

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-199

OUTCOME 11: Mental Health

Topic: BETTER ACCESS PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

Further to questions in relation to the evaluation itself, and noting that the answers at the hearing were in the absence of reviewing the original tender documentation (and assuming this has now been reviewed), please include responses covering the following:

- a) Did the Government seek any advice on best practice standards on what a reasonable percentage per cost of program should cost for an effective evaluation that would be used to determine this programs future strategic direction?
- b) If so by whom and what advice did they give? If, not why not?
- c) Are you aware of any comparable evaluations in the Department that have spent such an insignificantly low amount of money as a percentage of total cost of a program?
- d) The Better Access Program has assisted about two million people but the evaluation only surveyed about 1,350 consumers; or about 0.07%. Did the Government consult on what an effective sample might be for this evaluation in order to achieve statistically and clinically significant results?
- e) If so by whom and what advice did they give? If, not why not?
- f) Is it the position of the Government that a sample of 0.07% is sufficient enough to achieve statistically and clinically significant results in order to determine whether people were getting better or not on its multi-billion dollar program?
- g) Who determined which consumers would be surveyed in this program?
- h) How did they choose the surveyed consumers?
- i) Would it be fair to say that the very providers who were proving the services via this program were the people selectively choosing which consumers would be surveyed?
- j) Would you not consider this a serious conflict of interest or was there some oversight by the Department?

Answer:

a) and b)

The estimated cost of the program evaluation of Better Access was developed by Departmental officers from the mental health, primary care, Medicare, data analysis and program evaluation areas of the Department of Health and Ageing, with input from a technical adviser on mental health information and an independent probity adviser.

A budget of \$1.98 million (GST inclusive) for the Better Access evaluation was approved by the Minister for Mental Health and Ageing. The budget reflected the estimated cost of evaluation components designed to ensure a robust, detailed and reliable assessment of the initiative against its aims and objectives.

c) There is no direct relationship between the level of expenditure under a program and the proportion of money that should be spent evaluating it.

Allocations for program evaluation are based on the design and evaluation approach employed, guided by the principle that a program evaluation should be sufficiently resourced to ensure robust, valid and reliable conclusions can be reached about program performance.

As stated by the Secretary of the Department, Ms Jane Halton AM on 30 May 2011 (Hansard CA 45), “two million dollars is a lot of money to have spent on this evaluation – this is not a small amount of money; this is a lot of money - and that was done to make sure the study was robust and representative”.

d) Yes. As stated on 30 May 2011 (Hansard, CA. 44), the Department of Health and Ageing took extensive advice from leading mental health researchers regarding the methodology throughout the evaluation, including the required sample size to enable valid and reliable analysis to be conducted.

e) As stated on 30 May 2011 (Hansard, CA 44), the Better Access Evaluation Project Steering Committee (PSC) provided technical advice to the Department of Health and Ageing on different aspects of the evaluation. The PSC, which included mental health researchers, closely considered the sample size and determined that it was appropriate for the purpose of the evaluation and that sample size was sufficient to draw reliable conclusions.

f) Based on expert advice the sample of 1,436 consumers was sufficient to conduct analysis to answer the evaluation questions; to look at whether the program has been successful in improving access to mental health care for people with high prevalence mental disorders; and to provide an evidence base to inform the future directions of the initiative.

g) and h)

Consumers and providers were surveyed as part of Component A: A study of consumers and their outcomes and Component A.2: A study of consumers and their outcomes focusing on the occupational therapy and social work sectors of the Better Access evaluation.

In Component A, randomly-selected groups of Better Access providers (General Practitioners, clinical and registered psychologists and psychiatrists) were approached to participate by the researchers undertaking the evaluation. Once they agreed to participate, providers approached their first 20 consecutive new consumers (according to a specific protocol) and invited these consumers to take part in the evaluation.

In Component A.2, the recruitment process was similar, except that all social workers and occupational therapists providing services under Better Access were invited to participate, and they were asked to approach up to ten consumers who had completed treatment to take part in the study. Consumers and providers were interviewed and surveyed about their respective experiences with receiving and delivering Better Access care.

i) and j)

As stated on 30 May (CA 45 Hansard), as part of the methodology for Components A and A.2 providers were required to recruit consumers to the study according to a specific protocol. This protocol for selecting consumers was used to ensure that consumers were randomly selected.

The methodology of having providers recruit consumers to the study is a common way of recruiting consumers, noting that patient data is not held by Medicare Australia. This approach was endorsed as a sound methodology to minimise selection bias by the Better Access Evaluation PSC. This approach was not an oversight by the Department, but a recruitment methodology carefully designed to carry out this part of the evaluation, and endorsed by experts on the PSC.