



# Australian Association of Social Workers

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18<sup>th</sup> February 2011

Ms Lana Racic  
Director  
Community Services Section  
Mental Health and Suicide Prevention Programs Branch  
Department of Health and Ageing  
MDP 602  
GPO Box 9848  
CANBERRA ACT 2601

*Lana*  
Dear Ms Racic

The Australian Association of Social Workers welcomes the opportunity to provide the following response to the Discussion Paper on the introduction of *Flexible Care Packages for People with Severe Mental Illness*.

## **Australian Association of Social Workers**

The Australian Association of Social Workers Ltd (AASW) is the professional body representing qualified professional social workers in Australia. The AASW is the professional standards setting organization for Social Workers in Australia. It is the accrediting body for Social Work programs at Australian Universities and is the designated assessing authority for social work recognition on behalf of the Department of Immigration and Citizenship. The AASW is also the assessor, on behalf of the Commonwealth Department of Health and Ageing for accredited mental health social workers' registration with Medicare Australia under the Better Access to Mental Health Services Initiative and the Chronic Disease Management program.

## **Key Issues**

### **Definition of mental illness**

The AASW supports the use of the broad definition of severe mental illness specified in the Paper, recognising that it provides more flexibility around diagnoses and focuses on severity of symptoms and level of dysfunction for the client.

### **Who can refer?**

Whilst we acknowledge the current practice of GPs and Psychiatrists in referring clients to allied health practitioners, the AASW would support increased flexibility for a broader range of providers to be eligible to refer under this new program. However it would be essential for the Commonwealth to ensure that there are clear guidelines set for assessment and monitoring of risk levels for referred clients.

Social workers possess specialist expertise in understanding the broader context of people's lives and what services are needed and appropriate in relation to social and relational issues. Social workers recognise the complexity of human experience, and look beyond the limits of illness, diagnosis and treatment labels.

Social Workers seek to identify factors influencing the person's mental health problems, and also to understand the impact of mental illness on the person, their relationships, and their life chances, including educational and employment opportunities.

Allied health providers already working in the various ATAPS programs could refer thereby delivering a more timely and seamless response for their clients.

It would be important that a referral to a GP be part of the FCP. It was suggested in several of the face to face consultations that a client might attend up to 3 sessions with an allied health provider whilst the development of the Mental Health Treatment Plan was in process. This flexibility would promote more collaborative communication between the allied health provider and the GP and better inform the Treatment Plan for the client.

### **Integrated referral pathways**

Negotiation needs to take place, at Commonwealth and State levels, to ensure that clear guidelines exist for services currently in place and how they will interface with the new FCPs. Enablers to this process may include development of Memorandums of Understanding, protocols, education campaigns and key performance indicators.

Divisions may require support to undertake service delivery mapping for currently operated and intended support services.

It would be important to allow funding for co-ordination of services and the development of partnerships in service provision.

### **Type of services to be provided**

Clinical services should be expanded beyond the provision of Focused Psychological Strategies to include family work, Dialectical Behaviour Therapy, Acceptance and Commitment Therapy, Narrative Therapy, and other evidenced based therapies.

Non-clinical services should include current support services like PHaMS and D2DL, but also extend to other supports in the community, that meet the client's needs, such as housing, education/vocational, financial, transport, health promotion, legal, interpreting, respite, carer/family support services.

Recovery principles outlined in the National Mental Health Standards should underpin any service provision.

Services should be available through face to face (individual / group), telehealth (individual/family), telephone, internet (skype/email/online programs). In particular there should be more support for group programs in recognition of their effectiveness and efficiency in delivering cost effective therapeutic services. Telephone and internet based services will be particularly beneficial to people

who experience mobility problems including symptom based (agoraphobia) and location based (rural and remote) issues which have previously hampered access to services.

The AASW supports the flexible nature of service provision outlined in the Paper and places high importance on it being responsive to the individual's particular needs.

A standardised definition and set of expectations around what care co-ordination entails should allow for flexibility and adaptability, at the micro operational level, to ensure that service is provided in the way that best meets individual local needs.

A care co-ordinator is someone who will need to have regular contact with the client in order to co-ordinate services for them. Activities may include completing relevant paperwork, making phone calls, brokering services, linking the client into services, facilitating or following up, entering data and collaborating with others providing services to the client.

A care co-ordinator may be the allied health practitioner who is providing psychological services to the client or may be a separate person who possesses the appropriate skill set and is able to engage well with the client. Social workers are very experienced and well trained to undertake both clinical and care co-ordination roles, as they are specialists in these joint roles and have been working in this manner in the public mental health system for many years.

Forthcoming research of AASW members' work in the Better Access program illustrates that the majority of clients (69%) of the respondent social workers delivered on average 1-4 hours of other highly skilled work to support clients in other aspects of their lives. For a small number of extremely complex cases (14%) a significant number of hours were dedicated to 'wrap around services'.

### **Quality assurance**

The introduction of this program will require extensive training of and guidelines for all stakeholders. The Commonwealth should develop and promote best practice guidelines around employment and unit costs to adequately resource Divisions to employ suitably qualified and credentialed staff.

Outcome measures should be utilised in the ongoing evaluation of the program to ensure the effectiveness of the program for consumers. The AASW supports the inclusion of consumers and carers in the evaluation process.

### **Skills of Allied Health Providers**

The AASW supports the statement that all allied health professionals engaged under ATAPS to deliver FCPs should be appropriately credentialed and have their scope of clinical practice clearly defined in accordance with both their level of skill and experience and the clinical practice in the ATAPS context.

It is the view of the AASW that all allied health providers should require higher credentialing. Registration as a health professional is not sufficient to demonstrate the level of knowledge and skills required to work under ATAPS.

Accordingly, the AASW recommends that social workers providing clinical and non-clinical services in ATAPS should be Accredited Mental Health Social Workers. The AASW has a well established

credentialing system which has been approved by the Commonwealth to assess the suitable qualifications and experience of social workers seeking to provide services under Medicare Australia. This credentialing ensures high standards of practice, commitment to ongoing professional development and requirements for ethical practice, which if in breach, can be formally sanctioned.

Accreditation by AASW should be accepted as appropriate credentialing. This will ensure the Divisions engage high quality professionals without creating additional assessment processes within the Division.

### **Clinical support for the workforce**

In acknowledgement that the client group for this program will experience different phases and impacts of illness, it would be important that allied health practitioners are well supported through provision of appropriate supervision and ongoing education and training. Support from experienced mental health practitioners in different disciplines could be provided in a similar way to GP Psych Support Line.

Clear guidelines need to be in place between Commonwealth and State based services, so that referral pathways are integrated and provide a seamless service to clients.

### **Other relevant information**

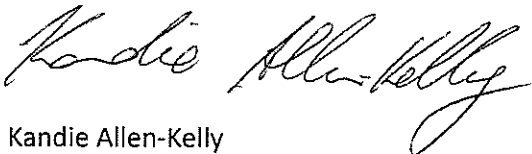
Despite clarification in the ATAPS Guidelines, and communication from the Commonwealth, it appears that some Divisions of General Practice still consider social workers are ineligible providers.

Clear guidelines need to be given to Divisions of General Practice about the suitability, experience and strengths of social workers, particularly in providing services in providing services under the FCPs. This could be achieved through a targeted education program and the development of guidelines around employment practices promoting multidisciplinary, flexible models of care.

It is important for the Commonwealth, in drawing up the funding agreements with Divisions of General Practice, to require Divisions to report on the extent of their activities to engage a range of allied health providers and their level of qualifications and experience.

Thank you again for the opportunity to provide input to the process of designing the new flexible care packages. I would of course be happy to discuss any of these points further with you.

Kind regards



Kandie Allen-Kelly

Chief Executive Officer