

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. Referrals can originate from a range of settings including general practitioners (GPs), hospital emergency departments, nurses and school principals. A range of 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 2015).

ATAPS is designed to treat people with common 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. 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 2015).

The consumer may be required to make a small co-payment for some ATAPS services. However, care should be taken when comparing the costs of ATAPS services as there may be higher costs associated with delivering services to groups in more remote areas, or to groups which are difficult to reach or may not otherwise access mental health services.

This section presents information about ATAPS consumers and services delivered in 2013–14, as well as considers change over time.

Key points

- There were 86,593 ATAPS referrals in 2013–14 and a total of 73,550 (85%) of these proceeded to service uptake. This was an 18% increase in referrals from 2012–13 and a 21% increase in referrals that proceeded to service uptake. In the 5 years to 2013–14, the number of ATAPS referrals doubled.
- Nationally, there were 316 ATAPS consumers per 100,000 population. The highest rate of consumers was 352 per 100,000 population in the Northern Territory, followed by 346 in the Australian Capital Territory.
- Around two-thirds (64%) of ATAPS consumers in 2013–14 were female. The rate of ATAPS consumers among Indigenous Australians was over 3 times that for non-Indigenous Australians.
- There were 364,899 ATAPS sessions delivered in 2013–14. The majority (62%) of these were delivered under the General ATAPS initiative. In the 5 years to 2013–14, the total number of sessions delivered more than doubled.
- Depression was the most commonly diagnosed condition among ATAPS consumers (48% of consumers), followed by anxiety disorders (40%).

Data in this section were last updated in April 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 2015. Access to Allied Psychological Services (ATAPS). Canberra: Department of Health. Viewed 4 January 2016,

<https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps>.

Service provision

ATAPS over time

The greatest annual increase in the number of ATAPS consumers was 25% which occurred from 2011–12 to 2012–13; this is likely due to an increase in funding under the program from 2012–13. The greatest annual increase in the number of sessions also occurred in that same period, with an increase of 35% (not including unattended sessions) from 2011–12 to 2012–13.

The number of ATAPS [referrals](#) and sessions delivered has gradually increased between 2009–10 and 2013–14. During this period, the greatest annual increase in referrals of 24% was seen from 2010–11 to 2011–12.

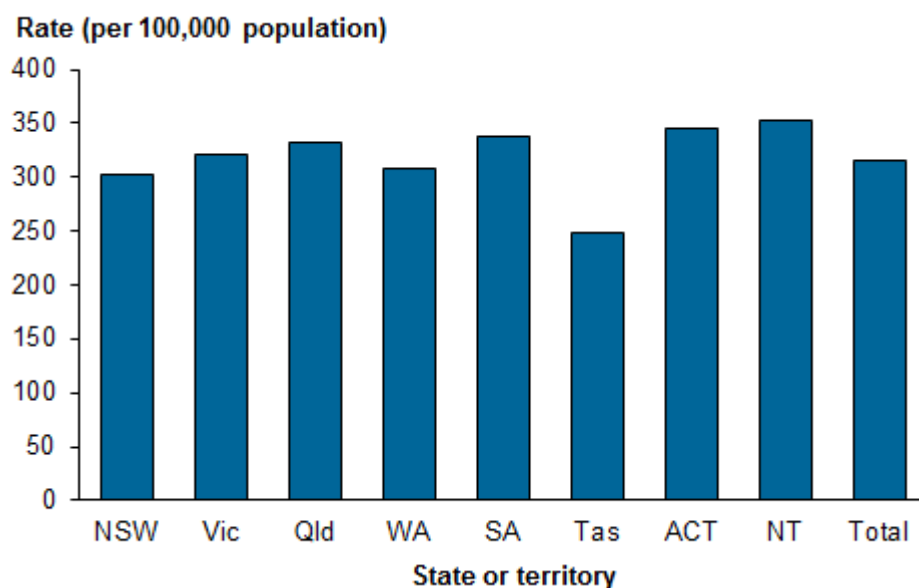
Overall, over the 5 years to 2013–14, the number of ATAPS consumers and the number of sessions (not including unattended sessions) more than doubled (increasing by 108% and 119% respectively).

ATAPS by states and territories

Across the states and territories in 2013–14, the highest rate of ATAPS consumers was 352 per 100,000 population in the Northern Territory, followed by 346 in the Australian Capital Territory. The lowest rate was 248 per 100,000 in Tasmania (Figure ATAPS.1).

The number of ATAPS sessions in 2013–14 were in line with jurisdictional populations—the largest number took place in New South Wales (121,175), followed by Victoria (96,102) and Queensland (67,594). Similarly, the lowest number of sessions occurred in the Northern Territory (4,725).

Figure ATAPS.1: ATAPS referrals, states and territories, 2013–14



Source: Access to Allied Psychological Services Minimum Dataset 2013–14. Source data: Access to Allied Psychological Services Table ATAPS.2

Characteristics of ATAPS consumers

ATAPS uptake by consumers

There were 86,593 ATAPS referrals in 2013–14 (an 18% increase from 2012–13), of which 73,550 (85%) had sessions recorded against the referral. 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.

At a national level, there were 316 ATAPS consumers per 100,000 population. The majority of consumers were referred to the Tier 1 General ATAPS initiative (45,226 or 61%). Of the Tier 2 initiatives, about 2 in 5 (42%) of the 28,324 consumers were referred to the children initiative and about one quarter (24%) to suicide prevention services (including Aboriginal and Torres Strait Islander suicide prevention).

Consumer characteristics

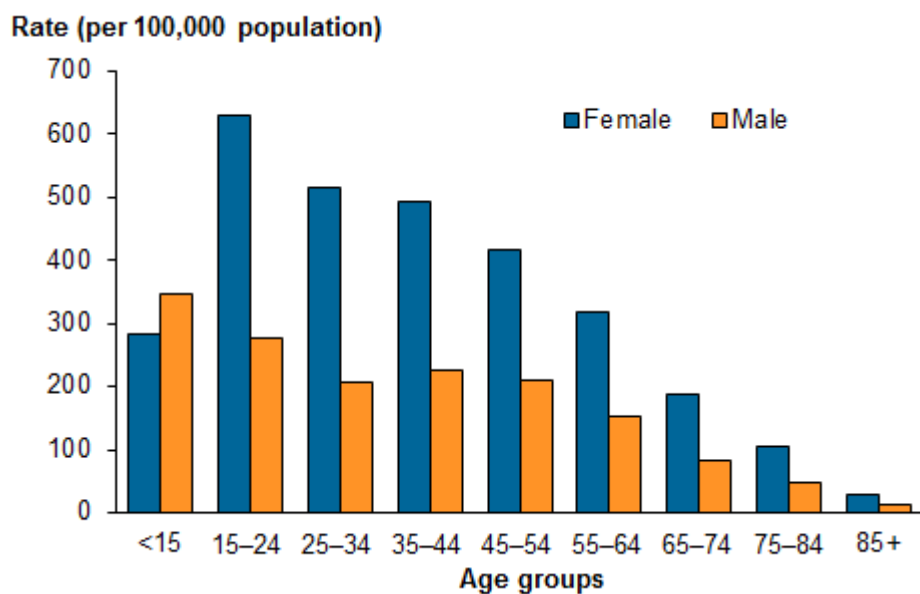
Almost half (47%) of ATAPS consumers in 2013–14 were aged from 25 to 54 and about 2 in 5 (39%) were aged 24 or under. Rates ranged from 23 per 100,000 population for those aged 85 and over to 450 per 100,000 for those aged 15 to 24 (Figure ATAPS.2).

Around two-thirds (64%) of ATAPS consumers in 2013–14 were female. Rates for females were around twice that for males or more in all age groups, except for the youngest age group, where males were slightly more likely to access ATAPS.

About 2 in 5 (39%) ATAPS consumers in 2013–14 had previously used a psychiatric service (i.e. public or private specialist mental health care).

The age-standardised rate of ATAPS consumers among Indigenous Australians was 831 per 100,000 population, which was over 3 times that of non-Indigenous Australians.

Figure ATAPS.2: ATAPS consumers, age group and sex, 2013–14



Source: Access to Allied Psychological Services Minimum Dataset 2013–14. Source data Access to Allied Psychological Services Table ATAPS.1

Diagnoses

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. 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 (48% of consumers), followed by anxiety disorders (40%).

Characteristics and outcomes of ATAPS sessions

ATAPS participation by professionals

The vast majority of consumers were referred to the ATAPS program by GPs (67,615 or 92%). The next most common [referrer](#) was ATAPS mental health professionals (2,197; 3.0%), followed by school psychologists/counsellors (512; 0.7%).

Session characteristics

The total number of ATAPS sessions delivered in 2013–14 was 364,899. About 9 out of 10 (88%) ATAPS sessions were of 46 to 60 minutes duration. About 9 in 10 (89%) were individual sessions, with a similar proportion face to face (97%). Around 1 in 25 (3.7%) ATAPS sessions involved a co-payment, with an average amount paid by the consumer of \$12.44 per session.

About 3 in 5 (62%) ATAPS sessions were delivered under the General ATAPS initiative in 2013–14. Of the Tier 2 initiatives, the children initiative (42% of Tier 2 sessions) and suicide prevention initiatives (30%) received the next largest number of sessions.

Of the 77,882 consumers who received ATAPS sessions during 2013–14, including those whose initial referral was made during 2012–13 (4,332), around 1 in 30 (3%) received additional sessions (i.e. 13 to 18 sessions). Around 3 in 5 (58%) 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 (45% of Tier 2 consumers), followed by the children initiative (33%).

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 were extracted on 12 May 2014. The 2009–10 and 2011–11 data in ATAPS Table.8 was also extracted on this data 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.

The ATAPS Minimum Dataset was developed to gather information from all 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. Medicare Locals were 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

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%) referrals that resulted in sessions in 2013–14 were repeat referrals for an ATAPS consumer who previously received an ATAPS referral in 2013–14.
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• Perinatal depression• Rural and remote• Suicide prevention• Extreme climatic events.
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.
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 are those 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.