



# Better Access Evaluation Methodology

The Better Access evaluation took place in two stages across August 2021 to December 2022:

- Stage one looked at whether Better Access improves patient outcomes and increases access to mental health care.
- Stage two assessed whether changes are needed to improve Better Access.

The evaluator, University of Melbourne, used a mixed methods qualitative and quantitative approach to collect and analyse data through both stages of the evaluation. A total of nine studies were conducted across the two stages.

## Outcomes of the Better Access evaluation

A recent evaluation of the Better Access initiative found people who cannot afford out-of-pocket costs, who live outside major cities and First Nations people are missing out on Medical Benefits Schedule (MBS) subsidised mental health care. In response to the Evaluation, the Minister for Health and Aged Care, the Hon Mark Butler MP, established a Mental Health Reform Advisory Committee (Advisory Committee) in 2023 to help shape the Government's response to the Better Access evaluation and longer-term mental health reforms. You can read more about the Advisory Committee at: [www.health.gov.au/Mental Health Reform Advisory Committee](http://www.health.gov.au/Mental-Health-Reform-Advisory-Committee)

Importantly, the Advisory Committee's work builds on extensive consultation with the mental health sector and people with lived experience during and after the evaluation of the Better Access initiative, including through the Stakeholder Engagement Group established to support the evaluation and the Mental Health Equity and Access Forum in January 2023.

## Stage one

*Stage one included 7 studies, and took place between approximately August 2021 and September 2022.*

### Study one: Analysis of Medicare Benefits Schedule (MBS) data

The evaluator analysed de-identified, aggregated MBS and Pharmaceutical Benefits Scheme (PBS) data, for the period 1 January 2018 to 30 June 2022, to identify patterns in the use of Better Access services.

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## **Study two: Analysis of routinely collected clinical outcome data**

The evaluator analysed outcome data that has been routinely collected by NovoPsych and three large psychology practices. The data provided insight into whether consumers' mental health improved over the course of their care and if improvements were greater for some than others.

## **Study three: Survey on consumers' experiences and outcomes**

The evaluator distributed a survey to a random stratified sample of approximately 27,000 people who have used Better Access services. Survey participants were asked about their experiences accessing care and the outcomes of this care. Where respondents provided consent, their survey data was linked to their deidentified MBS claims data.

The evaluator also distributed this survey to aged care residents who accessed services under the Better Access aged care expansion.

## **Study four: Re-analysis of randomised controlled trial data**

The evaluator re-analysed data from two large-scale randomised controlled trials of tailored approaches to mental health care to provide further insights into the accessibility, appropriateness, and effectiveness of Better Access

- Target-D
- Link-me

These trials contain data on control group participants with varying levels of severity of depression and anxiety and the services they reported using for mental health. Re-analysing this data provided insights into characteristics and factors related to changes in symptoms and quality of life among people who were classified as users of Better Access treatment sessions.

## **Study five: Analysis of population-level longitudinal data**

The evaluator analysed data from two large-scale longitudinal studies:

- Ten to Men (the Australian Longitudinal Study on Men's Health)
- the Australian Longitudinal Study on Women's Health.

This data provided insights into the factors that impact changes in symptoms and quality of life among men and women who have received Better Access treatment sessions.

## **Study six: Qualitative interviews with people with lived experience**

The evaluator conducted in-depth interviews with people with lived experience who have and have not accessed Better Access services. 37 participants were recruited through Beyond Blue's Blue Voices network and Lived Experience Australia.

Further interviews were completed with aged care residents that accessed services under the Better Access aged care expansion.

## **Study seven: Survey of Better Access providers**

The evaluator distributed a survey to providers that are eligible to deliver services under Better Access, including:

- psychologists
- social workers
- occupational therapists
- general practitioners
- psychiatrists

Invitations to complete the survey were distributed through relevant members of the evaluation's Stakeholder Engagement Group and other organisations. The survey sought providers' feedback on how Better Access operates from the perspective of providers, including facilitators and barriers, and what modifications might be desirable.

# **Stage two**

*Stage two included two studies which were finalised in December 2022. This stage looked for solutions to any issues identified in stage one.*

## **Study eight: A consultative virtual forum on future reforms to Better Access**

The evaluator held a virtual forum with 104 stakeholders, including people with lived experience of mental illness, carers, mental health professionals and policymakers, to identify a collective view of issues and priorities for future reform.

## **Study nine: Piloting routine outcome measurement and feedback**

The evaluator piloted a routine outcome measurement and feedback process with 250 practitioners that deliver services under Better Access. The study enabled the collection of evidence on the feasibility, acceptability and usefulness of routine outcome measurement to support clinical practice.