ENSURING CHILDREN AND ADOLESCENTS RECEIVE OPTIMAL EVIDENCE-BASED TREATMENT FOR MENTAL HEALTH CONDITIONS: PARENTING INTERVENTIONS AS A CORE COMPONENT IN MEDICARE

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A submission of a Mental Health Policy Working Group

prepared on behalf of the Parenting and Family Research Alliance (PAFRA)[1]

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1. Context

The introduction of the Better Access Scheme through the Medicare Benefits Schedule (MBS) in 2006 has enabled universal access to affordable, best-practice mental health services for Australians with mental health diagnoses. However, due to eligibility rules, the current system does not adequately deliver evidence-based treatments to children and adolescents who urgently need them.

While this is an ongoing and critical issue, the COVID-19 pandemic has substantially increased children's risk of mental health problems, maltreatment, and family disruption and violence, making this lack of access to evidence-based care a critical health problem.

2. Aim of submission

This submission highlights the need for review and targeted reform of the MBS, in relation to the delivery of psychological services for children and adolescents with mental health problems. The submission identifies specific actions that would substantially strengthen equitable access to evidence-based mental health care and treatment for the Australian community, by ensuring children, adolescents and their families/carers can access effective, high quality mental health care and treatment through the MBS.

3. The current problem

The current Medicare system of delivering psychological services does not properly recognise the fundamental importance of direct parental involvement in treatment for children/adolescents with mental health problems. The scientific literature demonstrates that the most effective mental health interventions for children and adolescents involve active involvement of parents/carers in the treatment process[2]. Instead, Medicare currently provides funding for treatment with the child or adolescent, or if with the parent, only when the child/adolescent is present. This flies directly in the face of what the evidence has shown to be effective. In the main, most mental health treatments involve some work with the child but a substantial component is directly with the parent (without the child present), to give them the skills needed to help the child. Put simply: parents are frequently the most effective way to create change in the child, when guided by a mental health professional.

4. The need to support treatment sessions solely for parents/carers

A crucial component of evidence-based care for children and adolescents involves providing sessions solely for parents/carers when the **child or adolescent is not present**. This ensures that evidence-based interventions can appropriately and effectively target modifiable risk and protective factors that can influence mental health problems for children and adolescents.

Parenting and the interactions between parents and children are among the key factors that contribute to mental health problems. They are, therefore, central to address in treatment. Harsh, cold parenting, inconsistency and lack of boundaries around child and adolescent behaviours, or a lack of warmth or responsiveness to a child's trauma will drive mental health difficulties, unless these parenting problems are a key part of the treatment process.

These interventions typically involve structured programs that include sessions to increase parenting and parent-child relational skills, enhance parental knowledge and understanding of a child's/family's problem, develop helpful parental attributions about the nature and origins of the child's problem, and enhance their attitudes towards, and interactions with, their child.

It is widely recognised by professionals that requiring the child to be present at these parent-focused sessions can be detrimental to child wellbeing. Parents and carers need privacy to openly share their concerns about their children (including feelings and thoughts that are mixed or negative), to address parenting anxieties and family concerns and, where appropriate, receive coaching and guidance regarding alternative methods of

responding to children. The strongest evidence-based parenting support programs – which are not currently available through Medicare – are not delivered with the child present.

Despite parent management training having been approved for use by allied mental health professionals using the "Focussed Psychological Strategy" (FPS) MBS items (80100 to 80171), these sessions are not currently eligible for a Medicare rebate unless the 'identified child-patient' is physically present. This means that parents and carers are currently unable to access rebates for evidence-based mental health interventions that will substantially improve child and adolescent mental health outcomes, shift the long-term trajectory of child/adolescent wellbeing, and reduce wide ranging social, emotional and economic burdens on the family.

The current restrictions requiring the child to be present mean that families are more likely to receive ineffective and costly mental health interventions that are not in line with best-practice evidence-based guidelines.

Many mental health practitioners who recognise the crucial importance of parent/carer-only sessions, are forced into inappropriately diagnosing the parent as having a mental health condition when they do not meet the criteria for such a diagnosis. At worst, the practitioner may not work with the parent at all, while the child receives a non-evidence-based treatment that may have minimal or potentially detrimental effects.

Additionally, prior to COVID-19, child specialist mental health services in Australia were struggling to meet the high demands from families seeking mental health care for their children. The consequence is that many Australian children and adolescents with significant mental health problems remain untreated and unsupported at a time where brief, child-centred intervention that directly and efficiently works with parents and carers is even more desperately needed. To address these concerns and align MBS services with contemporary evidence and best-practice methods, the MBS items need to be amended.

5. The proposed solution

PAFRA recommends changing the Medicare requirement that the beneficiary (i.e. the child) must be physically present in the consultation for child and adolescent mental health problems as follows:

1. Amend relevant Medicare item numbers for psychological therapy and FPS, to allow sessions with parents, family members, guardians and carers where the identified patient (beneficiary) is not present.
2. Introduce an MBS item to enable access to evidence-based parenting and family interventions for parents and/or carers of children/adolescents with a mental health condition.
3. Amend Medicare telehealth items to include access to online delivery of evidence-based parenting programs.

Significantly, these recommendations are consistent with recommendations from the Australian Psychological Society and the Mental Health Reference Group (MRG) that were submitted in 2018. The MRG has already made recommendations to the MBS Review Task Force that these changes (viz. the beneficiary does not need to be present) be accepted, but they have not been enacted to date. Their enactment should be a matter of priority, to ensure children and adolescents receive mental health care and treatment that is known to work.

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[1] PAFRA is an advocacy group involving leading research groups across 15 Australian Universities and research centres. PAFRA aims to enhance the adoption and implementation of high quality, evidence-based parenting support interventions through research, policy advocacy and system change. Current membership list is available on request.

[2] Full reference list is available on request.