

Private Health Insurance Reforms Submission

FEBRUARY 2021



AASW

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Australian Association
of Social Workers

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The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 12,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

Our submission

The AASW welcomes the opportunity to provide this submission to the Private Health Insurance reforms- second wave consultation to contribute to the development and implementation of policy decisions. The Australian Association of Social Workers is the professional body representing more than 13,000 social workers throughout Australia. It builds the professional capacity of members, upholds responsibilities for regulation of the profession and provides responsible governance and management.

This submission is timely, considering the Productivity Commission finding that Mental Illness is the second largest contributor to years lived in ill-health, and almost half of all Australians will experience mental illness at some point in their life. The recommendation aimed to address this finding has prompted the review of the regulations preventing private health insurers from funding community based mental healthcare and social workers have a prominent presence and contribution in this space.

Social work is an allied health profession, according to the Department of Health's workforce planning department. They have a multidisciplinary base of knowledge which is advantageous for mobilising resources and coordinating services and can combine several roles: including assessment, counselling, and ongoing support.^[1] This means that social workers are well placed to play an essential role in supporting and facilitating selfcare by healthcare consumers.

The current health policy landscape in Australia acknowledges that selfcare is “influenced, enabled and informed by a range of external forces that sit beyond the individual. The underlying social, geographical and cultural factors which significantly affect health status and health outcomes are also closely linked to an individual’s capacity to self-care.”^[2] Social workers’ appreciation of the bio-psycho-social, whole of person perspective acknowledges the impact that social, environmental and cultural factors have on total health and wellbeing. The person-in- environment approach (that is the bedrock of social work education) makes social workers experts in dealing with complexity.

The Private Health Insurance industry, as an integral part of our health system, is already starting to recognise this expectation of health consumers and will respond accordingly. Further, these proposed policy reforms to what health funds can pay for outside the hospital will influence the types of products that their consumers are expecting to receive. This will enable improved access to private health insurance-funded home and community-based care for mental health and general rehabilitation services.

In these settings, there is evidence that social work intervention results in patients with complex health and social needs deriving measurable improvements in subjective health, functioning and self-management and reduced psychosocial morbidity. Further, interventions with a dual individual/social focus may enable patients to make better health decisions. Social work can also help to reduce the burden of chronic psychosocial need on clinicians and contribute to identifying at-risk groups.^[3]

The service expectation by health consumers increasingly includes provision of telehealth. AASW Credentialed Social Workers have access to extensive AASW training and guidance, which has helped to introduce IT systems to facilitate platforms for telehealth provision. AASW members have responded through the experience of COVID to consumer needs with their provision of high-quality telehealth services.

Social work services have positive benefits for both health and economic outcomes for adults, children, pregnant women, and older adults. Interventions involving social workers, whether through sole delivery, team leadership, or core membership on interprofessional teams, has positive effects on health outcomes and are less costly than usual care that does not include substantial social work services. These findings hold across populations, health problems, and settings. To that end, the AASW supports these reforms in principle subject the following recommendations. That:

- A trial be commenced to monitor the impact of this proposal to adequately evaluate its effects and to prevent unintended consequences.
- The trial to include an expanded range of models of care that are cost effective and specifically designed for patients.
- A steering committee be appointed to oversee the trial which includes relevant professional bodies including the AASW.
- To set criteria for which members would be eligible, an expert reference group should be established to advise and should be based clinical indicators.

- Further work occurs to monitor the quality and safety implications of the proposal.
- Consumer representation be included in the trial steering committee and evaluation includes consumer feedback.
- Commission an analysis of the impacts of this proposal on the broader health care system including workforce, quality, access and equity to health care for all Australians.

This document specifically addresses the questions in Consultation two “Expanding home and community-based rehabilitation care” and Consultation three “Out of Hospital Mental Health Services. In doing so, it outlines the skills and competencies of social workers, the relevance of social work to health funds, provides evidence for therapeutic benefit of social work for a range of conditions and defines examples of how social work might be used within new health cover products. It also provides recommendations relating to safety and quality, consumer participation, workforce implications and trial and evaluation of the reform implementation.

Consultation Two: Expanding home and Community Based Rehabilitation Care.

The proposed policy for the Development of a rehabilitation plan that includes out of hospital care is supported by the AASW.

What services would you deliver under this proposal?

AASW Credentialed Social Workers– Health Navigators.

The proposal to expand home and community-based rehabilitation care would benefit from utilising a model of care that includes social workers as health navigators to provide a seamless experience from hospital to the home. Navigators assist with fragmentation of the health and social health care system through various methods, including communication, access to care, navigating the system and services and improve health education. There are various forms of health navigators ranging from professionals to family navigators, peer navigators, village and hub models, financial navigators, and aged care system navigator models.

Social workers are well placed to undertake navigator roles as they work in multidisciplinary teams to ensure a healthcare delivery support system that removes barriers to timely healthcare across the entire healthcare continuum including prevention, detection, diagnosis, and treatment. Their high-level systems literacy allows them to promote cohesion across the health continuum to reduce fragmentation, duplication, time delays, inappropriate treatment, and other barriers to effective person-centred care.

Health navigators facilitate the wellbeing journey in what has become an increasingly complex health system. This facilitation will be achieved by reducing fragmentation, mitigating barriers, educating, empowering, and coordinating care. These roles are intended to transcend across multiple specialities. They can use various modalities including telephone, telehealth, and face to

face. The role is intended to work across multiple specialties remaining focussed on the person and their journey. The role scope is not limited by a disease process.

The knowledge, values and skills needed to be a competent health navigator mirror those necessary for competent professional social work. Social workers are adept at efficiently managing these tasks and successfully negotiating these systems. Schools of Social Work are charged with preparing students to deliver competent services to diverse populations.^[7] The use of health navigators has the potential to reduce length of stay in prescribed cohort of patients, reduce avoidable hospital admissions, reduce readmission rates and reduce unscheduled care presentations. It can increase patient and clinician satisfaction, quality of life indicators and reduced outpatient/procedural/surgical wait times.

Consultation Three: Out of Hospital Mental Health Services

1. What additional mental health services funded by insurers under this proposal would be of value to consumers?

- ❖ Accredited Mental Health Social Workers providing- focused psychological strategies and other therapeutic interventions
- ❖ AASW Credentialed Social Workers– Social Prescribing
- ❖ Social Workers employed directly by Private Health Insurers

2. Should an expanded list of allied health services available for direct PHI benefits as part of a CDMP be limited to only mental health conditions?

No. An expanded list should not be just limited to mental health conditions. The list could include accredited AASW social workers to provide allied health services in health navigation. As described above, the role scope is not limited by a disease process and accredited Social Worker Health navigators can facilitate the wellbeing journey in what has become an increasingly complex health system. Accredited Social workers can reduce fragmentation, mitigate barriers, educate, empower, and coordinate care. They use various modalities including telephone, telehealth, and face to face.

The expanded list should only include allied health services provided by accredited allied health professions.

3. To be eligible for direct CDMP related funding from insurers, should professions have additional requirements, such as accreditation standards, professional memberships or educational levels?

Yes, it is crucial that professions have requirements to be members of their professional association and have adequate accreditation through those associations which require minimum education levels. The below is an example of the membership requirements for AASW.

Membership with AASW

An AASW accredited Bachelor of Social Work degree or Master of Social Work (qualifying) is required for entry into the profession of social work, and to meet the minimum eligibility requirements for AASW membership.

Qualified members receive Professional Indemnity and Public Liability Insurance with Berkley Insurance Australia for \$20 million. The policies are arranged by Sear Insurance Brokers.

There are different CPD requirements for members applying for or maintaining AASW credentials to demonstrate that they are engaging in relevant professional development to their practice up to 30 hours. The following credentials have specific CPD requirements that must be met before applying for the credential and will require an ongoing annual commitment to maintain the credential:

- Accredited Social Worker
- Accredited Mental Health Social Worker
- Accredited Clinical Social Worker

In addition, the AASW Constitution and By-Laws require members to

1. Co-operate with the Ethics Complaints Management Process on matters about themselves or others,
2. Co-operate with any penalty imposed by a Hearing Panel or Appeal Panel,
3. Consent to the AASW publishing their names as being ineligible for membership of the AASW if the Ethics Complaints Management Process so determines,
4. Agree that, that consent is not terminated or revoked if the member terminates their membership with the AASW of their own accord,
5. Agree that the Ethics Complaints Management Process can continue in their absence if the member terminates their membership while the process is ongoing,
6. A finding of professional misconduct could result in either suspension or loss of eligibility of AASW membership.

As part of maintaining professional standards, complaints can be made to the AASW about the conduct of AASW members. The AASW enquires into complaints if the alleged conduct potentially represents a serious breach of ethics, amounting to a significant departure from acceptable standards and professional misconduct. When a complainant contacts the AASW initially, the membership status of a social worker may be disclosed to complainants by AASW staff.

Applicants are to declare any issues which a reasonable person might think should be declared as they potentially affect fitness to practise (e.g. previous criminal convictions or serious indictable offence or professional misconduct findings or impairment).

4. How should the definition of coordination and planning be expanded to best support the funding of out of hospital, non-MBS related mental health services?

No comment.

5. Are there any mental health services insurers should not be permitted to fund?

Yes. This requires further consideration to maintain optimal safety and quality of care for consumers by ensuring that providers of mental health services are appropriately qualified and accredited members of the relevant professional associations.

6. How should the relevant patient cohort be identified as eligible for services?

As this policy proposal is related to 'preventative mental health treatments' and in the spirit of the current Australian health policy landscape, patients should be able and encouraged to self-identify for treatment or via a GP or Allied Health Professional. Self-care is "influenced, enabled and informed by a range of external forces that sit beyond the individual. The underlying social, geographical and cultural factors which significantly affect health status and health outcomes are also closely linked to an individual's capacity to self-care."^[2]

7. Who should identify relevant patient cohorts, and should insurers set criteria for which members would be eligible?

To set criteria for which members would be eligible, an expert reference group should be established to advise and should be based clinical indicators.

8. What are appropriate metrics for measuring the impact of this proposal?

It is crucial that a trial of the impact of this proposal occur to adequately evaluate the effects and to prevent unintended consequences. The metrics used should include (but not be limited to) patient reported outcome measures and patient reported experience measures.

9. What is the regulatory burden associated with this proposal?

No comment.

10. Service providers: what services would you deliver under this proposal?

Specialists in mental health

Social work is one of five core professions in the mental health field and is the second largest allied health sector providing mental health services. The profession involves working closely with people diagnosed with serious mental health conditions and associated problems. While there are many specialisations, all qualifying courses must have a core mental health curriculum requirement.

Members of Private Health Insurance will greatly benefit from the skills, knowledge, and experience of AASW Credentialed Social Workers who are specialists in mental health. Many have extensive postgraduate training and practice experience. The growing demand for mental health supports necessitates the requirement for short and long-term mental health supports that are responsive to their needs. The likely increasing mental health presentations mean we will see more strain on already limited workforce resourcing that will continue. AASW Credentialed Social Workers are addressing the urgent demand for suitable mental health services, following the bushfires and during the current COVID-19 pandemic, through numerous schemes including Medicare, NDIS, DVA and some private health funds. Those with current mental health concerns are especially vulnerable during emergencies and will likely experience barriers to accessing the appropriate medical and mental health care they need during the pandemic resulting in decline, relapse, or other adverse mental health outcomes.

Modelling by the Mental Health Commission shows that there is good evidence for investing in a range of preventative interventions, both on the grounds of cost effectiveness and cost savings. This includes less demand on the health budget through use of mental health services (such as less hospitalisation and use of community-based services)^[4]. AASW Credentialed Social Workers can provide professional assessment, counselling, and a range of treatment and support options. This includes cognitive-behavioural therapy, psychoeducation and relaxation strategies, informed psychological treatments, including eye movement desensitisation and reprocessing (EMDR), acceptance and commitment therapy, case management, and child development.

Accredited Mental Health Social Workers (AMHSWs) are eligible for MBS provider numbers, as are Accredited Social Workers who can provide nondirective pregnancy counselling and counselling for eating disorders. Further, AASW Credentialed Social Workers are bound by the AASW code of ethics and are thereby called upon to account for their practice in the event of complaint or investigation regarding unethical conduct. They are required to maintain professional integrity by ensuring ongoing professional competence.

Accredited Mental Health Social Workers providing focused psychological strategies and other therapeutic interventions.

Accredited Mental Health Social Workers help people resolve their presenting psychological problems, the associated social and other environmental problems, and improve their quality of life. AMHSWs are experienced private practitioners who provide professional assessment, counselling, and a range of treatment and support options, including via telehealth. They can provide mental health supports through Medicare and therapeutic interventions for patients referred by GPs, paediatricians, and psychiatrists. They have extensive postgraduate training and practice experience and are eligible to offer Medicare rebates. This may involve family counselling as well as individual counselling, and group therapy.

AMHSWs provide psychological support to people who have mental health disorders, including depression and other mood disorders, anxiety disorders, personality disorders, psychosis, suicidal

thoughts, relationship problems, life crises, adjustment issues, trauma, and family conflicts. They work with people across (the/their) lifespan, using a range of interventions. AMHSWs hold significant practice experience; an AASW survey in 2018 showed that over 75 per cent of AMHSWs have more than 10 years of practice experience. The therapeutic interventions they provide include: focussed psychological strategies, cognitive behavioural therapy, psychoeducation, and relaxation strategies, informed psychological treatments, including eye movement desensitisation and reprocessing (EMDR), acceptance and commitment therapy, case management and child development.

AASW Credentialed Social Workers– Social Prescribing.

Social prescribing enables healthcare professionals to introduce people to a range of non-medical support in communities to boost health and wellbeing and use voluntary and community sector resources to improve support for people with long-term conditions. It is widely promoted to address complex health; psychological and social issues present in the community.

Social workers are well equipped to undertake social prescribing as they typically combine several roles, including assessment, counselling, and ongoing support. They have the training necessary for the provision of quality case management services. This is especially true in intensive types of case management, where their multidisciplinary knowledge base is advantageous for mobilising resources and coordinating services for a person with a mental illness. They are also adept at identifying and mobilising community resources for family members.

For mental health, social prescribing has the potential to become fully integrated as a patient pathway to strengthen the links between healthcare providers and community, voluntary and local services. These include leisure, welfare, education, culture, employment, and the environment. Some examples are opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending, and self-help, as well as support with, for example, employment, benefits, housing, debt, legal advice, or parenting problems.

Social prescribing for mental health provides a framework for developing alternative responses to mental distress; a wider recognition of the influence of social, economic and cultural factors on mental health outcomes across the whole spectrum of disorders; and improving access to mainstream services and opportunities for people with long-term mental health problems. Rather than asking the question '*what is the matter with you?*' social prescribers ask: *What matters to you?*^[5]

The broader, holistic framework evident in social prescribing, consistent with social work practice, has an emphasis on personal experiences, relationships, and social conditions, which is more compatible with lay understandings of mental wellbeing and mental distress than a medical model.

The proactive approach to mental health promotion employed in social prescribing can strengthen provision for those with mental health needs across the spectrum of disorders, offer greater patient

choice, and improve the wide range of health and social outcomes that are linked to mental wellbeing^[6]. It is consistent with a range of current policy guidance and recommendations and has the potential to save future costs through early intervention.

Social workers employed directly by Private Health Insurers.

Social workers may be employed directly by Private Health Funds to provide Telehealth services to members. They can provide Navigation, support and treatment for anxiety, depression and stress through online video sessions. HCF is one insurer that provide social work services as part of the suite of mental health supports.^[8]

^[1] A review of almost three decades of international research, undertaken in 2017, showed that social work services had positive benefits for both health and economic outcomes for vulnerable adults, children, pregnant women, and older adults. Interventions involving social workers, whether through sole delivery, team leadership, or core membership on interprofessional teams, had positive effects on health outcomes and were less costly than usual care that did not include substantial social work services. These findings held across populations, health problems, and settings.

^[2] <https://www.vu.edu.au/sites/default/files/mitchell-institute-self-care-for-health-a-national-policy-blueprint.pdf>

^[3] McGregor, Mercer and Harris (2016) *Health benefits of primary care social work for adults with complex health and social needs: a systematic review*. Available at:
<https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12337>

^[4] <https://www.mentalhealthcommission.gov.au/getmedia/ffbf9cc5-f815-4034-b931-dfc0c1ecb849/The-economic-case-for-investing-in-mental-health-prevention>

^[5] <https://www.allianceon.org/Social-Prescribing>

^[6] <https://www.centreforwelfarereform.org/uploads/attachment/339/social-prescribing-for-mental-health.pdf>

^[7] Desrosiers, Mallinger and Bragg-Underwood. (2016) Promoting socially just healthcare systems: Social Work's contribution to patient navigation. Vol 17 no.2, 187-282.

<https://journals.iupui.edu/index.php/advancesinsocialwork/article/download/18609/20697>

^[8] <https://www.hcf.com.au/members/manage-your-health/mental-health-support>

