Achievements in the reform of mental health services in Australia

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The need for access to psychological services

- Mental health disorders constitute the leading cause of disability burden in Australia, accounting for an estimated 24% of the total years lost due to disability.

- High prevalence disorders, such as anxiety and depression, affect 20% of the population (22.6 million in Australia) and many remain untreated.

- Provision of effective services would save much suffering for these people, stress on their families and carers, and costs to the community.
Advocacy for government funded psychological services

• The Australian Psychological Society has been advocating for consumers to be able to access psychological services in the community, funded by government, for over 30 years.

• A breakthrough was achieved in 2001 when the Better Outcomes in Mental Health Care (BOMHC) initiative was developed by the Federal Government.

• In BOMHC, the Divisions of General Practice hold a limited amount of funds (capped funding) for GPs to refer their patients to psychologists, social workers and occupational therapists with mental health training.
Better Outcomes in Mental Health Care

- Aims to:
  - Produce better outcomes for consumers with common mental health disorders through evidence-based short-term psychological interventions, called Focussed Psychological Strategies (FPS)
  - Research clearly shows that psychological interventions are effective for the treatment of high prevalence disorders, mainly:
    - Cognitive Behaviour Therapy – mood disorders, anxiety disorders, OCD, PTSD, substance abuse disorders, eating disorders, sleep disorders, somatoform disorders and psychotic disorders
    - Inter-Personal Therapy - depression
    - Family therapy – for adolescents and children – anxiety, depression, anorexia nervosa, conduct and oppositional defiant disorders
Access To Allied Psychological Services

• Access to Allied Psychological Services (ATAPS) is the psychological services component of BOMHC
• GPs who undertake limited training can refer patients with diagnosed mental disorders (ICD-10 PHC) to psychologists, or appropriately trained social workers and occupational therapists
• GPs need to write a Mental Health Care Plan, comprising a diagnosis and treatment plan in order to refer
• Consumers can then receive up to 12 individual and/or group sessions of Focussed Psychological Strategies (FPS) - mainly CBT – in 2 blocks of 6 sessions punctuated by a GP review
• 6 more sessions are available under exceptional circumstances
Profile of consumers of ATAPS services

- Government statistics (Feb 2010) showed the diagnoses of consumers were:
  - Depression 76%
  - Anxiety disorders 57%
  - Alcohol and drug use disorders 7%
  - Unexplained somatic disorders 3%
  - Psychotic disorders 2%

- A survey of psychologists conducted by the APS showed the severity of presentation to be: 15% mild, 52% moderate, and 33% severe
Outcomes and Issues

- Government data shows that ATAPS services are achieving positive outcomes of medium to large improvements for approximately 86% of clients with mental disorders.
- Further, services can be targeted to specific groups – particularly to low income earners and people in rural and remote areas.
- By 2005, the demand for ATAPS services far exceeded the funding allocated and created gaps where no services were available in many areas – due to capped funding.
- The APS continued to advocate for increased services – far greater funding was needed to meet the demand for psychological services.
In 2006, the Federal Government part of COAG allocated further mental health funding - $1.9 billion for mental health services over 5 years.

New Medicare services were allocated $500+ million.

New Medicare items for psychological services for better access to mental health treatment for consumers – delivered by GPs, psychologists, SWs and OTs with mental health training – team-based care.

Medicare is a universal service that provides rebates for consumers of health services – it has uncapped funding.
New Medicare items for psychological services

- Two sets of items reflecting the structure of Medicare:
  - Specialists - Clinical psychologists
    - Clinical psychologists – funded to treat patients with more complex and chronic mental health disorders, quite often with co-morbidity of mental health and/or drug and alcohol problems
    - Comprehensive assessment and more complex evidence-based treatment
  - Generalists – Registered psychologists, SWs & OTs
    - Focussed psychological strategies (FPS)
    - Cognitive and behavioural techniques: relaxation strategies, problem-solving, communication and social skills training, anger and stress management, motivational interviewing, plus psycho-education
Medicare Items for accessing psychological services

- People with a mental health disorder (ICD-10)
  - A few exclusions
- Referred by GPs, psychiatrists, paediatricians
  - GPs refer under a GP Mental Health Care Plan or psychiatric assessment and management plan – or by direct referral from a psychiatrist or paediatrician
  - No specific GP training required for referral
- 12 individual sessions per person, per calendar year
- Review after first 6 sessions and report back to referrer
  - Usually the GP
- In exceptional circumstances – 6 additional sessions were available
- Plus 12 group therapy sessions per patient, per year
  - Groups of 6 -10 patients
Better Access - Medicare uptake

• Uptake of new Medicare items has far exceeded expectations

• Budget spend in 2010: nearly $ 500 million.. and growing
  • $ 142,079, 653 went to GPs for Mental Health Care Plans
  • $ 359,985,537 to allied health - mainly psychologists for evidence-based services

• Most GPs in Australia are using these items plus:
  • 3,200 clinical psychologists,12,700 ‘registered’ psychologists
  • 1,200 social workers and 330 OTs

• Demand for psychological services is clear and not really slowing down
Client profile

- **Age:** 7% under 12; 22% 13-25; 67% 26-65; 4% over 65
- **Gender:** 67% female - 33% male
- **Diagnosis:**
  - 72% depression, 68% anxiety, 46% co-morbid anxiety/depression
  - 14% PTSD, 9% adjustment disorder, 7% panic disorder
  - 5% drug & alcohol use disorder
- **Additional problems presented:**
  - 51% relationship issues
  - 31% comorbid mental and physical health disorders
  - 23% drug/alcohol and 12% addictive behaviour – gambling, internet
Client profile

• Severity: 18.5% mild
  • 53.0% moderate
  • 33.5% severe
• Number of sessions:
  • 1 – 6: 38%; 7 – 12: 47%; 13 – 18: 15%

• Outcome of psychological treatment (2000+ clients):
  • 91% of clients reported that treatment resulted in significant or very significant improvement
  • Affordability: ~ 96% reported they couldn’t afford psychological services without Medicare rebates
Better Access compared with Better Outcomes

- Cost-effectiveness - Better Access is much more cost-efficient than ATAPS’, but Budget blow-out is of concern, although a large number of psychologists bulk-bill health care card holders

- ATAPS and Better Access are complimentary initiatives:
  - Better Access provides a universal cost-efficient service
  - ATAPS provides more flexible modes of service delivery and is complimentary to Better Access. Targets:
    - Rural and remote, Indigenous, Homeless
    - Risk of self-harm and suicide, Bushfire victims
    - T-CBT, Parents of children with mental health problems
- New packages of team-based care for people with ‘serious mental disorders
Mental Health Professionals’ Networks project

- Mental Health Professionals Associations (RANZCP, RACGP, APS & ACMHN) runs the MHPN project which provides:
  - Inter-disciplinary training and networking
  - Based on case discussion – learn to work together
  - Mental health professionals understand each others’ roles
  - Peer support, networking and team-building
  - Delivered at local level – plus online support
  - $15 million grant to roll this out across Australia – 2 years
  - 1,200 workshops run and 522 Networks established to date
National Youth Mental Health Foundation
‘headspace’

• headspace – integrated, evidence-based, effective services for young people with mental health and substance use problems
• Youth friendly – one stop shop
• Wide range of services and providers
  • Mental health, drug and alcohol, health,
  • support (housing, finance, employment, education)
• $54 million over 4 years to establish 30 sites
• Expansion funded $ 78million for 30 more services: 2010 - 13
The Future

• Better Access supported to continue to provide cost-efficient services for high prevalence problems (anxiety, depression, substance abuse etc)
• ATAPS - new niche target populations, plus packages of team-based care for consumers with low prevalence disorders (psychosis, bipolar, personality disorder) including case management, clinical and non-clinical components
• MHPN – sustainable local networks of mental health professionals plus online groups and learning opportunities
• Headspace – up to 90 sites across Australia
• Federal government taking over the majority of primary health care and funding 60% hospital services – greater service integration across sectors