

BRIEFING PAPER

Workshop One: Medicare, DVA and other privately funded mental health services

Background

Mental health interventions are at the core of occupational therapy practice, and occupational therapists are represented in all areas of mental health practice including private practice. However, the profession is often overlooked as a core provider of mental health services. There is a real need to increase understanding of the unique skills and contribution of occupational therapists individually and as part of a multidisciplinary team. It is also important to understand how the interventions delivered by occupational therapists, and the issues those practitioners face, vary across funding schemes, in different settings, and for different client cohorts.

Medicare

Medicare is a key funder of mental health services for many Australians. Mental health occupational therapists may provide Medicare services under the Better Access program, alongside psychologists and social workers. Under current COVID-19 arrangements, which expire in June 2022, 10 additional annual mental health services can be accessed under BAMHS. This increase mirrors the proposal from the Productivity Commission's inquiry into mental health to trial an increase of the annual limit to 20 sessions. Recent changes also expanded eligibility for the Better Access program allowing delivery of services to older people in residential care.

A review of the Better Access program has recently commenced and is scheduled to run from August 2021 to June 2022. [The review](#) will seek to ascertain the overall effectiveness of the program in relation to individual and population level outcomes, appropriate annual session limits, referral pathways, eligible providers, out of pocket costs and workforce issues.

Providers are not required to bulk bill Medicare services. The current Medicare rebate for occupational therapists is \$55.10 for a 20-50 minute service and \$77.80 for sessions of more than 50 minutes. Out of rooms rebates are set at \$77.60 and \$100.30 for shorter and longer services. General psychology rates are set at \$62.55 and \$88.25, while clinical psychology rates are \$88.25 for sessions of 30 to 50 minutes, and \$129.55 for sessions of 50 minutes or longer. Telehealth provisions have been in place for Modified Monash regions 4 – 7 since 2017, and were expanded as part of COVID-19 provisions that currently allow the provision of telehealth services anywhere in Australia.

Occupational therapists are also eligible to provide up to 40 annual services under the Eating Disorders Services program with rebates consistent with the Better Access program. Reviews by the treating GP are required after each block of 10 sessions.

Occupational therapists are not eligible to provide services under the recently introduced Non-Directive Pregnancy Support Counselling Services program. This program provides rebates for up to three services delivered by psychologists, social workers or mental health nurses.

Department of Veterans Affairs

DVA provides funding for fee-for-service care in the community for Gold and White Card holders. Treatment is now provided in cycles, which provide for a maximum of 12 sessions before a review by a GP is required. Initial referrals can be made by either a GP or from Open Arms–Veterans and Families Counselling (formerly Veterans and Veterans Families Counselling Service). Subsequent referrals must be made by a GP. Services can be provided either individually or in group settings. New arrangements are currently in place for residents of aged care homes under the *Extended Eligibility for Allied Health Treatment to Residential Care Recipients* arrangements, which allow up to 20 mental health services to be provided. Telehealth arrangements are currently in place until December 2021.

DVA services must be bulk-billed. Current mental health service rebates are set at \$82.95 for a 20-50 minute service, and \$117.20 for services of 50 minutes or longer. These rebate also applies for services provided in a residential aged care setting, though a daily flag fall fee of \$40.35 can be claimed. Higher rebates of \$116.85 and \$151.00 are available for out of rooms services. Non-mental health occupational therapy services are set at \$116.70 (or \$145.90 for out of rooms services) with no time durations set.

Clinical psychology rates are set at \$145.65/\$213.90 for shorter and longer services. Out of rooms services are rebated at \$182/\$250.30. General psychology rates are \$103.15/\$145.65 for longer and shorter services. Out of rooms services are rebated at \$140.45 and \$183.00.

Under DVA arrangements, occupational therapists are ineligible to provide Trauma Focused Therapy.

Private health insurance

Private health insurance policies fund a range of mental health services for eligible policy-holders including in-patient services funded under hospital policies, and community-based services funded under general treatment policies. Occupational therapy services are rebated by a range of private insurers at the top level of cover, however no private health insurers currently fund mental health occupational therapy services.

As providers of services in public and private hospitals, occupational therapists are likely to provide some private health insurance funded services. Similarly, some occupational therapists may provide community-based services under funding for occupational therapy services.

Workshop aims

This workshop is one of a series of advocacy-focused workshops that will bring together occupational therapists who work with clients with mental health needs to talk about the issues and barriers that most impact them in their day-to-day work. The workshops will seek to identify opportunities for improvement and reform. This will support work that Occupational Therapy Australia (OTA) is undertaking to develop a strategic advocacy plan and campaign, focused on the

mental health work of occupational therapists. OTA is being supported in the development of the mental health paper by SquareCircle Consulting.

Workshop questions

The questions below will be used to guide the discussion during the workshop. As the workshops may not provide sufficient time for all feedback to be discussed, participants are encouraged to provide written feedback on the questions before or after the workshop.

Funding scheme

1. What are the key challenges for you as a clinician under Medicare or DVA?
2. What are the key challenges for your clients and/or quality clinical care under this scheme?
 - a. How adequate are current session limits? If you consider that they are too limited, do you have any proposals for how a different number might be proposed? Are there particular programs of care that you would otherwise use that have a particular session structure?
 - b. How significantly do your own fees differ from the rebates provided by Medicare? How significant a role do out of pocket costs play in determining access to services? Do you measure drop-out rates?
3. How important is access to telehealth for your clients where lockdown provisions are not in place?
4. How well understood is the OT role in this space by referrers and other health professionals?
5. Do you offer group therapy services? Are there issues or barriers that make it more difficult to offer group therapy services?
6. Are there any funding categories under Medicare and DVA that you are ineligible for and where you believe that you have the necessary skills and training to provide services?

Demographics and client needs

7. What are the demographics of the clients you work with under Medicare and DVA funding. E.g. children aged 0-12, young people aged 12-18, adults aged 18-65, older people aged 65 and over.
8. How would you describe the key diagnoses and support needs of the client cohort you support?
9. Do you identify specific outcomes and do you measure progress against these? How? Are measures consistent across clients or individual (e.g. goal-setting)?

Clinical supports

10. What do you define as a mental health related intervention in the context of your work under Medicare or DVA?
11. Which of these interventions would you consider OT-specific interventions, and which are general mental health style interventions? If you differentiate, on what basis?
12. Are there OT-specific interventions that are particularly relevant in this context and how does your work differ from other professions in this setting?
13. Are there OT interventions that you feel that you are unable to utilise due to constraints on accepted therapies?
14. What is the role of social prescribing in your clinical work and to what extent is this enabled or prevented by the scheme or setting in which you work?

Workforce

15. What are the key workforce-related issues that impact you as a clinician working in this area?
 - a. How difficult is it to qualify and maintain accreditation?
 - b. Are there significant waiting lists for the sorts of services that you provide or do you have issues recruiting and training?
 - c. Do you feel that OTs working in this area have the requisite skillset and experience?
16. How well are you able to interact with other health and non-health professionals with a role related to the mental health needs of the client you are supporting?
17. Do you interact with other roles such as mental health nurses, allied health assistants or peer workers and/or see a role for these?

Additional information about the Thinking Ahead: Mental Health project

If you are interested in keeping up-to-date with the work being undertaken as part of the OTA Thinking Ahead: Mental Health project, please visit: <https://otaus.com.au/media-and-advocacy/mental-health-paper>. The website will include updates about progress on the project as well as providing information about any opportunities to participate in additional workshops or consultation activities. Updates will also be provided via OTA member communications channels.

If you would like to provide feedback or register interest in upcoming consultations, please contact: haveyoursay@otaus.com.au.