ACA
AUSTRALIAN COUNSELLING ASSOCIATION

INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

Submission from the Australian Counselling Association (ACA)

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About the Australian Counselling Association (ACA)

The ACA is Australia's largest single registration body for counsellors and psychotherapists with over 9,000 members. ACA serves a crucial role in advocating for and advancing the counselling profession.

The ACA has a solid international reputation, including formal affiliations with peak bodies in the Philippines, Hong Kong, Ireland, and Papua New Guinea. The ACA also regularly engages with peak bodies in Canada, New Zealand, UK, USA, and Malaysia. ACA is a founding member of the Asia Pacific Rim Confederation of Counsellors. Dr Philip Armstrong, ACA CEO. ACA participates in bi-annual conferences in Asia as part of its commitment to the Asia Pacific Rim region.

ACA is now recognised as an Observer member of the World Health Organisation's Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support (MHPSS) in Emergency Settings, Australia's only organisation to do so.

Level 3 and 4 ACA counsellors are required to have a minimum AQF Level 7 (Bachelor's) or Level 9 (Master's) qualification in Counselling, and have the skills and proficiency in meeting 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*.

As of 2021, 47 course providers offer tertiary level courses in Counselling and Psychotherapy (roughly 80 per cent of higher education providers in Australia, all of which are accredited with the ACA). These include the University of Melbourne, Monash University, University of Queensland (UQ), University of Adelaide, La Trobe University, QUT, University of Canberra, and Edith Cowan University. The University of Melbourne, Monash University, University of Adelaide, and the University of Queensland are rated in the world's top 100 Universities. Counselling is taught in two thirds of universities, all Counselling programs are accredited with the ACA. With likely more than 5,500 students nearing graduation within the next one to two years.

In this submission, the term 'Counsellors' and 'Psychotherapists' is used to refer to practitioners who are registered with the Australian Counselling Association (ACA). 'Counsellor' is an equivalent term for a 'Psychotherapist' and is used to include both in the submission. ACA registered counsellors discussed for MBS access have completed appropriate training in Counselling or Psychotherapy, and 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.

Based in Brisbane, our national organisation has existed for over 20 years, and participates in numerous global and international conferences and bodies, and contributes to relief aid work.

About the Counselling profession

What is Counselling?

Counselling is an interdisciplinary activity provided by a range of health professionals including counsellors, as well as psychologists, social workers, occupational therapists, nurses, doctors, and psychiatrists.

Allied health professionals providing MBS items for Focussed Psychological Strategies spend approximately 60 per cent of their time delivering counselling, and approximately 30 per cent of their time delivering mental health interventions (National Health Workforce Dataset, 2016).

Registered counsellors as a result of their qualifications and professional designation, 'counsellor', are specialists in counselling as opposed counselling being a subset of skills added onto another discipline. Yet, counsellors are currently disenfranchised from accessing Medicare provider numbers to provide services through the BAI, denying consumers access to low cost mental health experts in the field of counselling to help them address their issues.

Counselling aims to:

- prevent mental illness;
- promote mental health and wellbeing;
- provide psychotherapeutic interventions for psychological difficulties such as depression, anxiety, trauma, drug and alcohol abuse, eating disorders, ante and post-natal depression; and
- support people with life's challenges such as relationship difficulties, family violence, chronic illness, disability, bereavement, bullying, discrimination, homelessness, sexual assault and natural disasters

Counselling involves a safe and confidential collaboration between qualified practitioners and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns. Clients are active participants in the therapeutic process at every stage.

Counselling focuses on the treatment and prevention of mental illness, while actively promoting mental health and wellbeing. The focus on client wellbeing is seen as a distinguishing feature of counselling (O'Hara & O'Hara, 2015) which is consistent with the emphasis on well-being and recovery-oriented care in Australian mental health policies and frameworks. While some other health professions approach mental health using a medical model, counselling is based on a non-medical, biopsychosocial model (Stallman, 2018).

Who are counsellors?

Counsellors use empirically supported interventions and specialised interpersonal skills to facilitate change and empower clients. Counsellors are by definition relational practitioners, taught the same modalities in psychology and other mental health professions. The therapeutic relationship between the counsellor and the client is central to practice, and underpins the effectiveness of treatment.

Counsellors are trained and experienced in delivering person-centred services, supporting clients to develop their own understanding of their experiences, and facilitating their client's recovery process. The person-centred approach places the client at the centre of their own care (Australian Commission on Safety and Quality in Healthcare, 2011).

While several health professions deliver counselling as a component of their practice, counsellors specialise in counselling, and therefore have highly developed relational expertise. Counsellors have been found to be more accepted by clients compared to psychologists or psychiatrists (Sharpley, Bond & Agnew, 2004). Counselling is a cross-cutting occupation, as many counsellors have had previous careers in other fields, but have reskilled to give back to the community, thus giving the counselling workforce real 'lived experience'. The average profile of a counsellor is female, aged between 45 and 55.

What is the Scope of Practice of Counsellors?

Scope of Practice is the area of the profession in which a counsellor has the knowledge, skills and experience to practise competently, safely, and lawfully, in a way that meets standards and does not pose any danger to the public or to themselves.

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

Counselling training is a unique form of relational training which distinguishes counsellors from mental health professionals trained in other disciplines who also provide counselling services. The curriculum of Counselling 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, and the regulatory functions provided for the profession, ensures protection to clients, their carers, and families.

Using their specialised relational skills, counsellors 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. Refer to ACA's Scope of Practice for Registered Counsellors to survey the breadth and depth of the competencies, qualifications, practice domains and safe practices of counsellors within the Australian health system context.

We are a self-regulating profession

Regulation by AHPRA does not determine whether a health profession is qualified to deliver Medicare-funded health services. For example, social work is a self-regulating profession and appropriately qualified social workers are already eligible to deliver mental health services under Medicare. The counselling profession is one of a large number of health professions that are considered safe to be self-regulating, with a range of industry-based regulatory mechanisms in place to support self-regulation. This regulatory model means that counsellors, like social workers, are appropriately regulated for inclusion as Medicare providers.

The reported incidence of complaints against counsellors in Australia is low. Regulation by the Australian Health Practitioner Regulation Agency (AHPRA) is reserved for health professions that pose sufficient risk to the community to warrant government regulation. Based on the low risk profile of counsellors, the Federal Government has determined that regulation by AHPRA is not necessary.

In addition to having robust self-regulation, counsellors are also subject to a limited form of co-regulation that applies to all self-regulating health professions through the *National Code of Conduct for Health Care Workers* (AHMAC, 2014). The Australian Health Ministers' Advisory Council (AHMAC) has agreed this Code will be implemented nationally and the Code is in the process of being legislated at State and Territory level. In addition to setting standards for practice, the National Code enables disciplinary action to be taken and prohibition orders issued in circumstances where a practitioner poses a risk to public health and safety.

Introduction

Considering the workforce shortages threatening Australia, counsellors are an underutilised and highly qualified workforce that could contribute at a higher level if included fully into health systems. Queensland residents would benefit greatly if access to mental health services were increased, as the long waiting times for psychologists and psychiatrists mean flow on effects and increased hospital presentations strain Queensland's health system. Accessibility to mental health care for Queenslanders must be a priority for this committee, full integration into Queensland's health system is important for proper utilisation of the available workforce.

Priority should be given to appropriately qualified mental health practitioners to fill workforce shortage gaps to provide direct care and support. Within the current counselling workforce there is a high level of former teachers, veterans, and other professionals who have retrained. Registered counsellors can contract with NDIA, WorkCover NSW and QLD, and EAPs, are employed fulltime with Beyond Blue and Headspace, and in private practise where they can offer rebates under private health funds. Paired with the emerging workforce of roughly 6,000 graduates Australia wide seeking employment opportunities, it is up to the Queensland Government to attract the growing workforce.

Keeping Queenslanders in employment and managing mental health is not just an activity of preventing mental health issues from occurring, but also from getting worse and causing long term illness. Counsellors, regardless of level are suited to help manage mental health issues in between sessions with other disciplines, as part of multidisciplinary teams.

Unless new approaches are made by the Queensland Government to integrate and deploy this skilled workforce strategically, considering the trend of workforces seeking applicants with mental health skills when advertising for care and support roles, the large uptake in EAPs hiring counsellors means the private sector will outsmart Governments by hiring the highly skilled counselling workforce first.

With mental health expenditure at 11 billion according to the latest AIHW figures, with 10.7% of Australians (2.7 million people) accessing 12.4 million Medicare-subsidised mental health-specific services in 2019–20, we are seeing fast growing needs. Counselling is the fastest growing mental health profession in Australia, with the average EAP salary at $90,000 new graduates will be attracted to these high paying roles in the private sector, which will mean graduates will not be available to fill other gaps in the workforce if desirable high paying jobs are widely available. Since the COVID-19 pandemic long waiting lists for psychologists who haven't closed their books already, paired with expensive gap fees, have led in increase in uptake of counsellors for mental health services and treatment.

The transferability of a counsellor's skills across the workforce are numerous and wide. As skilled communicators and relational practitioners, counsellors are employees that perform a variety of functions in the organisations they work for. The ability for registered counsellors to open their own practise give them a great deal of freedom and career options compared to other professions, adding an additional benefit to the profession, and may indicate a growing future trend to 2050 regardless of the MBS and BAI situation in the current environment of growing need in the community.

The role of technology, and uptake of remote and video meetings mean counsellors can easily use their skills to work in any environment, further adding to their transferability of skills in the workplace in the care and support workforce, especially in remote and regional areas. Outlined in greater detail further in the submission, counsellors live in regional and rural Australia, and have been widely utilising technology to conduct video meetings, and are adaptable to the needs of clients to provide care in the most convenient and efficient ways possible.

Counsellors are a qualified and an under-utilised part of the mental health workforce. This submission reaffirms why counsellors are an appropriate, cost-effective option in a system where underservicing and a lack of professionals is causing massive disruptions. Counsellors can ease burdens by working in conjunction with mental health care plans to help clients, their family, friends, and carers of mentally ill people maintain their mental health in their journey through the system.

The time to act is now, especially for people in rural and regional Australia who do not have the appropriate resources to combat increasing suicide and self-harm rates before COVID-19.

Counsellors are strong compliments to multidisciplinary teams and as expert communicators and relational practitioners, should be utilised broadly throughout the workforce. Roughly 6,000 new and future graduates will be ready to enter the workforce in the next few years, ready to act in various roles across the workforce.

Registered counsellors as a result of their qualifications and professional designation, 'counsellor', are specialists in counselling as opposed to counselling being a subset of skills added on to another discipline. Yet, counsellors are currently disenfranchised from accessing Medicare provider numbers through the BAI, denying mental health consumers access to experts in the field of counselling.

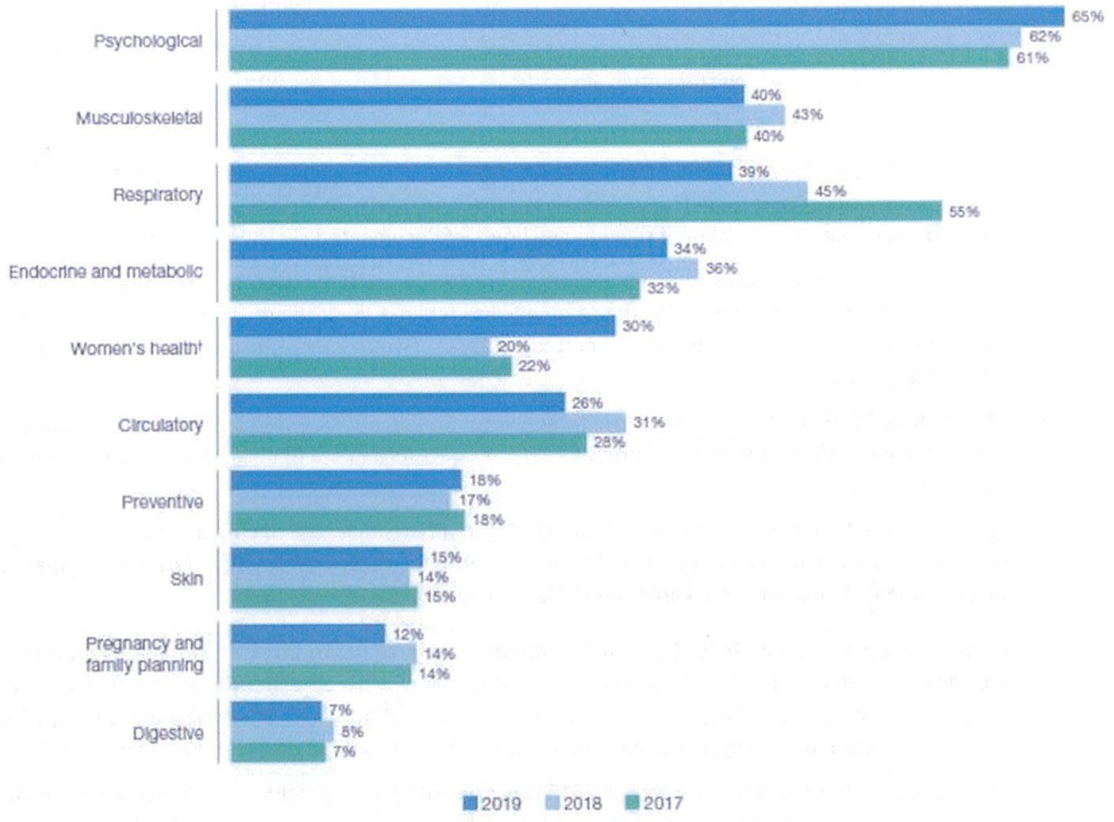
The ACA calls on the committee to recommend the Federal Government grant equal access to the MBS for Bachelors and Masters qualified counsellors. For those who access counselling services through NDIS, the key outcome of inclusion into the MBS would mean when available funds in a package run out, the client could continue on with therapy if counsellors had the ability to Bulk Bill their services. This would allow NDIS recipients to continue therapy when their package runs out, or choose to use those funds elsewhere, and see a Bulk Billing counsellor separately from their NDIS care plan.

The ACA believes accountability measures to track the progress of scientific yield and practice impact are an important step that must be taken. A move toward sessional monitoring and feedback to assessing client progress is important to monitor effectiveness of services provided, and to expose underperforming practitioners. A review was undertaken by the Centre for Health Policy and Programs at the University of Melbourne in 2011 which outlines that consumers reported positive outcomes (Pirkis, Harris, Hall & Ftanou, 2011). However, there is no ongoing data collection to measure outcomes against standardised measures.

Direct feedback from clients is one of the most informative and accurate ways to measure the effectiveness of the services (Barkham, Mellor-Clark & Stiles, 2015). Some form of data collection to measure treatment outcomes should be a mandatory requirement of provision of MBS item numbers. The ACA calls on the Government to make this data collection policy to provide accurate data to demonstrate value to the taxpayer.

The increased pressure on General Practitioners (GPs) causes significant underservicing problems. The Department of Health's figures show that for 2018-19, 2.7 million individuals received subsidised mental health services using mental health specific MBS item numbers, with the vast majority (2.2 million people) consulting their GP, with 1.4 million people seeing a psychologist or other allied health provider, and roughly 400,000 people consulting a psychiatrist. Graph 1 below shows the growing rate of psychological issues are the top issues people present to their GP for treatment during 2017 - 2019.

Graph 1: 2017 – 2019 top issues presented to GPs



Counsellors are registered with private health funds, and receive rebates, are employed by Beyond Blue and Headspace, and can contract with WorkCover NSW and QLD, EAPs, as well as deliver services for Telehealth. Triaging within multidisciplinary teams is important to address life issues, like job loss and other impacting factors that affect mental health, in a preventative way to reduce the risk of further issues developing.

The Deloitte Access Economics 2019 General Practitioner workforce report 2019 identified both urban and regional areas will become progressively undersupplied over the ten years to 2030, resulting in a deficit of 9,298 full time GPs, or 24.7 per cent of the GP workforce by 2030. The deficit is expected to be more pronounced in urban areas (31.7 per cent) compared to regional areas (12.7 per cent).

Access to services is not proportionate to need, with exceedingly high uptake in metropolitan areas and relatively low access in areas of workforce shortage, rural and remote areas, where the underlying need for mental health supports is greatest (AIHW, 2019b). There is also a disproportionate reliance on services provided by mental health professions with relatively high per capita service fees, and whose workforce distribution is overwhelmingly urban based (AIHW, 2019b).

Counsellors are required to go through a certification process by the ACA in order to be deemed eligible for Medicare provider numbers for the BAI. In addition, we propose that the Government explores the potential for counsellors to be added to the list of allied health professions that provide other MBS services:

- Non-directive pregnancy support counselling;
- Individual Allied Health Services under Medicare for Chronic Disease Management; and
- Department of Veteran's Affairs contract eligibility to deliver counselling services for veterans

The MBS was created to facilitate Bulk Billing, however, MBS reported figures show that less than 30 per cent of Psychologists Bulk Bill (AIHW, 2019). People in the regions especially are being left out, counsellors living in these areas can meet the need and have overwhelmingly responded to ACA member surveys that they would Bulk Bill if possible. Increasing services to 20 sessions has only compounded the issue, great need still exists. Shockingly, according to the recent Productivity Commission report into mental health, the cost to the Australian economy of mental illness and suicide is estimated to be up to about $70 billion per year.

Recommendations:

1. Remove red tape and bureaucratic impediments to counsellors working in Queensland, including the addition of counsellors and psychotherapists to the list of Allied Health Professions.

Counsellors are an underutalised workforce that is ready to serve the needs of Queenslanders, and fill gaps that exist. Without being included fully into Queensland's health system as Allied Health Professionals, barriers exist to accessibility to mental health services. Counsellors are considered Allied Health Professionals in New South Wales, for example.

2. Place an ACA registered Counsellor in every Emergency Department in Queensland.

Every Queenslander deserves world class mental health support. With the national increase of mental health presentations to emergency rooms, it is important that mental health professionals are present to assist people who need mental health support, as opposed to other forms of medical attention. Emergency rooms are the crisis point of most urgent need in the hospital system, something must be done to triage patients and reserve medical care for those with the most life threatening need.

3. Include counsellors in the placement in schools as mental health workers, and Guidance Officers in every Queensland school.

With the increase of anxiety and mental health issues, children especially deserve access to mental health care in schools. Counsellors are suited to work as guidance officers with their training, and while currently only teachers work in these roles, the broadening of the inclusion is an important way to ensure stuffiness workforce in schools exists to provide extra support to students during this shadow pandemic.

4. Call on the Federal Government to include qualified counsellors into the MBS and/or BAI to provide services for all Australians.

Every Australian deserves access to mental health care. With the continuing development of other strain of COVID, the lasting effects on mental health are largely unknown on the public. Without the access to evidence based mental health services Queenslanders will become more sick, and the future burdens will be unmanageable if action is not taken now. The evidence given to the Select Committee on Mental Health and Suicide Prevention shows that the only entity providing an immediate solution to the mental health crisis Australia faces is the ACA.

The need for the inclusion of counsellors as Medicare providers

Counsellors are part of the mental health workforce

The Australian mental health workforce requires strengthening in a rapidly changing environment characterised by growing demand on services, increasingly diverse and complex patient needs, divergent demands caused by an ageing population, and the increasing prevalence of youth mental health issues and suicide.

ACA proposes a flexible, multidisciplinary mental health workforce in order to address workforce shortages and meet the increasingly diverse and complex mental health needs of the Australian population with a person-centred approach.

Historically in Australia, counselling has been a practice that streamed horizontally across multiple professions (Lewis, 2016). There continues to be an overlap in counselling services provided by counsellors and services provided by psychologists, social workers and occupational therapists. Counsellors, therefore, share their scope of practice, knowledge and skills with other professions but are currently under-utilised in the Australian health system, including under the BAI and in the regional service coordination activities of commissioning bodies such as Primary Health Networks.

Registered counsellors can contract with NDIA, WorkCover NSW and QLD, and EAPs, they can also be employed fulltime with Beyond Blue and Headspace, and in private practise where they can offer rebates under private health funds.

Paired with the emerging workforce seeking opportunity, it is up to the Government to facilitate the full integration into the mental health system to allow maximum benefit to society, especially with the emphasis on person-centred approaches as counsellors are a large and growing underutilised and highly skilled workforce.

Practice standards for the mental health workforce are detailed in the *National Standards for the Mental Health Workforce (2013).* However, counsellors are not currently included in the professions covered by the National Standards. ACA and ARCAP have therefore developed *Mental Health Practice Standards* which align with the National Standards detailed in this submission.

Consumer access and choice

The ACA believes that client choice is crucial to access and efficacy of care. People are more likely to seek help if they can consult practitioners who they feel comfortable with and trust. Consumer choice will be increased when a wider range of mental health professionals are recognised as providers under BAI. Consumers may wish to choose counsellors because of their relational expertise and range of evidence based therapeutic practices that match their needs.

There is strong evidence for the contribution of counselling to the prevention and treatment of mental illness, including depression, anxiety and trauma (Cuijpers, van Straten, Smit, Mihalopoulos & Beekman, 2008). These findings are supported by research into the common factors underlying the effectiveness of counselling (Duncan, Miller, Wampold & Hubble, 2009; Wampold, 2015) which has found that all types of therapy achieve broadly similar outcomes and the strength of the client-therapist relationship is a key determinant of outcomes. There is also strong evidence that providing services according to client preference improves therapy outcomes (Lacoviello, McCarthy, Barrett, Rynn, Gallop, & Barber, 2007; Lindhiem, Bennett, Trentacosta, & McLear, 2014; McLeod, 2012).

A new study (Hill, Witt, Rajaram, Mcgorry & Robinson, 2020) reveals that 75 per cent of young people who die from suicide were boys or young men, and 57 per cent of those had diagnosed or possible mental health disorders, yet more than two-thirds of young Australians were not in contact with mental health services at the time of their deaths. Prevention is only possible if people have access to services, with suicide being the leading cause of death for Australians under 25 years of age.

Better targeting of services

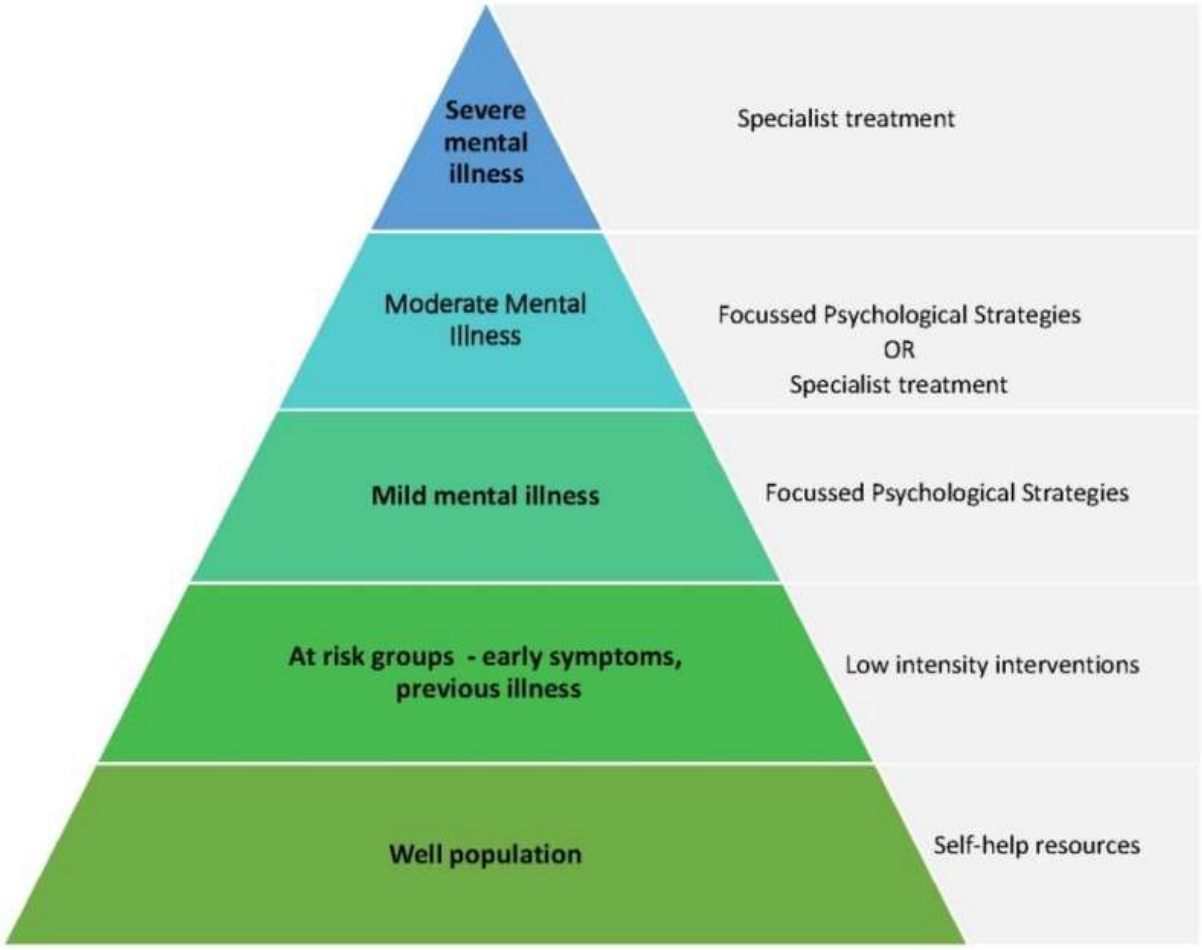
The addition of counsellors as Medicare providers will help improve targeting of BAI services. Consumers could be effectively assisted by receiving counselling from a registered counsellor, and referred on to another service when necessary.

The reverse is true too where a psychologist or psychiatrist may find a client's mental health could be maintained in conjunction with, or more appropriately by a counsellor. Prior to the introduction of BAI in 2006, GPs referred patients to counsellors, and some GPs still do. Counsellors have competencies, skills, and experience delivering evidence-based psychological strategies equivalent to the other allied health professionals who are currently part of the BAI, providing services to the public.

In a system where underservicing and a lack of professionals is causing massive disruptions, counsellors can ease burdens by working in conjunction with mental health care plans to help clients, their family, friends, and carers of mentally ill people maintain their mental health through their journey through the system. Aged Care Homes are other examples of settings where counsellors are perfectly suited to provide needed psychological counselling services.

Prevention is bolstered through detection, how can mental health issues get treatment if Queenslanders have to wait months for an expensive psychologist, after first gaining a mental health care plan from a GP. Mental health care plans are formal a diagnosis, which can negatively effect career prospect and insurance premiums as well. This is especially detrimental to young people, the highest risk category for suicide.

Diagram 1: Targeting services to meet patient needs



Matching the needs of patients with timely, appropriate and targeted care through the inclusion of counsellors in BAI will address current over and under-servicing issues and provide a broader range of services to better target consumer needs. Counsellors are qualified to deliver continuous care to consumers with different levels of need.

Utilising counsellors to deliver Focussed Psychological Strategies will increase service capacity for primary care mental health services and move towards 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 demands. This would lead to a reduction in inappropriate referrals to secondary mental health care services and reduce secondary care assessment times and patient waiting times, which would provide for greater continuity of care and better client outcomes.

Addressing workforce shortages

There are currently shortages in the mental health workforce with patients experiencing limited availability and long waiting times for initial appointments and between sessions in some metropolitan areas, and other areas with low service access and high levels of underlying mental health needs, such as rural and regional Australia.

The AMA in 2019 found that Australians who live in rural and remote areas have poorer health outcomes than those who live in cities. Rural communities have fewer doctors and are finding it increasingly difficult to attract new ones.

Deloitte Access Economics 2019, General Practitioner workforce report 2019 forecasts that both urban and regional areas will become progressively undersupplied over the ten years to 2030, resulting in a deficit of 9,298 full time GPs, or 24.7 per cent of the GP workforce by 2030. GPs are the highest claimants of the schedule numbers, showing the need for counsellors to be allowed to provide mental health care plans to alleviate the strain on GPs.

This leads to potentially prolonged psychological distress while waiting to be seen, contributes to disruption in treatment and increases therapy drop-out rates, which in turn increases the likelihood of future mental health issues. See Appendix A for an example of the impact of workforce shortages in one regional area, covered by the Hunter New England and Central Coast Primary Health Network. BAI has substantial issues catering to the demand for mental health services in regional and rural Australia, which are complex and not being met by the current pool of providers.

The addition of counsellors to the workforce under the BAI will address these workforce shortages and ensure clients have more immediate and ongoing access to the mental health services they need. Counsellors are distributed throughout the country and make a significant contribution to services in regional, rural, and remote areas, where specialist services are more difficult to access (Gittoes, Mpofu & Matthews, 2011). The latest available Mental Health Workforce figures indicate that nearly 90 per cent of the psychiatrist workforce, and just over 80 per cent of the psychologist workforce are situated in major cities (AIHW, 2019b).

Data on access to MBS-funded mental health services in 2017-18 demonstrates a stark difference between access in major cities and inner regional areas, where approximately 10 per cent of the resident population accessed MBS-funded services, compared to 5.5 per cent and 2.7 per cent respectively in remote and very remote areas (AIHW, 2019a).

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 currently deliver many of the same Focussed Psychological Strategies as other allied health professionals. The inclusion of counsellors to deliver MBS items for Focussed Psychological Strategies, consistent with other allied mental health providers, will build workforce capacity and provide proven evidence-based therapies to patients seeking MBS subsidised treatment.

Counsellors will also be able to boost uptake of digital health-based counselling for people in rural and remote areas, particularly Aboriginal and Torres Strait Islander and rural populations who are unable to travel great distances for in-person appointments. Counsellors are trained and experienced in this mode of service delivery to ensure ethical and safe practice and provide a cost-effective solution for telehealth services. Counsellors are already employed in Telehealth services, like Beyond Blue.

Cost-effectiveness

Currently, MBS expenditure under Better Access Focussed Psychological Strategy items is inefficiently weighted towards relatively high-cost service delivery options. Services could be provided by counsellors, at the lower rate that currently applies to social workers and occupational therapists as per the current tier 1 benefit of $77.10. There is no research evidence to indicate that the higher fees paid to psychologists result in better treatment outcomes.

As a workforce, counsellors generally charge lower fees than psychologists. Setting the benefit at the current tier 1 benefit of $77.10 for counsellors delivering Focussed Psychological Strategies for sessions lasting more than 50 minutes will be a cost-effective option that will reduce out of pocket expenses for clients, thereby encouraging client participation and delivering per capita cost savings to the health system.

More than 3,000 and up to 4,000 ACA registered counsellors are ready to take up MBS immediately, and could begin Bulk Billing to serve the community where it is needed most in regional and rural Australia locally where they live, and psychologists and psychiatrists do not.

The lowest rate of Group M7 Focussed Phycological Strategies (80160) benefit is $77.10, which would be the cost of the Bulk Billed service, noting that overnight the roughly 3,000 counsellors suitable will not be at full capacity from the day any new initiative or measures are announced.

Currently, 20 sessions is the maximum allowable amount of sessions claimable on the MBS, this amount was only 10 previously.

Assuming the normal rate of around five (5) clients a day being serviced by 3,000 counsellors with tertiary level qualifications, the costs associated would incur a maximum cost of $222,048,000 over 12 months. It would take approximately 12 months for the initial cohort of 3,000 counsellors to reach full capacity anyways, meaning there would not be a sudden spike in costs; this would happen gradually as counsellors make GPs aware of their addition to MBS and ability to service mental health care plans and get referrals.

In summary:

One (1) counsellor provides 20 counselling sessions per working week, with 48 working weeks of the year = 960 sessions. At $77.10 per session x 960 sessions = $74,016. 3,000 counsellors providing 960 sessions per year will cost 3,000 x $74,016 = $222,048,000.

In comparison, according to data from MBS, approximately half of mental health care plans are serviced by clinical psychologists at $128.40 per session on the basis of availability and access, not client needs. If you extrapolate the potential costs to service, the predicted increase on the basis that 50 per cent of referrals will be serviced by clinical psychologists primarily on the basis of access, not needs; the budget will exceed the predicted costs on introducing counsellors by over 45 per cent in any case.

Perhaps the greatest consideration should be the cost of not acting. Including counsellors as Medicare-funded mental health providers will improve access to and targeting of services provided under the BAI. The most recent national figures on MBS-funded mental health services indicate that usage has nearly doubled over the last decade, with 10.2 per cent of Australians accessing services in 2017-18, compared to 5.7 per cent in 2008-09.

Between 16 March 2020 and 24 January 2021, almost 11.5 million MBS-subsidised mental health-related services were delivered nationally ($1.3 billion paid in benefits); almost 3.7 million (32.1 per cent) of these services were delivered via telehealth (as opposed to face to face) and $428 million was paid in benefits for telehealth services. Counsellors, if included in the system, would have been able to make more services available, quicker, and cheaper.

Meeting the needs of under-serviced groups

There is an opportunity to meet the needs of sectors of the community that have been under- serviced or are unable to access services. For example, under-serviced groups such as family and carers of people with mental illness may benefit more from family therapy or group counselling where counsellors are highly experienced and have significant expertise. Increasing services to groups such as aged persons, people in rural and remote settings, Aboriginal and Torres Strait Islander peoples, the LGBTIQ+ community, newly settled migrants, and refugees, requires a larger workforce.

Aboriginal and Torres Strait Islander people experience significantly poorer mental health outcomes than non-Indigenous Australians. In the 2014-2015 ABS National Aboriginal and Torres Strait Islander Social Survey, 33 per cent of adult respondents had high/very high levels of psychological distress 2.6 times that of non-Indigenous adults (Australian Government, 2017).

Counsellors would provide a bolstered workforce to respond to the high incidence of social and emotional wellbeing problems and mental ill-health. Further, to help ameliorate the intergenerational effects of trauma, counsellors use culturally competent and safe practices, and a wide range of interventions to respond to cultural diversity, such as Narrative Therapy when working with Aboriginal and Torres Strait Islander clients (Nagel & Thompson, 2007).

Requirements for registered counsellors to qualify as providers for Medicare funded services under the BAI

Members of the ACA will be required to demonstrate that they meet certain requirements to be eligible for certification by the ACA as a certified practicing counsellor to be eligible to provide Medicare funded services under the BAI to the same standards of social workers and psychologists.

These requirements relate to:

1. Training
2. Supervised practice experience
3. Professional Association membership

1. Training

The minimum qualification requirements for ACA members to be considered for certification as a counsellor by ACA will be completion of a Bachelor's degree (AQF Level 7) or a Master's degree (AQF level 9) in discipline specific training in Counselling or Psychotherapy. Training must meet the requirements of the ACA Accreditation of Counsellor Higher Education Courses.

2. Supervised practice experience

To be considered for certification by the ACA, counsellors are required to have completed a minimum of 750 hours of client contact over a minimum of two years since completing their training, with a minimum of 75 hours of clinical supervision.

Through supervised practice, counsellors have gained the practical experience, knowledge and skills required for competent, ethical practice. As specialists in mental health, a counsellor's Professional Development and Clinical Supervision are focused on mental health practice to gain additional knowledge and experience of current assessment techniques and interventions in mental health, and an understanding of research and evaluation methods in mental health. Counsellors therefore have the capacity to support clients with complex mental health issues and to work as members of multi-disciplinary mental health teams.

3. Professional Association membership

In order to meet ACA membership requirements, applicants go through a rigorous verification process to ensure that training, qualifications, and supervised experience meet minimum required standards and best practise. Ongoing annual membership to ACA requires practitioners to meet best practise standards around professional development, clinical supervision, insurance, and ethics.

i) Professional development

All practicing members of the ACA are required to meet minimum professional development standards in order to renew their membership annually. ACA has policies which set out the annual requirements for professional development, and standards for determining the types of activities that are considered appropriate:

- ACA members are required to complete a minimum of 25 points of Ongoing Professional Development each year (representing a minimum of 25 hours of professional development), activities must further a member's skills and qualifications as a counsellor.

For the purposes of certification, counsellors will be required to undertake an additional 10 hours per year professional development specifically relating to Focused Psychological Strategies. This will ensure compliance with section 10 of the *Health Insurance (Allied Health Services) Determination 2014* which requires practitioners to undertake 10 hours per year of Focussed Psychological Strategies Continuing Professional Development. See Appendix B for details.

ii) Professional/Clinical supervision

Supervision is a contractual, collaborative process which monitors, develops and supports supervisees in their clinical role. Supervision is central to counsellor training and practice. It provides the counselling profession with a culture of support and audit and acts as a quality assurance mechanism. The rigour with which counsellors engage in supervision supports to the trust and confidence the community has in counselling.

Supervision has a positive impact on the practitioner's self-development, ethical and reflective practice, professional development, and self-efficacy (Schofield & Roedel, 2012; Wheeler & Richards, 2007). The focus in supervision is on both the optimum treatment outcome for clients and the professional development and self-care of supervisees. It is an opportunity for the supervisee to present material regarding their practice, with space for reflection by the supervisee and feedback by the supervisor.

Clinical supervision is a requirement during training and an ongoing requirement for membership by the ACA. Practicing members are required to show evidence of adequate supervision when applying for annual membership renewal:

- ACA requires 10 hours of Clinical Supervision per year (ACA, 2019b)

iii) Insurance

Practicing members of the ACA are required to maintain continuous cover for professional indemnity and liability insurance.

- ACA requires evidence of currency of insurance (ACA, 2019a)

iv) Ethics

Members of the ACA are required to sign an annual declaration that they adhere to the requirements of their Code of Ethics and that they will comply with the applicable complaints handling process in the event of an ethical complaint being made.

Codes of Ethics:

- ACA Code of Ethics and Practice (ACA, 2019a)

Complaints handling processes:

- *ACA Complaints Policy and Procedural Guidelines* (ACA, 2019)

The Codes of Ethics provide guidance to members and act as a compass towards safe practice. The counselling profession is trusted by the community because counsellors are trustworthy and act accordingly. Counsellors have a sophisticated awareness of confidentiality issues, respect diversity, avoid conflicts of interest, respect professional boundaries, and uphold the key aim of ethical practice to "do no harm".

Certification of counsellors

Assessment process

ACA certification process for members to be recognised as Medicare providers will involve an assessment process that ensures applicants meet strict criteria and demonstrate the capacity to apply Mental Health Practice Standards in their clinical practice.

Applicants are required to demonstrate they meet the ACA assessment criteria, which are covered in more detail above:

1. Completion of appropriate training
2. Two years of supervised practice experience post qualification
3. Professional Association membership of ACA (Level 3 or 4) compliance with the following annual requirements:
   i) Professional Development
   ii) Clinical supervision
   iii) Professional indemnity insurance
   iv) Declaration of adherence to a Code of Ethics and complaints handling process
4. Demonstrated capacity to apply the ACA Mental Health Practice Standards in their professional practice by addressing 20 essential points from the Practice Standards
5. A written referee statement from a current supervisor or employer

Certification titles

Following successful assessment against the ACA assessment criteria, applicants will be certified to be eligible to apply for a Medicare provider number.

Renewal requirements

Counsellors who are successful in achieving certification by ACA are required to maintain their certification by meeting the annual membership renewal requirements of their professional association which are detailed in criteria 3.

Utilising Medicare provider numbers for counsellors

In addition to adding ACA certified counsellors as Medicare providers, ACA proposes the Government explores the potential for counsellors to be added to the list of allied health professions that provide other MBS services:

- Non-directive pregnancy support counselling
- Chronic Disease Management - Individual Allied Health Services under Medicare
- Department of Veteran's Affairs contract eligibility to deliver counselling services for veterans

Better Access Initiative

Certified Practising counsellors will be practitioners who have the training and expertise to provide Focused Psychological Strategies under BAI. They are trained to undertake an assessment of the client's treatment needs, to plan appropriate interventions from the list of Focussed Psychological Strategies, and to report back to the referring GP on the treatment provided and future treatment needs. Amendments to the *Health Insurance (Allied Health services) Determination 2014* would be required to add ACA certified counsellors to the list of allied health professions eligible to deliver Focussed Psychological Strategies under BAI. ACA proposes that pricing for the items should be benchmarked against the Schedule fees currently paid for the same service provided by accredited mental health social workers and accredited mental health occupational therapists and generalist psychologists under tier 1, as outlined previously.

Other relevant Commonwealth Government funded programs

Once counsellors have Medicare provider numbers as Allied Health Professionals, there is the potential to include them in the workforce for the delivery of other MBS services in addition to BAI. This will help to address workforce shortages for these other services, for example in rural and regional areas and low socio-economic areas, and for underserviced client groups such as the veteran community through the Department of Veteran's Affairs.

The ACA requests to give evidence before the committee.

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Appendix A: Hunter New England and Central Coast Primary Health Network - Mental Health Waiting Times, January 2018 (HNECC, 2018)

Service Location	Waiting Time (days) to assessment	Waiting Time (days) to commence treatment	Provider Name
Armidale	0	41	Centacare New England North West
Barraba	15	15	HealthWISE
Bingara	0	0	Centacare New England North West
Boggabri	0	0	Centacare New England North West
Cessnock	2	25	Hunter Primary Care Ltd
Dungog	5	5	Life Matters Psychologists
Forster	5	5	Life Matters Psychologists
Glen Innes	0	18	Centacare New England North West
Gloucester	10	10	Life Matters Psychologists
Gosford	14	14	Central Coast Primary Care
Gosford	17	17	Yerin Aboriginal Health Services Inc
Gunnedah	15	15	HealthWISE
Guyra	0	33	Centacare New England North West
Inverell	0	8	Centacare New England North West
Lake Macquarie	2	18	Hunter Primary Care Ltd
Maitland	2	18	Hunter Primary Care Ltd
Maitland	3	3	Life Matters Psychologists
Manilla	17	17	HealthWISE
Moree	0	29	Centacare New England North West
Mungindi	0	0	Centacare New England North West
Muswellbrook	3	15	Hunter Primary Care Ltd
Narrabri	0	34	Centacare New England North West
Newcastle	2	15	Hunter Primary Care Ltd
Port Stephens	2	17	Hunter Primary Care Ltd
Quirindi	20	20	HealthWISE
Scone	3	20	Hunter Primary Care Ltd
Singleton	2	15	Hunter Primary Care Ltd
Tamworth	0	18	Centacare New England North West
Tamworth	23	23	HealthWISE
Taree	15	15	Life Matters Psychologists
Tenterfield	0	0	Centacare New England North West
Walcha	15	15	HealthWISE
Warialda	0	0	Centacare New England North West
Wee Waa	0	8	Centacare New England North West
Wyong	9	9	Central Coast Primary Care
Wyong	17	17	Yerin Aboriginal Health Services Inc

Appendix B: ACA Continuing Professional Development (CPD) Requirements

In addition to the annual CPD requirements of ACA membership, Certified counsellors and psychotherapists will be required to undertake 10 hours of ***Focussed psychological strategies continuing professional development*** per year.

Focussed psychological strategies continuing professional development means the completion of 10 continuing professional development units per CPD year, each unit being 1 hour that relate to the delivery of focussed psychological strategies in any of the following areas:

a) psycho-education;

b) cognitive-behavioural therapy including;
   (i) behavioural interventions;
   (ii) behaviour modification;
   (iii) exposure techniques;
   (iv) activity scheduling;

c) cognitive interventions including:
   (i) cognitive therapy;

d) relaxation strategies including;
   (i) progressive muscle relaxation;
   (ii) controlled breathing;

e) skills training including;
   (i) problem solving skills and training;
   (ii) anger management;
   (iii) social skills training;
   (iv) communication training;
   (v) stress management;
   (vi) parent management training;

f) interpersonal therapy;

g) narrative therapy (for Aboriginal and Torres Strait Islander people);

h) clinical skills to undertake a full assessment of a patient in order to form a diagnosis and commence treatment planning.

APPENDIX C:
ESSENTIAL MENTAL HEALTH PRACTICE STANDARDS

STANDARD 1: RIGHTS, RESPONSIBILITIES, SAFETY AND PRIVACY

1.5 Follow appropriate procedures related to client safety and privacy, taking into account risks, age, gender and other relevant factors

1.8 Apply trauma-informed approaches for the support of vulnerable or traumatised clients to ensure the safety of clients and colleagues and to reduce the likelihood of re-traumatisation

STANDARD 2: WORKING WITH CLIENTS AND THEIR FAMILIES AND CARERS IN RECOVERY-FOCUSED WAYS

2.1 Apply the principles of self-determination to support clients, and their family members and carers as appropriate, to be decision-makers in the recovery process

STANDARD 3: MEETING DIVERSE NEEDS

3.3 Facilitate care, treatment and support in a manner that demonstrates respect for the diversity of clients and their families and carers, taking into account their lifestyle, values, gender, age, ability, culture, religion, spirituality and sexual identity

3.8 Recognise and articulate the extent and limits of their own cultural understanding and seek cultural advice or support where needed

STANDARD 4: WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, FAMILIES AND COMMUNITIES

4.2 Develop an understanding of Aboriginal and Torres Strait Islander history, particularly the impact of colonisation on present day grief, loss and trauma and its complexity

4.3 Communicate in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past experiences

STANDARD 5: ACCESS

5.2 Clearly explain service processes and parameters in particular, the right to confidentiality and the limits to confidentiality

5.5 Conduct risk assessments, taking into account the client's presenting mental state, and potential risks of suicidality, self-harm or harm to others

5.7 Document and clearly communicate the outcome of risk assessments and initial service planning with clients

STANDARD 6: INDIVIDUAL PLANNING

6.2 Conduct, within the scope of practice, a comprehensive, trauma-informed, mental health assessment, including but not limited to:

- risk and protective factors within the client's family and environment

- triggers for suicidality and risk of harm to self and others
- developmental tasks and life stage transitions such as changes relating to school or work, housing, life partners and bereavement
- issues related to drug and alcohol use, exposure to trauma, grief/loss, violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships

6.4 Develop and articulate a comprehensive case formulation that informs treatment planning

STANDARD 7: TREATMENT AND SUPPORT

7.3 Plan, implement and monitor a range of engaging, evidence-informed, safe and effective evidence-informed, recovery-focused intervention strategies

7.6 Critically appraise and apply a professional knowledge base in mental health, including the following focussed psychological strategies:

- Psycho-education including Motivational Interviewing;
- Cognitive-Behavioural Therapy;
- Relaxation strategies including progressive muscle relaxation and controlled breathing;
- Skills training including problem-solving skills;
- Anger management;
- Social skills and communications training, stress management, and parent-child management;
- Interpersonal Therapy, especially for depression;
- Narrative Therapy for Aboriginal or Torres Strait Islander clients

STANDARD 10: QUALITY IMPROVEMENT

10.1 Understand and actively participate in processes for the development, implementation, integration and review of mental health services

10.6 Contribute to a positive, accountable and solution-focused service culture that addresses ethical dilemmas, with a quality-improvement focus that includes learning from mistakes

10.7 Demonstrate familiarity with current research and evaluation processes in mental health

10.8 Apply and integrate current research evidence to practice, aimed at improving outcomes

STANDARD 12: HEALTH PROMOTION AND PREVENTION

12.5 Develop and implement tailored strategies to promote mental health and wellbeing for clients aimed at building resilience across the lifespan and reduce the risk of suicide and self-harming behaviours

STANDARD 13: ETHICAL PRACTICE AND PROFESSIONAL DEVELOPMENT RESPONSIBILITIES

13.1 Work within their scope of practice and seek assistance as required to support safe and effective services or refer clients on to other practitioners if required