

**Senate Community Affairs Committees Inquiry into Commonwealth
Funding and Administration of Mental Health Services**

**Submission by the
Australian College of Mental Health Nurses
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Contact

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Introduction

The Australian College of Mental Health Nurses (ACMHN) welcomes the opportunity to provide a submission to the Senate Community Affairs Committees Inquiry into Commonwealth Funding and Administration of Mental Health Services.

The Australian College of Mental Health Nurses is the peak professional organisation representing Mental Health Nurses. Members of the College are nurses who work in mental health across a variety of settings – acute psychiatric units in hospitals, specialist community mental health teams, general practices, emergency departments, as well as in policy, administration, management and research roles. Mental Health Nurses as individuals and a profession are a key component of Australia's mental health care system.

The ACMHN sets standards for practice and works to promote public confidence in and professional recognition of mental health nursing and is the recognised Credentialing body for Mental Health Nurses.

Response to Terms of Reference

(a) the Government's 2011-12 Budget changes relating to mental health;

When the Government's mental health reform package was announced as part of the Budget in May 2011, the ACMHN welcomed and supported this investment in improving services and support for people with mental health issues. However, we believe that how these measures are implemented is critical to their success. Our comments and recommendations below are made with the intention of helping to achieve the best possible outcome for mental health consumers, their families, carers and communities.

(b) changes to the Better Access Initiative, including:

- (i) the rationalisation of general practitioner (GP) mental health services,**
- (ii) the rationalisation of allied health treatment sessions,**
- (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and**
- (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;**

Mental Health Nurses are NOT among the professions that are eligible to provide mental health services under the Better Access initiative and it is this exclusion that we would ask the Committee to consider in terms of the impact on the availability of primary mental health care services to consumers in disadvantaged and rural areas.

Credentialed Mental Health Nurses who hold specialist qualifications in mental health nursing have education and skills in providing mental health services, including focussed psychological strategies. They provide these and other mental health services within primary, community and acute mental health settings across Australia. But they remain excluded from the Better Access program.

The Better Access evaluation found that people in hard to reach groups continue to use these Better Access services at a lower rate than the general population. Mental Health Nurses have been found to be “more evenly distributed than other mental health professionals, and form a high proportion of the workforce in rural and remote areas”.¹ If Credentialed Mental Health Nurses were able to deliver services under Better Access, they would increase the availability of services to people in disadvantaged locations, as well as rural and remote areas. It is also very likely that such a change would have a positive effect on the supply of Mental Health Nurses as it would increase awareness of the profession and provide an alternative career path to nurses.

The College and Credentialed Mental Health Nurses have asked the Government why Mental Health Nurses are not recognised as eligible to provide Better Access services. The Government has erroneously determined that Mental Health Nurses “are not recognised as having the knowledge, skills and experience to treat diagnosed mental disorders”² This position reveals a concerning lack of understanding by the Government of the scope of practice of Mental Health Nurses. Mental Health Nurses are recognised by other mental health professions and consumers and carers as highly skilled and valuable in providing mental health treatment. The range of focussed psychological strategies¹ listed under Better Access item numbers in the Medicare Benefits Schedule are core strategies used by Mental Health Nurses in their practice.

The ACMHN can only conclude that the reason the Government has excluded Credentialed Mental Health Nurses from Better Access is another strategy to limit the cost of the program, without consideration of the consequences for consumers.

Recommendation: The ACMHN recommends that Credentialed Mental Health Nurses be included as one of the professions eligible to provide mental health services under the Better Access Initiative.

¹ Mental Health Workforce Advisory Committee, *Mental Health Workforce: Supply of Mental Health Nurses*, September 2008

² Correspondence to Ms Belinda Mackie from Department of Health and Ageing, 11 March 2010, copy provided to ACMHN by Ms Mackie.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;

The expansion of ATAPS announced in the 2011 Budget is predicted to enable an extra 185,000 people to receive mental health treatment over five years. The ACMHN supports the move to provide low cost mental health treatment to those people and communities who are underserved using the ATAPS program. However, there are some aspects of the ATAPS program which need to be improved to ensure that it is the appropriate vehicle for this purpose.

In June 2011, the Australian National Audit Office (ANAO) released a report into the Administration of the Access to Allied Psychological Services Program. This report identified a number of issues and concerns with the program. Some of these issues and concerns were also raised in the review of the program conducted by the Government, that was released in February 2010. That similar issues were identified almost 18 months later suggests that despite the Government's commitment to strengthening ATAPS, little has changed in the way ATAPS is delivered.

The ACMHN believes that action is required in the following areas to ensure ATAPS is well placed to deliver expanded services.

ATAPS Workforce

Mental health nurses, social workers, occupational therapists, Aboriginal and Torres Strait Islander mental health workers as well as psychologists can deliver services under ATAPS. The Department of Health and Ageing (DoHA) is not able to provide data on the use of different professions however it is generally acknowledged that psychologists are the main professional group used. Mental Health Nurses have informed the ACMHN that they have difficulty obtaining work under ATAPS. At least one former Division of General Practice which is now a Medicare Local has made a decision only to engage psychologists under ATAPS. It appears that there is limited knowledge and understanding about the expertise of Mental Health Nurses among some Divisions of General Practice/Medicare Locals. Given the expansion of the program, particularly as it is targeted to disadvantaged, Indigenous and hard to reach populations, it is important that the Divisions/Medicare Locals make full use of the professional groups available with their different strengths and capacities.

The ACMHN is concerned that the ATAPS Operational Guidelines do not specify that mental health nurses delivering services under ATAPS should be Credentialed by the ACMHN. The ACMHN Mental Health Nurse Credential is the only professional recognition program in Australia that sets a standard for the specialization of Mental Health Nurses. Currently, Divisions/Medicare Locals must assess the qualifications and experience of a nurse themselves and attempt to determine if that nurse is qualified to deliver focused psychological strategies. This is not straightforward given the diversity of qualifications, training and experience that nurses working in mental health may have.

The ACMHN Credential is the standard that has been set for eligibility in other primary mental health care programs and it should be applied to ATAPS as well.

Recommendation: That DoHA implement strategies to promote the engagement of professions other than psychology to Divisions/Medicare Locals, including:

- Professional groups other than psychology be provided with opportunities to educate Divisions/Medicare Locals about the skills and abilities of their profession; and
- DoHA monitor and report on the engagement of different professions by each Divisions/Medicare Locals.

Recommendation: That only Mental Health Nurses holding a Credential from the ACMHN be eligible to deliver services under ATAPS.

ATAPS Demand Management

The ACMHN is concerned about the inconsistent approaches taken to demand management by Divisions/Medicare Locals administering ATAPS. The ANAO report detailed a range of strategies that are used by Divisions to manage excess demand for services under ATAPS and recommended that DoHA periodically review the demand management strategies employed by Divisions/Medicare Locals funded under the ATAPS program and provide additional assistance and guidance where necessary. The ACMHN believes that additional measures are required to ensure that the approaches taken by Divisions/Medicare Locals are consistent with the program intent and are not clinically harmful. We suggest that Divisions/Medicare Locals should be required to publish their demand management strategies so consumers and health professionals can consider the impact of the strategy on them.

(d) services available for people with severe mental illness and the coordination of those services;

The ACMHN believes it is important that people with severe mental illness have access to coordinated clinical and non clinical services within the community. We welcomed the announcement in the 2010-2011 Budget of \$58.5 million over four years to deliver Flexible Care Packages to better support up to 25,000 people with severe mental illness, to be delivered through ATAPS arrangements. We also welcomed the 2011 Budget announcement of \$343.8 million over 5 years to provide better coordinated services for people with a chronic mental illness. It appears, although it isn't entirely clear, that the \$343.8 million package encompasses the original Flexible Care Packages concept.

The ACMHN believes a key challenge to achieving coordination of services for people with severe mental illness is that the organisations who are selected to deliver this initiative coordinate and collaborate with specialist and community mental health

services and primary mental health care programs, particularly the Mental Health Nurse Incentive Program (MHNIP).

The MHNIP provides coordinated clinical care to people with severe and complex mental disorders. Over 69,000 people have received services under the program since it commenced in July 2007. Mental Health Nurses provide clinical care (for example focused psychological strategies, other evidence based interventions, medication management, mental state assessment and risk assessment), non clinical care (e.g. supporting clients to manage their day to day living, establishing peer support groups, coordination of services) and coordinate access to other services.

(e) mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists,

(ii) workforce qualifications and training of psychologists, and

(iii) workforce shortages;

The successful implementation of national mental health reform will rest in large part on the availability of a robust, adaptable and skilled workforce with sufficient capacity to maintain and expand service delivery and respond to the changing and diverse needs of consumers.

Over the previous two years as the Government has pursued its health reform agenda, the ACMHN has consistently argued that any reform strategy must incorporate actions to ensure there are sufficient number of appropriately qualified and skilled workers to provide high quality services to consumers.

There have been many reports, articles and papers which have identified looming critical shortages in the mental health workforce in Australia and have made recommendations about how to address these workforce shortages.³ Within these reports there is clear agreement on the actions that can be taken to address the workforce shortage. Similar recommendations have been appearing since the late 1990s. Unfortunately, Governments have not consistently implemented the recommendations. Where they have been implemented, it has been piecemeal, at the local level, and based on project funding, rather than embedded in the recurrent budget for mental health services.

Many of the recommendations require systemic changes to the way in mental health services deploy and use their workforce, and to the culture of mental health services, for example:

- consumer and carer workforce and engagement in service planning;
- competency based job descriptions, rather than profession based job descriptions; and

³ *Mental Health Workforce Literature Review* prepared by Siggins Miller as part of the development of the National Mental Health Workforce Strategy project provides a comprehensive review and analysis of the literature.

- leadership and management support and development.

This type of change is hard to achieve, requires a long term commitment from all levels of Government and from all professions and needs to be appropriately resourced.

It is widely acknowledged that there is an undersupply of nurses in Australia. While nursing graduates have increased, it is not clear that whether sufficient nurses are choosing to work in mental health. In 2008, the MHWAC report *Mental Health Workforce: Supply of Mental Health Nurses* stated 'It is concerning that increases in the overall nursing workforce are not reflected in mental health'. Work has been undertaken under the auspices of the Mental Health Nursing Education Taskforce to improve the mental health component of the nursing curriculum which should start to have an impact on newly graduated nurses perception of mental health. However, without good data about the supply of nurses in mental health, it is difficult to determine whether these and other activities are having the desired effect.

In addition, the demand for Mental Health Nurses cannot be filled solely by newly graduated nurses. Services require specialist Mental Health Nurses, ie nurses with qualifications in mental health nursing. The Nursing and Allied Health Scholarship and Support Scheme (NAHSS) has provided scholarships to nurses to undertake post graduate mental health nursing courses. But once again, the impact or effectiveness of this strategy is unknown as DoHA does not provide any data on who receives these scholarships and whether the scholarships have an impact on the supply of Mental Health Nurses.

A range of strategies have been identified to ensure the supply of mental health nurses. These include:

- marketing to attract nurses and undergraduate nursing students to work in mental health,
- pathways to enable nurses working in non-mental health areas to move into mental health roles and become specialist Mental Health Nurses,
- mental health nursing positions that utilise the full scope of practice, particularly in community and primary health care setting, and
- professional recognition of Mental Health Nursing as a specialty.

The ACMHN recognises that Governments have established Health Workforce Australia to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community. However, given the broad focus of HWA's work, we are concerned that the particular activities needed to improve the recruitment and retention of mental health nurses will not be undertaken as part of HWA's work program. Specific strategies and activities are needed to target mental health nursing, given that it is a significant component of the mental health workforce.

Recommendation: That the Government work with the ACMHN to develop specific strategies and activities to recruit and retain mental health nurses.

(f) the adequacy of mental health funding and services for disadvantaged groups, including:

(i) culturally and linguistically diverse communities,

(ii) Indigenous communities, and

(iii) people with disabilities;

No comments

(g) the delivery of a national mental health commission; and

The establishment of a Mental Health Commission has been long awaited by the mental health sector as key element in an effective and accountable mental health system. The ACMHN believes that the national Mental Health Commission must operate with clear guidelines around its roles and responsibilities, independence, and authority to implement changes.

(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and

The College supports this, particularly the development of a central portal that ensures consumers and clinicians have access to evidence based online services.

(j) any other related matter

No comments

ⁱ MBS Online lists the following as Focussed Psychological Strategies:

1. Psycho-education(including motivational interviewing)
2. Cognitive-behavioural Therapy including:
 - Behavioural interventions
 - i. Behaviour modification
 - ii. Exposure techniques
 - iii. Activity scheduling
 - Cognitive interventions
 - i. Cognitive therapy
3. Relaxation strategies
 - Progressive muscle relaxation
 - Controlled breathing
4. Skills training
 - Problem solving skills and training
 - Anger management

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- Social skills training
 - Communication training
 - Stress management
 - Parent management training
5. Interpersonal Therapy