

AASW response 30 April 2015

National Mental Health Commission: Report on the National Review of Mental Health Programmes and Services

The AASW will continue to examine the full National Mental Health Commission's report of the National Review Mental Health Programmes and Services (Review) which was released in mid April 2015. The Review is extensive and requires careful consideration and consultation amongst National colleagues, organisations and peak bodies. In particular the AASW will consult with Mental Health Australia to ensure a clear understanding of the implications of the report and ensure that as a member organisation, the AASW is cognisant of the wider policy and political agenda.

The AASW awaits the appointment of the Government's Implementation Advisory Group with interest. The AASW will seek to meet with the Advisory Group as soon as it is established in order to discuss the recommendations and advocate for the interests of the social work profession and our clients.

In particular, the AASW has developed a specific response in relation to **Recommendation 13** and its accompanying 15 proposals and considerations, as they relate to proposed changes to the Better Access to Mental Health Care scheme under which many Accredited Mental Health Social Workers practice

Recommendation 13

Enhance access to Better Access programme for those who need it most through changed eligibility and payment arrangements and a more equitable geographical distribution of psychological services.

How this will be achieved:

- 1. Amend Better Access to enable the option of a simple referral from a GP to an allied health professional (AHP) (as is now possible with psychiatrists and paediatricians), but only on the basis that at the initial session the AHP undertakes an assessment and develops a care plan with the person, which is then provided to the GP for review and endorsement or amendment.*

AASW Response

The AASW and the APS have been advocating for changes in this area for some time. It is the view of the AASW that duplication of 'assessment and planning' should be avoided. A simple referral without the requirement of a Mental Health Plan is supported. In this way, Better Access funding is directed more effectively at the assessment and treatment process.

2. Limit use of the GP Mental Health Care Plan items, other than for people who do not improve from the first-line response, are assessed at their initial attendance as severe or who have low prevalence disorders

AASW Response

The AASW agrees with this proposal as a supporter of a collaborative approach to care. Where the person's presentation is severe and not improving this provision supports a collaborative approach to care between GP and Allied Health provider. This is good practice.

3. For severe or complex disorders, enable an extra six Better Access sessions of psychological treatment as clinically determined (a total of 16 in any one year).

AASW Response

The AASW agrees with this proposal and has advocated for a re-instatement of the additional 6 sessions since they were removed. The additional sessions should result from collaboration with the GP. Again, this is good practice.

4. For people with more severe conditions, where the GP assesses they are likely to require more than the initial six sessions with an allied health professional, GPs should be encouraged by the guidelines and supported in practice to initially refer to an endorsed and registered clinical psychologist (for example, by provision of easily accessible information about the different qualifications of psychologists available for referral within their local area).

AASW Response

The AASW agrees has significant concerns about this proposal. There are many Accredited Mental Health Social Workers (AMHSW) who have extensive additional formal qualifications and/or are very experienced and are able to provide effective interventions for this cohort of clients. This should be a clinical decision made in collaboration between the GP and their Allied Mental Health Practitioner of choice.

5. Extend eligibility for Better Access to include neuropsychologists.

AASW Response

The AASW has no response to this proposal

6. Consider extension of Better Access to other allied health professionals who contribute to the health and wellbeing of people with mental health problems where they undertake appropriate mental health training. For example, speech pathologists are engaged in mental health teams in some parts of Australia but not in others: they play an important role in mental health, particularly in prevention and early interventions for children.

AASW Response

The AASW has no response to this consideration

7. Note that this is not proposing an increase in the number of sessions and the overall budget for Better Access, but rather a broadening of the mix of professionals able to provide focused psychological strategies within the available sessions.

AASW Response

The AASW has no response to this comment

8. Examine the potential efficiency of extending Better Access to nurses with postgraduate qualifications in mental health as an alternative to expansion of the Mental Health Nurse Incentive Programme (MHNIP).

AASW Response

The AASW has no response to this suggestion

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).

AASW Response

The AASW strongly supports this proposal and has been advocating for the alignment of rebate on an equity basis for many years.

10. Consider ways to ensure Aboriginal and Torres Strait Islander people access Better Access, including by providing culturally competent professional services through the programme.

AASW Response

The AASW supports this consideration and is keen to participate in a process to determine how this might be implemented.

11. From January 2016, limit access to Better Access for newly registered psychologists who are not endorsed (ie. do not have an additional qualification and advanced training, such as clinical psychology, as recognised by the Psychological Board of Australia) to communities outside the Major Cities classification as identified under the Modified Monash Model, as recently adopted by the Commonwealth Government.

AASW Response

The Modified Monash Model refers to rural areas with populations of less than 50,000. This proposal appears to suggest there being no restrictions on AMHSWs working in any community.

12. From January 2017, examine the introduction of provisions requiring access to benefits payments under Better Access being dependent on all new allied health professionals providing a significant proportion of their services (i.e. 50 per cent in the first five years) to people who reside in regional, rural and remote areas.

AASW Response

The AASW is aware of the mal-distribution of Better Access funded services across the Australian community in relation to outer suburban, regional and rural areas. The AASW will work with the Government and professional colleagues to determine the best strategy to address this concern and believe that some form of incentive systems for allied health practitioners to establish practices in poorly serviced areas could be examined.

13. Examine cashing out Better Access benefits paid for services provided by registered psychologists who do not have an additional endorsed qualification and distributing those funds on a weighted population basis to regional purchasers for psychological services on a salaried or sessional basis.

AASW Response

The AASW will be seeking to clarify the relevance of this proposal in relation to social workers and continue to examine and advocate in relation to any potential consequences if required. The proposal appears to be aimed at redistributing resources to regional and rural communities and to be directed at registered psychologist. It is related to proposal 11 & 12 above.

14. Examine incentives for allied health professionals to work in regional, rural and remote areas through targeted scholarships for post-graduate study, support of professional development and mentoring and financial and relocation incentives.

AASW Response

The AASW supports this proposal as a strategy to encourage allied health professionals to experience and relocate to regional and rural areas.

15. Use future indexation of Better Access benefits to introduce a Better Access rural loading.

AASW Response

The AASW would need to see further information on this suggestion to respond. Medicare rebates are currently low (there has been a moratorium on indexation for some time) and practice costs are high. It would be the AASW's position that any indexation due because of CPI increases should fully flow through to practitioners.