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DOES CO-PAYMENT BY CONSUMERS AFFECT ADHERENCE TO, AND OUTCOMES OF, PSYCHOLOGICAL TREATMENT?

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Statement of the Problem: It is well known that many people who have mental health care needs do not receive mental health services. There is evidence to suggest that multiple socio-demographic (e.g., age, sex, socio-economic disparity) and clinical characteristics (e.g., type, severity and comorbidity of mental disorder) are associated with mental health service use. Partial and full fee-for-service by consumers is among the socio-economic disparity factors that may influence utilisation of mental health services but has not been widely studied, with existing research producing inconsistent findings. This study aims to determine whether partial fee-for-service ('co-payment') by consumers affects their adherence to, and outcomes of, psychological treatment delivered via a major Australian primary mental healthcare initiative – the Access to Allied Psychological (ATAPS) Services program.

Methodology: We will use routinely-collected data from 1 July 2014 to 30 June 2016 (representing approximately 700,000 scheduled sessions and 140,000 episodes of care) sourced from the ATAPS minimum dataset to determine whether co-payment and other socio-demographic and clinical characteristics predict these outcomes.

Significance: Improving our understanding of factors that may improve access to, and outcomes from, psychological treatment is policy-relevant and has direct implications on primary mental health service delivery.

Notes: