



AASW

.....
**Australian Association
of Social Workers**

*Submission to Medicare Benefits
Schedule Review
Re: Mental Health Items*

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National Office – Melbourne
Level 7, 14-20 Blackwood Street
North Melbourne 3051
PO Box 2008
Royal Melbourne Hospital Vic 3050
T 1800 630 124
F 02 6199 5099
E social.policy@asw.asn.au
www.asw.asn.au

Enquiries regarding this submission can be
directed to:

Debra Parnell
AASW Policy and Advocacy Manager
03 9320 1027

Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 11,000 social workers throughout Australia.

We set the benchmark for professional education and practice in social work and have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians.

The social work profession

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 practice in a diverse range of settings. Social workers consider the relationship between biological, psychological, social, cultural and spiritual 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.

Social workers are well placed to consider and respond to the review of items under the Medicare Benefits Scheme and the AASW welcomes the opportunity to contribute to this review.

Introduction

It is the AASW's position that social workers have a clear and important role in the delivery of mental health services under the MBS.

Social workers provide a significant contribution to the field by maintaining a dual focus on the individual and family/contextual domains, and it is this understanding that distinguishes social work from other health professions in the sector. Social workers are regularly involved with individuals and families experiencing complex social, psychological, family and institutional dynamics. Social workers offer a unique and valuable contribution in providing appropriate and targeted services and therefore have a clear role in the provision of effective mental health services.

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 diagnosable mental health conditions under Medicare. There are currently more than 2200 AMHSWs. As a group of providers, AMHSWs are the second largest after the combined group of Clinical Psychologists and Registered Psychologists.

AMHSWs are highly trained professionals, meeting some of the highest standards of professional regulation in Australia. AASW is responsible for the accreditation of MHSWs and is committed to maintaining the high standing and practice of this sector for the social work profession.

The bedrock of Social Work undergraduate and postgraduate education is a focus on holistic, whole-of-person and life-course approach and as such can provide assessment and interventions for people with complex presentations. Built on that is the further credentialing of MHSW, equipping highly skilled mental health clinicians in assessment, diagnosis and treatment planning and the delivery of evidence-based therapeutic interventions across formative and life stages.

A core standard for AMHSW is collaborative and interdisciplinary practice. This core skill set is highly regarded in both acute and primary care settings, and provides significant value in chronic disease management and care coordination.

The training and evidence base that has the focus on a whole of person approach for SW and MHSWs, places social workers as a professional group uniquely as having core skills to provide a holistic stepped care approach across health care settings. These skills provide a strong argument for MHSWs to provide integrated therapeutic responses to treat complex trauma, provide early preventative interventions, provide holistic pre- and post-suicide interventions, respond to the needs of under-served and marginalised groups, and have equal recognition as other equivalent mental health professional groups.

Data on location of social workers across Australia indicate that over 40% of practice is in regional, rural and remote regions. AASW survey of members shows that MHSWs follow this distribution, and therefore provide an important contribution of mental health care in these very underserved regions.

Social workers recognise the individual's role in treatment planning and the individual's right to have a knowledgeable, skilled practitioner who is guided by ethical practice.

Scope of submission

AASW is making this submission in relation to the following items, and other in-scope issues:

- The MBS items relevant to social workers, including:
 - **80150, 80151, 80155, 80160, 80161, 80165** (individual sessions of Focussed Psychological Strategies provided by a social worker)
 - **80170, 80171** (Group sessions of FPS provided by a social worker)
 - **10956** (Chronic Disease Management program – GP Management Plan and Team Care Arrangements)
 - **81005** (Non-Directive Pregnancy Support Counselling Services)
- Our submission will also include recommendations in relation to the following items:
 - **80000–80121** (Psychological Therapies provided by clinical psychologists)
 - **80100–80171** (Focussed Psychological Strategies provided by eligible psychologists, OTs and SWs)
 - **80020, 80021, 80145** (Group Therapy)
 - **10968** (Psychology service for a person with a chronic condition under a care plan)
 - **2700,2701** (Attendance by a GP in relation to a mental disorder)

Key recommendations

1. Greater recognition of AMHSWs under Better Access and facilitate referrals to AMHSWs

It is of ongoing concern to AASW that the official title of the initiative is Better Access to Psychiatrists, Psychologists and General Practitioners.

The existing title neglects the role of social workers and occupational therapists in this initiative and, as such, is misleading. Consumers may wrongly assume from the title that they can only access services provided by psychiatrists, psychologists and GPs; as a result, this wording has the potential to exclude occupational therapists and social workers from the initiative.

In fact since 2006 the initiative has been inconsistently labelled, sometimes going under different titles across different federal government websites.

AASW and Occupational Therapy Australia have advised the Department of Health on numerous occasions that there is a need for greater inclusivity of professions other than psychology. Regrettably, an information sheet for GPs recently developed by the Australian Psychological Society (APS) to promote Better Access telehealth services makes reference to the official name of the initiative, which will likely have a detrimental effect on the flow of referrals to members of our professions.

We strongly encourage the revision of the name of the initiative to include reference to social workers and occupational therapists, or by adopting an altogether more inclusive and concise title such as Better Access to Mental Health Services.

2. Increase the number of sessions available for mental health services

Research and clients alike state that the arbitrary 10 sessions per calendar year for many people with multiple issues/diagnoses, or co-morbidity (chronic illness and mental health issue) is inadequate, and needs to reflect the complexity of their concern or issues.

Prior to 2011, a client could access 12 sessions then apply to their referring clinician for an additional six sessions under exceptional circumstances. This process encouraged the mental health clinician to communicate with the referring GP or other appropriate specialist and provide additional and ongoing assessment and therapy.

AASW recommends the re-introduction of the 6 x 6 x 6 approach – six initial sessions, a review, with up to an additional six sessions. For increasing complexity, triggering or recurrence of symptomology, people with advanced chronic or terminal illness, or very complex co-morbidity an additional six sessions per calendar year could be applied for.

The AASW does not support an arbitrary number of sessions based on diagnostic categories, rather sessions based on client need. We support having the 6 x 6 x6 model available to all accredited mental health clinicians.

3. Identify social workers in Items 10956 and 10968, and raise the number of sessions available

AASW recommend that social workers be identified in these items as per psychology and other allied health services.

Occupational therapists have a separate billable item (10958) as do psychologists. Social workers offer a specific and highly valued service to people with chronic illnesses, those who have complex needs and people in aged care and deserves differentiation from that of a generic mental health title. AASW believes this would help reduce confusion and duplication, especially from referrers.

AASW also recommends an increase in number of sessions under these items, across disciplines. Five per calendar year is inadequate.

4. Address inequity in rebate inequities and remove the three-tier rebate schedule

Despite the Medicare Rebate for AMHSWs being less for each session of service than for Registered Psychologists, there are the same expectations of service delivery, quality and outcomes with identical item descriptors.

AASW maintains that there is no valid reason for there to be any variance between the two rebates under Medicare for Registered Psychologists and AMHSWs providing services under the Better Access program.

See attachment for the comparison of training and accountability requirements for AMHSWs and Registered Psychologists

Furthermore, AASW recommends that the artificial three-tier system needs to be addressed.

AASW argues that there needs to be greater clarity of what constitutes Focussed Psychological Strategies as opposed to Psychological Therapies. AMHSW are highly trained mental health clinicians and have to maintain a rigorous supervision and professional development requirement to maintain accreditation. Having an arbitrary definition when all mental health clinicians are expected to provide assessment and evidence-based therapies specific to client need is discriminatory and increases confusion and professional elitism for which there is little evidence.

A single payment structure would reduce confusion and increase availability. Clinicians would be responsible for ensuring that their competence and specific field or fields of practice were marketed and advertised to ensure that people, including GPs and other referrers had real choice as to their preferred approach and clinician.

AASW recommends that:

- recognition be given to the clinical competence and training of all accredited mental health clinicians providing mental health therapies under the Better Access initiative without holding one group as being more competent
- the three-tier system be changed to a single payment across all professional groups – all

psychologists, social workers and occupational therapists that have been deemed competent by their professional organisation and Medicare to meet the requirements to deliver high quality assessment and therapies

- create a single rebate equivalent to that paid to psychologists – reducing the clinical psychologist rebate and increasing the allied health (social workers and occupational therapists) rebate to a single agreed rebate that provided value for money and would be adequate for clinicians to provide bulk billing services.

5. Increase eligibility of some specialists to make a mental health referral for their patients or their families under items 2700 and 2701

AASW see this as an access and equity issue, especially in rural communities.

Many people with complex chronic or terminal illnesses are managed by specialists and in many cases rarely or infrequently access their GP services.

Increasing eligibility for some specialists (e.g. oncologists, cardiologists, and renal, transplant and rehabilitation specialists,) to be able to provide a mental health referral for their patients or their families, rather than refer the patient back to their GP, would increase accessibility and early intervention for people who access multiple care providers.

AASW recommends increasing the availability of this rebate to allow some clinical specialists to refer for mental health interventions. This would facilitate an increase in the uptake of mental health support for a very vulnerable and unwell population.

6. Provide a rural or remote loading on rebates

AASW supports the introduction of a loading to the Medicare rebate to clinicians providing services in rural and remote locations in recognition of the increased costs of providing services across these regions.

Although telehealth will go some way to increasing availability of mental health services in rural and remote communities, and while we endorse the establishment of a personal relationship with a mental health professional, the requirement that three of the 10 sessions must be face to face, may place an onerous cost on either the clinician or the client.

The costs of providing clinical services are generally higher in rural and remote regions, and clinicians have to access a less competitive market in regards to IT, telecommunication and transport costs.

Providing a rural and remote loading may assist clinicians to consider outreach service provision and therefore increase availability, timeliness and effectiveness in mental health support and therapy.

7. Allow all residents in residential aged-care facilities access to appropriate Enhanced Primary Care (EPC) and mental health services with a GP referral regardless of funding scheme.

AASW recommends that all residents in residential aged-care facilities be able to access appropriate EPC and mental health services with a GP referral regardless of funding scheme.

It is difficult for aged care providers and residents and their families to identify who is receiving Commonwealth subsidies, as all residents benefit from Commonwealth-funded programs and subsidies in RACF.

8. Remove requirement that a person has a diagnosable mental health disorder

Many people have a mental health concern that would benefit from early intervention and access to appropriate therapy, including people with co-morbidities and chronic and complex health care conditions.

We recommend the adding of a descriptor, as has been suggested by other stakeholders, that people that are at risk of developing a serious mental health disorder in the next 12 months be included in the criteria for referral.

9. Increase the therapies approved for use

Due to the increase in evidence-based therapies since the inception of the Better Access program, AASW recommends that the list of approved therapies be reviewed and additional therapies be included.

For example, Interpersonal Therapy has a convincing body of evidence for its effectiveness in treating commonly occurring mental illnesses and disorders.^{1 2 3} 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.

AASW Response

1. How would the recommendations or MBS item numbers you address improve access to appropriate mental health care?

¹ Weissman, M., Markowitz, J., & Klerman, G. (2000). *Comprehensive guide to interpersonal psychotherapy*, New York Basic Books, NY

² Stuart, S. & Robertson, M. (2003). *Interpersonal Psychotherapy: A clinician's guide*, Arnold London

³ Ravitz, P. (YEAR? Perhaps, just n.d.). The interpersonal fulcrum – Interpersonal Therapy for treatment of depression, *Evidence based psychotherapies*, Canadian Psychiatric Association, ww1.cpa-apc.org/Publications Accessed 29 May 2014

The goals of the Better Access program are to reduce psychological distress and improve mental health.

At the inception of Better Access, the Commonwealth stated that the program was neither designed nor intended to provide intensive, ongoing therapy for people with severe and persistent mental illness.⁴ At the same time it also acknowledged that there are some people with more complex needs who are using the services provided under Better Access for specific interventions under 'focused psychological strategies' and for care and support.

The domain of social work in mental health is that of the person with a mental illness or disorder and their significant others, their social context and the bio-psychosocial consequences of mental illness. The purpose of practice is to promote recovery, restore individual and family wellbeing, to enhance the development of each individual's self-determination and to advance principles of social justice.

Social work practice occurs at the interface between the individual and the environment: activity begins with the individual, and extends to the contexts of family, social networks, community, and the broader society.

At the level of engaging with 'the person', social work is concerned with assessment, intervention or treatment planning as well as progress and outcome monitoring. The specifics of these functions will be determined by the setting and role of the social worker. Some social workers are sole mental health service providers while others may be part of a team or a unit. Irrespective of the setting, social workers collaborate with the relevant professionals and people who have an impact on the person's wellbeing.

At the level of 'social context', social work is concerned with the way each person's social environment shapes their experience of mental illness and mental health problems. Its concerns include understanding:

- not only the internal but also the external factors affecting vulnerability and resilience
- the strengths and stressors in family functioning, support networks, culture, community, class, ethnicity and gender
- the impact of wider social issues such as economic wellbeing, employment and housing.

Currently most of the services provided by AMHWS fall under the items related to Focussed Psychological Strategies.

Delivery of these services, most delivered under Items 80160 (50+ mins) and 80165 (50+ mins at a place other than consulting rooms), by social workers is increasing:

- In 2016/17
 - the number of services delivered was 312,500
 - totaling 296,900 for these two items
- In 2017/18
 - the number of services delivered was 331,977 (full year effect)
 - total for items 80160 and 80165 was 323,921 (full year effect).⁵

Although to date low numbers have been recorded for the new telehealth items, the Better Access Telehealth initiative announced in 2017 is an important platform to improve accessibility for people experiencing illness in rural and remote areas.

However, AASW argues that the differentiation between **Psychological Therapy** provided by clinical psychologists and **Focussed Psychological Strategies** provided by eligible psychologists, social

⁴ Department of Health (2012, February), *Fact sheet: Transition arrangements for the allied mental health services available under the Better Access initiative*, Commonwealth Government <http://www.health.gov.au/mentalhealth-betteraccess>

⁵ http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp accessed 2 July 2018

workers and occupational therapists, is invalid.

The inference under the descriptors of these items is that only clinical psychologists provide assessment and therapy for eligible clients, and that all other mental health clinicians only offer therapies of strategies and no assessment. This is not borne out by practice, nor backed up by evidence.

AASW recommends a recognition of the clinical competence and training of all accredited mental health clinicians providing mental health therapies under the Better Access initiative, without holding one group as being more competent.

Alongside this, we recommend that a single payment across all professional groups replace the current three-tier system for clinical psychologists, eligible psychologists, occupational therapists and social workers.

In its review of national mental health programs, the National Mental Health Commission made a recommendation in support of our submission on this issue:

Recommendation 13 point 9. Realign MBS benefits levels between allied health professionals: on the next indexation of MBS items, weight the first component of the increase to align MBS benefits for social workers and occupational therapists with those for registered psychologists, with any remaining elements of indexation then being distributed equitably across Better Access items (current differential is about 12 per cent or \$8: parity would take up the first 0.9 per cent of any future indexation increase and cost \$1.8 million)⁶.

Item 10956: Chronic Disease Management program – GP Management Plan and Team Care Arrangements

The Australian system of chronic disease prevention and management is fragmented. This leads to poorly coordinated care that is not client centred and contrary to best practice guidelines.

Social workers provide a range of interventions and supports in relation to chronic diseases including psychosocial assessments, counselling, resourcing, advocacy, group, community and multidisciplinary work. Most importantly, social workers play a key role in the coordination of care as they have the necessary value orientation and expertise in collaboration, resource management and advocacy.⁷

The current model of funding has created 'professional silos' where medical and allied health workers work independently of each other leading to poor overall services and outcomes, especially for those in lower socioeconomic and disadvantaged groups.

Best practice guidelines identify care coordination as a key strategy to deal with the prevention, management and treatment of chronic conditions.⁸ Professional social workers, with their expert knowledge and skills in addressing the psychosocial aspects of health, play a central role in the delivery of coordinated services and their assessments and interventions contribute greatly to the decision-making processes of other health professionals. Social workers are particularly skilled in dealing with complex social issues and relationship building. Social work interventions can help identify and overcome factors that may be contributing to ill health and that may be inhibiting and limiting the sustainable management of chronic diseases, including social isolation, mental health issues, family breakdowns and poor health

⁶ National Mental Health Commission (2014) *Contributing Lives, Thriving Communities - Report of the National Review of Mental Health Programmes and Services*, Sydney: NMHC. p.96

⁷ Allen, K. & Spitzer, W. J. (2015). *Social work practice in healthcare: Advanced approaches and emerging trends*, Sage Publications, UK.

⁸ Corrigan, J. M. & Adams, K. (Eds.). (2003), *Priority areas for National Action: Transforming health care quality*, National Academies Press.

literacy.⁹

International studies have shown that the incorporation of social workers into chronic disease core treatment teams can have positive effects on patient wellbeing and health outcomes leading to reduced hospital admissions.^{10,11} Professional social workers have the knowledge and experience necessary to work in complex social circumstances and identify the psychosocial barriers that may be limiting effective interventions.

Furthermore, social work interventions have been shown to be strongly aligned and can greatly assist with two of the most widely used and researched models of chronic disease management in primary health care: Wagner's Chronic Care Model¹² and Stanford Chronic Disease Self-Management Program¹³.

Item 81005 Non-Directive Pregnancy Support Counselling Service:

To be eligible to provide this service a social worker must complete specific training through Australian Psychological Society (APS). AMHSW status is not required.

Credentialing for this service is problematic for social workers as the cost of APS training is expensive. Training in this competence is provided to mental health nurses free and therefore this is evidenced by high uptake of mental health nurses of this Item.

AASW believes that improving access for MHSWs to comprehensive and inexpensive credentialing for MHSW will improve the update of this item. To this end AASW will investigate purchasing the module to enable access for accredited MHSWs over the next 12 months.

⁹ Cox, L. S., Moczygemba, L. R., Dungee-Anderson, D, Goode, J. V. R., Gatewood, S., Alexander, A., & Osborn, R. (2014). Collaboration between schools of pharmacy and social work to promote care for a medically underserved population. *Currents in Pharmacy Teaching and Learning*, 6(4), 535–542.

¹⁰ Sommers, L. S., Marton, K. I., Barbaccia, J. C., & Randolph, J. (2000). Physician, nurse, and social worker collaboration. *Primary Care for Chronically Ill Seniors*, 160(12), 1825-1833.

¹¹ Fouche, C., Butler, R., & Shaw, J. (2013). Atypical alliances: The potential for social work and pharmacy collaborations in primary health care delivery. *Social Work in Health Care*, 52(9), 789–807.

¹² Findley, P. A. (2014). Social work practice in the chronic care model: Chronic illness and disability care., *Journal of Social Work*, 14(1), 83–95.

¹³ Siu, A. M., Chan, C. C., Poon, P. K., Chui, D. Y., & Chan, S. C. (2007). Evaluation of the chronic disease self-management program in a Chinese population. *Patient Education and Counselling*, 65(1), 42–50.

2. How would your recommendations fit with national mental health priorities and a stepped care model of treatment?

Social work practice aligns with the stepped care model of treatment, and the national mental health priorities as outlined in 5th National Mental Health Plan and Suicide Prevention Strategy.

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 more comprehensive approach to diminishing the prevalence and impact of mental health conditions in the community includes measures to improve resilience: protective measures that enhance the ability to preserve a measure of mental health in the face of adversity and harm reduction measures that enable a quick and effective recovery from adversity.¹⁴ The considerable bio-psychosocial research in this area reveals the interplay between individual, group and social factors.¹⁵

Resilience and mental health are inextricably linked. It is understood that community and personal resilience and the development of protective factors are clearly influenced by the following interrelating variables:

- environmental capital: structural factors of the natural and built environment that enhance community capacity for well being
- social capital: networks and distribution of resources that enhance community cohesion and cooperation for mutual benefit
- interpersonal capital: concerns healthy relationships
- emotional and cognitive capital: individual skills and attributes to buffer stress.¹⁶

The first two variables are largely out of scope for *Better Access*. The program and its service providers concentrate on the last two variables, *interpersonal capital* and *emotional/cognitive capital*, which are concerned with developing personal agency.

However, in addition to clinical interventions (which focus on the last two variables), AMHSWs are concerned to strengthen a person's social capital, if needed and relevant.

In private practice this means facilitating clients' access to other necessary services that address the non-psychological problems affecting their mental health, in addition to encouraging participation or even actively connecting a client with social and community networks. Mobilising an individual's personal and social resources is crucial in effecting change.¹⁷

It is feasible that timely and sufficient early intervention, early in life or early in the episode of a mental illness, will contribute to decreasing the prevalence of anxiety, depression and other mental health conditions. Reducing the burden of mental illness is likely to improve health, participation in education and the workforce, and eventually less use of the health, mental health and other services.

Key mental health priorities and social work

- **Rural and remote mental health**

A criticism of the *Better Access* program is that by relying on private providers, the program is widely available to people living in metropolitan areas compared to a scarcity on metropolitan fringes and in rural

¹⁴ Davydov, D., Stewart, R., Ritchie, K. & Chaudieu, I. (2010) Resilience and mental health, *Clinical Psychology Review*, 30(5), 479–495.

¹⁵ Ibid

¹⁶ Friedli, L. (2009). Mental Health, resilience and inequalities, World Health Organisation Europe, p. 23.

¹⁷ Duncan, B., Miller, S., Wampold, B. & Hubble, M. (Eds.). (2009). *The heart and soul of change second edition: Delivering what works in therapy*, American Psychological Association, pp. 100-101

and remote areas.

An AASW survey of AMHSWs showed that the distribution of AMHSWs seemed to follow that of the population distribution. This suggests that as a professional group, AMHSW are able to deliver this important early intervention program to a more representative proportion of the population.

This would suggest that AMHSWs may be more accessible in rural and regional areas than other providers under Better Access

Geographic location of AMHSW practice by % AMHSW responses and Australian Bureau of Statistics population data

Location options	% AMHSW Response	ABS % population distribution data 2009
Major city (inner & outer)	59.7	64
Regional Australia (inner & outer)	36.1	33.7
Remote and very remote Australia	4.1	2.3

From the AASW Accredited Mental Health Social Workers Survey December 2013

3. How do your recommendations align to best practice and what evidence supports your recommendations

Social work is well positioned to play an increasingly significant role in improving people's health through prevention, integrated health care, and improving the social determinants of health (e.g., housing, employment).

A review of almost three decades of international research was undertaken in 2017, showing that social work services had positive benefits for both health and economic outcomes for vulnerable adults, children, pregnant women, and older adults. Overall, findings from this review, indicated that interventions involving social workers, whether through sole delivery, team leadership, or core membership on interprofessional teams, had positive effects on health outcomes and were less costly than usual care that did not include substantial social work services. These findings held across populations, health problems, and settings.¹⁸

• Practice Standards and Code of Ethics

Social workers are subject to amongst the most stringent practice standards and Code of Ethics of any profession. These standards and ethics are applicable to all areas of practice.

Social work is committed to three core values that give rise to general and specific ethical responsibilities as outlined in the Code of Ethics.¹⁹ These values and ethical responsibilities underpin and inform the practice standards outlined in this document.

The values are:

1. respect for persons
2. social justice
3. professional integrity.

In addition to adhering to the *Practice Standards for Social Workers*, mental health social workers must also adhere to the *AASW Practice Standards for Mental Health Social Workers*.²⁰

The practice standards for social workers are categorised under eight components of practice common to all areas: The components of practice are:

1. values and ethics
2. professionalism
3. culturally responsive and inclusive practice
4. knowledge for practice
5. applying knowledge to practice
6. communication and interpersonal skills
7. information recording and sharing
8. professional development and supervision.

The mental health practice standards add an additional 19 standards to these components, and are categorised under the following headings:

1. values and ethics
2. professionalism
3. culturally responsive and inclusive practice
4. knowledge for practice
5. applying knowledge to practice
6. professional development and supervision.

¹⁸ Steketee, G., Ross, A.M., Wachman, M.K., (2017) American Journal of Public Health, Supplement 3, Vol 107, No S3

¹⁹ <http://www.aasw.asn.au/document/item/740>

²⁰ <http://www.aasw.asn.au/document/item/6739>

- **Accreditation requirements and accountability**

To be accredited as a mental health social worker, a social worker needs to provide the following evidence:

- current membership of the AASW
- that the *Accredited Mental Health Social Worker Continuing Professional Development (CPD)*²¹ requirements have been met
- at least two years' (post-qualifying) supervised social work practice experience in mental health or related field within the past five years, and how this experience meets the standards outlined in *AASW Practice Standards for Mental Health Social Workers 2014*
- current curriculum vitae
- a referee statement.

The CPD requirements for accreditation as a MHSW comprise:

- A total of 50 hours of CPD including:
 - 10 hours of Category 1: Supervision
 - 15 hours of Category 2: Skills & Knowledge
 - 5 hours of Category 3: Professional Identity
 - An additional 20 hours of CPD from Categories 1, 2 or 3
- The total 50 CPD hours must also include:
 - 20 hours relevant to mental health practice
 - 10 hours relevant to Focussed Psychological Strategies (FPS), consistent with Medicare guidelines

- **Equivalence of competence and accountability of AMHSWs to Psychologists**

Despite the Medicare Rebate for AMHSWs being less for each session of service than for Registered Psychologists, there are the same expectations of service delivery, quality and outcomes with identical item descriptors.

AASW maintains that there are no valid reasons for there to be any variance between the two rebates under Medicare for Registered Psychologists and AMHSWs providing services under the Better Access program.

As outlined above, 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 do not discriminate against 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 in Department of Veterans Affairs Veterans and Veterans Families Counselling Services.

See Attachment 1 for the comparison of training and accountability requirements for AMHSWs and Registered Psychologists.

It is apparent that both professions share core knowledge and skills, crucial to service delivery under the Better Access program, as well as bringing a distinctive contribution.

The accompanying consideration to 'competence' and accountability is work 'value'.

Work value can be assessed by the outcomes of the work in question. Peer reviewed literature on Focused Psychological Strategies demonstrated the effective outcomes of appropriately applied practice. In addition, the AASW refers to the two components of the *Evaluation of the Better Access to*

²¹ <http://www.aasw.asn.au/document/item/7384>

Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative (2010),^{22 23} which studied consumers and their outcomes in component A and other Better Access providers in A2.

Better Access 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. (Component A)²⁴

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. (Component A2)²⁵

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.²⁶ In the Better Access program, all mental health providers are required to undertake initial and then annual professional development in Focused Psychological Strategies. The results of this study lay to rest any doubts about AMHSW capabilities in delivering services under Better Access.

Furthermore, AASW argues that the differentiation between **Psychological Therapy** provided by clinical psychologists and **Focussed Psychological Strategies** provided by eligible psychologists, social workers and occupational therapists, is invalid.

The inference under the descriptors of these items is that only clinical psychologists provide assessment and therapy for eligible clients, and that all other mental health clinicians only offer therapies of strategies and no assessment. This is not borne out by practice, nor backed up by evidence.

AASW recommends a recognition of the clinical competence and training of all accredited mental health clinicians providing mental health therapies under the Better Access initiative, without holding one group

²² Pirkis, J., Ftanou, M., Williamson, M., Machlin, A., Warr, D., Christo, J., Castan, L., Spittal, M., Bassilios, B., & 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.

²³ 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.

²⁴ Pirkis, J., Ftanou, M., Williamson, M., Machlin, A., Warr, D., Christo, J., Castan, L., Spittal, M., Bassilios, B., & 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, p. 2.

²⁵ 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, p. 2.

²⁶ 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) pp. 304–312.

as being more competent.

Submitted for and on behalf of the Australian Association of Social Workers Ltd

Attachment 1. Training and accountability requirements for AMHSWs and Registered Psychologists

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. Table 1 below summarises the key components of ‘competence’ in the two professions.

Table 1. Components of professional competence

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 postgraduate qualification in psychology.	Bachelor of Social Work (4 years) 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% of AMHSWs have 5 or more years experience, and many possess postgraduate qualifications.
Knowledge in a typical qualifying course for practice in FPS (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.	A compulsory course component 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.
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-psycho-social 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

Table 2 below summarises the expectations of both professions with regard to accountability and quality assurance. The AASW and the APS implement strictly applied accountability and quality assurance measures.

Table 2: Comparison of Social Work and Psychology – accountability and quality assurance

Registered Psychologist	Accredited Mental Health Social Worker
<ul style="list-style-type: none"> - required to be a Registered Psychologist accountable to the Psychology Board of Australia (PBA) - must have sufficient indemnity insurance - required to meet the PBA approved Continuing Professional Development requirements: 30 hrs pa, including 10 hrs in FPS related education and training - must receive regular clinical supervision - is subject to PBA and Medicare audits 	<ul style="list-style-type: none"> - required to 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 - must have at least 2-years post qualifying supervised practice experience in the mental health or related field that meets the standards in the AASW Practice Standards for Mental Health Social Workers (2008). - is subject to a process to establish clinical competence - required to provide a referee statement and evidence of recent employment in therapeutic clinical practice - must receive regular clinical supervision - required to meet AASW Continuing Professional Development (CPD) requirements: 50 hrs pa, including 20 hrs mental health plus 10 hrs FPS related education & training - is subject to AASW and Medicare CPD audits <p>Note - While still seeking registration with NRAS, the AASW has released two key Registered Collective Trademarks only to be used by accredited social workers, of which AMHSWs form one group.</p>

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



AASW
.....
**Australian Association
of Social Workers**

T 02 6199 5000
F 02 6199 5009
E social.policy@aasw.asn.au

National Office – Melbourne
Level 7, 14-20 Blackwood Street,
North Melbourne, 3051

Postal Address
PO Box 2008, Royal Melbourne Hospital, Vic, 3050

Incorporated in the ACT
ACN 008 576 010 / ABN 93 008 576 010