

The case for equitable access to mental health nurse psychotherapists: improving access and outcomes across the mental health continuum

Presented by Dr Richard Lakeman
Southern Cross University



Thank you for the opportunity to present at the Inaugural Health Funding Summit (25-26th November 2020). Rather than simply provide the slides for this presentation I will share the key references to the presentation and hope that you might access this material, watch the recording and lobby to have psychotherapy and mental health nurse psychotherapists recognised under medicare's 'Better Access' scheme.

The reason for the portrayal of Sisyphus on the first slide is because it in part represents the absurdity of the current way of conceptualising psychotherapy and how it is funded in Australia (a nod to Albert Camus for that).

Psychotherapy or the talking cure is the first line treatment for almost all high prevalence mental health problems including anxiety, and depression. Psychotherapy is the treatment for trauma. Psychotherapy is the treatment for problems of great severity and complexity. It is recommended as an adjunct treatment in psychosis. Psychotherapy is a transdisciplinary endeavour, it is not and does not belong to psychology, medicine, social work or any other guild. Receiving the right dose of the right therapy at the right time logically might improve the mental health of the nation which decades of inquiries and current statistics suggest is a rolling disaster. However, some of the most experienced and well qualified psychotherapists in Australia who happen to have a first qualification as nurses cannot practice their craft with people most in need due to their exclusion from access to the Medicare benefit scheme and related programmes.

Key Points:

- The Medicare Benefit Scheme (MBS), 'Better Access' program which focuses on providing subsidized focused psychological strategies is out of reach for large sections of the population due to the overvaluing of this service by eligible providers who charge excessive 'gap fees'. Mental health nurses (whilst eligible through PHN funded programmes to provide services for people with higher level needs or when people can't afford 'gap fees') have been excluded from the MBS. Additionally, eligibility to provide 'Better Access' has become the de-facto benchmark to provide other MBS items (e.g. the recent eating disorder Item Numbers) and a criteria for employment in many services such as headspace.
- Mental health nursing is one of the oldest regulated professions, most trusted, and with a strong history and tradition of providing psychotherapy to those with the most complex needs. Surveys of mental health nurse psychotherapists in Australia indicate that they are highly trained (generally with Masters level qualifications specifically in psychotherapy) and often have decades of experience providing psychotherapy to vulnerable groups.
- The public have been unfairly excluded from being able to access a subsidized service from Mental Health Nurses who may be the most experienced and able providers; MHNs have been unfairly discriminated against in primary care by being unable to earn a living providing skilled services in competition with often less skilled yet subsidised practitioners.
- Granting immediate eligibility to MHNs to claim the MBS will address a serious skills shortage in primary care across the continuum of stepped care without the need for any further investment in training or education of health professionals

We have pointed out the problem in a petition that has gained over 3000 signatures:

<https://www.change.org/p/australian-government-unlocking-the-potential-of-mental-health-nurses-and-enabling-access-to-the-mbs>

Unlocking the potential of Mental Health Nurses by enabling access to the MBS



Credentialed **Mental Health Nurses** (MHNs) in Australia **are highly skilled, and** educated Mental Health Professionals. All have postgraduate qualifications and many are experts in the provision of psychotherapy including working with those with the most complex health issues (see: [1](#), [2](#), [3](#)). Successive Governments have failed to recognise the expertise or potential of MHNs. What was formerly known as the Mental Health Nurse Incentive Programme (MHNIP) **offered some of the most vulnerable in the community access to medium to long term psychotherapy** (see: [4,5](#)) despite this not being officially recognised (see: [6](#)). The MHNIP was handed to the Primary Health Care Networks (PHNs) as part of their flexible funding pool and any reference to the therapeutic capability of MHNs removed from the guidance notes on 'Stepped Care' (see: [7](#)). Some PHNs have prevented MHNs from continuing to provide care to those in need. **MHNs have been locked out of providing care** under the Medicare Benefit Scheme including COVID-19 funding for tele-health measures (see: [8](#), [9](#)). **MHNs should have full access to the MBS**, and their therapeutic skills recognised by all funders of mental health services.

This issue was raised well before COVID-19, but subsequently has been ignored. Meanwhile I and my colleagues have published several pieces of highly relevant work:



The psychotherapeutic practice and potential of mental health nurses: an Australian survey

Lakeman, R., Cashin, A., Hurley, J., & Ryan, T. (2020). The psychotherapeutic practice and potential of mental health nurses: an Australian survey. *Australian Health Review*, -. <https://doi.org/10.1071/AH19208>

Abstract

Objective Mental health nurses (MHNs) have a long, under-recognised, history of engaging in psychotherapeutic practice across the spectrum of mental illness and mental health problems. There is a need for a psychotherapeutic response for people with complex or serious mental health problems within the stepped care model and in response to increased need for psychotherapeutic responses to COVID-19 and natural disasters. This project sought to identify the educational preparation and self-reported competency of MHNs to clinically undertake psychotherapy across the continuum of care.

Methods Situated within a larger mixed-methods study exploring how MHNs practice psychotherapy, adapt it to routine care and envisage the future, this paper reports the findings from a survey of MHNs regarding their educational preparation, experience and competence in modalities of psychotherapy and the application of psychotherapy with specific clinical groups.

Results In all, 153 MHNs responded to a request to participate in the study. In this cohort, 86% of nurses had postgraduate qualifications specific to psychotherapy and 95% had worked for over 10 years in the mental health field and had hundreds of hours of training in psychotherapy. There was a high level of self-reported competence in working with people with serious mental health problems and at-risk or vulnerable groups.

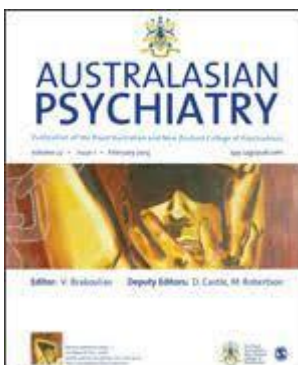
Conclusions Currently, MHNs are not recognised in federal funding arrangements to procure psychotherapeutic intervention for members of the Australian population who require it. MHNs ought to be recognised as independent providers based on both the psychotherapeutic skills they possess and their specialist clinical skills of working with people across the spectrum of mental health problems. Appropriately qualified MHNs need to be funded to use their skills in psychotherapy via access to appropriate funding arrangements, such as Better Access and the National Disability Insurance Scheme.

What is known about the topic? MHNs do not appear to be recognised as having postgraduate knowledge and skills in psychotherapy and other psychotherapeutic interventions. This lack of recognition has resulted in the Australian public being unable to

access subsidised specialist psychotherapeutic services by this highly experienced group. Most published commentary has been around the Mental Health Nurse Incentive Program, but, to date, scholarly work related to this program has not influenced public views and policy formation despite multiple favourable evaluations.

What does this paper add? This study highlights that MHNs possess a largely unrecognised and valuable skill set in psychotherapy practice that they can adapt to work with people with complex needs.

What are the implications to practitioners? MHNs possess skills and experience that, if recognised and funded, could be rapidly mobilised to improve consumer outcomes across the continuum of stepped care and in response to increased need during COVID-19.



Mental health nurse psychotherapists are well situated to improve service shortfalls in Australia: findings from a qualitative study. *Australasian Psychiatry*

Hurley, J., Lakeman, R., Cashin, A., & Ryan, T. (2020). Mental health nurse psychotherapists are well situated to improve service shortfalls in Australia: findings from a qualitative study. *Australasian Psychiatry*, 28(4), 423–425. <https://doi.org/10.1177/1039856220924326>

Abstract

Objective This paper reports the capabilities of mental health nurse (MHN) psychotherapists in Australia and their perceptions on how to best utilize their skills.

Method An MHN is a registered nurse with recognized specialist qualifications in mental health nursing. One hundred and fifty-three MHNs completed an online survey; 12 were interviewed.

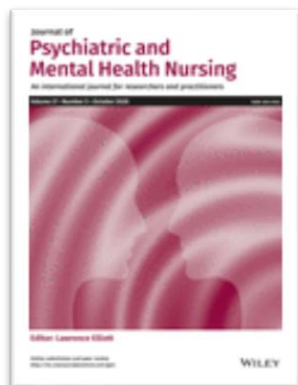
Results Three themes were derived from a qualitative analysis of the aggregated data: psychotherapy skills of MHN psychotherapists are under-utilized; these nurses bridge gaps between biomedical and psychosocial service provision; and equitable access to rebates in the primary care sector is an obstacle to enabling access to services.

Conclusions MHN psychotherapists are a potentially valuable resource to patients in tertiary and primary health care. They offer capacity to increase access to specialist psychotherapy services for complex and high-risk groups, while being additionally capable of meeting patients' physical and social needs. Equitable access to current funding streams including Medicare rebates can enable these outcomes.

The exclusion of Mental Health Nurses from being eligible for 'Better Access' is a genuine existential threat to the specialty. See:

Hurley, J., Lakeman, R., Cashin, A., & Ryan, T. (2020). The remarkable (Disappearing Act of the) mental health nurse psychotherapist. *International journal of mental health nursing*, 29(4), 547-750. Doi:10.1111/inm.12698

I and colleagues have chronicled how mental health nurses have practiced psychotherapy in what was once known as the Mental Health Nurse Incentive programme and the flaws with that funding model:



Values and valuing mental health nursing in primary care: what is wrong with the 'before and on behalf of' model?

Lakeman, R., Cashin, A., & Hurley, J. (2014). Values and valuing mental health nursing in primary care: what is wrong with the 'before and on behalf of' model? *Journal of Psychiatric and Mental Health Nursing*, 21(6), 526-535. <https://doi.org/10.1111/jpm.12117>

Abstract

The Mental Health Nurse Incentive Programme (MHNIP) provides funding to organizations to enable mental health nurses (MHNs) to provide care to people with complex needs in primary care settings in Australia. The programme is based on a 'for and on-behalf of' practice nursing model whereby the MHN is presumed to have no specialist knowledge, skills or professional autonomy, and rather extends the reach of medicine. This paper provides a profile of MHNs working in the MHNIP derived from an online survey. A content analysis of responses establishes that nurses who work within MHNIP are highly experienced, and have extensive postgraduate qualifications particularly in psychotherapy. Nurses have negotiated a range of complex employment and contractual arrangements with organizations and pushed the boundaries of the programme to realize good outcomes. The 'practice nurse model' of employment and the underpinning assumptions about MHNs and their skill set relative to other professions is critically examined. Changes to the programme funding mechanism and programme specifications are recommended.

See also:

Lakeman, R. & Bradbury, J. (2014). Mental health nurses in primary care: quantitative outcomes of the Mental Health Nurse Incentive Program, *Journal of Psychiatric and Mental Health Nursing*, 21(4), 327-335. <https://doi.org/10.1111/jpm.12089>

Hurley, J., Browne, G., Lakeman, R., Angking, D. and Cashin, A. (2014). Released potential: A qualitative study of the Mental Health Nurse Incentive Program in Australia. *International Journal of Mental Health Nursing*, 23(1), p. 17-23. <https://doi.org/10.1111/inm.12020>

Lakeman, R. (2013). Mental health nurses in primary care: Qualitative outcomes of the Mental Health Nurse Incentive Program. *International Journal of Mental Health Nursing*, 22(5), 391-398. <https://doi.org/10.1111/inm.12017>



LETTER TO THE EDITOR



Mental health nurses locked out while Australia locks down

At the time of writing Australia is in lockdown, its state and national borders are closed, gatherings of more than two people in public are banned, and a raft of other unprecedented measures have been implemented in response to the COVID-19 pandemic. This comes on the back of apocalyptic fires, floods and cyclones. Those that have been involved in recovery efforts in any of these events will have been witness to the resilience of the Australian community. These adventitious crises tend to bring communities together. This pandemic poses quite a different existential, psychological and social threat to Australians. People are locked in and cannot avail themselves of their usual coping mechanisms which might include a workout at the gym, a beer at the pub, a swim at the beach or gathering at a place of worship. The community is (quite justifiably) in a heightened state of anxiety manifested in a myriad of ways such as panic buying and hoarding of toilet rolls. It is reasonable to expect that people's mental health will be impacted by grief and loss, enforced isolation, social disharmony, boredom and relentless stress.

Meanwhile, people with mental health problems continue to need treatment. Australia has some of the highest rates of diagnosed mental illness, prescription of medication, coercive care and completed suicide. Social distancing laws mitigate against business as usual which in primary care settings has involved face-to-face communication with a health professional subsidized through the Medicare Benefits Schedule (MBS). Recently the Australian Government announced a massive investment in mental health in response to the pandemic. The largest share of mental health expenditure is committed to extending MBS rebates for the provision of psychological therapies via the phone or video conferencing (by psychologists, occupational therapists and general practitioners) and incentivising "bulk billing" (i.e. not part charging consumers for services).

The patients of mental health nurses (MHNs) have been and continue to be excluded from accessing these rebates, effectively locking them out of providing services to some people most in need of their skilled support. Mental health nurses were not mentioned at all in the Government's response to COVID-19. This is despite recent research which found there are relatively large numbers of MHNs who are highly educated, skilled and experienced in the provision

of psychotherapy in Australia, want to be able to practice their craft and could be mobilized quickly (Hurley, Lakeman, Cashin, & Ryan, 2020).

A key problem in Australia is that any nurse (enrolled or registered) who works in mental health is considered a MHN. This has led to widely held perceptions that MHNs are poorly skilled, sees them excluded from decision-making, and has led to a gross underutilization of the skills and talents of those who are highly capable. The pandemic poses something of an existential crisis for MHNs in Australia. The opportunity is for MHNs to be recognized for their particular skills and to enable them the professional autonomy to practice within their scope of practice (a privilege afforded to other disciplines). A failure to realize this potential now will be a great loss to those who could benefit from their skilled assistance and may quash any hope that mental health nursing regains its specialty status. Health professionals are being urged to come out of retirement to address anticipated demand, and the regulatory bodies propose graduating psychology students early to address the mental health of the nation. Mental health nurses are urged by the Australian College of Mental Health Nurses to write letters to people of influence raising the issue of the under-recognition and underutilization of MHNs as a highly skilled workforce and specifically to address their inability to access the MBS.

Richard Lakeman

Southern Cross University, Billinga, Queensland, Australia
Email: Richard.Lakeman@scu.edu.au

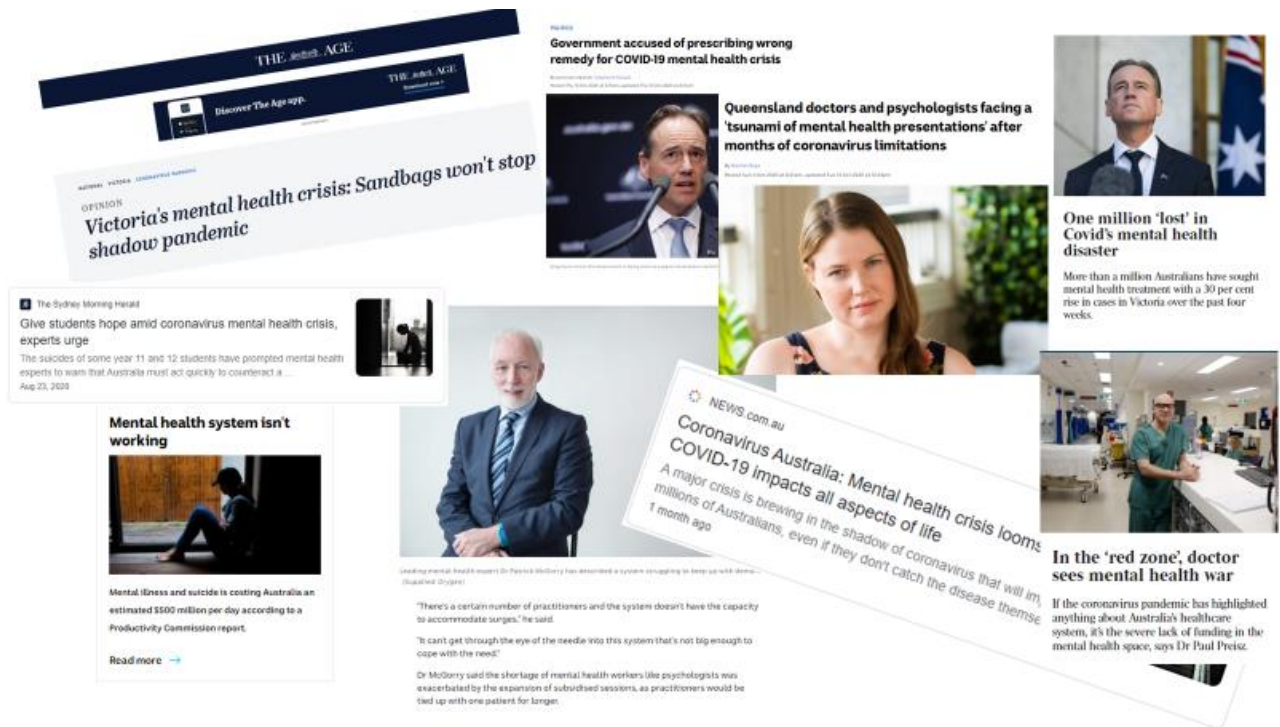
ORCID

Richard Lakeman <https://orcid.org/0000-0002-4304-5431>

REFERENCE

Hurley, J., Lakeman, R., Cashin, A., & Ryan, T. (2020). The remarkable (Disappearing Act of the) mental health nurse psychotherapist. *International Journal of Mental Health Nursing* (early view). <https://doi.org/10.1111/inm.12698>.

At a time of unprecedented demand and need for psychotherapy mental health nurses continue to be excluded from accessing medicare!



Doubling the number of sessions for eligible providers under 'Better Access' does not address affordability or accessibility.

So who are these mental health nurses?

Richard is a mental health nurse who has worked in the field for thirty years. He trained in cognitive behavioural therapy (CBT) and focused on CBT for psychosis in the 1990s. He wrote journal articles and book chapters on the subject and co-created the world's first e-therapy platform based around principles of Rational Emotive Behavioural Therapy in 1998. He has completed approximately 11 years of fulltime study including post qualifying bachelors degrees, an honors degree, a **masters of mental health in psychotherapy a doctoral degree and numerous qualifications in psychotherapy (including EMDR, DBT and trauma focused counselling)**. Richard has been involved in training and supervising GPs which enables them to be eligible to bill 'Better Access' item numbers. Richard has provided medium to long term psychotherapy entirely privately, and via the Mental Health Nurse Incentive Programme.

Richard has provided psychotherapy under what was formerly called ATAPs for 'at risk groups' unable to access providers of 'Better Access', in particular acutely suicidal individuals, Aboriginal and Torres Strait Islander clientele, and those with perinatal mental health issues. He has participated in and evaluated a high fidelity Dialectical Behaviour Therapy programme and published widely on issues relating to psychotherapy including eating disorders, and working with people with complex needs. Richard is the coordinator of a highly successful range of postgraduate mental health programmes, the completion of which can confer eligibility to be credentialed as a mental health nurse or eligibility to for 'Better Access' for some allied health professionals.

However, Richard's clients cannot access a subsidy through 'Better Access'.



Angeline is a credentialed mental health nurse and with 20 years' experience in child, adolescent and family mental health. Angeline began her career in a therapeutic community for adolescents with acute mental illness. Angeline was quickly promoted to a position in child psychiatry. Angeline went on to develop a clinical risk assessment tool which was subsequently rolled out to other hospital trusts in England. From here she was promoted to the position of Clinical Risk Advisor where she assisted clinicians to develop clinical risk protocols across a huge mental health trust and managed staff.

Despite Angeline's success in head office, her heart remained in clinical practice. Angeline returned to clinical roles in Australia, initially in Correctional health with teenage girls as a specialist mental health nurse. Angeline went on to practice at a tertiary service for children and families with complex and severe emotional and behavioural difficulties in an inpatient, family-therapy based setting. It was at this time that she completed a **post-graduate diploma in experiential psychotherapy** and also **specialist training in attachment-based intervention and children's psychotherapy**. Since then Angeline has undertaken training for a further 3 years in experiential psychotherapy and also completed 2 trainings in systemic family therapy. Angeline commenced a private practice that has consistently thrived. This involved an individual psychotherapy practice for adolescents and families with severe and complex mental health difficulties, the clinic had good outcomes. Angeline has also run group workshops that are systemic therapy based. Angeline along with 2 colleagues developed and delivered a parent program for parents of teenagers with emerging mental illness. This program was evaluated as being highly effective and was published.

Angeline has studied child mental health and trauma informed care. Angeline has also undertaken specialist training in the care of clients with ASD. More recently, Angeline has developed a children's mental health clinic aiming to provide early intervention to children and their families/carers aged 5-12 years.

However, Angeline's clients cannot access a subsidy through 'Better Access'.



Jenny is a Credentialed MH Nurse with her own practice as a Trauma Therapist - she is recognised by several General Practitioners on the Gold Coast as being one of very few MH professionals who specialise in this area. At the beginning of her long career working in a variety of Mental Health settings, Jenny recognised that trauma, especially childhood trauma, is the common denominator in most mental illness and addiction. However, trauma is seldom the focus of care within the standard treatment offered, so Jenny chose to focus her studies on making a difference for people suffering symptoms of trauma and PTSD including acute anxiety, hypervigilance, depression, suicidal and self harming ideation, dissociation, eating disorders, psychosis, DID, personality disorders and even chronic pain.

Her studies have included Masters in Mental Health Nursing University of Southern Queensland, Toowoomba, QLD **Graduate Diploma in Counselling** University of New England, Armidale, NSW **Graduate Certificate in Mental Health Nursing** University of New England, Armidale, NSW **EMDR (Eye Movement Desensitisation Processing)** Graham Taylor EMDRAA - Perth - 2018 - Advanced - Brisbane - 2019 **Advanced Mindfulness Meditation Instructor Certification** University of Holistic Theology US **OldPain2Go Practitioner Certification** Steven Blake, Old Pain2Go, UK **Rapid Resolution Therapist Certification** Dr Jon Connolly, Rapid Resolution Institute, CA US **Diploma of Clinical Hypnosis and Psychotherapy** Hypnotherapy Training College Gold Coast **Certificate of Medical Hypnosis** Dr Alan Fahay, The College of Medical Hypnosis **Acceptance and Commitment Therapy (Advanced Workshops)** Dr Russ Harris, Hobart TAS **Personal, Marriage and Family Counselling** Anglican Counselling Service, Tamworth NSW.

Jenny provided expert advice to the Royal Commission into institutional childhood sexual abuse, and is listed in their directory and the directory of BlueKnot Foundation which supports woman who have been sexually assaulted as children.

However, Jenny's clients cannot access a subsidy through 'Better Access'.

John is a Professor of mental health, a credentialed mental health nurse and he has worked in the mental health field for nearly forty years. He trained for four years and qualified as an experiential psychotherapist in the 1980's and then in a **degree in problem solving counselling** in the 1990's. He took these psychological therapy skills and knowledge and used them in daily clinical practice for 16 years, first as a senior clinician and then to lead crisis and home treatment services in Sydney, Cairns and the United Kingdom. He worked exclusively with those with the most complex mental health needs, integrating experiential psychotherapy, counselling and psychiatric nursing capability to best meet the high level needs of consumers. He has over subsequent years trained in family systems therapy, behavioural based emotional intelligence and suicide prevention, as well as cognitive behavioural therapy and solutions focused therapy. In addition to his academic role John has for the past decade worked clinically at headspace where he has been utilised as the clinician to send young people with the most complex needs. John is also a registered general nurse, **has three post graduate diplomas, a science master's degree and a PhD.** He has well in excess of 100 international peer reviewed publications, has written multi-disciplinary post graduate mental health courses and has been invited to inform the Victorian Royal Commission into improving mental health services. His work has informed practice standards in the EU and here in Australia he is on the national board of directors for the ACMHN

However, John's clients cannot access a subsidy through 'Better Access'.





Helen is a mental health nurse with 20 years of experience in working in drug and alcohol units, case management and first episode psychosis where she developed a new service, policies and structures as well as being the team manager of the Manchester Early Intervention in Psychosis team for 4 years. As well as a MH nursing qualification, Helen has a **degree in Cognitive Behavioural Therapy (CBT) for psychosis and a post grad qualification in CBT** (as part of the UK's improving access to psychological interventions scheme) where she was accredited to the BABCP in the UK and she was a high intensity CBT therapist delivering trauma focused therapy in a specialist military service.

She then spent 2 years working as CBT therapist in an international school in Malaysia before moving to Melbourne to work as a Clinical Educator at Orygen, which involved training and developing resources using the best evidence for youth mental health. A large part of her role involved clinical support and supervision for organisations across Australia and internationally. Currently she is the Associate Director of Translation and Clinical Consultant for the Australian Early Psychosis Programme. Her role involves supporting the strategic direction of translation activity within Orygen, managing a variety of high level projects but she cannot offer clinical interventions to clients under a mental health care plan.

She offers trauma focused supervision and has developed a range of resources in trauma interventions but can't deliver exposure therapy as **Helen's clients cannot access a subsidy through 'Better Access'**.

Peta is a Credentialed MHN who specialises in working with people of all ages who have eating disorders, particularly anorexia nervosa. She has worked in mental health for 30 years and in private practice since 2007. Peta holds qualifications in psychiatric nursing (3 year hospital based), Bachelor of Nursing, **Master of Public Health, Master in Couple and Family Therapy; and has eating disorder specific training in Advanced Family Based Therapy for eating disorders, CBT for eating disorders, MANTRA (Cognitive Interpersonal Therapy for treating people with AN), FREED (First Episode Rapid Early Intervention for Eating Disorders), Imagery rescripting for eating disorders, Acceptance & Commitment Therapy, Dialectical Behaviour Therapy.** She is the only provider of specialist eating disorder services in primary care in the Northern NSW PHN (regional area from Coffs to Tweed) who sees people across the age spectrum, who sees people under 16 and who sees people with anorexia nervosa for family-based therapy. She gets referrals from the local pediatricians, psychiatrists, GPs, dietitians, psychologists, headspace, emergency departments, inpatient units (mental health, general medical), the Acute Care Service, Community Mental Health, the Butterfly Foundation and through the grapevine. She also works part time as the National Projects Manager for the University of Sydney's InsideOut Institute for Eating Disorder Research and as an eating disorder and mental health Subject Matter Expert as a consultant. **In 2018, Peta was invited**, as an acknowledged eating disorder expert, to participate in the *MBS Eating Disorder Working Group* which reported to the *MBS Review Taskforce*. The working group made recommendations around MBS changes for people with eating disorders which were accepted by the Taskforce and announced by the Minister for Health in 2019—a watershed moment for access to evidence-based dose and treatment for people with eating disorders in Australia. **However, Peta is not eligible to provide services under the new Eating Disorder Care Plan and her clients cannot access a subsidy for treatment, because the new eating disorder item numbers are run through 'Better Access'.**





Mental Health Nurse
Psychotherapists are some of the
most skilled, educated,
experienced, flexible, team-oriented
health professionals in Australia...

They want to use their skills to
assist the most complex and needy
across the continuum of care...

That their clients cannot obtain a
subsidy under 'Better Access', is
immoral and absurd!