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MEDIA RELEASE

MENTAL HEALTH: RE-EVALUATE THE BETTER ACCESS PROGRAM

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AUSTRALIA urgently needs a new and fairer approach to the provision of quality Medicare-funded psychological services, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Dr Sebastian Rosenberg, a Fellow of the Centre for Mental Health Research at the Australian National University and Senior Lecturer at the University of Sydney's Brain and Mind Centre, and Professor Ian Hickie, co-Director (Health and Policy) of the Brain and Mind Centre, wrote that the Better Access program, established in 2006 by the Howard Government, had blown its budget, had been evaluated just once in its 13-year history, and had "failed to address key service gaps and socio-demographic challenges".

"From November 2006 to the end of the financial year 2016–17, Australia had spent almost \$6 billion on 62 million services under the Better Access program," Rosenberg and Hickie wrote. "The program has grown every year over the decade. In 2016–17, it delivered 8.6 million services at a cost of \$820 million, or \$15.8 million every week. In addition to these Medicare charges, it is common for service providers under Better Access to also charge patients out-of-pocket costs, which typically add around 25% to each occasion of service.

"The Better Access program has been formally evaluated once. A core component of this evaluation was the views of 883 consumers, selected by their own health professionals. This selection, while not random, concluded that the program was helpful.

"About 60% of all services under Better Access were provided to women in 2007–08 and this has remained unchanged. Young men aged 12–24 years comprised 7% of all Better Access service users in 2007–08 and 8% in 2016–17. Inequitable access on the basis of rurality and gender is a problem in Better Access, as it is with many health programs."

Rosenberg and Hickie acknowledged that Better Access was a generous program and that without it the proportion of mental health spending to total health spending would have declined.

"Nevertheless, the program represents Australia's willingness over the past two decades to 'fix' mental health by prioritising increased access over systems that promote enhanced quality or monitor health or functional outcomes. Better Access continues to operate with little or no accountability at the practitioner or national policy level."

The authors made two recommendations:

- shift away from the sole practitioner model of mental health care perpetuated by fee-for-service models (like Better Access) and towards more multidisciplinary approaches typically associated with quality mental health care; and
- make accountability for mental health central to a system of quality improvement via a suite of validated and patient-centred measures, routinely collected, and incorporating best use of information technology tools.

"A more intelligent response to mental illness means taking a broader view about how best to arrange quality care and then properly assessing the impact of that care on a person's life," they concluded.

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