

# What we have learnt from the Access to Allied Psychological Services (ATAPS) projects

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# Access to Allied Psychological Services projects

- 108 projects funded through the Better Outcomes in Mental Health Care program since July 2001 – 57 urban; 51 rural
- Run by Divisions of General Practice
- Enable GPs to refer consumers to allied health professionals (predominantly psychologists) for 6+ sessions of evidence-based mental health care

# Evaluation

- Projects' local evaluation reports
- Minimum dataset
- Purpose-designed surveys
- Interviews and focus groups
- Case studies

# Models of service delivery

		URBAN	RURAL	TOTAL
<b>Means of retaining allied health professionals</b>	Contractual arrangements	83%	80%	83%
	Direct employment	21%	37%	24%
<b>Location of allied health professionals</b>	GPs' rooms	64%	62%	62%
	Own rooms	72%	53%	69%
	Other location	40%	47%	38%
<b>Referral mechanisms</b>	Voucher system	30%	23%	21%
	Brokerage system	24%	23%	21%
	Register system	32%	17%	38%
	Direct referral	38%	64%	48%

# Consumers (n=73,046)

Female	73%
Mean age	38yrs
Low income	62%
No previous mental health care	47%
Depression	62%
Anxiety	47%

# Sessions (n= 310,666)

46-60mins	81%
Individual	98%
Cognitive interventions	48%
Behavioural interventions	37%
Co-payment	25%

# Outcomes (1)

Positive outcomes for consumers as evidenced by significant change scores on:

- K-10
- BAI
- BDI
- HADS
- DASS-21
- DASS-42
- HoNOS
- GWBI
- STAI
- BASIS-32
- SDS
- GHQ-28

# Outcomes (2)

- Projects do not differ markedly in terms of the consumer outcomes they are achieving, despite differences in models of service delivery
- Exceptions:
  - Direct referral (better: significant)
  - Employment (better: non-significant trend)
  - Own rooms (worse: non-significant trend)

# ATAPS in the context of Better Access (1)

- Divisions will continue to operate their ATAPS projects till 2008-09, as reflected in recent renewal of funding agreements
- It is likely that the introduction of the new MBS item numbers for psychologists will gradually reduce demand for allied health services provided through ATAPS, though this may vary from Division to Division

# ATAPS in the context of Better Access (2)

- Consideration should be given to how ATAPS and Better Access can best complement each other
- One possibility is to foster ATAPS projects in rural and low SES areas, where private psychologists may be scarce
- Another is to encourage models that appear to be working particularly well and are less likely to occur under Better Access – e.g., direct referral to co-located psychologists who might be employed by the Division

# Conclusions

The ATAPS projects are reaching the consumers they are intended to reach, and are achieving positive mental health outcomes for them. There is certainly an argument for the continuation of the ATAPS projects alongside the Better Access arrangements, and the two should be complementary, not duplicative. The processes and incentives associated with each should be carefully monitored, as should the outcomes they achieve.