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Dear Ms Welsh,

Thank you for the opportunity for two Australian Association of Social Workers (AASW) staff and a member of the AASW National Mental Health Committee to attend the Access to Allied Psychological Services (ATAPS) Tier 1 efficiency funding consultation in Melbourne recently. I would like to respond to your invitation and provide a written submission and to concentrate on two questions raised at the consultation:

1. *'what session duration categories should be used in setting the efficient price for ATAPS sessions?'*, and secondly
2. *'should separate prices be set that are based on the qualifications of the ATAPS provider, or a single price be used for all providers?'*

Regarding the first question on session duration, I understand it prompted discussion as to what constitutes a 'session' and the activities that could be expected to be undertaken as part of the session. These included undertaking session preparation, writing session notes and reports for the General Practitioner (GP). It is well known, ATAPS is intended to reach people with high prevalence disorders, who find it difficult to gain access to allied health psychological services due to low income or other constraining circumstances. As is noted on the ATAPS web-site of the Department, people often present with more than one mental health disorder, suggesting complexity.

The issue of complex presentations was explored at the consultation, with representatives from Medicare Locals confirming that complexity is reasonably common with people using ATAPS. These observations and those of Accredited Mental Health Social Workers (AMHSW), suggest that in the event of complex presentations, it would be helpful to have a 60-75 minute session category for at least the assessment interview. This would enable a more thorough appraisal of the multiple issues with the client, their priority and how to proceed, ie a comprehensive assessment of the circumstances in which the high prevalence disorder is located.

Consideration should also be given for this longer session to be available for complex presentations in others of the six ATAPS sessions, but with clear justification being provided. The rationale is as follows. Focussed Psychological Strategies are beneficial in developing or

restoring the person's ability to better manage challenging emotions or situations (recovery). This typically occurs in conjunction with medication management by the GP. AMHSWs will typically assess the factors impinging on a person in distress in a holistic way, which is the nature of their training. Where there are strengths in the person's psychological resources, in their family and/or other networks, the client is encouraged to harness these strengths to contribute to recovery. In addition, where it is obvious that there are issues in the person's situation that exacerbate their mental health problems requiring focused psychological strategies, AMHSWs will encourage the person to focus on these. For example if the person is experiencing family problems, is at risk of becoming homeless or is the victim of domestic violence.

In circumstances where the client would benefit from other services in addition to ATAPS, there will be clients who can act independently on advice regarding referrals. However there will be other clients who, because of the extent of their depression or anxiety, may require the AMHSW to ensure a connection is made with the appropriate services – a form of 'facilitated referral'. This may also require additional documents to be written for those services. It is in these circumstances that the 60-75 minute session category can be legitimately and productively used. It is understood that ATAPS mental health professionals are not expected to provide service coordination. If such a role is needed, the appropriate service is identified to fulfil this requirement for the client.

On the second question, *'should separate prices be set that are based on the qualifications of the ATAPS provider, or a single price be used for all providers?'*, the AASW's position is that a single price be used. The range of approved providers for ATAPS - Psychologists, Social Workers, Occupational Therapists and Mental Health Nurses - all have relevant university qualifications (with different emphases) and experience in mental health. To argue for differential prices implies that GPs are routinely selecting specific or 'easier' presentations for some professions and not others, or that GPs do not expect as good outcomes with some professions. There is no evidence for either of these possibilities.

I look forward to learning about the Commonwealth government's progress on the matter of increasing the efficiency of ATAPS Tier 1 services.

Yours sincerely,



Glenys Wilkinson
Chief Executive Officer