

Evaluation of the Access to Allied Psychological Services (ATAPS) projects

General Practice NSW
Mental Health State Network Meeting
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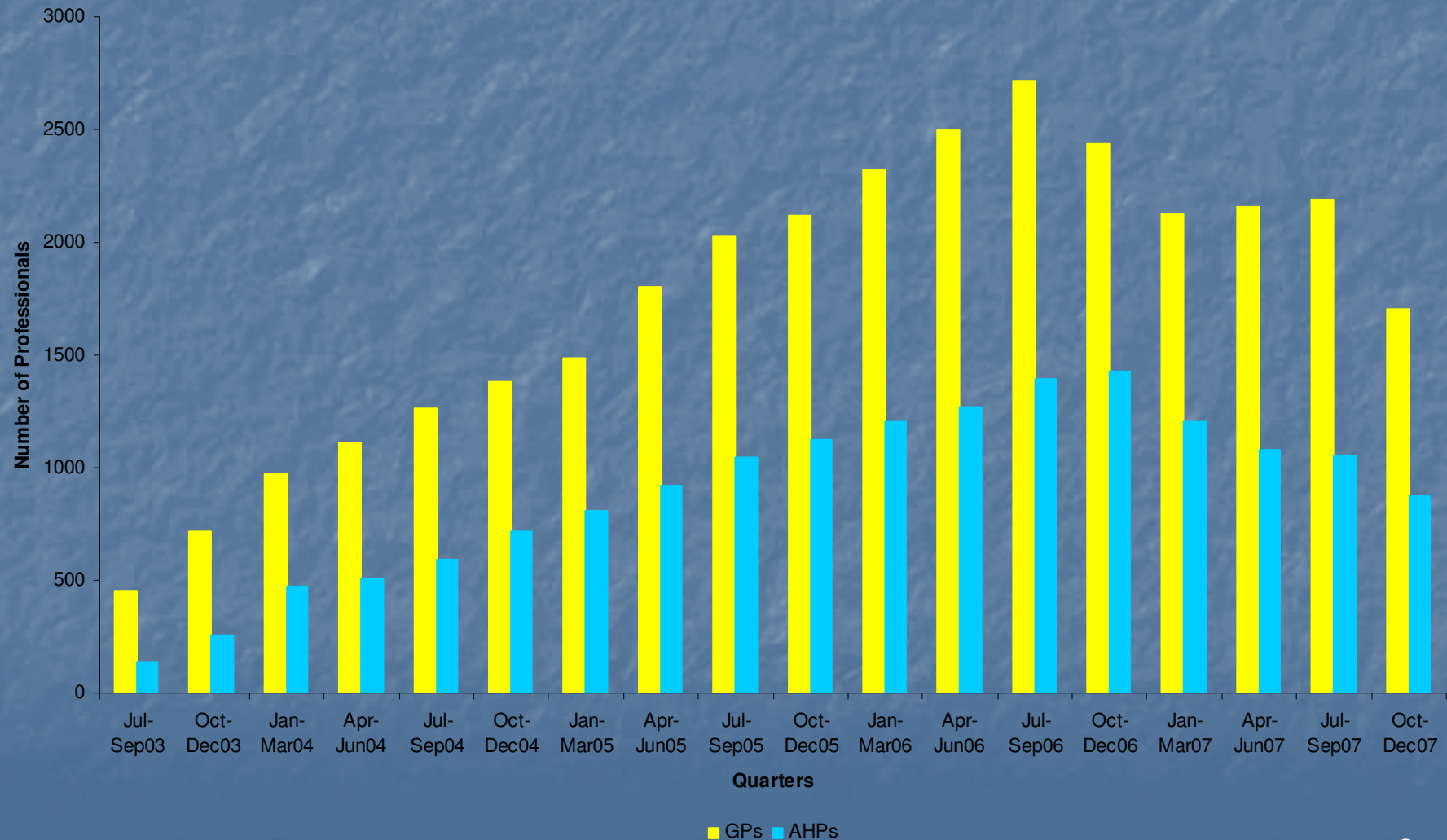


Presentation Outline

1. Overview ATAPS Evaluation Findings
2. Minimum Data Set
 - T-CBT
 - Suicide Prevention
3. Discussion / Questions

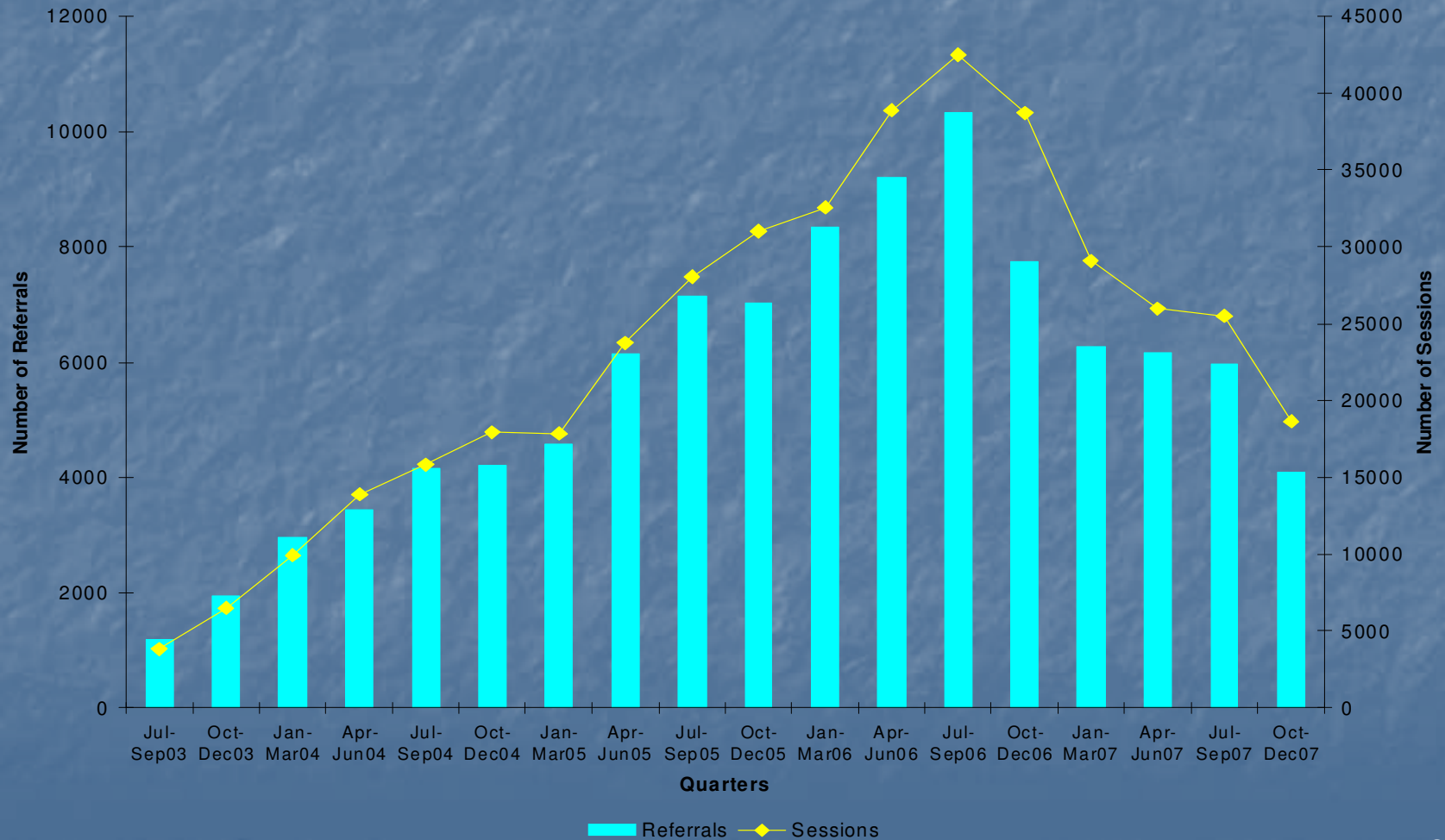
Uptake: Participation in ATAPS Projects by GPs and Allied Health Professionals Over Time

Data Downloaded January 2008



National Mental Health Care for ATAPS Consumers Over Time

Data Downloaded January 2008



Proportion NSW referrals

Data Downloaded September 2008

| | National (N) | NSW (n) | NSW (%) |
|--------------|----------------|---------------|------------|
| 2003 | 4,355 | 1,166 | 27% |
| 2004 | 15,031 | 3,838 | 26% |
| 2005 | 25,284 | 7,921 | 31% |
| 2006 | 37,452 | 11,143 | 30% |
| 2007 | 28,091 | 6,813 | 24% |
| 2008 | 12,961 | 3,588 | 28% |
| Total | 123,403 | 34,484 | 28% |

Proportion NSW sessions

Data Downloaded September 2008

| | National (N) | NSW (n) | NSW (%) |
|--------------|----------------|----------------|------------|
| 2003 | 12,595 | 4,220 | 34% |
| 2004 | 54,195 | 15,775 | 29% |
| 2005 | 95,545 | 35,528 | 37% |
| 2006 | 149,507 | 55,373 | 37% |
| 2007 | 106,460 | 34,173 | 32% |
| 2008 | 45,813 | 15,530 | 34% |
| Total | 464,115 | 160,579 | 35% |

CONSUMER PROFILE

N= 100,854

data downloaded January 08

| | National | Urban | Rural |
|----------------------------------|----------|-------|-------|
| Gender | | | |
| • Female | 72% | 73% | 71% |
| • Male | 28% | 27% | 29% |
| Mean age | | | |
| | 39 | 34 | 39 |
| Low income | | | |
| • Yes | 63% | 68% | 58% |
| • No | 24% | 21% | 27% |
| • Unknown | 13% | 11% | 15% |
| Previous psychiatric service use | | | |
| • Yes | 42% | 43% | 40% |
| • No | 47% | 47% | 46% |
| • Unknown | 11% | 10% | 14% |
| Diagnosis ^a | | | |
| • Alcohol and drug use disorders | 7% | 7% | 7% |
| • Psychotic disorders | 2% | 2% | 2% |
| • Depression | 75% | 76% | 75% |
| • Anxiety disorders | 57% | 59% | 54% |
| • Unexplained somatic disorders | 3% | 3% | 3% |
| • Unknown | 2% | 2% | 3% |

Consumer demographics

Data Downloaded September 2008

| | National (N) | % | NSW (n) | % |
|------------------------|-----------------|-------|---------------|-------|
| Female | 84,640 | 68% | 23,542 | 68% |
| Male | 33,333 | 32% | 9,725 | 32% |
| Aboriginal | 2,619 | 2.1% | 1,117 | 3.2% |
| Torres Strait Islander | 294 | 0.24% | 69 | 0.2 % |
| Total | 124, 344 | | 34,725 | |

SESSION PROFILE

N= 420,555

Data Downloaded January 2008

| | National | Urban | Rural |
|----------------------------------|----------|-------|-------|
| Duration | | | |
| • 0-30 mins | 2% | 1% | 4% |
| • 31-45 mins | 5% | 4% | 6% |
| • 46-60 mins | 81% | 84% | 77% |
| • Over 60 mins | 12% | 11% | 13% |
| Type | | | |
| • Group | 2% | 2% | 2% |
| • Individual | 98% | 98% | 98% |
| Interventions^a | | | |
| • Diagnostic assessment | 20% | 20% | 20% |
| • Psycho-education | 30% | 28% | 31% |
| • CBT-Behavioural interventions | 44% | 46% | 42% |
| • CBT-Cognitive interventions | 58% | 59% | 57% |
| • CBT-Relaxations strategies | 23% | 23% | 24% |
| • CBT-Skills training | 22% | 23% | 22% |
| • Interpersonal Therapy | 28% | 27% | 29% |

Outcome Data: NSW Divisions

Data Downloaded January 2008

- 55% (18 of 35) NSW divisions entering useable data
- Represents 35% of 52 national projects entering outcome data
- 4,743 / 28,798 (16%) NSW consumers with pre and post test data
- Represents 40% (1,519/ 11,876) of consumers nationally in outcome data

Minimum Data Set (MDS)

- Web-based data entry system
- Purpose is to obtain consistent and informative data from all *ATAPS* projects

Data Collected

- Patient demographics
- Referral information
- Session information
- Pre & post outcome data

Use of MDS Data for Evaluation

- Track ATAPS uptake overtime
- Make comparisons between groups utilising ATAPS services, e.g. urban & rural consumers

Evaluation Questions:

- What is the level of uptake (consumers, GPs, AHPs)?
- What are the sociodemographic characteristics of consumers?
- What are the clinical characteristics of consumers?
- What services are consumers receiving?
- Are these services improving the mental health of consumers?
- What is the cost to the consumer?

Accessing the MDS

- Username and password
- Username and password can be used by more than one staff member (at your Division) to view the minimum dataset at the same time
 - only one person can make changes to the data at a time
 - GPs and AHPs can use the username and password provided to the Division and enter the data themselves.
- The Minimum Dataset is accessed on the web at the following address: <http://boimhc.org/bin/view>.
 - **Frequently Asked Questions** link at the bottom of the home page
- Questions regarding the minimum dataset support@boimhc.org

How Divisions can use the MDS: Data Entry

- Methods of data entry
 - Direct entry to MDS
 - Upload data sets from Excel or Access
- Enter data as soon as it is available
 - At the very least once per fortnight
- Complete data, by entering zero instead of leaving fields blank

Changes to MDS

- Referral type
 - General ATAPS, Suicide Prevention, T-CBT
- Referrer (Suicide prevention pilots)
 - GP, Emergency Department, Psychiatrist, Community Mental Health
- Session modality (T-CBT pilots)
 - Face-to-face, telephone, videoconference
- SDQ as outcome for children & adolescents
- Year of Birth Warning

How Divisions can use the MDS: Reporting

- Each division can view only their own data
- Automatically generate a series of **Individual Division Reports**.
 - Compare with National Data
 - Compare with de-identified, aggregated 'peer' divisions
- Enables Divisions to generate a series of tables for the MDS fields, including both consumer and session data.
- These reports present data on consumers referred, and sessions provided, in a given period.

MDS Data for Individual Division Evaluations

- Download data and import into an alternative program
 - Use excel or SPSS
 - Use for internal reporting and feedback to stakeholders
- Three sets of data to download
 - Patient
 - Referral, including outcome measures
 - Session

MDS Generated Tables

Consumer Reporting

- Year of birth
- Gender
- Language at home
- English level
- Aboriginal
- Torres S.I.
- Low income
- Education
- Lives alone
- ICD-10 diagnostic categories
- Medication
- Strategies referred for
- Previous care

MDS Generated Tables

Session Reporting

- Duration
- Individual / Group
- Strategies provided
- Co-payment

Things you should know

- Each consumer should retain the same 'patient key' for all referrals
- A new referral number is allocated after 12 sessions
- When entering DASS scores enter **either** total or subscale scores. NOT BOTH
- If one lump sum copayment is taken for numerous sessions it should be divided by the number of sessions, and each session entered with the corresponding amount.
 - EG \$120 in one payment for six sessions. The MDS should reflect that each sessions copayment was \$20

Rationale for Evaluation

- Accountability
- Opportunities for improvement
- Showcasing high levels of achievement
- Making a case for ongoing support
- Furthering knowledge about delivery of primary mental health care

Summary of ATAPS impact

The Access to Allied Health Services projects:

- have become a crucial part of the mental health care landscape in Australia ;
- are reaching more people who may previously have had difficulty accessing services;
- are providing high quality care in a consistent fashion; and
- are achieving their desired results

Need to ensure that the appropriate funding and support systems are in place so that projects continue to be sustainable.

Interim Evaluation Reports & Evaluation Support

Reports available at: <http://boimhc.org/bin/view>

- Jane Pirkis
- Justine Fletcher
- Fay Kohn
- Bridget Bassilios
- Grant Blashki
- Philip Burgess
- Lucio Naccarella
- Belinda Morley

Evaluation support available via email:

[**support@boimhc.org**](mailto:support@boimhc.org)