

Medicare mental health figures fail to tell the whole story

According to a recent DOHA March 2008 Progress Report, Medicare data indicates that as at 31 December 2007, over 726,000 people nationally accessed Medicare subsidised mental health services under the Better Access Program, including approximately 180,000 people living in rural and remote areas.

Under the COAG initiative, the Better Access Program aims to provide improved access to mental health care from general practitioners, psychiatrists, psychologists and other allied health professionals such as social workers and occupational therapists through the Medicare Benefits Scheme (MBS). To access services, referral is provided by a GP, psychiatrist or paediatrician to a registered provider. By February 2008, more than 12,000 allied mental health professionals were registered with Medicare Australia to provide Better Access services, and over 3.2 million mental health services have been subsidised through Medicare, including more than 1.2 million 'Focussed Psychological Strategies.'

DOHA also indicates in their report that a range of professional education and training activities are being developed to ensure that primary care and specialist mental health professionals are equipped to work more collaboratively and effectively in a multidisciplinary framework to improve services and outcomes for consumers.

The data shows that under the expanded Medicare options for access to mental health care such as group therapies, symptom management and psycho-education, services outside of specialist consulting rooms and remote (phone) counselling is negligible. MHCC highlighted in their presentation to the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia in March 2008 that these options would be more appropriately placed within community services utilising a broad spectrum of mental health practitioners, and that this represents a lost opportunity to provide equity to a broad spectrum of consumers.

MHCC acknowledge the progress achieved in the delivery of a number of COAG initiatives including Better Access. Nevertheless, we are concerned as to the issue of accountability in terms of independent reporting of outcomes of mental health services, treatment and care. Whilst annual reporting occurs through state and territory health departments, it does not include comprehensive information from consumers, carers and communities. A mechanism has not been established to obtain information from GPs as to whether mental health plans and initiatives are having an impact on mental health or providing effective early intervention. Such outcomes need to be evaluated and funded under the scheme.

In view of the degree to which the MBS has been taken up it would seem prudent to be able to measure its effectiveness. Similarly, were funding allocated to a broader spectrum of community services and allied professionals working independently, this might not only prove to be more cost effective but could provide improved access to services and offer a level of service options and affordability to the consumer.

MHCC emphasise the need for transparent, comprehensive, nationally agreed outcome measurement strategies for reporting on service delivery of new initiatives. Without such strategies the development of national plans and strategies for improved best practice into the future will be limited.

For more information on the Better Access Program recent figures visit [www.health.gov.au/internet/mental health/publishing.nsf/Content/mental-ba-fig](http://www.health.gov.au/internet/mental%20health/publishing.nsf/Content/mental-ba-fig)

The MHCC submission to the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia is available on the MHCC website at www.mhcc.org.au under Submissions. For further information contact Corinne Henderson at corinne@mhcc.org.au
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