ANZACATA
The Australian, New Zealand and Asian Creative Arts Therapies Association

Response by ANZACATA to the private health insurance reforms consultation paper, second wave December 2020.

Background on ANZACATA

The Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA) is the peak professional body that represents creative arts therapists in Australia, New Zealand and the Asia/Pacific region.

It is a member-run self-regulating non-profit company limited by guarantee that seeks to advocate for the profession and to ensure that the training and practice of professional members is in accordance with the highest international standards.

It encourages continuing professional development of members by supporting Special Interest Groups (SIGs) representing special interests and regions, hosting regular conferences and symposia, and publishing a peer reviewed journal: the Journal of Arts Therapy (JoCAT). Creative arts therapy is an emerging profession in our member countries, and the association strives to raise its profile, advocating and lobbying for increasing recognition, as well as forging connections and links with other disciplines, and other countries.

ANZACATA has over 1200 members in its four jurisdictions.

Responses to the Specific Questions regarding Consultation 3: out of hospital mental health services

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

Funding the mental health services of a wider range of allied health professionals as part of a CDMP would be beneficial to consumers, giving them broader choice in accessing preventative services. ANZACATA Professional Members are Masters trained mental health specialists and have much to offer in regard to preventative mental health interventions but are currently precluded as they are not MBS recognised.

Registered Creative Arts Therapists are trained in both creative methods and also in psychological and psychotherapeutic methods to help clients better express themselves and to improve their wellbeing. They work with both clients seeking to reduce anxiety, but also those suffering chronic mental health conditions and co-morbidities associated with drug and alcohol, intellectual and behavioural issues.

They offer creative arts based interventions which assist clients for whom talk therapies are not the primary communication method. This may include clients with mental health issues alongside intellectual disabilities, autism spectrum disorders, stroke or acquired brain injury, dementia and so forth. Members are recognised to work with NDIS clients as therapists and are often referred by psychologists for clients who do not respond to traditional talk therapies. They use creative arts interventions to assist clients to express and deal with trauma and thereby reduce hospital admissions.

A recent report by the WHO (Health Evidence Network Syntheses Report 67, 2019) investigated evidence from arts based therapies in over 3000 studies and found the evidence shows a robust impact of the arts on both mental and physical health; that creative arts therapy is useful in difficult and complex problems where there is currently no cure; and that it is cost effective and engages minority or marginalised groups well. It was also found to complement medical interventions or other therapies.

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?**

ANZACATA argues that consumer choice can improve outcomes and support for an expanded list of allied health services increases consumer choice. This value applies equally to all chronic disease management plans. ANZACATA professional members are recognised by NDIS as therapists for disability clients.

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. We agree that any allied health service accepted on an expanded list must be subject to regulatory mechanisms (whether government regulated or self-regulated). ANZACATA offers this rigour to its members in terms of professional membership, credentialing, code of conduct and ethics, expectations regarding continuing professional development and supervision of clinical work, as well as expected education levels and formal complaint procedures.

We argue that this level of regulation is not yet in place for peer support workers. To include them on an expanded list is a risk as they are not credentialled, not regulated and not supported in the work they may undertake. Whereas creative arts therapists in our Association are credentialled, insured and supported.

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?**

Insurers themselves are best placed to respond to this point. We raise only the matter that we hope and expect that funds are spend mainly on direct services, rather that primarily on planning, co-ordination and management. We further suggest that more work needs to occur in relation to the overlap between MBS, private health and the NDIS in terms of what is funded by whom and what is not.

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

Private health insurers should be able to fund all regulated (either government regulated or self-regulated) allied health professionals. ANZACATA is a member organisation of the Allied Health Professionals Australia (AHPA) and of Allied Health Aotearoa New Zealand. Membership of these bodies signals ANZACATA members' adherence to regulatory frameworks. Any member association of AHPA should be eligible for funding.

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

Relevant patient cohorts should be overseen by the Department of Health in cooperation with AHPA member associations. The business of a PHI is focused more on risk, and consumer demand and not clinical efficacy and is therefore not best placed to determine eligibility.

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

Criteria for eligibility need to be determined by an expert panel, which includes all relevant mental health bodies, and which is co-ordinated by the Department of Health, whose role is to provide clinical oversight. Whilst a GP is likely the 'first port of call', this is not necessarily the case every time. So, criteria set independently would be useful. The panel should give consideration to issues regarding the current situation, the outcomes desired, an evaluation of the impact of an expanded list in 12 months and ensure that all its deliberations are evidenced based.

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

It seems more logical to ANZACATA that metrics are determined before change occurs. We must be clear on the current situation and what we want to achieve by any change. We would do well to follow the quadruple aims commonly used in health care (improved patient experience, improved outcomes, improved clinician experience and reduced health care costs).

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

We foresee an increased regulatory burden only if unregulated workforces are included. If ANZACATA members and other members of AHPA are in the expanded list, they are already well regulated professions, so the burden would not be increased.

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

This proposal offers an opportunity to expand the current, rather narrow view of mental health interventions. Rather than focus solely on which professions can be

included and which excluded, we suggest more thought and consideration goes into the growing body of research evidence which indicates efficacy of those professions currently working in the mental health profession, namely creative arts therapists and other members of AHPA. We need to investigate and define what quality care looks like. Currently music therapists, creative arts therapists, counsellors, psychotherapists and other mental health specialists within AHPA often work in tandem with psychologists, GPs, psychiatrists and other regulated professions in multi-disciplinary teams to provide complementary services. We believe that a more inclusive model of treatment which encompasses the skills, training and experience of all these professionals should be developed and adopted. Our members focus on self-care and preventative interventions especially for those for whom talk based therapies are less helpful (they may have memory issues, dementia, autism, stroke and other issues which impact on their mental health). All offerings to consumers must pass the test of being evidence based.

There is an increasing body of evidence which suggests that creative arts therapy is able to be utilised effectively online (see a recent study of 623 art therapists in the USA who found they had become more proficient and comfortable with online therapy as a result of COVID-19 and also that anxiety had increased in their clients also as a result of COVID-19 (https://arttherapy.org/upload/Art-Therapy-Coronavirus-Impact-Report.pdf).

February 8th 2021

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