		30-50	$103.80	$88.25	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Psychological therapy health services	Clinical Psychologists	93313[6]	Face-to-face		50+	$152.40	$129.55	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93316[6]	Face-to-face		20-50	$73.55	$62.55	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Psychologists	93319[6]	Face-to-face		50+	$103.80	$88.25	

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93326[6]	Face-to-face		20-50	$64.80	$55.10	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Social Workers	93327[6]	Face-to-face		50+	$91.50	$77.80	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93322[6]	Face-to-face		20-50	$64.80	$55.10	
RACF COVID-19 Mental Health Support items	Additional 10 individual sessions	Focussed psychological strategies treatment services	Occupational Therapists	93323[6]	Face-to-face		50+	$91.50	$77.80	
RACF COVID-19 Mental Health Support items	Flag Fall Incentive Items[7]		General Practitioners	90001				$57.25	$57.25	
RACF COVID-19 Mental Health Support items	Flag Fall Incentive Items[7]		Other Medical Practitioners (OMPs)	90002				$41.60	$41.60	
RACF COVID-19 Mental Health Support items	Flag Fall Incentive Items[7]		Clinical Psychologists, Psychologists, Occupational Therapists or Social Workers	90003				$47.45	$40.35	

Notes to table:

a. Current as at 30 June 2022. This list was developed from material supplied by the Department of Health: a list of the Better Access items (current at 24 March 2021) on 22 August 2021, a further list of inactive items on 23 August 2021, and a further list of obsolete items on 14 December 2021 (current as at 26 October 2021). Further updates have been added.

b. This list does not include Home Care Shared Care Plans, which can also be used to refer patients to Better Access services. MBS items for specialists, including psychiatrists and paediatricians (e.g., 104, 105, 107, 108), consultant psychiatrist services (e.g., 293-370) and consultant paediatricians (e.g., 110-133) are gateway items through which these medical practitioners can refer clients into Better Access services. Most of these items (other than some of the psychiatrist items) are not recognised as Better Access services.

c. Yellow shading indicates items that have been discontinued. Grey shading indicates Flag Fall Incentive Items – see (7) below.

(1) Introduced in 2002 as part of the Better Outcomes in Mental Health Care initiative, the 3 Step Mental Health Process items 2574, 2575, 2577, 2578, 2704, 2705, 2707 and 2708 were discontinued after 30 April 2007, following the introduction of the new mental health care items for GPs on 1 November 2006 (items 2710 and 2712) as part of the Better Access initiative. These items were used by GPs/Other medical practitioners to complete the original three step mental health process, Prepare a mental health treatment plan and Review a mental health treatment plan.

(2) For less than six patients being attended in a call-out, the fee is the base item fee + $26.75 (to be divided by the number of patients). For seven or more patients the fee is the base item fee + $2.10 per patient.

(3) For less than six patients being attended in a call-out, the fee is the base item fee + $21.40 (to be divided by the number of patients). For seven or more patients the fee is the base item fee + $1.70 per patient.

(4) This session includes conduct of a mental health assessment, diagnosis, treatment plan development and referral (as necessary).

(5) These items existed prior to 1 November 2006, but the fees and rebates attached to them were increased as part of the Better Access initiative.

(6) In response to the COVID-19 pandemic an additional 10 individual psychological therapy sessions were made available under Better Access. The footnoted items count towards sessions 11-20.

Program phase	Category	Sub-category	Provider	Item No.	Mode of Delivery	Location (if specified)	Service length (mins)	Schedule Fee[8]	Benefit paid[8]	Last date of operation

(7) **Not included in total number of Better Access services**. These items provide a financial incentive for providers to deliver services in aged care facilities, and compensate providers for any additional expenses they might incur e.g. travel costs, flag fall items have been created. A flag fall can only be claimed for the initial attendance at one residential aged care facility on one occasion. The Department of Health advised that these items *should not* be included when counting the total number of Better Access services.

(8) Source: Australian Government Department of Health and Aged Care[1]

Appendix 2. Summary of changes to Better Access over time

Table A2.1: Summary of changes to Better Access, up to 30 June 2022[a]

INITIATIVE	#	START DATE (IF AFTER 01 NOV 2006)	END DATE (IF BEFORE 30 JUN 2022)	TYPE OF CHANGE		DESCRIPTION
				ITEM NUMBERS	TREATMENT SESSION LIMIT	
Original	1	-	30 Apr 2007	•		3 Step Mental Health Process items retired.
	2	01 Jan 2010	31 Oct 2011	•		New item 2702 (MHTP) for GPs who had not completed mental health skills training.
	3	01 Nov 2011	*Until #6*		•	Limit reduced. Up to 10 individual and up to 10 group allied health sessions/year.
	4	01 Nov 2011	-	•		GP MHTP item 2702 replaced by 2700 (20-40 mins) and 2701 (>40 mins). GP review item 2710 replaced by 2715 (20-40 mins) and 2717 (>40 mins).
	5	01 Nov 2011	01 Mar 2012	•		Temporary new item 2719 for review of MHTP under 2702/2710.
	6	01 Mar 2012	31 Dec 2012		•	Transitional arrangement following session 2011 reduction (see #3). Up to 16 individual and up to 10 group PTS/FPS sessions allowed to address concerns that session limit reduction would disadvantage people with complex problems.
	7	01 Jan 2013	*Until #13/14*		•	Limit reduced (resumes #3). Up to 10 individual and up to 10 group PTS/FPS sessions/year.
	8	01 Jul 2018	-	•		10 new items for OMPs to deliver MHTPs, reviews, consultations and FPS.
Rural and remote (teleheath)	9	01 Nov 2017	*Until #10*	•		8 new items for individual telehealth consultations from allied health professionals for consumers in rural/remote/very remote locations if the consumer was located at least 15 kilometres by road from the provider at the time of the consultation. Up to 7 of the 10 sessions/year can be delivered via videoconference. 4 new items for group videoconferencing.
	10	01 Sep 2018	-	•		All 10 individual telehealth consultations from allied health consultations for consumers in rural/remote/very remote locations can be delivered via videoconference without the requirement for a face-to-face consultation.
	11	01 Nov 2018	31 Dec 2021	•		4 new videoconference items for individual FPS services delivered by GPs and OMPs for consumers in rural/remote/very remote locations.
COVID-19	12	13 Mar 2020 - 06 Apr 2020	GP/OMP MHTP phone items only - 30 Jun 2021	•		New telehealth and phone items introduced that replicate existing face-to-face treatment, consultation, plan and review item services. No requirements regarding location of consumer.
	13	07 Aug 2020	*Until #14*		•	Existing face-to-face, phone and telehealth individual session limit increased to 20 individual sessions/year for people in areas where public health orders restricted movement.
	14	09 Oct 2020	-		•	Existing face-to-face, phone and telehealth individual session limit increased to 20 individual sessions/year, not geographically restricted.

INITIATIVE	#	START DATE (IF AFTER 01 NOV 2006)	END DATE (IF BEFORE 30 JUN 2022)	TYPE OF CHANGE		DESCRIPTION
				ITEM NUMBERS	TREATMENT SESSION LIMIT	
RACF	15	10 Dec 2020	-		•	RACF residents whose mental health is impacted by the COVID-19 pandemic can access up to 20 individual sessions/year.
	16	10 Dec 2020	GP/OMP MHTP phone items only - 06 Aug 2021	•		30 new face-to-face, telehealth and phone items for GPs and OMPs to prepare a MHTP or review for RACF residents.

-, indicates items are current as of 30 Jun 2022. GP, general practitioner. FPS, focussed psychological strategies. MHTP, mental health treatment plan. OMP, other medical practitioner. PTS, psychological therapy services. RACF, residential aged care facility.

[a] Changes in this table describe the addition or retirement of MBS item numbers or changes to treatment session limits.

Appendix 3: Clinical Advisory Group (CAG) and Stakeholder Engagement Group (SEG) membership

Table A3.1: Clinical Advisory Group (CAG) members

MEMBER	BACKGROUND AND EXPERIENCE
Dr Ruth Vine (Chair)	Deputy Chief Medical Officer for Mental Health, Department of Health and Aged Care
Dr Astha Tomar	Chair of the Victorian Branch of Royal Australian and New Zealand College of Psychiatrists
Dr David Mitchell	Consultant psychiatrist
Ms Elyse Graham	Occupational therapist
Professor Ian Hickie	Co-Director of Health and Policy and Executive Director of the Brain and Mind Research Institute at University of Sydney
Dr Joseph Fleming	Social worker
Dr Steve Hambleton	General practitioner
Dr Walid Jammal	General practitioner
Dr Zena Burgess	Psychologist
Dr Robert Gordon	Director of the Centre for Health Service Development at the University of Wollongong

Table A3.2: Stakeholder Engagement Group (SEG) members

MEMBER	ORGANISATION
Mr Mark Roddam (Chair)	First Assistant Secretary, Mental Health Division, Department of Health and Aged Care
Dr Chris Atmore	Allied Health Professions Australia
Ms Amanda Curran	Australian Association of Psychologists Inc
Ms Rachel Reilly	Australian Association of Social Workers
Dr David Hallford	Australian Clinical Psychology Association
Professor Michael Hazelton	Australian College of Mental Health Nurses
Ms Jenny Johnson	Australian College of Rural and Remote Medicine
Dr Philip Armstrong	Australian Counsellors Association
Dr Antonio Di Dio	Australian Medical Association
Dr Bill Pring	Australian Medical Association
Ms Bridgit Hogan	Australian Music Therapy Association
Dr Kate Dempsey	Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA)
Ms Tamara Cavenett	Australian Psychological Society
Ms Suzie Adam	Carer representative
Ms Heather Nowak	Consumer representative
Mr Robert Hunt	Dieticians Australia
Ms Anita Hobson-Powell	Exercise & Sports Science Australia
Ms Sarah Szydzik	Gayaa Dhuwi (Proud Spirit) Australia
Mr Harry Lovelock	Mental Health Australia
Ms Gulnara Abbasova	Migration Council Australia
Ms Christine Morgan	National Mental Health Commission
Ms Erin Garner	Occupational Therapy Australia
Ms Samantha Edmonds	Older Persons Advocacy Network
Mr Philip Amos	Primary Health Networks Cooperative
Ms Johanna de Wever	Psychotherapy and Counselling Federation of Australia
Dr Elizabeth Moore	Royal Australian and New Zealand College of Psychiatrists
Dr Caroline Johnson	Royal Australian College of General Practitioners

Appendix 4: Supplementary data (Study 1)

Table A4.1: Persons receiving Better Access services delivered by GPs and other medical practitioners, by provider type, 2018 to 2022

		2018	2019	2020	2021	AVERAGE ANNUAL CHANGE (%) 2018 TO 2021	2022 YEAR TO DATE
Preparation of a mental health treatment plan	Persons	1,332,633	1,416,351	1,468,297	1,421,494	2.2	661,998
	% GP	99.1	97.9	97.4	97.7	-0.5	98.2
	% OMP	0.9	2.1	2.6	2.3	36.6	1.8
Review of a mental health treatment plan	Persons	441,152	471,323	523,173	533,449	6.5	272,725
	% GP	99.3	98.4	98.2	98.5	-0.3	98.8
	% OMP	0.9	1.7	1.9	1.7	22.7	1.2
Mental health treatment consultation	Persons	986,806	989,591	992,758	1,000,284	0.5	510,427
	% GP	98.6	96.4	95.7	96.2	-0.8	96.6
	% OMP	2.4	4.7	5.4	4.8	25.2	3.9
Focussed Psychological Strategies	Persons	10,343	10,161	12,114	12,572	6.7	7,675
	% GP	95.4	89.8	90.6	91.9	-1.2	91.6
	% OMP	8.1	10.9	10.8	9.3	4.7	8.4

GP, general practitioner. OMP, other medical practitioner. Data include all claims for services received from 1 January 2018 to 30 June 2022 and processed up to and including 7 August 2022. For '% GP' and '% OMP', the denominator is the number of people who received each type of service from a GP or other medical practitioner. The percentage may sum to more than 100% because some people may have received services from a GP or other medical practitioner.

Table A4.2: Treatment sessions following a mental health treatment plan or a psychiatrist assessment and management plan, 2018 to 2022 year to date

	MENTAL HEALTH TREATMENT PLANS OR PSYCHIATRIST ASSESSMENT AND MANAGEMENT PLANS FOLLOWED BY ONE OR MORE TREATMENT SESSIONS (%) [1]	NUMBER OF TREATMENT SESSIONS FOLLOWING A MENTAL HEALTH TREATMENT PLAN OR A PSYCHIATRIST ASSESSMENT AND MANAGEMENT PLAN (%) [1]							
		1-2	3-4	5-6	7-10	11-20	21-30	31+	MEDIAN (IQR) [2]
2018	67.8	25.7	20.1	17.7	20.9	13.4	1.5	0.6	5 (2, 9)
2019	66.4	26.1	20.2	17.5	19.9	13	2.4	0.8	5 (2, 9)
2020	65.4	24.6	18.9	16.8	18.2	16.6	3.9	0.9	5 (3, 10)
2021	59.5	27.2	21.2	18.4	18.4	13.1	1.5	0.1	5 (2, 8)
2022	47.9	48.3	28.1	14.8	7.6	1.3	0.0	0.0	3 (1, 4)

[1] Takes into account all individual treatment sessions received following a mental health treatment plan or a psychiatrist assessment and management plan up until either the last session received, or a new plan was completed.

Table A4.3: Treatment sessions following a mental health treatment plan or a psychiatrist assessment and management plan, by demographic factors, 2018 to 2022 year to date

	MENTAL HEALTH TREATMENT PLANS OR PSYCHIATRIST ASSESSMENT AND MANAGEMENT PLANS FOLLOWED BY ONE OR MORE TREATMENT SESSIONS (%) [1]					NUMBER OF TREATMENT SESSIONS FOLLOWING A MENTAL HEALTH TREATMENT PLAN OR A PSYCHIATRIST ASSESSMENT AND MANAGEMENT PLAN (MEDIAN, IQR) [1]				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Age group										
0-14	70.7	68.1	64.2	56.8	43.2	5 (3, 9)	5 (3, 9)	5 (3, 9)	5 (2, 8)	3 (1, 4)
15-24	65.5	64.4	64.1	57.7	44.7	5 (2, 9)	5 (2, 9)	6 (3, 10)	5 (2, 9)	3 (1, 5)
25-44	67.3	66	65.9	60.5	49.4	5 (2, 9)	5 (2, 9)	5 (3, 10)	5 (2, 8)	3 (1, 4)
45-64	69.2	68	66.5	61	50.2	5 (2, 9)	5 (2, 9)	5 (2, 10)	5 (2, 8)	3 (1, 4)
65 and over	66.7	66.6	64.3	59.5	50.4	5 (2, 9)	4 (2, 8)	5 (2, 9)	4 (2, 7)	2 (1, 4)
Sex										
Female	68.7	67.6	67	61.2	49.4	5 (3, 9)	5 (2, 10)	6 (3, 10)	5 (2, 9)	3 (1, 4)
Male	66.3	64.6	62.6	56.7	45.5	5 (2, 8)	5 (2, 8)	5 (2, 9)	4 (2, 7)	3 (1, 4)
Geographic area group										
Major cities (higher SES)	74.1	73.3	72.3	67.4	55.3	5 (3, 10)	5 (3, 10)	6 (3, 10)	5 (3, 9)	3 (2, 5)
Major cities (medium SES)	71.2	69.8	68.6	62.6	50.9	5 (3, 9)	5 (2, 9)	6 (3, 10)	5 (2, 8)	3 (1, 4)
Major cities (lower SES)	65.4	63.8	62.3	55.7	44.3	5 (2, 9)	5 (2, 9)	5 (2, 10)	4 (2, 8)	2 (1, 4)
Inner regional	64.1	62.6	61.5	55.3	43.1	5 (2, 8)	5 (2, 9)	5 (2, 9)	4 (2, 7)	2 (1, 4)
Outer regional	56.7	54.3	54.2	49.5	38.5	4 (2, 8)	4 (2, 8)	5 (2, 9)	4 (2, 7)	2 (1, 4)
Remote	45.6	44.5	46.1	41.5	33.9	4 (2, 8)	4 (2, 7)	4 (2, 8)	4 (2, 7)	2 (1, 4)

SES, socioeconomic status.

[1] Takes into account all individual treatment sessions received following a mental health treatment plan or a psychiatrist assessment and management plan up until either the last session received, or a new plan was completed.

Appendix 5: Survey plain language statement (Study 3)

The Better Access Survey – People's use, experience and outcomes

Responsible Researcher: Professor Jane Pirkis; j.pirkis@unimelb.edu.au; Tel: +61 3 3844 0647
Research Team: Meredith Harris, Cathy Mihalopoulos, Dianne Currier, Mary-Lou Chatterton, Matthew Spittal, Katrina Scurrah, Leo Roberts, Long Le

About this project

Our team has been commissioned by the Department of Health to conduct an evaluation of what is known as the "Better Access program" or just "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with a mental health treatment plan and refers them on to one of these mental health professionals.

This project is one component of the evaluation and has two parts. Firstly (Part A), we are conducting a **survey** with people who have used Better Access in 2021. The survey will ask those who have used Better Access services why they have, about what services they used, and what their experiences were.

In the second part (Part B), we are asking people if they will agree to us linking their Medicare claims information for Better Access services to their survey answers to get a fuller picture of how Better Access services were used. More information about Part B of the project and how to opt in is provided at the end of the survey.

The following provides you with further information about the **survey** part of this project, so that you can decide if you would like to take part.

<u>You can complete the survey without agreeing to linking your Medicare claims information.</u>

Please take the time to read this information carefully and contact the evaluation team if you would like to ask any other questions about the project.

What will I be asked to do?

If you agree to participate in the **survey** part of the project you will be asked to complete an online survey which will take 15 to 20 minutes. Logicly are managing the survey.

What are the possible benefits?

Participating in the survey will give you the opportunity to provide your perspective on the Better Access services you received. You will also be able to enter a draw to win one of 50 gift vouchers valued at $200 each. There will also be broader benefits, because the information you and other participants provide will help to shape the way in which Better Access is delivered in the future.

What are the possible risks?

The risks of participating are small. However, because we will be asking you to think about mental health care you may have received in the past year, there is a possibility that you might feel uncomfortable or distressed. If this happens, you can stop the survey at any time. If you are feeling upset, you might want to talk to your family or friends or contact your service provider or GP. You can also call one of the services listed on the useful support services sheet. The project team is also available to help you obtain support. Please contact us on (03) 8344 0457 if you would like someone to follow-up with you.

Do I have to take part?

No. Participation is completely voluntary. You don't have to answer any question you don't want to and can stop the survey at any time and withdraw from providing any further information. We will not know which survey responses belong to you so will not be able to withdraw any survey information you have already entered. Your participation or withdrawal will have no bearing on any future care you may receive through Better Access or any other program.

Will I hear about the results of this project?

We will provide written reports on the findings of the overall evaluation to the Department of Health, and these reports will include information about what survey participants have told us. Some or all of those reports will be made publicly available. We will also prepare an academic journal article on this project.

What will happen to information about me?

We will protect the confidentiality of your data, subject to any legal requirements. Any personal information that you provide us, such as your name and email address, will be stored separately from your survey responses. All information we collect from you will be held under password protection and not shared with anyone outside the project team. Information presented in reports or journal articles will be grouped together so no individual participant can be identified.

Who is funding this project?

This project has been funded by the Australian Department of Health.

Where can I get further information?

If you would like more information about the project, please contact Dr Dianne Currier betteraccesseval-3@unimelb.edu.au

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne (Project ID 22999). If you have any concerns or complaints about the conduct of this project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 1376 or Email: research-integrity@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

Appendix 6: Survey consent (Study 3)

[The statement below followed the plain language statement. Participants had to check the "Yes" box in order to proceed through to the survey]

Having read the above information, do you agree to participate in this project?

Survey Consent Declaration:

◯ Yes, I have read and understood the information provided to me and would like to proceed in taking part in the online survey.

◯ No, I do not consent to take part

Date: ___/___/_____

Appendix 7: Survey (Study 3)

The Better Access Survey - People's use, experience and outcomes

You have been invited to complete this survey because you are one of the many people in Australia who received treatment services from a mental health professional **in 2021** that were paid for, at least in part, by Medicare. These Medicare-funded services are delivered under what is known as the Better Access program.

We are interested in the Better Access services that you received from **a psychologist, a social worker** or **an occupational therapist**. There are some other professionals who can deliver services under Better Access, but we are not asking you about these professionals. It is also possible that you have seen a psychologist, a social worker or an occupational therapist through some other program that is not funded through Medicare (e.g., through a community mental health service). These mental health professionals are also outside the scope of the survey. The survey about the services you received from **a psychologist, a social worker or an occupational therapist under the Better Access program.**

We'd like you to think back to the mental health professional you saw and answer a few questions about your experiences with seeing them. If you saw more than one mental health professional whose services were at least partially funded by Medicare, think about **the main one** you saw.

The mental health professional you saw in 2021

1. Was the mental health professional from whom you received Better Access services (i.e., Medicare-funded treatment services) **a psychologist**, **a social worker** or **an occupational therapist**? (If you saw more than one of these mental health professionals through Better Access, please tick the one you would describe as **the main one**)	☐	A psychologist
	☐	A social worker
	☐	An occupational therapist
	☐	Unsure
2. Who referred you to the mental health professional?	☐	A general practitioner
	☐	A psychiatrist
	☐	Another type of medical practitioner
	☐	Unsure
3. Was this the first time you had received Medicare-funded treatment services from a mental health professional?	☐	Yes
	☐	No
	☐	Unsure

The circumstances that prompted you to seek care

4. People seek care from mental health professionals for a variety of reasons. What prompted you to seek care on this occasion? **(Tick all that apply)**	☐	I was referred by a medical practitioner
	☐	I was feeling depressed, anxious or highly stressed
	☐	I had experienced a traumatic event
	☐	I recognised that I needed some help with my problems
	☐	I was encouraged to do so by family or friends
	☐	Other (Please describe) _____
	☐	Unsure

5. At the time you sought care from the mental health professional, were you given a mental health diagnosis?	☐	Yes
	☐	No → Go to question 7
	☐	Unsure → Go to question 7
6. What was the diagnosis? **(Tick all that apply)**	☐	An anxiety disorder
	☐	Depression
	☐	Bipolar disorder
	☐	An eating disorder
	☐	A personality disorder
	☐	Post-traumatic stress disorder
	☐	A psychotic disorder (e.g., schizophrenia)
	☐	A substance use disorder
	☐	Autism spectrum disorder
	☐	Other (Please describe) _____
	☐	Unsure

The outcomes of the care

	1 Worst possible mental health	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10 Best possible mental health**	**Unsure**
7. On a scale of 1 to 10, where 1 is the worst possible mental health and 10 is the best possible mental health, how would you rate your mental health **before your first session** with the mental health professional?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. On a scale of 1 to 10, where 1 is the worst possible mental health and 10 is the best possible mental health, how would you rate your mental health **after your most recent session** with the mental health professional?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

9. To what extent do you think that the treatment you received from the mental health professional was responsible for any change in your mental health?	☐	The treatment I received from the mental health professional was entirely responsible for the change in my mental health
	☐	The treatment I received from the mental health professional was partially responsible for the change in my mental health, but other factors played a role
	☐	The treatment I received from the mental health professional was not at all responsible for the change in my mental health; it was totally due to other factors
	☐	Not applicable; my mental health didn't change
	☐	Unsure

The experience of seeing the mental health professional

Please rate the extent to which you agree or disagree with the following statements.	1 Strongly disagree	2 Disagree	3 Neither disagree nor agree	4 Agree	5 Strongly agree
10. I found the referral process straightforward	☐	☐	☐	☐	☐
11. I had to wait too long for an appointment with the mental health professional	☐	☐	☐	☐	☐
12. I had to travel too far to see the mental health professional	☐	☐	☐	☐	☐
13. I was offered sessions at a time that suited me	☐	☐	☐	☐	☐
14. The mental health professional was empathic	☐	☐	☐	☐	☐
15. I was offered the opportunity for my family and friends to be involved in my support or care if I wanted this	☐	☐	☐	☐	☐
16. The mental health professional listened to me	☐	☐	☐	☐	☐
17. The mental health professional respected my right to make decisions	☐	☐	☐	☐	☐
18. The mental health professional equipped me with strategies to address the issues I was facing	☐	☐	☐	☐	☐
19. The support or care provided by the mental health professional met my needs	☐	☐	☐	☐	☐
20. I had a good relationship with the mental health professional	☐	☐	☐	☐	☐

The sessions of care

21. Were your sessions with the mental health professional face-to-face (e.g., in their rooms) or via telehealth (e.g., over Zoom or some other video conferencing platform) or phone? **(Tick all that apply)**	☐	Face-to-face
	☐	Via telehealth
	☐	Via phone
	☐	Unsure
22. Were your sessions with the mental health professional delivered to you individually or did you attend them as part of a group? **(Tick all that apply)**	☐	Individually
	☐	In a group
	☐	Unsure
23. Are you still seeing the mental health professional (or planning to continue seeing them)?	☐	Yes → Go to question 26
	☐	No
	☐	Unsure → Go to question 26
24. Did you continue seeing the mental health professional for as long as you could have done?	☐	Yes → Go to question 26
	☐	No
	☐	Unsure → Go to question 26
25. Why did you stop seeing the mental health professional? **(Tick all that apply)**	☐	I felt better
	☐	The fee I had to pay out of my own pocket was too expensive
	☐	The other costs associated with seeing the mental health professional were too high (e.g., transport costs, accommodation costs, childcare costs, income lost by attending the sessions)

	☐	I did not find the sessions helpful
	☐	I did not like the mental health professional's manner or approach
	☐	I had difficulty fitting the sessions in around my other commitments
	☐	The mental health professional moved out of my area
	☐	I chose to access a different mental health service (i.e., one that wasn't paid for by Medicare)
	☐	I did not like the session format (e.g., telehealth, face-to-face)
	☐	Language was a barrier for me
	☐	Other (Please describe) _____
	☐	Unsure
26. In total, how many sessions did you attend (or will you attend) with the mental health professional?	_____	
	☐	Unsure
27. How would you describe the number of sessions?	☐	Too many
	☐	Too few
	☐	Just right
	☐	Unsure

Overall satisfaction with care

	1 Very dissatisfied	2 Dissatisfied	3 Neither dissatisfied nor satisfied	4 Satisfied	5 Very satisfied
28. How satisfied were you with your care?	☐	☐	☐	☐	☐

Payment

29. Which of the following most accurately describes the way in which your sessions with the mental health professional were paid for?	☐	Medicare covered all of the costs
	☐	Medicare covered some of the costs, but I paid at least some of the costs out of my own pocket
	☐	Some other payment arrangement (Please describe) _____
	☐	Unsure
30. Which of the following best describes what you paid for your sessions with the mental health professional?	☐	I didn't pay anything; Medicare covered all of the cost
	☐	I paid a fee that was affordable
	☐	I paid a fee that was too expensive
	☐	Unsure

Finally, a few questions about you

31. What is your postcode?		_____
32. What is your age?	☐	≤19
	☐	20-24
	☐	25-29
	☐	30-34
	☐	35-39
	☐	40-44
	☐	45-49
	☐	50-54
	☐	55-59
	☐	60-64
	☐	65-69
	☐	70-74
	☐	75-79
	☐	≥80
33. Are you:	☐	Female
	☐	Male
	☐	Non-binary sex
	☐	Prefer not to say
34. How would you describe your sexual identity	☐	Lesbian, gay or homosexual
	☐	Straight or heterosexual
	☐	Bisexual
	☐	Something else
	☐	Don't know
	☐	Prefer not to say
35. Which country were you born in?	☐	Australia
	☐	England
	☐	New Zealand
	☐	India
	☐	Philippines
	☐	Vietnam
	☐	Italy
	☐	Other (Please specify) _____
36. Do you identify as Aboriginal or Torres Strait Islander?	☐	Aboriginal
	☐	Torres Strait Islander
	☐	Both Aboriginal and Torres Strait Islander
	☐	Neither Aboriginal nor Torres Strait Islander

END SCREENS

SCREEN 1

Enter your details below if you would like to go into the prize draw

Name

Phone…… Email…….

NEXT

SCREEN 2

SURVEY COMPLETE NEXT

Thank you very much for completing this survey. We really appreciate the fact that you were prepared to share your views and experiences.

Remember that if anything about the survey has left you feeling upset, you might want to talk to your family or friends or contact your service provider or GP. You can also call on of the services listed on the useful support services sheet [hyperlink to downloadable support services sheet]. The project team is also available to help you obtain support.

☐ Check this box if you would like the evaluation psychologist to check in with you.

START NEXT

SCREEN 3

Part 2: Linking your Medicare Records to your Survey Responses

Click **NEXT** for more information on what's involved in linking your Medicare records to your survey responses including how to participate.

EXIT NEXT

Thank you very much for completing this survey. We really appreciate the fact that you were prepared to share your views and experiences.

Remember that if anything about the survey has left you feeling upset, you might want to talk to your family or friends or contact your service provider or GP. You can also call on of the services listed on the useful support services sheet [hyperlink to downloadable support services sheet]. The project team is also available to help you obtain support.

Appendix 8: Data linkage plain language statement (Study 3)

THE BETTER ACCESS SURVEY – PEOPLE'S USE, EXPERIENCE AND OUTCOMES

Responsible Researcher: Professor Jane Pirkis; j.pirkis@unimelb.edu.au; Tel: +61 3 3844 0647
Research Team: Meredith Harris, Cathy Mihalopoulos, Dianne Currier, Mary-Lou Chatterton, Matthew Spittal, Katrina Scurrah, Leo Roberts, Long Le

About this project

As we described earlier, our team has been commissioned by the Department of Health to conduct an evaluation of "Better Access". Understanding how people use the services offered through Better Access and their experiences of them is one component of the evaluation.

In this second part of the Better Access Survey project, we are asking people who completed the Survey if they would agree to us linking their Medicare Benefits Schedule claims information (MBS records) to their survey answers to get a fuller picture of how services are used. We are only interested in claims information for Better Access services, not any other Medicare claims.

This page provides you with further information about the second part of this project - **MBS records data linkage** - so that you can decide if you would like to take part.

Please take the time to read this information carefully and contact the evaluation team if you have any other questions about the MBS records data linkage.

What will I be asked to do?

You will be asked to sign the consent form authorising the study to access your complete MBS information as outlined in the consent form. Medicare collects information on your doctor and other medical service provider visits and the associated costs. If you agree we will ask Services Australia (the organisation that administers Medicare records) to provide us your MBS claims information related to your Better Access service use for the past two years (2020 and 2021).

Services Australia is not involved in the conduct of this study other than to release your MBS records. They will not provide your MBS records to the study without your consent. To participate in this part of the study, you must complete the 'Services Australia Participant Consent Form' that follows this information.

Services Australia collect your Medicare claims information so they can process and manage your applications and payments and provide services to you. Your MBS records that Services Australia hold are protected by the Privacy Act 1988 and cannot be given to a third party without your consent. Services Australia only share your information with other parties where you have agreed, or where the law allows or requires it. For more information about privacy, go to **servicesaustralia.gov.au/privacy.**

The following table gives an example of the type of information that may be included in the MBS records

Date of service	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out-of-pocket	Item category
20/04/09	00023	Level B consultation	$38.30	$34.30	$34.30	$4.00	1
22/06/09	11700	ECG	$29.50	$29.50	$29.50		2

What are the possible benefits?

There is no direct benefit to you if you agree to linking your MBS records, however it will give our evaluation team additional information that will allow us to get a more in-depth picture of how services are used and if the current program is meeting people's needs. This will support broader benefits, because the information you and other survey participants provide will help to shape the way in which Better Access is delivered in the future. You don't have to agree to your MBS records data linkage to go into the gift voucher draw.

What are the possible risks?

The risks of agreeing to linkage are very small. An unauthorised person may access your data or your privacy may be breached. However, this is extremely unlikely as the evaluation team and Services Australia both have very strict rules about storing and accessing MBS records, and any information that can identify you will be removed and stored separately from your MBS records and linked survey information.

Do I have to agree?

No. The consent to release your MBS records by Services Australia is completely voluntary and there will be no cost to you. If you do not want to consent to the release of your MBS records by Services Australia you do not have to. Choosing not to participate in the MBS records data linkage will not affect your current or future medical care in any way.

You may change your mind at any time about releasing your information to the Study. People withdraw from studies for various reasons and you do not need to provide a reason.

You can withdraw your consent to release your MBS records by completing the 'Services Australia Participant Withdrawal of Consent Form'. You can also use that form to choose if the study should destroy or keep your MBS records. You can download the form here or contact the study coordinator on (03) 8344 0457 and she will send it to you.

If you do withdraw your consent from the study and your information has already been analysed and/or included in a publication, your MBS records may not be able to be withdrawn or destroyed. In such circumstances, your MBS records will continue to form part of the project study records and results. Your privacy will continue to be protected at all times.

Will I hear about the results of this project?

We will provide written reports on the findings of the overall evaluation to the Department of Health, and these reports will include information about what survey participants have told us. Some or all of those reports will be made publicly available. We will also prepare an academic journal article on this component of the Better Access evaluation.

What will happen to information about me?

We will protect your confidentiality, subject to any legal requirements. We will not share your information with anyone outside the evaluation team and the small number of staff involved in the linkage at Services Australia. Only authorised members of the evaluation team, the Services Australia data team, and Logicly, who are managing the survey, will have access to your personal details.

Your consent form containing your personal details will be sent securely to Services Australia to authorise the release of your MBS records. Services Australia and the University of Melbourne will both retain a copy of your consent form for the life of the study as a record of your consent. Your personal details will be removed from your MBS records and survey responses and stored separately on password protected secure University servers, or hosted through cloud computing providers, physically located within Australian borders. Your MBS records will not be sent outside of Australian.

Your MBS records will be securely destroyed after the final publication of the study. However, if you withdraw from the Study you can request the destruction of your MBS records as described above. All information will be securely destroyed at the completion of the study in a manner appropriate to the security classification of the record content.

Who is funding this project?

This project has been funded by the Australian Department of Health.

Where can I get further information?

If you would like more information about the project, please contact the Project Coordinator Dr Dianne Currier betteraccesseval-3@unimelb.edu.au

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne (Project ID 22999). If you have any concerns or complaints about the conduct of this project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 1376 or Email: research-integrity@unimelb.edu.au.

All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

Services Australia has confirmed that a Human Research Ethics Committee (HREC) that is registered with the National Health and Medical Research Council (NHMRC) and operates within guidelines set out by the NHMRC has approved this research and any associated documents. If you have a privacy complaint in relation to the use of your Services Australia information, you should contact the Office of the Australian Information Commissioner. You will be able to lodge a complaint with them.

Website:	www.oaic.gov.au
Telephone:	1300 363 992
Email:	enquiries@oaic.gov.au
Mail:	GPO Box 5218, Sydney NSW 2001

Your personal information Services Australia hold is protected by the Privacy Act 1988 and cannot be given to a third party without your consent or where otherwise permitted by law. For more information about privacy, go to **servicesaustralia.gov.au/privacy**

Appendix 9: Data linkage consent (Study 3)

THE BETTER ACCESS SURVEY – PEOPLE'S USE, EXPERIENCE AND OUTCOMES

Medicare Claims Data Linkage Consent Form

Responsible Researcher: Professor Jane Pirkis Tel: +61 3 3844 0647 Email: j.pirkis@unimelb.edu.au
Additional Researchers: Meredith Harris, Cathy Mihalopoulos, Dianne Currier, Mary-Lou Chatterton, Matthew Spittal, Katrina Scurrah, Leo Roberts, Long Le

Participant ID: [Autogenerated by Logicly]

This form is for you to complete to Consent to release of Medicare Benefits Schedule (MBS) information by Services Australia to the University of Melbourne for the purposes of the "Better Access Survey – People's use, experience and outcomes" project.

Rights and Privacy

I understand that:

- ☐ my MBS information will be disclosed by Services Australia for the purposes of the study.
- ☐ the results of this research may be published in articles or journals.
- ☐ I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers; and my name will never be disclosed by Services Australia, used in the study or published.
- ☐ my participation in the study is completely voluntary.
- ☐ I can withdraw my participation in the study at any time (refer to participant information sheet and withdrawal of consent form) and I do not have to provide a reason for my withdrawal.

Consent

- ☐ I understand the information provided to me about the study I am participating in.
- ☐ I have been given the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction.
- ☐ I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
- ☐ I consent to the disclosure by Services Australia of my MBS information to researchers for the purposes of the study.

Participant Details

Please complete the following section so Services Australia can locate your information and provide it to the University of Melbourne.

1. Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name: _____ First given name: _____

Other given name (s): _____

Date of birth: **___ /____/_____**
DD / MM / YYYY

2. Medicare card number: _____

3. Permanent address: _____

Postal address (if different to above): _____

AUTHORISATION

4. I authorise Services Australia to provide my:

☐ Medicare claims history

For the period of **01/01/2020** to: **31/12/2021** to the *"Better Access Survey – People's use, experience and outcomes"* project.

DECLARATION

☐ I declare that the information on this form is true and correct.

Dated: [DD/MM/YY Autogenerated]

Appendix 10: Comparison between all participants and participants with linked MBS claims data (Study 3)

Table A10.1: Sociodemographic profile of all participants and participants with linked MBS claims data

		ALL PARTICIPANTS (N=2,013)		PARTICIPANTS WITH LINKED MBS CLAIMS DATA (N=1,317)	
		FREQUENCY	%	FREQUENCY	%
Age[a]	18-19	82	4.1	56	4.3
	20-29	454	22.9	302	23
	30-39	531	26.8	344	26.2
	40-49	382	19.3	252	19.2
	50-59	256	12.9	170	12.9
	60-69	197	9.9	138	10.5
	70-79	78	4	53	4.1
Sex[a]	Female	1,336	74.6	888	73.9
	Male	399	22.3	282	23.5
	Non-binary sex	39	2.2	25	2.1
	Prefer not to say	16	0.9	7	0.6
Sexual identity[a]	Lesbian, gay or homosexual	125	7.0	90	7.5
	Straight or heterosexual	1,349	75.1	904	75.0
	Bisexual	213	11.9	146	12.1
	Something else	44	2.4	28	2.3
	Don't know/prefer not to say	65	3.6	37	3.1
Country of birth[a]	Australia	1,449	75.3	981	78.0
	Overseas	476	24.7	276	22.0
First Nations status[a]	First Nations	36	2.1	25	2.1
	Not First Nations	1,744	98	1	97.9
State of residence[a]	NSW	390	20.8	254	20.2
	VIC	664	35.5	444	35.3
	QLD	417	22.3	285	22.7
	SA	90	4.8	59	4.7
	WA	164	8.8	111	8.8
	TAS	88	4.7	67	5.3
	ACT	25	1.3	17	1.4
	NT	33	1.8	20	1.6
Area of residence[a]	Major city	1,399	69.5	889	67.5
	Regional, rural, remote	614	30.5	428	32.5
Area level socioeconomic status (SEIFA IRSD quintiles[a,b]	Q1 (Most disadvantaged)	253	13.6	180	14.4
	Q2	363	19.5	243	19.4
	Q3	391	21.0	267	21.3
	Q4	374	20.1	254	20.3
	Q5 (Least disadvantaged)	484	26.0	308	24.6

a. Missing data excluded.
b. Socioeconomic status was ascribed to participants on the basis of their postcode, using quintiles derived from the Index of Relative Socioeconomic Disadvantage (IRSD) of the of the Socioeconomic Indexes for Areas (SEIFA). More specifically, the SEIFA concordance file was used to assign the IRSD. The IRSD file reports deciles which were then converted into quintiles.

Appendix 11: Methodology for classifying change (Study 4)

The difference or 'change' between baseline and follow-up scores on measures of depressive and anxiety symptoms and quality of life was classified using an effect size methodology. For each measure, a "small-to-medium" effect size threshold was set at 0.3 of a standard deviation of the baseline total score (using baseline data from all individuals in the Target-D and Link-me control groups who completed the measure). This yielded an absolute threshold of change score for each measure. For example, for the PHQ-9 (range of scores 0-27) the change threshold was 1, therefore change was classified as "significant improvement" if the change score was 2 or more, "significant deterioration" if the change score was -2 or less, and "no significant change" if the change score was between -1 and 1.

For total days out of role (range of values 0-28 in increments of 0.5), an absolute threshold for change equivalent was set as the average number of days out of role for Australians without a mental disorder (1.4 days), therefore change was classified as "significant improvement" if the change in total days out of role was 2 or more, "significant deterioration" if the change was -2 or less, and "no significant change" if the change score was between -1.5 and 1.5.

Table A11.1. Change thresholds by measure

Measure	SD	N	Absolute threshold of change score	Interval of change scores for 'significant improvement' [a,b]		Interval of change scores for 'no significant change' [a,b]		Interval of change scores for 'significant deterioration' [a,b]	
				Max.	Min.	Max.	Min.	Min.	Max.
Target-D									
PHQ-9 total	5.7	935	1	27	2	1	-1	-2	-27
GAD-7 total	5.1	935	1	21	2	1	-1	-2	-21
AQoL-8D utility weights	0.20	843	0.05	-1.04	>-0.05	-0.05	0.05	<0.05	1.04
Link-me									
PHQ-9 total	6.2	1,264	1	27	2	1	-1	-2	-27
GAD-7 total	5.4	1,264	1	21	2	1	-1	-2	-21
EQ-5D-5L utility weights	0.27	1,252	0.07	-1.281	>-0.07	-0.07	0.07	<0.07	1.281
Total days out of role	n/a	n/a	1.4	28	2	1.5	-1.5	-2	-28

SD = standard deviation; Max.=maximum; Min.=minimum.

[a] The interval is the range of possible change values on each measure.

[b] For measures where higher scores indicate poorer mental health (PHQ-9 and GAD-7), a positive change score indicates improvement and a negative change score indicates deterioration. For measures where higher scores indicate better health (AQoL-8D and EQ-5D-5L), a negative change score indicates improvement and a positive change score indicates deterioration.

Appendix 12: Comparison of included and not included participants (Study 4)

Table A12.1a: Comparison of participants who were included in the current analyses with those who were not included, for the Target-D cohort (N=935)

	Baseline to 3-month follow-up			Baseline to 12-month follow-up		
	Included (n=577)	Not included (n=358)	p-value	Included (n=394)	Not included (n=541)	p-value
Depressive symptom severity (PHQ-9 total), mean (SD) [1]	9.2 (5.4)	9.3 (6.1)	0.775	9.1 (5.3)	9.4 (5.9)	0.454
Anxiety symptom severity (GAD-7 total), mean (SD) [1]	8.6 (5.0)	8.8 (5.4)	0.573	8.4 (4.8)	8.9 (5.4)	0.142
Quality of life (AQoL-8D), mean (SD) [1]	0.56 (0.19)	0.57 (0.21)	0.667	0.57 (0.19)	0.57 (0.21)	0.744
Prognostic group						
Minimal/mild	417 (72%)	261 (73%)		290 (74%)	388 (72%)	
Moderate	96 (17%)	49 (14%)		62 (16%)	83 (15%)	
Severe	64 (11%)	48 (13%)	0.326	42 (11%)	70 (13%)	0.570
Age group						
18-35 years	297 (51%)	249 (70%)		194 (49%)	352 (65%)	
36-55 years	211 (37%)	89 (25%)		143 (36%)	157 (29%)	
56 years and over	69 (12%)	20 (6%)	<0.001	57 (14%)	32 (6%)	<0.001
Gender						
Male	160 (28%)	117 (33%)		101 (26%)	176 (33%)	
Female	413 (72%)	240 (67%)	0.116	289 (73%)	364 (67%)	0.028
Highest level of education						
Year 12 or equivalent or less	159 (28%)	99 (28%)		105 (27%)	153 (28%)	
Certificate/diploma	137 (24%)	93 (26%)		103 (26%)	127 (23%)	
Bachelor's degree or higher	281 (49%)	166 (46%)	0.705	186 (47%)	261 (48%)	0.628
Employment						
Employed	391 (71%)	219 (70%)		276 (73%)	334 (68%)	
Unemployed	161 (29%)	94 (30%)	0.789	101 (27%)	154 (32%)	0.127
Manage on available income						
Easily/not too bad/difficult some of the time	504 (87%)	313 (87%)		346 (88%)	471 (87%)	

	Baseline to 3-month follow-up			Baseline to 12-month follow-up		
	Included (n=577)	Not included (n=358)	p-value	Included (n=394)	Not included (n=541)	p-value
Difficult all the time/impossible	73 (13%)	45 (13%)	0.971	48 (12%)	70 (13%)	0.731
Receiving benefit or disability support						
Yes	88 (16%)	45 (14%)		54 (14%)	79 (16%)	
No	462 (84%)	270 (86%)	0.501	321 (86%)	411 (84%)	0.486
Health care card holder						
Yes	140 (26%)	88 (28%)		96 (26%)	132 (27%)	
No	406 (74%)	222 (72%)	0.382	278 (74%)	350 (73%)	0.573
Live alone						
Yes	69 (12%)	40 (11%)		49 (12%)	60 (11%)	
No	508 (88%)	318 (89%)	0.716	345 (88%)	481 (89%)	0.527
Self-rated health						
Excellent/very good/good	446 (77%)	283 (79%)		304 (77%)	425 (79%)	
Fair/poor	131 (23%)	75 (21%)	0.529	90 (23%)	116 (21%)	0.610
History of depression						
Yes	375 (65%)	218 (61%)		258 (65%)	335 (62%)	
No	202 (35%)	140 (39%)	0.206	136 (35%)	206 (38%)	0.264
Long-term illness or health problems which limit daily activities/work						
Yes	174 (30%)	96 (27%)		120 (30%)	150 (28%)	
No	403 (70%)	262 (73%)	0.273	274 (70%)	391 (72%)	0.363
Saw doctor/other health professional for mental health in last month						
Yes	267 (46%)	139 (39%)		193 (49%)	213 (39%)	
No	310 (54%)	219 (61%)	0.026	201 (51%)	328 (61%)	0.003
Currently taking an antidepressant						
Yes	152 (26%)	74 (21%)		106 (27%)	120 (22%)	
No	425 (74%)	284 (79%)	0.049	288 (73%)	421 (78%)	0.096

SD, standard deviation. Data are n (%) unless otherwise stated. PHQ-9=Patient Health Questionnaire, 9-item version. GAD-7=Generalized Anxiety Disorder scale, 7-item version. AQoL-8D=Assessment of Quality of Life-8 Dimensions.

[1] Denominators may vary due to missing data or the omission of categories due to small cell sizes.

Table A12.1b: Comparison of participants who were included in the current analyses with those who were not included, for the Link-me cohort (N=1264)

	Baseline to 6-month follow-up			Baseline to 12-month follow-up		
	Included (n=745)	Not included (n=519)	p-value	Included (n=553)	Not included (n=711)	p-value
Depressive symptom severity (PHQ-9 total), mean (SD) [1]	10.3 (6.2)	10.7 (6.3)	0.307	10.3 (6.3)	10.7 (6.2)	0.276
Anxiety symptom severity (GAD-7 total), mean (SD) [1]	8.3 (5.4)	8.7 (5.5)	0.292	8.1 (5.4)	8.7 (5.4)	0.059
Quality of life (EQ-5D-5L utility weights), mean (SD) [1]	0.62 (0.27)	0.63 (0.27)	0.426	0.62 (0.26)	0.62 (0.27)	0.697
Total days out of role (K10+), median (IQR) [1,2]	3.5 (0.0-12.5)	3.5 (0.0-11.3)	0.563	3.0 (0.0-12.0)	3.5 (0.0-12.0)	0.683
Prognostic group						
Minimal/mild	234 (31%)	182 (35%)		172 (31%)	244 (34%)	
Moderate	266 (36%)	161 (31%)		192 (35%)	235 (33%)	
Severe	245 (33%)	176 (34%)	0.190	189 (34%)	232 (33%)	0.483
Age group						
18-35 years	282 (38%)	275 (53%)		190 (34%)	367 (52%)	
36-55 years	263 (35%)	165 (32%)		201 (36%)	227 (32%)	
56 years and over	200 (27%)	79 (15%)	<0.001	162 (29%)	117 (16%)	<0.001
Gender						
Male	213 (29%)	140 (27%)		159 (29%)	194 (27%)	
Female	530 (71%)	379 (73%)	0.510	392 (71%)	517 (73%)	0.537
First Nations status						
First Nations	17 (2%)	24 (5%)		8 (1%)	33 (5%)	
Not First Nations	728 (98%)	495 (95%)	0.024	545 (99%)	678 (95%)	0.001
Main language spoken at home						
English	732 (98%)	497 (96%)		548 (99%)	681 (96%)	
Other	13 (2%)	22 (4%)	0.009	5 (1%)	30 (4%)	<0.001
Highest level of education						
Year 12 or equivalent or less	234 (31%)	217 (42%)		161 (29%)	290 (41%)	
Certificate/diploma	253 (34%)	171 (33%)		188 (34%)	236 (33%)	
Bachelor's degree or higher	258 (35%)	131 (25%)	<0.001	204 (37%)	185 (26%)	<0.001
Employment status						

	Baseline to 6-month follow-up			Baseline to 12-month follow-up		
	Included (n=745)	Not included (n=519)	p-value	Included (n=553)	Not included (n=711)	p-value
Employed	489 (66%)	366 (71%)		370 (67%)	485 (68%)	
Unemployed	256 (34%)	153 (29%)	0.068	183 (33%)	226 (32%)	0.622
Manage on available income						
Easily/not too bad/difficult some of the time	640 (86%)	451 (87%)		472 (85%)	619 (87%)	
Difficult all the time/impossible	105 (14%)	68 (13%)	0.614	81 (15%)	92 (13%)	0.381
Health care card holder						
Yes	282 (38%)	214 (41%)		206 (37%)	290 (41%)	
No	463 (62%)	305 (59%)	0.226	347 (63%)	421 (59%)	0.201
Live alone						
Yes	136 (18%)	76 (15%)		106 (19%)	106 (15%)	
No	609 (82%)	443 (85%)	0.091	447 (81%)	605 (85%)	0.044
Self-rated health						
Excellent/very good/good	532 (71%)	337 (65%)		391 (71%)	478 (67%)	
Fair/poor	213 (29%)	182 (35%)	0.015	162 (29%)	233 (33%)	0.186
History of depression						
Yes	491 (66%)	323 (62%)		373 (67%)	441 (62%)	
No	254 (34%)	196 (38%)	0.180	180 (33%)	270 (38%)	0.046
Long-term illness or health problems which limit daily activities/work						
Yes	304 (41%)	177 (34%)		240 (43%)	241 (34%)	
No	441 (59%)	342 (66%)	0.016	313 (57%)	470 (66%)	0.001
Reason for visiting GP						
Physical health	298 (40%)	180 (35%)		230 (42%)	248 (35%)	
Mental health and wellbeing	447 (60%)	339 (65%)	0.055	323 (58%)	463 (65%)	0.015
Saw doctor/other health professional for psychological distress in last 4 weeks (K10+)						
Yes	311 (43%)	190 (38%)		227 (42%)	274 (40%)	
No	417 (57%)	314 (62%)	0.078	314 (58%)	417 (60%)	0.413
Currently taking medication for mental health						
Yes	369 (50%)	229 (44%)		281 (51%)	317 (45%)	

	Baseline to 6-month follow-up			Baseline to 12-month follow-up		
	Included (n=745)	**Not included (n=519)**	**p-value**	**Included (n=553)**	**Not included (n=711)**	**p-value**
No	376 (50%)	290 (56%)	0.058	272 (49%)	394 (55%)	0.028

SD, standard deviation. IQR, interquartile range. Data are mean (SD) or n (%). PHQ-9=Patient Health Questionnaire, 9-item version. EQ-5D-5L=EuroQol 5-dimensions. GAD-7=Generalized Anxiety Disorder scale, 7-item version. K10+=Four-item extension of the standard 10-item K10. n.a., not available due to small numbers in some cells.

[1] Denominators may vary due to missing data or the omission of categories due to small cell sizes.

[2] Among the subset of participants who reported any psychological distress at T0.

Appendix 13: Baseline characteristics of the three treatment groups (Study 4)

Table A13.1a: Baseline characteristics of participants across the 3 treatment groups for the Target-D cohort

	Baseline to 3-month follow-up (T0-T1) (n=577)				Baseline to 12-month follow-up (T0-T2) (n=394)			
	Better Access treatment (n=114)	**Other mental health care (n=280)**	**No mental health care (n=183)**	***p*-value**	**Better Access treatment (n=132)**	**Other mental health care (n=194)**	**No mental health care (n=68)**	***p*-value**
Depressive symptom severity (PHQ-9 total), mean (SD) [1]	11.2 (5.8)	9.8 (5.1)	7.1 (5.0)	<0.001	10.8 (5.7)	8.7 (4.9)	6.7 (4.1)	<0.001
Anxiety symptom severity (GAD-7 total), mean (SD) [1]	10.1 (5.3)	8.9 (4.7)	7.2 (4.8)	<0.001	9.8 (5.2)	8.0 (4.4)	6.9 (4.5)	<0.001
Quality of life (AQoL-8D utility weights), mean (SD) [1]	0.51 (0.19)	0.55 (0.18)	0.63 (0.19)	<0.001	0.53 (0.18)	0.58 (0.18)	0.64 (0.20)	<0.001
Prognostic group								
Minimal/mild	65 (57%)	191 (68%)	161 (88%)		83 (63%)	143 (74%)	64 (94%)	
Moderate	25 (22%)	61 (22%)	10 (5%)		24 (18%)	n.a.	n.a.	
Severe	24 (21%)	28 (10%)	12 (7%)	<0.001	25 (19%)	n.a.	n.a.	<0.001
Age group								
18-35 years	62 (54%)	144 (51%)	91 (50%)		76 (58%)	89 (46%)	29 (43%)	
36-55 years	40 (35%)	103 (37%)	68 (37%)		41 (31%)	75 (39%)	27 (40%)	
56 years and over	12 (11%)	33 (12%)	24 (13%)	0.939	15 (11%)	30 (15%)	12 (18%)	0.206
Gender								
Male	38 (33%)	77 (28%)	45(25%)		39 (30%)	45 (23%)	17 (25%)	
Female	74 (65%)	202 (72%)	137 (75%)	0.299	90 (68%)	148 (76%)	51 (75%)	0.375
Highest level of education								
Year 12 or equivalent or less	31 (27%)	86 (31%)	42 (23%)		32 (24%)	56 (29%)	17 (25%)	
Certificate/diploma	27 (24%)	65 (23%)	45 (25%)		35 (27%)	52 (27%)	16 (24%)	
Bachelor's degree or higher	56 (49%)	129 (46%)	96 (52%)	0.486	65 (49%)	86 (44%)	35 (51%)	0.800
Employment status								
Employed	83 (75%)	183 (68%)	125 (73%)		95 (75%)	134 (72%)	47 (73%)	
Unemployed	27 (25%)	88 (32%)	46 (27%)	0.224	31 (25%)	53 (28%)	17 (27%)	0.764
Manage on available income								

	Baseline to 3-month follow-up (T0-T1) (n=577)				Baseline to 12-month follow-up (T0-T2) (n=394)			
	Better Access treatment (n=114)	**Other mental health care (n=280)**	**No mental health care (n=183)**	***p*-value**	**Better Access treatment (n=132)**	**Other mental health care (n=194)**	**No mental health care (n=68)**	***p*-value**
Easily/not too bad/difficult some of the time	99 (87%)	235 (84%)	170 (93%)		115 (87%)	170 (88%)	61 (90%)	
Difficult all the time/impossible	15 (13%)	45 (16%)	13 (7%)	0.018	17 (13%)	24 (12%)	7 (10%)	0.864
Receiving benefit or disability support								
Yes	19 (17%)	49 (18%)	20 (12%)		16 (13%)	30 (16%)	8 (13%)	
No	90 (83%)	222 (82%)	150 (88%)	0.191	109 (87%)	157 (84%)	55 (87%)	0.665
Health care card holder								
Yes	27 (25%)	81 (30%)	32 (19%)		32 (26%)	56 (30%)	8 (13%)	
No	81 (75%)	188 (70%)	137 (81%)	0.033	92 (74%)	130 (70%)	56 (88%)	0.021
Live alone								
Yes	12 (11%)	37 (13%)	20 (11%)		14 (11%)	31 (16%)	4 (6%)	
No	102 (89%)	243 (87%)	163 (89%)	0.662	118 (89%)	163 (84%)	64 (94%)	0.070
Self-rated health								
Excellent/very good/good	84 (74%)	209 (75%)	153 (84%)		101 (77%)	147 (76%)	56 (82%)	
Fair/poor	30 (26%)	71 (25%)	30 (16%)	0.047	31 (23%)	47 (24%)	12 (18%)	0.526
History of depression								
Yes	94 (82%)	188 (67%)	93 (51%)		107 (81%)	121 (62%)	30 (44%)	
No	20 (18%)	92 (33%)	90 (49%)	<0.001	25 (19%)	73 (38%)	38 (56%)	<0.001
Long-term illness or health problems which limit daily activities/work								
Yes	44 (39%)	92 (33%)	38 (21%)		45 (34%)	64 (33%)	11 (16%)	
No	70 (61%)	188 (67%)	145 (79%)	0.002	87 (66%)	130 (67%)	57 (84%)	0.019
Saw doctor/other health professional for mental health in last month								
Yes	89 (78%)	136 (49%)	42 (23%)		101 (77%)	76 (39%)	16 (24%)	
No	25 (22%)	144 (51%)	141 (77%)	0.000	31 (23%)	118 (61%)	52 (76%)	0.000
Currently taking an antidepressant								
Yes	43 (38%)	104 (37%)	5 (3%)		45 (34%)	n.a.	n.a.	
No	71 (62%)	176 (63%)	178 (97%)	<0.001	87 (66%)	n.a.	n.a.	<0.001

	Baseline to 3-month follow-up (T0-T1) (n=577)				Baseline to 12-month follow-up (T0-T2) (n=394)			
	Better Access treatment (n=114)	**Other mental health care (n=280)**	**No mental health care (n=183)**	***p*-value**	**Better Access treatment (n=132)**	**Other mental health care (n=194)**	**No mental health care (n=68)**	***p*-value**

SD, standard deviation. Data are n (%) unless otherwise stated. PHQ-9=Patient Health Questionnaire, 9-item version. AQoL-8D=Assessment of Quality of Life-8 Dimensions. GAD-7=Generalized Anxiety Disorder scale, 7-item version. K10+=Four-item extension of the standard 10-item K10. n.a., not available due to small numbers in some cells.

[1] Denominators may vary due to missing data or the omission of categories due to small cell sizes.

Table A13.1b: Baseline characteristics of participants across the 3 treatment groups for the Link-me cohort

	Baseline to 6-month follow-up (T0-T1) (n=718)				Baseline to 12-month follow-up (T0-T2) (n=547)			
	Better Access treatment (n=164)	**Other mental health care (n=329)**	**No mental health care (n=225)**	***p*-value**	**Better Access treatment (n=182)**	**Other mental health care (n=226)**	**No mental health care (n=139)**	***p*-value**
Depressive symptom severity (PHQ-9 total), mean (SD) [1]	12.9 (6.8)	10.7 (6.2)	8.1 (4.9)	<0.001	12.5 (6.6)	10.1 (6.1)	7.6 (4.6)	<0.001
Anxiety symptom severity (GAD-7 total), mean (SD) [1]	10.1 (5.7)	8.4 (5.5)	7.0 (4.7)	<0.001	9.9 (5.3)	7.8 (5.5)	6.5 (4.7)	<0.001
Quality of life (EQ-5D-5L utility weights), mean (SD) [1]	0.54 (0.30)	0.58 (0.26)	0.73 (0.20)	<0.001	0.56 (0.28)	0.59 (0.26)	0.75 (0.18)	<0.001
Total days out of role (K10+), median (IQR) [1,2]	7.3 (2.0-16.0)	4.0 (0.0-14.0)	1.0 (0.0-5.0)	<0.001	7.5 (2.0-16.0)	3.0 (0.0-13.0)	0.0 (0.0-3.5)	<0.001
Prognostic group								
Minimal/mild	26 (16%)	68 (21%)	128 (57%)		29 (16%)	55 (24%)	84 (60%)	
Moderate	53 (32%)	138 (42%)	64 (28%)		60 (33%)	95 (42%)	36 (26%)	
Severe	85 (52%)	123 (37%)	33 (15%)	<0.001	93 (51%)	76 (34%)	19 (14%)	<0.001
Age group								
18-35 years	69 (42%)	109 (33%)	98 (44%)		77 (42%)	58 (26%)	53 (38%)	
36-55 years	58 (35%)	122 (37%)	73 (32%)		61 (44%)	88 (39%)	49 (35%)	
56 years and over	37 (23%)	98 (30%)	54 (24%)	0.086	44 (24%)	80 (35%)	37 (27%)	0.006
Gender								
Male	46 (28%)	84 (26%)	73 (32%)		44 (24%)	61 (27%)	49 (35%)	
Female	117 (71%)	244 (74%)	152 (68%)	0.215	137 (75%)	164 (73%)	90 (65%)	0.087
First Nations status								
First Nations	4 (2%)	8 (2%)	5 (2%)		4 (2%)	n.a.	n.a.	
Not First Nations	160 (98%)	321 (98%)	220 (98%)	1.000	178 (98%)	n.a.	n.a.	0.667
Main language spoken at home								
English	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	
Other	n.a.	n.a.	n.a.	0.005	n.a.	n.a.	n.a.	0.020
Highest level of education								
Year 12 or equivalent or less	51 (31%)	97 (29%)	77 (34%)		52 (29%)	62 (27%)	44 (32%)	
Certificate/diploma	50 (30%)	128 (39%)	66 (29%)		63 (35%)	83 (37%)	42 (30%)	
Bachelor's degree or higher	63 (38%)	104 (32%)	82 (36%)	0.132	67 (37%)	81 (36%)	53 (38%)	0.785

	Baseline to 6-month follow-up (T0-T1) (n=718)				Baseline to 12-month follow-up (T0-T2) (n=547)			
	Better Access treatment (n=164)	**Other mental health care (n=329)**	**No mental health care (n=225)**	***p*-value**	**Better Access treatment (n=182)**	**Other mental health care (n=226)**	**No mental health care (n=139)**	***p*-value**
Employment status								
Employed	99 (60%)	205 (62%)	170 (76%)		111 (61%)	146 (65%)	107 (77%)	
Unemployed	65 (40%)	124 (38%)	55 (24%)	0.001	71 (39%)	80 (35%)	32 (23%)	0.008
Manage on available income								
Easily/not too bad/difficult some of the time	130 (79%)	282 (86%)	205 (91%)		145 (80%)	194 (86%)	127 (91%)	
Difficult all the time/impossible	34 (21%)	47 (14%)	20 (9%)	0.004	37 (20%)	32 (14%)	12 (9%)	0.013
Health care card holder								
Yes	68 (41%)	130 (40%)	73 (32%)		73 (40%)	86 (38%)	46 (33%)	
No	96 (59%)	199 (60%)	152 (68%)	0.129	109 (60%)	140 (62%)	93 (67%)	0.425
Live alone								
Yes	33 (20%)	62 (19%)	34 (15%)		37 (20%)	44 (19%)	24 (17%)	
No	131 (80%)	267 (81%)	191 (85%)	0.380	145 (80%)	182 (81%)	115 (83%)	0.781
Self-rated health								
Excellent/very good/good	101 (62%)	225 (68%)	185 (82%)		113 (62%)	157 (69%)	116 (83%)	
Fair/poor	63 (38%)	104 (32%)	40 (18%)	<0.001	69 (38%)	69 (31%)	23 (17%)	<0.001
History of depression								
Yes	131 (80%)	249 (76%)	95 (42%)		146 (80%)	170 (75%)	54 (39%)	
No	33 (20%)	80 (24%)	130 (58%)	<0.001	36 (20%)	56 (25%)	85 (61%)	<0.001
Long-term illness or health problems which limit daily activities/work								
Yes	83 (51%)	152 (46%)	59 (26%)		92 (51%)	107 (47%)	40 (29%)	
No	81 (49%)	177 (54%)	166 (74%)	<0.001	90 (49%)	119 (53%)	99 (71%)	<0.001
Reason for visiting GP								
Mental health and wellbeing (+/- physical health)	102 (62%)	161 (49%)	26 (12%)		105 (58%)	109 (48%)	15 (11%)	
Not mental health (physical health only or neither)	62 (38%)	168 (51%)	199 (88%)	<0.001	77 (42%)	117 (52%)	124 (89%)	<0.001
Saw doctor/other health professional for psychological distress in last 4 weeks (K10+)								
Yes	106 (65%)	156 (49%)	38 (17%)		118 (66%)	88 (40%)	20 (15%)	
No	56 (35%)	165 (51%)	181 (83%)	<0.001	62 (34%)	133 (60%)	115 (85%)	<0.001

	Baseline to 6-month follow-up (T0-T1) (n=718)				Baseline to 12-month follow-up (T0-T2) (n=547)			
	Better Access treatment (n=164)	**Other mental health care (n=329)**	**No mental health care (n=225)**	***p*-value**	**Better Access treatment (n=182)**	**Other mental health care (n=226)**	**No mental health care (n=139)**	***p*-value**
Currently taking medication for mental health								
Yes	101 (62%)	234 (71%)	24 (11%)		108 (59%)	158 (70%)	15 (11%)	
No	63 (38%)	95 (29%)	201 (89%)	<0.001	74 (41%)	68 (30%)	124 (89%)	<0.001

SD, standard deviation. IQR, interquartile range. Data are n (%) unless otherwise stated. PHQ-9=Patient Health Questionnaire, 9-item version. GAD-7=Generalized Anxiety Disorder scale, 7-item version. EQ-5D-5L=EuroQol 5-dimensions. K10+=Four-item extension of the standard 10-item K10.

[1] Denominators may vary due to missing data.

[2] Among the subset of participants who reported any psychological distress at T0.

Table A13.2a: Type of services used for mental health among participants who used Other mental health care but did not use Better Access treatment services, by age group, for the Target-D cohort

	BASELINE TO 3-MONTH FOLLOW-UP (N=280)				BASELINE TO 12-MONTH FOLLOW-UP (N=194)			
	18-35 years (n=144)	36-55 years (n=103)	56 years and over (n=33)	*p*-value	18-35 years (n=114)	36-55 years (n=280)	56 years and over (n=183)	*p*-value
Primary care [a]								
Yes	113 (78%)	83 (81%)	21 (64%)		81 (91%)	64 (85%)	24 (80%)	
No	31 (22%)	20 (19%)	12 (36%)	0.118	8 (9%)	11 (15%)	6 (20%)	0.251
Mental health specialist or service [b] or Other professional or service [c]								
Yes	54 (38%)	34 (33%)	12 (36%)		36 (40%)	35 (47%)	8 (27%)	
No	90 (63%)	69 (67%)	21 (64%)	0.766	53 (60%)	40 (53%)	22 (73%)	0.169
Any medication taken for mental health [d]								
Yes	55 (38%)	45 (44%)	19 (58%)		31 (35%)	33 (44%)	15 (50%)	
No	89 (62%)	58 (56%)	14 (42%)	0.121	58 (65%)	42 (56%)	15 (50%)	0.261

Data are n (%). Percentages are within age group.

[a] Visits to a GP in a GP clinic or private practice.

[b] Visits to a psychiatrist, psychologist or alcohol or drug worker in any location; mental health-related overnight stay in hospital. Does not include Better Access treatment services.

[c] Visits to a counsellor, social worker, family therapist in any location; GP in any location other than GP clinic or private practice; mental health-related emergency department visit.

[d] Includes the following categories: antidepressants, anxiolytics, hypnotics and sedatives, antipsychotics, psychostimulants and nootropics; and antiepileptics.

Table A13.2b: Results of ad hoc analyses of the types of services used for mental health among the Other mental health care group, by age group, for the Link-me cohort

	BASELINE TO 3-MONTH FOLLOW-UP (N=329)				BASELINE TO 12-MONTH FOLLOW-UP (N=226)			
	18-35 years (n=109)	36-55 years (n=122)	56 years and over (n=98)	*p*-value	18-35 years (n=58)	36-55 years (n=88)	56 years and over (n=80)	*p*-value
Primary care [a]								
Yes	64 (59%)	75 (61%)	49 (50%)		42 (72%)	66 (75%)	50 (63%)	
No	45 (41%)	47 (39%)	49 (50%)	0.214	16 (28%)	22 (25%)	30 (38%)	0.188
Mental health specialist or service [b] or Other professional or service [c]								
Yes	55 (51%)	55 (46%)	27 (28%)		31 (54%)	49 (56%)	24 (30%)	
No	53 (49%)	65 (54%)	69 (72%)	0.003	26 (46%)	39 (44%)	55 (70%)	0.002
Any medication taken for mental health [d]								
Yes	60 (55%)	90 (74%)	82 (84%)		33 (57%)	64 (73%)	72 (90%)	
No	49 (45%)	32 (26%)	16 (16%)	<0.001	25 (43%)	24 (27%)	8 (10%)	<0.001

Data are n (%). Percentages are within age group.

[a] Visits to a GP or nurse/mental health nurse in GP clinic or private practice location.

[b] Visits to a psychiatrist (any location), mental health nurse or psychologist (any location other than doctor's room or private practice), other allied health provider or nurse (in a specialist community mental health clinic, community-based rehabilitation clinic, or drug/alcohol service); mental health-related overnight stay in hospital or residential care unit.

[c] Visits to a GP or nurse (any location other than doctor's room or private practice), counsellor or other health professional (any location), other allied health provider (any location other than a specialist community mental health clinic, community-based rehabilitation clinic, or drug/alcohol service), mental health-related emergency department visit.

[d] Includes the following categories: antidepressants, anxiolytics, hypnotics and sedatives, antipsychotics, psychostimulants and nootropics; and antiepileptics.

Appendix 14: Changes in symptoms, quality of life and functioning (Study 4)

Table A14.1. Change scores and classification of change for the Target-D and Link-me cohorts, total and stratified by prognostic group

	Target-D				Link-me			
	Minimal/ mild	Moderate	Severe	Total	Minimal/ mild	Moderate	Severe	Total
Depression symptom severity (PHQ-9)								
Baseline to 3-months/6-months (T0-T1)	n=65	n=24	n=24	n=113	n=26	n=53	n=85	n=164
T0 score, mean (SD)	7.2 (3.2)	14.3 (2.7)	18.6 (3.5)	11.1 (5.8)	5.9 (2.3)	8.3 (4.0)	17.9 (5.0)	12.9 (6.8)
Significant improvement, % (95%CI)	32% (22, 44)	58% (39, 76)	54% (35, 72)	42% (34, 52)	27% (14, 46)	45% (33, 59)	59% (48, 69)	49% (42, 57)
No significant change, % (95%CI)	25% (16, 36)	4% (1, 20)	17% (7, 36)	19% (12, 27)	27% (14, 46)	21% (12, 33)	20% (13, 30)	21% (16, 28)
Significant deterioration, % (95%CI)	43% (32, 55)	38% (21, 57)	29% (15, 49)	39% (30, 48)	46% (29, 65)	34% (23, 47)	21% (14, 31)	29% (23, 37)
Baseline to 12-months (T0-T2)	n=82	n=24	n=25	n=131	n=29	n=60	n=93	n=182
T0 score, mean (SD)	7.3 (3.2)	14.2 (2.7)	19.2 (3.4)	10.9 (5.8)	5.7 (2.4)	8.2 (4.0)	17.5 (4.7)	12.6 (6.6)
Significant improvement, % (95%CI)	43% (33, 53)	50% (31, 69)	52% (34, 70)	46% (38, 54)	31% (17, 49)	38% (27, 51)	58% (48, 68)	47% (40, 54)
No significant change, % (95%CI)	27% (18, 37)	21% (9, 40)	24% (12, 43)	25% (19, 33)	31% (17, 49)	30% (20, 43)	22% (14, 31)	26% (20,33)
Significant deterioration, % (95%CI)	30% (22, 41)	29% (15, 49)	24% (12, 43)	29% (22, 37)	38% (22, 56)	32% (21, 44)	20% (13, 30)	27% (21, 34)
Anxiety symptom severity (GAD-7)								
Baseline to 3-months/6-months (T0-T1)	n=62	n=24	n=23	n=109	n=26	n=53	n=85	n=164
T0 score, mean (SD)	8.0 (4.6)	11.2 (4.5)	14.2 (4.9)	10.0 (5.2)	5.8 (2.0)	6.5 (4.7)	13.7 (4.5)	10.1 (5.7)
Significant improvement, % (95%CI)	34% (23, 46)	46% (28, 65)	57% (37, 74)	41% (32, 51)	19% (9, 38)	34% (23, 47)	64% (53, 73)	47% (39, 55)
No significant change, % (95%CI)	34% (23, 46)	8% (2, 26)	26% (13, 46)	27% (19, 36)	31% (17, 50)	32% (21, 45)	20% (13, 30)	26% (20, 33)
Significant deterioration, % (95%CI)	32% (22, 45)	46% (28, 65)	17% (7, 39)	32% (24, 41)	50% (32, 68)	34% (23, 47)	16% (10, 26)	27% (21, 35)
Baseline to 12-months (T0-T2)	n=76	n=22	n=21	n=119	n=29	n=60	n=93	n=182
T0 score, mean (SD)	7.8 (4.1)	12.5 (4.7)	14.0 (4.9)	9.7 (5.1)	6.3 (2.7)	6.5 (4.4)	13.1 (4.3)	9.9 (5.3)
Significant improvement, % (95%CI)	55% (44, 66)	55% (35, 73)	57% (37, 76)	55% (46, 64)	38% (23, 56)	40% (29, 53)	57% (47, 67)	48% (41, 56)
No significant change, % (95%CI)	25% (17, 36)	18% (7, 39)	19% (8, 40)	23% (16, 31)	45% (28, 62)	28% (19, 41)	23% (15, 32)	28% (22, 35)
Significant deterioration, % (95%CI)	20% (12, 30)	27% (13, 48)	24% (11, 45)	22% (15, 30)	17% (8, 35)	32% (21, 44)	20% (13, 30)	24% (18, 30)
Quality of life (AQoL-8D in Target-D, EQ-5D-5L in Link-me)								

	Target-D				Link-me			
	Minimal/ mild	**Moderate**	**Severe**	**Total**	**Minimal/ mild**	**Moderate**	**Severe**	**Total**
Baseline to 3-months/6-months (T0-T1)	n=61	n=23	n=23	n=107	n=26	n=53	n=83	n=162
T0 score, mean (SD)	0.63 (0.15)	0.39 (0.09)	0.31 (0.09)	0.51 (0.19)	0.76 (0.13)	0.69 (0.21)	0.37 (0.30)	0.54 (0.30)
Significant improvement, % (95%CI)	33% (22, 45)	61% (41, 78)	43% (26, 63)	41% (32, 51)	23% (11, 42)	38% (26, 51)	48% (38, 59)	41% (33, 48)
No significant change, % (95%CI)	41% (30, 54)	26% (13, 46)	39% (22, 59)	37% (29, 47)	27% (14, 46)	23% (13, 36)	28% (19, 38)	26% (20, 33)
Significant deterioration, % (95%CI)	26% (17, 38)	13% (5, 32)	17% (7, 37)	22% (15, 30)	50% (32, 68)	40% (28, 53)	24% (16, 34)	33% (27, 41)
Baseline to 12-months (T0-T2)	n=75	n=22	n=21	n=118	n=29	n=60	n=92	n=181
T0 score, mean (SD)	0.62 (0.16)	0.41 (0.09)	0.32 (0.09)	0.53 (0.19)	0.73 (0.16)	0.70 (0.20)	0.41 (0.28)	0.56 (0.28)
Significant improvement, % (95%CI)	40% (30, 51)	55% (35, 73)	48% (28, 68)	44% (35 ,53)	31% (17, 49)	30% (20, 43)	54% (44, 64)	43% (36, 50)
No significant change, % (95%CI)	25% (17, 36)	14% (5, 33)	29% (14, 50)	24% (17, 32)	34% (20, 53)	43% (32, 56)	15% (9, 24)	28% (22, 35)
Significant deterioration, % (95%CI)	35% (25, 46)	32% (16, 53)	24% (11, 45)	32% (24, 41)	34% (20, 53)	27% (17, 39)	30% (22, 40)	30% (24, 37)
Days out of role due to psychological distress (K10+) [1]								
Baseline to 6-months (T0-T1)	n.a.	n.a.	n.a.	n.a.	n=26	n=51	n=85	n=162
T0 (days), mean (SD)					4.3 (5.7)	6.2 (6.1)	13.8 (9.2)	9.9 (8.9)
Significant improvement, % (95%CI)					19% (8, 37)	40% (28, 53)	49% (39, 59)	41% (34, 49)
No significant change, % (95%CI)					41% (25, 51)	38% (26, 51)	30% (22, 41)	23% (28, 42)
Significant deterioration, % (95%CI)					41% (25, 59)	23% (13, 36)	21% (14, 31)	25% (19, 32)
Baseline to 12-months (T0-T2)	n.a.	n.a.	n.a.	n.a.	n=29	n=58	n=93	n=180
T0 (days), mean (SD)					4.7 (5.7)	5.6 (6.1)	14.0 (8.7)	9.8 (8.7)
Significant improvement, % (95%CI)					30% (17, 48)	43% (31, 56)	55% (45, 65)	47% (40, 54)
No significant change, % (95%CI)					40% (25, 58)	28% (18, 40)	18% (13, 29)	25% (20, 32)
Significant deterioration, % (95%CI)					30% (17, 48)	29% (18, 36)	26% (18, 36)	28% (22, 35)
Any of: depression symptom severity (PHQ-9), anxiety symptom severity (GAD-7), or quality of life (AQoL/EQ-5D-5L)								
Baseline to 6-months (T0-T1)	n=61	n=23	n=23	n=107	n=26	n=53	n=83	n=162
Significant improvement, % (95%CI)	54% (42, 66)	74% (53, 87)	70% (49, 84)	62% (52, 70)	38% (22, 57)	66% (53, 77)	80% (70, 87)	69% (61, 75)
Baseline to 12-months (T0-T2)	n=75	n=22	n=21	n=118	n=29	n=60	n=92	n=181
Significant improvement, % (95%CI)	68% (57, 77)	68% (47, 84)	67% (45, 83)	68% (59, 76)	52% (34, 69)	63% (51, 74)	80% (71, 87)	70% (63, 76)

	Target-D				Link-me			
	Minimal/ mild	**Moderate**	**Severe**	**Total**	**Minimal/ mild**	**Moderate**	**Severe**	**Total**
Any of: depression symptom severity (PHQ-9), anxiety symptom severity (GAD-7), or quality of life (EQ-5D-5L) or Days out of role due to psychological distress (K10+) [1]								
Baseline to 6-months (T0-T1)	n.a.	n.a.	n.a.	n.a.	n=26	n=51	n=83	n=160
Significant improvement, % (95%CI)					46% (29, 65)	80% (68, 89)	87% (78, 92)	78% (71, 84)
Baseline to 12-months (T0-T2)	n.a.	n.a.	n.a.	n.a.	n=29	n=58	n=92	n=179
Significant improvement, % (95%CI)					66% (47, 80)	78% (65, 86)	86% (77, 92)	80% (73, 85)

SD, standard deviation. 95%CI, 95% confidence interval. IQR, interquartile range. n.a., not available because the measure was not collected in the cohort. PHQ-9=Patient Health Questionnaire, 9-item version. GAD-7=Generalized Anxiety Disorder scale, 7-item version. AQoL-8D=Assessment of Quality of Life-8 Dimensions. EQ-5D-5L=EuroQol 5-dimensions, K10+=extended version of the Kessler Psychological Distress scale. Percentages may not sum to 100 due to rounding.

[1] Among the subset of participants who reported any psychological distress at T0.

Appendix 15: Predictors of use of Better Access treatment services between T0 and T1 (Study 5)

Table A15.1: Multivariable regression investigating the association between sociodemographic, clinical and treatment variables and use of Better Access treatment services[a,b]

		TEN TO MEN		ALSWH 1989-95 COHORT		ALSWH 1973-78 COHORT		ALSWH 1946-51 COHORT	
		ANALYSIS 1: T0 (WAVE 1, 2013/14) – T1 (WAVE 2, 2015/16)	**ANALYSIS 2: T0 (WAVE 2, 2015/16) – T1 (WAVE 2, 2020/21)**	**ANALYSIS 1: T0 (WAVE 1, 2013) – T1 (WAVE 3, 2015)**	**ANALYSIS 2: T0 (WAVE 3, 2015) – T1 (WAVE 6, 2019)**	**ANALYSIS 1: T0 (WAVE 6, 2012) – T1 (WAVE 7, 2015)**	**ANALYSIS 2: T0 (WAVE 7, 2015) – T1 (WAVE 8, 2018)**	**ANALYSIS 1: T0 (WAVE 7, 2013) – T1 (WAVE 8, 2015)**	**ANALYSIS 2: T0 (WAVE 8, 2015) – T1 (WAVE 9, 2019)**
N		**Better Access users = 243; Better Access non-users = 2050**	**Better Access users = 358; Better Access non-users = 1192**	**Better Access users = 278; Better Access non-users = 1907**	**Better Access users = 254; Better Access non-users = 1802**	**Better Access users = 540; Better Access non-users = 1606**	**Better Access users = 646; Better Access non-users = 1758**	**Better Access users = 1562; Better Access non-users = 5417**	**Better Access users = 2121; Better Access non-users = 2622**
Sociodemographic	Mean age, years	0.98 (0.97-1.00)	**0.97 (0.96-0.98)**	0.97 (0.88-1.06)	0.95 (0.86-1.05)	0.98 (0.92-1.06)	**0.89 (0.83-0.96)**	**1.05 (1.00-1.09)**	0.99 (0.95-1.03)
	First Nations								
	Yes	1.00	1.00	N/A	N/A	N/A	N/A	N/A	N/A
	No	1.33 (0.56-3.16)	1.13 (0.46-2.76)	N/A	N/A	N/A	N/A	N/A	N/A
	Highest level of education received								
	Year 11 or less	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Year 12 or equivalent	1.33 (0.76-2.36)	1.35 (0.78-2.32)	1.40 (0.94-2.07)	1.01 (0.65-1.58)	0.91 (0.52-1.59)	**2.22 (1.26-3.91)**	0.98 (0.75-1.29)	**1.61 (1.08-2.37)**
	Certificate/diploma	1.15 (0.72-1.83)	1.24 (0.78-1.96)	**1.49 (1.02-2.17)**	**1.92 (1.32-2.80)**	1.57 (0.96-2.56)	**2.00 (1.20-3.32)**	0.88 (0.66-1.17)	1.27 (0.86-1.88)
	Bachelor's degree or higher	1.35 (0.81-2.24)	1.16 (0.71-1.88)	**1.99 (1.34-2.94)**	**1.90 (1.27-2.83)**	**1.64 (1.01-2.65)**	**2.25 (1.36-3.70)**	0.79 (0.59-1.08)	**1.63 (1.11-2.41)**
	Country of birth								
	Australia	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Other	0.71 (0.45-1.11)	**0.60 (0.41-0.88)**	0.74 (0.51-1.07)	**0.64 (0.43-0.95)**	1.13 (0.73-1.75)	1.05 (0.70-1.56)	0.94 (0.74-1.20)	0.87 (0.68-1.11)
	Area of residence								
	Metropolitan	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

		TEN TO MEN		ALSWH 1989-95 COHORT		ALSWH 1973-78 COHORT		ALSWH 1946-51 COHORT	
		ANALYSIS 1: T0 (WAVE 1, 2013/14) – T1 (WAVE 2, 2015/16)	**ANALYSIS 2: T0 (WAVE 2, 2015/16) – T1 (WAVE 2, 2020/21)**	**ANALYSIS 1: T0 (WAVE 1, 2013) – T1 (WAVE 3, 2015)**	**ANALYSIS 2: T0 (WAVE 3, 2015) – T1 (WAVE 6, 2019)**	**ANALYSIS 1: T0 (WAVE 6, 2012) – T1 (WAVE 7, 2015)**	**ANALYSIS 2: T0 (WAVE 7, 2015) – T1 (WAVE 8, 2018)**	**ANALYSIS 1: T0 (WAVE 7, 2013) – T1 (WAVE 8, 2015)**	**ANALYSIS 2: T0 (WAVE 8, 2015) – T1 (WAVE 9, 2019)**
N		**Better Access users = 243; Better Access non-users = 2050**	**Better Access users = 358; Better Access non-users = 1192**	**Better Access users = 278; Better Access non-users = 1907**	**Better Access users = 254; Better Access non-users = 1802**	**Better Access users = 540; Better Access non-users = 1606**	**Better Access users = 646; Better Access non-users = 1758**	**Better Access users = 1562; Better Access non-users = 5417**	**Better Access users = 2121; Better Access non-users = 2622**
	Regional	1.16 (0.75-1.81)	0.77 (0.51-1.16)	0.82 (0.60-1.12)	0.73 (0.53-1.01)	**0.73 (0.57-0.94)**	0.88 (0.69-1.12)	0.90 (0.76-1.08)	**0.83 (0.69-0.99)**
	Rural	1.03 (0.72-1.46)	0.81 (0.59-1.10)	**0.50 (0.33-0.77)**	**0.63 (0.41-0.97)**	**0.52 (0.36-0.73)**	**0.58 (0.42-0.80)**	**0.54 (0.40-0.73)**	**0.57 (0.44-0.74)**
Clinical	Prognostic severity								
	Minimal/mild	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Moderate	**1.67 (1.07-2.62)**	0.93 (0.62-1.38)	1.46 (0.93-2.29)	1.45 (0.89-2.36)	1.27 (0.92-1.73)	1.27 (0.94-1.72)	**1.27 (1.03-1.57)**	1.07 (0.88-1.30)
	Severe	**1.66 (1.07-2.57)**	1.09 (0.75-1.57)	**1.63 (1.10-2.43)**	**2.11 (1.40-3.16)**	**1.87 (1.41-2.48)**	**1.95 (1.49-2.56)**	**1.69 (1.42-2.01)**	**1.51 (1.27-1.78)**
	History of depression (lifetime)								
	Yes	**1.77 (1.16-2.69)**	**1.78 (1.28-2.46)**	1.51 (0.67-3.41)	1.88 (0.66-5.37)	**1.63 (1.07-2.49)**	**2.18 (1.31-3.63)**	**2.03 (1.57-2.63)**	**1.60 (1.29-1.97)**
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	History of anxiety (lifetime)								
	Yes	**2.14 (1.49-3.09)**	**1.85 (1.35-2.53)**	**2.38 (1.74-3.24)**	1.11 (0.80-1.54)	**2.29 (1.82-2.88)**	**2.05 (1.65-2.55)**	**2.44 (1.99-2.98)**	**2.01 (1.68-2.41)**
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Treatment	Currently taking any medication for mental health								
	Yes	**1.74 (1.21-2.51)**	**1.47 (1.03-2.09)**	1.31 (0.96-1.76)	**1.70 (1.25-2.30)**	**1.63 (1.25-2.11)**	**2.02 (1.59-2.55)**	**2.87 (2.46-3.34)**	**2.47 (2.02-2.95)**
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Elapsed days between survey waves		0.99 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	0.99 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (1.00-1.00)	1.00 (1.00-1.00)

a. Results reported as odds ratios and 95% confidence intervals
b. Shaded cells indicate statistically significant results

Appendix 16: Predictors of improvement and deterioration in mental health between T0 and T1 (Study 5)

Table A16.1: Multivariable regression investigating the association between sociodemographic, clinical and treatment variables and improvement in mental health between T0 and T1[a,b]

		TEN TO MEN		ALSWH 1989-95 COHORT		ALSWH 1973-78 COHORT				ALSWH 1946-51 COHORT			
		PHQ-9		K-10		CES-D		GAD-7		CES-D		GAD-7	
		ANALYSIS 1: T0 (WAVE 1, 2013/14) – T1 (WAVE 2, 2015/16)	**ANALYSIS 2: T0 (WAVE 2, 2015/16) – T1 (WAVE 2, 2020/21)**	**ANALYSIS 1: T0 (WAVE 1, 2013) – T1 (WAVE 3, 2015)**	**ANALYSIS 2: T0 (WAVE 3, 2015) – T1 (WAVE 6, 2019)**	**ANALYSIS 1: T0 (WAVE 6, 2012) – T1 (WAVE 7, 2015)**	**ANALYSIS 2: T0 (WAVE 7, 2015) – T1 (WAVE 8, 2018)**	**ANALYSIS 1: T0 (WAVE 7, 2013) – T1 (WAVE 8, 2015)**	**ANALYSIS 2: T0 (WAVE 8, 2015) – T1 (WAVE 9, 2019)**	**ANALYSIS 1: T0 (WAVE 1, 2013/14) – T1 (WAVE 2, 2015/16)**	**ANALYSIS 2: T0 (WAVE 2, 2015/16) – T1 (WAVE 2, 2020/21)**	**ANALYSIS 1: T0 (WAVE 1, 2013) – T1 (WAVE 3, 2015)**	**ANALYSIS 2: T0 (WAVE 3, 2015) – T1 (WAVE 6, 2019)**
Sociodemographic	Mean age, years	0.99 (0.96-1.03)	1.02 (0.99-1.04)	0.98 (0.91-1.06)	1.00 (0.94-1.06)	0.91 (0.80-1.05)	0.97 (0.85-1.10)	1.07 (0.94-1.23)	0.91 (0.80-1.02)	**0.78 (0.62-0.97)**	1.04 (0.85-1.28)	0.96 (0.79-1.17)	0.82 (0.67-1.01)
	First Nations												
	Yes	3.37 (0.42-26.53)	0.74 (0.14-3.83)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	No	1.00	1.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Highest level of education received												
	Year 11 or less	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Year 12 or equivalent	1.85 (0.53-6.37)	0.86 (0.31-2.34)	1.08 (0.67-1.73)	**2.41 (1.25-4.65)**	0.99 (0.34-2.90)	2.06 (0.71-5.93)	0.86 (0.30-2.48)	2.16 (0.78-5.91)	**2.83 (1.14-7.01)**	0.49 (0.18-1.28)	1.42 (0.63-3.18)	0.59 (0.23-1.49)
	Certificate/diploma	2.20 (0.79-6.07)	0.64 (0.27-1.48)	1.31 (0.79-2.16)	1.85 (0.96-3.56)	0.82 (0.33-2.06)	1.42 (0.55-3.65)	0.76 (0.31-1.86)	1.01 (0.41-2.45)	2.43 (0.99-5.95)	2.09 (0.95-4.61)	1.85 (0.83-4.13)	1.24 (0.57-2.69)
	Bachelor's degree or higher	1.72 (0.56-5.25)	1.10 (0.44-2.72)	1.13 (0.66-1.95)	**2.48 (1.29-4.79)**	0.87 (0.35-2.16)	1.34 (0.52-3.43)	1.10 (0.45-2.67)	0.79 (0.32-1.92)	2.24 (0.88-5.66)	1.36 (0.56-3.27)	2.23 (0.95-5.20)	1.60 (0.68-3.75)
	Country of birth												
	Australia	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Other	0.95 (0.34-2.66)	1.30 (0.63-2.68)	**0.59 (0.37-0.94)**	**0.60 (0.40-0.89)**	**0.41 (0.17-0.98)**	1.91 (0.94-3.90)	0.98 (0.47-2.06)	**2.01 (1.02-3.96)**	0.50 (0.23-1.10)	0.83 (0.35-1.93)	0.50 (0.24-1.07)	0.92 (0.41-2.09)

	Area of residence												
	Metropolitan	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Regional	0.68 (0.25-1.83)	0.68 (0.25-1.83)	0.95 (0.69-1.30)	1.01 (0.77-1.33)	1.17 (0.71-1.92)	0.76 (0.49-1.17)	0.84 (0.52-1.35)	0.99 (0.66-1.49)	0.77 (0.38-1.54)	1.07 (0.53-2.15)	1.20 (0.63-2.27)	0.70 (0.35-1.40)
	Rural	1.23 (0.56-2.66)	1.23 (0.56-2.66)	1.62 (0.91-2.89)	1.01 (0.65-1.55)	1.51 (0.76-2.97)	1.38 (0.75-2.56)	1.55 (0.81-2.97)	1.27 (0.71-2.28)	1.10 (0.41-2.99)	0.46 (0.17-1.22)	0.78 (0.32-1.94)	1.00 (0.39-2.53)
Clinical	Prognostic severity												
	Minimal/mild	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Moderate	1.04 (0.40-2.73)	1.34 (0.66-2.74)	1.39 (0.91-2.11)	**2.05 (1.49-2.83)**	**5.24 (2.55-10.75)**	**3.07 (1.62-5.80)**	1.60 (0.89-2.88)	1.40 (0.81-2.42)	**15.14 (4.08-56.26)**	2.01 (0.63-6.32)	1.62 (0.62-4.25)	0.78 (0.25-2.41)
	Severe	**8.86 (3.34-23.47)**	**2.32 (1.17-4.59)**	**4.44 (3.13-6.27)**	**3.96 (3.01-5.22)**	**8.61 (4.38-16.91)**	**7.76 (4.33-13.90)**	1.15 (0.68-1.94)	1.13 (0.70-1.83)	**23.16 (6.69-80.11)**	**2.96 (1.13-7.78)**	0.98 (0.42-2.26)	0.65 (0.25-1.64)
	History of depression (lifetime)												
	Yes	1.09 (0.43-2.73)	1.45 (0.80-2.64)	0.82 (0.46-1.45)	0.79 (0.53-1.18)	0.42 (0.17-1.07)	**0.42 (0.20-0.90)**	0.74 (0.31-1.71)	0.97 (0.49-1.91)	0.08 (0.01-1.24)	0.09 (0.01-1.21)	0.20 (0.01-2.61)	-
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	History of anxiety (lifetime)												
	Yes	0.53 (0.23-1.21)	0.72 (0.40-1.29)	**1.57 (1.02-2.42)**	1.32 (0.95-1.85)	0.95 (0.61-1.47)	1.46 (0.98-2.18)	1.16 (0.76-1.76)	1.19 (0.81-1.74)	1.29 (0.64-2.61)	0.67 (0.33-1.36)	0.84 (0.44-1.59)	0.53 (0.26-1.06)
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Better Access treatment	Number of treatment sessions												
	1-2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	3-4	1.14 (0.38-3.34)	0.50 (0.22-1.14)	0.89 (0.62-1.29)	1.10 (0.76-1.59)	1.17 (0.61-2.26)	0.77 (0.41-1.41)	0.58 (0.31-1.08)	0.73 (0.41-1.29)	0.80 (0.31-2.02)	0.82 (0.35-1.92)	0.85 (0.36-1.99)	0.44 (0.18-1.03)
	5-6	0.68 (0.24-1.87)	0.60 (0.28-1.28)	0.91 (0.62-1.33)	0.83 (0.57-1.20)	1.00 (0.50-1.98)	0.91 (0.46-1.77)	**0.50 (0.26-0.95)**	0.71 (0.38-1.33)	1.01 (0.36-2.78)	1.18 (0.47-2.98)	0.61 (0.25-1.50)	1.04 (0.40-2.64)
	7-10	1.17 (0.43-3.17)	0.46 (0.20-1.04)	**0.67 (0.46-0.96)**	0.93 (0.66-1.32)	0.73 (0.36-1.44)	0.68 (0.36-1.25)	**0.50 (0.26-0.96)**	0.61 (0.34-1.09)	**0.32 (0.11-0.87)**	1.44 (0.52-3.93)	0.43 (0.17-1.06)	0.57 (0.22-1.51)
	11-20	1.85 (0.62-5.52)	**0.30 (0.13-0.69)**	**0.61 (0.42-0.90)**	0.78 (0.55-1.10)	1.30 (0.65-2.59)	**0.45 (0.24-0.84)**	**0.43 (0.22-0.83)**	0.59 (0.33-1.05)	0.38 (0.12-1.13)	2.37 (0.78-7.16)	0.45 (0.16-1.20)	0.62 (0.22-1.76)
	21-100	-	0.57 (0.21-1.53)	0.70 (0.30-1.63)	0.90 (0.61-1.32)	1.01 (0.44-2.29)	0.51 (0.24-1.07)	0.47 (0.21-1.06)	0.55 (0.27-1.12)	1.74 (0.41-7.26)	1.72 (0.41-7.19)	**0.13 (0.03-0.60)**	0.54 (0.13-2.11)

	Received treatment from clinical psychologist												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.77 (0.16-3.72)	0.86 (0.40-1.87)	0.94 (0.63-1.42)	0.99 (0.76-1.29)	1.18 (0.63-2.21)	1.20 (0.63-2.28)	1.01 (0.54-1.87)	1.28 (0.69-2.36)	0.98 (0.27-3.52)	**0.21 (0.05-0.79)**	0.87 (0.27-2.78)	1.81 (0.54-6.07)
	Received treatment from psychologist												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.76 (0.15-3.70)	0.79 (0.36-1.72)	0.88 (0.58-1.32)	**0.74 (0.56-0.96)***	1.48 (0.79-2.78)	1.13 (0.59-2.18)	0.94 (0.50-1.75)	1.14 (0.60-2.13)	0.82 (0.23-2.90)	0.34 (0.09-1.29)	0.78 (0.25-2.45)	1.40 (0.41-4.80)
	Received treatment from social worker												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	1.96 (0.30-12.78)	0.45 (0.14-1.45)	0.76 (0.39-1.45)	1.09 (0.72-1.66)	1.28 (0.53-3.03)	1.42 (0.58-3.44)	0.78 (0.33-1.79)	0.83 (0.35-1.97)	0.60 (0.12-2.99)	1.91 (0.38-9.52)	1.38 (0.30-6.29)	1.91 (0.41-4.80)
	Received treatment from occupational therapist												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	-	-	0.34 (0.08-1.44)	0.77 (0.29-1.99)	0.63 (0.05-7.86)	1.70 (0.38-7.50)	-	1.81 (0.44-7.39)	-	-	0.20 (0.01-7.27)	0.80 (0.03-16.74)
	Received treatment from general practitioner												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	-	2.10 (0.12-35.10)	1.28 (0.43-3.82)	1.48 (0.51-4.25)	0.41 (0.04-4.26)	2.65 (0.33-21.21)	2.21 (0.31-15.51)	6.30 (0.63-62.53)	1.52 (0.13-17.07)	0.22 (0.01-2.91)	0.67 (0.07-6.33)	2.19 (0.14-33.83)
	Paid any out of pocket cost												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	1.56 (0.73-3.35)	0.81 (0.48-1.36)	1.11 (0.87-1.41)	**1.33 (1.06-1.68)**	**1.61 (1.01-2.57)**	1.01 (0.66-1.54)	0.86 (0.55-1.34)	1.26 (0.84-1.88)	**2.08 (1.05-4.10)**	0.78 (0.41-1.49)	0.98 (0.54-1.79)	1.14 (0.60-2.18)
Other treat	Currently taking any medication for mental health												

	Yes	0.87 (0.39-1.93)	0.91 (0.48-1.73)	**1.33 (1.03-1.71)**	0.93 (0.74-1.16)	0.76 (0.48-1.21)	0.86 (0.57-1.27)	0.67 (0.43-1.05)	0.98 (0.67-1.44)	0.80 (0.41-1.56)	0.91 (0.46-1.78)	0.85 (0.46-1.58)	1.10 (0.57-2.10)
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Elapsed days between survey waves		0.99 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	0.99 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	0.99 (0.99-1.00)	1.00 (0.99-1.00)	0.99 (0.99-1.00)	0.99 (0.99-1.00)	0.99 (0.99-1.00)	0.99 (0.99-1.00)

a. Results reported as odds ratios and 95% confidence intervals
b. Shaded cells indicate statistically significant results

Table A16.2: Multivariable regression investigating the association between sociodemographic, clinical and treatment variables and deterioration in mental health between T0 and T1[a,b]

		TEN TO MEN		ALSWH 1989-95 COHORT		ALSWH 1973-78 COHORT				ALSWH 1946-51 COHORT			
		PHQ-9		K-10		CES-D		GAD-7		CES-D		GAD-7	
		ANALYSIS 1: T0 (WAVE 1, 2013/14) – T1 (WAVE 2, 2015/16)	**ANALYSIS 2: T0 (WAVE 2, 2015/16) – T1 (WAVE 2, 2020/21)**	**ANALYSIS 1: T0 (WAVE 1, 2013) – T1 (WAVE 3, 2015)**	**ANALYSIS 2: T0 (WAVE 3, 2015) – T1 (WAVE 6, 2019)**	**ANALYSIS 1: T0 (WAVE 6, 2012) – T1 (WAVE 7, 2015)**	**ANALYSIS 2: T0 (WAVE 7, 2015) – T1 (WAVE 8, 2018)**	**ANALYSIS 1: T0 (WAVE 7, 2013) – T1 (WAVE 8, 2015)**	**ANALYSIS 2: T0 (WAVE 8, 2015) – T1 (WAVE 9, 2019)**	**ANALYSIS 1: T0 (WAVE 1, 2013/14) – T1 (WAVE 2, 2015/16)**	**ANALYSIS 2: T0 (WAVE 2, 2015/16) – T1 (WAVE 2, 2020/21)**	**ANALYSIS 1: T0 (WAVE 1, 2013) – T1 (WAVE 3, 2015)**	**ANALYSIS 2: T0 (WAVE 3, 2015) – T1 (WAVE 6, 2019)**
Sociodemographic	Mean age, years	1.00 (0.97-1.04)	0.97 (0.95-1.00)	0.96 (0.88-1.04)	0.96 (0.89-1.02)	1.03 (0.90-1.18)	1.02 (0.90-1.16)	1.01 (0.88-1.16)	**1.15 (1.01-1.31)**	**1.32 (1.03-1.69)**	0.87 (0.68-1.11)	1.12 (0.90-1.39)	1.08 (0.84-1.38)
	First Nations												
	Yes	1.29 (0.15-11.11)	1.04 (0.21-5.15)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	No	1.00	1.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Highest level of education received												
	Year 11 or less	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Year 12 or equivalent	0.26 (0.06-1.02)	1.75 (0.54-5.63)	1.14 (0.66-1.95)	**0.49 (0.26-0.92)**	1.43 (0.43-4.67)	0.43 (0.15-1.25)	2.32 (0.62-8.57)	0.86 (0.27-2.75)	0.75 (0.29-1.89)	2.11 (0.76-5.82)	0.89 (0.37-2.15)	1.91 (0.67-5.46)
	Certificate/diploma	0.43 (0.15-1.26)	2.30 (0.83-6.40)	0.77 (0.43-1.38)	0.53 (0.28-1.01)	2.28 (0.82-6.33)	0.57 (0.22-1.44)	2.62 (0.82-8.37)	1.10 (0.39-3.06)	0.45 (0.16-1.25)	0.53 (0.21-1.36)	0.69 (0.28-1.70)	1.13 (0.44-2.91)
	Bachelor's degree or higher	0.33 (0.10-1.07)	1.60 (0.54-4.75)	1.12 (0.61-2.07)	**0.41 (0.21-0.76)**	1.96 (0.71-5.40)	0.68 (0.27-1.71)	2.42 (0.76-7.62)	1.91 (0.69-5.24)	0.49 (0.18-1.35)	0.89 (0.32-2.47)	0.82 (0.32-2.08)	0.76 (0.25-2.35)
	Country of birth												
	Australia	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Other	1.45 (0.50-4.21)	0.84 (0.38-1.84)	0.98 (0.61-1.58)	1.20 (0.81-1.79)	1.76 (0.83-3.71)	0.58 (0.26-1.27)	1.24 (0.57-2.67)	0.64 (0.30-1.36)	1.65 (0.70-3.91)	1.73 (0.67-4.47)	1.24 (0.55-2.79)	0.80 (0.28-2.29)
	Area of residence												
	Metropolitan	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Regional	1.68 (0.59-4.77)	0.98 (0.43-2.24)	0.96 (0.68-1.36)	1.07 (0.80-1.43)	0.97 (0.59-1.59)	1.09 (0.71-1.68)	0.99 (0.60-1.64)	0.77 (0.50-1.21)	0.66 (0.30-1.43)	1.13 (0.50-2.55)	1.12 (0.56-2.27)	0.64 (0.27-1.48)

	Rural	0.88 (0.36-2.12)	1.27 (0.69-2.33)	1.16 (0.63-2.13)	1.25 (0.80-1.97)	0.75 (0.38-1.50)	0.66 (0.34-1.29)	0.81 (0.40-1.65)	0.52 (0.26-1.04)	1.78 (0.65-4.90)	**3.30 (1.11-9.82)**	1.78 (0.66-4.73)	0.52 (0.16-1.70)
Clinical	Prognostic severity												
	Minimal/mild	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Moderate	1.46 (0.58-3.68)	1.09 (0.52-2.25)	0.75 (0.51-1.08)	**0.69 (0.51-0.93)**	**0.29 (0.16-0.53)**	0.69 (0.40-1.19)	**0.49 (0.26-0.91)**	0.84 (0.47-1.50)	**0.14 (0.04-0.44)**	0.57 (0.17-1.84)	0.70 (0.23-2.17)	2.43 (0.62-9.47)
	Severe	**0.17 (0.05-0.50)**	0.67 (0.32-1.39)	**0.23 (0.16-0.32)**	**0.25 (0.19-0.33)**	**0.23 (0.13-0.40)**	**0.32 (0.19-0.53)**	**0.56 (0.32-0.95)**	0.66 (0.40-1.11)	**0.07 (0.02-0.21)**	**0.35 (0.13-0.94)**	1.36 (0.52-3.58)	1.26 (0.38-4.10)
	History of depression (lifetime)												
	Yes	1.01 (0.39-2.58)	0.96 (0.51-1.82)	1.27 (0.77-2.11)	**1.96 (1.34-2.86)**	1.09 (0.71-1.69)	0.89 (0.59-1.34)	0.83 (0.53-1.28)	0.77 (0.51-1.16)	7.66 (0.76-77.30)	2.25 (0.18-27.34)	1.91 (0.13-27.20)	-
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	History of anxiety (lifetime)												
	Yes	**2.50 (1.03-6.07)**	1.14 (0.62-2.09)	0.83 (0.55-1.26)	1.05 (0.76-1.46)	1.09 (0.71-1.69)	0.89 (0.59-1.34)	0.83 (0.53-1.28)	0.77 (0.51-1.16)	0.97 (0.45-2.05)	1.64 (0.71-3.80)	0.73 (0.35-1.48)	1.73 (0.73-4.08)
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Better Access treatment	Number of treatment sessions												
	1-2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	3-4	0.61 (0.19-1.90)	2.19 (0.90-5.30)	0.84 (0.57-1.25)	1.01 (0.68-1.49)	1.12 (0.59-2.12)	1.25 (0.67-2.33)	1.65 (0.80-3.42)	1.66 (0.87-3.16)	0.65 (0.23-1.85)	1.07 (0.40-2.85)	1.90 (0.70-5.14)	**2.83 (1.06-7.56)**
	5-6	1.12 (0.39-3.22)	1.89 (0.81-4.38)	0.94 (0.63-1.41)	1.10 (0.75-1.62)	0.98 (0.50-1.93)	1.39 (0.71-2.73)	**2.75 (1.33-5.67)**	1.57 (0.77-3.17)	0.98 (0.32-3.00)	1.20 (0.44-3.30)	2.64 (0.95-7.37)	1.08 (0.33-3.46)
	7-10	0.68 (0.23-1.99)	2.00 (0.81-4.92)	0.97 (0.65-1.43)	1.05 (0.72-1.52)	1.36 (0.70-2.64)	0.98 (0.51-1.87)	**2.45 (1.17-5.09)**	1.63 (0.84-3.13)	**5.35 (1.85-15.47)**	0.64 (0.18-2.27)	**2.85 (1.01-8.03)**	1.55 (0.47-5.10)
	11-20	0.39 (0.10-1.45)	**3.38 (1.42-8.04)**	1.02 (0.67-1.55)	1.20 (0.84-1.72)	0.82 (0.41-1.63)	1.52 (0.82-2.81)	**2.52 (1.21-5.26)**	1.68 (0.87-3.21)	**3.65 (1.10-12.10)**	0.97 (0.28-3.32)	**3.22 (1.05-9.85)**	1.06 (0.26-4.22)
	21-100	-	1.12 (0.35-3.56)	0.98 (0.37-2.57)	1.37 (0.91-2.07)	0.94 (0.40-2.16)	1.33 (0.62-2.86)	1.52 (0.61-3.77)	1.55 (0.71-3.41)	0.71 (0.10-4.68)	1.89 (0.42-8.44)	3.04 (0.76-12.10)	0.86 (0.13-5.34)
	Received treatment from clinical psychologist												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.42 (0.04-4.21)	1.50 (0.69-3.28)	1.06 (0.68-1.65)	1.03 (0.78-1.36)	0.71 (0.37-1.3)	0.75 (0.38-1.47)	1.10 (0.59-2.05)	0.80 (0.41-1.58)	0.34 (0.06-1.78)	1.47 (0.40-5.34)	1.17 (0.34-3.93)	0.22 (0.02-2.00)

	Received treatment from psychologist												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.32 (0.03-3.27)	1.62 (0.73-3.60)	1.10 (0.71-1.70)	1.24 (0.93-1.64)	0.73 (0.38-1.41)	1.00 (0.50-1.98)	1.11 (0.59-2.08)	0.94 (0.47-1.89)	0.50 (0.10-2.56)	1.42 (0.38-5.31)	1.87 (0.55-6.32)	0.25 (0.02-2.33)
	Received treatment from social worker												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.15 (0.11-2.25)	**3.56 (1.17-10.74)**	1.55 (0.79-3.02)	1.10 (0.71-1.71)	0.75 (0.31-1.80)	0.90 (0.36-2.22)	1.22 (0.53-2.81)	0.67 (0.26-1.71)	0.29 (0.04-2.06)	0.94 (0.17-4.91)	1.39 (0.28-6.70)	0.06 (0.03-1.07)
	Received treatment from occupational therapist												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	-	7.04 (0.50-98.36)	1.99 (0.58-6.83)	1.31 (0.49-3.50)	3.46 (0.28-42.49)	0.80 (0.17-3.74)	7.33 (0.57-93.93)	0.79 (0.16-3.75)	-	-	8.56 (0.24-302.92)	-
	Received treatment from general practitioner												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	-	1.24 (0.08-19.03)	0.92 (0.28-2.99)	0.28 (0.06-1.31)	0.74 (0.10-5.42)	1.00 (0.14-6.94)	0.72 (0.06-7.53)	0.34 (0.03-3.41)	0.47 (0.03-7.19)	1.15 (0.67-2.98)	*2.86 (0.28-28.90)*	1.58 (0.05-47.94)
	Paid any out of pocket cost												
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.74 (0.32-1.68)	0.99 (0.57-1.70)	0.89 (0.68-1.15)	0.82 (0.64-1.04)	0.65 (0.41-1.04)	1.05 (0.67-1.63)	0.92 (0.57-1.48)	0.71 (0.46-1.12)	0.52 (0.25-1.08)	1.41 (0.67-2.98)	0.76 (0.39-1.48)	0.84 (0.38-1.83)
Other treatment	Currently taking any medication for mental health												
	Yes	0.62 (0.25-1.50)	0.77 (0.39-1.54)	**0.69 (0.51-0.92)**	0.93 (0.72-1.19)	1.20 (0.76-1.89)	1.05 (0.69-1.58)	0.90 (0.56-1.45)	1.19 (0.78-1.80)	0.82 (0.39-1.71)	1.14 (0.53-2.46)	1.01 (0.50-2.00)	0.94 (0.42-2.10)
	No	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Elapsed days between survey waves		1.00 (0.99-1.00)	0.99 (0.99-1.00)	1.00 (0.99-1.00)	0.99 (0.99-1.00)	0.99 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)	1.00 (0.99-1.00)

a. Results reported as odds ratios and 95% confidence intervals
b. Shaded cells indicate statistically significant results

Appendix 17: Recruitment notice (Study 6)

HAVE YOUR SAY ON BETTER ACCESS, AN INITIATIVE THAT GIVES PEOPLE MEDICARE REBATES FOR MENTAL HEALTH SERVICES

Type: Research study (interviews)

Who can take part? People with a lived experience of mental health conditions, who have and have not used Better Access in the past year.

Our team has been commissioned by the Department of Health to conduct an evaluation of what is known as "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. The evaluation will help the Department improve the way people access mental health care.

We are seeking **expressions of interest** from people who would like to take part in an interview about Better Access. We want to hear from people who **have** and **haven't** used Better Access **in the past year**.

We will ask those who have used Better Access services why they have, what their experiences were, and whether they would change anything. We will also ask those who haven't used Better Access services why they haven't, what the barriers were, and what might make them likely to use them in the future. The interviews will take about an hour. All participants will receive a $50 gift voucher as a thank you for giving up their time.

If you think you might like to take part in an interview, please click [hyperlink to EOI form] and complete the **expression of interest** form.

Appendix 18: Expression of interest form (Study 6)

EXPRESSION OF INTEREST

INTERVIEWS WITH PEOPLE WHO HAVE AND HAVEN'T USED BETTER ACCESS

Our team has been commissioned by the Department of Health to conduct an evaluation of what is known as "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with a mental health treatment plan and refers them on to one of these mental health professionals.

This project is one component of the evaluation. We are conducting interviews with people with lived experience of mental health conditions who **have** and **haven't** used Better Access **in the past year**.

We will ask those who have used Better Access services why they have, what their experiences were, and whether they would change anything. We will ask those who haven't used Better Access services why they haven't, what the barriers were, and what might make them likely to use them in the future. The interviews will take about an hour.

The interview has some questions about your mental health experiences. It's possible that reflecting on our experiences can bring about strong feelings and emotions, so we encourage you to consider whether now is the right time for you to participate. If you participate we have support processes in place if you need them.

Participants must be aged 18 years or over. Participation in the interviews is completely voluntary. All of the information from the interviews will be treated confidentially, and no participant will be identified when the findings from the interviews are reported.

If you are interested in participating in an interview, please complete this **expression of interest form**. We will select 20 people who have used Better Access and 20 people who haven't, making sure that we get a mix of people from different locations and groups. We may not be able to include everyone who expresses interest. Unfortunately, we can't include carers in the project at this time.

Expressions of interest close on [DATE]. We will be in touch as soon as possible after that to let you know whether we will be asking you to take part in an interview or not.

Professor Jane Pirkis and Dr Dianne Currier (University of Melbourne), A/Professor Michelle Banfield (Australian National University), Professor Lisa Brophy (LaTrobe University)

Name: _____
Address: _____
State: _____
Postcode: _____
Phone: _____
Email address: _____

1. Age group (tick one response only)

[ ] 18-29
[ ] 30-39
[ ] 40-49
[ ] 50-59
[ ] 60-69
[ ] ≥70

2. Sex (tick one response only)

[ ] Female
[ ] Male
[ ] Non-binary sex
[ ] Prefer not to say

3. Do you identify as Aboriginal or Torres Strait Islander? (tick one response only)

[ ] Aboriginal
[ ] Torres Strait Islander
[ ] Both Aboriginal and Torres Strait Islander
[ ] Neither Aboriginal nor Torres Strait Islander

4. How would you describe your cultural background? (dropdown list check box)

_____

5. Do you speak English at home? (tick one response only)

[ ] Yes
[ ] No
If no what language do you speak at home _____

6. Your Better Access use in the past year

In the past year, did you receive treatment services from a psychologist, social worker or occupational therapist that were paid for, at least in part, by Medicare? (tick one response only)

[ ] Yes
[ ] No
[ ] Unsure

7. Your mental health in the past year

On average, how would you rate your mental health over the past year? (tick one response only)

[ ] 1 (Worst possible mental health)
[ ] 2
[ ] 3
[ ] 4
[ ] 5
[ ] 6
[ ] 7
[ ] 8

[ ] 9
[ ] 10 (Best possible mental health)

8. Have you ever been given a mental health diagnosis? (tick one response only)

[ ] Yes
[ ] No
[ ] Unsure

9. If you answered "yes" to Question 8, what was that diagnosis? (tick as many responses as apply)

[ ] An anxiety disorder(s)
[ ] Depression
[ ] Bipolar disorder
[ ] An eating disorder
[ ] A personality disorder
[ ] Post-traumatic stress disorder
[ ] A psychotic disorder (e.g., schizophrenia)
[ ] A substance use disorder
[ ] Other (Please describe) _____
[ ] Unsure

10. Please tell us why you would like to take part in an interview about Better Access (free text, 1000-character limit)

_____
_____
_____
_____
_____

THANK YOU FOR COMPLETING THIS EXPRESSION OF INTEREST. WE WILL BE IN TOUCH AS SOON AS POSSIBLE.

Appendix 19: Plain language statement (Study 6)

INTERVIEWS WITH PEOPLE WHO HAVE AND HAVEN'T USED BETTER ACCESS

Professor Jane Pirkis (Responsible Researcher)
Tel: +61 3 3844 0647 Email: j.pirkis@unimelb.edu.au

Professor Lisa Brophy L.Brophy@latrobe.edu.au ; Associate Professor Michelle Banfield michelle.banfield@anu.edu.au ; Associate Professor Meredith Harris meredith.harris@uq.edu.au Professor Ellie Fossey ellie.fossey@monash.edu.au ; Professor Cathy Mihalopoulos cathy.mihalopoulous@deakin.edu.au; Dr Bridget Bassilios b.bassilios@unimelb.edu.au; Dr Dianne Currier dianne.currier@unimelb.edu.au; Dr Maria Ftanou mftanou@unimelb.edu.au

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About this project

Our team has been commissioned by the Department of Health to conduct an evaluation of what is known as the "Better Access program" or just "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with a mental health treatment plan and refers them on to one of these mental health professionals.

This project is one component of the evaluation. We are conducting in-depth qualitative interviews with people with lived experience of mental health conditions who **HAVE** and **HAVEN'T** used Better Access **in the past year**. We will ask those who have used Better Access services why they have, what their experiences were, and whether they would change anything. We will ask those who haven't used them why they haven't, what the barriers were, and what might make them likely to use them in the future.

Thank you for your interest in participating in this project. The following few pages will provide you with further information about this project, so that you can decide if you would like to take part.

Please take the time to read this information carefully. You may ask questions about anything you don't understand or want to know more about.

Your participation is voluntary. If you don't wish to take part, you don't have to. If you begin participating, you can also stop at any time.

What will I be asked to do?

Should you agree to participate you will be asked to take part in an interview via Zoom or on the telephone. We anticipate that the interview will take about an hour.

What are the possible benefits?

Participating in the interview will give you the opportunity to provide your perspective on Better Access. You will also receive a gift voucher valued at $50 for your time. There will also be broader benefits, because the information you and other participants provide will help to shape the way in which Better Access is delivered in the future.

What are the possible risks?

The risks of participating are small. However, because we will be asking you to think about mental health care you may have received in the past year, there is a possibility that you might feel uncomfortable or distressed. If this happens, we can stop the interview. We have processes in place to offer support if you do experience distress, including a list of services and help to connect you with the appropriate ones. We have also included some information on support services at the end of this document.

Do I have to take part?

No. Participation is completely voluntary. You are able to withdraw at any time up until the analysis is finalised. Your participation or withdrawal will have no bearing on any future care you may receive through Better Access or any other program. If you withdraw part way through the interview, you will be able to choose whether to allow us to use any information that you have already provided.

Will I hear about the results of this project?

We will provide written reports on the findings of the overall evaluation to the Department of Health, and these reports will include information about what participants in the interviews have told us. We will also prepare an academic journal article on this project. In addition, we will provide brief summary to interested participants.

What will happen to information about me?

All of the information that you provide during the interview will be treated confidentially. The interviews will be recorded and transcribed, and each participant will be allocated a number so that their name will not be attached to the recording or the transcription. When we analyse the transcripts and write up the findings, we will report on broad themes to ensure that no participant can be identified. We may use direct quotations to illustrate the themes, but again we will present these in a way that guarantees that no participant can be identified. The recordings and transcripts will be stored on password-protected computers that will only be accessible to members of the research team. All recordings and transcripts will be retained for a period of at least years and then destroyed.

Who is funding this project?

This project has been funded by the Department of Health.

Where can I get further information?

If you would like more information about the project, please contact Dr Dianne Currier dianne.currier@unimelb.edu.au or Dr Maria Ftanou mftanou@unimelb.edu.

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne (Project ID 22921) . If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 83441814 or Email: research-integrity@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

USEFUL SUPPORT SERVICES

If you are feeling distressed or would like some additional support, please contact your GP or usual mental health clinician and let them know how you are feeling.

If you need urgent medical help, please call an ambulance on **000** (or if you are on a mobile and that doesn't work you can call **112**).

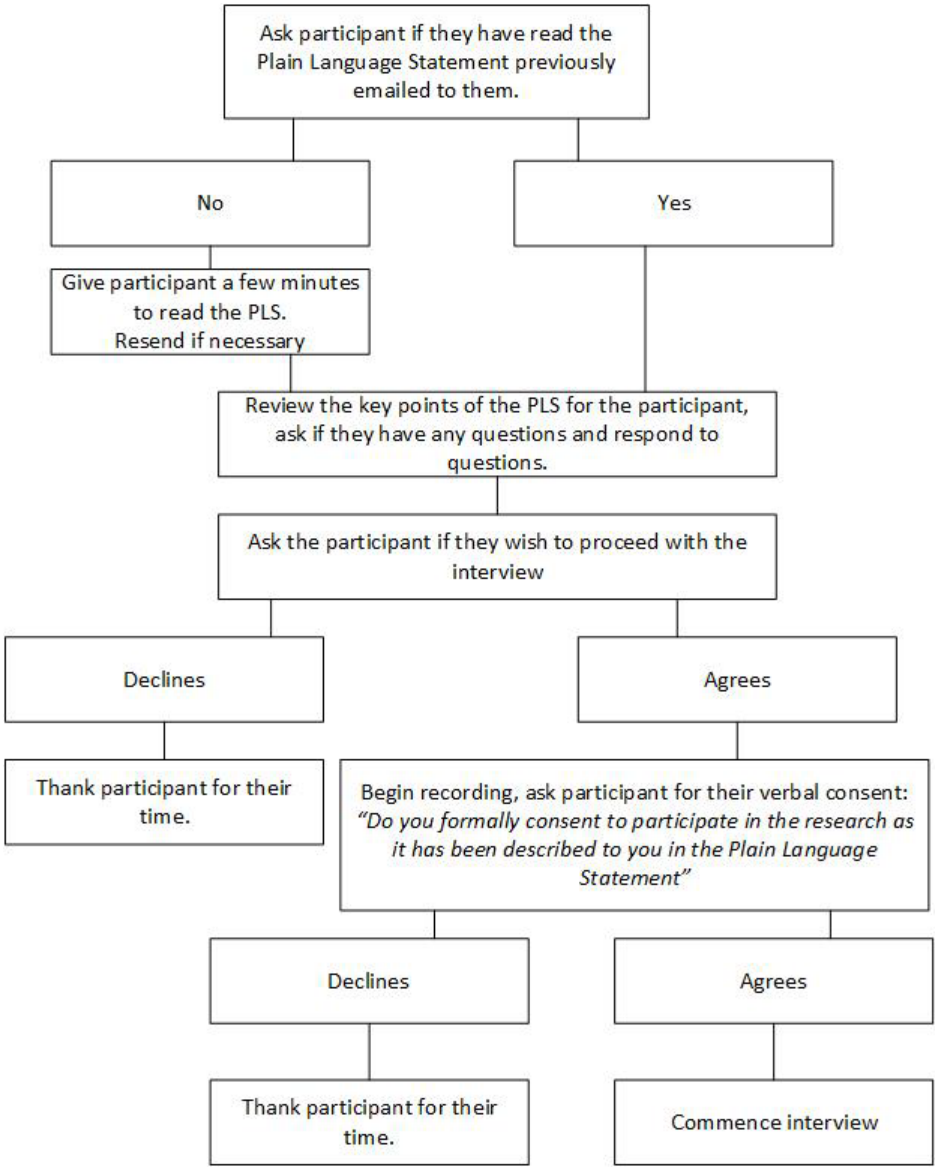
There are also some other numbers that you can call at any time, night or day if you want help and support:

24/7 Crisis Support Services

LIFELINE **24 hours a day, 7 days a week** **Crisis support over the phone, for all ages** Lifeline also has an online crisis support chat from 7pm to 4am, 7 days a week. To find out more, you can do an internet search for "Lifeline" or go to www.lifeline.org.au and click on the "online services" tab.	13 11 14 (free call from mobiles)
Kids Helpline – Teens and Young Adults **24 hours a day, 7 days a week** **Phone support and counselling, for ages 13-25** Kids Helpline also have WebChat Counselling available between 8am and midnight, 7 days a week and Email Counseling. For more information, search for "Kids Helpline" or go to www.kidshelp.com.au/teens	1800 55 1800 (free to call)
Suicide Call Back Service **24 hours a day, 7 days a week** **Phone crisis counselling and support, ages 15 plus** Crisis support for people who are suicidal, carers of someone who is suicidal and people bereaved by suicide. The Suicide Call Back Service provides immediate telephone support in a crisis and can provide up to 6 further telephone counselling sessions with the same counsellor. For more information go to https://www.suicidecallbackservice.org.au	1300 659 467

Appendix 20: Consent protocol and script (Study 6)

Consent protocol



Consent script

Interviewer: Thank you once again for agreeing to participate in this interview. You should have received a copy of the Plain Language Statement by email describing all the details of this study.

Interviewer: Have you had a chance to read that document?

Participant responds yes → continue to summary and consent
Participant responds 'no, did not read' → Interviewer: You can take a few minutes now to read through it.

Participant responds 'did not receive' → Interviewer: I can send it through to you again now and give you a few minutes to read through it.

Participant has had the opportunity to read the PLS

Interviewer: I'll just summarise the key points for you [summary of key points]

Interviewer: Do you have any questions? [Answer questions]

Interviewer: Are you happy to go ahead with the interview?

Participant responds 'yes'

Interviewer: I would like to start recording now and ask you for your formal consent to participate:

[commence recording]

> Do you formally consent to participate in the research as it has been described to you in the Plain Language Statement?

Participant responds 'yes'

Interviewer: While you are used to speaking about your experiences with mental health, in case you do get upset today we would like you to nominate a support person who you can contact if you feel distressed during the interview.

[Record name of support person]

Appendix 21: Interview schedule for users of Better Access (Study 6)

PEOPLE WHO HAVE USED BETTER ACCESS IN THE PAST YEAR

Thank you once again for agreeing to participate in this interview.

While you are used to speaking about your experiences with mental health, in case you do feel distressed today we would like you to nominate a support person who you can contact if you feel distressed during the interview.

[Record name of support person]

As you know, we are doing these interviews as part of our evaluation of what is known as "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with a mental health treatment plan and refers them on to one of these mental health professionals.

You have indicated that you are one of the many people in Australia who saw a psychologist, social worker or occupational therapist through Better Access **during the past year.** As I said, this means that the services you received were paid for, at least in part, by Medicare. You may have paid for some of the cost out of your own pocket though. Can I just check that is correct – you saw a psychologist, social worker or occupational therapist through the Better Access program during the past year?

Note for interviewer: If the participant indicates that they actually did not receive Better Access services in the past year, they should be asked the questions for those who HAVE NOT USED Better Access in the past year.

I'll be asking you some questions about your experiences with accessing and receiving care via Better Access services, and about whether things changed for you as a result. Just as a reminder, if you are feeling stressed or uncomfortable at any point, we can stop the interview.

If you're ready, we'll start the interview now.

Overarching theme 1: Accessibility

1. Can I start by asking you what professional qualification the mental health professional you saw through the Better Access program had? Was it a psychologist, a social worker or an occupational therapist you saw in the past year?

    - *Note for interviewer: It is possible that some people may have seen more than one type of professional. If this is the case, explore their experiences with each one.*

Psychologist	[ ] Yes [ ] No [ ] Not sure
Social worker	[ ] Yes [ ] No [ ] Not sure
Occupational therapist	[ ] Yes [ ] No [ ] Not sure

2. In order to see the mental health professional through Better Access, your GP – or possibly some other medical practitioner – would have written a mental health treatment plan and referred you. What do you remember about this process?

- *Prompts:*
  - *Did you know that the GP wrote the plan?*
  - *Did your GP give you a copy of the plan?*
  - *Did you think the plan accurately described how you were feeling at the time?*
  - *Was the referral process smooth?*
  - *Did you feel that the GP and the mental health professional communicated appropriately with each other, and with you?*

3. Apart from the referral, what else can you tell me about how you went about accessing care from the mental health professional under the Better Access program?

   - *Prompts:*
     - *Had you made the decision to see a mental health professional before the GP suggested it?*
     - *Did you have a particular mental health professional in mind?*

4. Can you comment on your experience with seeing the mental health professional via Better Access?

5. What did you think about the number of sessions you had with the mental health professional? Was it too few, too many, or just the right number?

6. Were the sessions face-to-face or by telehealth (e.g., by telephone or Zoom), or a mix?

   6a. **If face-to-face**: How did you find this?

   6b. **If telehealth**: Did you have phone or zoom services?
   [for each mode mentioned]
      1. How did you find the **phone** sessions?
      2. How did you find the **zoom** sessions?

   6c: If a mix – ask about each mode separately
   1. How did you find the **face-to-face** sessions?
   2. How did you find the **phone** sessions?
   3. How did you find the **zoom** sessions?

7. Did you have any group sessions? How did you find those?

8. Would you be interested in group therapy in the future? If Yes – why? If No – why not?

9. What are the things that helped or enabled you to engage with the mental health professional through Better Access?

   - *Prompts:*
     - *Referral by the GP*
     - *The fact that the mental health professional's services were at least partly paid for by Medicare*
     - *Location of the mental health professional*
     - *Mental health professional's manner and approach*
     - *Flexibility of the sessions*

10. Were there things that made it hard for you to engage with the mental health professional through Better Access? How did they impact on you?

    - *Prompts:*
        - *Finances/cost – Was this because the out-of-pocket payment was too high, or something else (e.g., other costs associated with attending the sessions, like transport costs, accommodation costs, childcare costs, income lost by attending the sessions)?*
        - *Location – Was this because the mental health professional was some distance away from where you live? How much travel was involved? Did this limit your access to the mental health professional?*
        - *Choice of mental health professional – Was this because the choice of mental health professional was limited?*
        - *Wait times – Were there long wait times to get in to see the mental health professional?*
        - *Mental health professional's manner and approach*

Overarching theme 2: Appropriateness

11. Can you tell me what prompted you to seek care from the mental health professional when you did?

12. Was there a particular mental health issue or condition that led you to seek care from the mental health professional? If so, how would you describe this?

    - *Note for interviewer: If the participant indicates a particular mental health issue or condition, continue with Questions 11-14. If they don't, then skip to the next section.*

13. How does/did that mental health issue/condition impact on your day-to-day life?

14. Does it fluctuate? If so, how much?

15. Do you think being able to access a mental health professional via Better Access is an appropriate way to help you with this mental health issue/condition? Why? Why not?

Overarching theme 3: Effectiveness

16. Have you noticed any change in your health and wellbeing since seeing the mental health professional through Better Access? If so, was that change for the better or for the worse? To what extent would you attribute any change to the care provided by this mental health professional? Have there been any other benefits (or disadvantages) of receiving care from this mental health professional?

17. From your experience with seeing the mental health professional, what would you say had the biggest influence on any change in your health and wellbeing. What helped the most? What was the least helpful?

    - *Prompts:*
        - *The total number of sessions?*
        - *The format of the sessions (face-to-face, telehealth)?*
        - *The manner and approach of the mental health professional?*

18. Did you continue seeing the mental health professional for all of the sessions of care you were offered? If not, can you please tell me a little about why you discontinued?

19. Do you see any other mental health professionals or use any other services for your mental health apart from the one you saw through Better Access? Or any other supports or resources? If so, what impact do they have?

Overarching theme 4: Sustainability

20. Reflecting on the Better Access program, and in particular the way it enables people to access mental health professionals by wholly or partially funding sessions through Medicare, is there anything you would change about it?

21. In an ideal world what would the Better Access program look like? Or, based on your experience, how could it be improved?

Thank you for participating in this interview.

If the distress protocol <u>has</u> been enacted during the interview follow the Stage 2 Steps.

If the distress protocol <u>has not</u> been required, remind participants that if they do feel distressed in the coming days as a result of their participation to contact their nominated support person, their service provider if they are in services, use the resources provided or contact the research team.

Appendix 22: Interview schedule for non-users of Better Access (Study 6)

PEOPLE WHO HAVE NOT USED BETTER ACCESS IN THE PAST YEAR

Thank you once again for agreeing to participate in this interview.

While you are used to speaking about your experiences with mental health, in case you do get upset today we would like you to nominate a support person who you can contact if you feel distressed during the interview.

[Record name of support person]

As you know, we are doing these interviews as part of our evaluation of what is known as "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with a mental health treatment plan and refers them on to one of these mental health professionals.

You have indicated that you did not see a psychologist, social worker or occupational therapist through Better Access **during the past year.** You may have done this more than a year ago, but not in the past year. Or, during the past year, you may have received mental health services from these sorts of mental health professionals but done so through some other program that was not funded by Medicare. But, just to confirm, during the past year you did not receive services from a psychologist, social worker or occupational therapist that were paid for, at least in part, by Medicare. Can I just check that is correct?

Note for interviewer: If the participant indicates that they actually did receive Better Access services in the past year, they should be asked the questions for those who HAVE USED Better Access in the past year.

I'll be asking you some questions about why you haven't used Better Access, and whether you think you might do so in the future. Just as a reminder, if you are feeling stressed or uncomfortable at any point, we can stop the interview.

If you're ready, we'll start the interview now.

Overarching theme 1: Accessibility

1. Can I start by asking you about what you know about Better Access? Had you heard of the program before you expressed your interest in taking part in an interview with us?

    - *Prompts:*
        - *You may have known that it was possible to see a psychologist, social worker or occupational therapist through Medicare, but not known that the program was called Better Access*
        - *Or you may have not known that it was possible to see a psychologist, social worker or occupational therapist through Medicare at all*

2. Who do you think Better Access is intended for?

3. I understand that you didn't see a mental health professional through Better Access in the past year, but did you do so before that? To put the question another way, before last year, had you ever seen

a psychologist, social worker or occupational therapist whose services were paid for – at least in part – by Medicare? If so, can you elaborate on that previous contact?

4. In the past year, did your GP write a mental health treatment plan for you? If not, do you think this might have been helpful? If so, can you tell me a little bit more about what it involved?

    - *Prompts:*
        - *If your GP did not write a mental health treatment plan for you, why do you think this was?*
        - *If your GP did write a mental health treatment plan for you, did it involve a referral to a psychologist, social worker or occupational therapist? And if so, can you tell me why you chose not to follow through with the referral? Perhaps you couldn't find someone who you felt was skilled in helping with the issue or condition you were experiencing, for example.*
        - *If it didn't involve a referral to one of these mental health professionals, did the GP themselves provide you with sessions of mental health care? Or did they refer you to some other kind of mental health professional, like a psychiatrist?*

5. There may be many reasons why you didn't see a psychologist, social worker or occupational therapist through Better Access in the past year. I'd like to explore some possibilities with you if that's okay. One reason might be that you felt you didn't have a need to see a professional of this kind, perhaps because you were feeling pretty good. Or maybe it seemed too difficult. Or perhaps there was another reason.

6. Were there other things that made it hard for you to engage with a psychologists, social worker or occupational therapist through Better Access? How did they impact on you?

    - *Prompts:*
        - *Finances/cost – Was this because the out-of-pocket payment was too high, or something else (e.g., other costs associated with attending the sessions, like transport costs, accommodation costs, childcare costs, income lost by attending the sessions)?*
        - *Location – Was this because the mental health professional was some distance away from where you live? How much travel was involved? Did this limit your access to the mental health professional?*
        - *Choice of mental health professional – Was this because the choice of mental health professional was limited? Or you couldn't find one who you thought could meet your needs?*
        - *Wait times – Were there long wait times to get in to see the mental health professional?*
        - *Other issues – e.g., mobility issues.*

7. Do you think you are likely to see a psychologists, social worker or occupational therapist through Better Access in the future? Why? Why not?

8. What are the things that you think might help or enable people like yourself to see a psychologists, social worker or occupational therapist through Better Access?

    - *Prompts:*
        - *Referral by the GP*
        - *The fact that the mental health professional's services were at least partly paid for by Medicare*
        - *Location of the mental health professional*
        - *Mental health professional's manner and approach*
        - *Flexibility of the sessions*
        - *Support for people with mobility issues, i.e. home visits*

Overarching theme 3: Effectiveness

9. Do you see any mental health professionals or use any services for your mental health outside those who might be available through Better Access? Or any other supports or resources? Can you tell me what services or supports or mental health professionals you used:

   Prompts:
   - *Community mental health services*
   - *Emergency room/hospital*
   - *Private psychologists*
   - *PHN funded mental health professionals*
   - *Online services or apps*
   - *Others?*

10. Thinking about the services you described just now, what impact do they have? [Ask the participant to reflect separately on each of the services, mental health professionals or resources they mention in question 9]

11. From your experience with seeing other mental health professionals or using other services, what would you say has the biggest influence on any change in your health and wellbeing. What helps the most? What is the least helpful?

    - *Prompts:*
      - *The total number of sessions?*
      - *The format of the sessions (face-to-face, telehealth)?*
      - *The manner and approach of the mental health professional?*

Overarching theme 4: Sustainability

12. Reflecting on the Better Access program, and in particular the way it enables people to access mental health professionals by wholly or partially funding sessions through Medicare, is there anything you would change about it?

13. In an ideal world what would the Better Access program look like? How could it be improved?

Thank you for participating in this interview

If the distress protocol <u>has</u> been enacted during the interview follow the Stage 2 Steps.

If the distress protocol <u>has not</u> been required, remind participants that if they do feel distressed in the coming days as a result of their participation to contact their nominated support person, their service provider if they are in services, use the resources provided or contact the research team.

Appendix 23: Sample invitation notice (Study 7)

A team led by Professor Jane Pirkis (Melbourne School of Population and Global Health, University of Melbourne) is conducting an evaluation of Better Access, the Medicare-funded program that reimburses psychologists and other selected providers for referring and/or delivering mental health care.

The evaluation team is asking GPs, psychiatrists, psychologists, social workers and occupational therapists to complete a survey about Better Access. The only requirement is that they have worked as a clinician in private practice in 2021.

If this describes you, the team would be interested in your views about how Better Access works and whether it promotes access to treatment for people with mild to moderate mental health conditions. You may be someone who regularly makes referrals or provides care under Better Access, or you may be someone who rarely or never does so. The team is interested in your views either way.

Participation in the survey should take no longer than 15 minutes total.

If you would like to know more or to complete the survey, please click on this link http://begin.ws/AAPI .

The survey will be open until 5.00pm Friday 25th March.

Appendix 24: Plain language statement (Study 7)

Plain Language Statement

MELBOURNE SCHOOL OF POPULATION AND GLOBAL HEALTH

Better Access Evaluation: Referrers and Providers Survey

Associate Professor Dianne Currier (Responsible Researcher)
Tel: +61 3 9035 7557
Email: dianne.currier@unimelb.edu.au

Dr Maria Ftanou, Justine Fletcher, Dr Bridget Bassilios, Professor Jane Pirkis, Professor Cathy Mihalopoulos, Associate Professor Meredith Harris, Professor Matthew Spittal, Ms Michelle Williamson, Dr Katrina Scurrah

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Introduction

Thank you for your interest in participating in this research project. The following few pages will provide you with further information about the project, so that you can decide if you would like to take part in this research.

Please take the time to read this information carefully.

Your participation is voluntary. If you don't wish to take part, you don't have to. If you begin participating, you can also stop at any time.

What is this research about?

The Better Access initiative was introduced in November 2006 in response to low treatment rates for mental disorders. The ultimate aim of Better Access is to encourage more people to seek support for their mental ill-health. It works to improve treatment and management for people who have mild to moderate mental health conditions, for whom short-term, evidence-based interventions are most likely to be helpful.

The Department of Health has commissioned the University of Melbourne to evaluate the Better Access scheme. As part of the evaluation this project aims to understand the perspective of service providers on how well the scheme works, the barriers and facilitators to its use, and what modifications might be desirable.

We are asking GPs, psychiatrists, psychologists, social workers and occupational therapists to complete the survey if they have worked as a clinician in private practice in the last year. You may be someone who regularly makes referrals or provides care under Better Access, or you may be someone who rarely or never does so. We're interested in your views either way.

What will I be asked to do?

If you decide to participate, you will be asked to complete an online survey. You will be asked some questions about yourself and your clinical practice. You will be asked about your reasons for choosing to, or choosing not to, refer people for care or provide care yourself through Better Access. You will also be asked some more general questions about the things that act as barriers and facilitators for clinicians' use of Better Access.

All participants will be asked for recommendations they may have on improving Better Access.

What are the possible benefits?

The project will not provide any direct benefits to you as a participant. However, the information obtained from this project will be used in deliberations about how Better Access might be modified in the future.

What are the possible risks?

The survey questions are about the delivery of mental health services, and there is a small risk that this might upset you. If you are experiencing distress as a result of participating in the survey, you may want to seek the support of friends, family or a trusted colleague. Alternatively, general support is available by calling Lifeline on 13 11 14.

Do I have to take part?

No. Participation is completely voluntary. You can withdraw at any time. You will not be able to withdraw any data you provide because it is an anonymous survey and not linked to any of your personal details.

Will I hear about the results of this project?

The findings of the overall evaluation of the Better Access scheme will be shared with representatives from your professional organisation and they will be able to circulate that information to their membership.

We will also publish the study findings in academic journals and present them at conferences and other presentations.

What will happen to information about me?

Your participation in the study will be entirely confidential as the survey is anonymous. We will use a company called Strategic Data to develop the survey and to collect the survey data. They will have access to all the data you provide during the study, but this information will only be seen by those working directly on this project.

At the end of the study, Strategic Data will provide us with the survey response data. All data will be held securely in the Centre for Mental Health at the University of Melbourne for five years after we publish the final article about this study. We will also be producing research reports and journal articles as a result of this project.

As the data provided in your survey is anonymous so you are not able to withdraw the data once you have submitted the online survey.

Who is funding this project?

We have been funded by the Australian Government Department of Health to evaluate the role and effectiveness of Better Access.

Where can I get further information?

If you would like more information about the project, please contact the researchers at betteraccesseval-7@unimelb.edu.au or (03) 8344 0457.

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne [22854]. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 8344 1814 or Email: research-integrity@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

Appendix 25: Survey consent (Study 7)

[The statement below followed the plain language statements. Participants had to check the "Yes" box in order to proceed through to the survey]

Having read the above information, do you agree to participate in this research?

◯ Yes, I have read and understood the information provided to me and would like to proceed in taking part in the online survey.

◯ No, I do not consent to take part

Date: ___/___/_____

Appendix 26: Survey (Study 7)

Survey for referrers and providers[1]

Thank you once again for agreeing to complete this survey. As you know, we are conducting this survey as part of our evaluation of Better Access. Better Access takes the form of a series of item numbers on the Medicare Benefits Schedule (MBS) that reimburse selected: (1) general practitioners (GPs) for preparing and reviewing Mental Health Treatment Plans and providing Focussed Psychological Strategies and other mental health care services (2) clinical psychologists for delivering Psychological Therapy Services; (3) psychologists, GPs and other medical practitioners, and social workers and occupational therapists for delivering Focussed Psychological Strategies; and (4) psychiatrists for preparing and reviewing Psychiatrist Assessment and Management Plans and conducting initial consultations with new consumers.

We are seeking the views of GPs, psychiatrists, clinical psychologists, psychologists, social workers and occupational therapists who worked in private practice in 2021. These professionals can make referrals or provide mental health care under Better Access. Other medical professionals and paediatricians may also deliver Better Access funded services but we are not asking them to complete the survey.

If you are a GP, psychiatrist, psychologist, social worker or occupational therapist and you worked in private practice **in 2021**, we are interested in your views about how Better Access works and whether it promotes access to treatment for people with mild to moderate mental health conditions. You may be someone who regularly makes referrals or provides care under Better Access, or you may be someone who rarely or never does so. We are interested in your views either way. If you have already completed the survey, however, please do not complete it again.

For the purposes of this survey, we refer to people who receive care through Better Access as "consumers".

The survey will take about 15 minutes. Your responses are confidential, and you are free to exit the survey at any stage.

[Questions for all participants]

1. Have you worked as a clinician in private practice at any time since 1 January 2021? *mandatory	☐	Yes, full time
	☐	Yes, part time
	☐	No → Exit survey
2. What is your clinical profession? (Note: If you have qualifications in more than one clinical profession, please indicate your primary clinical profession) *mandatory	☐	GP → Go to Question 7
	☐	Psychiatrist → Go to Question 44
	☐	Clinical psychologist → Go to Question 61
	☐	Psychologist → Go to Question 61
	☐	Social worker→ Go to Question 61
	☐	Occupational therapist → Go to Question 61
	☐	None of the above → Exit survey
3. How many years have you been working in this profession?	☐	< 1 year
	☐	1-5 years
	☐	6-10 years

[1] Red text indicates programming instructions for Logicly. Participants did not have to navigate skips themselves – they were automatic.

	☐	11-15 years
	☐	16-20 years
	☐	> 20 years
4. Are you:	☐	Female
	☐	Male
	☐	Non-binary gender
	☐	Prefer not to say
5. What is the postcode of your private practice? (Note: If you work in more than one practice, please indicate the postcode of your primary practice)	_____	
6. In your private practice, which of the following conditions do consumers commonly present with? (Tick all that apply)	☐	Anxiety disorders
	☐	Depression
	☐	Bipolar disorder
	☐	Eating disorders
	☐	Personality disorders
	☐	Post-traumatic stress disorder
	☐	Psychotic disorders (e.g., schizophrenia)
	☐	Substance use disorders
	☐	Childhood behavioural/emotional disorders (e.g., ADHD, conduct disorders)
	☐	Other (Please describe) _____
	☐	Unsure

[Questions for GPs]

7. Have you completed the mental health skills training that is recognised through the General Practice Mental Health Standards Collaboration? *mandatory	☐	Yes→ Continue to Question 8
	☐	No→ Go to Question 9
	☐	Unsure→ Go to Question 9
8. What mental health skills training have you completed? (Tick all that apply)	☐	Level 1: Mental Health Skills Training
	☐	Level 1 extended: Mental Health Continuing Professional Development
	☐	Level 2: Focussed Psychological Strategies Skills Training
	☐	Level 2 extended - Focussed Psychological Strategies Continuing Professional Development Continue to Question 9
9. Have you prepared or reviewed Mental Health Treatment Plans under Better Access **at any time since 1 January 2021**? *mandatory	☐	Yes → Continue to Question 10
	☐	No → Go to Question 29
	☐	Unsure → Go to Question 29
10. Approximately how many consumers have you prepared or reviewed Mental Health Treatment Plans for under Better Access **at any time since 1 January 2021**?	_____	
11. Were any of these consumers in residential aged care facilities?	☐	Yes
	☐	No

	☐	Unsure
12. Approximately, what proportion of all consumers for whom you prepared a Mental Health Treatment Plan **at any time since <u>1 January 2021</u>** did you refer to a psychologist, social worker or occupational therapist under Better Access? *mandatory	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	100% 80-99% 60-79% 40-59% 20-39% 1-19% 0% → Go to Question 29 Unsure
13. Approximately, what proportion of all consumers for whom you prepared a Mental Health Treatment Plan **at any time since <u>1 January 2021</u>**received care from a psychologist, social worker or occupational therapist under Better Access? *mandatory	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	100% 80-99% 60-79% 40-59% 20-39% 1-19% 0% → Go to Question 28 Unsure
14. Which of the above professional groups did you refer these consumers to? (Tick all that apply)	☐ ☐ ☐ ☐	A clinical psychologist A psychologist A social worker An occupational therapist
15. When you make a referral to a psychologist, social worker or occupational therapist, how do you select the individual provider? (Tick all that apply)	☐ ☐ ☐ ☐ ☐ ☐	I choose them on the basis of their clinical discipline I choose providers I know I choose providers who have a good reputation I try to match their expertise with consumers' needs They are the only provider(s) available in my area Other (Please describe) _____

Thinking about the situations where consumers went on to receive care from a psychologist, social worker or occupational therapist under Better Access, please rate the extent to which you agree or disagree with the following statements.	**1 Strongly disagree**	**2 Disagree**	**3 Neither disagree nor agree**	**4 Agree**	**5 Strongly agree**
16. The referral process under Better Access is straightforward	☐	☐	☐	☐	☐
17. Better Access fosters good two-way communication between me and relevant mental health professionals	☐	☐	☐	☐	☐
18. Better Access enables me to refer consumers for appropriate mental health care	☐	☐	☐	☐	☐
19. Better Access enables me to ensure that the referral pathway is smooth	☐	☐	☐	☐	☐

20. Better Access enables me to refer consumers for mental health care that is accessible	☐	☐	☐	☐	☐
21. Better Access enables me to refer consumers for mental health care that can be delivered in a timely fashion	☐	☐	☐	☐	☐
22. Better Access enables me to refer consumers for mental health care that is affordable	☐	☐	☐	☐	☐
23. Better Access enables me to refer consumers for mental health care that they can benefit from	☐	☐	☐	☐	☐
24. Better Access enables me to refer consumers for mental health care that reduces their symptoms	☐	☐	☐	☐	☐
25. Better Access enables me to refer consumers for mental health care that improves their levels of functioning	☐	☐	☐	☐	☐
26. Better Access enables me to refer consumers for mental health care that addresses their presenting issues	☐	☐	☐	☐	☐
27. Better Access enables me to refer consumers for mental health care that improves their overall mental health and wellbeing	☐	☐	☐	☐	☐

-> If answered Q 12= '100%' Go to Q29

28. In situations where consumers did **not** go on to receive care from a psychologist, social worker or occupational therapist under Better Access, what were the reasons? (Tick all that apply)	☐	The consumer did not require this care
	☐	The consumer chose not to take up the referral
	☐	The consumer made alternative treatment arrangements
	☐	I provided treatment myself
	☐	Other (Please describe) _____
29. Have you provided mental health care using the GP Mental Health Treatment Consultation items under Better **at any time since 1 January 2021**? *mandatory	☐	Yes → continue to Question 30
	☐	No → Go to Question 32
	☐	Unsure → Go to Question 33
30. Approximately how many consumers have you provided mental health care for using GP Mental Health Treatment Consultation items under Better Access **at any time since 1 January 2021**?	_____	
31. Were any of these consumers in residential aged care facilities?	☐	Yes
	☐	No
	☐	Unsure
32. If you haven't provided mental health care using the GP Mental Health Treatment Consultation items under Better Access **at any time since 1 January**	☐	I didn't see any consumers who required mental health care
	☐	I referred all consumers who required mental health care on to other providers

2021, what were the reasons? (Tick all that apply)	☐	I provided mental health care consultations, but I did so using the Focussed Psychological Strategies items under Better Access
	☐	I provided mental health care consultations, but I did so using other Medicare item numbers, not the Better Access ones
	☐	Other (Please describe) _____
33. Have you provided mental health care using the Focussed Psychological Strategies items under Better Access **at any time since 1 January 2021**? *mandatory	☐	Yes → Continue to Question 34
	☐	No → Go to Question 36
	☐	Unsure → Go to Question 37
34. Approximately how many consumers have you provided mental health care for using the Focussed Psychological Strategies items under Better Access **at any time since 1 January 2021**?	_____	
35. Were any of these consumers in residential aged care facilities?	☐	Yes
	☐	No
	☐	Unsure
36. If you haven't provided mental health care using the Focussed Psychological Strategies items under Better Access **at any time since 1 January 2021**, what were the reasons? (Tick all that apply)	☐	I didn't see any consumers who required mental health care
	☐	I referred all consumers who required mental health care on to other providers
	☐	I provided mental health care consultations, but I did so using the GP Mental Health Treatment items under Better Access
	☐	I provided mental health care consultations, but I did so using other Medicare item numbers, not the Better Access ones
	☐	I did not want my services to be contributing to the Better Access session cap for consumers
	☐	Other (Please describe) _____ → Continue to Question 37

Thinking about the situations where **you or other GPs** provide mental health care using the Better Access GP Mental Health Treatment Consultation items or Focussed Psychological Strategies items, please rate the extent to which you agree or disagree with the following statements.	**1 Strongly disagree**	**2 Disagree**	**3 Neither disagree nor agree**	**4 Agree**	**5 Strongly agree**
37. Better Access enables GPs to offer consumers appropriate mental health care	☐	☐	☐	☐	☐
38. Better Access enables GPs to provide consumers with mental health care that is accessible	☐	☐	☐	☐	☐
39. Better Access enables GPs to provide consumers with mental health care that is timely	☐	☐	☐	☐	☐

40. Better Access enables GPs to provide consumers with mental health care that is affordable	☐	☐	☐	☐	☐
41. Better Access enables GPs to provide consumers with mental health care that improves their mental health and wellbeing	☐	☐	☐	☐	☐

42. What barriers do GPs experience in relation to Better Access? (Tick all that apply)

- ☐ The number of available sessions from relevant mental health professionals is too restrictive
- ☐ The fact that Better Access is designed to serve consumers who meet certain diagnostic criteria means that some consumers miss out
- ☐ The types of therapy that are permissible under Better Access are not consistent for all providers
- ☐ The types of therapy that are permissible under Better Access do not match the approach of all providers
- ☐ The Medicare rebate doesn't adequately recompense providers for their time
- ☐ The billing process is too complex
- ☐ Better Access is administratively burdensome
- ☐ The "rules" around Better Access can be confusing
- ☐ The timing of reviews can present challenges
- ☐ Consumers do not always know whether they already have a Mental Health Treatment Plan
- ☐ There are long waiting lists for the mental health professionals who provide treatment under Better Access
- ☐ The list of mental health professionals who are eligible to provide treatment under Better Access is too limited
- ☐ In some areas, insufficient numbers of mental health professionals are available
- ☐ Other (Please describe)

_____

43. What things act as facilitators for GPs in relation to Better Access?

- ☐ Good communication with relevant mental health professionals
- ☐ Good documentation from relevant mental health professionals to inform reviews
- ☐ The ability to refer consumers for care that is tailored to their needs
- ☐ The ability to refer consumers for care that is affordable
- ☐ Other (Please describe)

_____

→ Continue to Question 79

[Questions for psychiatrists]

44. Have you prepared or reviewed a Psychiatrist Assessment and Management Plan or conducted an initial consultation with a new consumer under Better Access **at any time since 1 January 2021**? *mandatory	☐ ☐ ☐	Yes → Continue to Question 45 No → Go to Question 60 Unsure → Go to Question 79
45. Approximately how many consumers have you prepared or reviewed a Psychiatrist Assessment and Management Plan for or conducted an initial consultation with under Better Access **at any time since 1 January 2021**?	_____	
46. Were any of these consumers in residential aged care facilities?	☐ ☐ ☐	Yes No Unsure
47. Approximately, what proportion of these consumers did you refer for treatment **in 2021**? *mandatory	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	100% 80-99% 60-79% 40-59% 20-39% 1-19% 0% → go to Question 49 Unsure
48. If you referred consumers for treatment, who did you refer them to? (Tick all that apply)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	A GP A nurse practitioner A psychologist A social worker An occupational therapist Another psychiatrist A paediatrician, consultant physician or other medical specialist Other (Please describe) _____

Thinking about the different ways in which you might see consumers under Better Access, please rate the extent to which you agree or disagree with the following statements.	**1 Strongly disagree**	**2 Disagree**	**3 Neither disagree nor agree**	**4 Agree**	**5 Strongly agree**
49. The processes of preparing and reviewing Psychiatrist Assessment and Management Plans and conducting initial consultations under Better Access are straightforward	☐	☐	☐	☐	☐
50. Better Access fosters good two-way communication between me and other providers	☐	☐	☐	☐	☐

51. Better Access helps me to ensure consumers get appropriate mental health care	☐	☐	☐	☐	☐
52. Better Access helps me to ensure that referral pathways for consumers are smooth	☐	☐	☐	☐	☐
53. Better Access helps me to ensure consumers get accessible mental health care	☐	☐	☐	☐	☐
54. Better Access helps me to ensure consumers get timely mental health care	☐	☐	☐	☐	☐
55. Better Access helps me to ensure consumers get affordable mental health care	☐	☐	☐	☐	☐
56. Better Access helps me to ensure that consumers get mental health care that reduces their symptoms	☐	☐	☐	☐	☐
57. Better Access helps me to ensure that consumers get mental health care that improves their levels of functioning	☐	☐	☐	☐	☐
58. Better Access helps me to ensure that consumers get mental health care that addresses their presenting issues	☐	☐	☐	☐	☐
59. Better Access helps me to ensure that consumers get mental health care that improves their overall mental health and wellbeing	☐	☐	☐	☐	☐ → Go to Question 79
60. If you haven't prepared or reviewed an assessment or management plan or conducted an initial consultation with a new consumer under Better Access **in 2021**, what were the reasons?	☐ I didn't see any consumers for whom this was appropriate or necessary ☐ I provided the equivalent of these services, but I did so using other Medicare item numbers, not the Better Access ones ☐ Other (Please describe) _____ → Go to Question 79				

[Questions for clinical psychologists, psychologists, social workers and occupational therapists]

61. Have you provided Psychological Therapy Services or Focussed Psychological Strategies under Better Access **at any time since 1 January 2021**? *mandatory	☐ Yes → Continue to Question 62 ☐ No → Go to Question 76 ☐ Unsure → Go to Question 77
62. Approximately how many consumers have you provided Psychological Therapy Services or Focussed Psychological Strategies for under Better Access **at any time since 1 January 2021**?	_____
63. Were any of these consumers in residential aged care facilities?	☐ Yes ☐ No ☐ Unsure
64. Did you provide any of these Psychological Therapy Services or Focussed Psychological Strategies in group sessions? *mandatory	☐ Yes → Go to Question 66 ☐ No → Continue to Question 65 ☐ Unsure → Go to Question 66

65. What was your reason for not providing group sessions? (Tick all that apply)	☐ Group sessions are not as helpful for consumers as individual sessions ☐ Consumers have told me they would prefer individual sessions ☐ Group sessions are hard to arrange ☐ I do not feel confident running group sessions ☐ I can provide better treatment if I do it individually ☐ Group sessions have particular complexities (e.g., group dynamics) ☐ Group sessions have been particularly hard to run during the COVID-19 pandemic ☐ Other (Please describe) _____ → Continue to Question 66

Thinking about the situations where you provided Psychological Therapy Services or Focussed Psychological Strategies under Better Access, please rate the extent to which you agree or disagree with the following statements.	**1 Strongly disagree**	**2 Disagree**	**3 Neither disagree nor agree**	**4 Agree**	**5 Strongly agree**
66. Better Access enables me to offer consumers appropriate mental health care	☐	☐	☐	☐	☐
67. Better Access enables consumers to access my services through a smooth referral process	☐	☐	☐	☐	☐
68. Better Access enables me to provide consumers with mental health care that is accessible	☐	☐	☐	☐	☐
69. Better Access enables me to provide consumers with mental health care that is timely	☐	☐	☐	☐	☐
70. Better Access enables me to provide consumers with mental health care that is affordable	☐	☐	☐	☐	☐
71. Better Access enables me to provide consumers with mental health care that they can benefit from	☐	☐	☐	☐	☐
72. Better Access enables me to provide consumers with mental health care that reduces their symptoms	☐	☐	☐	☐	☐
73. Better Access enables me to provide consumers with mental health care that improves their levels of functioning	☐	☐	☐	☐	☐
74. Better Access enables me to provide consumers with mental health care that addresses their presenting issues	☐	☐	☐	☐	☐
75. Better Access enables me to provide consumers with mental health care that improves their overall mental health and wellbeing	☐	☐	☐	☐	☐

→ Go to Question 77

76. If you haven't provided Psychological Therapy Services or Focussed Psychological Strategies under Better Access **at any time since 1 January 2021**, what were the reasons? (Tick all that apply)	☐	I didn't see any consumers who required Psychological Therapy Services or Focussed Psychological Strategies
	☐	I provided Psychological Therapy Services or Focussed Psychological Strategies, but I did it through other programs or funding mechanisms
	☐	Other (Please describe) _____
77. What barriers do psychologists, social workers and occupational therapists experience in providing Psychological Therapy Services or Focussed Psychological Strategies under Better Access? (Tick all that apply)	☐	The number of available sessions is too restrictive
	☐	The fact that Better Access is designed to serve consumers who meet certain diagnostic criteria means that some consumers miss out
	☐	The types of therapy that are permissible under Better Access are not consistent for all providers
	☐	The types of therapy that are permissible under Better Access do not match the approach of all providers
	☐	The Medicare rebate doesn't adequately recompense providers for their time
	☐	The billing process is too complex
	☐	Better Access is administratively burdensome
	☐	The "rules" around Better Access can be confusing
	☐	The process of referral and review by a GP or other medical practitioner is not always smooth
	☐	The referral and review process can create a hurdle for consumers getting into care and continuing to receive care
	☐	The information available in Mental Health Treatment Plans sometimes lacks sufficient detail
	☐	The fee-for-service model does not reward mental health professionals for essential elements of good practice (e.g., case conferences between providers)
	☐	Other (Please describe) _____
78. What things act as facilitators to psychologists, social workers and occupational therapists providing Psychological Therapy Services or Focussed Psychological Strategies under Better Access? (Tick all that apply)	☐	Good communication with referrers
	☐	Well-documented Mental Health Treatment Plans from referrers
	☐	Timely reviews by referrers
	☐	The ability to offer care that is tailored to consumers' needs
	☐	The ability to offer care that is affordable
	☐	Other (Please describe) _____

[Questions for all participants]

Thinking about the overall Better Access program, please rate the extent to which you agree or disagree with the following statements.	**1 Strongly disagree**	**2 Disagree**	**3 Neither disagree nor agree**	**4 Agree**	**5 Strongly agree**
79. Better Access enables providers to meet the needs of consumers	☐	☐	☐	☐	☐
80. Better Access allows providers to offer services that are accessible and affordable	☐	☐	☐	☐	☐
81. The type of care that providers can offer through Better Access is comprehensive	☐	☐	☐	☐	☐
82. The rules around Better Access make sense	☐	☐	☐	☐	☐
83. The administrative processes associated with Better Access are straightforward	☐	☐	☐	☐	☐
84. Better Access has decreased inequalities in mental health care	☐	☐	☐	☐	☐
85. Better Access fosters good coordination of care	☐	☐	☐	☐	☐
86. Better Access has led to opportunities for professional development and training	☐	☐	☐	☐	☐
87. Better Access has enhanced the viability of private practice for some providers	☐	☐	☐	☐	☐
88. Better Access has improved outcomes for consumers	☐	☐	☐	☐	☐
89. Is there anything else you would like to tell us about Better Access? Please write your comments here:					

Thank you for completing this survey

Appendix 27. Recruitment and response by stages (Study 8)

Table A27.1: Stakeholder groups, organisations approached to nominate representatives, and quotas

STAKEHOLDER GROUP[a]	ORGANISATION	QUOTA
Current eligible providers	**General practitioners**	6
	Royal Australian College of General Practitioners	
	Australian Medical Association	
	Australian College of Rural and Remote Medicine	
	Australian Society for Psychological Medicine	
	Psychiatrists	5
	Royal Australian and New Zealand College of Psychiatrists	
	Psychologists	12
	Australian Psychological Society	
	Australian Association of Psychologists Inc.	
	Australian Clinical Psychology Association	
	Institute of Clinical Psychologists	
	Social workers	6
	Australian Association of Social Workers	
	Occupational therapists	6
	Occupational Therapy Australia	
Current ineligible providers	Australian Counselling Association	2
	Allied Health Professions Australia	2
	Australian College of Mental Health Nurses	2
	Australian Music Therapy Association	2
	Dieticians Australia	2
	Psychotherapy and Counselling Federation of Australia	2
	The Australian, New Zealand and Asian Creative Arts Therapies Association	2
	Exercise & Sports Science Australia	2
	National Alliance of Self-Regulating Allied Health Professionals	2
First Nations providers[b]	National Aboriginal Community Controlled Health Organisation	1
	First Nations provider	1
Consumers, people with lived experience, and carers	Being (NSW)	2
	ACT Mental Health Consumer Network	2
	Victorian Mental Illness Awareness Council	2
	Mental Health Lived Experience Peak Queensland	2
	SA Lived Experience Leadership and Advocacy Network	3
	Northern Territory Lived Experience Network	3
	Flourish Tasmania	2
	Mental Health Australia - National Mental Health Consumer and Carer Forum (NMHCCF)	4

STAKEHOLDER GROUP[a]	ORGANISATION	QUOTA
	Lived Experience Australia	2
	Blue Voices	1
	Consumers of Mental Health WA	2
	Carers Australia	1
	Mental Health carers Australia	2
	Mental Health Carers NSW	2
Representatives from advocacy organisations	Gayaa Dhuwi (Proud Spirit) Australia	2
	Migration Council Australia	2
	Older Persons Advocacy Network	2
	LGBTIQ+ Health Australia	2

a. Health systems experts and policy makers were recruited separately, not from organisations
b. Recruited on the basis of knowledge of mental health sector in general from a First Nations perspective rather than on eligible/ineligible basis.

The final sampling frame comprised 104 individuals: 55 service provider representatives (35 eligible Better Access provider representatives; 18 ineligible provider representatives; two First Nations provider representatives); 20 consumers and people with lived experience representatives; 10 carer representatives; eight representatives from advocacy organisations; six health systems experts; and five policy makers.

Table A27.2: Overall participation by stakeholder group and stages

STAKEHOLDER GROUP	TOTAL #	NUMBER OF PHASES PARTICIPATED IN			
		0 PHASES	1 PHASE	2 PHASE S	3 PHASE S
Current eligible providers	35	0 (0.0%)	4 (11.4%)	7 (20.0%)	24 (68.6%)
Current ineligible providers[a]	19	0 (0.0%)	0	4 (21.1%)	15 (79.0%)
Consumers, people with lived experience, and carers	23	1 (4.3%)	2 (8.7%)	8 (34.8%)	12 (52.2%)
Representatives from advocacy organisations	4	1 (25%.0)	0	1 (25.0%)	2 (50.0%)
Health systems experts and policy makers	9	1 (11.1%)	1 (11.1%)	6 (66.7%)	1 (11.1%)
Total	**90**	**3 (3.3%)**	**7 (7.8%)**	**26 (28.9%)**	**54 (60%)**

a. Includes First Nations providers

Table A27.3: Participation in Phase 1 (Survey 1) by stakeholder group

PARTICIPANT GROUP	ENROLLED	PARTICIPATED IN SURVEY 1	RESPONSE RATE (%)
Current eligible providers	35	31	86
Current ineligible providers[a]	19	19	100
Consumers, people with lived experience, and carers	23	18	78
Representatives from advocacy organisations	4	2	50
Health systems experts and policy makers	9	7	78
Total	**90**	**77**	**86%**

a. Includes First Nations providers

Table A27.4: Participation in Phase 2 (Online discussion forum) by stakeholder group

PARTICIPANT GROUP	ENROLLED	PARTICIPATED IN ONLINE DISCUSSION FORUM	RESPONSE RATE (%)
Current eligible providers	35	27	77
Current ineligible providers[a]	19	19	100
Consumers, people with lived experience, and carers	23	16	70
Representatives from advocacy organisations	4	3	75.
Health systems experts and policy makers	9	3	33.
Total	**90**	**68**	**76**

a. Includes First Nations providers

Table A27.5: Participation in Phase 3 (Survey 2) by stakeholder group

PARTICIPANT GROUP	ENROLLED	PARTICIPATED IN SURVEY 2	RESPONSE RATE (%)
Current eligible providers	35	30	87
Current ineligible providers[a]	19	18	95
Consumers, people with lived experience, and carers	23	21	91
Representatives from advocacy organisations	4	2	50
Health systems experts and policy makers	9	6	67
Total	**90**	**77**	**86**

a. Includes First Nations providers

Appendix 28: Plain language statement for providers/policy makers/systems experts (Study 8)

Study Information

MELBOURNE SCHOOL OF POPULATION AND GLOBAL HEALTH

Evaluation of the Better Access initiative: A consultative virtual forum on future reforms to Better Access

Responsible Researcher: Associate Professor Dianne Currier; dianne.currier@unimelb.edu.au;
Tel: +61 3 9035 7557

Research team: Professor Jane Pirkis, Professor Cathy Mihalopoulos, Associate Professor Meredith Harris, Dr Danielle Newton, Ms Michelle Williamson, Associate Professor Tim van Gelder; Dr. Ariel Kruger.

Introduction

Thank you for your interest in participating in this project. The following pages provide you with further information about the project, so you can decide if you would like to take part.

Please take the time to read this information carefully.

What is this research about?

The Better Access initiative was introduced in November 2006 in response to low treatment rates for mental disorders. The ultimate aim of Better Access is to encourage more people to seek support for their mental ill-health. It works to improve treatment and management for people who have mild to moderate mental health conditions, for whom short-term, evidence-based interventions are most likely to be helpful.

The Department of Health has commissioned the University of Melbourne to evaluate the Better Access scheme. Part of that evaluation is to consider the future of Better Access. This project aims to do that via a virtual consultative process to generate a "Collective View" wherein a broad and diverse range of stakeholders collectively nominate key areas for strengthening Better Access going forward and identify strategies and priorities for reform.

Stakeholders will include people with lived experience of mental illness and their carers, mental health care service providers (both those who currently do and do not have access to Better Access), and government policy makers.

What will I be asked to do?

If you decide to participate, you will be asked to participate in a three-phase virtual consultative process (see Figure 1).

Phase 1: Generate

You will complete a brief online survey where you will be asked to identify three to five features that you think are the most important for Better Access going forward.

The survey should take approximately 15 to 30 minutes. Our team will then group these ideas and draft a set of synthesis statements.

Phase 2: Discuss

You will then participate in an online discussion forum using the Loomio platform to add your views about and further refine the synthesis statements. There will also be the opportunity consider other relevant issues, such the strategies that might be required to take the particular features of Better Access forward. To encourage equality in participation, participants will all be given pseudonyms so participant's identities, roles or organisations will not be visible to other participants.

The forum is text-based and will remain open for two weeks and you can contribute as frequently as you like and at times that suit you. We expect that participation in the discussion will take up to two hours, over a number of sessions spread out over the two weeks.

The evaluation team will then download the content of the forum, analyse the themes, and redraft the synthesis statements for a second survey.

Phase 3: Assess

You will be asked to respond to a second online survey to rate your level of agreement with the revised synthesis statements, indicate your priorities for future reforms, and provide any additional comments you wish to make. We expect this will take 30 minutes.

In total the three phases will run over the course of 3 to 4 weeks.

What are the possible benefits?

The project will not provide any direct benefits to you as a participant. However, the information obtained from this project will be used in deliberations about how Better Access might be modified in the future.

What are the possible risks?

The focus of the surveys and discussion is the delivery of mental health services, and there is a small risk that this might upset you. If you are experiencing distress as a result of participating in the survey or discussion, you may want to seek the support of friends, family or a trusted colleague. Alternatively, general support is available by calling Lifeline on 13 11 14. While the Loomio forum uses pseudonyms, it may be possible for other participants to identify you or your profession from your comments. However, all reporting will be of synthesised comments and no potentially identifiable individual participant's comments will be reported.

Do I have to take part?

No. Participation is completely voluntary. You can withdraw at any time. You will not be able to withdraw any data you provide in the surveys because your survey responses will not be linked to any of your personal details. You will be able to withdraw your contributions to the online discussion forum up until the time the information is processed.

Will I hear about the results of this project?

The findings of the overall evaluation of the Better Access scheme will be published on the Department of Health website. We will also publish the study findings in academic journals and present them at conferences and other presentations.

What will happen to information about me?

Your participation in the study will be entirely confidential. We will collect your name and contact information at the beginning of Survey 1 so we can send follow-up invitations to the online forum and Survey 2, but that information will not be linked to your survey responses or discussion contributions and will be stored separately. Any reports or publications on the study will be presenting collective views.

The Loomio discussion forum is hosted on a secure platform in the USA and at the end of the forum data are transferred to a secure University of Melbourne server. Survey data are also held on a secure University of Melbourne server. Only authorised members of the research team will have access to the data. All survey and discussion data will be held securely in the Centre for Mental Health at the University of Melbourne for five years after we publish the final article about this study.

Who is funding this project?

The Australian Government Department of Health has funded the Better Access evaluation.

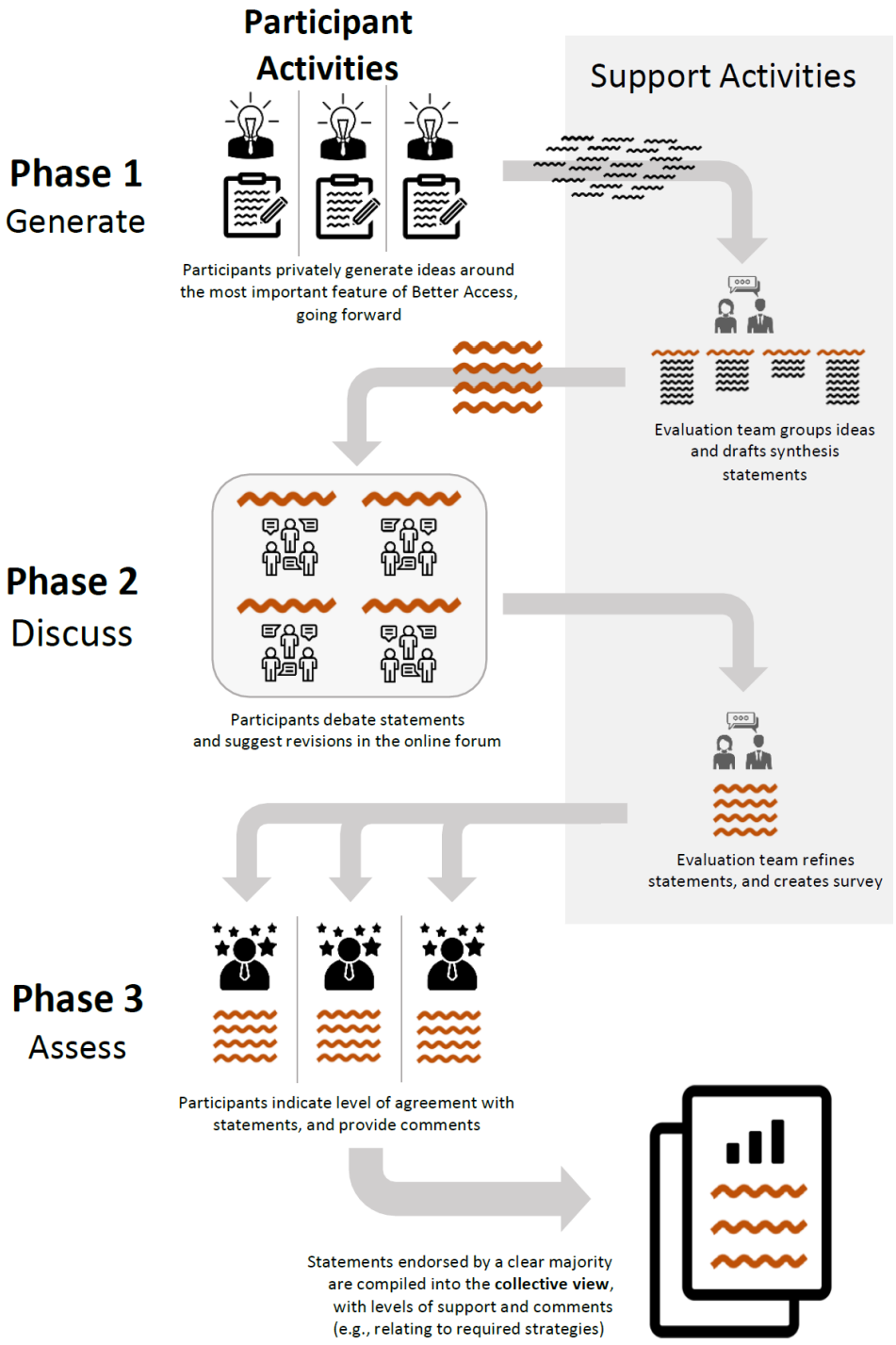
Where can I get further information?

If you would like more information about the project, please contact the researchers at betteraccesseval-7@unimelb.edu.au or (03) 83440457.

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne [24221]. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 8344 1814 or Email: research-integrity@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

Figure 1: The virtual forum



Appendix 29: Plain language statement for people with lived experience (Study 8)

Study Information

MELBOURNE SCHOOL OF POPULATION AND GLOBAL HEALTH

Evaluation of the Better Access initiative: A consultative virtual forum on future reforms to Better Access

Responsible Researcher: Associate Professor Dianne Currier; dianne.currier@unimelb.edu.au;
Tel: +61 3 9035 7557

Research team: Professor Jane Pirkis, Professor Cathy Mihalopoulos, Associate Professor Meredith Harris, Dr Danielle Newton, Ms Michelle Williamson, Associate Professor Tim van Gelder; Dr. Ariel Kruger.

Introduction

Thank you for your interest in participating in this project. The following pages provide you with further information about the project, so you can decide if you would like to take part.

Please take the time to read this information carefully.

What is this research about?

The Better Access initiative was introduced in November 2006 in response to low treatment rates for mental disorders. The ultimate aim of Better Access is to encourage more people to seek support for their mental ill-health. It works to improve treatment and management for people who have mild to moderate mental health conditions, for whom short-term, evidence-based interventions are most likely to be helpful.

The Department of Health has commissioned the University of Melbourne to evaluate the Better Access scheme. Part of that evaluation is to consider the future of Better Access. This project aims to do that via a virtual consultation process to generate a "Collective View" wherein a broad and diverse range of stakeholders collectively nominate key areas for strengthening Better Access going forward and identify strategies and priorities for reform.

Stakeholders will include people with lived experience of mental illness and their carers, mental health care service providers (both those who currently do and do not have access to Better Access), and government policy makers.

What will I be asked to do?

If you decide to participate, you will be asked to participate in a three-phase virtual consultation process (see Figure 1).

Phase 1: Generate

You will complete a brief online survey where you will be asked to identify three to five features that you think are the most important for Better Access going forward.

The survey should take approximately 15 to 30 minutes. Our team will then group these ideas and draft a set of synthesis statements.

Phase 2: Discuss

You will then participate in an online discussion forum using the Loomio platform to add your views about and further refine the synthesis statements. There will also be the opportunity consider other relevant issues, such the strategies that might be required to take the particular features of Better Access forward. To encourage equality in participation, participants will all be given pseudonyms so participant's identities, roles, or organisations will not be visible to other participants.

The forum is text-based and will remain open for two weeks and you can contribute as frequently as you like and at times that suit you. We expect that participation in the discussion will take up to two hours, over a number of sessions spread out over the two weeks.

The evaluation team will then download the content of the forum, analyse the themes, and redraft the synthesis statements for a second survey.

Phase 3: Assess

You will be asked to respond to a second anonymous online survey to rate your level of agreement with the revised synthesis statements, indicate your priorities for future reforms, and provide any additional comments you wish to make. We expect this will take 30 minutes.

In total the three phases will run over the course of 3 to 4 weeks. You can have a support person help you with the surveys or discussion if you wish.

What are the possible benefits?

You will be compensated with Coles/Myer vouchers for your time and input for each phase you contribute to: Survey 1: $50, Loomio virtual discussion: $100, and Survey 2: $50. Also, the information obtained from this project will be used in deliberations about how Better Access might be modified in the future.

What are the possible risks?

The focus of the surveys and discussion is the delivery of mental health services, and there is a small risk that this might upset you. If you are experiencing distress as a result of participating in the survey or discussion, you may want to seek the support of friends, family, or your GP or mental health service provider. We have processes in place to offer support if you do experience distress, including a list of services and help to connect you with the appropriate ones. We have also included some information on support services at the end of this document.

Do I have to take part?

No. Participation is completely voluntary. You can withdraw at any time. You will not be able to withdraw any data you provide in the surveys because your survey responses will not be linked to any of your personal details. You will be able to withdraw your contributions to the online discussion forum up until the time the information is processed.

Will I hear about the results of this project?

The findings of the overall evaluation of the Better Access scheme will be published on the Department of Health website. We will also publish the study findings in academic journals and present them at conferences and other presentations.

What will happen to information about me?

Your participation in the study will be entirely confidential. We will collect your name and contact information at the beginning of Survey 1 so we can send follow-up invitations to the online forum and Survey 2, but that information will not be linked to your survey responses or discussion contributions and will be stored separately. Any reports or publications on the study will be presenting collective views.

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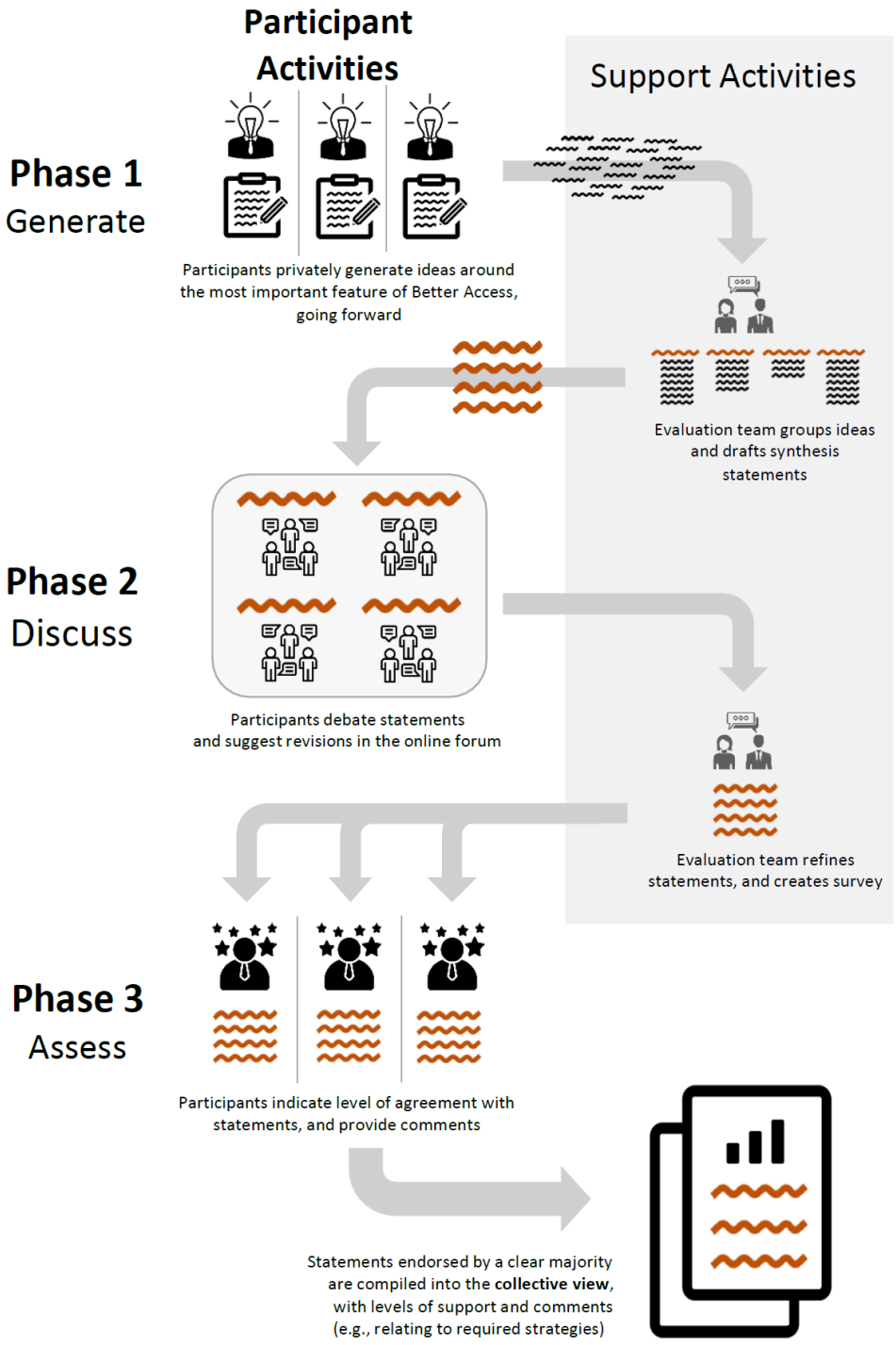
Figure 1: The virtual forum



USEFUL SUPPORT SERVICES

If you are feeling distressed or would like some additional support, please contact your GP or usual mental health clinician and let them know how you are feeling.

If you need urgent medical help, please call an ambulance on **000** (or if you are on a mobile and that doesn't work you can call **112**).

There are also some other numbers that you can call at any time, night or day if you want help and support:

24/7 Crisis Support Services

LIFELINE **24 hours a day, 7 days a week** **Crisis support over the phone, for all ages** Lifeline also has an online crisis support chat from 7pm to 4am, 7 days a week. To find out more, you can do an internet search for "Lifeline" or go to www.lifeline.org.au and click on the "online services" tab.	13 11 14 (free call from mobiles)
Kids Helpline – Teens and Young Adults **24 hours a day, 7 days a week** **Phone support and counselling, for ages 13-25** Kids Helpline also have WebChat Counselling available between 8am and midnight, 7 days a week and Email Counseling. For more information, search for "Kids Helpline" or go to www.kidshelp.com.au/teens	1800 55 1800 (free to call)
Suicide Call Back Service **24 hours a day, 7 days a week** **Phone crisis counselling and support, ages 15 plus** Crisis support for people who are suicidal, carers of someone who is suicidal and people bereaved by suicide. The Suicide Call Back Service provides immediate telephone support in a crisis and can provide up to 6 further telephone counselling sessions with the same counsellor. For more information go to https://www.suicidecallbackservice.org.au	1300 659 467

Appendix 30: Consent (Study 8)

[On logging into the online Survey #1, the PLS will appear and following the PLS this consent declaration will appear for all participants]

Having read the Study Information Sheet, do you agree to participate in this study including the two online surveys and virtual discussion forum?

◯ Yes, I have read and understood the information provided to me and would like to proceed in taking part in this study.

Date: _____/___/_____

Name:_____

Email address:_____

Appendix 31: Provider plain language statement (Study 9)

Study Information

MELBOURNE SCHOOL OF POPULATION AND GLOBAL HEALTH

Better Access Evaluation: Routine Consumer Outcome Measurement Pilot Study

Responsible Researcher: Associate Professor Dianne Currier; dianne.currier@unimelb.edu.au;
Tel: +61 3 9035 7557

Researchers: Professor Jane Pirkis, Professor Cathy Mihalopoulos, Associate Professor Meredith Harris, Dr Maria Ftanou, Dr Bridget Bassilios.

Introduction

Thank you for your interest in participating in this research project. The following few pages will provide you with further information about the project so that you can decide if you would like to take part in this research.

What is this research about?

The Better Access initiative was introduced in November 2006 in response to low treatment rates for mental disorders. The ultimate aim of Better Access is to encourage more people to seek support for their mental ill-health. It works to improve treatment and management for people who have mild to moderate mental health conditions, for whom short-term, evidence-based interventions are most likely to be helpful.

The Department of Health has commissioned the University of Melbourne to evaluate the Better Access scheme. As part of the evaluation, we are testing the feasibility, acceptability and usefulness of routine outcome data collection.

We are asking psychologists, social workers and occupational therapists who provide face- to-face or telehealth Better Access funded services to trial routinely collecting client outcome data using an online platform (NovoPsych). NovoPsych is an outcome monitoring software provider whose platform is used by psychological services providers to collect and analyse consumer outcome data to support and improve their clinical practice.

The study is not analysing the outcome data for effectiveness of treatment or provider performance, it is only assessing the quality and completeness of data collected in this manner. This study is also not trialing, evaluating, or endorsing NovoPsych in particular, just using their platform to trial the concept of routine outcome measurement.

What will I be asked to do?

Webinar

If you agree to participate we will send you a link for an online webinar which will explain the study procedures including how to enrol clients and demonstrate how to use the NovoPsych platform to collect

client outcome data and obtain practice feedback. It is anticipated the webinar will be no longer than 1 hour. You can attend live or watch it at a time that suits you.

Enrolling clients

We will ask you to enrol a minimum of four and up to ten new Better Access funded clients commencing their treatment. This will involve informing them about the study, providing them a copy of the client plain language statement which will be hosted on the NovoPsych study site. If they agree to participate they can then consent by checking a box on that screen. If, in your clinical judgement, you do not think the invitation is appropriate for a particular client you do not have to discuss the study or invite them.

Session-based data collection

At each session enrolled clients will self-complete a brief mood scale (the Depression, Anxiety and Stress Scale – DASS-21) and at the sixth and the final session some service experience questions via the NovoPsych platform. You will be asked to enter the session number and MBS Better Access billing item number at each session. We estimate collecting this session-based data will take 5 minutes and up to 10 minutes when the service experience questions are included.

You will be provided with a licence for 12 months for NovoPsych and are free to use their platform and services for other practice clients. If you take up the licence, including for use in the study, the normal NovoPsych terms and conditions of use will apply.

Service provider survey

At the end of the trial we will send you a link to an online survey to collect your views on the challenges and benefits of collecting the outcome data, the acceptability to clients and yourself, and the usefulness of the feedback that such data can provide. The survey will be anonymous should take about 15 minutes.

What are the possible benefits?

We will provide a 12-month licence to use the NovoPsych platform and services. You will be able to access feedback reports on client outcomes and aggregate practice-level outcomes. Importantly, the information obtained from this study on the feasibility and acceptability and data quality will inform deliberations on future modifications to Better Access to strengthen the scheme.

What are the possible risks?

It may be uncomfortable inviting new clients to participate in the study. If you consider it inappropriate to invite any specific client, you do not have to invite them.

Do I have to take part?

No. Participation is completely voluntary. You can stop participating at any time. You can withdraw any data entered into the NovoPsych system up until the point the anonymous dataset is sent to the evaluation team. To withdraw your data just email betteraccesseval- 3@unimelb.edu.au or call (03) 8344 0457. Because the survey is anonymous you will not able to withdraw data once your survey has been submitted.

Will I hear about the results of this project?

A report on the overall evaluation, including this study, will be provided to the Department of Health who will make it publicly available on their website. We will also publish the study findings in academic journals and present them at conferences and other presentations.

What will happen to information about me?

Any identifying client or service provider information will be removed by NovoPsych and an anonymous dataset will be securely transferred to the University of Melbourne where it will be stored on a password protected secure server accessible only to members of the evaluation team.

The anonymous survey data will be securely transferred from the Qualtrics survey platform to the University of Melbourne where it will be stored and accessed as described above. All study data will be held securely at the University of Melbourne for five years after we publish the final article about this study.

Client DASS-21 data and provider information collected by NovoPsych as part of the platforms' normal operations will be managed per the NovoPsych License terms and conditions of use (https://novopsych.com.au/terms-conditions-privacy/) and in accordance with the NovoPsych Privacy Policy (https://novopsych.com.au/security/). At the conclusion of the study participants may choose to continue to use NovoPsych or have their data deleted permanently from NovoPsych.

Who is funding this project?

The Australian Government Department of Health has funded the evaluation of Better Access.

Where can I get further information?

If you would like more information about the project, please contact the researchers at betteraccesseval-3@unimelb.edu.au or call (03) 8344 0457.

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne [24222]. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 8344 1814 or Email: research-integrity@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

Appendix 32: Provider consent (Study 9)

[At the end of the PLS screen the following statement will appear. Participants will have to check the box in order to indicate consent]

Having read the Study Information above, do you agree to participate in this research?

◯ Yes, I have read and understood the information provided to me and would like to proceed in taking part in the pilot study.

Date: ___/___/_____

Appendix 33: Consumer plain language statement (Study 9)

Study Information

MELBOURNE SCHOOL OF POPULATION AND GLOBAL HEALTH

Better Access Evaluation: Routine Consumer Outcome Measurement Pilot Study

Responsible Researcher: Associate Professor Dianne Currier; dianne.currier@unimelb.edu.au;
Tel: +61 3 9035 7557

Researchers: Professor Jane Pirkis, Professor Cathy Mihalopoulos, Associate Professor Meredith Harris, Dr Maria Ftanou, Dr Bridget Bassilios.

Introduction

Thank you for your interest in participating in this research project. The following screen will provide you with further information about the project so that you can decide if you would like to take part in this research.

Participation is entirely voluntary and if you decide not to participate it will have no effect on you receiving services.

About this study

Our team has been commissioned by the Department of Health to conduct an evaluation of what is known as the "Better Access program" or just "Better Access". Under Better Access, people can see a psychologist, social worker or occupational therapist for sessions of mental health care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with a mental health treatment plan and refers them on to one of these mental health professionals.

The evaluation will be providing the Department of Health with information they will use for future planning and reform to strengthen Better Access. One way to potentially improve Better Access is to regularly review data on client experiences of receiving services and how their mental health changes over the course of treatment. Anonymous outcome data collected as part of regular sessions would be used to do this. Currently client outcome information is not routinely collected, so this pilot study is looking at if collecting such information is feasible, if clients and service providers are comfortable collecting it, and if the data collected is suitable for program-level planning for Better Access.

We are asking services providers and clients who use Better Access to trial collecting outcome information on how the client is feeling at each session and their general experience of receiving services at the mid-point and end of their treatment using on online platform (NovoPsych).

The study will not be analysing your individual outcome data it will only evaluate the quality and completeness of all participant's data combined. This study is also not trialing, evaluating, or endorsing NovoPsych in particular, just using their platform to trial the concept of routine outcome measurement.

What will I be asked to do?

If you agree to join the study, at each session your service provider will give you a tablet or laptop which will have a brief set of question for you to complete. If you are having telehealth sessions they will send you a link to the questions. The questions are about your current mood and any feelings of anxiety, depression, or stress and should take about 5 minutes to complete.

At the sixth and the final sessions of your treatment there will also be a brief set of questions about your experience using the service. These questions should also take about five minutes to complete.

What are the possible benefits?

There are no direct benefits for you in participating, but you might find that your service provider may benefit from having this additional information about how you are feeling and can tailor their sessions to better suit you.

Importantly, the information obtained from this study will inform future decision-making about modifications to Better Access to strengthen the scheme.

What are the possible risks?

You may feel uncomfortable telling your service provider that you do not want to participate. Participation is entirely voluntary, and your service provider will not be upset if you would prefer not to join the study. Filling in the mood questions may be upsetting but your service provider is there to support you if this occurs.

Do I have to take part?

No. Joining the study is completely voluntary. Choosing not to join will have no effect on your relationship with your service provider or your treatment. If you join the study and change your mind later you can leave at any time without any effect on your treatment.

You can withdraw any information you have provided up until the point the anonymous dataset is sent to the evaluation team. To withdraw your data just email betteraccesseval- 3@unimelb.edu.au or call (03) 8344 0457.

Will I hear about the results of this project?

A report on the overall evaluation, including this study, will be provided to the Department of Health who will make it publicly available on their website. We will also publish the study findings in academic journals and present them at conferences and other presentations.

What will happen to information about me?

Any information that might identify you such as name or birth date will be removed by NovoPsych and an anonymous dataset will be securely transferred to the University of Melbourne where it will be stored on a password protected secure server that only members of the evaluation team can access. We will keep the anonymous data for up to five years after the end of the research.

Once the study is over, NovoPsych and your service provider can continue to have access to the data you provided at each session on your mood and so on, as that information is part of the normal NovoPsych operations and not specifically collected for the study. That information will be managed in accordance with the NovoPsych Privacy Policy (https://novopsych.com.au/terms-conditions-privacy/;

https://novopsych.com.au/security/). At the end of the study, you can ask to have your data deleted permanently from NovoPsych.

Who is funding this project?

The Australian Government Department of Health has funded the evaluation of Better Access.

Where can I get further information?

If you would like more information about the project, please contact the researchers at betteraccesseval-3@unimelb.edu.au or call (03) 8344 0457.

Who can I contact if I have any concerns about the project?

This project has human research ethics approval from The University of Melbourne [24222]. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Research Integrity Administrator, Office of Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 8344 1814 or Email: research-integrity@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team and/or the name or ethics ID number of the research project.

Appendix 34: Consumer consent (Study 9)

Having read the Study Information above, please check the “YES” box below if you agree to participate in this research? If you do not wish to participate, check the “NO” box.

Participation is entirely voluntary and if you choose NO it will have no effect on your care.

◯ Yes, I have read and understood the information provided to me and would like to proceed in taking part in the pilot study.

◯ No, I have read and understood the information provided to me and do not wish to take part in the pilot study.

Date: _____/___/_____

Appendix 35: Provider survey (Study 9)

[Note: Skip logic not included]

Better Access Evaluation Routine Outcome Measurement Pilot Service Provider Survey

Thank you for participating in the Better Access evaluation routine outcome measurement pilot study.

Routine outcome measurement serves two purposes. It can be used to support clinical practice, allowing practitioners to check how their clients are progressing over their sessions of care. It can also be used as a quality improvement tool, to provide aggregate, deidentified data to policy makers to help understand whether programs like Better Access are achieving their goals.

This survey asks about your experience of collecting routine outcome measures and seeks your views about these two purposes of routine outcome measurement more generally.

Even if you did not enrol any clients or collect any routine outcome measures we are still interested in your views on outcome measurement in general.

Practice information

Q1. What is your profession?

- ☐ Psychologist (1)
- ☐ Clinical Psychologist (2)
- ☐ Social Worker (3)
- ☐ Occupational Therapist (4)

Q2. Approximately how many clients did you approach to participate in the study?

- ☐ 0 (1)
- ☐ 1-2 (2)
- ☐ 3-4 (3)
- ☐ 5-6 (4)
- ☐ 7-8 (5)
- ☐ 9-10 (6)
- ☐ 11-20 (7)
- ☐ 21+ (8)

Q3. What were the reasons you did not approach clients to participate? Mark all that apply.

- ☐ I did not see any new Better Access clients during the study enrolment period. (1)
- ☐ I did not feel comfortable approaching clients. (2)
- ☐ Being approached for the study was not appropriate for clients. (3)
- ☐ Approaching clients would have interrupted my typical workflow. (4)
- ☐ I didn't have time. (5)
- ☐ I forgot to approach clients. (6)
- ☐ Other: please describe (7)_____

Q4. What were the reasons you did not approach clients to participate? Mark all that apply.

- ☐ I did not see any new Better Access clients during the study enrolment period. (1)
- ☐ I did not feel comfortable approaching clients. (2)
- ☐ Being approached for the study was not appropriate for clients. (3)
- ☐ Approaching clients would have interrupted my typical workflow. (4)
- ☐ I didn't have time. (5)
- ☐ I forgot to approach clients. (6)
- ☐ Other: please describe (7)_____

Q5. How many of your clients agreed to participate in the study?

- ☐ 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ 10 (11)
- ☐ 11+ (12)

Q6. What has been your experience of using outcome measurement scales or tools as part of your clinical practice?

- ☐ I have previously used them frequently (1)
- ☐ I have previously used them occasionally (2)
- ☐ I have previously used them, but infrequently (3)
- ☐ I used them for the first time in this study (4)
- ☐ I have never used them (not in this study, nor previously) (5)
- ☐ Unsure (6)

Usefulness of routine outcome measurement

The next four questions are about the benefits or challenges of using routine outcome measurement to support clinical practice. If you do not have any clients enrolled in this study, think back to when you have collected outcome measures in the past. If you have never collected outcome measures just answer 'not applicable'.

Ease and usefulness of administering routine outcome measures

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Not Applicable (6)
Q7. The process of explaining outcome measurement to clients is easy. (1)	□	□	□	□	□	□
Q8. It is overly burdensome to administer outcome assessments at every session. (2)	□	□	□	□	□	□
Q9. Overall, incorporating routine outcome measurement into clinical practice is beneficial to my interaction with clients. (3)	□	□	□	□	□	□

Q10. Which of the following describes your experience of conducting routine outcome measurement? Mark all that apply.

- □ Not applicable, I have never used routine outcome measurement. (9)
- □ It provided another avenue for clients to raise issues. (1)
- □ It provided another tool to track clients' progress from session to session. (2)
- □ It aided me in adjusting treatment to suit clients better. (3)
- □ It disrupted the flow of the session. (4)
- □ It took time from the session that could better be used in providing treatment. (5)
- □ Some clients were uncomfortable with it. (6)
- □ Some clients did not understand the point of it (7)
- □ The assessment scales are not appropriate for the complexity of some clients' issues. (8)
- □ Other experiences associated with routine outcome measurement: please describe (10)

  _____

Acceptability of routine outcome measurement for supporting clinical practice

The next set of questions ask about the acceptability to clients, yourself, your peers and your profession as a whole, of incorporating routine outcome measurement for the purpose of supporting clinical practice.

Acceptability of routine outcome measurement to clients

Q11. Have your clients ever expressed any of the following concerns about outcome measurement? Mark all that apply.

- ☐ Difficulty understanding the process of outcome assessment. (1)
- ☐ Difficulty understanding the benefits of routine outcome monitoring. (2)
- ☐ Concerns that the assessment process wasted time during the session. (3)
- ☐ Concerns about their privacy and the security of their data. (4)
- ☐ Concerns about how their data would be used. (5)
- ☐ Concerns about participating in research. (6)
- ☐ Not applicable, I have never discussed routine outcome measurement with my clients. (7)
- ☐ None of my clients ever expressed any concerns. (8)
- ☐ Other concerns: please describe (9)_____

Q12. Were you able to allay client concerns about routine outcome measurement?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Sometimes (3)
- ☐ Unsure (4)
- ☐ Not applicable (5)

Q13. Did any clients who consented to participate in the study subsequently decide not to?

- ☐ Yes, one or more client withdrew. (1)
- ☐ No, they all continued with the study. (2)
- ☐ Not applicable, no clients consented. (3)

Q14. What reasons did they give for no longer wanting to participate?

_____

Q15. In your opinion, what are the biggest barriers for engaging clients in routine outcome measurement?

_____

Q16. In your opinion, what are the key enablers for engaging clients in routine outcome measurement?

_____

Acceptability of routine outcome measurement for your clinical practice

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Not Applicable (6)
Q17. I feel that conducting routine outcome measurement to support my clinical practice would be acceptable. (1)	☐	☐	☐	☐	☐	☐

Q18. Why do you feel it would not be acceptable to conduct routine outcome measurement to support your clinical practice? Mark all that apply.

- □ It is incompatible with my therapeutic approach. (1)
- □ It is incompatible with my interpersonal client-therapist style. (2)
- □ It doesn't deal with the complexity of my clients' issues. (3)
- □ Other reasons: please describe (4)_____

Q19. What are your main considerations regarding the acceptability of conducting routine outcome measurement to support clinical practice? _____

Acceptability of routine outcome measurement for your peers and profession as a whole

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Not Applicable (6)
Q20. The majority of my peers and profession as a whole would consider incorporating routine outcome measurement to support clinical practice acceptable. (1)	□	□	□	□	□	□

Q21. Why do you feel it would not be acceptable to your peers and profession as a whole to conduct routine outcome measurement to support clinical practice? Mark all that apply.

- □ It is incompatible with their therapeutic approach. (1)
- □ It is incompatible with their interpersonal client-therapist style. (2)
- □ It doesn't deal with the complexity of clients' issues. (3)
- □ Other reasons: please describe (4)_____

Q22. What do you think would be the main considerations for your peers and profession as a whole in relation to the acceptability of conducting routine outcome measurement to support clinical practice?
_____

Acceptability of routine outcome measurement for program-level quality improvement for Better Access

The next five questions ask about the acceptability of conducting routine outcome measurement to provide deidentified data for policy makers to understand if Better Access is achieving its goals at the program level and where improvements may be made.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
Q23. I would find it acceptable to provide deidentified data	□	□	□	□	□

collected from conducting routine outcome measurement to policy makers to understand if the Better Access program is achieving its goals and for identifying areas for improvement					

Q24 Which of the following impact on how acceptable you would find conducting routine outcome measurement for quality improvement purposes? Mark all that apply.

- □ Recognition of the importance of program wide outcome data to understand if Better Access is achieving its goals. (1)
- □ Recognition of the need for program wide outcome data to inform improvements to Better Access. (2)
- □ Concerns about anonymity of the data. (3)
- □ Privacy and data security concerns. (4)
- □ Concerns about how the data will be used. (5)
- □ Concerns about the costs of implementing an outcome collection system. (6)
- □ Other: please describe (7) _____

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
Q24. My peers and the profession as a whole would find it acceptable to provide deidentified data collected from conducting routine outcome measurement to policy makers to understand if the Better Access program is achieving its goals and for identifying areas for improvement	□	□	□	□	□

Q25. Which of the following impact on how acceptable your peers and the profession as a whole would find conducting routine outcome measurement for quality improvement purposes? Mark all that apply.

- □ Recognition of the importance of program wide outcome data to understand if Better Access is achieving its goals. (1)
- □ Recognition of the need for program wide outcome data to inform improvements to Better Access. (2)
- □ Concerns about anonymity of the data. (3)
- □ Privacy and data security concerns. (4)
- □ Concerns about how the data will be used. (5)
- □ Concerns about the costs of implementing an outcome collection system. (6)

- ☐ Other: please describe (7) _____

Q26. In your opinion, what would facilitate the acceptance and implementation of routine outcome measurement for the purpose of program-level quality improvement?

_____

Q27. Any final comments about routine outcome measurement?

_____

References

1. Australian Government Department of Health and Aged Care. MBS Online: Medicare Benefits Schedule - April 2022 Downloads. 2022. http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Downloads-220401 (accessed 6 December 2022).