

FUNDED PSYCHO- LOGICAL TREATMENT *in* PRIMARY CARE

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Over the last decade, mental health reforms in primary care have enabled people with high prevalence mood and anxiety disorders to access funded psychological treatment. The huge community uptake of psychology services under these reforms has indicated a previously unmet need and has had a substantial impact on mental health within the community.

Better Access to Mental Health Care (Better Access), introduced by the Australian Government in 2006, has been the major program that has increased community access to psychological treatment for mental health disorders. The precursor program, the 2001 Better Outcomes in Mental Health Care (Better Outcomes), showed the success of providing funded psychological treatment in primary care settings.

Better Outcomes provided access to psychological services for people with high prevalence mental health disorders funded through the Australia-wide network of Divisions of General Practice (DGPs). The program enabled general practitioners to refer individuals to psychologists and appropriately-credentialed social workers and occupational therapists for evidence-based psychological treatment. Evaluation of the program showed a positive impact on consumers' functioning, symptom severity and/or quality of life (Morley et al, 2007). As a result of this success, community demand for psychological services increasingly exceeded the available funding provided to DGPs under the program.

Mental health in the 21st century

During the early to mid-2000s, the effectiveness of the Better Outcomes program increased interest in psychological treatment for high prevalence mental

health disorders in primary care. Around this time the release of a number of important reports also significantly raised the profile of mental health in Australia, including the Not for Service report (Mental Health Council of Australia: 2005) and the report from the Senate inquiry into the nation's mental health system, A national approach to mental health – from crisis to community (Commonwealth of Australia, 2006). In 2006, the Productivity Commission's report Australia's Health Workforce was released, identifying major community healthcare access problems and recommending an extension of Medicare rebates to make better use of non-medical health professionals in delivering health services (Productivity Commission: 2005). The publication of these influential reports led to the Council of Australian Governments (COAG) identifying mental health as an issue of national significance in 2006, and the Australian Government announcing a \$1.9 billion increase in funding for the mental health system.

Introducing Better Access

As a result of this new level of interest in the mental health needs of the community alongside the success of Better Outcomes, the Australian Government introduced mental health reforms in November 2006 under Better Access that included psychological services under Australia's Medicare system for the first time. Better Access was based on Better Outcomes, with services targeted to mental health consumers on referral from a medical practitioner for evidence-based psychological treatments delivered by psychologists and eligible social workers and occupational therapists. Mental health disorders that can be treated under Better Access cover clinically

diagnosable disorders based on the ICD-10 Primary Health Care version (World Health Organization: 2004).

When Better Access was first introduced, consumers were eligible to receive up to 12 individual Medicare-funded psychological services per calendar year. The referring medical practitioner could also consider exceptional circumstances in which the consumer required an additional six services, for a maximum of 18 individual services per consumer per calendar year. Consumers were also eligible to receive 12 group Medicare-funded psychological services per calendar year for treatment in a group. Funding cuts in 2013 have meant that a consumer can now only receive a maximum of 10 psychological services per calendar year under Better Access with no provision for exceptional circumstances.

Medicare-funded psychological services

There has been a huge community uptake of Medicare items for psychological treatment since Better Access was introduced in November 2006, with psychologists providing the vast majority of the services (over three million services per annum over the last three years (Medicare Australia: 2013). Millions of consumers have benefited from Medicare-funded access to psychological treatment since its introduction.

The Australian Government's 2011 evaluation of the Medicare-funded mental health program showed very favourable results (Pirkis et al: 2011). The evaluation confirmed consumers receiving services were those with moderate or severe symptoms and debilitating levels of distress mostly associated with anxiety and depressive disorders. With the psychological treatment, these moderate or severe levels of depression, anxiety and stress decreased to normal or mild

levels of these symptoms. Better Access was also found to be a cost-effective way of delivering mental health care.

The evaluation of Better Access also showed that it was reaching large numbers of people who had not accessed mental healthcare in the past. Modelling and surveys quoted in the evaluation report demonstrated that prior to Better Access, 35% of people with mental health disorders in Australia sought treatment and that this previously stable rate had increased to 46% since the introduction of the Medicare-funded psychological services (Pirkis et al: 2011).

The availability of psychological services through Australia's Medicare scheme has possibly contributed to a destigmatisation of help-seeking for mental health problems. The inclusion of mental health psychological services under Medicare has begun to promote mental health interventions to a similar standing as those for physical health services, which is an extremely important development.

The success of Better Access in providing effective, cost-efficient and accessible psychological services for Australians with common mental health disorders is clear. However, this effectiveness has required increased mental health funding and in 2013 under fiscal constraints the Australian Government cut spending by reducing the number of allowable services per consumer. Based on the Government's own figures, these cuts to psychological treatment services affect 87,000 Better Access consumers per annum (including 33,000 per annum who would have required additional psychological treatment under exceptional circumstances), who are no longer able to access the appropriate length of effective and cost-effective psychological treatment.

Conclusion

The Australian Government's mental health reforms over the last decade, and in particular the introduction of Better Access, have enabled millions of Australians with common mental disorders to access affordable, effective and cost-efficient psychological interventions in a non-stigmatising way through the nation's universal Medicare health scheme. This has been a huge advance for mental health within the Australian community and it is imperative that government funding continues to be provided to maintain these gains.

THE INCLUSION OF MENTAL HEALTH PSYCHOLOGICAL SERVICES UNDER MEDICARE HAS BEGUN TO PROMOTE MENTAL HEALTH INTERVENTIONS TO A SIMILAR STANDING AS THOSE FOR PHYSICAL HEALTH SERVICES, WHICH IS AN EXTREMELY IMPORTANT DEVELOPMENT.