

Our primary concerns relate to the funding and provision of ATAPS and the quality of services being provided.

ATAPS – the allocation of funds to local divisions of general practice, the subsequent provision of services by divisions or the brokerage of the funds to others.

Our concerns are

- a) The lack of skills and qualifications of some division staff to identify suitability quality services who can effectively deliver services, for example most CEO's are business managers with little clinical expertise and have little input from the boards into their daily decisions
- b) The lack of accountability of the quality and distribution of ATAPS funds
- c) Favoritism shown by divisions toward individual providers, with no clear defined decision making process and little opportunity to influence these decisions
- d) The past abuse of ATAPS funding by allowing ATAPS providers to use non-accredited unqualified providers and allowing accredited providers to use ATAPS funding to pay gap fees
- e) Concerns about the inability to effectively evaluation the use of Tier 2 funds for the defined target group and
- f) The recent decision by our local division to outsource all ATAPS funds to another division (with no current services in our region) thereby overlooking local expertise, networks and impacting on the sustainability and viability of local providers – we would question the ethics of this decision and respectfully ask that the guidelines be reviewed
- g) The future of ATAPS funds

Our recommendations are:

- Greater transparency and equity in the allocation of funds
- Funds are only provided to suitably qualified providers
- Given the need to target marginalized, hard to reach groups in tier 2 funding only local providers with proven networks and clinical skills considered
- Mechanisms for grievances regarding the allocation of funds
- Mechanisms to ensure only suitably qualified providers are providing services
- Less ambiguity in the guidelines regarding supervised practitioners

PHAMHS

Our primary concerns are

- The quality of service by unskilled unqualified providers and poor checks and balances of these providers
- The misuse of the eligibility criteria by allowing individuals who do not fit the criteria to access these services particularly individual's whose primary diagnosis is an intellectual disability or have a mild disorder - some providers fill their case loads with easy to care for clients and overlook the ones more in needs
- The lack of collaboration between PHAMHS and D2DL providers

- Double dipping of funds or creating silos of services for clients, moving them around programs with little evidence on recovery, referral and community integration

Mental health Carer Services

- Little evaluation of the effectiveness of these services, no consultation with local community by government
- Overservicing, overlap and over funding of carer services for information and support groups only.