

Proposal for continuation of the Better Access 'exceptional circumstances' sessions

Briefing paper with campaign background, APS study results and funding proposal to the Australian Government

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Campaign for the continuation of the Better Access 'exceptional circumstances' sessions

The Australian Psychological Society (APS) advocacy and negotiations around the cuts to the Better Access initiative have continued since the cuts were first announced in the 2011 Federal Budget, which saw the number of sessions of psychological treatment a client could receive in a calendar year cut from a maximum of 18 sessions in 'exceptional circumstances' to a maximum of 10 sessions. The APS mounted a strong campaign against the cuts which was strengthened by the 2011 APS study of nearly 10,000 clients who received services from APS psychologists and provided compelling evidence of the potential impact of the cuts.

Early in 2012 the Government announced interim arrangements to reinstate the 'exceptional circumstances' sessions for a transitional period to the end of 2012, which was an extremely important decision for the large number of vulnerable people with more complex mental health disorders who had been left without access to appropriate treatment as a result of the cuts.

The APS has continued a sustained advocacy campaign during 2012 to press for permanent reinstatement of the Better Access sessions since the interim reinstatement was announced, and a new APS study of Better Access clients has been undertaken to inform the campaign. The APS advocacy with the Australian Government recognises the current fiscal constraints on the Federal Budget.

As well as presenting the arguments in relation to the adequacy of alternative treatment options for people requiring additional treatment, the APS has drawn on the results of its 2012 study of Better Access consumers who received additional psychological treatment under exceptional circumstances to propose a way forward requiring only a modest funding increase. The APS proposal would enable those many thousands of Australians with serious yet all too common mental health disorders to continue to access the appropriate length of effective and cost-efficient psychological treatment under the highly successful Better Access initiative.

History and rationale for changes to the Better Access session allowance

ORIGINAL SESSION ALLOWANCE ARRANGEMENTS UNDER THE BETTER ACCESS INITIATIVE

- The referring practitioner could consider that in 'exceptional circumstances' the individual required an additional six sessions of psychological treatment (to a maximum total of 18 individual services per person per calendar year).

CAPPING OF SESSION ALLOWANCE FROM 1 NOVEMBER 2011

- The number of sessions of psychological treatment a client could receive in a calendar year was cut from a maximum of 18 sessions in 'exceptional circumstances' to a maximum of 10 sessions in the 2011 Federal Budget.
- The 2011 Federal Budget papers provided the rationale for the cuts:
"The new arrangements will ensure that the Better Access initiative is more efficient and better targeted by limiting the number of services that patients with mild or moderate mental illness can receive, while patients with advanced mental illness are provided with more appropriate treatment through programs such as the Government's Access to Allied Psychological Services program."
- The 2011 Department of Health and Ageing Fact Sheet on the Budget measure stated:
"People with severe and persistent mental disorders who require over 10 allied mental health services are still eligible for up to 50 Medicare Benefits Schedule consultant psychiatrist services per annum, or to access the specialised mental health system in each State or Territory."

REINSTATEMENT OF 'EXCEPTIONAL CIRCUMSTANCES' SESSIONS FROM 1 MARCH 2012

- Early in 2012 the Government announced transition arrangements to reinstate the 'exceptional circumstances' sessions for an interim period of 1 March to 31 December 2012 to enable a period of adaptation.
- The Australian Government Fact Sheet on the transition arrangements indicated that the reinstatement of sessions "*provides time ... for new mental health services to be established and build capacity to meet the needs of people with more complex needs*".

Number of Australians affected by cuts to the Better Access initiative

- The Government stated that the 2011 Budget cuts to Better Access equated to 13% of people treated by psychologists who were seen for more than 10 sessions.
- This represents a figure of approximately **87,000**¹ Australians each year who received more than 10 psychological treatment sessions (i.e., received the then standard sessions 11 and 12 followed by 6 'exceptional circumstances' sessions) and would therefore have been denied the additional sessions required for effective treatment.

¹ Medicare Australia session usage data (2007–2009) show that 2,016,495 unique individuals received services from psychologists under the Better Access initiative (672,165 per annum); 13% of these consumers received more than 10 sessions of psychological treatment, representing 87,381 consumers per annum (Pirkis et al, 2011)

Consumers who access exceptional circumstances sessions

ESTIMATED NUMBER OF CONSUMERS PER ANNUM

- The MBS session usage data reveal that psychologist providers saw approximately 5% of Better Access consumers for additional psychological treatment under exceptional circumstances (i.e., more than the then standard 12 sessions) representing approximately **33,000²** people per annum.
- This proposal focuses on ensuring appropriate psychological care for these 33,000 Better Access consumers per annum who require additional sessions of psychological treatment under exceptional circumstances arrangements. Substantial savings have already been achieved by reducing the 'standard' session allowance from 12 to 10 in 2011, as the 11th and 12th sessions had been accessed by 54,000 (8%) of consumers per annum.

NATURE AND SEVERITY OF CONSUMERS' MENTAL HEALTH DISORDERS

The APS recently conducted a research study of 358 consumers who received exceptional circumstances sessions from psychologists after these were reinstated in March 2012 (see Appendix for more details).

- **82.9%** of consumers had a high prevalence ICD-10 mental disorder involving **depression or anxiety disorders**.
- **92.3%** of consumers had **additional complexities** to their presentations, including co-morbidity involving another ICD-10 mental disorder, personality disorder or drug and/or alcohol disorder, and co-occurring family and relationship breakdown.
- **92.2%** of clients were assessed as having a **moderate** or **severe** presentation at the commencement of treatment.
- ***The vast majority of consumers requiring additional treatment under exceptional circumstances had severe depression or anxiety disorders with significant additional complexities involving co-morbid disorders.***

² Medicare Australia session usage data (2007–2009) show that 2,016,495 unique individuals received services from psychologists under the Better Access initiative (672,165 per annum); 5% of these consumers received additional sessions of psychological treatment from psychologists under exceptional circumstances, representing 33,608 consumers per annum (Harris et al. , 2010)

Outcome of psychological treatment for consumers who received exceptional circumstance sessions

The 2012 APS study investigated any change in the mental health status of consumers as the result of receiving the additional sessions of psychological treatment under exceptional circumstances. The outcome measure used was the Kessler 10 (K10), which is a validated client-rated questionnaire that measures non-specific psychological distress, and was administered at the commencement of treatment, at the end of session 10 and at the completion of the exceptional circumstances sessions.

- At the **commencement** of the episode of treatment, **92.2%** of consumers had a K10 score indicating a **moderate** (11.7%) or **severe** (80.5%) presentation.
- Following **completion of 10 psychological treatment sessions**, **80.8%** of clients had a K10 score indicating a **moderate** (15.9%) or **severe** (64.9%) presentation.
- Following the **completion of the exceptional circumstances sessions**, only **22.0%** of consumers had a K10 score indicating a **severe** presentation.
- ***The data indicate the effectiveness of psychological treatment and the need for more than 10 sessions of treatment in order to achieve this effectiveness.***

CONSISTENT FINDINGS OF TREATMENT EFFICACY IN OTHER STUDIES OF CONSUMERS RECEIVING EXCEPTIONAL CIRCUMSTANCES SESSIONS

- The effectiveness of psychological treatment demonstrated in the APS 2012 research study is consistent with data from two other recent studies.
- The 2011 APS study of 6,238 Better Access consumers demonstrated that the additional sessions under exceptional circumstances enabled these consumers to receive effective treatment from psychologists, with 39% having no residual symptoms or a mild presentation at the conclusion of the extended treatment, and only 3% retaining a severe presentation.
- A study of 101 consumers with major depressive disorder by Mackey et al. (2012) indicated those consumers who were treated for more than 10 sessions had their symptoms reduced to near-normal levels **only** after the extra sessions beyond the initial 10.
- ***Taken together, these research studies amply demonstrate that access to additional psychological treatment sessions under exceptional circumstances is effective and necessary for a large number of Better Access consumers with severe high prevalence mental disorders.***

Adequacy of alternative treatment options for Better Access consumers requiring additional treatment

- The original rationale for the 2011 Budget cuts was that affected consumers could seek alternative treatment through the Access to Allied Psychological Services (ATAPS) program, public mental health services or private psychiatrists. The subsequent rationale for the temporary reinstatement of the exceptional circumstances sessions was to provide time for new mental health services to be established and to build capacity to meet the needs of consumers with more complex problems who require additional treatment sessions.
- Although the 2011 Budget provided increased funding for the ATAPS program, this was only a modest stepwise expansion of the ATAPS program. There is simply not adequate funding in the ATAPS program to provide anywhere near enough services for the estimated 33,000 additional people per annum who will no longer be able to access the additional psychological treatment under exceptional circumstances.
- Two other mental health programs that received significant investment in the 2011 Budget are not yet positioned to offer alternative treatment services for consumers affected by the removal of the Better Access exceptional circumstances sessions. It is understood that the Early Psychosis Prevention and Intervention Centres have not yet received State Governments' support to enable their establishment. In addition, the establishment of the Partners in Recovery Program for people with severe and persistent mental illness has been delayed and is therefore not yet an alternative source of treatment, even if the consumers denied the additional Better Access sessions were suitable for these programs.
- As the 2012 APS research study has indicated, the vast majority of consumers who required the additional sessions of psychological treatment after these were reinstated have high prevalence disorders (i.e., depression and anxiety disorders) and would therefore also be denied access to public sector mental health services.
- The recommendation that these consumers should be referred to a consultant psychiatrist is not realistic as there is a significant shortage of psychiatrists and most charge a prohibitive gap fee. The Medicare cost of six sessions of treatment from a psychiatrist is \$920. Therefore, the costs associated with 33,000 consumers accessing the additional six sessions from a psychiatrist would be \$30,360,000 per annum, which is far greater than the costs associated with treatment from psychologists.
- ***The reality is that mental health consumers with serious high prevalence mental health disorders who are currently receiving effective and cost-effective treatment from psychologists under Better Access will not be able to access appropriate affordable alternative care, which the APS believes is an unacceptable situation.***

Proposal for continuation of exceptional circumstances sessions

The APS is cognisant of the financial constraints in relation to the Federal Budget and believes this proposal represents a very modest increase in funding. Substantial savings have already been achieved by reducing the 'standard' session allowance from 12 to 10 in 2011, which had been accessed by 54,000 (8%) of consumers per annum.

The unspent funds from programs that received significant investment in the 2011 Federal Budget but have not yet been established could provide the additional expenditure to fund this proposal (at least in this financial year). The modest proposal requires only \$8M to continue the exceptional circumstances from 1 January to 30 June 2013, after which time further savings could be found to fund the \$16M required for subsequent years.

TIGHTENED CRITERIA FOR ACCESS TO EXCEPTIONAL CIRCUMSTANCES SESSIONS

- The APS believes that cost savings can be made by tightening the criteria by which access to these additional sessions under exceptional circumstances is available. Currently, 'exceptional circumstances' are defined as a significant change in the individual's clinical condition or care circumstances, and the decision to access these services is made by the referring doctor in consultation with the treating psychologist.
- The additional sessions could be most appropriately utilised by consumers who meet a stipulated criterion for access showing that they need these sessions. This could be achieved through the use of a nominated cut-off score on a psychological distress assessment instrument, such as the Kessler Psychological Distress Scale (K10), administered by the treating psychologist at the completion of the 10th session.
- Those consumers who demonstrated a moderate or severe level of psychological distress on the K10 could be deemed appropriate to access the additional six sessions of treatment. Medicare Australia auditing processes could monitor compliance with eligibility to access exceptional circumstances sessions through a requirement for the psychologist to retain the documented K10 assessment following session 10.
- Based on the 2012 APS research study which used the K10 as the outcome measure and collected data on this measure after the 10th session, 81% of consumers who were referred for the exceptional circumstance sessions had a rating of moderate or severe psychological distress at the point of referral (i.e., at the completion of session 10).
- The number of people affected by the discontinuation of the exceptional circumstances sessions is estimated at 33,000 per annum. The number who would be eligible for the exceptional circumstances under tightened criteria using the K10 session 10 cut-off score would be therefore reduced by 19% to 27,000 per annum.

COST TO CONTINUE FUNDING EXCEPTIONAL CIRCUMSTANCES SESSIONS

- At an average cost of \$100 per session (using an average cost of the two levels of psychology rebates), the cost of six additional sessions of psychological treatment for 27,000 consumers is estimated to be **\$16M per year**.
- ***The modest cost of \$16M would enable many thousands of Australians with serious yet all too common mental health disorders to continue to access the appropriate length of effective and cost-efficient psychological treatment. Otherwise, from 1 January 2013, these many thousands of Australians will be denied access to effective psychological treatment, with a concomitant impact on personal and family stress, productivity and hospital admissions.***

References

- Harris, M., Pirkis, J., Burgess, P. et al. (2010). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: Component B: An analysis of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) administrative data*. Melbourne: Centre for Health Policy, Programs and Economics, The University of Melbourne.
- Malak, A. (2011). Mental Health Association of Australia submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services. Accessed from: http://www.aph.gov.au/senate/committee/clac_ctte/comm_fund_men_hlth/submissions.htm
- Mackey, C. et al. (2012). *Treatment Outcome Data for Better Access Scheme*. Presentation at the National Conference of the Australian Association for Cognitive and Behaviour Therapy (AACBT), Gold Coast, October 2012. Available at: <http://www.chrismackey.com.au/pages/research.html>
- Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: summative evaluation*. Melbourne: Centre for Health Policy, Programs and Economics.

APPENDIX

2012 APS RESEARCH STUDY OF BETTER ACCESS CONSUMERS WHO REQUIRED ADDITIONAL 'EXCEPTIONAL CIRCUMSTANCES' SESSIONS

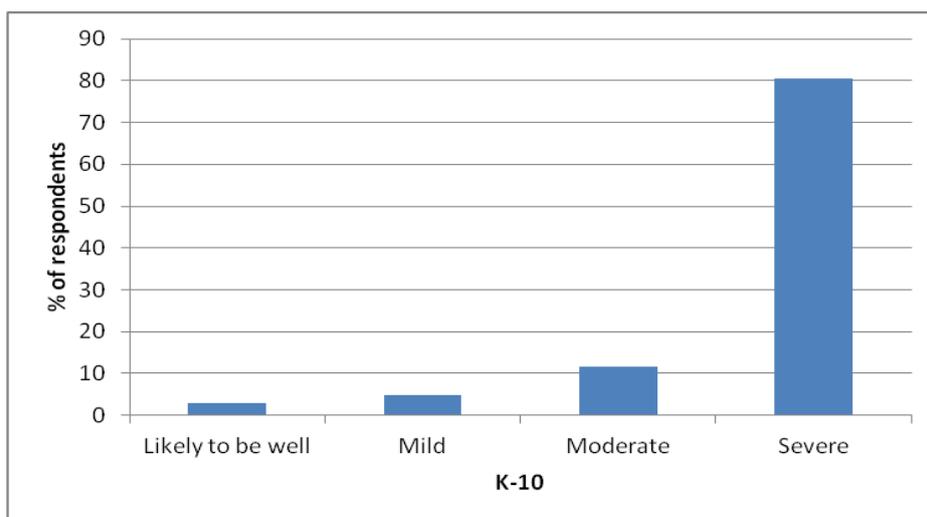
APS psychologists providing services under Better Access were invited to participate in a study of Better Access consumers who needed to access additional sessions under exceptional circumstances since these sessions were reinstated on 1 March 2012.

The validated client-rated measure of psychological distress, Kessler 10 (K10), was used as the outcome measure and administered to clients at three time points: (1) at the commencement of treatment; (2) at the end of the 10th session; and (3) at the end of the final session in the current episode of treatment where this consisted of between 11 and 16 Medicare-funded sessions in the 2012 calendar year.

Deidentified data was collected between 1 March and 19 October 2012 on 358 Better Access consumers.

NATURE AND SEVERITY OF DISORDERS OF CONSUMERS REQUIRING EXCEPTIONAL CIRCUMSTANCES SESSIONS

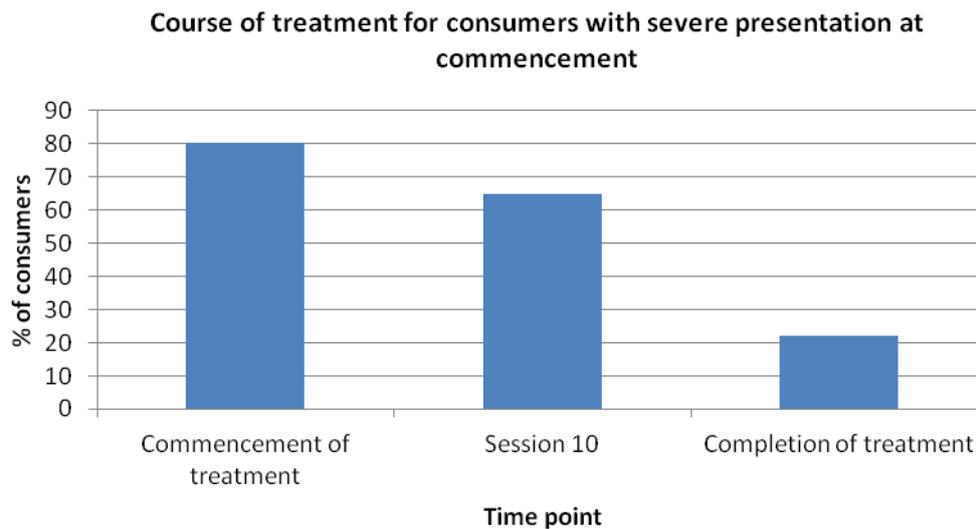
- **82.9%** of these consumers had an ICD-10 mental disorder involving **depression or anxiety disorders**, also known as 'high prevalence disorders'.
- **92.3%** of these consumers had **additional complexities** to their presentations.
 - 26.4% family and relationship breakdown, 15.1% physical health problems, 14.7% other ICD-10 mental health disorder, 12.4% personality disorder, 7.8% drug and/or alcohol disorder, 3.9% domestic violence, 2.3% intellectual disability, 9.7% other.
- **92.2%** of these consumers had a K10 score indicating a moderate (11.7%) or severe (80.5%) presentation at the commencement of treatment.



- ***The vast majority of consumers requiring additional treatment under exceptional circumstances had severe depression or anxiety disorders with significant additional complexities involving co-morbid disorders.***

OUTCOME OF TREATMENT FOR CONSUMERS WHO RECEIVED EXCEPTIONAL CIRCUMSTANCES SESSIONS

- At the **commencement** of the episode of treatment, **92.2%** of consumers had a K10 score indicating a moderate (11.7%) or severe (80.5%) presentation.
- Following **completion of 10 psychological treatment sessions**, **80.8%** of consumers had a K10 score indicating a moderate (15.9%) or severe (64.9%) presentation.
- Following the **completion of the exceptional circumstances sessions**, **22.0%** of consumers had a K10 score indicating a severe presentation.



- ***The data indicate the effectiveness of psychological treatment and the need for more than 10 sessions of treatment in order to achieve this effectiveness.***