

Senate Finance and Public Administration Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2015 - 2016, 23 October 2015

Ref No: SQ15-000732

OUTCOME: 5 - Primary Health Care

Topic: Access to Allied Psychological Services

Type of Question: Written Question on Notice

Senator: Lambie, Jacqui

Question:

Given the greater mental health and social and emotional wellbeing needs of Aboriginal and Torres Strait Islander People, the Access to Allied Psychological Services (ATAPS) initiative is well placed to facilitate positive outcomes. The ATAPS initiative provides opportunity for more access to appropriate mental health services than from the more generic Better Access to Psychiatrists, Psychologists and General Practitioners. Under ATAPS, patients are eligible for twelve (12) counselling sessions per calendar year with, under exceptional circumstances, an additional six (6) sessions up to a maximum of eighteen (18), as compared with a maximum of ten (10) under the Better Access regime. Additionally, under ATAPS, there is the parallel eligibility for up to twelve (12) group therapy services, whereas there is no explicit provision for this under Better Access.

A further distinction between the ATAPS and the Better Access initiatives lies in eligibility and, thus, the critical point of intervention. The Better Access initiative is available to patients with an assessed mental disorder, who would benefit from a structured approach to the management of their treatment needs. In this context, 'mental disorder' is a term used to describe a range of clinically diagnosable disorders that significantly interfere with a person's cognitive, emotional, or social abilities.

ATAPS has the differentiating capacity for patients to be made referral to, and utilise, a broader range of allied mental health professionals such as social workers, occupational therapists and Aboriginal and Torres Strait Islander health workers with specific mental health disorders .

ATAPS also has a degree of inherent flexibility in that response services can be attenuated if a patient experiences significant change in their clinical condition, or care circumstances.

It is suggested, therefore, that ATAPS is better placed to be deployed more as an 'early intervention' facilitator than Better Access, which is likely more deployed following a person being assessed as having a clinically diagnosable mental health disorder. The structure of ATAPS is also more facilitative of its utilisation within ACCHOs through being a better fit with their holistic multidisciplinary model of service delivery.

Can the Department of Health advise:

- a) What is the 2015/2016 funding for the ATAPS Program and which organisation or organisations is/are managing the implementation of the ATAPS Program?
 - i. In 2015/2016, what quantum of dollars was transferred to Primary Health Networks to hold and to manage for the ATAPS Program?
 - ii. What amount of ATAPS funds did each Primary Health Network receive for 2015/2016?
 - iii. Where can Senators and Indigenous Primary Health Care Organisations find the guidelines, instructions or any other relevant documentation which prescribes how ATAPS 2015/2016 funds are to be spent?

Answer:

- a) A total of \$93.25 million in funding is allocated to the Access to Allied Psychological Services (ATAPS) program in 2015-16 of which \$90.75 million is allocated to Primary Health Networks (PHNs) to maintain ATAPS services, \$1.16 million to the University of Melbourne for the management of ATAPS data collection and \$1.34 million to On the Line Australia for the ATAPS suicide support service.
- i. \$90.75 million will be provided to PHNs to maintain ATAPS services in 2015-16 and ensure continuity of service provision to clients.
- ii. ATAPS funding is distributed to PHNs based on population and adjusted for socioeconomic disadvantage, rurality and access to Medicare subsidised services.

The level of funding to be provided to each PHN in 2015-16 is outlined below:

PHNs	GST excl \$million	PHNs	GST excl \$million
Central and Eastern Sydney	4.13	Brisbane North	2.74
Northern Sydney	2.23	Brisbane South	3.60
Western Sydney	2.86	Gold Coast	1.58
Nepean Blue Mountains	1.47	Darling Downs and West Moreton	2.48
South Western Sydney	3.22	Western Queensland	0.75
South Eastern NSW	2.34	Central Queensland and Sunshine Coast	3.69
Western NSW	2.24	Northern Queensland	5.36
Hunter New England and Central Coast	5.21	Adelaide	3.83
North Coast	2.34	Country SA	3.09
Murrumbidgee	1.47	Perth North	3.05
North Western Melbourne	4.38	Perth South	3.33
Eastern Melbourne	3.98	Country WA	4.10
South Eastern Melbourne	3.87	Tasmania	2.71
Gippsland	1.18	Northern Territory	2.87
Murray	3.00	Australian Capital Territory	1.11
Grampians and Barwon South West	2.54		
2015-16 – Total			90.75

- iii. The PHN Grant Programme Guidelines, Primary Mental Health Care Services Activities Grant Programme Guidelines for ATAPS and other information relating to ATAPS are available on the Department of Health's website:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps>