

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 services. [Referrals](#) can originate from a range of settings including general practitioners (GPs), hospital emergency departments, nurses and school principals. A range of health professionals may 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 2016).

ATAPS is designed to treat people with common (i.e. high prevalence) mental disorders (e.g. anxiety and depression) who have difficulty accessing Medicare-subsidised mental health services due to reasons such as the lack of services in some geographical locations, reduced ability to pay fees, and people at-risk of homelessness (Department of Health and Ageing 2012). Consumers 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 consumer may be referred for an additional 6 ATAPS sessions (up 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. Consumers may be required to make a small co-payment for some ATAPS services (Department of Health 2016).

This section presents information about ATAPS consumers and services delivered in 2014–15 and considers changes in services over time.

Key points

- There were 87,128 ATAPS referrals in 2014–15, of which 71,830 (82.4%) proceeded to service uptake. This was a 0.6% increase in referrals from 2013–14 and a 2.3% decrease in referrals that proceeded to service uptake. In the 5 years to 2014–15, the number of ATAPS referrals increased by 81.4%.
- Nationally, there were 304.2 ATAPS consumers per 100,000 population. The highest rate of consumers was 423.5 per 100,000 population in the Northern Territory, followed by 334.0 in Queensland.
- About two-thirds (62.7%) of ATAPS consumers in 2014–15 were female. The rate of ATAPS consumers among Indigenous Australians was over 4 times that for non-Indigenous Australians.
- There were 386,669 ATAPS sessions delivered in 2014–15. More than half (57.4%) of these were delivered under the General ATAPS [initiative](#), and over 8 in 10 (84%) were individual sessions. In the 5 years to 2014–15, the total number of sessions delivered more than doubled.
- Depression was the most commonly diagnosed condition among ATAPS consumers (42.7% of consumers), followed by anxiety disorders (36.2%).

Data in this section were last updated in December 2016.

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.

References

Department of Health and Ageing 2012. Operational Guidelines for the Access to Allied Psychological Services Initiative. Canberra: Department of Health and Ageing.

Department of Health 2016. Access to Allied Psychological Services (ATAPS). Canberra: Department of Health. Viewed 5 September 2016, <https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps>.

Service provision

Over time

The number of ATAPS referrals and sessions delivered annually gradually increased between 2010–11 and 2014–15, with the rate of increase starting to slow from 2012–13 onwards. During this period, the greatest annual increase in referrals of 24.5% was seen from 2010–11 to 2011–12. There was only a small increase in the number of referrals from 2013–14 to 2014–15 (0.6%), a small decrease in the number of consumers (2.3%) and a small increase in the number of sessions (6.0%) (not including unattended sessions).

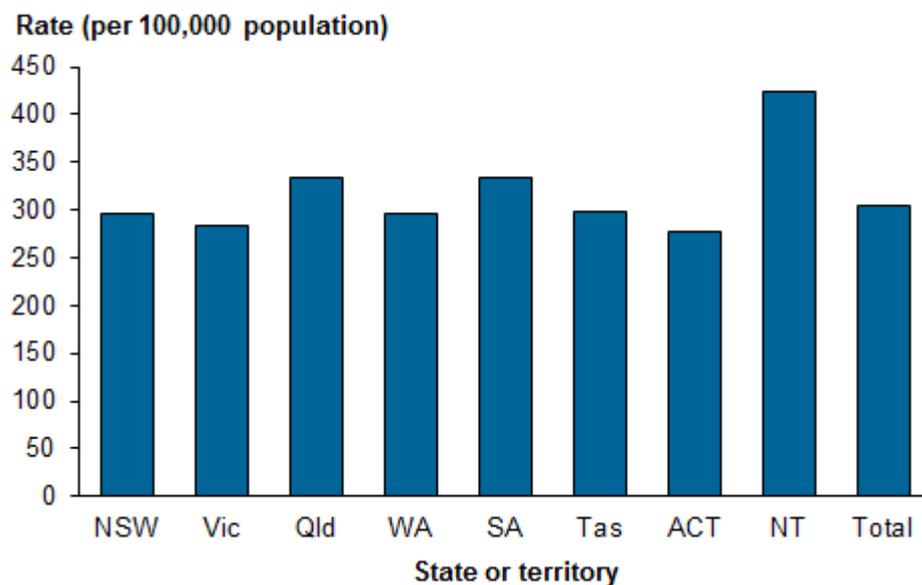
Overall, over the 5 years to 2014–15, the number of ATAPS consumers increased by 82.9% and the number of sessions (not including unattended sessions) more than doubled (increasing by 103.7%) (Table ATAPS.8).

States and territories

Across the states and territories in 2014–15, the highest rate of ATAPS consumers was 423.5 per 100,000 population in the Northern Territory, followed by 334.0 in Queensland. The lowest rate was 277.2 per 100,000 in the Australian Capital Territory (Figure ATAPS.1).

The number of ATAPS sessions in 2014–15 were mostly in line with the size of jurisdictional populations—the largest number took place in New South Wales (121,903), followed by Victoria (94,265) and Queensland (82,258). The lowest number of sessions occurred in the Australian Capital Territory (5,007) (Table ATAPS.3).

Figure ATAPS.1: ATAPS consumers, states and territories, 2014–15



Source: Access to Allied Psychological Services Minimum Dataset 2014–15. Source data: Access to Allied Psychological Services Table ATAPS.2

Consumer characteristics

Uptake by consumers

There were 87,128 ATAPS referrals in 2014–15 (a 0.6% increase from 2013–14), of which 71,830 (82.4%) had sessions recorded against the referral. This was a 2.3% drop in the proportion of referrals resulting in at least 1 ATAPS session and a 2.3% drop in the number of ATAPS consumers compared to 2013–14. The following sections are focused only on referrals that resulted in service uptake, defined as 1 or more sessions being provided by an ATAPS health professional (Table ATAPS.8).

At a national level, there were 304.2 ATAPS consumers per 100,000 population. The majority of consumers were referred to the Tier 1 General ATAPS initiative (41,527 or 57.8%). Of the 30,303 consumers referred to Tier 2 initiatives, about 2 in 5 (41.3%) were referred to the children initiative and about one quarter (24.6%) to suicide prevention services (including Aboriginal and Torres Strait Islander suicide prevention) (Table ATAPS.2).

Consumer demographics

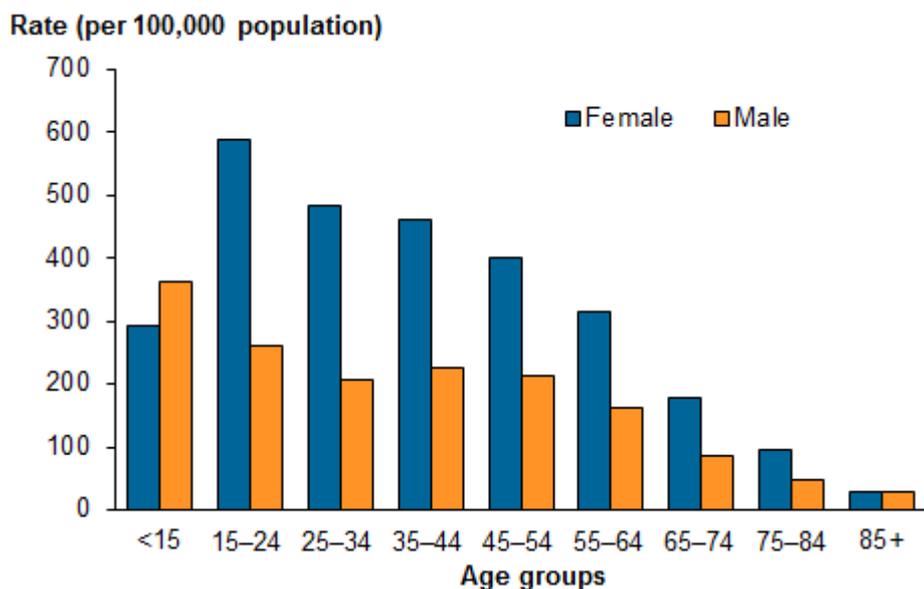
Almost half (46.3%) of ATAPS consumers in 2014–15 were aged between 25 and 54, and about 2 in 5 (39.4%) were aged under 25. Rates ranged from 29.6 per 100,000 population for those aged 85 and over to 421.1 per 100,000 for those aged 15 to 24 (Figure ATAPS.2).

About two-thirds (62.7%) of ATAPS consumers in 2014–15 were female. Rates for females were about twice that for males or more in most age groups, except among those aged less than 15 years, where males were more likely to access ATAPS.

About 2 in 5 (39.0%) ATAPS consumers in 2014–15 had previously received psychiatric services (as indicated on the patient referral form).

The age-standardised rate of ATAPS consumers among Indigenous Australians was 848.0 per 100,000 population, which was over 4 times that of non-Indigenous Australians (210.6 per 100,000) (Table ATAPS.1).

Figure ATAPS.2: ATAPS consumers, age group and sex, 2014–15



Source: Access to Allied Psychological Services Minimum Dataset 2014–15. Source data: Access to Allied Psychological Services Table ATAPS.1

Diagnosis

Five main diagnostic categories are used to assign one or more [diagnoses](#) for each ATAPS adult consumer: alcohol and drug use, psychotic disorders, depression, anxiety disorders, and unexplained somatic disorders. The children’s initiative nominally involves a different set of diagnostic categories; 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 (42.7% of consumers), followed by anxiety disorders (36.2%) (Table ATAPS.7).

Characteristics and outcomes of ATAPS sessions

Referrals

The vast majority of consumers were referred to the ATAPS program by GPs (67,199 or 93.6%). The next most common [referrer](#) was ATAPS mental health professionals (916; 1.3%), followed by paediatricians (458; 0.6%) (Table ATAPS.6).

Session characteristics

The total number of ATAPS sessions delivered in 2014–15 was 386,669. About 9 out of 10 (87.1%) ATAPS sessions were of 46 to 60 minutes duration. About 8 in 10 (84.0%) were individual sessions, with the vast majority of these being delivered face to face (96.7%). Around 1 in 30 (3.0%) ATAPS sessions involved a co-payment, with an average amount paid by the consumer of \$13.45 per session (Table ATAPS.5).

About 3 in 5 (57.4%) ATAPS sessions were delivered under the General ATAPS initiative in 2014–15. Of the Tier 2 initiatives, the children initiative (44.8% of Tier 2 sessions) and suicide prevention initiatives (28.7%

including the ATSI Suicide Prevention initiative) received the next largest number of sessions (Table ATAPS.3).

Of the 80,925 consumers who received ATAPS sessions during 2014–15, including those whose initial referral was made during 2013–14, around 1 in 30 (2,503; 3.1%) received additional sessions (i.e. 13 to 18 sessions). About half (1,331; 53.2%) of consumers who received additional ATAPS sessions did so under the General ATAPS initiative. Of the Tier 2 services, consumers of suicide prevention initiatives were those next most likely to receive additional sessions (41.4% of Tier 2 consumers), followed by the children initiative (38.3%) (Table ATAPS.4).

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 Mental Health at the University of Melbourne's School of Population and Global Health, 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 were extracted on 12 May 2014. The 2009–10 and 2010–11 data in ATAPS Table.8 were also extracted on this date and provided to AIHW in summary form. The 2013–14 data onwards were extracted on 30 June of each subsequent year (e.g. for 2013–14 data on 30 June 2015). 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 unless otherwise stated.

The ATAPS Minimum Dataset was developed to gather information from former Medicare Locals which previously implemented ATAPS. Socio-demographic and clinical information are collected by the GP (or other referrer) and treatment information is collected by the health professional at each session. Consumer level outcomes data are collected by the GP or mental health professional. Primary Health Networks (formerly Medicare Locals) are now required to collect and enter the Minimum Dataset items as part of their ATAPS contracts with the Department of Health (Department of Health 2015).

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.

References

Department of Health 2015. Primary Mental Health Care Services Activities Grant Programme Guidelines. Canberra: Department of Health.

Key concepts

Access to Allied Psychological Services

Key Concept	Description
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 fourteen (7.1%) referrals that resulted in sessions in 2014–15 were repeat referrals for an ATAPS consumer who previously received an ATAPS referral in 2014–15.
Diagnosis	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. See https://ataps-mds.com/mds/ for further information.
Initiative	Separate ATAPS sub-programs or service streams. Including: Tier 1 – General ATAPS (base funding) Tier 2 (special purpose funding) <ul style="list-style-type: none">• Aboriginal and Torres Strait Islander• Aboriginal and Torres Strait Islander suicide prevention• Children• Homelessness• Mental health services in rural and remote areas• Perinatal depression• Rural and remote• Suicide prevention• Extreme climatic events.
Referral	Each patient is eligible for a maximum of 12 sessions from the first referral per calendar year, which includes 6 sessions with an option for a further 6 sessions following a mental health review. A new ATAPS referral is issued under the following circumstances: <ul style="list-style-type: none">• 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](#)

Session

Sessions refer to ATAPS service sessions that took place in a given financial year. There is not a direct match between those patients who received referrals in a given financial year and those consumers who receive sessions in that year. For example, some consumers who receive an ATAPS referral late in a financial year will not receive sessions until the next financial year. Unless otherwise stated, sessions reported here do not include unattended sessions (i.e. where an ATAPS service session was booked but the consumer did not attend).