



PSYCHOTHERAPY  
AND COUNSELLING  
FEDERATION OF  
AUSTRALIA

# **PACFA Response to the Productivity Commission's Draft Report on Mental Health**

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# About PACFA

The Psychotherapy and Counselling Federation of Australia (PACFA) is a national peak body for counsellors and psychotherapists. Our mission is to represent the profession to communities and government, and to develop the evidence-base relating to the practice of counselling and psychotherapy.

PACFA promotes the development of the practice of counselling and psychotherapy, and respects and supports the diversity of approaches within the profession. PACFA provides a united forum for counsellors and psychotherapists, and for counselling and psychotherapy associations, to foster professional identity for practitioners, support research and training, and ensure public accountability to consumers, the public and government.

PACFA has established the Australian Register of Counsellors and Psychotherapists (ARCAP) in partnership with the Australian Counselling Association (ACA). ARCAP is the national register of qualified counsellors and psychotherapists. All practitioners listed on the ARCAP are registered with PACFA or the ACA. They meet the membership and registration requirements of PACFA or the ACA, including qualifications, annual requirements for professional development and supervision, adherence to a Code of Ethics and requirements to be insured. Practitioners on the ARCAP are geographically distributed throughout Australia in urban, regional and rural areas.

## Terms used in this submission

In this submission, the term “Registered Counsellors and Psychotherapists” is used specifically to refer to practitioners who are registered with PACFA or the ACA. Registered Counsellors and Psychotherapists are listed on the ARCAP as PACFA Clinical members or ACA level 3 or 4 members. These practitioners have completed appropriate professional training in counselling or psychotherapy to at least Bachelor’s degree level and have at least two years full-time practice since qualifying (a minimum of 750 supervised client hours). These practitioners are competent to provide evidence-based interventions to support people with their mental health.

# Executive Summary

PACFA welcomes the Productivity Commission's Draft Report into Mental Health and applauds its focus on system reform, early intervention and prevention, cross sector coordination and supports for mental illness, and its attention to creating reforms centred around the needs of consumers and their carers.

PACFA and the ACA made an initial submission to the Productivity Commission's inquiry into mental health as the Australian Register of Counsellors and Psychotherapists (ARCAP, 2019). Since the release of the draft report, PACFA has had the opportunity to provide evidence at a public hearing (Launceston, December 7<sup>th</sup> 2019) and to engage directly with the lead Commissioner, Dr Stephen King. These opportunities provided invaluable feedback which has informed the content of this written submission.

This submission addresses a range of issues in response to each section of the Commission's draft report and focuses on building the capacity of the mental health workforce, broadening consumer choice through access to a wider range of service providers, facilitating a more comprehensive approach to stepped-care and ultimately, creating an Australian mental health system which provides continuity of care and consistent referral pathways to evidence-based, safe and affordable mental health services for all Australians.

The key theme throughout this submission is creating a systems-level, nationally consistent approach to more comprehensive recognition and inclusion of Registered Counsellors and Psychotherapists as part of the Australian mental health workforce.

PACFA calls for improved utilisation of the skills and expertise of Registered Counsellors and Psychotherapists in the mental health workforce and identifies a number of key mechanisms to facilitate this. We advocate for the inclusion of Registered Counsellors and Psychotherapists in federal, state and territory mental health legislation and in mental health workforce datasets, frameworks and strategies, and for their recognition as skilled and qualified service providers in a variety of government funded initiatives. This should include inclusion in state and territory funded compensation schemes and the Commonwealth-funded Access to Allied Psychological Services (ATAPS) initiative, and any equivalent future initiatives.

Importantly, and building on our initial ARCAP submission, PACFA also proposes recognition and inclusion of appropriately qualified and experienced Registered Counsellors and Psychotherapists as providers under the Medicare Benefits Schedule. This will make better use of this highly skilled but under-utilised profession as part of Australia's mental health workforce.

The recommendations made throughout this submission will strengthen the existing mental health workforce, facilitate greater access to the unique skills of Registered Counsellors and Psychotherapists and contribute to improved mental health outcomes for all Australians.

# Recommendations

This submission makes a number of recommendations aimed at to addressing current structural impediments to building a diverse and multi-skilled mental health workforce. Unlocking the potential of Australia's existing mental health workforce is crucial to generating long-term reform that is sustainable and client centred, and creating a mental health system that truly supports every Australian's active participation in their community.

## **RECOMMENDATION 1**

Registered Counsellors and Psychotherapists should be consistently recognised as appropriately qualified and skilled members of the Australian mental health workforce. This recognition should be underpinned by systems-level reforms to legislation, funding, service planning, service delivery and evaluation at the national, state and territory level.

## **RECOMMENDATION 2**

Registered Counsellors and Psychotherapists should be recognised as providers under relevant national, state and territory state and territory initiatives including, but not limited to: prevention and early intervention initiatives, services for people with low to moderate needs including Access to Allied Psychological Services (ATAPS), sexual assault victims' support services, workers compensation and traffic accident support services, and school counselling services.

## **RECOMMENDATION 3**

Registered Counsellors and Psychotherapists should be included in service provider directories and in information and awareness campaigns targeting referring practitioners and consumers at the local and regional level, for the purposes of service commissioning and coordinated care and to raise awareness of the range of mental health supports offered by Registered Counsellors and Psychotherapists, alongside other health and allied health providers.

## **RECOMMENDATION 4**

Registered Counsellors and Psychotherapists who achieve certification through PACFA or the ACA should be included in the list of allied health professions able to provide MBS-funded focussed psychological strategies under a more targeted version of the Better Access Initiative, aimed at people with moderate to high intensity needs.

## **RECOMMENDATION 5**

Services provided by Registered Counsellors and Psychotherapists should be included in an initial and in any ongoing analyses of out-of-pocket costs for mental health care for consumers, their families and carers in order to accurately analyse the cost of services to consumers and to inform planning for services funding and improve service access.

## **RECOMMENDATION 6**

Referral pathways and treatment options for services coordinated by regional commissioning bodies should be identical, regardless of the point of entry or referral, to ensure equality of access and to support continuity of care.

**RECOMMENDATION 7**

Registered Counsellors and Psychotherapists be included as members of the Australian mental health workforce, under the current review of the Mental Health Workforce being undertaken by the Department of Health.

**RECOMMENDATION 8**

Registered Counsellors and Psychotherapists should be accounted for in all relevant datasets and evaluations of the mental health workforce, including national minimum datasets, reporting for state and territory funded mental health services, mental health consumer surveys and regional planning, service delivery and performance reporting by commissioning bodies.

**RECOMMENDATION 9**

Mental health support should be provided via referrals through regional commissioning bodies for individuals and families who have experienced trauma and are at high risk of homelessness due to ongoing mental, financial and legal issues.

**RECOMMENDATION 10**

Specialised mental health services and community mental health services should include Registered Counsellors and Psychotherapists in their workforces.

**RECOMMENDATION 11**

Enable Registered Counsellors and Psychotherapists to be employed in School Counsellor roles in all government schools by addressing current legislative barriers.

**RECOMMENDATION 12**

Workers compensation schemes in all jurisdictions should include all appropriately skilled and qualified medical and allied mental health professionals, including Counsellors and Psychotherapists as providers.

**RECOMMENDATION 13**

Recognise Employee Assistance Program (EAP) providers as a substantial referral pathway and facilitate nationally consistent, strong relationships between regional bodies and EAPs and ensure continuity of care for those receiving EAP services if this is their entry point to further MBS services.

**RECOMMENDATION 14**

Registered Counsellors and Psychotherapists should be accounted for in the allocation of funding to the proposed regional commissioning bodies, including in any calculations of projected allied health MBS expenditure for each region.

**RECOMMENDATION 15**

Under a blended regional funding model, all mental health consumers should be guaranteed access to ongoing care via either the MBS or services commissions at a regional level, regardless of the severity of the mental health diagnosis or their place of residence, to ensure the greatest long-term mental health and well-being for all Australians.

# Response to draft recommendations and findings of the Productivity Commission

## Part I: The case for major reform

The Commission's draft report acknowledges current data gaps in mental health service provision and client outcomes and highlights the need for a more comprehensive approach to the stepped care model in Australia, including more efficient and appropriate use of the existing health workforce, an increased focus on collaborative care models, and a mental health system that places clients, their families and carers at the centre.

While the draft report recognises Counsellors and Psychotherapists as a self-regulated allied health profession, it does not adequately acknowledge the qualifications and skills of Counsellors and Psychotherapists, or their potential to positively contribute to the mental health outcomes of Australians through providing evidence-informed services within and outside the health sector.

Full utilisation of an appropriately qualified and skilled mental health workforce, including Registered Counsellors and Psychotherapists, will increase access, particularly for consumers in rural and remote areas Australia and other under-serviced areas, enhance consumer choice, achieve better client outcomes from mental health services and reduce financial strain on the health system.

To address the issues highlighted in the Productivity Commission's draft report and build on the substantial system reforms it proposes, PACFA is calling for nationally consistent recognition of Registered Counsellors and Psychotherapists as part of the Australian mental health workforce.

### About Counsellors and Psychotherapists

The professional competence of Counsellors and Psychotherapists is well established through research (Pelling, 2009; Hughes, 2014). The knowledge and therapeutic skills of Counsellors and Psychotherapists are developed through comprehensive theoretical and skills training, combined with practice experience under supervision.

Counselling and psychotherapy training is a unique form of relational training which distinguishes Counsellors and Psychotherapists from mental health professionals trained in other disciplines who also provide counselling services. The curriculum of Counselling and Psychotherapy training focuses on the reflective-practitioner model which fosters accountability through reflexivity and ongoing supervision (O'Hara & O'Hara, 2015). This model, alongside the profession's strong focus on ethical practice, its commitment to recovery-oriented care, and the regulatory functions provided for the profession by PACFA and the ACA, ensures protection to clients, carers and families.

Using their specialised relational skills, Counsellors and Psychotherapists have the capacity to support clients presenting with a range of mild to moderate through to more complex mental health issues and are able to work with, and within, multi-disciplinary mental health teams.

PACFA is committed to the National framework for recovery-oriented mental health services (Commonwealth of Australia, 2013). The practice of counselling and psychotherapy aligns closely

with the model of recovery-oriented practice both as a process and as an outcome, as counselling and psychotherapy promote hope, wellbeing, self-determination, and active participation in life for people living with mental illness.

Although counselling and psychotherapy overlap, there are also some differences. Counselling focuses on enhancing people's capacity to cope with specific life challenges such as relationship endings, bereavement, and anxiety. Seeing a counsellor helps people resolve crises, reduce distress, develop goals for change and improve wellbeing. Psychotherapy focuses to a greater extent on helping people achieve better self-understanding and to change long-standing patterns of behaviour that may be disrupting relationships, work and study.

## Regulatory mechanisms for counsellors and psychotherapists

The Council of Australian Governments has determined that counselling and psychotherapy are safe to be regulated by the industry as a self-regulating profession. Members of PACFA and the ACA are required to demonstrate they have the appropriate training and experience to be recognised, that they meet all the requirements to maintain their membership, and to demonstrate they have mental health competencies.

### ***Training***

The minimum training requirement recommended by PACFA for Registered Counsellors and Psychotherapists is completion of a Bachelor's degree (AQF Level 7) in discipline specific training in counselling or psychotherapy (PACFA, 2018b; ACA, 2016).

### ***Supervised practice experience***

Registered Counsellors and Psychotherapists are required to have completed a minimum of 750 hours of client contact over a minimum of two years since completing training, with a minimum of 75 hours of clinical supervision (PACFA, 2018c; ACA, 2019c).

### ***Professional Association membership***

Registered Counsellors and Psychotherapists are required to hold current membership of PACFA at Clinical level, or of the ACA at Level 3 or 4, and to meet ongoing membership requirements around professional development, clinical supervision, insurance and ethics.

### Professional development

Both the ACA and PACFA have policies which set out the annual requirements for professional development, and standards for determining the types of professional development activities that are considered appropriate for counsellors and psychotherapists (PACFA, 2017c; ACA, 2016).

### Clinical supervision

Clinical supervision is a requirement during training and is an ongoing requirement for membership of PACFA and the ACA. Practicing members of both peak bodies are required to show evidence of adequate supervision when applying for annual membership renewal (PACFA, 2018c, ACA, 2019c).

### Insurance

Practicing members of PACFA and the ACA are required to maintain continuous cover for professional indemnity insurance (PACFA, 2018c, ACA 2019a)

## Ethics

The PACFA and ACA Codes of Ethics provide guidance to members and act as a compass towards safe practice. Members of PACFA and the ACA are required to sign an annual declaration that they adhere to the requirements of their Code of Ethics (PACFA, 2017a, ACA 2019a) and that they will comply with the applicable complaints handling process (PACFA, 2017b, ACA 2019b) in the event of an ethical complaint being made.

## Scope and limitations to current practice

Registered Counsellors and Psychotherapists are employed in a diverse range of sectors, including the government, non-government and private sectors. Opportunities for work in the private sector have broadened with the recognition of counsellors and psychotherapists by a range of significant private providers including many of Australia's largest Employee Assistance Programs and an increasing number of Private Health Funds, in addition to their employment as in a range of independent and private schools across Australia.

In the public sector, counsellors and psychotherapists are now eligible to sub-contract rehabilitation services under NSW workers compensation (SIRA) to provide services to victims of crime, including childhood sexual abuse in selected jurisdictions, and to be engaged as counsellors in government funded schools in some states and territories. Registered Counsellors and Psychotherapists are also eligible to provide therapeutic supports under the National Disability Insurance Scheme.

Despite recent progress, there remains ample scope for the expansion of services provided by Registered Counsellors and Psychotherapists under state and territory funded initiatives. Registered Counsellors and Psychotherapists have the therapeutic skills and experience to deliver a wide range of services to the community in relation to mental health, including counselling for victims of sexual abuse, school counselling, support for recovery for people covered by traffic accident and workers' compensation schemes.

In addition to not being recognised to provide psychological therapies that attract a rebate under the MBS as prescribed under the *Health Insurance Act 1973*, Registered Counsellors and Psychotherapists are also unable to deliver evidence-based psychological strategies within a Local Hospital Network in accordance with the *National Health Reform Act 2011*; and cannot be utilised as an effective workforce within Commonwealth funded programs which utilise evidence-based psychological strategies within Primary Health Networks, such as the delivery of services within the primary mental health care flexible funding pool, low intensity mental health services for early intervention, primary mental health care services for people with severe mental illness and regional approaches to suicide prevention (Armstrong & Jones, 2019).

This omission of skilled and qualified professionals from the available mental health workforce creates barriers to access for many Australians, including:

- financial barriers through inflated out-of-pocket costs
- barriers to care in rural and regional areas where other professions in the mental health workforce are poorly distributed, and
- barriers to the continuity of care with a trusted and safe practitioner.

As noted in our previous submission (ARCAP, 2019) the formal omission of Registered Counsellors and Psychotherapists from the mental health workforce also creates additional barriers to coordinated team care, networking and practitioner relationships at the local and regional level.

## Nationally consistent recognition of Registered Counsellors and Psychotherapists

In the short term, Australia can effectively address current inefficiencies in mental health service delivery by removing existing barriers to accessing safe, affordable and effective care delivered by appropriately qualified and experienced allied health professionals.

Registered Counsellors and Psychotherapists should be included in the planning, funding and delivery of services for mild to moderate, as well as complex mental health conditions, under initiatives funded by the federal, state and territory governments, both within and outside the health system, in a nationally consistent manner.

### **RECOMMENDATION 1**

Registered Counsellors and Psychotherapists should be consistently recognised as appropriately qualified and skilled members of the Australian mental health workforce. This recognition should be underpinned by systems-level reforms to legislation, funding, service planning, service delivery and evaluation at the national, state and territory level.

### **RECOMMENDATION 2**

Registered Counsellors and Psychotherapists should be recognised as providers under relevant national, state and territory state and territory initiatives including, but not limited to: prevention and early intervention initiatives, services for people with low to moderate needs including Access to Allied Psychological Services (ATAPS), sexual assault victims' support services, workers compensation and traffic accident support services, and school counselling services.

PACFA notes that as mentioned in our initial ARCAP submission to this inquiry (ARCAP, 2019) there is also potential scope for vocationally qualified counsellors and psychotherapists, who do not meet the qualifications requirements outlined here, to contribute to early intervention and prevention initiatives, as long as they meet the conditions of maintaining registration and membership with PACFA or the ACA. There is some precedent for this in Aboriginal and Torres Strait Islander Social and Emotional Well-Being (SEWB) Services, where approximately 70% of the staff employed as counsellors have a diploma level qualification or lower (AIHW 2019d).

It is important to add that where a counsellor has lower qualifications, their role should be limited to providing general support to clients, rather than providing therapeutic mental health services.

## Consumer access and choice

PACFA reiterates points made about the crucial importance of client choice as detailed in our ARCAP submission (ARCAP, 2019). People are more likely to seek help if they are able to consult practitioners that they feel comfortable with and trust. This is supported by research from the United States (Wampold, 2015). In this regard, it is interesting to note research findings that

counsellors are more highly accepted by clients than either psychologists or psychiatrists (Sharpley, Bond & Agnew, 2004) and are seen as more approachable and empathic (Sharpley, 1986).

There is a strong evidence base that providing services according to client preference improves therapy outcomes (Iacoviello, McCarthy, Barrett, Rynn, Gallop, & Barber, 2007; Lindhiem, Bennett, Trentacosta, & McLearn, 2014; McLeod, 2012).

Consumer choice will be increased when a wider range of mental health professionals, including Registered Counsellors and Psychotherapists, are utilised within the current service system, including the Better Access Initiative. Consumers may wish to choose counsellors and psychotherapists because of the relational expertise and scopes of practice that match their needs.

### **RECOMMENDATION 3**

Registered Counsellors and Psychotherapists should be included in service provider directories and in information and awareness campaigns targeting referring practitioners and consumers at the local and regional level, for the purposes of service commissioning and coordinated care and to raise awareness of the range of mental health supports offered by Registered Counsellors and Psychotherapists, alongside other health and allied health providers.

## **Certification of Registered Counsellors and Psychotherapists**

As outlined in detail in ARCAP's initial submission to this inquiry (ARCAP, 2019), Registered Counsellors and Psychotherapists have equivalent competency, skills, and experience in delivering evidence-based psychological strategies to other allied health professionals already eligible to provide MBS-funded services (ACA, 2016; PACFA, 2018a).

To bolster the available workforce under the Better Access Initiative, PACFA and the ACA are collaborating to develop a new process for the assessment and certification of appropriately qualified and experienced counsellors and psychotherapists. The certification process and standards will align with the *National Practice Standards for the Mental Health Workforce 2013*.

Certification of PACFA and ACA members will involve an application process during which applicants will be required to provide evidence and go through an assessment process to ensure they meet the following criteria:

- Completion of training that meets the membership requirements of PACFA or the ACA
- Two years of supervised practice experience since qualifying
- Professional Association membership of PACFA (Clinical) or the ACA (Level 3 or 4)
- Demonstrated mental health competencies

Registered Counsellors and Psychotherapists who successfully complete their assessment and certification will be required to undertake an additional 10 hours per year professional development, in addition to their normal membership requirements, which is specifically related to Focused Psychological Strategies. This will ensure compliance with section 10 of the *Health Insurance (Allied Health Services) Determination 2014*.

Registered Counsellors and Psychotherapists who achieve certification will have the skills and proficiency to meet all reporting requirements of the regulations for the provision of the Medicare

Benefits Schedule Focussed Psychological Strategies as outlined in the *Health Insurance (General Medical Services Table) Regulations 2017*.

PACFA calls for Registered Counsellors and Psychotherapists who successfully achieve and maintain certification to be recognised for their competencies to provide evidence-informed services across all stages of the stepped care spectrum, from mild to moderate mental health concerns through long-term and complex mental health conditions.

#### **RECOMMENDATION 4**

Registered Counsellors and Psychotherapists who achieve certification through PACFA or the ACA should be included in the list of allied health professions able to provide MBS-funded focussed psychological strategies under a more targeted version of the Better Access Initiative, aimed at people with moderate to high intensity needs.

Utilising Registered Counsellors and Psychotherapists in a consistent manner across a range of government funded primary and community mental health initiatives, and including counsellors and psychotherapists who attain certification by ARCAP in the delivery of MBS-funded services, will increase service capacity for primary care mental health services and facilitate optimal use of the existing workforce. This in turn will allow for a more effective system of secondary care and specialist services with greater capacity and flexibility to receive patients and meet service demand. This will also lead to a reduction in inappropriate referrals to secondary mental health care services and reduce secondary care assessment times and patient waiting times, allowing for greater continuity of care and better client outcomes.

## **Addressing out-of-pocket costs for consumers**

### **Information request 3.2 — Out-of-pocket costs for mental healthcare**

We are seeking more information on the out-of-pocket costs of mental healthcare that consumers or their carers incur. We are interested in surveys that have been undertaken, particularly if they capture costs outside of the government funded healthcare system, such as estimates of the cost of travel to services, medications not covered by the Pharmaceutical Benefits Scheme and consultations outside the Medicare Benefits Schedule.

PACFA has undertaken an analysis of the out-of-pocket expenses incurred by clients of counsellors and psychotherapists compared with psychologists. While fees charged by counsellors and psychotherapists vary considerably, it is reasonable to state that the fees charges by psychologists are, in general, considerably higher per session than those charged by counsellors and psychotherapists. Counsellors and psychotherapists generally charge fees between \$80 and \$150 per session *plus GST*, with \$100 to \$120 per session being average fees. Social Workers charge similar fees to counsellors and psychotherapists, however they are GST exempt.

Psychologist consultations vary greatly but it is quite common for psychologists to charge between \$140 and \$200 per session, although the fee recommended by the Australian Psychological Society is much higher at \$254 (APS, 2019).

PACFA has analysed how much consumers would be out-of-pocket seeking therapeutic mental health services from a range of professionals. The out-of-pocket amount is impacted by three factors: the practitioner's fee, whether GST is payable, and the availability (and amount) of private health rebates.

The lower fees generally charged for counselling and psychotherapy compared with psychology services demonstrate that, at face value, psychotherapy and counselling are more affordable options for consumers. However, this may not be the case when potential rebates from Medicare or private health funds are taken into account and when GST is added for counsellors and psychotherapists. Counsellors and psychotherapists are not GST exempt under the GST Act 1999. This is a legal anomaly which disadvantages consumers as services provided by counsellors and psychotherapists, which is a recognised health profession, are still attracting GST.

For those consumers who have private health insurance, consultations with counsellors and psychotherapists are more affordable where private health rebates are available, however private health coverage is still quite limited for counsellors and psychotherapists.

**Table 2: Comparison of out of pocket expenses**

Provider	Base Fee*	GST	MBS Rebate	Private rebate**	Out of pocket
Psychologist	\$180	\$0	\$86.15		\$93.85
Psychologist	\$180	\$0		\$64	\$108
Clinical psychologist	\$250	\$0		\$100	\$150
Clinical psychologist	\$250	\$0	\$126.50		\$123.50
Social worker	\$120	\$0	\$75.75		\$44.25
Social worker	\$120	\$0		\$0	\$120
Counsellor/psychotherapist	\$120	\$12		\$48	\$79.20
Counsellor/psychotherapist	\$120	\$12		\$0	\$132

\* These are example fees only for illustration purposes.

\*\* Private health insurance rebate amounts vary. This example is based on a 40% rebate.

Currently, MBS expenditure under the Better Access Focussed Psychological Strategy items is inefficiently weighted towards relatively high-cost service delivery options. As at 30 June 2019, services provided by psychologists pay a benefit of \$86.15 per session while services provided by clinical psychologists pay \$126.50 per session. This compares to a benefit of \$75.95 for other allied health providers. This price differential exists even though all providers are providing similar services to their clients.

**Table 1: Expenditure on MBS mental health items by profession, July 18-June 19** (Australian Govt, 2019)

Group M7 Focussed Psychological Strategies (FPS)				
80160	FPS by Social Worker	\$75.95	303,247	\$23,540,692
80135	FPS by Occupational Therapist	\$75.95	56,448	\$4,712,212
80110	FPS by Psychologist	\$86.15	2,775,299	\$245,056,162
<b>TOTALS</b>			<b>3,134,994</b>	<b>\$273,309,066</b>
Group M6 – Psychological Therapy Services				
80010	Assessment and Treatment by Clinical Psychologist	\$126.50	2,351,468	\$301,990,165
<b>TOTALS</b>			<b>5,486,462</b>	<b>\$575,299,231</b>

Services could be provided by a range of suitably qualified practitioners, including counsellors and psychotherapists, at the lower rate that currently applies to social workers and occupational therapists of \$75.95. There is no research evidence to indicate that the higher fees paid to psychologists result in better treatment outcomes.

As a workforce, counsellors and psychotherapists generally charge lower fees than psychologists. Setting the benefit at \$75.95 for Registered Counsellors and Psychotherapists delivering Focussed Psychological Strategies will therefore be a cost-effective option that is likely to reduce out of pocket expenses for clients, thereby encouraging client participation and delivering per capita cost savings to the health system.

Better Access has substantial issues catering to the demand for mental health services in regional and rural Australia. The latest available mental health workforce data (2017) show that nearly 90% of the psychiatrist workforce and 82.7% of the psychologist workforce are situated in major cities (AIHW 2019b). Data on access to MBS-funded mental health services in 2017-18 shows a stark difference between access in major cities and inner regional areas, where approximately 10% of the resident population accessed MBS-funded services, compared to 5.5% and 2.7% respectively in remote and very remote areas (AIHW 2019a). As the draft report notes (p. 21):

*Ironically, access can be an issue with Better Access. Use of the program is disproportionately by people in Australia's large urban centres This reflects the location of most psychologists and psychiatrists... Many people with moderate (or higher) intensity needs either live in regional parts of Australia without ready access to a psychologist or simply have difficulty (such as for reasons related to their mental illness, transport access, or family scheduling) getting to a face-to-face psychological therapy session.*

In contrast to the predominantly urban distribution of some other mental health professions, Australian studies of the counselling workforce have found that approximately one third of counsellors work in regional, rural, and remote areas (Vines, 2011; Pelling, 2005; Schofield & Roedel, 2012; Schofield, 2015). Counsellors and psychotherapists make a significant contribution to services in regional, rural, and remote areas, where specialist services are more difficult to access (Gittoes, Mpofo & Matthews, 2011).

The addition of Registered Counsellors and Psychotherapists who are certified by PACFA or the ACA to the MBS-funded workforce would, immediately increase client choice and address workforce shortages, including the serious workforce shortages in rural and regional areas. It would also reduce the stigma associated with accessing mental health supports for some people and ensure more immediate and ongoing access to appropriate and safe mental health services.

Initial and ongoing analyses of out-of-pocket costs for mental health care for consumers, their families and carers, should include services provided by Registered Counsellors and Psychotherapists. This inclusion will inform several crucial components of any proposed reforms to the mental health system, including:

- Calculating the true current costs of accessing mental health care for all Australians
- Identifying and addressing financial barriers to access for mental health consumers; and
- Calculating the funding requirements for access to commissioned mental health services at the local and regional level, and via the Medicare Benefits Schedule

#### RECOMMENDATION 5

Services provided by Registered Counsellors and Psychotherapists should be included in an initial and in any ongoing analyses of out-of-pocket costs for mental health care for consumers, their families and carers in order to accurately analyse the cost of services to consumers and to inform planning for services funding and improve service access.

## PART II: Reorienting health services to consumers

### Healthcare access

PACFA commends the focus in the draft report on full realisation of a stepped care model for the delivery of mental health services in Australia. Counsellors and psychotherapists are well placed to deliver services at all levels in a stepped care service delivery model, from mild to moderate mental health issues, through to more severe mental health issues that require more specialist intervention.

There is ample opportunity to strengthen the existing workforce under current federal funding initiatives designed to meet the needs of people with high prevalence conditions, such as depression and anxiety, presenting at mild to moderate stages of the stepped care spectrum. In relation to the MBS-funded Better Access initiative, page 20 of the Commission's draft report notes:

*The Commission estimates that more than a third of people currently accessing MBS-rebated individual psychological therapy (including through headspace centres) could have their treatment needs equally well met through services that are of lower intensity, but which offer the consumer a lower treatment burden (in terms of time and cost). Targeting could be improved to make sure that the right people are receiving the right treatment. The Better Access program should be aimed primarily toward those people with moderate to high intensity needs who stand to gain the most from face-to-face psychological therapy.*

If the Better Access program is shifted towards consumers with moderate to more complex mental health issues, it is important that Registered Counsellors and Psychotherapists are recognised as being suitable professionals to work with these consumers. As outlined in ARCAP's initial submission, Registered Counsellors and Psychotherapists have competencies, skills, and experience delivering evidence-based face-to-face psychological therapies (ACA, 2016; PACFA, 2018a) equivalent to other allied health professions currently recognised under national, state and territory Mental Health legislation and as providers under the Medicare Benefits Schedule (MBS).

The Access to Allied Psychological Services (ATAPS) initiative, which is currently coordinated by Primary Health Networks (PHNs) provides another opportunity to bolster the numbers and diversify the skills sets of the available workforce; an opportunity which has to date not been sufficiently explored. The intention of ATAPS is to enable health, social welfare and other professionals to refer consumers diagnosed with a mild to moderate mental disorder to a mental health professional for short-term focused psychological services (DoH, 2016). The Department of Health notes:

*ATAPS is designed to treat people with common (i.e. high prevalence) mental disorders (e.g. anxiety and depression) who have difficulty accessing Medicare-subsidised mental health services due to reasons such as the lack of services in some geographical locations, reduced ability to pay fees, and people at-risk of homelessness. (Department of Health and Ageing 2012).*

Despite the expanded range of practitioners available through ATAPS, including Aboriginal and Torres Strait Islander Health Workers, and despite its clear focus on early intervention for high prevalence conditions, consumers are still not able to access counsellors and psychotherapists through this initiative.

The inclusion of Registered Counsellors and Psychotherapists in ATAPS, or in any future initiative which aims to address low-to moderate intensity high prevalence conditions, is crucial to expanding access and consumer choice and unlocking the potential of the Australian mental health workforce.

There is also scope for Registered Counsellors and Psychotherapists to support mental health care consumers who access state and territory funded Community Mental Health Services and Specialised Mental Health Care Facilities. In 2016-17 in Specialised Mental Health Care Facilities, diagnostic and allied health professionals (6,310 FTE or 19.4%) made up the second largest group of staff, with nearly 20 percent of all staff falling under this definition, including over 2,000 FTE Social Workers (AIHW, 2019e).

#### **DRAFT RECOMMENDATION 5.9 — ENSURE ACCESS TO THE RIGHT LEVEL OF CARE**

The Australian, State and Territory Governments should reconfigure the mental health system to give all Australians access to mental healthcare, at a level of care that most suits their treatment needs (in line with the stepped care model), and that is timely and culturally appropriate.

PACFA supports this recommendation as a crucial step towards providing mental health services for all Australians that go beyond the medical model of mental health and provide safe, timely and appropriate services which meet the needs of clients, their families and carers.

PACFA strongly recommends the expansion of current service providers under a re-targeted Better Access Initiative, as proposed in the Commission's draft report (p.20). to include Registered Counsellors and Psychotherapists who are certified by PACFA or the ACA.

This will not only provide a broader range of services to better provide for clients with moderate to high intensity needs, it will alleviate pressure on high demand, highly skilled professions including psychology and psychiatry to deliver focussed psychological strategies and move towards optimal use of the existing health workforce under a regionally coordinated stepped care model.

This point is addressed by PACFA's Recommendation 4 in relation to the Better Access Initiative and in Recommendation 2 above in relation to ATAPS.

#### **DRAFT RECOMMENDATION 5.2 — ASSESSMENT AND REFERRAL PRACTICES IN LINE WITH CONSUMER TREATMENT NEEDS**

Commissioning agencies should promote best practice in initial assessment and referral for mental healthcare, to help GPs and other referrers match consumers with the level of care that most suits

their treatment needs (as described in the stepped care model).

Commissioning agencies should establish mechanisms for monitoring the use of services that they fund to ensure that consumers are receiving the right level of care. If service use is not consistent with estimated service demand, commissioning agencies may need to make changes to initial assessment and referral systems (or work with providers to do so).

PACFA supports the coordination and promotion of best practice in initial assessment and referral for clients seeking mental health supports in the community. Client choice and enabling access to a preferred practitioner are vital elements to ensuring access and continuity of care for mental health consumers. As the draft report notes (p.21):

*A sometimes-overlooked aspect of a person-centred approach to mental healthcare is the acceptability of the treatment to the consumer, not just the likely clinical outcomes from different treatment options. The right treatment for a consumer depends crucially on the consumers' engagement with the treatment.*

The inclusion of Registered Counsellors and Psychotherapists as recognised members of the mental health workforce would substantially expand access and consumer choice to a range of appropriate providers through a stepped care model, from low-intensity early intervention and prevention through to working with clients with complex mental health issues within a coordinated care team.

To ensure equality of access and support continuity of care, referral pathways and treatment options available through services coordinated by regional commissioning bodies should be the same regardless of the point of entry into the service system. This will ensure a seamless and well-targeted service system for consumers.

#### **RECOMMENDATION 6**

Referral pathways and treatment options for services coordinated by regional commissioning bodies should be identical, regardless of the point of entry or referral, to ensure equality of access and to support continuity of care.

#### **DRAFT RECOMMENDATION 5.8 — INCREASE CONSUMER CHOICE WITH REFERRALS**

The Australian Government should amend the MBS regulations for referrals to require:

- that general practitioners and other referrers advise people that they can use an alternative to any provider mentioned in a referral to a specialist or allied health professional
- that all referrals to specialists and allied health professionals include a prominent and easy to understand statement advising people that they can use an alternative to any provider mentioned in the referral.

PACFA strongly supports this recommendation. This will support consumers to exercise choice when accessing services, including the option to choose a Registered Counsellor or Psychotherapist. Information provided to clients should be culturally appropriate and easy to understand, and should cover the full range of service providers available to them via referral.

#### **INFORMATION REQUEST 5.2 — MENTAL HEALTH TREATMENT PLANS**

- Should consumers continue to require a MHTP for therapy access if being referred by a GP?
- Should a MHTP Review be required to access additional sessions, instead of just a new referral?

Mental Health Plans require a General Practitioner (GP) to make a diagnosis of a mental disorder. This is clinically inappropriate for clients presenting with mild to moderate mental health issues who could be supported through short-term counselling. The imposition of a formal diagnosis has significant detrimental effects. Specifically, research demonstrates that the diagnosis has adverse impacts on employment opportunities and access to insurance (Beyondblue, 2017) as well as creating stigma which undermines a client's recovery as a result of disempowerment (Corrigan, 2004; Masterson & Owen, 2006).

PACFA's position is that formal diagnosis of a mental disorder is not appropriate or necessary for many members of the community with mild to moderate mental health concerns as recovery is often not aided by being labelled with a mental health diagnosis. The recovery movement in mental health has strongly argued against the disempowerment of consumers as a result of professional practices, including diagnosis, which fail to offer hope (Masterson & Owen, 2006).

#### **DRAFT RECOMMENDATION 5.4 — MBS-REBATED PSYCHOLOGICAL THERAPY**

MBS rebated psychological therapy should be evaluated, and additional sessions trialled.

PACFA strongly supports an evaluation of MBS funded psychological therapies and recommends that the evaluation methodology take into account critiques of previous evaluations, which have highlighted methodological flaws in data collection and analysis, and suggested more rigorous evaluation that incorporates non-biased sampling, does not rely on self-reported data, focuses on patient outcomes and reduces the potential for practitioner bias (Allen, N.B. & Jackson, H.J., 2011; Rosenberg, S, & Hickie, I., 2010)

PACFA also supports the recommendations for trialling an increase to the number of MBS-funded sessions from 10 to 20, and for amendments to the MBS to allow for services to be delivered over a 12-month period rather than a calendar year.

The inclusion of Registered Counsellors and Psychotherapists as MBS providers would mean they would be included in any service evaluation that takes. This would be important to inform future service planning and would contribute useful data for the future development of the National Mental Health Workforce Strategy.

#### **INFORMATION REQUEST 5.1 — LOW-INTENSITY THERAPY COACHES AS AN ALTERNATIVE TO PSYCHOLOGICAL THERAPISTS**

We are seeking information on the gains from having a greater share of treatment provided by low intensity therapy coaches.

## Healthcare Workforce

Counsellors and psychotherapists are tertiary qualified, recognised allied health professionals, who hold the mental health and wellbeing of their clients, their families and carers central to their practice. However, in the Commission's draft report, Box 11.1: *Health professions most relevant to people with mental ill-health* omits counsellors and psychotherapists from the list of allied health providers relevant to people experiencing mental ill-health in Australia.

This oversight reflects the absence of recognition for counsellors and psychotherapists in core national, state and territory legislation defining the scope of the mental health workforce. Counsellors and psychotherapists are likewise absent from core national workforce datasets governed by the AIHW, and are often overlooked as potential providers of care for state and territory-based initiatives such as workers compensation, school counselling and hospital services, as outlined in ARCAP's initial submission to this inquiry.

This absence of counsellors and psychotherapists from key legislation and datasets, despite being tertiary trained, highly skilled and safely regulated professionals, not only creates major barriers to access for mental health consumers, but also perpetuates a lack of attention to and understanding of the skills and competencies of counsellors and psychotherapists.

It is a vicious cycle which not only thwarts the development and expansion of the counselling and psychotherapy workforce but actively prevents many Australians accessing affordable, timely and appropriate mental health supports in their local community. This inquiry provides a unique opportunity to address this oversight and untap the potential of thousands of highly skilled professionals to contribute to the mental health and well-being of the community

### **DRAFT RECOMMENDATION 11.1 — THE NATIONAL MENTAL HEALTH WORKFORCE STRATEGY**

The forthcoming update of the National Mental Health Workforce Strategy should align health workforce skills, availability and location with the need for mental health services.

PACFA Plans to participate actively in the forthcoming review of the National Mental Health Workforce Strategy. The inclusion of counsellors and psychotherapists who are certified by ARCAP as recognised members of the mental health workforce would provide mental health consumers with the assurance that they are accessing an appropriately skilled and qualified practitioner, while also providing incentive for aspiring mental health professionals to explore a career in counselling or psychotherapy, as a viable alternative to other recognised allied health specialisations.

### **RECOMMENDATION 7**

Registered Counsellors and Psychotherapists be included as members of the Australian mental health workforce, under the current review of the Mental Health Workforce being undertaken by the Department of Health.

### **RECOMMENDATION 8**

Registered Counsellors and Psychotherapists should be accounted for in all relevant datasets and evaluations of the mental health workforce, including national minimum datasets, reporting for state and territory funded mental health services, mental health consumer surveys and regional planning, service delivery and performance reporting by commissioning bodies.

# PART III: Reorienting surrounding services to people

## Carers and families

### **DRAFT RECOMMENDATION 13.3 — FAMILY-FOCUSED AND CARER-INCLUSIVE PRACTICE**

Family-focused and carer-inclusive care requires mental health services to consider family members' and carers' needs and their role in contributing to the mental health of consumers.

As detailed in the ARCAP submission to the Productivity Commission, carers are effectively part of the mental health workforce, so supporting the carers is essential to ensure they continue to provide support for the people they care for in a sustainable way that ensures they do not develop mental health issues themselves. Research supports the effectiveness of early intervention counselling for carers (Sin & Newell, 2007; Selwood, Johnston, Katona, Lyketsos & Livingston, 2007).

Greater provision and uptake of early intervention counselling services for carers will go a long way towards preventing the development of mental health issues amongst carers, while also supporting their participation in the community and their productivity, both as unpaid carers and within the paid workforce. This in turn will support the participation and productivity of the people they are caring for.

There is a need to increase awareness of the opportunities and benefits of counselling services for carers. Research has found that GPs may lack awareness of the psychological needs of carers for support or how to best support them (Bulsara & Fynn, 2006). This puts carers at risk of deterioration in their own mental health and wellbeing if they are not accessing counselling support services. By contrast, proactively contacting carers increases ongoing engagement and this is to be encouraged to increase uptake of counselling support services (Grossfeld-Schmitz, Donath, Holle *et al.*, 2010).

Counsellors and psychotherapists can support the participation and productivity of carers, and greater utilisation of the available registered workforce will increase overall economic and social productivity in Australia.

## Preventing housing issues from arising

### **DRAFT RECOMMENDATION 15.1 — HOUSING SECURITY FOR PEOPLE WITH MENTAL ILLNESS**

Housing services should increase their capacity to prevent people with mental illness from experiencing housing issues or losing their home.

PACFA welcomes the Commission's focus on the nexus between housing issues and mental illness and supports the draft recommendations for enabling people with mental illness to find and remain in safe and stable housing.

In addition to upskilling social housing workers to recognise and act on early warning signs of mental illness, PACFA recommends that mental health support be provided via appropriate referral

pathways such as regional commissioning bodies for individuals and families who have experienced trauma and are at high risk of ongoing mental, financial and legal problems. This includes, for example, priority groups such as women and their children who have experienced family violence leading to homelessness, and individuals and families affected by the impacts of climate change, including bushfires, drought and the loss of property due to financial hardship. Early intervention and referral to appropriate health, mental health and social services is crucial to prevent the ongoing and escalating impacts of trauma and loss, which include family fragmentation, family violence, alcohol and drug abuse and interaction with the criminal justice system.

The provision of safe, affordable housing and supports and comprehensive wrap around services is crucial not only to people already experiencing mental illness, but for anyone at imminent risk of experiencing ongoing impacts from recent trauma. Counsellors and psychotherapists are well placed, alongside other health and allied health professionals, to offer immediate and ongoing supports to individuals and families experiencing housing issues as the result of trauma and loss.

#### **RECOMMENDATION 9**

Mental health support should be provided via referrals through regional commissioning bodies for individuals and families who have experienced trauma and are at high risk of homelessness due to ongoing mental, financial and legal issues

#### **RECOMMENDATION 10**

Specialised mental health services and community mental health services should include Registered Counsellors and Psychotherapists in their workforces.

## **PART IV: Early intervention and prevention**

This inquiry provides an unprecedented opportunity to drive nationally consistent standards across all jurisdictions for the provision of safe and appropriate care and expand the availability of the existing workforce to provide a range of community-based mental health supports.

### **Early childhood**

#### **DRAFT RECOMMENDATION 17.3 — SOCIAL AND EMOTIONAL LEARNING PROGRAMS IN THE EDUCATION SYSTEM**

Governments should develop a comprehensive set of policy responses to strengthen the ability of schools to assist students and deliver an effective social and emotional learning curriculum.

PACFA welcomes the Commission's comprehensive approach to social and emotional development, wellbeing and support for young people in the draft report.

Registered Counsellors and Psychotherapists are currently employed as school counsellors in independent and private schools in all states, territories, and in some government schools. However, legislation in some jurisdictions (for example, Victoria's *Mental Health Act 2014*) currently restricts the employment of counsellors and psychotherapists in government funded School

Counsellor positions, due to the limited list of professions identified under the relevant Mental Health Act. Action at the COAG level to ensure that state and territory legislation defining the mental health workforce is inclusive and nationally consistent would open up the available mental health workforce to support students and teachers in the education system and provide other supports under a number of state-led initiatives, including victims' and workers' compensation and road traffic accident recovery and support.

**RECOMMENDATION 11**

Enable Registered Counsellors and Psychotherapists to be employed in School Counsellor roles in all government schools by addressing current legislative barriers.

## Workplaces

**DRAFT RECOMMENDATION 19.4 — NO-LIABILITY TREATMENT FOR MENTAL HEALTH RELATED WORKERS COMPENSATION CLAIMS**

Workers compensation schemes should be amended to provide clinical treatment for all mental health related workers compensation claims, regardless of liability, until the injured worker returns to work or up to a period of six months following lodgement of the claim. Similar provisions should be required of self-insurers.

PACFA supports this recommendation. Access to early intervention and support for workplace related mental health conditions should not be contingent upon the legal outcomes of individual cases.

PACFA further recommends that, Workers compensation schemes should be reviewed for nationally consistent inclusion of all appropriately skilled and qualified medical and allied mental health professionals, including Counsellors and Psychotherapists.

**RECOMMENDATION 12**

Workers compensation schemes in all jurisdictions should include all appropriately skilled and qualified medical and allied mental health professionals, including Counsellors and Psychotherapists as providers.

As mentioned above, the exclusion of counsellors and psychotherapists from relevant mental health workforce legislation prevents counsellors and psychotherapists from offering services in a range of settings in several jurisdictions. In ARCAP's initial submission to this inquiry, PACFA and the ACA noted that Registered Counsellors and Psychotherapists are now eligible to sub-contract rehabilitation services under NSW workers' compensation (SIRA), with several other similar state and territory funds considering the inclusion of counselling supports.

The KPMG and Mental Health Australia report, *Investing to Save* (2018) makes repeated calls for the harmonisation of workplace mental health and wellbeing practice at a national level, building on promising work already undertaken in several jurisdictions by state and territory workplace health and safety regulators.

A nationally consistent approach to the professions eligible to provide counselling and support services through workers compensation scheme should be part of these national reforms.

### **DRAFT FINDING 19.3 — EMPLOYER ASSISTANCE PROGRAMS (EAPS)**

Employer Assistance Programs (EAPs) are reported to be highly valued by at least some employers and employees. The type and level of EAP services an individual business requires to meet its needs and those of its employees is best determined by the business itself. The services provided by EAPs, as well as concerns around the reliability of services and the reputation of providers, would be enhanced through further evaluation of their outcomes

While PACFA recognises that as private businesses, Employee Assistance Providers are not the primary focus of the Commission's inquiry, it should be acknowledged that they are providing counselling and psychological supports to an increasing number of Australians and their linkage with the publicly funded mental health system and community resources should be considered in the Commission's final report.

The national peak body for EAPs, EAPAA, notes that two of the three key objectives of EAPs are:

- confidential and timely problem-assessment, diagnosis, treatment or referral to an appropriate community resource; and
- the formation of internal and external linkages between the workplace and community resources not available within the scope of the EAP

While the types of support provided vary between EAPs and between employers, many EAPs offer up to six sessions of counselling, through an appropriately qualified psychologist or counsellor. Many members of PACFA and the ACA are engaged to provide counselling services through EAPs.

Some individuals may first seek mental health supports through the counselling services provided by their EAP, thus making EAPs a significant 'entry point' to the broader mental health system. The Commission's final report should consider facilitating continuity of care and reducing financial barriers for people who may require supports over and above those subsidised by their EAP provider. Currently, people receiving six sessions from a Registered Counsellors of Psychotherapist via an EAP would not be able to continue with the same practitioner if they need to seek further counselling through the MBS.

Facilitating strong linkages between EAP providers and regional commissioning bodies would enable continued, streamlined access to supports for employees requiring ongoing care, in much the same way that the draft report recommends system linkages for referrals to care from outside the health system for educational institutions and other services outside the health system. Inclusion of Registered Counsellors of Psychotherapist as MBS providers would also support continuity of care.

### **RECOMMENDATION 13**

Recognise Employee Assistance Program (EAP) providers as a substantial referral pathway and facilitate nationally consistent, strong relationships between regional bodies and EAPs and ensure continuity of care for those receiving EAP services if this is their entry point to further MBS services.

## Social Inclusion

### **DRAFT RECOMMENDATION 20.3 — TRADITIONAL HEALERS**

Traditional healers have the potential to help improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

As previously highlighted, counselling delivered by trained Aboriginal or Torres Strait Islander practitioners for Aboriginal or Torres Strait Islander clients has been found to have positive outcomes (Bennett-Levy, et al., 2014). To support training of Aboriginal or Torres Strait Islander practitioners, PACFA has established the College of Aboriginal and Torres Strait Islander Healing Practices (CATSIHP).

CATSIHP highlights and values the expertise and experience of Aboriginal and Torres Strait Islander practitioners. The College is in the process of documenting training standards and practice guidelines for Aboriginal and Torres Strait Islander Healing Practices, as well as processes to accredit existing and new training programs. CATSIHP will also provide professional development to support cultural competency and safety for all counsellors and psychotherapists who work with Aboriginal and Torres Strait Islander clients (PACFA, 2019).

## PART V: Pulling together the reforms

### Governance, responsibilities and consumer participation

As mentioned throughout this submission, PACFA's position is that the Australian mental health workforce should be expanded and strengthened by the formal inclusion of Registered Counsellors and Psychotherapists in legislation, datasets and funded initiatives at all levels of government. This expansion of the workforce should include Registered Counsellors and Psychotherapists who are certified by ARCAP among allied mental health providers for MBS-funded services.

The recommendations we have made throughout this submission would impact governance, funding and evaluation arrangements under the proposed system, reforms in Part V of the draft report.

### **DRAFT RECOMMENDATION 22.1 — A NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION AGREEMENT**

All stakeholder groups, including government, should know which tier of government is responsible for funding particular services and is accountable for mental health outcomes that are attributable to the provision of those services

### **DRAFT RECOMMENDATION 22.2 — A NEW WHOLE-OF-GOVERNMENT MENTAL HEALTH STRATEGY**

A national strategy that integrates services and supports delivered in health and non-health sectors should guide the efficient allocation of government funds and other resources to improve mental health outcomes over the long term.

As a signatory to Mental Health Australia's *Charter 2020 on Mental Health* (MHA, 2019), along with over 100 other organisations, PACFA strongly supports both these recommendations.

As a national allied health peak, we already work across education, disability, health, workforce, traffic accident compensation, plus private providers – EAPs, PHIs, and employed by various NGOs which work in the areas of housing and social support. PACFA is advocating for nationally consistent inclusion of Registered Counsellors and Psychotherapists to further facilitate a more holistic approach and recognise the impact of mental illness on the overall wellbeing, participation and social inclusion of all Australians.

#### **DRAFT RECOMMENDATION 22.5 — BUILDING A STRONGER EVALUATION CULTURE**

A robust culture of program evaluation should inform the allocation of public funds across the mental health system to ensure that they are deployed most efficiently and effectively.

As mentioned above, due to a lack of recognition of their skills and qualifications, counsellors and psychotherapists are often precluded from providing services under publicly funded mental health initiatives. This, in turn, means that the counsellor and psychotherapist workforce is entirely absent from key national datasets including, most importantly, crucial national data sets collected and reported on by the Australian Institute of Health and Welfare (AIHW). The AIHW collects mental health workforce and service delivery data in a number of ways (AIHW, 2019c), including:

- Registration and survey data for professions registered through the Australian Health Practitioners Regulatory Authority (AHPRA) including psychiatry, psychology and nursing;
- MBS items reports for all practitioners registered as MBS providers, including psychiatrists, psychologists, mental health nurses, occupational therapists and social workers; and
- Service reporting for state and territory funded specialised mental health services, which employ the same professions that are recognised under the MBS, namely psychiatrists, psychologists, mental health nurses, occupational therapists and social workers.
- There are some existing workforce data gaps in current data collections for federal, state and territory funded mental health initiatives and services. For example, there are currently no detailed reporting requirements, and therefore no publicly accessible data, on:
- Staff employed in state and territory funded community mental health services by profession, FTE status, number of client service provided; and
- Services provided under the Access to Allied Psychological Services (ATAPS) initiative, (commissioned through PHNs) by service provider/practitioner;
- Services provided by counsellors and psychotherapists.

Inclusion of counsellors and psychotherapists in datasets is addressed in recommendation 9.

## Funding

#### **DRAFT RECOMMENDATION 23.3 — STRUCTURAL REFORM IS NECESSARY**

The Australian Government and State and Territory Governments should work together to reform the architecture of Australia's mental health system to clarify federal roles and responsibilities and incentivise governments to invest in those services that best meet the needs of people with mental illness and their carers. There should be greater regional control and responsibility for mental health funding.

#### **DRAFT RECOMMENDATION 24.1 — FLEXIBLE AND POOLED FUNDING ARRANGEMENTS**

MBS-rebated and regionally commissioned allied mental healthcare should be funded from a single pool, and commissioning agencies should be able to co-fund MBS-rebated allied mental health professionals. State and Territory Government agencies should be permitted to co-fund MBS-rebated out-of-hours GP services where this will reduce mental health-related emergency department presentations.

#### **INFORMATION REQUEST 23.1 — ARCHITECTURE OF THE FUTURE MENTAL HEALTH SYSTEM**

How could the Rebuild model be improved on? Are the proposed governance arrangements appropriate?

#### **INFORMATION REQUEST 24.1 - REGIONAL FUNDING POOLS**

If the Commission were to adopt the Rebuild model, our preference would be to link RCA mental health funding with projected MBS-rebates for allied mental healthcare. Is there any reason that funding linkage should be undertaken on a different basis?

PACFA supports draft recommendations 23.3 and 24.1, but cautions against unintentionally placing a ‘ceiling’ on modelling regional expenditure for prevention, early intervention and services for people with low to moderate needs, high prevalence conditions by limiting the calculation of funding to projected MBS expenditure.

The formal inclusion of Registered Counsellors and Psychotherapists in the mental health workforce, as advocated for throughout this submission, would necessitate a remodelling of the base funding for each of the designated coordination regions, to account for their delivery of services.

PACFA notes that while pooled funding at the regional level will allow for flexible service delivery and greater provider choice, ensuring that the blended funding model proposed will still allow access to MBS-funded services for all mental health consumers, regardless of a diagnosis of “moderate to complex” needs, would provide better continuity of care for all Australians.

Cost effective service delivery in the short to medium term, via targeting of the Better Access Initiative and expansion of low-cost low intensity treatments such as online therapy, is only one part of the picture when it comes to providing a mental health system then supports the well-being of all Australians. Economic efficiency and enhanced access to low-intensity supports should be coupled with access to ongoing care, to ensure the best possible mental health outcomes for all health care consumers, and to substantially reduce the risk on future episodes of poor mental health due to financial barriers to access.

It is for this reason, among others, that PACFA is advocating for the inclusion of Registered Counsellors and Psychotherapists who achieve certification by ARCAP among the allied mental health providers under the MBS, regardless of the future orientation of the Better Access Initiative. To limit the scope of available practitioners to provide face to face therapy under our national universal health care system is to potentially limit the care provided to those who need ongoing personal therapy, and increase the risk of recurrent mental ill-health.

The expansion of available service providers under Better Access, coupled with pooled funding for early intervention and prevention and services for low to moderate needs under regional coordinating bodies, would ensure that not only is care delivered in a cost-effective manner at the regional level, but that anyone requiring continuous care has the additional protection of MBS-funded therapies, regardless of their mental health diagnosis or place of residence.

#### **RECOMMENDATION 14**

Registered Counsellors and Psychotherapists should be accounted for in the allocation of funding to the proposed regional commissioning bodies, including in any calculations of projected allied health MBS expenditure for each region.

#### **RECOMMENDATION 15**

Under a blended regional funding model, all mental health consumers should be guaranteed access to ongoing care via either the MBS or services commissions at a regional level, regardless of the severity of the mental health diagnosis or their place of residence, to ensure the greatest long-term mental health and well-being for all Australians.

#### **DRAFT RECOMMENDATION 24.5 - PRIVATE HEALTH INSURANCE AND FUNDING OF COMMUNITY-BASED HEALTHCARE**

The Australian Government should review the regulations that prevent private health insurers from funding community-based mental healthcare with a view to increasing the scope for private health insurers to fund programs that would prevent avoidable mental health-related hospital admissions.

PACFA supports this recommendation and notes, as mentioned above, that referral pathways for all entry points into the mental health system, including from private health funds, should be consistently coordinated at the local and regional level.

## **Conclusion**

The Productivity Commission's inquiry into Mental Health in Australia provides an unprecedented opportunity for large-scale reform to the Australian mental health system. Throughout this submission PACFA has made the case for a nationally consistent approach to harnessing the unique therapeutic skills of counsellors and psychotherapists, through a variety of mechanisms for the formal inclusion of counsellors and psychotherapists in the Australian Mental Health Workforce.

We strongly believe that the recommendations made throughout this submission, if actioned, will contribute significantly to unlocking the potential of the existing mental health workforce, which in turn will enable a more comprehensive approach to the stepped care model, greater client access and choice, and improved long-term mental health outcomes for all Australians.

We look forward to the Commission's Final Report.

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