



APS Submission to the MBS Review: Better Access to Psychiatrists, Psychologists and General Practitioners

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The Australian Psychological Society welcomes the opportunity to provide recommendations to the MBS Review of the mental health items. The Australian Psychological Society is the peak professional organisation for psychology across Australia with over 24,000 members. Psychologists represent the largest mental health workforce in Australia. Through their extensive training they are highly skilled to provide the most evidence-based treatments for individuals experiencing mental health difficulties. As their representative body, the Australian Psychological Society regularly provides advice to stakeholders to inform best practice in mental health across Australia.

(Note: this submission focuses on psychologists assuming other professions will make their own submissions.)

Limitations of Existing Better Access Services

The Better Access to Psychiatrists, Psychologists and General Practitioners initiative (Better Access initiative) is one of the most effective and cost-efficient nationally-funded mental health programs. This was shown by the Government's own independent evaluation of Better Access, which found the typical cost of a Better Access package of care delivered by a psychologist to be \$753.31, 31% less than original estimates for optimal treatment of depression or anxiety disorders. A total of 36.2 million individual psychological treatment sessions have been provided to nearly 9 million of Australians since 2006. Despite the overwhelming success of the Government's Better Access initiative, there is potential to further improve the cost effectiveness, reach and clinical utility. Factors that have had a negative impact on the treatment of mental health disorders under the Better Access initiative include:

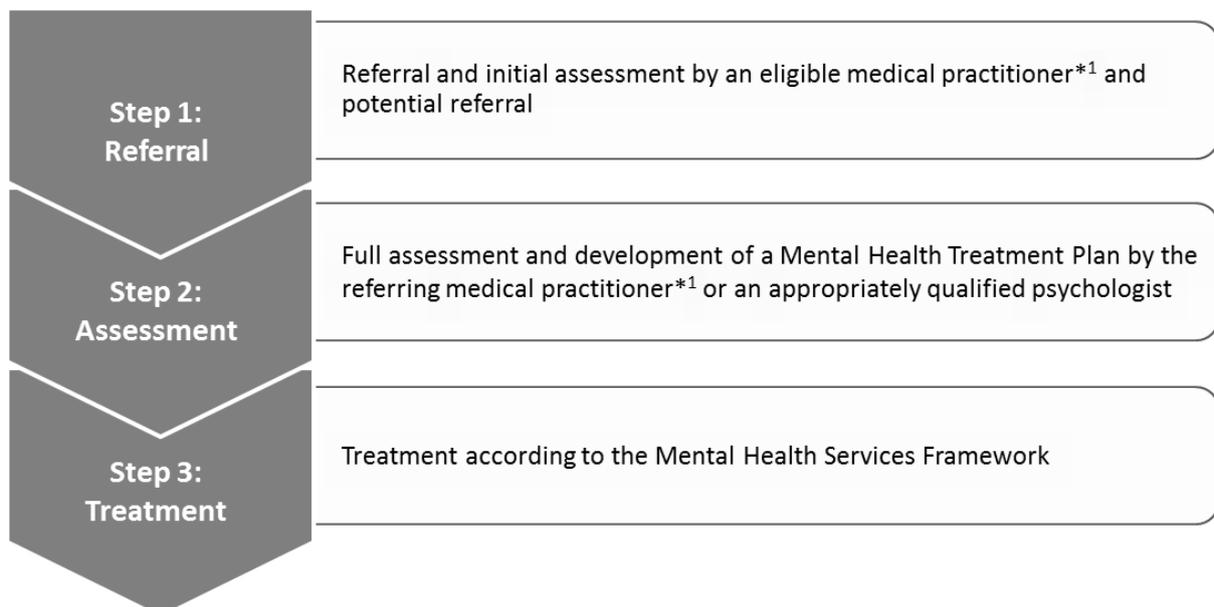
- An insufficient number of treatment sessions where patients are not receiving the evidence based minimum required for successful treatment of their mental health disorders.
- Variable quality of assessments in GP Mental Health Treatment Plans frequently requiring psychologists to repeat the assessment.
- Lack of flexibility for the referring practitioner to have the option to refer for full assessment, opinion and report, or ongoing management e.g. similar to MBS item #291 referral to a psychiatrist.
- Inflexible referral pathways for special groups e.g. children, mothers with perinatal depression, OCD, etc.
- Lack of items for team care arrangements for enhanced collaborative care for chronic and severe mental health conditions, e.g. a patient with chronic and relapsing schizophrenia currently has access to the same amount of treatment as a patient with uncomplicated mild to moderate depression.
- Recommended frequency of Mental Health Treatment Plan Reviews not matched to client need.
- The provision of referrals unnecessarily entwined with the number of treatment sessions rather than equivalent to physical conditions where referrals are valid for a set period of time e.g. referral valid for 12 months.
- Limited ability for treatment sessions to adapt to meet the needs of children.
- A problem with the range of participant numbers in Better Access group treatment.
- Inflexible face-to-face requirement for individuals requiring videoconferencing consultations due to the remoteness of their location.
- Telephone counselling in crisis or as consolidating behavioural and cognitive tasks set as homework. As a national health program, items for telephone counselling should be national.
- Lack of MBS items for providers other than medical personnel to take part in case conferencing.

APS Response to Identified Limitations

In the context of the limitations outlined, the APS proposes:

1. The use of a Mental Health Services Framework that takes into account the severity, complexity and chronicity of the mental health disorder(s) and proposes the provision of evidence based services in accordance with the individual's needs.
2. A number of specific recommendations to improve existing item numbers, and recommendations for new/ modified item numbers.

Mental Health Services Process



Mental Health Services Process: Explanatory notes

*¹ Referring medical practitioner includes all current eligible MBS Better Access medical providers e.g. General Practitioners, Psychiatrists, and Paediatricians.

*² The psychology board of Australia registers general psychologists ensuring they meet high standards in education, supervised practice, ethical and professional standards, and ongoing professional development. A large number of psychologists also hold an 'Area of Practice Endorsement' (AoPE). An AoPE indicates that a registered psychologist has qualifications in a particular area of practice and an additional two years or more of supervised experience in that area. A psychologist with AoPE therefore has at least eight years of training.

*³ Within psychology, one endorsement area (Clinical Psychology) was identified by the Government when the Better Access Medicare items were first introduced to meet the standard required to provide treatment services to individuals affected by the more severe, complex and chronic mental health disorders. Other AoPE psychologists may also have additional competencies for specific disorders eg Educational and Developmental Psychologists for ADHD.

Mental Health Services Framework

Level 3 Services: Severe and Chronic/Unremitting Disorders

40 Treatment sessions delivered by a Clinical*³, Counselling, Forensic, Health or Education and Development Psychologist (as appropriate), to individuals assessed with:

- Bipolar Disorders
- Personality Disorders
- Schizophrenia Spectrum Disorders
- Severe high prevalence disorders
- Developmental disorders: Conduct Disorder, Autism Spectrum Disorders, ADHD
- Those assessed as chronic, or treatment resistant by the referring practitioner

Level 2 Services: Moderate - Severe Disorders and more Complex Disorders

20 Treatment sessions delivered by AoPE*² Psychologists, or Psychologists who can demonstrate equivalent competence, to individuals assessed with:

- Obsessive Compulsive Disorders
- Trauma Disorders including Post-Traumatic Stress Disorder
- Persistent Depressive Disorder
- Eating Disorders
- Comorbid Mental Health Disorders and/or comorbid with alcohol / drug abuse / opioid related disorders
- Those assessed as moderate / severe by the referring practitioner

Level 1 Services: Mild to Moderate Disorders

10 Treatment sessions delivered by all current Better Access providers to individuals assessed with:

- High Prevalence Disorders
- All other current eligible mental health disorders

Other Critical Services

Three sessions for the following:

- Cognitive assessment for differential diagnosis of dementia and depression delivered by a Neuropsychologist
- Cognitive assessment of neurodevelopmental disorders such as learning disorders, ADHD, Intellectual Disability delivered by an Education and Development Psychologist or Neuropsychologist

Recommendations to Improve Existing Item Numbers

Item number	Description	Recommendation
GP Mental Health Treatment Items		
2700, 2701, 2715 or 2717	GP Mental Health Treatment Plan Preparation or standard GP referral	Allow the referring practitioner the option to write a standard referral for psychological services, or complete a full mental health treatment plan if deemed appropriate. Allow the referring practitioner to have the option to refer to appropriately qualified psychologists for a full assessment and completion of a mental health treatment plan.
2712	GP Mental Health Treatment Plan Review	Remove the MBS recommended frequency requirements to allow the referring practitioner to complete the Review according to client need.
2713	GP Mental Health Treatment Consultation	Modify referral requirements to allow the referring practitioner to refer for treatment services based on a set time duration e.g. referral valid for 12 months, as for other referrals.
Focused Psychological Strategies and Psychological Therapy Provided by Psychologists		
80000 to 80015; and 80100 to 80115	Focused Psychological Strategies and Psychological Therapy	Increase the number of treatment sessions available in accord with the Mental Health Services Framework where patients receive the evidence based minimum. In that way people who need access to mental health care for more severe conditions get the service they need.
80020, 80120, 80021, 80121	Group Therapy	Modify the requirement for participant numbers in Better Access group treatment to 3 to 6 unrelated patients or a family group of at least 3 people, i.e. similar to MBS item #342 for psychiatry. Increase bulk billing fee to encourage use of group therapy, currently an under-utilized evidence based intervention.

80001, 80011, 80021, 80101, 80111, 80121	Services Delivered by Video Conference	Increase the flexibility of the face-to-face requirement for individuals requiring videoconferencing consultations.
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Recommendations for New Item Numbers

New Items		
Item number	Description	Recommendation
N/A	Mental Health Assessment, Opinion and Report or Ongoing Management	Create an MBS item for the referring practitioner to refer for assessment, opinion and report, or ongoing management to a clinical psychologist, i.e. similar to MBS item #291 referral to a psychiatrist.
N/A	Mental Health Provisional Referral	Improve referral pathways for groups that are not well serviced by allowing: <ul style="list-style-type: none"> • A child to be referred directly from their school or agency so that treatment can commence immediately while awaiting an eligible referral (as per ATAPS). • Obstetricians and child and family health nurses to refer a mother with perinatal depression directly to a psychologist so that treatment can commence immediately while awaiting an eligible referral.
N/A	Evidence Based Practice for Children	Allow a psychologist who is treating a child to work directly with the parent/s without the child present when this is the recommended treatment.

N/A	Team Care Arrangements for Chronic and Severe Mental Health Conditions	Create items for multidisciplinary team care arrangements for enhanced collaborative care for chronic and severe mental health conditions, e.g. a patient with chronic and relapsing Bipolar Disorder currently has access to the same treatment as a patient with uncomplicated mild to moderate anxiety.
N/A	Mental Health Case Conferencing	Improve collaborative care by introducing item numbers for all mental health professionals for case conferencing regarding consumers with mental health problems.
N/A	Incentives /loading to provide rural and remote services	To help support psychologists to provide assistance in rural and remote communities.

Appendix A

Advances in Evidence Based Practice

The evidence base for mental health intervention methods has continued to evolve since psychology services were first included under Better Access (Medicare) in 2006. Additional research has been undertaken that demonstrates the efficacy of intervention methods that are currently not included for use as psychological therapy under Better Access. Whilst Cognitive Behaviour Therapy (CBT) remains the most highly utilised and therefore researched intervention method, a recent literature review undertaken by the APS demonstrates that there are additional intervention methods that would be valuable to include on the list of FPS items.

The APS literature review evaluated the latest research in all levels of evidence (Levels I, II, III, IV) used by the National Health and Medical Research Council (NHMRC), and should be used by mental health professionals to make decisions when considering the effectiveness of an intervention. Level I and II studies are those that have the most rigorous scientific methods and are the most useful for establishing best practice. Specifically, Level I evidence includes meta-analyses or systematic reviews of Level II studies that have included quantitative analyses. Level II evidence involves independent comparisons with a valid reference standard, among consecutive persons with a defined clinical presentation¹.

Based on Level I evidence, the list on interventions of Focused Psychological services should be amended to include the following additional treatments:

- Psychodynamic therapy & Schema therapy for Borderline Personality Disorder.
- Online CBT, Mindfulness based cognitive therapy, Problem Solving Therapy and Psychodynamic therapy for depression.
- Eye Movement Desensitisation and Reprocessing for Post-traumatic Stress Disorder
- Family Intervention for Psychotic disorders
- For children; Family intervention for Eating Disorders, Substance Use Disorders, Conduct Disorder, Attention Deficit Disorders

Approving a greater list of treatments increases the likelihood that patients will receive a treatment that best meets their needs. There is likely no cost implication to this change, just efficiency in services provided. A full description of each of these therapies and the literature supporting each is available from our recent publication *Evidence-based Psychological Interventions in the Treatment of Mental Disorders: A Review of the Literature* (Fourth Edition, 2018)

¹ Source: NHMRC additional levels of evidence and grades for recommendations for developers of guidelines

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