

ATAPS review is hard to swallow
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A round Australia there is a growing chorus of concerned voices over the Rudd Government's lack of focus on and commitment to mental health. To date, mental health has not featured in the Government's push of its proposed National Health and Hospitals Network, and the Prime Minister's statement that mental health reforms are imminent simply adds to the concerns of stakeholders who have yet to be adequately consulted.

The Government's response to a recently finalised review of the Access to Allied Psychological Services initiative will increase concerns that Prime Minister Rudd and Health Minister Roxon are failing to address mental health needs, despite data revealing only one-in-three Australians with a mental health problem receives any treatment.

The ATAPS initiative, under which GPs can refer patients with mental disorders for short-term psychology services, was established in 2003. Since then it has delivered more than 600,000 services to more than 100,000 patients, particularly those who are traditionally underserved: 68per cent are low-income, 45per cent live in rural areas, 2per cent are indigenous. Seventy-five per cent of these services are bulk billed, and where there are co-payments, these are small.

The program receives \$27million a year from the federal budget. Patients are eligible for up to 18 sessions of psychology treatment, although they average only five. The cost of delivery of service to each patient ranged from \$57 to \$631 a session for 2008-09. This startling high variation reflects the additional costs incurred in targeting hard- to-reach groups, but also the high administrative costs of the program (about 25per cent of funding), which is the responsibility of the Divisions of General Practice.

The need for ATAPS has grown, not diminished since the introduction of the Better Access program, which delivers most of its services in metropolitan areas and has co-payments for psychology that average \$29 a session. Moreover, we know that ATAPS is achieving positive outcomes of medium-to-large improvement in about 86per cent of cases while there is no data about the effectiveness of services provided under Better Access.

The ATAPS review was conducted in-house by the Department of Health and Ageing and it's a low-key report which has generated a disappointing response from Roxon. Although this program's financial cap constrains its ability to address service gaps in rural and remote areas, for indigenous people, children and youth, and people at risk of suicide and homelessness, there will be no new resources for ATAPS. The review makes it clear that inequities have developed where some communities with high needs are not receiving an equitable share of ATAPS resources, yet this will not be changed.

The minister's letter to the Divisions of General Practice states that under new funding arrangements, Tier 1 (base) funding for the program will be based on the current distribution of ATAPS funding and preserved at or close to current levels. Tier 2 (special purpose) funding will consist of current funds for services for women with perinatal depression, suicide prevention, bushfire victims and people at risk of homelessness. There is a commitment to a new planning process "in future years" to prioritise the allocation of Tier 2 funding, but no commitment to increased funds.

Regrettably, there is also no increased focus on the needs of indigenous people and children despite the emphasis given to these in the report, nothing to address the challenges involved in recruiting, training and retaining the ATAPS workforce, and no processes for driving needed improvements in efficiency, effectiveness and quality.

There is one further issue which remains unaddressed. Between July 2003 and March 2009, general practitioners referred more than 153,000 consumers to ATAPS, but only 116,000 consumers accessed these services. We don't know why 37,000 people did not get the services their doctor recommended and both the report and the minister have ignored this.

The Australian health care system is singularly ill-equipped to deal with mental disorders, despite the fact that they are extremely common and highly treatable. The ATAPS report shows that one small part of the mental health care system is working well and highlights what needs to be done to make it work better. All that is needed now is real political leadership to make that happen.

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