APS Australian Psychological Society

The Future of Psychology in Australia

A blueprint for better mental health outcomes for all Australians through Medicare

White Paper, June 2019

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future, for they hold the dreams of Indigenous Australia.

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The Australian Psychological Society

The Australian Psychological Society (APS) is the peak professional organisation for psychology in Australia, representing more than 24,000 members.

As the peak representative organisation, the APS works to amplify the role of psychological science and psychologists in helping people achieve positive change in order to contribute their best to the community.

This means the APS strives to ensure psychological services are used to benefit individuals, systems and communities with a focus on quality improvement strategies and research on responding to increasingly complex societal issues.

Psychologists represent the largest mental health workforce in Australia. Through their extensive training they are highly skilled to provide evidence-based psychological assessments and interventions for individuals experiencing mental health difficulties.

As the peak representative body, the APS regularly provides advice to stakeholders to inform best practice in mental health services in Australia.

The APS has a long history of working collaboratively with the Australian Government and other agencies to help address major social, emotional and health issues, and to ensure mental health care is equitable and accessible to all members of the Australian community.

The things the APS does as an organisation, the way it does them and the decisions it makes are guided by integrity, influence, professionalism and respect.

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Executive summary

This White Paper has been developed to communicate the APS's vision for psychological services delivered by psychologists within Australia's Medicare Benefits Scheme. This vision is intended to strengthen access to high quality and safe mental health services for the Australian community and to reduce the burden that mental health problems place on the individual, their family, friends and carers, the community, and the Government. This paper will guide our advocacy efforts to advance the importance of psychological assessment and treatment services, so they are and remain to be fit for purpose within the Medicare Benefits Scheme.

Mental ill-health has broad and far-reaching impacts on individuals, the community and the Government, and the Australian Government invests significantly in mental health reforms and programs for the benefit of all Australians. However the burden of mental health remains high and mental illness and suicide rates are not reducing. More strategic long-term and comprehensive reforms are required to ensure the government investment is targeted, cost effective and of high value.

The current system of delivering psychological services within Medicare was introduced in 2006 and requires urgent updating to ensure all members of the community can access the care they need. In response to the Government's review of the Medicare Benefits Schedule, the APS conducted an extensive member consultation to provide a comprehensive model for the delivery of psychological services within Medicare. The APS undertook this process to provide the Government with a targeted and effective solution for addressing the burden of mental health in Australia. The APS's recommendations for change to the delivery of psychological services within Medicare are outlined as follows:

Recommendation One: Amend the Better Access Framework

- Separate the psychology workforce from medical and other allied health professionals who provide mental health services as an adjunct to their profession.
- Three levels of mental health interventions are available to clients as follows:
  a. **Supportive Therapy** provided by medical and other allied health professionals.
  b. **Psychological Therapy** provided by all psychologists.
  c. **Advanced Psychological Therapy** provided by psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia.
- Clients being treated by provisionally registered psychologists are eligible to receive a rebate.

Recommendation Two: Individual psychological services

- Increase the number of available sessions for clients who require more intensive psychological services to stabilise their mental health, prevent deterioration and relapse and to allow the delivery of evidence-based interventions that support recovery.
- Clients are stepped through levels of psychological care according to the:
  - nature of the mental health disorder
  - expertise of the psychologist
  - needs of the client (number of sessions required to achieve effective clinical outcomes; up to 20 sessions for low intensity treatment needs and up to 40 for clients with specific diagnoses and high intensity treatment needs).
- Regularly measure and review outcomes to determine treatment progress and to ensure responsiveness is embedded in the delivery of psychological services within Medicare.
- Clients can be referred to a psychologist by any medical practitioner registered with the Australian Health Practitioners Regulation Agency.
- Collaborative care is supported by strengthened reporting, enhanced referrals, integrating outcome measurement, and by implementing criteria to clarify clinical care pathways.

Recommendation Three: Family and couples therapy

Introduce items for family and couple therapy where one or more members of the family/couple are experiencing mental health problems.

Recommendation Four: Amend group therapy items

Amend group therapy items within Medicare by:

- reducing the minimum participant numbers and increasing the maximum number of participants
- enabling group therapy for kinship groups
- enabling two clinicians to facilitate a group therapy program
- increasing the range of timed items to allow for flexible group therapy and longer sessions.

Recommendation Five: Evidence-based interventions for parents and carers of children with a mental health disorder

Introduce an item for the specific purpose of providing evidence-based

"The current system of delivering psychological services within Medicare was introduced in 2006 and requires urgent updating to ensure all members of the community can access the care they need."

interventions between health professionals and family, parents, carers and/or support people of children or adolescents with a mental health disorder.

Recommendation Six: Developmental neurocognitive assessments

Introduce items that enable clients to access comprehensive developmental neurocognitive assessments to accurately delineate the impact of cognitive, behavioural and psychosocial issues that are associated with neurodevelopmental problems and to improve diagnostic accuracy and client outcomes, especially among children.

Recommendation Seven: Standardised evaluation and measurement for the delivery of psychological services

- Invest in the collection of data, including outcome data, within the Better Access initiative.
- Introduce standardised evaluation into the Medicare Benefits Scheme and that the APS be consulted and work with the Government to assist with the development of appropriate tools.

Recommendation Eight: Neuropsychological assessment to differentiate dementia from mental health disorders

Introduce items to allow a comprehensive neuropsychological assessment for people with potential neurocognitive problems/dementia who are at increased risk of a mental health disorder, or who may have a co-occurring mental health condition.

Recommendation Nine: Consultation with family, parents, carers and support people

Introduce an item for the specific purpose of enabling consultation between health professionals and family, parents, carers and/or support people.

Recommendation Ten: Mental health case conferencing with other health professionals

Introduce items to enable psychologists to be included in case conferencing with other health professionals involved in the client's care.

Recommendation Eleven: e-Mental health assessments

Introduce two items for clients with low intensity treatment needs to assess suitability for and facilitate access to e-mental health programs and to assess the clients response to these intervention programs.

Recommendation Twelve: Initial intake, assessment and report item

Introduce items to conduct an initial assessment of a client presenting for treatment with a psychologist. This includes preparing a report for the referring practitioner to enhance collaborative care arrangements.

Recommendation Thirteen: Universal access to Interpreters

Expand access to free interpreter services currently available for medical consultations within Medicare to psychological services delivered under Medicare.

Recommendation Fourteen: Amend telehealth items

Expand access to telehealth for clients in metropolitan areas who face barriers to attending face-to-face psychological therapy and removing barriers to access for people in regional, rural and remote areas of Australia.

Recommendation Fifteen: Enhance access to psychological services for people in regional, rural and remote Australia

Introduce financial incentives, such as rural loadings, to improve the financial viability of providing psychological services to people who live in regional, rural and remote areas of Australia.

Recommendation Sixteen: Independent mental health assessment, opinion and report

Introduce items to refer clients for an assessment, expert opinion and report to psychologists with an Area of Practice Endorsement in clinical or counselling psychology.

Recommendation Seventeen: Scheduled fees

- The Government continue with the current two-level rebate system within Medicare.
- Extend the higher rebate to all psychologists who hold an Area of Practice Endorsement.
- Increase the scheduled fees for psychological therapy services.
- Increase the scheduled fees for assessment items to 1.5 times the scheduled fee for individual treatment.

Strengthening the mental health of Australians

Over the past 30 years Australian governments have demonstrated their commitment to the mental health of Australians through their significant, iterative and growing investment in reforms to address the burden of mental health.[1] This investment recognises the broad and far-reaching impact mental health has on individuals, the community and the economy. Over this time, access to mental health services has substantially increased. As access has increased, stigma and discrimination around mental health have reduced in the Australian community and mental health is now a strong focus across sectors such as health, education and employment.[2] With the economic impacts of mental ill-health estimated to be $60 billion per year,[3] and the burden of mental health remaining high,[4] there are further opportunities to implement targeted reforms that produce positive outcomes.[2,5] These targeted reforms represent an investment in our society and the downstream savings will deliver economic and productivity gains for business and the broader community which will far outweigh the initial investment.[5]

The changing mental health landscape

The Australian Government spends $9.1 billion (2016-17) each year to address the burden of mental health, however this burden is not reducing, and significant reform is still required.[1] Mental illness and suicide remain major public health issues with almost half of all Australians experiencing a mental illness in their lifetime.[6,7]

The impact of mental health on the Australian community has been increasingly recognised and the Government has implemented major reforms, particularly in the primary care sector. This includes providing universal access to evidence-based psychological treatment and expanding access to a range of services for young people through *headspace*. Psychological services have also been provided to hard-to-reach groups through a range of primary care organisations (Primary Health Networks). Although these reforms have improved access to services, we are yet to see the impact of these reforms.

Approximately 62% of government spending is for acute and specialised mental health services.[1] Additionally, statistics show that Australians aged 15-64 represent the largest proportion of mental health related presentations to emergency departments.[8] In 2017-18, almost 300,000 Australians presented to an emergency department due to mental health problems.[9] Of these, almost 93% were classed as an emergency, urgent or semi-urgent requiring immediate care within 10-60 minutes of presenting, however the average length of stay was approximately 3.5 hours.

Acute care is designed to contain major and serious symptoms of mental illness, such as psychosis. It is designed to address mental illness among those who are at crisis point where acute care is required. Preventative measures are also not designed for people who have a mental health diagnosis and is instead targeted at preventing the onset of mental health problems. This leaves a majority of Australians with a mental health disorder with reduced options for treatment outside of acute and specialist care and risks a decline in their mental health.

There are further hidden costs to the Government and the community that are distributed across numerous sectors. For example, there is little data collected about the cost of mental illness incurred by clients, employers, emergency departments, carers, and across the housing, aged care, education and justice sectors. There are additional downstream costs of mental illness, such as homelessness, incarceration, welfare dependence and unemployment.[2] The cost of mental health problems is underreported and more can be done to measure and evaluate the true cost of mental health across Australia.

Rates of mental illness are not yet declining and sadly, despite the Australian Government's major efforts to reduce the rate of suicide, it remains a significant and unrelenting issue impacting on our community and the 13th leading cause of death in Australia in 2016-17.[10] For example, Indigenous Australians are twice as likely to die as a result of suicide and alarmingly, in the first quarter of 2019, 24 Indigenous Australians took their own life.[10] Tragically three of these Australians were 12-year-old children. Despite increased investment in suicide prevention, there

"Mental illness and suicide remain major public health issues with almost half of all Australians experiencing a mental illness in their lifetime."

has been no significant reduction in suicide rates in the past decade.[11]

It is clear that major efforts by the Australian Government to address mental illness and suicide require further investment. Reform is needed to address the significant and far reaching impacts of mental illness and suicide in Australia. This was made clear in the Mental Health Commission's 2018 report card where they state that while some investments in mental health are working, others are not.[11] Reform requires more than simply addressing topical issues and acute presentations. It requires a larger and more strategic approach, built on research about what works, for who and when.

Changes to the Medicare Benefits Schedule are needed

The current review of Medicare items provides an opportunity to reform mental health services and improve mental health outcomes in Australia. The APS has been guided by the overarching aim of determining and implementing improvements with meeting the client's need foremost, with expert assessments, accurate referrals and targeted interventions provided in a timely manner to effectively reduce the burden of mental health difficulties for the client and the wider community.

In 2015, the Government established the MBS Review Taskforce to review more than 5,700 health professional services listed in the Medicare Benefits Schedule to ensure the scheme is fit for purpose.[12] The review criteria for the MBS Review was to align services with contemporary evidence and practice methods and identify obsolete, outdated and potentially unsafe items.

The initial intention of the Better Access initiative was to address low intensity mental health disorders. However, 13 years on the mental health needs of the Australian community have shifted. While preventative services are designed to reduce the incidence of mental health disorders and acute services address and care for the most unwell within our community, there is a large proportion of Australians with a mental health disorder who have inadequate access to essential psychological services. The mental health needs of this 'missing middle' section of our community are not being addressed.

The current structure of psychological services is no longer fit for purpose. The one-size-fits-all approach of 10 sessions per annum is incompatible and insufficient to meet the mental health needs of the Australian community.

The Better Access initiative could be strengthened to ensure there are clearer clinical care pathways so that the client is more easily referred to the right mental health provider, at the time they need it. Appropriate and targeted psychological assessment services are needed to enable comprehensive formulation of an individual's mental health to ensure services are targeted appropriately and effectively. More support for collaborative team-based care, multidisciplinary communication, evaluation of outcomes and broader based treatment services for people with particular needs, such as parents or carers of children with mental health disorders, is needed.

White Paper development process

From December 2018 to May 2019 the APS undertook a member consultation process to gather feedback to enhance the delivery of psychological services within Medicare.

The APS Board of Directors established an APS MBS Expert Committee to represent members' views and formulate recommendations for change. The APS Board of Directors developed guiding principles for this consultation process (Table 1). The purpose of these principles was to underpin any model developed.

The MBS Expert Committee considered member submissions and survey results to produce a Green Paper for consultation with members.[13] With the assistance of the APS policy team, the committee incorporated member feedback to develop final recommendations to be considered by the APS Board of Directors. The MBS Expert Committee was able to reach consensus on most of the recommendations in this White Paper. There are some areas where Committee members were unable to reach consensus. The APS Board of Directors took the findings of the Committee and, guided by the principles, produced the recommendations in this White Paper.

Table 1: Guiding principles

The APS Board of Directors developed principles to guide the MBS consultation process. These guiding principles are:

Client and outcome focused

Submissions will be underpinned by the clear view of APS members that client and community needs are the priority, including contemporary and long-term positive health and economic outcomes for Australia. Client wellbeing including practice integrity and optimum practice standards will be promoted at all times.

Client equity and fairness is protected within the system

APS members support an MBS system that is just and equitable for the community. Equity is one of the two key considerations in good policy development (the other being efficiency). Access through affordable and available service provision is a key factor in providing equity across the health system. The MBS system should therefore ensure access for different groups within our society regardless of geography, cultural considerations, and income and education levels.

Cost-effective delivery

Recognising the Medicare system supports a broad range of important areas in Australia's health sector, the APS supports cost-effective provision of services in promoting the long-term financial sustainability of the Medicare system. Cost-effective does not mean providing the cheapest service or model, but the method that will, in the most cost-effective way, maximise beneficial outcomes for clients and the community over the long-term.

Simplicity

The system should be simple to understand, administer and use. The greater the complexity of a system, the higher the transaction and administration costs for those providing services, in turn impacting costs for clients. Complexity can also provide unnecessary barriers for clients to the system benefits.

Best practice

The APS recognises the importance of evidence-based practice and the fundamental role of early intervention in preventing deterioration of mental health. The APS acknowledges that mental health research is continually developing, and ongoing education of practitioners is important.

Stepped care

The APS recognises the Australian Government's Stepped Care approach is central to mental health service delivery in Australia.

Accountability, measurement and evaluation

Data collection and availability within strict privacy rules will assist the sector and Government in providing the best possible services. The APS and its members recognise the importance of program and service evaluation in continuous improvement of the MBS system.

Flow-on and longer-term impacts

All policy models are likely to contain both positive and negative unintended consequences or flow-on impacts. The benefits and costs to the clients, the sector and the economy more broadly will be carefully considered. As part of these considerations, it is important that recommendations are integrated and cannot be segmented by Government.

Investing to save

The government has committed to investing $104 billion towards health expenditure in 2019-20.[14] The most recent data suggest that approximately 7.4 per cent of this total health expenditure will be allocated towards mental health-related services,[8] yet the burden of mental illness on the population is a much greater share, accounting for 12 per cent of the total burden of disease.[4]

The costs and level of disability associated with mental health disorders is rising[15] and psychologists play a core role in helping to moderate and contain the burden, including the economic costs. Mental health disorders can emerge at any time and at any age, and can significantly impact a person's life, their family, workplaces, society and the economy. The significant costs mental health disorders impose on individuals, employers and the community, highlights the need for integrated and strategic reforms that optimise the prevention and treatment of mental health disorders in Australia.[16]

This paper outlines a range of key recommendations to strengthen psychological services within Medicare. These recommendations aim to improve the health and wellbeing outcomes for individuals, and as a result, delivering economic returns to government and the broader society. Currently the Government spends approximately $524 million[i].[1] on psychology services as part of the Medicare Benefits Scheme. The recommendations in this paper will require a minor increase in expenditure to improve the effectiveness of the Better Access initiative. This investment will enhance the clinical outcomes and deliver significant benefits, including:

Reduce and avert the burden of disease in Australia: resulting from improved diagnosis and treatment of mental ill-health. The economic burden of mental illness is estimated to be $43.6 billion, and result in 670,000 lost years of healthy life.[17] However, there is evidence to suggest this economic burden is vastly understated. For example, the economic burden of serious mental illness is estimated to be $98.8 billion per year when all downstream costs are included.[3] Other studies and reports produce different estimates of the burden of mental health problems, highlighting the need to comprehensively and consistently measure the economic impacts.[11] In addition to the economic burden, mental health disorders have a significant impact on the quality and length of life for individuals. For example, the life expectancy of both men and women with serious mental health disorders is up to 30 per cent shorter compared with the general population.[18]

The recommendations in this paper aim to improve the assessment, diagnosis and treatment of individuals, reduce the impact of mental health disorders on quality of life and life expectancy, and reduce the growing cost of the mental health burden in Australia.

Increase access to mental health services for those in need: through increased services and mediums of psychological support. While access to psychological services has increased over the last decade, regional and remote populations, and those in deprived regions, continue to be under-serviced. For example, mental health disorders are more common among children and adolescents who experience socio-economic disadvantage[19] and these young people, along with those living in more remote areas, are less likely to use psychological services compared with their metropolitan counterparts.[20]

The recommendations in this paper will improve access to and engagement and participation, of these populations, with mental health services.

Deliver labour market productivity benefits: given improved employment outcomes and increased productivity. A healthy labour supply is one of the major factors that drive the economy, however mental ill-health can significantly impact the labour market, with a one standard deviation decline in mental health found to reduce employment by 30 percentage points.[21] For those employed, mild and moderate mental health disorders can reduce productivity by 4 per cent and 7 per cent respectively, increasing to over 9 per cent for severe mental health disorders.[22] For example

(i) Expenditure on psychological services in the 2017-18 financial year

absenteeism and reduced productivity (presenteeism) due to mental ill-health are estimated to be $11 billion per year.[23,24] As an example, psychologist-led return-to-work programs have been shown to deliver a return of approximately $4.70 per dollar invested.[5] Further investment in improved psychological services will assist in supporting individuals with mental health disorders to gain and maintain employment, and promote the mental health and wellbeing of the workforce.

Generate health sector savings: resulting from a reduction in health service utilisation including fewer emergency department visits and inpatient hospital stays. Individuals experiencing mental illness can incur a range of avoidable health-related expenses, including emergency department presentations and hospitalisations. In 2017-18, there were 286,985 mental health-related visits to public hospital emergency departments, with almost a third resulting in hospital admissions.[9] With the average cost of an admitted emergency department presentation of $977 (and the average cost of a non-admitted presentation of $517),[25] the costs of emergency department presentations and hospitalisation relating to mental illness are estimated to be over $190 million each year. Investing in mental health and wellbeing provides an opportunity to reduce avoidable costs associated with emergency department presentations and hospitalisations. An early evaluation of the Better Access initiative found that improved access to psychological services within the community helped deliver better outcomes for patients in the long term and prevented unnecessary hospitalisations.[20]

Provide justice sector savings: resulting from a reduction in justice service utilisation. Most people with mental health problems do not commit crimes, however mental health disorders are overrepresented within the justice sector.[26] The prevalence of mental health disorders among prisoners is almost double the 12-month prevalence of mental health disorders within the community.[11,27] The high prevalence of people with mental illness in the criminal justice system is a major indirect contributor to the economic burden of mental illness in Australia. It is estimated that a total of $2.9 billion in government justice service expenditure relates to supporting people with a mental health disorder, representing approximately 15 per cent of the recurrent government justice expenditure.[28] This does not include the economic impacts of offending on the broader community and the justice sector more broadly.

The development of serious antisocial patterns of behaviour that lead to offending are likely to emerge during childhood, with almost 50 per cent of prisoners estimated to have had a conduct disorder before age 18.[29] The recommendations in this paper support interventions to address mental health and behavioural disorders, especially among children. These interventions will produce cost savings for the government by reducing the number of young people entering the criminal justice system.

"The recommendations in this paper aim to... improve the health and wellbeing outcomes for individuals, and as a result, deliver economic returns to government and the broader society."

Recommendations

Recommendation One:

Amend the Better Access Framework

The APS Position

Psychologists are enabled to provide their full scope of services within Medicare for the benefit of the client.

Background and context

Psychologists have advanced expertise and skills to provide psychological therapy and are distinct from other health professionals due to the depth of psychological expertise, training and skills.

In addition to differences between psychologists and other mental health professionals, there are distinct and diverse competencies between the different areas of psychological practice as recognised by the Psychology Board of Australia. Area of Practice Endorsement is a mechanism provided for by Section 98 of the National Law through which additional qualifications and advanced supervised practice are recognised by the Psychology Board of Australia and identified to the public.[30]

Within the current structure of the Better Access initiative, clients of psychologists providing focussed psychological strategy items, can only claim a rebate for a defined range of therapies. This limits the full range of psychological treatment that can be provided to clients within the Better Access initiative and may prevent the client from receiving the right evidence-based care at the right time. For example, under the current model:

- Personality disorders are not an eligible diagnosis
- Eye movement desensitisation and reprocessing is not an eligible intervention for the treatment of post-traumatic stress disorder if delivered by psychologists who do not hold an Area of Practice Endorsement in clinical psychology
- Assessments are not an eligible activity for psychologists who do not hold an Area of Practice Endorsement in clinical psychology
- Evidence-based interventions cannot be provided effectively due to the restriction on the number of sessions.

Further, psychologists with provisional registration work with clients under supervision as part of their training (internship or placements within a postgraduate course). This work is currently undertaken at a cost to the provisional psychologists who are not paid for providing therapy to clients. The APS believes that all provisional psychologists registered with the Australian Health Practitioner Regulation Agency should be remunerated for their work. Such placement/internship option provides additional workforce and ensures they are work-ready for the Medicare environment upon completion of their training.

Mental health clients have diverse treatment needs and stand to benefit from increased recognition of diverse skills within the psychology profession. This will enhance the availability of treatment and simplify the referral pathways. This stratification of mental health interventions, as recommended by the Mental Health Commission,[11] aligns the needs of the client with the skills and training of the treating professional.

In recognition of the advanced skills of psychologists, the APS believes the psychological workforce is separated from the allied health professionals who provide mental health services as an adjunct to their profession. To enhance referral pathways, three levels of mental health interventions should be available to clients. The following therapy approaches are suggested for the delivery of mental health services within Medicare:[31]

a. Supportive Therapy
Therapies that can be provided by other medical and allied health professionals. Supportive therapy includes activities such as establishing, maintaining and supporting relationships with clients and relatives, using techniques, such as counselling and stress management and basic behavioural techniques.

b. Psychological Therapy
Therapies and assessments can be provided by all psychologists as they require a high level of knowledge and skill. This therapy includes undertaking an increased range of psychological interventions to include all Level I evidence-based therapies as described by the NHMRC guidelines.[32]

c. Advanced Psychological Therapy
The psychologists who can provide this type of therapy are those with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia and the Australian Psychology Accreditation Council. These activities require expert psychological intervention, in circumstances where the client has a complex, comorbid or treatment resistant mental health disorder, which requires high level clinical judgement to devise an individually tailored strategy for a complicated presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level, which comes from a broad, thorough and sophisticated understanding of the various psychological theories.

Recommendation One: Amend the Better Access Framework

- Separate the psychology workforce from medical and other allied health professionals who provide mental health services as an adjunct to their profession.
- Three levels of mental health interventions are available to clients as follows:
  - **a. Supportive Therapy** provided by medical and other allied health professionals.
  - **b. Psychological Therapy** provided by all psychologists.
  - **c. Advanced Psychological Therapy** provided by psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia and the Australian Psychological Accreditation Council.
- Clients being treated by provisionally registered psychologists are eligible to receive a rebate.

Recommendation Two:

Individual psychological services

The APS Position

Strengthening the delivery of individual psychological services within Medicare requires a more targeted approach to addressing the burden of mental health in Australia.

Background and context

The current one-size fits all approach within Medicare needs to evolve to align with the Australian Government's Stepped Care approach to mental health service delivery. There are opportunities to strengthen psychological services within Medicare to ensure clients are receiving the right level of intervention to make significant clinical improvements to their mental health. The current availability of 10 sessions per annum limits the ability of many clients to access evidence-based psychological interventions to meet their mental health needs. For example, people with a psychotic disorder,[33] eating disorder,[34] persistent or recurrent depressive disorders,[35] borderline personality disorder[36] and conduct disorder[37] often require more intensive services to facilitate recovery and prevent transitions to secondary care, such as hospitalisation. Collaborative and team-based care can be strengthened by embedding reporting and communication between health professionals. Broadening the referral process to include all medical practitioners recognises the inextricable link between mental and physical health conditions. Strengthening this collaboration includes ensuring outcomes are measured and responsiveness is inherent in the system.

Proposed solution

Implementing a stepped care approach to the delivery of psychological services within Medicare.

The APS suggests clients are stepped through levels of psychological care according to the:

- nature of the mental health disorder
- expertise of the psychologist
- needs of the client (number of sessions required to achieve effective clinical outcomes; up to 20 sessions for low intensity treatment needs and up to 40 for clients with a specific diagnoses and high intensity treatment needs).

This stepped care approach is enabled through two referral pathways to psychologists (See Figures 1 and 2):

1. Low Intensity Disorder Pathway (Up to 20 sessions of *Psychological Therapy* provided by any psychologist); and

2. High Intensity Disorder Pathway (Up to 40 sessions of *Advanced Psychological Therapy* provided by psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia).

Low Intensity Disorder Pathway

Referral criteria: Client can be referred to the *Low Intensity Disorder Pathway* if they do not meet criteria for the *High Intensity Disorder Pathway*.

Number of sessions (maximum): Clients referred for this pathway can access up to 20 sessions per year, with a review after each 10 sessions.

Eligible Providers: All psychologists can provide *Psychological Therapy* to clients referred through this pathway.

High Intensity Disorder Pathway

Referral criteria: The *High Intensity Disorder Pathway* is limited to clients diagnosed with the following diagnosis:

- Eating Disorders[34]
- Psychotic Disorders[iii 33]
- Conduct Disorders[29]
- Borderline Personality Disorder[36]
- Recurrent and Persistent Depressive Disorders[35]

Number of sessions (maximum): Clients eligible for this referral pathway can access up to 40 sessions per year, with a review after each 10 sessions.

Eligible Providers: Psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia, can provide *Advance Psychological Therapy* to clients referred through this pathway.

Clients initially referred through the *Low Intensity Disorder Pathway* can transition to the *High Intensity Disorder Pathway* at any time within the first 20 sessions upon review by a medical practitioner.

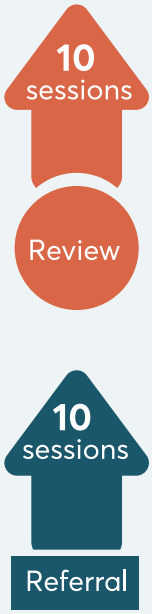


Figure 1. Low Intensity Disorder Pathway

Client can access up to 20 Psychological Therapy sessions delivered by all psychologists.

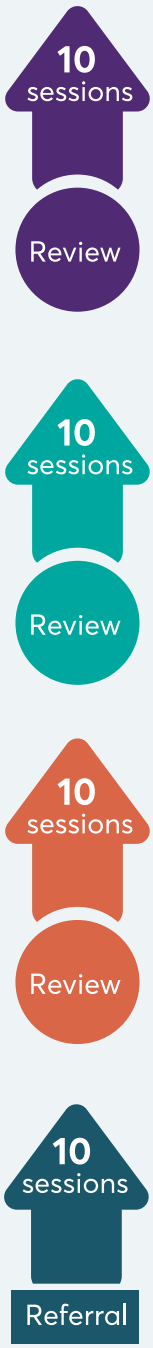


Figure 2. High Intensity Disorder Pathway

Client can access up to 40 Advanced Psychological Therapy sessions delivered by psychologists with an Area of Practice Endorsement and who are working within their area of advanced competency, as determined by the Psychology Board of Australia.[ii]

(ii) Eating Disorders, Psychotic Disorders, Conduct Disorders, Borderline Personality Disorder and Recurrent or Persistent Depressive Disorders.

(iii) excluding substance induced psychosis and schizoid personality disorder

To support this stepped care approach to the delivery of psychological services within Medicare, the APS proposes the following recommendations:

The APS suggests the following amendments to medical practitioner referrals:

- Increase the maximum number of allowable sessions per referral from 6 to 10 sessions.
- Broaden eligible referrers to include all medical practitioners registered with the Australian Health Practitioner Regulation Agency to enhance collaboration, reduce administrative burden on the client and reduce the cost to government.

The APS suggests the following amendments and new criteria for medical practitioner reviews:

- Require reviews after each block of sessions (maximum of 10 sessions)
- Introduce pre- and post- outcome measures for each block of sessions
- Require a psychological report to be provided to the referring practitioner prior to each review
- Introduce review criteria after each course of treatment (up to 10 sessions).

Review Criteria

The criteria to access more than the initial 10 sessions is based on the combination of measured outcomes, the nature of the presenting problem and how they match with the qualifications of the treating psychologist.

This requires amendments to the current triage and referral processes, the embedding of outcome measures and communication (reporting) between health professionals and simplifying the initial triage process.

After each course of Therapy, the client will require a review by the referring medical practitioner to determine the efficacy of treatment and make decisions about the next step of psychological care the client needs.

For clients to access an additional course of treatment (10 sessions) the treating psychologist will need to provide a report that contains evidence of the benefits of therapy preferably in the form of a standardised outcome measure, however in certain circumstances functional measures may be preferable. This brief report must be provided to the referrer prior to the medical review and the psychologist will need to indicate whether the client is either:

i. benefiting from therapy but is not yet symptom free; or
ii. benefiting from therapy but would benefit from continued treatment to prevent relapse; or
iii. has not benefited from therapy, but therapy has prevented inpatient admissions or inappropriate use of other services; or
iv. make recommendations for alternative treatment options.

Where these criteria are met, the referring medical practitioner will either refer the client for additional treatment sessions (up to 10 sessions); or where the client was previously referred through the Low Intensity Disorder Pathway, the medical practitioner can refer the client to the High Intensity Disorder Pathway if they meet the criteria.

Where these criteria are not met, the referring medical practitioner will need to consider whether to:

- refer to an alternate psychologist; or
- refer to a psychiatrist or paediatrician; or
- refer the client to an alternative service.

Economic case for the High Intensity Disorder Pathway

The following section outlines the economic case in support of the recommendation to increase the number of sessions for the serious mental health disorders eligible for the High Intensity Disorder Pathway.

- **Eating Disorders** – Eating disorders are serious mental illnesses that require physical and psychological treatment. In 2014, there were more than 945,000 Australians living with an eating disorder, with less than 30 per cent accessing treatment.[38]

  Applying best practice interventions to all new cases of eating disorders would represent an intervention cost of approximately $2.8 billion. These best practice interventions include a multidisciplinary team approach integrating medical, nutritional and psychological treatments.

  Due to the long lasting and debilitating ways in which eating disorders impact individuals in society, the resultant productivity benefit and other gains to the economy would be approximately $15 million. This represents a return on investment of more than 5 to 1.
- **Psychotic Disorders** – The costs of early psychosis intervention (including increased inpatient and community care) are outweighed by benefits associated with reduced outpatient and inpatients stays. A short-run return on investment of 2.5 has been found to occur, with an Australian study demonstrating a return on investment of 8.6 over the long run.[39-41]
- **Conduct Disorders** – Nearly 6 per cent of children aged 5-16 display behavioural problems associated with conduct disorder. A longitudinal study of children found that by age 28, the

costs to society for individuals with childhood conduct disorder were ten times higher than for children without these behavioural problems. Compared with their peers, these children are on average:

- twice as likely to leave school with no qualification
- four times more likely to become drug dependent
- six times more likely to die before the age of 30
- 20 times more likely to end up in prison.

The lifetime costs of untreated conduct disorders are approximately $AUD 289,000 per person.[42] Evidence suggests that appropriate treatment of conduct disorder in children will result in a 58% recovery rate where these children no longer meet criteria. This early intervention for conduct disorder is estimated to yield a return on investment of 7.89 using conservative clinical measures, and a return on investment of 34.1 when all downstream costs are included.

- **Borderline Personality Disorder** – The provision of evidence-based psychological treatment to clients with borderline personality disorder results in a reduction in costs associated with acute health service use, such as inpatient admissions, emergency department presentations and intensive community-based services. The estimated cost saving for treating borderline personality disorder across studies was $US 2,987 (~$AUD 4,313) per client per year.[43]
- **Recurrent and Persistent Depressive Disorders** – The marginal impact of severe depression on labour productivity is 9.2 per cent through both absenteeism and presenteeism. It has been estimated that providing support to people with severe mental illness could generate a return on investment of 1.9 in the short term and 2.3 in the long term.[22]

Recommendation Two: Individual psychological services

- Increase the number of available sessions for clients who require more intensive psychological services to stabilise their mental health, prevent deterioration and relapse and to allow the delivery of evidence-based interventions that support recovery.
- Clients are stepped through levels of psychological care according to the:
  - nature of the mental health disorder
  - expertise of the psychologist
  - needs of the client (number of sessions required to achieve effective clinical outcomes; up to 20 sessions for low intensity treatment needs and up to 40 for clients with a specific diagnoses and high intensity treatment needs).
- Regularly measure and review outcomes to determine treatment progress and to ensure responsiveness is embedded in the delivery of psychological services within Medicare.
- Clients can be referred to a psychologist by any medical practitioner registered with the Australian Health Practitioners Regulation Agency.
- Collaborative care is supported by strengthened reporting, enhanced referrals and integrating outcome measurement, and by implementing criteria to clarify clinical care pathways.

Recommendation Three:

Family and couples therapy

The APS Position

Psychologists play an integral role to support family groups and couples and enhance the quality of relationships and the emotional, psychological and physical safety of families and couples where mental health problems are involved.

Background and context

The Australian Institute of Family Studies concluded the presence of mental health problems can have a significant impact on family relationships and dynamics, and as such the burden of mental illness is particularly relevant for family relationships.[44] For example, a changed or changing relationship arising from a family member's mental illness, which may involve issues related to living with, or caring for, that person.

Family dynamics and the quality of family and couples relationships can impact on every member of the relationship and have a significant influence on the prevalence and trajectory of mental health problems.[45] Access to appropriately qualified mental health experts for relationship and family therapy can enhance the mental health of the couple and family and greatly enhance the wellbeing of each family member. For example, evidence shows that it can enhance the capacity of families to resolve problems before the relationship breaks down, improve the physical, emotional and psychological safety of all members of the family/couple and reduce the burden of mental health problems in the community.[44]

Recommendation Three:
Family and couples therapy

Introduce items for family and couple therapy where one or more members of the family/couple are experiencing mental health problems.

See Appendix for item description

Recommendation Four:

Amend group therapy items

The APS Position

Current restrictions in the use of group therapy items within Medicare are a barrier to access to these services. Improving access to group therapy will allow for more effective treatment for a range of people and diverse groups.

Background and context

There is a strong evidence base for the effectiveness of group therapy treatment, however the uptake of current items for group therapy could be improved.[32,46] Group therapy provides cost effective and evidence-based interventions for many mental health disorders. However, the flexibility of current group therapy items within Medicare could be enhanced to improve access, minimise the impact (i.e., out of pocket costs) of non-attendance by some participants for small groups, enhance access to culturally appropriate treatment and improve the viability of group treatment in regional, rural and remote areas.

Recommendation Four:
Amend group therapy items

Amend group therapy items within Medicare by:

- reducing the minimum participant numbers and increasing the maximum number of participants
- enabling group therapy for kinship groups
- enabling two clinicians to facilitate a group therapy program
- increasing the range of timed items to allow for flexible group therapy and longer sessions.

See Appendix for item description

Recommendation Five:

Evidence-based interventions for parents and carers of children with a mental health disorder

The APS Position

The effectiveness of treatment for children experiencing a mental health disorder is significantly enhanced when parents and carers are involved in the treatment process.

Background and context

There is a large body of evidence supporting enhanced outcomes when psychologists can work with parents, carers and the family of children with mental health needs, without the child being present.[47] The literature shows that evidence-based interventions with parents and carers of children with a mental health disorder improve treatment outcomes, shift the long-term trajectory of the child's wellbeing and reduce the wide ranging social, emotional and economic burden on the child and their family.[29] For example, compared to children who receive treatment during childhood, children with an untreated conduct disorder are at a much greater risk of social, emotional and economic disadvantage including an increased risk of offending behaviour and incarceration.[29] The effectiveness of early intervention and parental involvement in treatment is poorly recognised in the current system. Additionally, the child mental health services in Australia that do exist, struggle to bridge the gaps.

Recommendation Five:
Evidence-based interventions for parents and carers of children with a mental health disorder

Introduce an item for the specific purpose of providing evidence-based interventions between health professionals and family, parents, carers and/or support people of children or adolescents with a mental health disorder.

See Appendix for item description

Recommendation Six:

Developmental neurocognitive assessments

The APS Position

Comprehensive developmental neurocognitive assessments are essential to improve diagnostic accuracy of a mental health condition and enable interventions, including the functional impacts of the neurocognitive problems, to be appropriately tailored and targeted.

Background and context

Developmental neurocognitive impairment is an early risk factor for the onset of a mental health disorder; early identification and treatment of neurocognitive impairment may prevent progression towards mental illness.[48]

Although children and adolescents have access to mental health treatments within Medicare, treatment can be less effective or misdirected when the child or youth has an undiagnosed neurodevelopmental disorder (e.g., attention deficit hyperactivity disorder, specific learning disability, schizophrenia/psychosis) or a developmentally acquired neurological condition (e.g., seizure disorders, meningitis, birth trauma, foetal alcohol spectrum disorders), or where the impact of these disorders is not recognised until adulthood.[49-52]

Neurodevelopmental disorders pose an increased challenge to correct diagnosis and effective treatment of mental health disorders[53] and are often undetected or misdiagnosed if not appropriately and expertly assessed.[54] Improving access to sources of reliable and comprehensive assessment (beyond a mental health assessment) reduces the risk of misdiagnosis and inappropriate treatment (e.g., in relation to medication for attention deficit hyperactivity disorder), and has been shown to enhance outcomes in disorders such as learning disabilities.[55-57]

Recommendation Six:
Developmental neurocognitive assessments

Introduce items that enable clients to access comprehensive developmental neurocognitive assessments to accurately delineate the impact of cognitive, behavioural and psychosocial issues that are associated with neurodevelopmental problems and to improve diagnostic accuracy and client outcomes, especially among children.

See Appendix for item description

Recommendation Seven:

Standardised evaluation and measurement for the delivery of psychological services

The APS Position

Evaluation and outcome measurement is an integral component of mental health service systems to monitor and improve services and ensure investment is targeted and outcomes achieved.

Background and context

There is currently little to no data available about the effectiveness of the Better Access initiative. Without the presence of more extensive data there is no evidence about service effectiveness or the ability to evaluate and provide a targeted response to reducing the increasing burden of mental health in Australia.[58] The current population measures used to evaluate the Better Access initiative lack specificity, are not appropriate for evaluating outcomes, and more appropriate and targeted measures are required.[59] The evidence-based delivery of psychological services includes the use of routine outcome measures to provide evidence about baseline symptoms, progress throughout treatment and the extent of treatment effectiveness.[60-62] The use of measures is a well-established principle in the psychology profession and is considered best practice. There are a large number of tools for measuring outcomes and the decision about which tool to use is usually determined by the type of presenting problem(s) including cultural considerations to ensure the tool is validated in the population to which the client belongs. For example, some measurement tools have not been validated for use with Aboriginal and Torres Strait Islander peoples.

There is a strong case for the use of routine and consistent outcome measures within Medicare, not only for tracking individual client progress through treatment but also as a mechanism for providing policymakers and Government with evidence of the effectiveness, quality and safety of the Better Access initiative. Evaluation across a system, particularly a devolved system, is essential for identifying areas for improvement and determining what works, for who and when.

Recommendation Seven:

Standardised evaluation and measurement for the delivery of psychological services

- Invest in the collection of data, including outcome data, within the Better Access initiative.
- Introduce standardised evaluation into the Medicare Benefits Scheme and that the APS be consulted and work with the Government to assist with the development of appropriate tools.

> "Evaluation... is essential for identifying areas for improvement and determining what works, for who and when."

Recommendation Eight:

Neuropsychological assessment to differentiate dementia from mental health disorders

The APS Position

Neuropsychological assessment to differentiate dementia from mental health disorders

Background and context

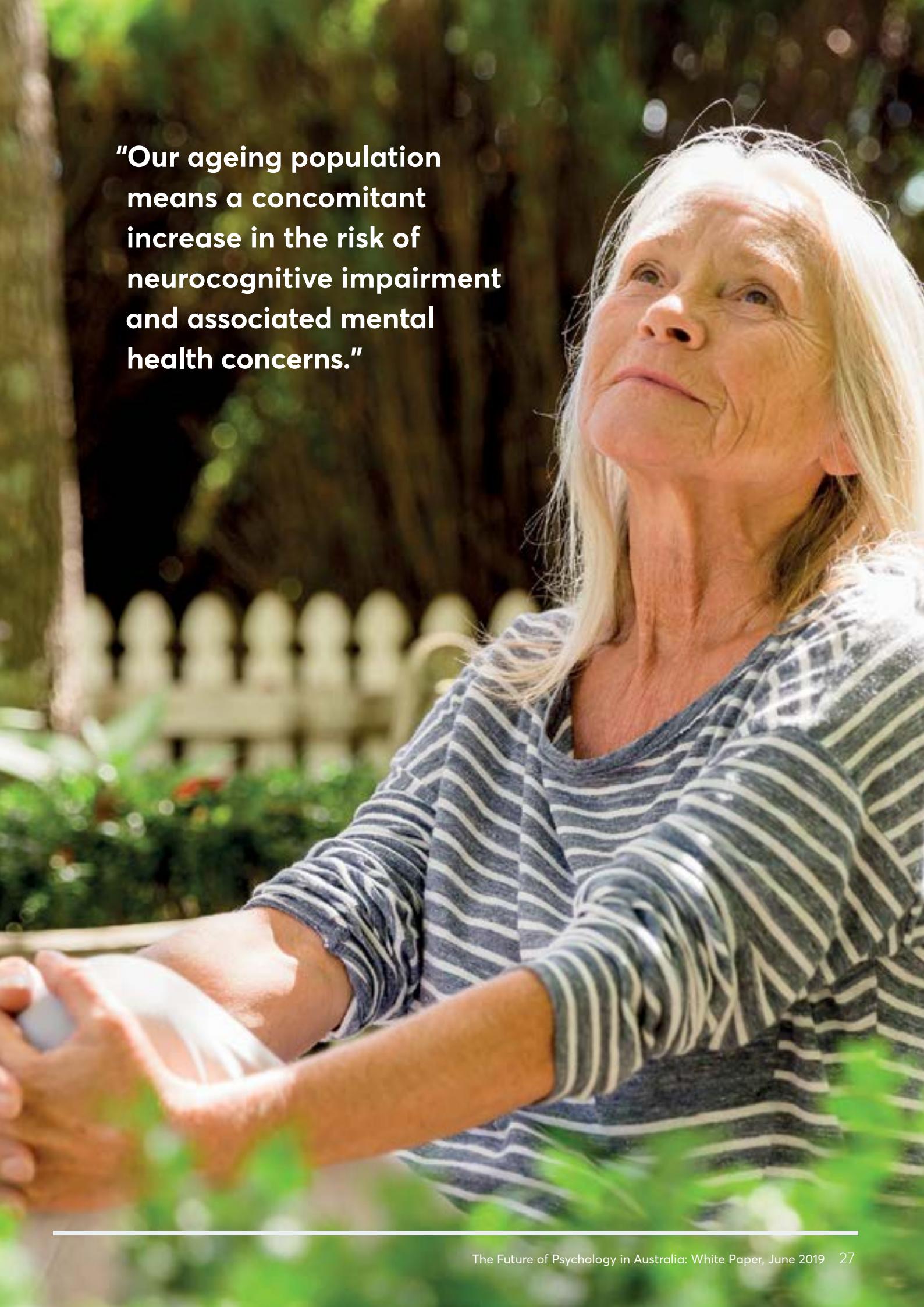
Our ageing population means a concomitant increase in the risk of neurocognitive impairment and associated mental health concerns.[63-66] Improving diagnosis and care can reduce the socioemotional and economic burden of this fast-growing area of need in the community.[67-69]

Differentiating mental health conditions from neurocognitive impairments such as dementia, as well as early/timely diagnosis of dementia by a clinical neuropsychologist, can facilitate the provision of more appropriately targeted treatment and care, at the same time reducing the impact or risk of further mental health concerns. In particular, certain mental health disorder (e.g., depression, anxiety, psychosis) and dementia frequently co-occur or can masquerade as one another, increasing diagnostic complexity.[70,71] Early onset dementias, as well as rare, atypical and comorbid neurological presentations in this domain are also vulnerable to misdiagnosis.[70] Thorough, objective neuropsychological assessment and expert knowledge is critical to the provision of appropriate care for this client group.

Recommendation Eight:
Neuropsychological assessment to differentiate dementia from mental health disorders

Introduce items to allow a comprehensive neuropsychological assessment for people with potential neurocognitive problems/dementia who are at increased risk of a mental health disorder, or who may have a co-occurring mental health condition.

See Appendix for item description


"Our ageing population means a concomitant increase in the risk of neurocognitive impairment and associated mental health concerns."

Recommendation Nine:

Consultation with family, parents, carers and support people

The APS Position

The treatment of specific populations (e.g., children, people with an intellectual disability, older people) and mental health problems (i.e., psychotic disorders) is enhanced when there are sessions with family, parents, carers and other support people.

Background and context

There is strong evidence for enhanced clinical outcomes for people with a mental health disorder when the client's support people can be involved in their care and treatment.[73] Among specific populations (e.g., children, people with an intellectual disability, older people), treatment is enhanced when family, parents, carers and other support people are involved in the clients' care. Involving carers enhances collaboration, increases engagement and recognises the value of support people in assisting clients with a mental health disorder.[74] This is recognised within Medicare for medical practitioners by the availability of sessions with people who form a support team for the client but this is not currently available for psychological services.

Recommendation Nine:
Consultation with family, parents, carers and support people

Introduce an item for the specific purpose of enabling consultation between health professionals and family, parents, carers and/or support people.

See Appendix for item description

Recommendation Ten:

Mental health case conferencing with other health professionals

The APS Position

Case conferencing with other health professionals enhances clinical care; aligns with the evidence-base, and supports multidisciplinary collaboration for the benefit of the client.

Background and context

The value of multidisciplinary collaboration between health professionals is well documented.[75] It enables complex care management, improves communication between the treating team, and enhances clinical outcomes for the client. The inclusion of items for case conferencing between health professionals is well supported throughout the Medicare Benefits Schedule and aligns with both the Mental Health Reference Group[76] and Specialist and Consultant Physician Consultation Clinical Committee's[77] recommendations for including case conferencing items for allied health professionals, including psychologists. However, these items are not yet available to psychologists which has the potential to negatively impact on the safety and quality of mental services for the client.

Recommendation Ten:
Mental health case conferencing with other health professionals

Introduce items to enable psychologists to be included in case conferencing with other health professionals involved in the client's care.

See Appendix for item description

Recommendation Eleven:

e-Mental health assessments

The APS Position

Psychologists play an integral role in facilitating appropriate access to, and measuring the effectiveness of, low intensity e-Mental health services.

Background and context

Research highlights the potential positive client outcomes of e-mental health and clients, especially those with low intensity treatment needs, may benefit from access to high quality, evidence-based and planned online treatment programs.[78] Early access to online treatment programs has been shown to reduce distressing symptoms of mental health disorders, improve the individual's ability to cope and recover and prevent the deterioration of mental health.[79] Individuals benefit the most when they are matched to the right treatment for their presenting mental health problem. This requires an assessment of the problem and any risks, and a facilitated referral to the appropriate treatment program.

The Australian Government has invested in a suite of e-Mental health/online therapy programs and is developing a certification framework and national standards for digital mental health services; however, there is currently low uptake of these programs by the Australian community. Psychologists can play an integral role in facilitating appropriate access to these programs to facilitate uptake during this transitional phase. Psychologists have the expertise to assess the suitability of a client for the e-mental health treatment program and provide a mechanism for appropriate evaluation of program effectiveness.

Recommendation Eleven:
e-Mental health assessments

Introduce two items for clients with low intensity treatment needs to assess suitability for and facilitate access to e-mental health programs and to assess the client's response to these intervention programs.

See Appendix for item description

Recommendation Twelve:

Initial intake, assessment and report item

The APS Position

Assessments and reports are essential to ensuring treatments are targeted; the client has been appropriately referred, and the referring practitioner and treating team have up to date information. This is important to assist in making informed decisions about the client's health, including mental health.

Background and context

Psychologists are experts in the assessment and treatment of mental health disorders and other related problems impacting a client's ability to function in society. They conduct comprehensive assessments of psychological problems impacting on the client's functioning across multiple life areas (e.g., occupational, social, personal). This often includes conducting formal assessments to measure baseline symptoms, mental state examinations, risk assessments and documenting relevant clinical history. This assessment function is necessary for formulating the client's current mental health problems and for making decisions about the most effective treatment.

The current structure of care pathways to psychological treatment include a brief assessment by the referring medical practitioner.[80] This assessment typically involves identifying and treating medical issues that may be causing or contributing to mental health symptoms and preparing a mental health care plan and referral for psychological treatment services.

There is a need to strengthen the collaboration and communication between medical practitioners and psychologists for the benefit of the client.[81] This includes collaboratively assessing the client's mental health needs by respecting the differentiation between the professions and supporting team-based care where the client benefits from a multidisciplinary approach to their treatment. This will also assist medical practitioners and other health professionals to better understand the psychological issues currently impacting on the client.

There are no current items for an initial assessment and report conducted by psychologists to strengthen the multidisciplinary team-based approach to mental health care for the benefit of the client. Additionally, assessments conducted by psychologists are not explicitly available for clients and although integral to treatment, if included they would reduce the number of remaining treatment sessions allowable under the Better Access initiative.

Recommendation Twelve:
Initial intake, assessment and report item

Introduce items to conduct an initial assessment of a client presenting for treatment with a psychologist. This includes preparing a report for the referring practitioner to enhance collaborative care arrangements.

See Appendix for item description

Recommendation Thirteen:

Universal access to interpreters

The APS Position

Interpreter services are necessary and important to facilitate universal access to psychologists within Medicare.

Background and context

Australia is a culturally diverse country with over 300 languages spoken across the community and 21% of Australians who speak a non-English language at home.[82] Many sub-groups within this population have experienced adversity across their lifespan, are marginalised in our community and are at an increased risk of developing mental health problems.[83] For example, refugees and asylum seekers are likely to have experienced multiple traumas and are estimated to be 3-4 times more likely to develop a mental health disorder.[84,85]

Access to professional interpreter services is currently devolved across the states and territories and only three Australian states have a state-wide transcultural mental health service. This means 3.5% (819, 925)[82] of the Australian population who do not speak English well or at all are without clear and universal access to psychologists within the Better Access initiative. However, there is strong evidence for the effectiveness of interpreters when delivering psychological therapy, including the benefit of professional interpreters in bridging cultural barriers to access.[86,87]

Access to the Department of Social Services' Free Interpreting Services (the Translating and Interpreting Service) is available for medical practitioners delivering Medicare services in private practice to eligible non-English speakers.[88] However, this professional interpreting service is not available to clients seeking mental health treatment services within Medicare. This leaves an already marginalised section of the Australian population with limited access to psychologists.

Recommendation Thirteen: Universal access to interpreters

Expand access to free interpreter services currently available for medical consultations within Medicare (the Translating and Interpreting Service) to psychological services delivered under Medicare.

Recommendation Fourteen:

Amend telehealth items

The APS Position

Improve the flexibility of telehealth items.

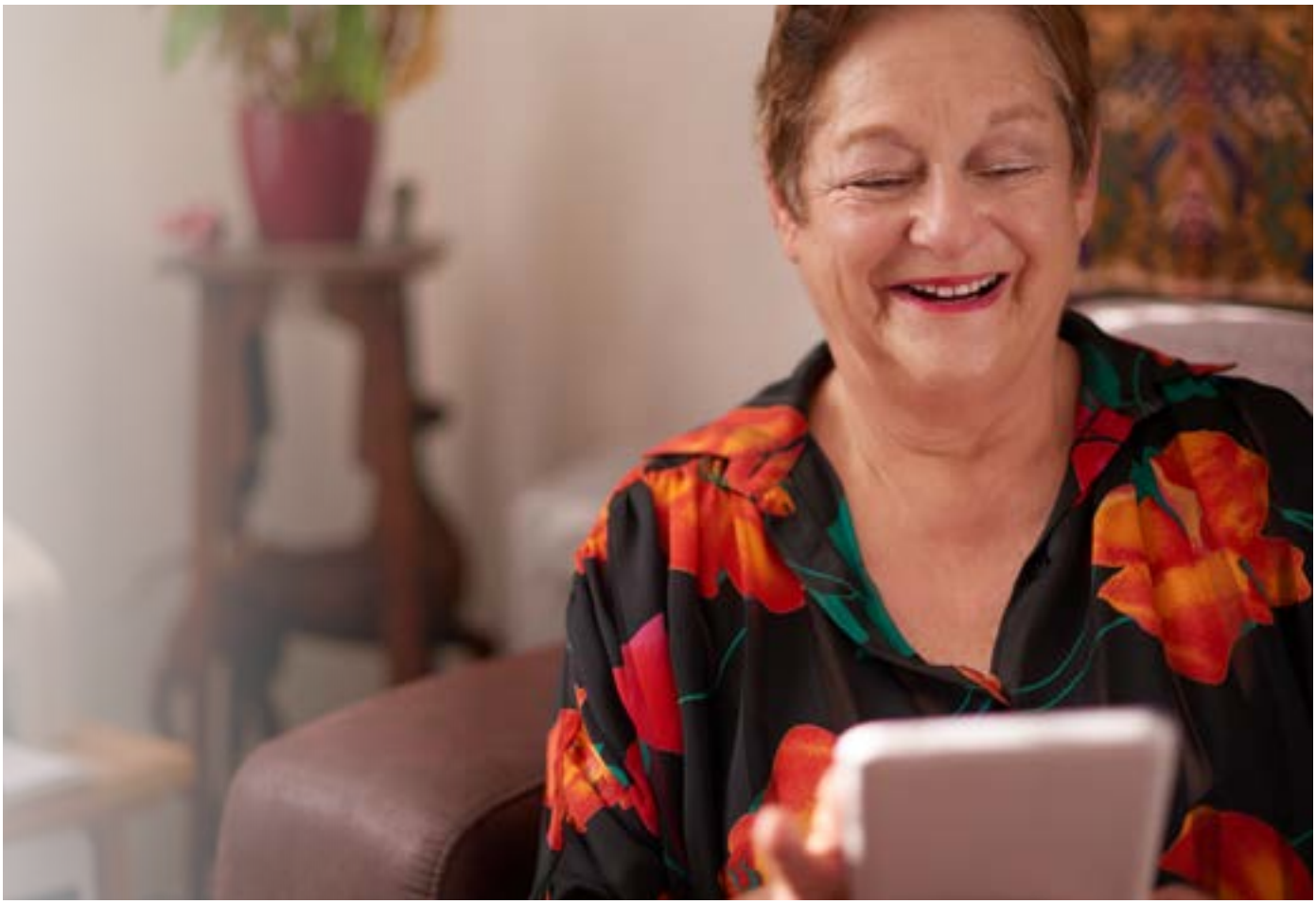
Background and context

Access to psychological services via telehealth has improved with the introduction and recent expansion of items. Minor amendments to telehealth items could further increase access to psychological services, particularly for disadvantaged groups. These amendments are not intended to replace face-to-face services.

Recommendation Fourteen:
Amend telehealth items

Expand access to telehealth for clients in metropolitan areas who face barriers to attending face-to-face psychological therapy and removing barriers to access for people in regional, rural and remote areas of Australia.

See Appendix for item description



Recommendation Fifteen:

Enhance access to psychological services for people in regional, rural and remote Australia

The APS Position

Access to psychologists for people who live in regional, rural and remote areas of Australia requires more targeted reform within Medicare.

Background and context

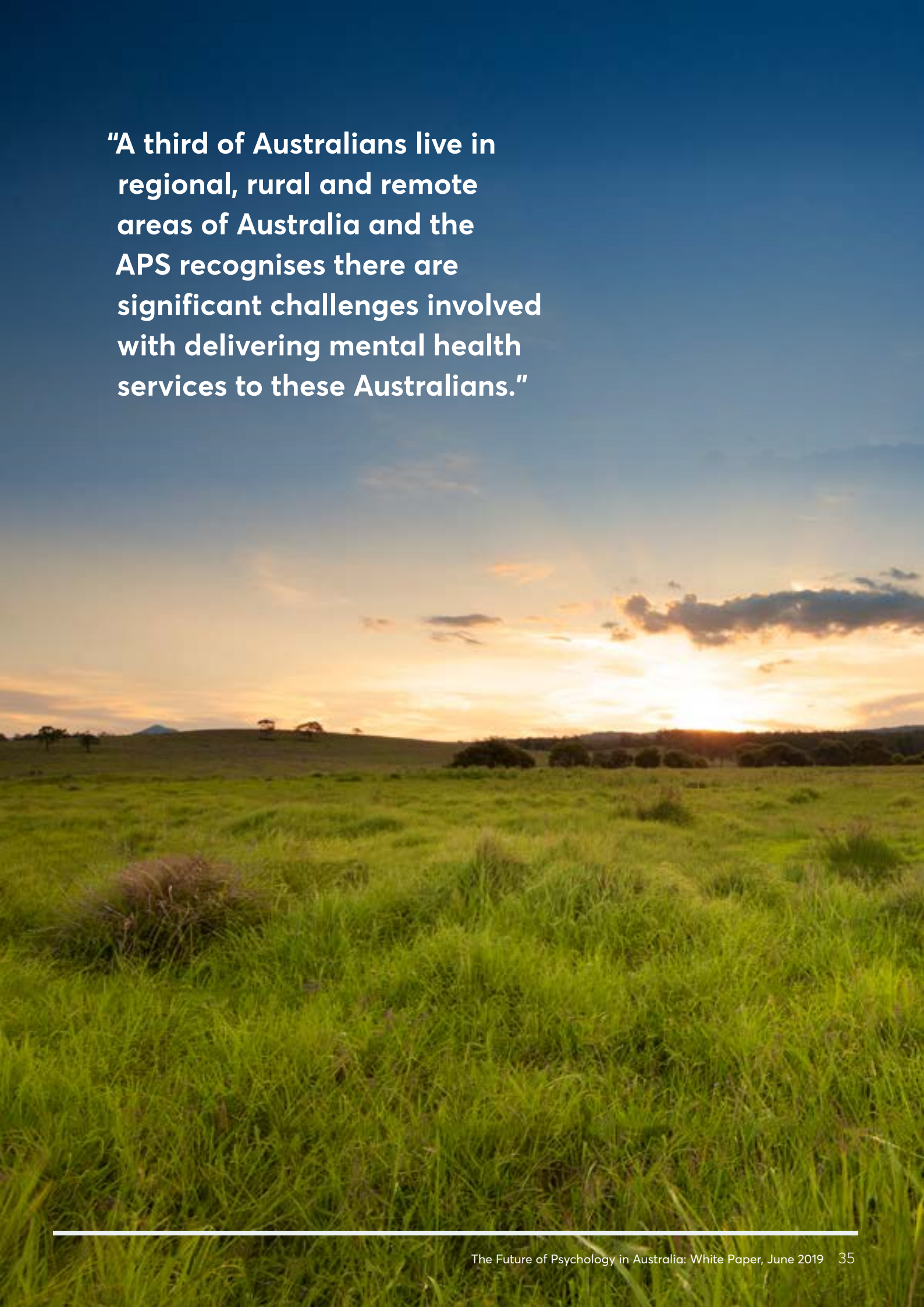
A third of Australians live in regional, rural and remote areas of Australia and the APS recognises there are significant challenges involved with delivering mental health services to these Australians. The nature of the mental health workforce is determined by various factors including health services models, and recruitment and retention strategies.

Efforts to improve the engagement and participation with mental health services is a priority across Australia[89] and this relies on the availability of psychologists in regional, rural and remote areas. The distribution of psychologists declines with remoteness.[1]

Psychology practices in regional, rural and remote areas face greater financial challenges due to a decreased client base, larger distances between psychologists and clients; and the increased demand for bulk billing. These challenges negatively impact on the financial viability of providing psychological services and the availability of psychologists in these areas. While this disproportionate spread of health practitioners is recognised within Medicare for rural GPs, there remains no financial incentive to improve the sustainability of regional, rural and remote psychological practices.

Recommendation Fifteen:
Enhance access to psychological services for people in regional, rural and remote Australia

Introduce financial incentives, such as rural loadings, to improve the financial viability of providing psychological services to people who live in regional, rural and remote areas of Australia.



"A third of Australians live in regional, rural and remote areas of Australia and the APS recognises there are significant challenges involved with delivering mental health services to these Australians."

Recommendation Sixteen:

Independent mental health assessment, opinion and report

The APS Position

Independent mental health assessments provide practitioners with an opportunity to obtain another opinion about the best course of treatment for the benefit of the client.

Background and context

The quality and effectiveness of health services requires a mechanism to gather an independent opinion on the client's mental health diagnosis, treatment needs and progress.[90] While there are mechanisms available to other health professionals within Medicare, there is little choice for clients and referring medical practitioners to obtain an independent opinion about a mental health diagnosis and treatment progress.

Independent and comprehensive assessment of the client's treatment needs are required to enhance the quality and safety of services. The benefit of this assessment is to provide clients with some additional information to support their participation in treatment decisions, clarify diagnostic concerns and assist the treating psychologist to provide early access to more comprehensive and targeted treatments. Independent opinions also enhance decision making about the client's needs, including ongoing management needs.

Recommendation Sixteen:
Independent mental health assessment, opinion and report

Introduce items to refer clients for an assessment, expert opinion and report to psychologists with an Area of Practice Endorsement in clinical or counselling psychology.

See Appendix for item description

Recommendation Seventeen:

Scheduled fees

The APS Position

Diversity of psychological expertise benefits the long-term mental health of Australians. Improvements to the Medicare Benefits Schedule are required to ensure clients are able to access the right care at the right time.

Background and context

In 2010 the Psychology Board of Australia introduced nine areas of endorsement which recognises those with this endorsement have advanced competencies and in-depth expertise in particular areas. The diversity of skills within the psychology profession ensures the full breadth of psychological expertise is available to the society. This recognition of diversity occurs across the world (i.e., United Kingdom,[91] Canada,[92] New Zealand,[93] and U.S.A.[94]).

Over the past 20 years, the diversity within the profession has been declining. The introduction of psychological services into Medicare has played a role in incentivising students to preference clinical psychology training. This means that within the next 10 years services in some areas of psychology that are recognised world-wide will cease in Australia, or only be available to a select few clients.

In addition to this reduced level of psychological expertise, clients are facing increasing cost barriers to access psychological services within Medicare. Medicare data showed the cost to access psychologists has risen. This is due to the increasing cost of providing services that was compounded by the freeze on Medicare fees in 2012. For example, the schedule fee for psychological services within Medicare is well below the APS recommended fee. Further, comprehensive psychological assessments, if implemented, require psychologists to spend a substantial amount of time outside of direct client contact hours to score assessments and tests, gather collateral information and prepare a report.

Cost to access services is a major barrier for clients, particularly those with the highest mental health treatment needs as they are more likely to be financially disadvantaged members of the community.

Recommendation Seventeen: Scheduled fees

- The Government continue with the current two-level rebate system within Medicare.
- Extend the higher rebate to all psychologists who hold an Area of Practice Endorsement.
- Increase the scheduled fees for psychological therapy services.
- Increase the scheduled fees for assessment items to 1.5 times the scheduled fee for individual treatment.

Appendix

Appendix

Item Descriptions for recommendations where indicated

	Item Description
Two. Individual psychological services	• Details are outlined in Recommendation 2 on page 16
Three. Family and couples therapy	• Introduce items to enable couples and family therapy • Not less than 50 minutes per session • Involving a family group of two or more related participants • Referral required for each family member • To claim this item, psychologists must provide a formal intervention with a specific therapeutic outcome, such as improved family function and/or communication
Four. Amend group therapy items	• Reduce the requirement for participant numbers in group treatment to four; and three participants in regional, rural and remote areas MMM 4-7 • Increase the maximum number of participants to 15 • Allow kinship groups to be included in this item • Allow for two clinicians to facilitate a group therapy program • Include items based on times: - 30 minutes or more - 60 minutes or more - 90 minutes or more - 120 minutes or more
Five. Evidence-based interventions for parents and carers of children with a mental health disorder	• Up to 10 sessions in any 12-month period • Allow a psychologist who is treating a child or adolescent to work directly with the parent/s or carer without the child present • Enables evidence-based practice interventions for children with a diagnosed mental health disorder
Six. Developmental neurocognitive assessments	• Up to three developmental neurocognitive assessment sessions in any 12-month period where the complexity of the presentation requires an expert opinion • Conducted by psychologists with an Area of Practice Endorsement in clinical neuropsychology or educational and developmental psychology • Enables a battery of clinically indicated developmental neurocognitive assessments specifically for neurodevelopmental disorders • Each session is for up to 120 minutes • Referral by medical practitioner (GP, paediatrician, psychiatrist, paediatric neurologist) using standard item numbers • More than one session can be completed on the same day to enable flexibility for the client, particularly for people from regional, rural and remote Australia • Provision of a report to referrer • Timed items as follows: - 50-60 minutes - 60-90 minutes - 90-120 minutes

	Item Description
Eight. Neuropsychological assessment to differentiate dementia from mental health disorders	• Up to three neuropsychological assessment sessions in any 12-month period where the complexity of the presentation requires an expert neuropsychological opinion in order to facilitate the characterisation or differential diagnosis of dementia, including (but not limited to) differential diagnosis of dementia from a mental health condition • Assessments to be conducted by a psychologist who holds an Area of Practice Endorsement in clinical neuropsychology • Conduct a battery of clinically indicated neuropsychological assessments to: - enable characterisation of, or differential diagnosis of, dementia from other disorders, including mental health disorders - provide considerations and recommendations to develop appropriately tailored interventions for clients with neurocognitive disorders such as dementia, or dementia and a co-occurring mental health disorder - enables capacity/decision making assessments that are crucial for people with dementia and others with compromised cognitive functioning • Each session is for up to 120 minutes • Referral by a medical practitioner (GP, neurologist, psychiatrist and geriatrician) using standard item numbers • More than one session can be completed on the same day to enable flexibility for the client • Provision of a report to referrer • Timed items as follows: - 50-60 minutes - 60-90 minutes - 90-120 minutes
Nine. Consultation with family, parents, carers and support people	• Up to four sessions in any 12-month period • Corresponds with current items for psychiatry and other consultating physicians • Enables evidence-based practice for people with moderate/severe mental health disorders who require more intensive support (i.e., people with psychosis, people at risk of harming themselves or others, children)
Ten. Mental health case conferencing with other health professionals	• Introduce items to enable psychologists to case conference with other health professionals • Five or more case conferencing sessions stepped across level of need. For example, the more severe, complex or chronic the problem, the more sessions for case conferencing are required. • Timed items as follows: - 6-10 minutes - 10-20 minutes - 20-40 minutes - 40 minutes plus • Base the wording of the case conferencing item on the new item introduced for psychiatrists (AN.0.62 Case Conferences by Consultant Psychiatrists - Items 855 to 866)

	Item Description
Eleven. e-Mental health assessments	**1. Referral and facilitated access to an appropriate e-mental health/online treatment program** • One session in any 12-month period for the purpose of: - assessing client suitability for online treatment - facilitating access to the appropriate online treatment program - measuring baseline symptom levels and - contingency planning with the client in the case symptoms worsen during the treatment program • This item can be conducted via telehealth • Referral by a medical practitioner (GP, paediatrician, psychiatrist) using standard item numbers **2. Review response to e-mental health/online treatment program** • Two sessions in any 12-month period for the purpose of reviewing the client's response to an online treatment program • This includes: - assessing clients symptom levels and comparing with any baseline measures - assessing for further treatment needs where appropriate - developing a relapse plan - provide a report to the GP or medical practitioner regarding the clients response to treatment and recommendations for any further treatment required, including a relapse plan • This item can be conducted via telehealth • Referral by a medical practitioner (GP, paediatrician, psychiatrist) using standard item numbers
Twelve. Initial intake, assessment and report item	• Attendance at consulting rooms for an initial assessment of the client's mental health problem including the preparation of a psychological report. This assessment process and report includes the following: - a baseline outcome assessment using the appropriate clinical tool - a mental state assessment - a mental health diagnosis or provisional diagnosis - a brief outline and history of the presenting problem; and biological, psychological and social issues - recommendations for a course of treatment addressing biological, psychological and social issues, including any requirements for multidisciplinary support - a report provided to the referring practitioner within two weeks of completing the assessment • Timed items as follows: - At least 60 minutes duration - At least 90 minutes duration

	Item Description
Fourteen. Amend telehealth items	• Expand access to telehealth to clients in metropolitan regions where: - the client's physical or mental health condition prevents attendance; or - where the client is experiencing family violence; or - where the client is in the ante- or peri- natal period • Remove the 15 km requirement in regional, rural and remote areas to allow for continuity of care where the client is experiencing problems attending due to transport and other barriers related to social determinants
Sixteen. Independent mental health assessment, opinion and report	• Up to three sessions in any 12 month period • Conducted by psychologists with an Area of Practice Endorsement in clinical or counselling psychology • Independent assessment that cannot be provided by the treating practitioner • Referral by a medical practitioner (GP, psychiatrist, paediatrician) using standard item numbers • This Item is for individuals with a moderate to severe mental health problem involving complexities for which a GP and treating mental health provider would benefit from an expert psychological opinion • An attendance at consulting rooms during which: - an outcome tool is used where clinically appropriate - a mental state examination is conducted - a mental health diagnosis or provisional diagnosis is made - a 12-month treatment plan, appropriate to the diagnosis, is provided to the referring practitioner which must: a) comprehensively evaluate psychological treatment needs including a detailed case formulation of the issues underpinning the disorder b) address diagnostic mental health issues c) make detailed management recommendations addressing psychological treatment needs d) be provided to the referring practitioner within two weeks of completing the assessment of the clients • The diagnosis and treatment plan is communicated in writing to the referring practitioner/treating mental health provider • The diagnosis and treatment plan is explained and provided, unless clinically inappropriate, to the client, treating practitioner and/or the carer (with the client's agreement) • Client must be classified as moderate or severe and where the GP determines progress of treatment falls outside the expected course of treatment • Timed items as follows: - 50-60 minutes - 60-90 minutes - 90 to 120 minutes

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