



Terms of Reference - Better Access Evaluation

The key objective of the Better Access evaluation is to consider the effectiveness of Better Access in achieving its overall aims of improving patient outcomes and increasing access to mental health care. It will also consider the effectiveness of the current Better Access model and recommend potential changes to enhance its ability to achieve its aims.

The evaluation findings will be used to inform future reforms to the Better Access initiative and/or other measures to improve access to mental health treatment and patient outcomes. The evaluation will be conducted between approximately August 2021 and December 2022, and will be undertaken in two stages:

1. Stage one of the evaluation (conducted between approximately August 2021 and September 2022) will consider the effectiveness of Better Access in improving patient outcomes and increasing access to mental health care, including:
 - a. the clinical efficacy of treatment provided including individual patient outcomes and population level outcomes;
 - b. the optimum number of sessions or course of treatment required, on average, to improve patient outcomes, and the relative benefit of the additional 10 sessions on patient outcomes;
 - c. the appropriateness and effectiveness of current treatment planning mechanisms and referral pathways; and
 - d. factors impacting access to and uptake of services including appropriateness of treatment and population demographics.
2. Stage two (to be conducted between July 2022 and December 2022) will consider the issues identified under stage one that impact access to services, clinical efficacy and effectiveness of referral pathways and identify potential solutions to address these. In assessing potential solutions, consideration may be given to:
 - a. specific matters raised in the report from the MBS Review Taskforce, such as eligible providers and rebates under Better Access; and
 - b. specific matters raised by the Productivity Commission in its inquiry into mental health, such as availability of the mental health workforce, waiting times, out of pocket costs and affordability.