



*AASW(Qld) submission on the capacity of
Accredited Mental Health Social Workers and
the Review of the WorkCover Queensland
Allied Health Table of Costs*

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Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 10,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work and advocate on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians.

Social work is a tertiary-qualified profession recognised nationally and internationally that supports individuals, families, groups and communities to improve their wellbeing. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledge. Social workers consider the relationship between biological, psychological, social and cultural factors and how they impact on a person's health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may have a negative impact, such as inequality, injustice and discrimination.

Submission

Accredited Mental Health Social Workers (AMHSWs) are one of the few designated allied health profession groups eligible to provide private mental health services to people with diagnosed conditions under Medicare and a range of other programs including:

- [Access to Allied Psychological Services](#)
- [Better Access to Mental Health Care](#)
- [Chronic Disease Management \(Enhanced Primary Care\) Program](#)
- [Department of Veterans Affairs](#)
- [Medicare & mental health descriptions](#)
- [Medicare telehealth items](#)
- [Non-directive Pregnancy Support Counselling service](#)
- [Teachers Health funds](#)

As a group of providers, the 2090 AMHSWs are the second largest after the combined group of Clinical Psychologists and Registered Psychologists. In this submission the AASW will demonstrate that with the exception of two discrete services, Accredited Mental Health Social Workers should be approved to deliver the same services ascribed to the Psychology table of costs, at the same fee.

The unique contribution of AMHSW's

Social Workers maintain a dual focus in their engagement with people, analysing the change that needs to occur at an individual level as well as in their social context. This interactive individual and systemic analysis distinguishes social work from other helping professions. A key imperative of WorkCover is to support a worker in what can be a difficult and emotional journey recovering from a work-related injury. Timely and sufficient early intervention of an AMHSW can ensure appropriate rehabilitation, a reduction in the impact of injury, and a safe and appropriate return to work. Reducing the burden of mental illness that may be triggered or aggravated by a work-related injury is likely to improve health, participation in and re-entry to the workforce, and eventually less use of the health, mental health and other support services.

Evidence for the effectiveness of the interventions

AMHSWs are qualified to provide a wide range of interventions, for example, Cognitive Behaviour Therapy (CBT), Interpersonal therapy and Narrative therapy. There have been many studies of (CBT) and, to a lesser extent, Interpersonal Therapy. CBT has been demonstrated to be effective in treating a number of mental illnesses and disorders, particularly anxiety and depression^{i ii iii}. Apart from single studies there have also been systemic reviews and meta analyses. The CBT studies also revealed that there are mental health conditions and client circumstances which may respond positively to other interventions as well^{iv v}. However these interventions have not been subjected to the same degree of investigation as has CBT.

Interpersonal Therapy also has a convincing body of evidence for its effectiveness in treating commonly occurring mental illnesses and disorders^{vi vii viii}. It is particularly useful for depression linked to relationship difficulties. Narrative Therapy can be used with Aboriginal and Torres Strait Islander people. While there has been little outcomes based research in Narrative Therapy, its style suits the way Aboriginal and Torres Strait Islander people relate to difficulties in their personal world and to mental health issues.

Equivalence of AMHSW education with Registered Psychologists

The choice of the comparator rests on the equivalent competence and work value of Registered Psychologists and AMHSWs. The table below summarises the key components of ‘competence’ in the two professions.

Components of ‘competence’	Registered Psychologist	Accredited Mental Health Social Worker
Qualification requirements and qualification duration	A 4 year course in Psychology, usually BSc (Hons), with either two years supervised practice or a post graduate qualification in psychology.	Bachelor of Social Work (4 year) or a relevant Bachelor degree and a 2 year Masters of Social Work (qualifying) with at least 2 years post qualifying supervised practice experience - approximately 55% have 5 or more years, and AMHSWs often possess post graduate qualifications. (NB Social work graduates have already completed 1000 hours of supervised practice experience, as part of their baseline social work qualification.)
Knowledge in a typical qualifying course for practice in Focused Psychological Strategies (taken from course information)	Human behaviour and its underlying psychological processes; measurement of psychological abilities, how abilities develop over the lifespan and the processes that govern the relationships between people and groups in society; an education in developmental, social, cognitive, and abnormal psychology.	Compulsory course components on mental health, human behaviour and development, personality development, life-cycle stages, family and social networks, health, disability, vulnerability and resilience; understanding the context of social work practice — structures, dynamics and their influences on society; cross cultural practice and Aboriginal and Torres Strait Islander cultures and practice

Components of 'competence'	Registered Psychologist	Accredited Mental Health Social Worker
		with individuals from culturally and linguistically diverse backgrounds.
Professional skills for FPS in qualifying course	A science-based approach to understanding psychological issues; psychological assessment and survey skills; using interventions under a regulated supervision process.	Comprehensive bio psychosocial assessments leading to decisions about the most appropriate intervention; acquiring and practicing interpersonal and therapeutic skills and using interventions under a regulated supervision process; communication skills, both oral and written; critical analysis; qualitative and quantitative research methods.

Equivalence of accountability and quality assurance processes

The table below summarises the expectations of both professions with regard to accountability and quality assurance.

Registered Psychologist	Accredited Mental Health Social Worker
<p>Must:</p> <ul style="list-style-type: none"> - be a Registered Psychologist accountable to the Psychology Board of Australia (PBA) - have sufficient indemnity insurance - meet the PBA approved Continuing Professional Development requirements: 30 hrs pa, including 10 hrs in FPS related education & training - receive regular clinical supervision - be subject to PBA and Medicare audits. 	<p>Must:</p> <ul style="list-style-type: none"> - be an AASW member having completed an AASW accredited Social Work university course and adhering to the Association's Code of Ethics; AASW membership provides professional indemnity insurance - have at least 2 years post qualifying supervised practice experience in the mental health or related field which meets the standards in the AASW Practice Standards for Mental Health Social Workers (2008). - be subject to a process to establish clinical competence - provide a referee statement and evidence of recent employment in therapeutic clinical practice - receive regular clinical supervision - meet AASW Continuing Professional Development (CPD) requirements: 50 hrs pa, including 20 hrs mental health plus 10 hrs FPS related education & training - be subject to AASW and Medicare CPD audits. <p>While still seeking registration with NRAS, the AASW has released two key Registered</p>

Registered Psychologist

Accredited Mental Health Social Worker

Collective Trademarks only to be used by accredited social workers, of which AMHSWs form one group.

From the Australian Psychological Society and the Australian Association of Social Workers websites

The AASW and the APS implement strictly applied accountability and quality assurance measures.

Work value

Work value can be assessed by the outcomes of the work in question. The earlier references to the peer reviewed literature on Focused Psychological Strategies demonstrated the effective outcomes of appropriately applied practice. In addition, an evaluation by Pirkis et al found that:

“...consumers respond well to the care they receive through the initiative. Not only are they extremely satisfied with the skills of the providers they see and the quality of the treatment they are offered, but they also make statistically significant and clinically meaningful gains when assessed by standardised mental health outcome measures. Many report that their symptoms reduce, their psychological distress diminishes, and their overall wellbeing improves.”^{ix}

And

‘Consumers who receive care from these providers recognise them as skilled specialists with much to offer in terms of cognitive and behaviour therapies. These consumers commonly report that the treatment offered results in reduced symptomatology, decreased psychological distress and improved general well-being.’^x

Finally, an Australian study assessed whether professional social workers provided specific training in brief cognitive behavioural strategies could deliver this therapy. The structure of the study involved a randomised control trial in a primary health setting. A brief educational intervention was used in the experimental group. Compared with the control group, the specifically trained group significantly improved their objectively measured competence as well as their subjective perceptions of competence in delivering the cognitive behavioural strategies^{xi}. The results of this study lay to rest any doubts about AMHSW capabilities in delivering this therapy.

The AASW sets a high bar for qualified social workers to become an AMHSW and is confident of their ability to deliver Focused Psychological Strategies. It is worth stating here that other national and state programs recognise the competence of social workers. For example, the National Disability Insurance Agency reimburses privately contracted AASW AMHSWs the same as other professionals who provide services under the NDIS. Similar arrangements apply under the Access to Allied Psychological Services (ATAPS) program and in DVA’s Veterans and Veterans Families Counselling Services.

AMHSW’s table of costs

AMHSW’s are accredited providers of psychological treatment services across a number of significant national programs, who hold the requisite level of knowledge, skill and competency to provide these to achieve positive outcomes for clients. Having regard for the above, the AASW concludes this submission by recommending that WorkCover Queensland includes provision for AMHSWs to provide the following discrete services:

Service	Descriptor	Insurer prior approval required ¹	Item number	Fee – GST not included ²
Initial Consultation	Undertaken where possible cognitive, emotional and behavioural problems are occurring after a work related incident or injury. The purpose of the assessment is to identify appropriate interventions/ treatments to optimise rehabilitation outcomes. (2-3 hours direct contact and test scoring time)	No	400088	\$176 ^ per hour
Subsequent Consultation	Ongoing management and treatment of compensable components of presenting psychological/psychiatric issues; intervention would be based on treatment formulated from the initial assessment and in accordance with the approved Provider management plan (approval of four to six hours) - approval of four to six hours with maximum of 2 hours on any one day.	Yes	400095	\$176 ^ per hour
Critical Incident Debriefing Sessions	A process where, following exposure to a critical incident, an individual or group of workers are debriefed by a psychologist to assist them to deal more effectively with their experience. Approval required after first two (2) sessions.	Yes	400184	\$176 ^ per hour
Group Education Sessions	Group education programs; maximum eight persons per group.	Yes	400097	\$45 ^ per person per hour
Independent Case Review	Independent examination and report of a worker (not by the treating therapist). Only provided following a request from the insurer.	At the request of the insurer	400226	\$220 ^ per hour
Communication - 3 to 10 minutes	Direct communication between treating practitioners and insurer, employer, insurer referred allied health practitioner and doctors to assist with faster and more effective rehabilitation and return to work for a patient. Excludes communication of a general administrative nature or with a worker. Consult list of exclusions before using.	No	300079	\$29
Communication - 11 to 20 mins	Direct communication between treating practitioners and insurer, employer, insurer referred allied health practitioner and doctors to assist with faster and more effective rehabilitation and return to work for a patient. Excludes communication of a general administrative nature or with a worker. Consult list of exclusions before using.	No	300100	\$59
RTW Communication 3 to 10 mins	Used by a provider who has received a referral from an insurer for: worksite assessment/evaluation, development of suitable duties program, functional capacity evaluation, vocational assessment, job seeking, job preparation or job placement services. The provider is able to bill for communication between the provider, insurer, treating allied health or medical providers to assist with faster and more effective rehabilitation and return to work for a specific worker. Consult list of exclusions before using. For WorkCover, service can only be provided by a return to work panel provider**	No	300210	\$29

RTW Communication 11 to 20 mins	Used by a provider who has received a referral from an insurer for: worksite assessment/evaluation, development of suitable duties program, functional capacity evaluation, vocational assessment, job seeking, job preparation or job placement services. The provider is able to bill for communication between the provider, insurer, treating allied health or medical providers to assist with faster and more effective rehabilitation and return to work for a specific worker. Consult list of exclusions before using. For WorkCover, service can only be provided by a return to work panel provider**	No	300211	\$59
Monitoring Suitable Duties Program (SDP) - 3 to 10 mins	Direct communication between provider, worker, employer, treating practitioner and insurer as required to monitor a worker's progress or address issues related to an existing suitable duties program. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300080	\$29
Monitoring Suitable Duties Program (SDP) - 11 to 20 mins	Direct communication between provider, worker, employer, treating practitioner and insurer as required to monitor a worker's progress or address issues related to an existing suitable duties program. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300101	\$59
Initial Suitable Duties Program (SDP)	Documentation of suitable duties for a worker, detailing specific information necessary for a safe and effective return to the workplace. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300102	\$88
Updated Suitable Duties Program (SDP)	Documentation of an updated or further suitable duties for a worker, detailing specific information necessary for a safe and effective return to the workplace. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300084	\$59
Case Conference	Face-to-face or telephone communication involving the treating provider, insurer and one or more of the following: treating medical practitioner, specialist, employer or employee representative, worker, allied health providers or other.	Yes	300082	\$176 ^ per hour
Progress Report	A written report providing a brief summary of the worker's progress towards recovery and return to work.	At the request of the insurer	300086	\$59
Standard Report	A written report used for conveying relevant information about a worker's compensable injury where the case or treatment are not extremely complex or where responses to a limited number of questions have been requested by the insurer.	At the request of the insurer	300088	\$149
Comprehensive Report	A written report only used where the case and treatment are extremely complex. Hours to be negotiated with the insurer prior to providing the report.	At the request of the insurer	300090	\$176 ^ per hour

Travel - RTW	Only paid where the provider is required to leave their normal place of practice to provide a return to work service to a worker at their place of residence, rehabilitation facility, hospital or the workplace; for visits to multiple workers or facilities, divide the travel charge accordingly between workers assessed/treated at each location. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300091	\$131 ^ per hour
Travel - Treatment	Only paid where the provider is required to leave their normal place of practice to provide a service to a worker at their place of residence, rehabilitation facility, hospital or the workplace; for visits to multiple workers or facilities, divide the travel charge accordingly between workers assessed/treated at each location.	Yes	300092	\$131 ^ per hour
Copies of Patient Records relating to claim	Copies of patient records relating to the workers' compensation claim including file notes; results of relevant tests eg. pathology, diagnostic imaging and reports from specialists. Paid at \$24 flat fee plus \$1 per page.	No	300093	\$24 plus \$1 per page
Incidental Expenses	Reasonable charges for incidental items the worker takes with them up to \$54.00 per claim without prior approval. Reasonable charges for supportive devices up to \$193.00 per claim without prior approval. Hire of equipment to be negotiated with insurer.	Yes	300094	Incidental - \$54 per claim Supportive - \$190 per claim
Workplace Evaluation/Assessment	Systematic process using the workplace to estimate work potential and work behaviour. Includes ergonomic assessments. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300158	\$176 ^ per hour
Vocational Assessment and report*	Assessment of realistic vocational options in the current job market for a worker using integrated clinical and standardised assessment procedures and instruments; includes assessment and report. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300162	\$176 ^ per hour
Return to Work Facilitation	Communication with a worker and employer to establish an updated suitable duties program where no worksite assessment or job placement services are required or other service item code applies. Also used where there are significant barriers preventing a worker participating in a return to work program and the provider delivers strategies to overcome the barriers. Includes communication between the worker, employer and insurer (does not include general communication relating to a suitable duties program or job placement or where another code applies). For WorkCover, service can only be provided by a return to work panel provider**	Yes	300164	\$176 ^ per hour

Job seeking skills assessment initial*	Identify a worker's transferable skills and abilities for a new job/career or host placement; may involve the development of a vocational preparation action plan with the worker. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300166	\$176 ^ per hour
Job Preparation Service*	Prepare the worker to find suitable employment. Services will be based on the needs of the worker and may include development of or updating a resume and/or cover letter, interview preparation skills and career counselling. For WorkCover, service can only be provided by a return to work panel provider**	Yes	300168	\$176 ^ per hour
Job Placement Services - New Employer	The process of sourcing and placing a worker in a host placement or for WorkCover also includes placing a worker in a Recover at Work program with a view to a durable return to work outcome. Also includes seeking new employment with/for the worker. Includes employer and worker liaison, job application and coaching. For WorkCover, service can only be provided by a return to work panel provider**	At the request of the insurer	300212	\$176 ^ per hour
Job Placement Services - Work Hardening Program	The process of actively sourcing and placing a worker in a host placement or for WorkCover also includes placing a worker in a Recover at Work program where the worker has a job to return to. Includes employer and worker liaison, job application and coaching. For WorkCover, service can only be provided by a return to work panel provider**	At the request of the insurer	300213	\$176 ^ per hour
External Case Management	Includes an initial needs assessment and report; should outline a case management plan indicating goals of program, services required, timeframes and costs. Insurer request only.	At the request of the insurer	300295	\$176 ^ per hour

Bibliography

- ⁱ Whitfield G & Williams C 2003 'The evidence base for Cognitive Behaviour Therapy in depression: delivery in busy clinical settings' *Advances in Psychiatric Treatment: journal of continuing professional development*, 9, pp21-30
- ⁱⁱ Hofman S, Asnaani A, Vonk I, Sawyer A & Fang A, 2012 'The efficacy of Cognitive Behaviour Therapy: a review of meta analyses', *Cognitive Therapy Research*, 36(5) pp427-440
- ⁱⁱⁱ Substance abuse and Mental Health Services Administration 2014 *National Registry of Evidence based Programs and Practices 'Cognitive Behaviour Therapy for depression and anxiety disorders'*, US Department of Health and Human Services <http://www.samhsa.gov> Accessed 4/5/2014
- ^{iv} Shinohara K, Honyashiki M, Imai H, Hunot V, Caldwell D, Davies P, Moore T, Furukawa T & Churchill R. 2013 'Behavioural therapies versus other psychological therapies for depression' *Cochrane Database of Systematic Reviews*, Issue 10. Art. No.: CD008696. DOI: 10.1002/14651858.CD008696.pub2. Accessed 20/1/2014
- ^v Dennis C and Hodnett E 2007 'Psychosocial and psychological interventions for treating postpartum depression', *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD006116. DOI: 10.1002/14651858.CD006116.pub2. Accessed 20/1/2014
- ^{vi} Weissman M, Markowitz J & Klerman G 2000 *Comprehensive guide to interpersonal psychotherapy*, New York Basic Books, NY
- ^{vii} Stuart S & Robertson M. 2003 *Interpersonal Psychotherapy; a clinician's guide* Arnold London
- ^{viii} Ravitz P 'The interpersonal fulcrum – Interpersonal Therapy for treatment of depression' *Evidence based psychotherapies*, Canadian Psychiatric Association, ww1.cpa-apc.org/Publications Accessed 29/4/2014
- ^{ix} Pirkis J, Ftanou M, Williamson M, Machlin A, Warr D, Christo J, Castan L, Spittal M, Bassilios & Harris M 2010 *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative Component A: a study of consumers and their outcomes Final Report*, Centre for Health Policy, Programs and Economics, University of Melbourne p2
- ^x Pirkis J, Williamson M, Ftanou M, Machlin A, Warr D, Castan L, Christo J & Harris M 2010 *Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule Initiative Component A2: a study of consumers and their outcomes (focussing on the occupational therapy and social work sectors) Final Report*, Centre for Health Policy, Programs and Economics, University of Melbourne p2
- ^{xi} Armstrong G, Blashki G, Joubert L, Bland R, Moulding R, Gumm J & Naccarella. L. 2010 'An evaluation of the effect of an educational intervention for Australian social workers on competence in

delivering brief cognitive behavioural strategies: a randomise control trial', *BioMed Central Health Services Research*, (10) pp304-312

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