Access to Allied Psychological Services

The Access to Allied Psychological Services (ATAPS) program enables a range of health, social welfare and other professionals to refer consumers, who have been diagnosed with a mild to moderate mental disorder, to a mental health professional to provide short-term focused psychological strategies services. Referring professionals include General Practitioners, hospital emergency departments, nurses and school principals. A range of mental health professionals are eligible to deliver ATAPS services including psychologists, social workers, occupational therapists, mental health workers and Aboriginal and Torres Strait Islander health workers with mental health qualifications (Department of Health 2014).

ATAPS is designed to treat people with common mental disorders (e.g. anxiety and depression) who have difficulty accessing Medicare-subsidised mental health services, for example, due to lack of services in some geographical locations. Individuals are eligible for a maximum of 12 ATAPS funded sessions per calendar year, including 6 initial sessions with an option for a further 6 sessions following a mental health review by the referring professional. In exceptional circumstances, a person may be referred for an additional 6 ATAPS sessions (to a maximum of 18 services per calendar year). ATAPS consumers are also eligible for up to 12 group therapy services (involving 6-10 consumers) in a calendar year which do not count towards the quota for individual sessions (Department of Health 2014).

This section presents information about ATAPS consumers and services delivered in 2012–13.

**Key points**

- There were 73,175 ATAPS referrals in 2012–13 and a total of 60,592 (82.8%) of these proceeded to service uptake. This was a 22.4% increase in referrals from 2011–12 and a 24.7% increase in referrals that proceeded to service uptake. In the five years to 2012–13 the number of ATAPS referrals increased by 82.2% and the number of sessions has doubled.

- At a national level, there were 264.3 ATAPS consumers per 100,000 population. The highest rate of consumers was 306.5 per 100,000 population in the Northern Territory, followed by 288.8 in South Australia.

- Around two-thirds (66.7%) of ATAPS consumers in 2012–13 were female. The rate of ATAPS consumers among Indigenous Australians was over twice that for non-Indigenous Australians.

- There were 305,873 ATAPS sessions delivered in 2012–13. Almost three quarters (72.6%) were delivered under the General ATAPS initiative.

- Depression was the condition most commonly diagnosed among ATAPS consumers (54.2% of consumers), followed by anxiety disorders (42.9%).

The ATAPS program has a two-tiered funding model. The Tier 1 base funding, also known as General ATAPS, funds the provision of psychological services to complement Medicare-subsidised mental health service delivery.

The Tier 2 special purpose funding supplements Tier 1 funding to provide services to specified groups with priority needs which cannot be met through traditional ATAPS service delivery approaches (Department of Health and Ageing 2012).

The specific groups targeted by Tier 2 funding include: people from low socioeconomic areas; individuals at-risk of suicide or self harm; individuals who are homeless or at risk of homelessness; people in rural and remote areas; Aboriginal and Torres Strait Islander people; children; and women with perinatal depression.
Service provision

ATAPS over time

The greatest yearly increase in the number of ATAPS consumers of 24.7% was from 2011–12 to 2012–13; this is likely to be the result of an increase in funding under the program. The period 2011–12 to 2012–13 showed the greatest yearly increase in the number of sessions, with an increase of 35.3% in the number of sessions (not including unattended sessions).

The number of ATAPS referrals and sessions delivered has gradually increased each year between 2008–09 and 2012–13. During this period, the greatest yearly increase in referrals of 24.5% was seen from 2010–11 to 2011–12.

Overall, over the 5 years to 2012–13, the number of ATAPS consumers increased by 90.3% and the number of sessions (not including unattended sessions) more than doubled (increasing by 102.4%).

ATAPS by States and Territories

Across the states and territories in 2012–13, the highest rate of ATAPS consumers was 306.5 per 100,000 population in the Northern Territory, followed by 288.8 in South Australia. The lowest rate was 173.5 per 100,000 in the Australian Capital Territory (Figure ATAPS.1).

The number of ATAPS sessions in 2012–13 were in line with jurisdictional populations—the largest number took place in New South Wales (101,933), followed by Victoria (69,168) and Queensland (61,979). Similarly, the lowest number of sessions occurred in the Northern Territory (4,608).
Characteristics of ATAPS consumers

ATAPS uptake by consumers

There were 73,175 ATAPS referrals in 2012–13 (a 22.4% increase from 2011–12), of which 60,592 (82.8%) had sessions recorded against the referral. The following sections are focused only on referrals that resulted in service uptake, defined as one or more sessions being provided by an ATAPS allied health professional.

At a national level, there were 264.3 ATAPS consumers per 100,000 population. Rates ranged from 0.3 consumers per 100,000 population for the Aboriginal and Torres Strait Islander Suicide Prevention initiative to 190.3 per 100,000 population for the General ATAPS initiative.

The majority of consumers were referred to the Tier 1 General ATAPS initiative (43,622 or 72.0%). Of the Tier 2 services, almost two thirds of the 16,970 consumers were referred to suicide prevention services (including Aboriginal and Torres Strait Islander suicide prevention) and child initiatives (30.2% and 31.3% respectively).

Consumer characteristics

Of the 264.3 ATAPS consumers per 100,000 population, about half (50.9%) were aged from 25 to 54 and around one third (34.2%) were aged 24 or under (Figure ATAPS.2). Rates ranged from 19.5 per 100,000 population for those aged 85 and over to 409.5 per 100,000 for those aged 15 to 24. Rates for females were more than twice that for males in all age groups, except for the youngest and oldest age groups. Around two-thirds (66.7%) of ATAPS consumers in 2012–13 were female.

Just over 2 in 5 (43.9%) ATAPS consumers in 2012–13 had previously used a psychiatric service (i.e. public or private specialist mental health care).
The rate of ATAPS consumers among Indigenous Australians was 522.2 per 100,000 population, which was over twice that for non-Indigenous Australians.

**Figure ATAPS.2: ATAPS consumers, rate per 100,000 population, age group and sex, 2012–13**

![Graph showing rate of ATAPS consumers by age group and sex](source: Access to Allied Psychological Services Minimum Dataset 2012–13. Source data Access to Allied Psychological Services Table ATAPS.1)

### Principal Diagnosis

The principal diagnosis received for ATAPS adult consumers are recorded under 5 main categories, including alcohol and drug use, psychotic disorders, depression, anxiety disorders, unexplained somatic and other. The children’s initiative nominally involves a different set of diagnostic categories to the other initiatives; however in practice, all ATAPS diagnostic categories are used by ATAPS mental health professionals for consumers participating in the child initiative.

The condition most commonly diagnosed among ATAPS consumers was depression (54.2% of consumers), followed by anxiety disorders (42.9%). Around 1 in 5 consumers (17.8%) received a diagnosis of other conditions. ATAPS consumers can receive more than one diagnosis (e.g. anxiety and depression).

### Characteristics and outcomes of ATAPS sessions

#### ATAPS participation by professionals

The vast majority of consumers were referred to the ATAPS program by GPs (57,980 or 95.7%). The next most common referrer was emergency departments (624; 1.0%) followed by ATAPS mental health professionals (615; 1.0%).

#### Session characteristics

The total number of ATAPS sessions delivered in 2012–13 was 305,873. Nine out of ten (90.0%) ATAPS sessions were of 46 to 60 minutes duration. Over 9 in 10 (94.0%) were individual sessions, with a similar
proportion face to face (97.8%). Around 1 in 20 (4.8%) ATAPS sessions involved a co-payment, with an average amount paid by the consumer of $13.59 per session.

Almost three quarters (72.6%) of ATAPS sessions were delivered under the General ATAPS initiative in 2012–13. Of the Tier 2 initiatives, suicide prevention initiatives (37.8% of Tier 2 sessions) and the children initiative (27.3%) received the next highest number of sessions.

Of the 65,775 consumers who received ATAPS sessions in 2012–13, around 1 in 40 forty (2.9%) received additional sessions (i.e. 13 to 18 sessions). Around 7 in 10 (68.0%) consumers who received additional ATAPS sessions did so under the General ATAPS initiative. Of the Tier 2 services, suicide prevention initiatives were those where consumers were next most likely to receive additional sessions (50.5% of Tier 2 consumers), followed by children initiatives (23.1%).

Data source

Access to Allied Psychological Services

Access to Allied Psychological Services Minimum Dataset

Data have been sourced from the ATAPS Minimum Dataset, as provided by the Centre for Health Policy, Programs and Economics, University of Melbourne, which is contracted by the Australian Government Department of Health to manage and report on the ATAPS dataset. In 2013, the then Australian Government Department of Health and Ageing agreed to provide AIHW with access to the ATAPS data for inclusion in Mental Health Services in Australia, commencing with 2011–12 ATAPS data. The 2011–12 and 2012–13 data are current as at the date of extraction (12 May 2014). Data published here may differ from ATAPS data published in other sources due to differing extraction dates. The data in this report exclude unattended sessions.

The ATAPS Minimum Dataset was developed to gather information from all Medicare Locals implementing ATAPS. Socio-demographic and clinical information are collected by the GP (or other provider) and treatment information is collected by the mental health professional at each session. Consumer level outcomes data are collected by the GP or mental health professional. Medicare Locals are required to collect and enter the Minimum Dataset items as part of their ATAPS contracts with the Department of Health.

If more than one referral is issued to a patient in a financial year, this will appear as a new referral entry in the Minimum Dataset, linked by a patient ID number.
## Key concepts

### Access to Allied Psychological Services

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tr>
<td>Principal diagnosis</td>
<td>Principal diagnosis is based on ICD-10 primary care diagnostic categories. These categories represent the ICD-10 Chapter V Primary Care Version Brief Version (with amended categories). Multiple responses are permitted.</td>
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<tr>
<td>Initiative</td>
<td>Separate ATAPS sub-programs or service streams. For example, general ATAPS, suicide, perinatal depression.</td>
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| Referral | Each patient is eligible for a maximum of 12 sessions from the first referral per calendar year, which includes six sessions with an option for a further six sessions following a mental health review. A new ATAPS referral is issued under the following circumstances:  
- a new patient is referred for the first time for a presenting mental health condition  
- an existing patient who has previously been referred to a mental health professional but has used up all 12 sessions within a 12 month period and, due to exceptional circumstances, requires the 6 additional ATAPS sessions;  
- an existing patient has presented with a new mental health condition and is being referred for treatment. |
| Referrer | Allowable ATAPS referrers differ by ATAPS initiative. There are a total of 22 allowable referrer types. Further information is available at the Access to Allied Psychological Services website |
| Consumer | A consumer is defined as a referral which takes place in the given referral year which results in at least one session. This is used as a proxy to define ATAPS consumers in the current analysis. Around one in twenty (4.7%) referrals that resulted in sessions in 2012–13 are repeat referrals for an ATAPS consumer who previously received an ATAPS referral in 2012–13. |
| Session | Sessions are those that took place in a given calendar year. There is not a direct match between those patients who received referrals in a given calendar year and those consumers who receive sessions in that year. For example, some consumers who receive an ATAPS referral late in a calendar year will not receive sessions until the next calendar year. Unless otherwise stated, sessions reported here do not include unattended sessions. |