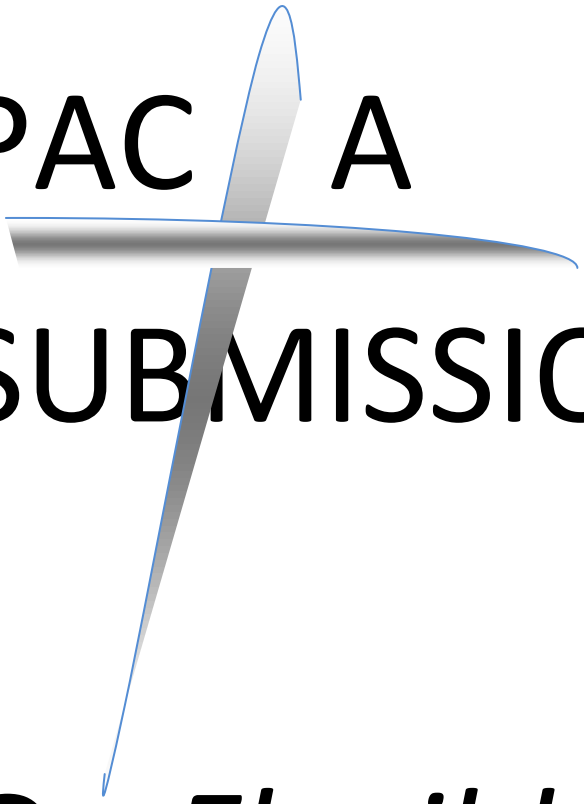

PAC A SUBMISSION

On *Flexible* Care *Packages for People with Severe Mental Illness* Discussion Paper

February 2011

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Introduction

The expansion of primary mental health funding in 2010 to improve the mental health system is an excellent initiative of the Federal Government, which PACFA strongly supports.

PACFA is an advocate for appropriate, accessible mental health services to meet the biopsychosocial needs of clients with severe mental illness, their carers and families. Counselling and psychotherapy focus on the prevention of mental illness, and actively promote wellbeing and healthy living.

This submission addresses the questions posed within the DoHA Discussion paper from the perspective of the professions of counsellors and psychotherapists. Input into the submission has drawn on diverse locations, disciplines and experiences around Australia.

Who is PACFA?

PACFA represents a self regulating profession in a similar way to the Australian Association of Social Workers. PACFA is a federation of thirty-four Member Associations which represent a range of modalities including counselling, family therapy, experiential therapies, psychotherapy and psychoanalysis.

PACFA Register

PACFA's 1,800 Clinical and Provisional Registrants have a high level of training in counselling and psychotherapy. Clinical Registrants must have attained the equivalent of two years' full time practice (750 hours of client contact) linked to clinical supervision (75 hours) and demonstrate they meet ongoing professional development requirements for renewal of registration. A sub-category of the Register, Mental Health Practitioner, lists Registrants who have Medicare Provider numbers from other professional qualifications, or who demonstrate Mental Health Practitioner competencies. Many of our registrants are also qualified in related disciplines such as psychology, social work, occupational therapy, nursing, naturopathy, medicine and psychiatry. Our Registrants are widely distributed and accessible throughout Australia in urban, regional, rural and remote areas.

Mental Health Practitioners

The PACFA Register has a specialist practitioner category of Mental Health Practitioner. Registrants must demonstrate specialist training and practice competencies in the area of mental health to be recognised as a Mental Health Practitioner.

Australian Register of Counsellors and Psychotherapists (ARCAP)

PACFA and the Australian Counsellors' Association (ACA) have collaborated to establish the Australian Register of Counsellors and Psychotherapists Pty Ltd (ARCAP). ARCAP is a national Register of Counsellors and Psychotherapists who meet professional training standards and standards for experience, clinical supervision and ongoing professional development. From mid 2011, practitioners listed on the PACFA and ACA Registers will be eligible to apply for

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registration and listing on the ARCAP Register as 'ARCAP Counsellor' and 'ARCAP Psychotherapist'.

PACFA supports the submission made by the Australian Counselling Association.

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Summary of recommendations

Recommendation 1
A biopsychosocial assessment should be used in assessment for Flexible Care Packages to assist in the quality of treatment planning.

Recommendation 2
To increase access to mental health services, methods of referral in addition to self referral should be accepted by General Practitioners and Psychiatrists for people with severe mental illness.

Recommendation 3
The assessment of mental illness by General Practitioners and Psychiatrists for Flexible Care Packages include input on dimensions of intensity of symptoms, duration of illness and degree of disability from carers and families, where patients give consent.

Recommendation 4
Strategies for reducing the stigma associated with being diagnosed with a severe mental illness should be developed and implemented by the Department.

Recommendation 5
Counsellors and psychotherapists registered with PACFA and ACA should be included in the group of clinicians able to make referrals for people with severe mental illness to FCPs.

Recommendation 6
Service agreements between DGPs/Medicare Locals and local NGOs and community agencies should be developed and implemented to ensure wrapped around care for mentally ill consumers, particularly where a suicide attempt has been made.

Recommendation 7
That Recommendations 11 and 12 of the Senate Inquiry into Suicide report (Senate Community Affairs Committee Secretariat, 2010) are structured into referral pathways by DGPs/Medicare Locals to ensure a safe transition between inpatient and community services with continuity of care for people living with mental illness, and to relieve the burden of responsibility for carers.

Recommendation 8
That PACFA Registered Counsellors and Psychotherapists with Mental Health Practitioner status be included as providers of clinical services for people receiving FCPs.

Recommendation 9
That PACFA Registered Counsellors and Psychotherapists be included as providers of non clinical services for people receiving FCPs.

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Recommendation 10

That the Federal Government require the use of standardised accountability measures for clinical and non clinical providers of FCPs.

Recommendation 11

PACFA Registrants with Mental Health Practitioner Status should be included as Clinical Providers of FCPs.

PACFA Registrants with Clinical and Provisional Status should be included as Non Clinical Providers of FCPs.

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1. Does the definition of severe mental illness fit the purpose of Flexible Care Packages?

It is generally acknowledged that the diagnosis of mental illness is a subjective assessment informed by clinical training and judgement and may be subject to 'misdiagnosis and misuse' (American Psychiatric Association, 2005, pxxviii). Diagnosis may be affected by cross cultural differences between the clinician and the patient in terms of 'concepts of self, styles of communication, and coping mechanisms' (American Psychiatric Association, 2005, xxxiv). Therefore a biopsychosocial assessment needs to be conducted in addition to clinical assessment of the symptoms, duration and degree of impairment.

Recommendation 1
A biopsychosocial assessment should be used in assessment for Flexible Care Packages to assist in the quality and relevance of treatment planning.

The discussion paper refers to an initial assessment to judge severity of mental illness according to the diagnosis, intensity of symptoms, duration of the illness and degree of disability (DoHA, 2011, p.6). A severely mentally ill person may not be able to accurately report on these areas. Lack of insight is a symptom of acute mental illness.

Some groups such as young people, frail aged, people with another disability or condition, Indigenous people, and those from culturally and linguistically diverse backgrounds, are likely to require the support of carers, family and support persons to access medical and psychiatric services. An insistence on self referral, which is current practice in private psychiatry, introduces a barrier to accessing appropriate services for mental illness.

Recommendation 2
To increase access to mental health services, methods of referral in addition to self referral should be accepted by General Practitioners and Psychiatrists for people with severe mental illness.

The largest burden of care often falls on spouses, partners and families of people living with mental illness. Involvement of carers is also a priority area of the 4th National Mental Health Plan: *'expand the level and range of support for families and carers of people with mental illness and mental health problems'* (Commonwealth of Australia, 2009, v).

Recommendation 3
The assessment of mental illness by General Practitioners and Psychiatrists for Flexible Care Packages should include input on dimensions of intensity of symptoms, duration of illness and degree of disability from carers and families, where patients give consent.

Where severe mental illness is diagnosed, associated stigma can restrict consumers' access to housing, employment and health care and negatively impact upon relationships and social networks. There is Australian evidence that people living with severe mental illness have

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reduced physical health status (Connolly and Kelly, 2005) and face considerable social exclusion (Huxley and Thornicroft, 2003). The funding measures for non-clinical support measures (DoHA, 2011, p.4) are an excellent initiative which may lessen social exclusion in the areas of social functioning and employment. Access to adequate housing is a form of social exclusion experienced by many Australians living with a severe mental illness (Robinson, 2003).

Recommendation 4
Strategies for reducing the stigma associated with being diagnosed with a severe mental illness should be developed and implemented by the Department.

2. Are there other clinicians who would be appropriate to provisionally refer people with severe mental health illness for Flexible Care Packages?

Counsellor and psychotherapists work in the community sector, government agencies, Employee Assistance Programs and independent practice across urban, regional, rural and remote areas of Australia. Counsellors and psychotherapists are accessed by a wide range of Australians in many different settings.

As previously noted, severely mentally ill clients may not self refer to General Practitioners and Psychiatrists. Therefore a range of clinicians need to be able to provisionally make referrals to Flexible Care Packages (FCPs). Clearly, counsellors and psychotherapists do not diagnose mental illness unless they have additional qualifications in clinical psychology, psychiatry or medicine. However, counsellors and psychotherapists are trained to assess the impairment of social functioning caused by mental illness and other stressors.

Therefore, inclusion of counsellors and psychotherapists registered by PACFA as clinicians able to provisionally refer their clients for FCPs will reduce barriers to accessing services for the severely mentally ill.

Recommendation 5
Counsellors and psychotherapists registered with PACFA should be included in the group of clinicians able to make referrals for people with severe mental illness to FCPs.

3. **How can Divisions of General Practice (and later Medicare Locals) establish partnerships with local NGOs to ensure integration and coordination of services for severely mentally ill people?**

PACFA stated in our Medicare Locals submission (2010):

> *Historically and currently there is a fundamental disconnection between services in the community and the hospitals, or at best a lack of optimum integration'.*

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Partnerships between DGPs (soon to be Medicare Locals) and NGOs and community agencies to respond optimally to the needs of severely mentally ill people should be established using service agreements and MOAs. Referral pathways to Registered Counsellors and Psychotherapists working in independent practice should also be established.

GDPs/Medicare Locals also need to liaise across their local boundaries to develop referral pathways and wrapped around service delivery occurs between Divisions as well as within Divisions. This is especially important to cover discharge from inpatient units to the community which is a time of great risk for the severely mentally ill. The Community Affairs References Committee report, *The Hidden Toll: Suicide in Australia* (Senate Community Affairs Committee Secretariat, 2010) made the following recommendations relevant to integrated and coordinated services:

> *Commonwealth, State and Territory governments establish mandatory procedures to provide follow up support to persons who have been in psychiatric care, have been treated following an attempted suicide or who are assessed at being at risk of suicide ... [and] improvements in handover procedures and continuity of care for persons at risk of suicide (Recommendations 11 and 12, p.xviii).*

Recommendation 6
Service agreements between DGPs/Medicare Locals and local NGOs and community agencies should be developed and implemented to ensure wrapped around care for mentally ill consumers, particularly where a suicide attempt has been made.

Recommendation 7
That Recommendations 11 and 12 of the Senate Inquiry into Suicide report (Senate Community Affairs Committee Secretariat, 2010) are structured into referral pathways by DGPs/Medicare Locals to ensure a safe transition between inpatient and community services with continuity of care for people living with mental illness, and to relieve the burden of responsibility for carers.

4. What type of clinical and non-clinical services may be needed for individuals receiving FCPs? Where could these services be purchased from? What arrangements need to be put in place to facilitate access to clinical and non-clinical services?

There is strong evidence for the contribution of counselling and psychotherapy to the prevention and treatment of mental illness, including depression, anxiety and trauma (Cuijpers, van Straten, Smit, Mihalopoulos & Beekman, 2008).

Once mental illness develops and becomes severe, specialised services and a higher level of case management are required. Clinical services for severely mentally ill consumers receiving FCPs should be provided by Mental Health Practitioners listed on the PACFA Register. There is evidence from an Australian clinical trial with a 5 year follow up (n = 150) that regular participation in psychotherapy for people with personality disorders reduced the rate of

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hospitalisation, incidents of self harm and violence, reduced drug use and improved work history (Stevenson, Meares and D'Angelo, 2005).

Non clinical services should be provided by a range of practitioners, including PACFA Registered Counsellors and Psychotherapists. Counselling and psychotherapy, as adjuncts to psychiatric and psychological services, can be successful in symptom reduction and increasing the social functioning of consumers. There is a shorter and more effective journey for consumers as a result of access to counselling and psychotherapy.

Access and equity

Inclusion of counsellors and psychotherapists in health care initiatives and programs will improve access to services, as PACFA registered practitioners are widely distributed and accessible throughout Australia in urban, regional, rural and remote areas.

Culturally and linguistically diverse clients have historically found it difficult to access culturally sensitive mental health, counselling and psychotherapy services. Indigenous people and communities also need to be able to access culturally safe counselling and psychotherapy services and practitioners.

Recommendation 8
That PACFA Registered Counsellors and Psychotherapists with Mental Health Practitioner status be included as providers of clinical services for people receiving FCPs.

Recommendation 9
That PACFA Registered Counsellors and Psychotherapists be included as providers of non clinical services for people receiving FCPs.

5. What quality issues need to be addressed? What constitutes a best practice model? What information would best support service provision?

There are many reliable, standardised and valid measures for the evaluation of the session outcomes and client satisfaction of counselling and psychotherapy services which are routinely used in the US and UK. The most widely used include the Session Rating Scale and Outcome Rating Scale available from www.talking.cure.com and the OQ-45 developed by Lambert and Assay (2004). While these measures demonstrate the overall effectiveness of counselling and psychotherapy, variability in effectiveness between practitioners is also found (Orlinksy, 1994).

Standardised measures of counselling and psychotherapy should be used by clinical and non clinical service providers to evaluate service provision and ensure resources are expended on the most effective practitioners funded through the Access to Psychological Services component of the Better outcomes in Mental Health Care Program.

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Recommendation 10
That the Federal Government require the use of standardised accountability measures for clinical and non clinical providers of FCPs.

6. What aspects of credentialing should be considered when engaging allied health providers to deliver Flexible Care Packages?

The following forms of credentialing of Counsellors and Psychotherapists can be considered as sound for the purposes of engaging them as allied health providers on the basis of training and qualifications, practice experience, hours of clinical supervision, ongoing professional development and willingness to abide by the PACFA Code of Ethics:

Clinical providers of FCPs
PACFA Registrants who are listed as Mental Health Practitioners.

Non clinical providers of FCPs
PACFA Clinical and Provisional Registrants.

Recommendation 11
PACFA Registrants with Mental Health Practitioner Status should be included as Clinical Providers of FCPs.
PACFA Registrants with Clinical and Provisional Status should be included as Non Clinical Providers of FCPs.

Conclusion

PACFA supports the provision of Flexible Care Packages for People with Severe Mental Illness.

The inclusion of Registered Counsellors and Psychotherapists as Clinical and Non Clinical service providers for FCPs will:

- Increase access to FCPs for a wide range of Australians; and
- Contribute to the treatment and prevention of mental illness.

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