Australian Counselling Association Submission to the Inquiry into Mental Health Services in Australia

INTRODUCTION

This submission highlights some of the key issues and areas of concern for the Australian Counselling Association and its members since the introduction of the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative. The Australian Counselling Association (ACA) is the peak industry body representing counsellors in Australia. The ACA welcomes the opportunity to make this submission on behalf of its 3000 members to the Community Affairs Committee for its inquiry into mental health services in Australia.

The ACA is highly concerned about a number of issues and inconsistencies that have arisen under the new arrangements. The Committee's own report, *A National Approach to Mental Health – from Crisis to Community* and the recommendations it made with regards to counsellors appear to have been ignored. This is in stark contrast to the Federal Government's dependence on counsellors to deliver some of its most important mental health initiatives, including the recently launched National Pregnancy Support Helpline and Beyond Blue, as well as a number of others including the Domestic Violence Helpline. These are programs that play key roles in servicing the mental health needs of the Australian community, demonstrating a strong reliance and acknowledgement of the vital role counsellors play to help address these issues. This is in direct contradiction with the MBS treatment of this population.

The key issues and areas of concern for the ACA and its members in relation to the Inquiry are as follows:

- Significant decline in the number of referrals to Counsellors from GP's since the introduction of the *Better Access* initiative due to the exclusion of Counsellors from the Allied Health professionals eligible to access the rebate

- Equity of access and choice has been dramatically reduced through having to either see a GP or a Psychologist as a first option, rather than patients self-determining who they see as a first option

- The MBS is under utilised in rural and regional areas due to the low numbers of GPs and Psychologists in these areas, whilst local Counsellors are having to close their practices due to the dramatic reduction in referrals coupled with current clients leaving in order to access the rebate

- Lower socio-economic areas have not seen the introduction of any new services. Under the new arrangements, access is limited to those who can afford the gap payment to see a psychologist, which is often a substantial cost

In short, the ACA's concerns are primarily about access, exclusivity and financial incentives for referrals.

There are also concerns that the available data used in assessing the success of the initiative to date is not reflective of the reality. This may be due to the fact the MBS has not been in effect long enough, but could also be due to a lack of proper consideration given to the factors discussed above.

The ACA has put together this submission to reflect the Inquiry's Terms of Reference and is happy to assist the Committee throughout its investigations.

About the Australian Counselling Association (ACA)

The ACA was established in 1998 and is the national peak association for counsellors and psychotherapists. The Association is independent with over 3000 individual members, and is the largest and most influential organisation representing counsellors and other workers in the mental health profession. ACA is administered by professional full time staff in its own offices and is contactable during normal business hours on a national 1300 number.

The ACA was established to be a self-regulatory body providing both registration of members and a mechanism to deal with complaints about members. Being registered with the ACA ensures members practice under a uniform and clear Code of Conduct and Practitioner Standards with the provision of a National Complaints Tribunal.

An Overview of the Counselling Industry and the Role of Counsellors

Counsellors focus on the prevention of mental illness by concentrating on emotional and mental health issues, aiming to prevent an issue from becoming chronic or a full-blown psychological disorder. While counsellors may work with patients with a psychological disorder, they are not able to treat or diagnose anything from the Diagnostic and Statistical Manual of Mental Disorders (DSM IV (RV)), this is solely allocated to psychiatrists and psychologists.

Counsellors play a significant role in the provision of mental health services. Counsellors' work with patients in relation to social, cultural and developmental issues, as well as with the problems associated with physical, emotional, and mental disorders. Techniques employed are predominantly centred on the individual, encouraging self-empowerment. The most common reasons for people to visit a counsellor include: personal issues, marital/relationship issues, problems at work, anxiety, depression, grief, trauma, parenting and youth issues, as well as drug and alcohol addictions.

On average, the fees charged by counsellors are $60-100 per session in cities and $40-60 per session in regional areas. Most patients require between 6 and 12 sessions when counselling is sought before issues escalate.

Government-recognised registration is one challenge facing the Counselling industry. This is reflective of the general community's belief that counsellors should be qualified at a minimum of tertiary level, and should be registered by an official body, at a National level. It is important to recognise that the majority of counsellor training for indigenous counsellors is at this level.

The ACA defines a 'counsellor' as a professional having completed an ACA recognised qualification or a qualification that meets ACA training standards as the level of Diploma, Degree, Graduate Diploma, Masters, Doctorate or a PhD in counselling In order to be placed on the National Register, counsellors have to not only be members of ACA, but

must meet other industry requirements. This includes adhering to the Code of Conduct which stipulates that all counsellors must have not only achieved a level of competence, but that it must be maintained and developed through continuing professional development coupled with regular and ongoing professional supervision. This includes meeting the requirements of disability access legislation and good practice codes.

The median age of Counsellors is 47, with 75% of both the industry and membership of ACA comprising of women.

Inquiry's Terms of Reference

Part 2 (a)

- **The extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy (NMHS)**

The National Mental Health Strategy was designed to provide "…a framework for national reform from an institutionally based mental health system to one that is consumer focused with an emphasis on supporting the individual in their community."

The Strategy aimed to ensure people suffering from a mental illness had access to a full and effective range of services. The new *Better Access to Psychiatrists, Psychologists and General Practitioners* initiative has prevented this aim from being fully achieved, due to its exclusion of counsellors.

Increased Waiting Times

The legislation has not led to the introduction of new services, but rather an over-utilisation of psychologists. Current waiting lists range from 2-6 weeks in most metropolitan areas, and longer in regional areas, if there are any services available at all.

There is considerable anecdotal evidence that since the introduction of the legislation, referrals are being directed to overbooked psychologists rather than to previously referred-to Counsellors. This is not only crippling the small businesses of many privately practicing counsellors, but perhaps more importantly, it is delaying assistance being received by those most in need, particularly in cases where immediate help will almost certainly curtail an issue from becoming chronic.

There is further anecdotal evidence suggesting that manipulation of the system is occurring with couples using the rebate for relationship counselling. The MBS supported services are for individual counselling. However, by requiring that only one of the partners be referred under a GP Mental Health Plan, couples are able to access the rebate, effectively subsidizing their relationship counselling. This in turn increases waiting times for those genuinely in need of accessing mental health services.

Repercussions of Being Classified With a DSM IV Disorder

In order to ensure sufferers of a mental illness are able to enjoy the same opportunities as other Australians, it is important, according to the NMHS, that the following services be able to be accessed within communities:

- *specialised mental health services that recognise their rights and respect their dignity*
- *general medical services, housing, accommodation support, social support, community and domiciliary care; and*
- *income security, employment and training services that can all have a significant impact on the capacity of a person with a mental illness or psychiatric disability to live in the community, free from discrimination and stigma.*

Considering this, many patients are unaware of the consequences of being placed under a GP Mental Health Plan. The ACA understands that many GPs are failing to properly explain the repercussions of being classified with a DSM IV (RV) disorder.

Personal health insurance can become more expensive when having to declare a classified mental health condition to a health insurance provider. It is also considerably more difficult to get income protection insurance if one is self-employed and declaring a classified mental health issue. A person is also required to declare a mental health problem if he/she wishes to join the armed services (regular and reserve), police service, ambulance service and many other government and security agencies. In Queensland, once classified with a mental health condition, the person is required to get a letter from their doctor confirming suitability to hold a driver license.

These ramifications from a classification with a DSM IV (RV) disorder under a GP Mental Health Care Plan are significant inhibitors from allowing sufferers of a mental illness to be free from discrimination and stigma in their everyday lives.

Part 2 (b)

- **the overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care**

The ACA practitioner survey did indicate that Non Government Organisations who have been offering counselling and Mental Health services for many years are in danger of closing their doors due to a significant drop in the utilisation of their services. They are also losing expert specialists to the commercial sector as they cannot compete in the wage market compared to potential earning in the commercial sector utilising the MBS. This combination with extended waiting lists for services under the MBS would indicate infrastructure is fracturing as opposed to being further developed.

Part 2 (c)

- **progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report *A National Approach to Mental Health – from Crisis to Community***

When reviewing the recommendations of the Select Committee on Mental Health contained in the report, *A National Approach to Mental Health – from Crisis to Community*, there are a significant number of recommendations that either directly or indirectly relate to Counsellors that have been ignored or contradicted through the introduction of the new MBS supported services at the exclusion of counsellors.

Since the introduction of the GP Mental Health Care Plan in November 2006, a significant number of counsellors have seen a dramatic decline in their business. The ACA conducted a survey in May 2007, sending out 3000 questionnaires with over 760 respondents. The results of the survey clearly demonstrate that since the introduction of the new legislation, there has been a negative global impact on the counselling industry.

Results from the survey are provided in more detail below, but it is important to note the overall reduction in the size of the Counselling industry already occurring due to the omission of counsellors from the list of MBS supported services.

The Committee should also be aware of the sudden rush by psychologists to receive clinical status now there is a financial incentive, whereas historically there has not been any rush.

This submission will aim to highlight some of these inconsistencies between the Committee's recommendations and the issues currently facing the Counselling industry:

Recommendation 2

2.4 (point 5) Integrate the NMHS, National Drug Strategy, National Suicide Prevention Strategy and National Alcohol Strategy and the delivery of services under these strategies.

Associate Professor Allan Huggins of MensOwn Counselling Clinic has said that many counsellors see patients initially for relationship, stress or anxiety issues. These patients often do not disclose any drug use to their GPs for fear of this being noted on official records. Their first disclosure is often with a trained counsellor. Those patients referred to treatment, in only 5.8% of cases were

referrals for help from GPs and medical specialists. In fact, 37% of drug and alcohol abusers refer themselves for treatment[1].

The types of treatment for patients vary, but according to the Alcohol and Other Drug Treatment Services in Australia 2004-05: Report on the National Minimum Data Set, the most common main treatment type nationally was counselling at 40%. This was followed by withdrawal management or detoxification at 18% and assessment only at 12%.

With regards to the principal drug of concern, counselling accounted for the highest proportion of closed treatment episodes for alcohol (44%), cannabis (36%), heroin (29%) and amphetamines (42%).

Considering that in 2006, the use of the drug Ice increased to varying extents in every State[2], and with such a high incidence of people suffering addictions seeking help from counsellors as a main treatment source, it is critical that counsellors be given access to the MBS.

Rebates to counsellors will allow the counselling industry to survive, maintaining its role as a significant source of help for those suffering drug and alcohol addictions. It will also ensure those who can't afford the gap payment for psychologists and psychiatrists will continue to have access to the help they need.

Recommendation 12

2.18 (point 1) Increase the number of funded places and financial incentives in accredited medical and allied health training courses to meet future mental health workforce demands.

The ACA survey also included responses from both students undertaking studies in counselling and from training providers, both VET/HE sectors.

137 students responded to the survey, with 132 claiming they were ceasing their courses or reconsidering to study social work or psychology rather than counselling in light of the exclusion of counsellors from the Medicare rebate.

Of the Training Providers, 18 responded to the survey. 7 of that 18 indicated that the exclusion of counselling for rebates had had a negative impact on enrolments. 15 had indicated that they had students cancel their enrolments as a direct consequence of the exclusion, with 12 providers responding their course

[1] *Alcohol and other drug treatment services in Australia 2004-05: report on the National Minimum Data Set,* 27th July 2006

[2] AUSTRALIAN DRUG TRENDS 2006, Findings from the Illicit Drug Reporting System (IDRS), published by the National Drug and Alcohol Research Centre

would no longer be commercially viable if counsellors were not given access to the rebates.

2.18 (point 2) Substantially increase job support for people with mental illness, recognizing its therapeutic value and provide tax incentives for businesses employing people with mental illness.

Queensland Centre for Mental Health Research recently released findings from a study into the cost of depression and anxiety to Australian business. When looking at workforce participation, depression and anxiety are costing Australian business at least $6.5billion in lost productivity, not considering absenteeism.

By excluding Counsellors from the MBS, the opportunity for early intervention is significantly reduced. Early intervention in many of these cases can prevent conditions such as depression and anxiety from becoming chronic, and in turn, significantly reduce future financial burden on the economy.

Recommendation 36

3.27 That access to effective non-pharmacological treatment options be improved across the mental health system through:

- Better access to therapies (including 'talking therapies') provided by psychologists, psychotherapists and counsellors with particular attention to therapy for people with histories of child abuse and neglect.

Access for all sufferers of mental illness to talking therapies is becoming increasingly limited through the closure of a number of private practices since the introduction of the MBS supported services.

Out of the 331 respondents to the ACA survey in private practice, 314 have lost current clients whom stated that they were changing services in order to access the Medicare rebate. 145 respondents indicated that they would be unable to continue practicing for more than 6 months if there was no change to current provisions, with 3 having already closed their practices, a number of which are now dependant on unemployment benefits. Of those 145, 44 are already actively looking for alternative employment.

Of the 134 Non-Government agencies that participated, 98 respondents indicated that they had experienced a significant decrease in client numbers since the introduction of the rebate, with 96 attributing the decline to clients being referred to similar private services that offered rebates. 90 respondents indicated that the future of their counselling service was now in jeopardy.

136 employed or employers of counsellors responded, with 105 indicating there was no future for counselling as an employer/employee without access to Medicare rebates.100 said it was not viable to hire counsellors because they cannot offer rebates.

Recommendation 84

3.75 That greater flexibility in the allocation of Medicare provider numbers for mental health service provision (for instance psychiatric nurse practitioners and counsellors), is exercised in rural and remote areas in recognition of the shortage of psychiatrists and psychologists in these areas.

And

Recommendation 86

3.77 That ongoing incentives and supports be provided to GPs and mental health professionals to promote working in rural and remote areas.

Male farm owners and managers commit suicide at around twice the rate of the national average[3]. Chairman of the Alcohol Education and Rehabilitation Foundation Emeritus Professor Ian Webster believes the rate of alcoholism and diseases like heart disease are higher in the bush due to the prevalence of mental health issues[4].

There is more access to counsellors in rural and regional areas than to other approved practitioners of MBS supported services. According to *Psychology Labour Force 2003*, almost 95% of clinical psychologists are located in metropolitan areas[5]. This is in direct conflict with the fact that people in rural and regional Australia face significantly more issues that are likely to impact on their mental well being, such as drought and isolation.

By not including counsellors in the rebate, many sufferers of mental illness in rural and regional Australia are denied help due to the shortage of eligible providers. In fact, high risk groups such as young men in rural Australia are the least likely to have access to these new MBS supported services – precisely the group with the highest suicide risk and whom are most in need of services. Research such as the FPCQ Regional Project in Queensland also shows that mature age males in rural Queensland will access counselling services as a first choice as opposed to GP and psychological services.

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[3] *NSW Farmers Mental Health Network* available at http://www.aghealth.org.au/blueprint/
[4] *ABC News* "Calls for Greater Regional Mental Health Focus" 20th July 2007
[5] *Psychology Labour Force 2003*, National Health Labour Force Series Number 33, Australian Institute of Health and Welfare, Canberra, 2006, p. 5

It is significant to also note that the uptake of the new Medicare items relating to social workers, occupational therapists and mental health nurses is negligible. Also negligible is the uptake of the Medicare items covering group therapy, services outside of consulting rooms and remote (phone) counselling.

The ACA advocates that Medicare-funded counselling rebates for registered counsellors would not only minimise the occurrence of mental illness through early intervention, but would also assist in the prevention of tragedies such as youth suicide and relationship breakdowns, both of which have a higher incidence in rural areas.

Recommendation 89

3.80 That 'Indigenous only' education venues for Indigenous health workers are adequately funded and supported to provide collaborative, culturally affirming learning environments for Indigenous people. Consideration should be directed to extending the capacity of facilities such as the Bachelor Institute Indigenous College, the Djirruwang Program at Charles Sturt University, or the introduction of scholarships for Indigenous health professionals, and incorporation of Indigenous Health curriculum in mainstream courses.

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And

3.82 That governments direct recurrent funding to Indigenous community controlled health services to administer the development, implementation and evaluation of appropriate mental health programs.

At present, there is a shortage of psychologists and psychiatrists in most Indigenous communities. The large majority of actual "indigenous" counsellors are non psychologist or social work counsellors and are trained through the Vocational Education and Training (VET) sector at the Diploma level. There are VET sector training courses for qualifications as an Indigenous Counsellor in Queensland, New South Wales, South Australia, Western Australia and Northern Territory. All these courses meet ACA registration criteria. These counsellors do not have access to MBS and therefore are unable to work within their respective communities under the current rebate system. It should be recognised that currently access to Higher Education for the majority of the Indigenous community is not attainable whereas VET training is.

While there is a heightened need for mental health services within these communities, most people are unable to afford services, especially when there is a significant remaining gap payment. This is particularly concerning given there are a substantial number of counsellors available, in communities including

Cairns, Alice Springs, Port Augusta, Cook Town, Mt Elisa, Pilbarra District, Townsville and many other regional areas who would have the capacity to service this population if a rebate were available to cover costs for residents.

There is also capacity within the ACA and counselling community to train Indigenous counsellors with appropriate funding. Given the fact that traditional psychological services have a limited impact due to cultural nuances, there would be particular value in focusing an effort to train Indigenous counsellors at a diploma level to offer services within their own communities.

Part 2 (d)

- **identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness**

General Practitioner Payments

The number of referrals to Counsellors from GPs has significantly dropped since the introduction of the rebate. A key factor is that GPs are not incentivised to refer patients to counsellors as opposed to psychologists or psychiatrists.

GPs receive rebates of $150.00 to set up a Mental Health Care Plan and then $100.00 to review the plan (up to twelve per calendar year in two groups of six). A Clinical Psychologist receives a rebate of $110.00 with a Psychologist receiving $75.00[6]. Until May this year over 48,000 people accessed the rebate that hadn't previously sought or been referred for psychological treatment.

There is anecdotal evidence of a high incidence of no-shows after the initial GP referral, suggesting an overuse of the GP Mental Health Care Plan in order to access the rebate without appropriate follow-up taking place.

Gap Payment

The gap payment to see a private psychologist/psychiatrist is often more than the full-fee of an ACA-registered counsellor particularly in regional and country areas. There has been no advancement in the affordability of treatment, and many GPs are not fully explaining the gap payment to patients. The gap payment ranges from $50 - $170 as the APS recommended hourly rate for a psychologist is $192 per session.

Many sufferers of mental illness cannot afford ongoing counselling services due to the lack of a Medicare rebate. By enabling access to a rebate for early-intervention counselling services, those sufferers would be able to receive treatment for a condition before it becomes chronic.

The rebate for psychologists and psychiatrists is considerably higher than what it would be for referred-to counsellors, reducing the overall cost of the MBS. According the MHCA report,- *Mental Health and the new Medicare Services: An Analysis of the First Six Months* - there is already the likelihood of a significant cost blow-out. The initial project was funded at $538m over five years. Even if current uptake levels remain steady, the likely 12 month cost of the project will exceed the estimated $220m. Just three of the new Medicare items have cost

[6] *New Mental Health MBS Items – Fees and Rebate Table*, available at www.health.gov.au

$78m between November 2006 and May 2007, including: Item 2710[7] at $38.8m; Item 80010[8] at $15.9m, and; Item 80110[9] at $23.3m.

The ACA believes that counsellors should be entitled to a $50 rebate per 50 minute session. This is considerably less that the current rebate payable to psychologists and psychiatrists. To enable this to occur, the Government would need to include registered counsellors as an eligible Allied Health worker, to whom GPs would be able to refer patients who are under a GP Mental Health Care Plan.

Providing Choice

Counsellors mainly assist people in the early stages of a mental illness or emotional distress, working to prevent a condition from becoming chronic. By excluding counsellors from MBS arrangements, the legislation is limiting the choice available to people wanting to access assistance in dealing with their mental health issues.

The ACA believes, and according to the Government's NMHS, there should be equity of access to all services that can make up a mental health care strategy. While psychiatrists and psychologists play vital roles in the management and treatment of mental illness so do counsellors. Counsellors in particular play a major role in the treatment of emotional distress, in early intervention and treatment. In many cases, counselling intervention can prevent mental illness or family breakdown from occurring. They also ensure that those dealing with life-issues as opposed to psychological disorders are able to get assistance before their condition becomes chronic and without the real or perceived stigma of a DSM IV disorder.

The new legislation has distorted competition and placed service provision at risk. Choice has been limited with regards to accessing services as a preventative measure. The new MBS supported services only provide assistance as a reaction to an already established condition.

[7] Preparation of a Mental Health Care Plan by a GP
[8] Psychological assessment and therapy for a mental disorder by a clinical psychologist lasting at least 50 minutes (up to 12 planned sessions a year)
[9] Psychological strategies services for an assessed mental disorder by a clinical psychologist lasting at least 50 minutes (up to 12 planned sessions a year)

Pilot Project for Rebates for Counsellors

The Federation of Psychotherapists and Counsellors of Queensland Inc (FPCQ) is a full foundation member of the ACA. Since 2005 FPQC has been working with the ACA, the Queensland Government, and the Mental Health Association (QLD) to provide rebates for members of the public seeking counselling services in rural Queensland.

The Project includes a $20 rebate per 30 minute session with a capped gap payment of $20 per hourly session. Many counsellors charge no gap at all, making the service equivalent to Medicare bulk billing.

The Project has seen a dramatic increase in participants since its inception and has recently been given an extension, with the Queensland Government funding the Project until 2010. However, due to the increase in demand, the Project now has limits on how many sessions counsellors can offer and how many clients counsellors can see per month. One significant outcome of this service is the significant access by mature aged males to the program when the requirement for referral was removed.

It is the ACA's view that this program clearly demonstrates a strong level of community demand, trust and potential for increased utilisation of counselling services when a rebate is provided, particularly when the rebate does not include a referral by a GP. We also believe this suggests that the new Medicare arrangements have not effectively alleviated demand on mental health services, particularly in rural and regional communities, and that high gap payments demanded by psychologists are acting as a deterrent to mental health care access.

Conclusion

The initial introduction of the initiative to place mental health care services under Medicare was lauded by the both the general community and the medical profession as a positive step in dealing with mental health as an important stand-alone health issue, and has made some significant progress since its introduction. There is now a need to ensure that the project is a complete success, by ensuring improved quality and access to all key mental health services, including counselling, by all people suffering from mental illness.

The ACA believes that the needs of sufferers of mental illness need to take precedence at all stages of the debate. Counsellors play a significant role in the early treatment of patients. There are proven benefits to seeing a counsellor in the early stages of a potential problem or addiction and the preventative opportunities counsellors provide. A fact that is supported by the Federal Government through its employment of counsellors as the first point of contact in dealing with mental illness and its potential causes. However the current MBS arrangements pose a significant threat to the future of the counselling industry, placing at risk the long-term availability of counsellors to deliver Government initiatives such as the National Pregnancy Support Helpline and the Violence Against Women, Australia Says No Helpline, both of which are manned by trained counsellors.

In order for counsellors to successfully move forward as a viable option in the battle against mental illness, the Australian Counselling Association would like the Committee to consider the above mentioned issues and concerns.

The ACA is hopeful it can work with the Committee to ensure that the shortfalls in the legislation are effectively addressed. The Australian Counselling Association is happy to offer its assistance in any way possible, and would welcome the opportunity to provide expert input at any future hearings over the course of the Inquiry.