

Better Access & ATAPS Better Outcomes Changes

1. Can existing Better Access clients who have completed ten individual services in 2011 calendar year access ATAPS services?

ATAPS is **not** designed to offset or top up services delivered under Better Access.

The treating clinician needs to decide - based on factors such as workforce availability and the patient's ability to contribute to the cost - whether to refer a patient to Better Access or to ATAPS.

ATAPS targets people from low socioeconomic areas: individuals at risk of suicide or self harm; women with perinatal depression and people affected by flood, cyclone or bushfires.

People who have already completed ten sessions or more of individual services under Better Access before 1 November 2011 should not be referred to ATAPS to access additional services during the remainder of the 2011 calendar year. However, from 1 January 2012 these people can access a further ten individual or ten group services under Better Access in the 2012 calendar year.

If however, their circumstances have changed, and it would be more appropriate to be referred to ATAPS these people can access ATAPS services in 2012.

Changes in circumstances include: changes in location where the person is no longer able to access Better Access services due to workforce constraints; or their financial circumstances change and they are no longer able to meet the co-payments associated with Better Access services.

2. How many allied mental health services are available under ATAPS?

The number of mental health services available under ATAPS remains unchanged – up to 12 individual and/or 12 group therapy services in a calendar year. In exceptional circumstances an individual can access up to a total of 18 individual services in a calendar year.


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3. What are exceptional circumstances and how can an individual access the 13-18 services under ATAPS in a calendar year?

Exceptional circumstances are defined as a significant change in the client's clinical condition or care circumstances which makes it appropriate and necessary to increase the number of maximum services. It is up to the discretion of the referring medical practitioner, who should be guided by their professional ethics and/or Code of Conduct, to determine that the client meets these requirements. In these cases a new referral must be provided by the referring practitioner and exceptional circumstances noted on that referral.

4. Is ATAPS intended to support people with severe mental illness?

The short term, goal oriented focused psychological strategies services that ATAPS provides are of most therapeutic value to individuals with common disorders of mild to moderate severity.

People with severe mental illness generally require longer term treatments from a multidisciplinary state based mental health service or psychiatrist rather than the services that ATAPS can provide. ATAPS may not be able to meet the needs of such people over time.

BETTER ACCESS CHANGES

5. How many allied mental health services can be accessed under Better Access from 1 January 2012?

Medicare rebates are available for up to ten individual allied mental health services in a calendar year. A calendar year is defined as the period of time between 1 January and 31 December.

In addition to individual services, patients may also be eligible for referral for up to ten separate group therapy services within a calendar year.



FLEXIBLE CARE PACKAGES

6. What is happening with the Flexible Care Packages measure?

Flexible Care Packages (now called 'Partners in Recovery'), was never intended to be part of ATAPS and will not be automatically rolled out through Medicare Locals. Funding under this measure will be rolled out through a competitive tender process and Medicare Locals are expected to participate in that process. It is anticipated that tender processes for service delivery will commence in early 2012 with service delivery to commence in the 2012-13 financial year.

The Government is working closely with service providers, experts, consumers and carers to ensure that the planning and design of the Partnerships in Recovery: Coordination Support and Flexible Funding for People with Severe, Persistent Mental Illness and Complex Care Needs initiative is successfully implemented.

The Mental Health Council of Australia and the Australian General Practice Network have both held workshops, funded by the Government, to gain input from the non-government sector and primary care sector on the implementation of this measure, and the Department is currently establishing an expert reference committee to oversee implementation.

PEOPLE WITH COMPLEX NEEDS

7. What happens to people who need more than ten allied mental health services in a calendar year?

The Better Access initiative was introduced to address low treatment rates for high prevalence mental disorders such as depression and anxiety – particularly presentations of mild to moderate severity where short-term evidence based interventions are most likely to be useful.

While some people with more complex or intensive care needs may benefit from psychological interventions under Better Access, the initiative was not designed to provide intensive, ongoing therapy for people with severe, ongoing illness.

It is important that people get the right care for their needs. People who currently receive more than ten allied mental health services under Better Access are likely to be patients with more complex needs and would be better suited for referral to more appropriate mental health services. GPs can continue to refer those people with more severe ongoing mental disorders to Medicare subsidised consultant psychiatrist services or state/territory specialised mental health services.