AASW

Australian Association of Social Workers

Accredited Mental Health Social Workers

Briefing Paper for Private Health Insurers

OCTOBER 2022

About the Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the national professional body representing more than 16,000 social workers throughout Australia. The AASW works to promote the profession of social work including setting the benchmark for professional education and practice in social work, while also advocating on matters of human rights to advance social justice.

Acknowledgments

This report has been made possible due to the considered contribution of 176 Accredited Mental Health Social Workers who responded to a lengthy survey in August 2022. The survey was anonymous, but we would like to express our gratitude to all who took the time to complete it.

Thank you to AASW staff - Charles Chu, Dominic Szeker and Rachel Reilly for their contributions in developing and analysing the survey, results and writing this report.

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Executive Summary

Social work is a four-year, or two-year masters qualifying, tertiary-qualified profession recognised nationally and internationally.

Social work practice focusses on holistic, whole-of-person and life-course approach, and as such social workers are skilled at providing assessments and interventions for people with complex presentations.

Social workers who are members of the AASW and who have met certain criteria in mental health settings can seek accredited status as an Accredited Mental Health Social Worker (AMHSW). The AASW is an Accrediting Authority recognised by the Federal Government. The credential was introduced in prior to 2008.

In August 2022, the AASW undertook our most comprehensive survey to date with the AMHSW cohort. We received 176 responses to the survey. The following sections draw on this data (unless otherwise specified) to develop an overview of AMHSWs skills, experiences, their clients and the clients' journey.

Key findings from the survey

Qualification and Experience

- 50% have been social workers for more than 20 years.
- 70% have achieved a level of education above a bachelor's degree.
- 75% have 10 or more years' experience working in a mental health setting.
- 45% have held the mental health credential for more than 7 years'.
- On average completed 55 hours of Continuous Professional Development.
- On average received 22.7 hours of supervision per year.

Geographical Distribution

- 71% were located either in Victoria (32%), Queensland (22%) and NSW (17%)
- 53% were in a metropolitan city
- 31% were in regional
- 16% were in rural or remote locations.

Provision and Promotion of Services

- 90% work primarily or part time in private practice setting.
- 64% promote their services through networking and/or word of mouth, 46% their own website, 46% referral from another practice and/or 45% from the AASW Find a Social Worker Search Directory.
- 14% actively seeking new clients.
- 50% can take on new clients
- 37% were adequately booked but had the ability to take on more clients.
- 27% were fully booked and 14% were overbooked.
- **9% were able to see clients on the same day of booking.**
- 16% had a wait list of 1 week, 60% two weeks or less, 25% 3-7 weeks and 15% had a waiting list of 8 weeks.
- 54% now provide either telephone or video consultations, 34% of AMHSW's provided face-to-face services in their consulting rooms, while 12% provided services in person but outside of their consulting rooms.
- 78% did not provide group sessions to clients.

Fees and Funding Sources

- 10% bulk bill 100% of their clients irrespective of consultation length.
- 38% indicated they charged between $101 - $200 for a 20-50 minute consultation.
- 12% bulk billed clients for a 50+ minute consultation.
- 18% charged between $141-$160 for a 50+ minute consultation.
- 7% charged more than $200 for a 50+ minute consultation.
- 20% of clients had on average $76-$100 out-of-pocket expense and 18% indicated there was a $26-$50 out-of-pocket expense, 5% indicated their clients only had a $25 out-of-pocket expense
- 14% indicated the out-of-pocket expense was more than $101.
- 93% of clients' received rebates under the Better Access; 36% under other Medicare rebated schemes (Chronic Disease Management 16%; Eating Disorders 14%; Non-directive pregnancy support counselling 6%), 18% accessed other government or non-government funding streams.
- 68% indicated the clients self-funded to access their services and
- 63% of clients were accessing services under compensable schemes (Victims of Crime Counselling 30%; Worker Compensation Schemes 22%; Transport Accident Schemes 9%)
- 52% of clients were covered under the National Disability Insurance Scheme
- 36% were Veteran related funding streams (Open Arms including service delivered through Bupa 24%; Department of Veteran Affairs 12%).
- 28% were accessing their services through an Employment Assistance Program.
- 22% claimed utilising private health insurance.
- 82% of respondents indicated that their clients either didn't claim through health insurance or that they were not privy to this information.
- Majority of respondents indicated that approximately 50% of their clients would have private health insurance.

About the Clients

- 59% of clients identified as female, 33% were male and 8% identified as non-binary or trans.
- 81% of clients fell into the middle-income bracket; 72% low-income; 56% government payments with the minority of clients in the high-income bracket (35%).

Client Journey and Complexity of Needs

- 57% of their clients would classify as presenting with complex mental health needs.
- 91% of clients were referred from General Practitioners and 83% self-referred.
- 35% of AMHSW's reported their clients have seen on average 2 mental health providers before they were referred to them.
- 77% of clients receive from 5-20 sessions of mental health care, with 28% receiving 5-10 sessions, 22% receiving 11-15 sessions of care and 27% receiving 16-20 sessions of care.
- 65% of AMHSW's indicated their clients received additional support from 1-2 health practitioners.
- 12% indicated that they are the only practitioner involved in the client's care.
- 9% indicated they only provided their clients with mental health supports.
- 94% provided psycho-education, 90% cognitive-behavioural therapy, 87% skills training including for problem solving skills and training and anger, parent and stress management, and relaxation strategies.
- 70% have referred their clients to psychiatrists.

Contents

1. Accredited Mental Health Social Workers

1.1 Accredited Mental Health Social Workers

Social workers operate at the interface between people and their social, cultural and physical environments. Social workers maintain a dual focus on assisting human functioning and identifying the systemic issues which create inequity and cause injustice.

Social work practice focusses on holistic, whole-of-person and life-course approach, and as such social workers are skilled at providing assessments and interventions for people with complex presentations.

Social work is a four-year, or two-year masters qualifying, tertiary-qualified profession recognised nationally and internationally.

Building on this tertiary qualified foundation is the opportunity to gain a further credential in mental health demonstrating expertise through evidenced practice experience.

Social workers who are members of the AASW and who have met certain criteria in mental health settings can seek accredited status as an Accredited Mental Health Social Worker (AMHSW), which was introduced prior to 2008. The AASW is an Accrediting Authority recognised by the Federal Government.

The accreditation indicates that the practitioner is a highly skilled mental health clinician in assessment, treatment planning, complex case formulation, and the delivery of evidence-based therapeutic interventions across formative and life stages in collaboration with clients.

1.2 Gaining and Retaining Mental Health Accreditation

1.2.1 Accreditation Process

There are six criteria to the accreditation process. A social worker must:

Criteria 1: Hold current membership of the AASW
Criteria 2: Have at least 2 years full-time equivalent (FTE) post-qualifying social work experience in a mental health setting. An applicant must be able to articulate how their experience meets the AASW Practice Standards for Mental Health Social Workers 2014
Criteria 3: Have received at least 2 years full-time equivalent (FTE) post-qualifying supervision in a mental health field
Criteria 4: Have met the Continuing Professional Development (CPD) requirements
Criteria 5: Demonstrate ability and knowledge of clinical social work practice
Criteria 6: Arrange an employer or supervisor to provide a referee statement.

1.2.2 Retaining Status

AMHSWs are required to complete 30 hours of CPD activities each year, including 20 hours relevant to mental health practice, and 10 hours relevant to the current list of Focussed Psychological Strategies (FPS) set by the Department of Health. They must complete a minimum of 10 hours supervision each year and maintain their AASW membership.

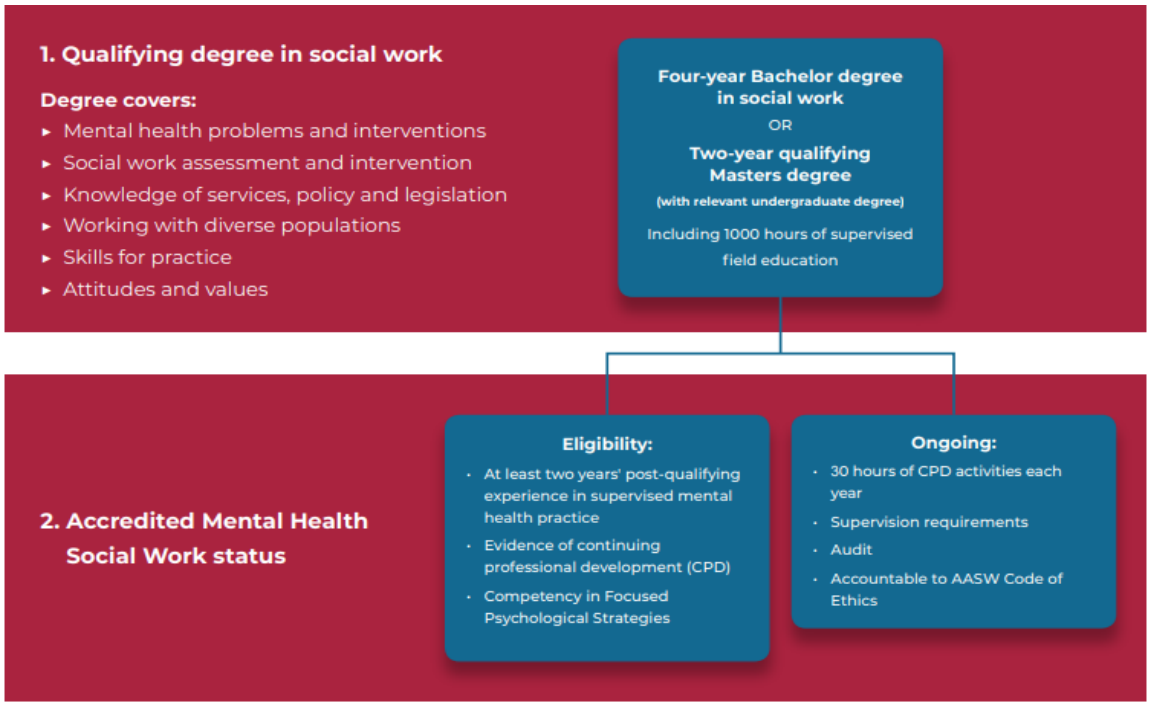

Figure 1: Education and Training of AMHSW's

1.3 Practice Standards for Mental Health Social Workers

The AASW has outlined the required standards for mental health practice in the *AASW Practice Standards for Mental Health Social Workers 2014*. This document sits alongside the general AASW Practice Standards as a clear statement by the AASW of the expectations of Mental Health Social Workers regarding the knowledge, skills and values utilised in their roles and functions, as well as the requirements of ethically sound and accountable practice.

1.4 Quality Assurance and Complaints Process for Misconduct

AMHSWs are bound by the AASW Code of Ethics to ensure high standards of ethics are maintained in the service provision.

AMHSWs are subject to audit by the Credentialling Team of the AASW to ensure the mandated requirements are adhered to. These requirements ensure competency standards and ongoing learning are maintained. Medicare is notified of non-compliant members.

Members of the Australian community can use the AASW Ethics Complaints Management process to make allegations of serious ethical misconduct by AASW members.

A public list of social workers who are currently ineligible for AASW membership, and therefore unable to maintain their AMHSW status, is available on the AASW website.

1.5 AMHSWs and Medicare

Once a practitioner has achieved AMHSW accreditation, they are eligbile to apply for a Medicare provider number and provide Focussed Psychological Strategies (FPS) to clients under the Better Access Initiative funded under Medicare by the Federal Government. AMHSWs are 1 of 3 allied health professionals (including psychologists and mental health occupational therapists) who can provide mental health supports under the Better Access Initiative.

To remain eligible to provide mental health services as a Medicare provider, social workers must maintain their AMHSW status.

2. Qualifications and Experience

The minimum requirement to become an AMHSW is two years full time equivalent of working in a mental health setting before being eligible to apply for the credential.

The results from the survey indicate that the AMHSW cohort have extensive tenure and experience in their field of practice. Many practicing AMHSWs received the credential around the time it was first introduced.

2.1 Qualifications and Mental Health Practice Experience

More than 50% of AMHSW's have been social workers for more than 20 years, with 25% indicating they have been social workers for more than 30 years. Noting that to become an AMHSW requires a minimum of two years full time in a mental health setting, only 7% of respondents indicated they had been social workers for 2-5 years.

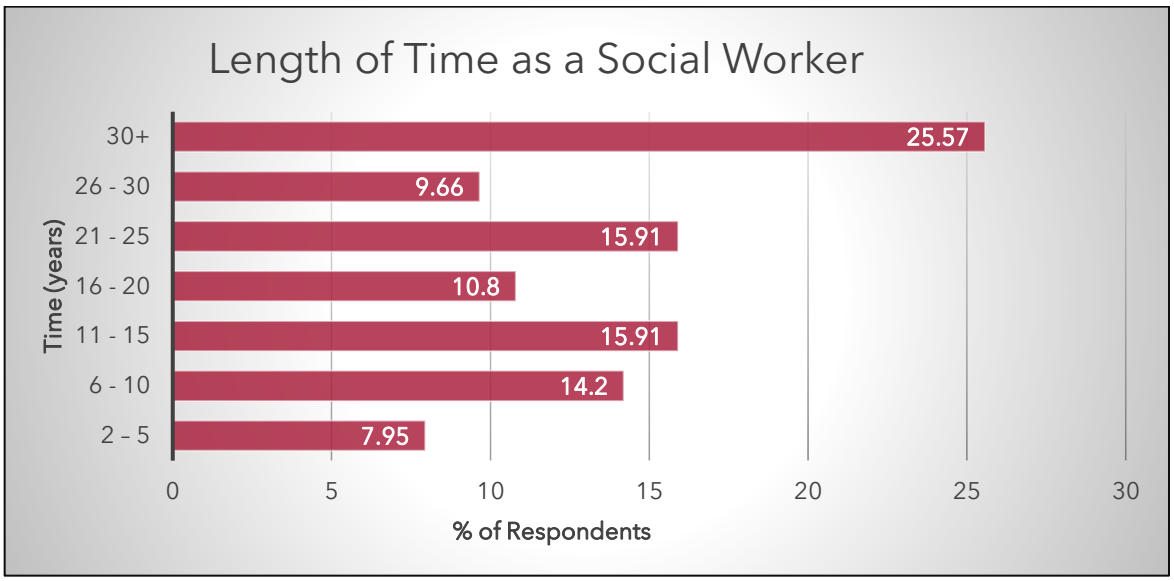

Figure 2: Length of Time as a Social Worker

More than 70% of respondents have achieved a level of education above a bachelor's degree, with 53% holding a master qualification, 16% a post-graduate diploma and 4% have a PhD.

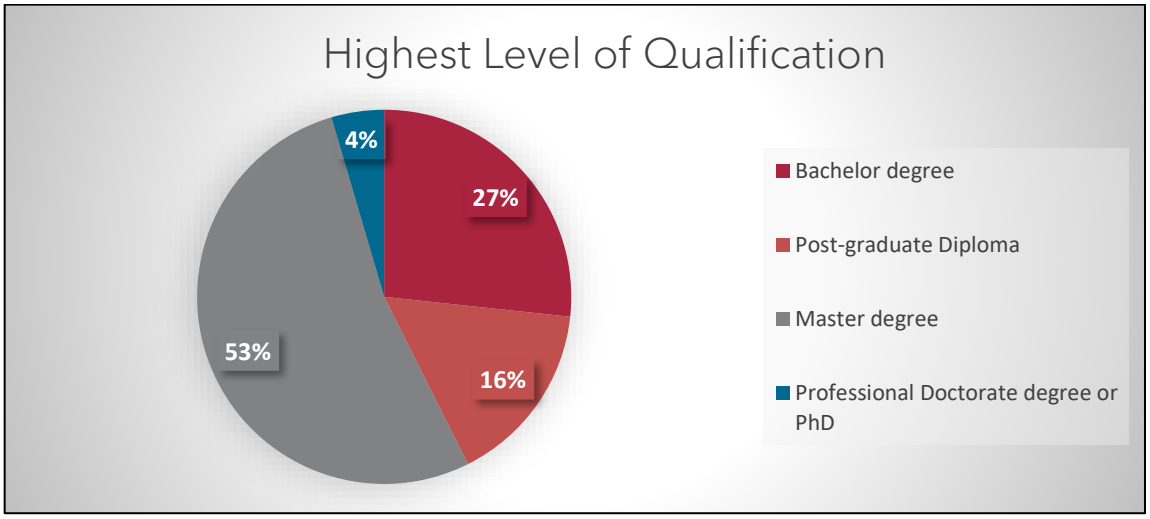

Figure 3: Highest Level of Qualification

More than 75% of AMHSW's have 10 or more years' experience working in a mental health setting, with nearly 40% indicating they had more than 20 years' experience working in a mental health setting.

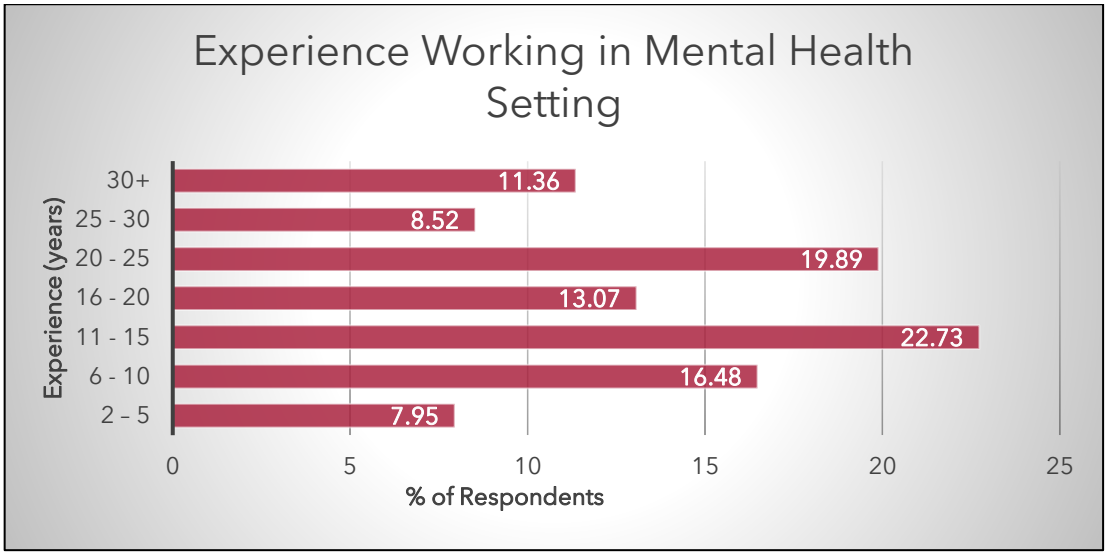

Figure 4: Number of years' experience working in Mental Health Setting

More than 45% of respondents have held the credential for more than 7 years[1] and more than 26% have held the credential for 3-7 years.

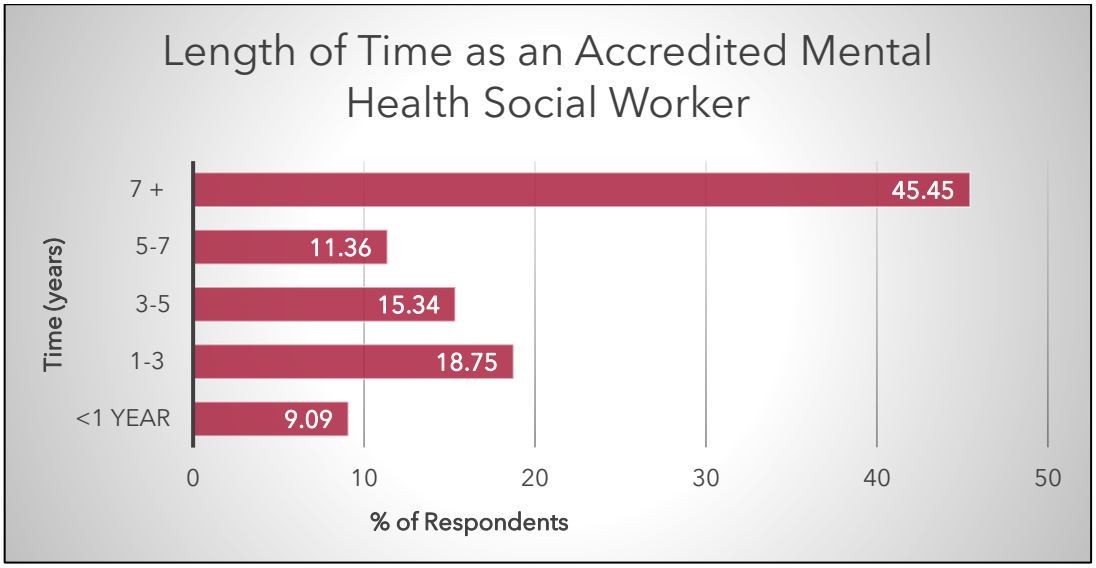

Figure 5: Length of time as an AMHSW

2.2 Maintaining Skills and Experience

AMHSW's must complete a minimum of 30 hours of Continuous Professional Development (CPD) per year to maintain their accreditation status and retain their eligibility for a Medicare provider number.

[1] The highest bracket on the survey question was 7+ years

As outlined in the AASW *Supervision Standards 2014*[2], a social work practitioner with experience of 2+ years should undertake 60 minutes of supervision each month. The requirements for AMHSW's is to undertake 10 hours of supervision per year.

2.2.1 Continuous Professional Development

There was an average of 55 hours of CPD undertaken by AMHSW's. More than 78% of respondents indicate they complete more than 50 hours or more of CPD per year, with 23% completing more than 70+ hours per year.

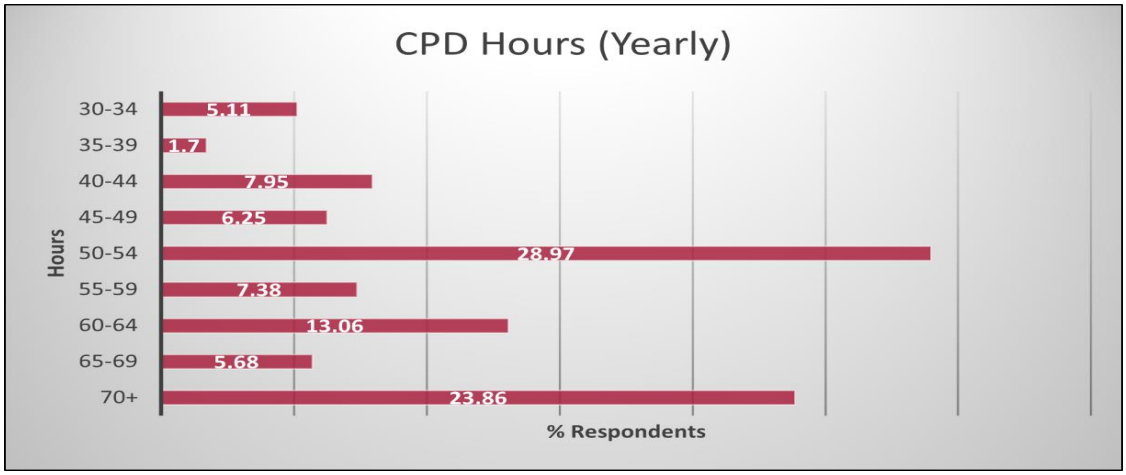

Figure 6: Continuous Professional Development Hours completed by AMHSW's

2.2.2 Supervision

On average, the respondents received 22.7 hours of supervision per year, which is almost 1 hour per fortnight. 46% indicated they received less than 20 hours of supervision per year, while 54% indicated they received 20 or more hours of supervision per year, with 8% of this category receiving more than 41 hours per year.

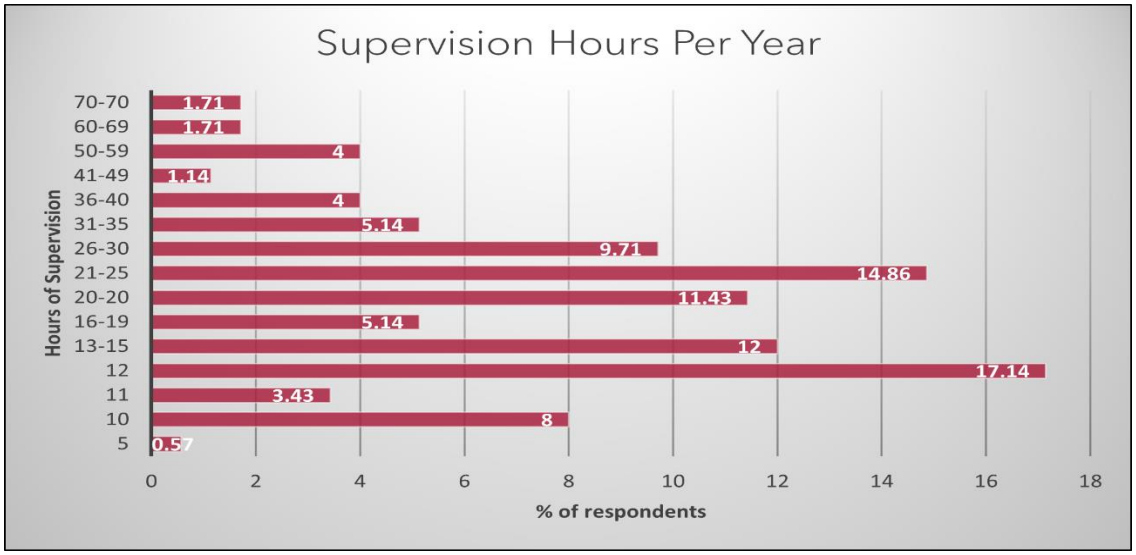

Figure 7: Supervision Hours per Year

[2] Australian Association of Social Workers, *Supervision Standards 2014*, 12. < 6027 (aasw.asn.au)>

3. Geographical Distribution

AMHSW's are located across Australia, with a majority distributed along the Eastern Seaboard. They are almost as likely to work in regional, rural or remote areas as they would in metropolitan cities. AMHSW's practicing in metropolitan cities are likely to be distributed across the different regions of the city, from the CBD through to the outer suburbs of the city.

3.1 National Distribution of AMHSW's

A large majority of respondents indicated that they were located in Victoria (32%), Queensland (22%) or NSW (17%) totaling 71% of all respondents. The remaining respondents were distributed across the other states and territories.

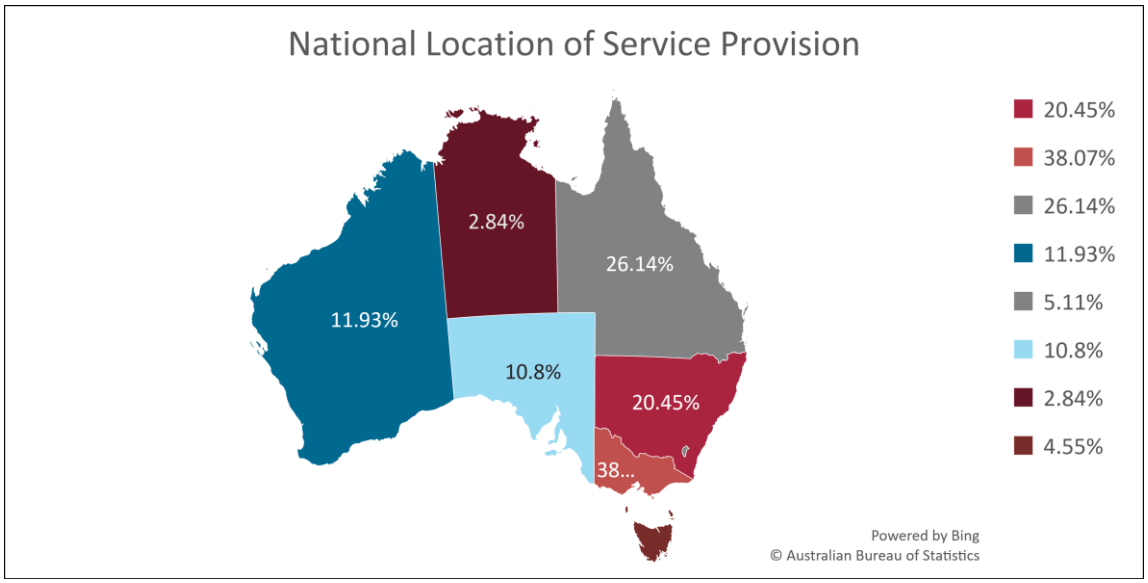

Figure 8: National Distribution of AMHSW's

3.2 Geographical Distribution of AMHSW's

While 53% indicated they were located in a metropolitan city, 47% were outside of metropolitan spaces, with 31% in regional and 16% in rural or remote locations.

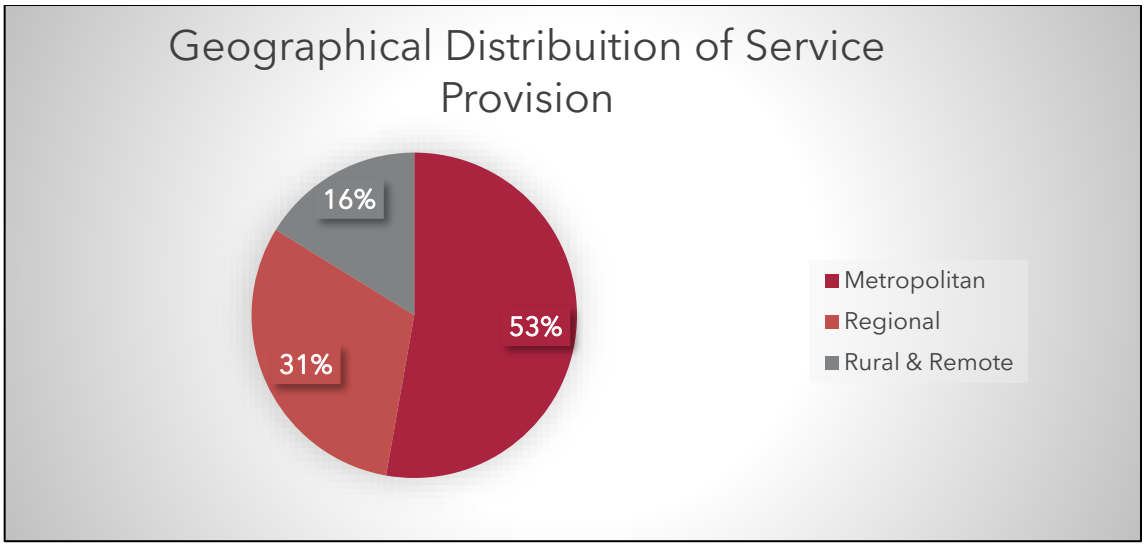

Figure 9: Geographical Distribution of Service Provision

Figure 10[3] provides a heat map of the AMHSW's spread across the country. While capital cities are the most populous, there is still considerable spread across other major towns and cities across the nation. The eastern seaboard of Australia captures a large percentage of AMHSW's.

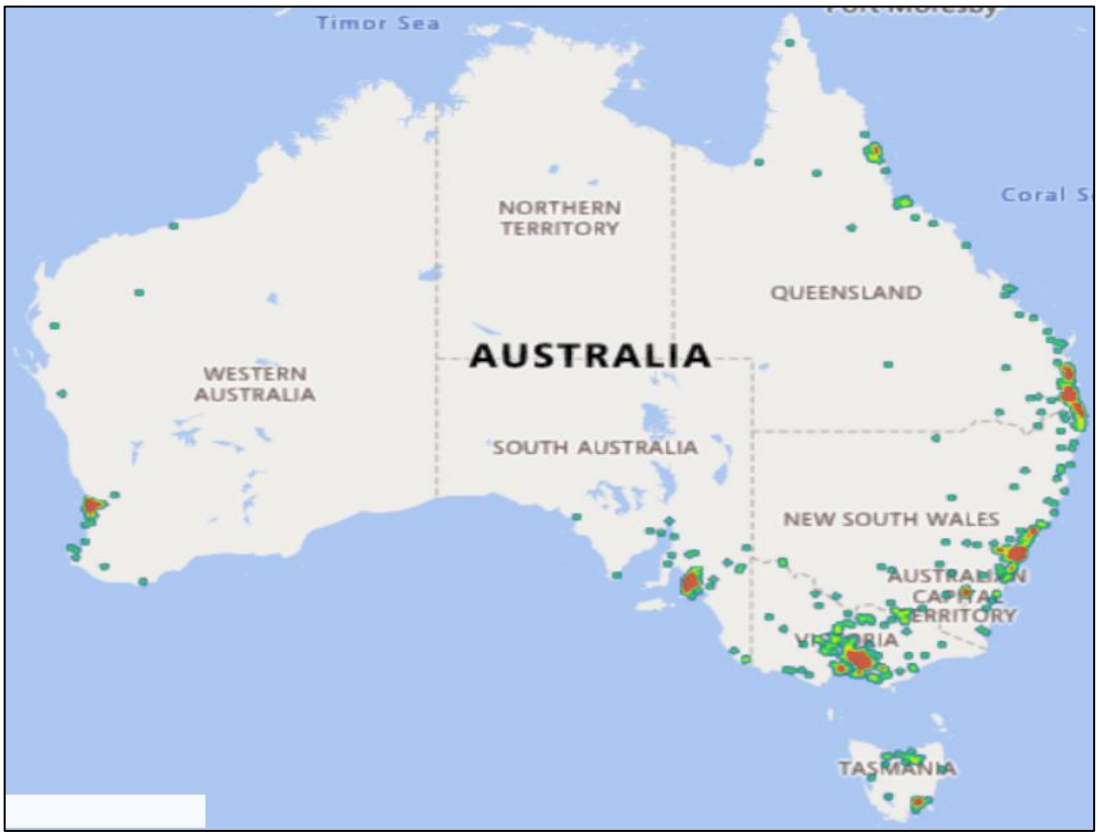

Figure 10: Heat map of the distribution of AMHSW's across Australia

3.3 Location of Service Provision in Metropolitan Areas

The distribution of AMHSW's practicing within metropolitan cities indicates they are still spread across the different regions of a city, with only a small percent practicing in the CBD and 29% within the inner-city suburbs. 65% indicated they were in the suburbs or the outer suburbs of metropolitan area they were located in.

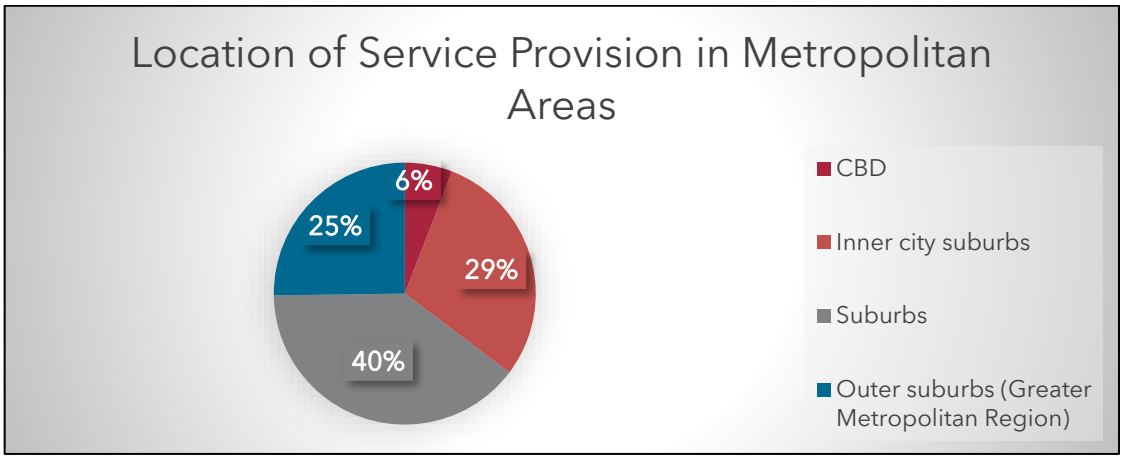

Figure 11: Location of Service Provision in Metropolitan Areas

[3] The data in this figure has been taken from the Associations membership data on AMHSW's

4. Provision and Promotion of Services

Nearly all AMHSW's indicated they worked in private practice and the most common methods of promoting their services was networking and/or word of mouth, their own website referral from another practice or the AASW Find a Social Worker Search Directory. Approximately half had the ability to take on new clients, had waiting list of less than 2 weeks and provided telehealth services.

4.1 AMHSWs and Private Practice

Approximately 90% of AMHSW's indicated they worked in private practice, with 58% indicating they primarily worked in a private practice setting. Only 10% indicating they didn't work in private practice at all. Those who are not working in private practice are likely to be embedded within other services.

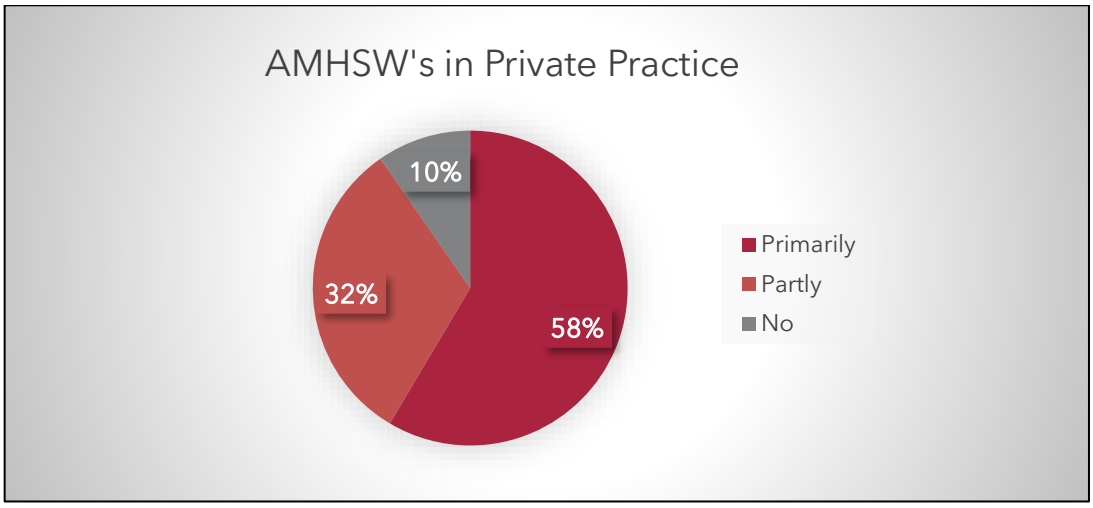

Figure 12: AMHSW's in Private Practice

4.2 Promotion of Services

The promotion of their services was undertaken in a variety of ways, with the most common method being through networking and/or word of mouth (64%), their own website (46%), referral from another practice (46%) and the AASW Find a Social Worker Search Directory (45%).

Very few engaged in paid advertising in print (2%) or online (8%) promotion.

Other methods included internal referrals from multidisciplinary teams (15%) and social media (14%). Under the "other" category, respondents indicated they utilised a range of methods to promote their services including developing relationships with general practitioners and other services in the area, promoted their services on online platforms for practitioners (such as Psychology Today), the private clinic they were located in organised the marketing for the clinic and individual practitioners, the funding stream (such as DVA, Open Arms, NDIS) promoted their service, or services knew about them and simply referred clients to them.

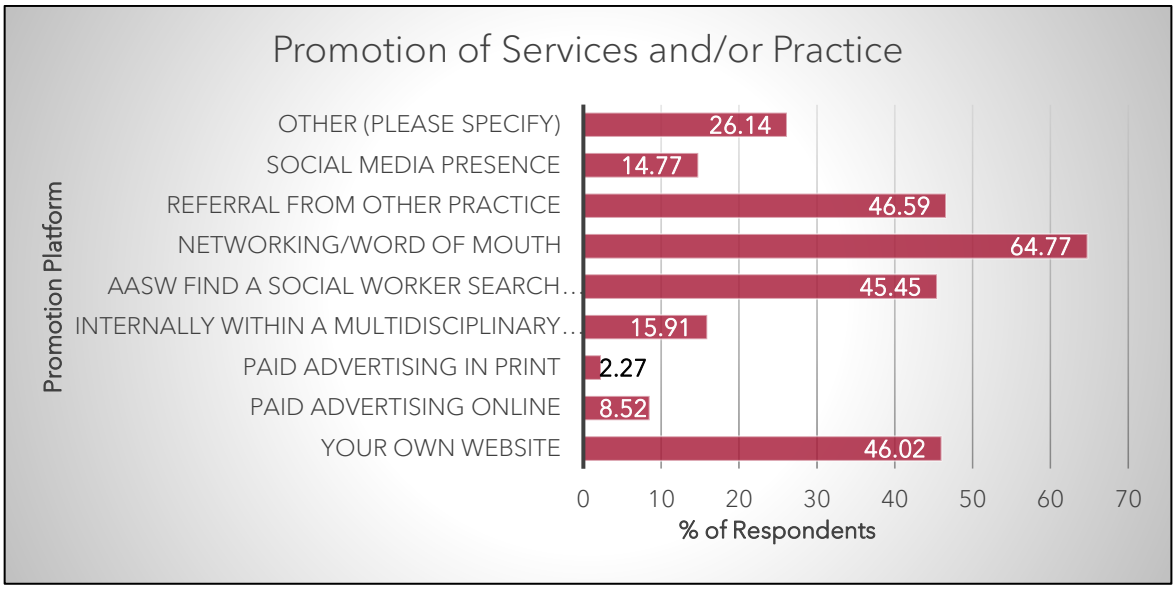

Figure 13: Promotion of Services and/or Practice

4.3 Ability to Take on New Clients

50% of respondents indicated that they had the ability to take on new clients, with 14% of respondents indicating they were actively seeking new clients. Nearly 37% were adequately booked, but had the ability to take on more clients.

27% were fully booked and 14% were overbooked.

There were 7% of respondents who indicated 'other' which ranged from temporarily closed due to sickness, injury or other reasons [4]; were about to set up or had just set up their practice [3]; it varied across the year [2]; retiring and reducing their client numbers [2]; and, not taking new clients by choice [2].

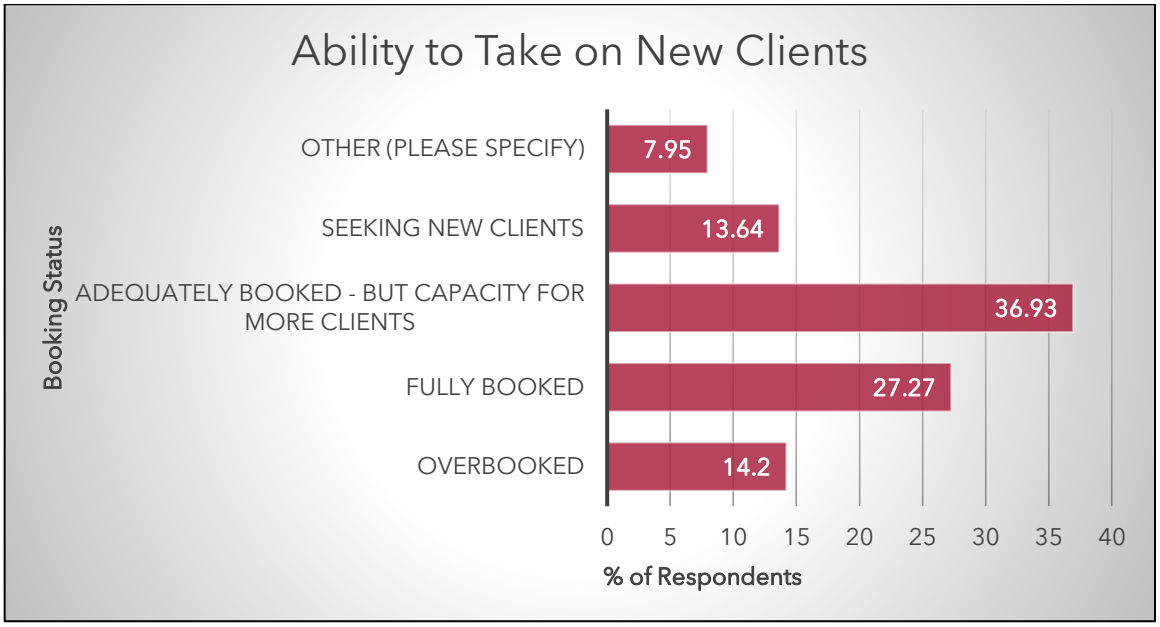

Figure 14: Ability to take on new clients

4.4 Length of Waiting List Time

Nearly 60% or respondents had a waiting list of two weeks or less, with 16% having a wait list of 1 week, and 9% being able to see clients on the same day of booking.

25% had waiting lists of 3-7 weeks and 15% had a waiting list of 8 weeks.

20% of respondents indicated other and this included 6 AMHSW's who don't keep a waiting list; 4 who had a waiting list of more than 8 weeks; 12 who had a waiting list of more than 12 weeks but less than 6 months, and 7 with varying wait list circumstances.

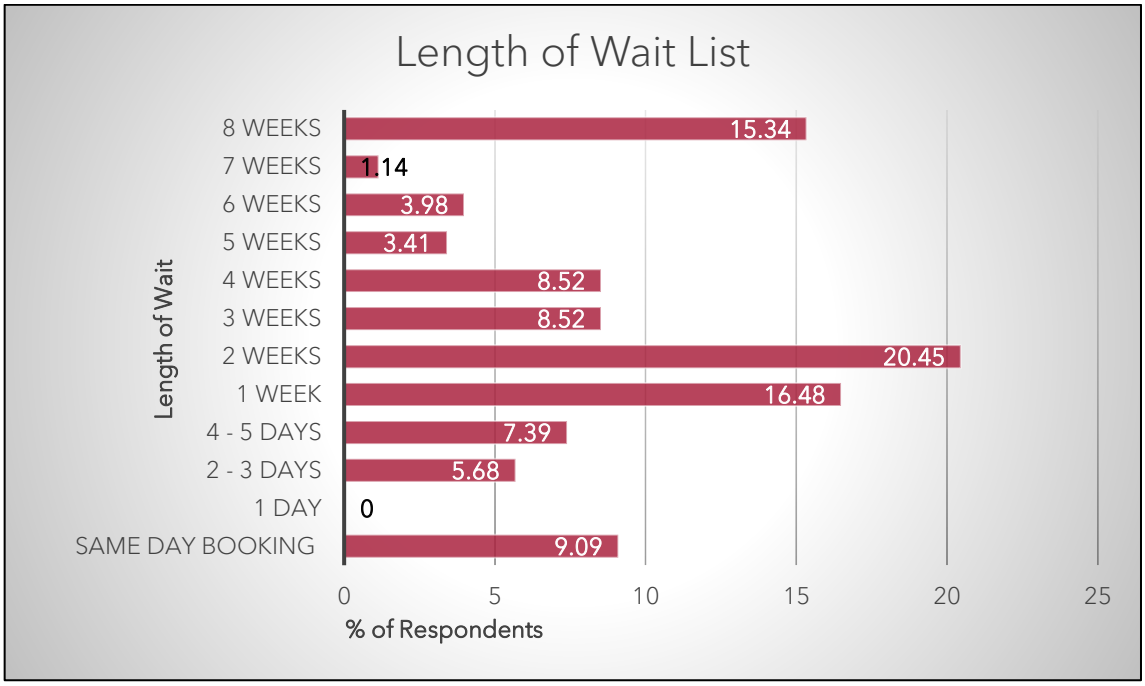

Figure 15: Length of Waiting List

4.5 Type of Service Delivery

The majority of AMHSWs, that is, 54% now provide either telephone or video consultations, which assists in breaking down geographical boundaries as well as wait times. 34% of AMHSW's provided services in their consulting rooms, while 12% provided services in person but outside of their consulting rooms, most likely at the home of the client.

78% of respondents indicated that they did not provide group sessions to clients

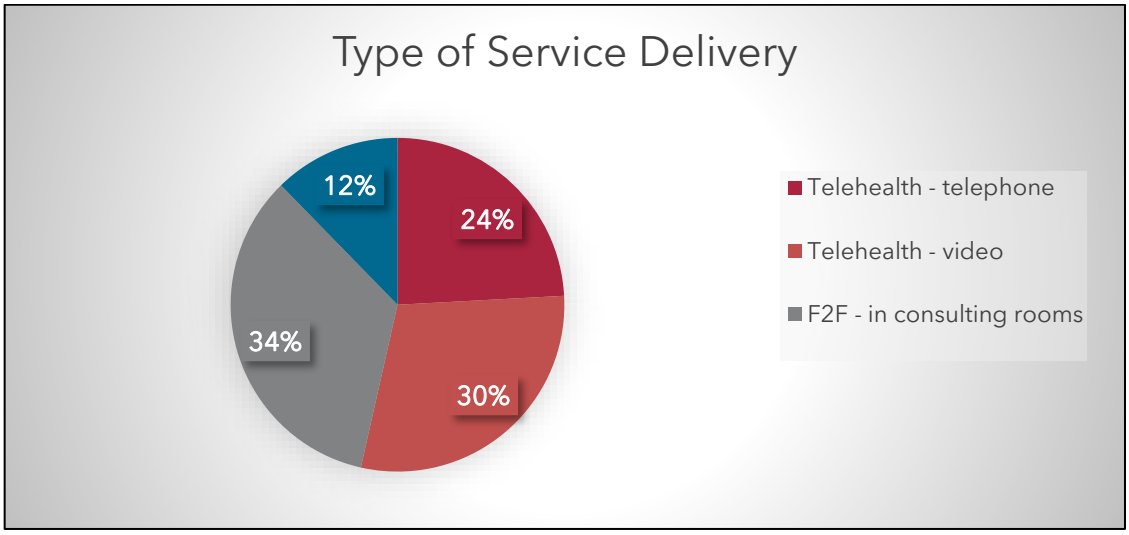

Figure 16: Types of Service Delivery

5. Fees and Funding Sources

The AASW schedule of recommended fees is $240 for a 1-hour consultation.

There was a large spread of fees ranging from bulk-billed through to more than $200 for a 1-hour consultation. However, the data suggests that AMHSW's do attempt to keep the costs of their services down for their clients, including providing bulk-billing services, charging less than the AASW recommended consultation fee, or not charging for follow-up support calls.

5.1 Bulk billing

Approximately 10% of respondents indicated that they bulk billed 100% of the clients which they provided services to. Just over 32% of respondents bulk billed 1-20% of their clients. 28% of respondents indicated that they provided no bulk billed services to any of the clients they provided services to.

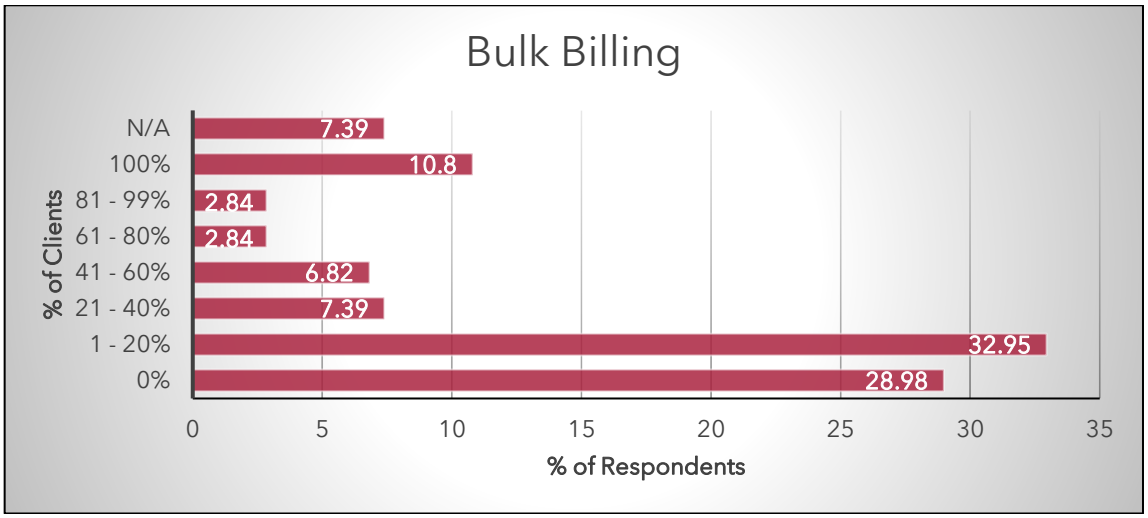

Figure 17: Clients Who Are Bulk Billed

5.2 Standard consultations

The survey results indicated that there were no typical fees for a standard consultation of up to 50 minutes in length. Of the respondents, 34% indicated that they did not provide this service. Nearly 15% indicated that they were likely to bulk bill for this service. 7% would charge a fee of less than $100, but not bulk bill.

Approximately 38% indicated that they charged between $101 - $200 for this length of consultation. Only 1.14% or 2 respondents would charge a fee greater than $200.

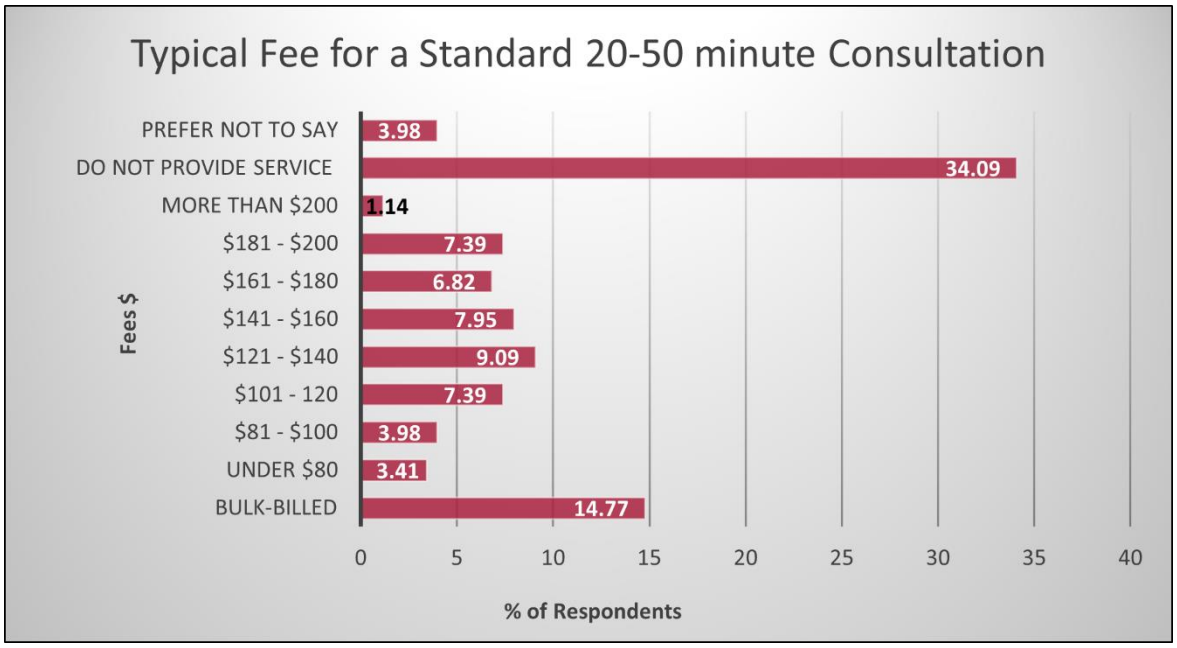

Figure 18: Typical Fee for a Standard 20-50 Minute Consultation

There was a greater spread of fees charged for consultations greater than 50 minutes in length. Nearly 12% of practitioners still bulk billed for this service and 3% charged a fee of less than $100. The most common fee was $141-$160, with 18% of respondents nominating this category. Nearly 7% charged $200 and above for this service.

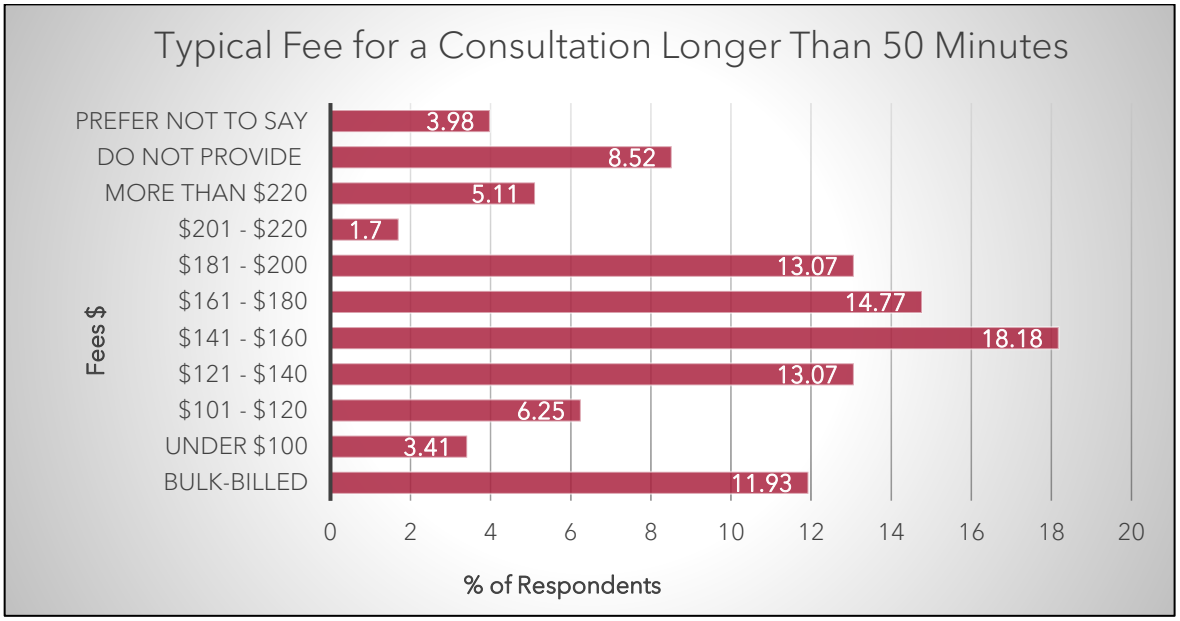

Figure 19: Typical Fee for a Consultation Longer than 50 Minutes

The out-of-pocket expenses clients experienced varied, which is to be expected as the fees varied. 26% of respondents who indicated that out-of-pocket expenses was not applicable.

Nearly 20% of respondents indicated that their clients had a $76-$100 out-of-pocket expense or a $26-$50 out-of-pocket expense. 5% of respondents indicated their clients only had a $25 out-of-pocket expense and 14% indicated it was more than $101.

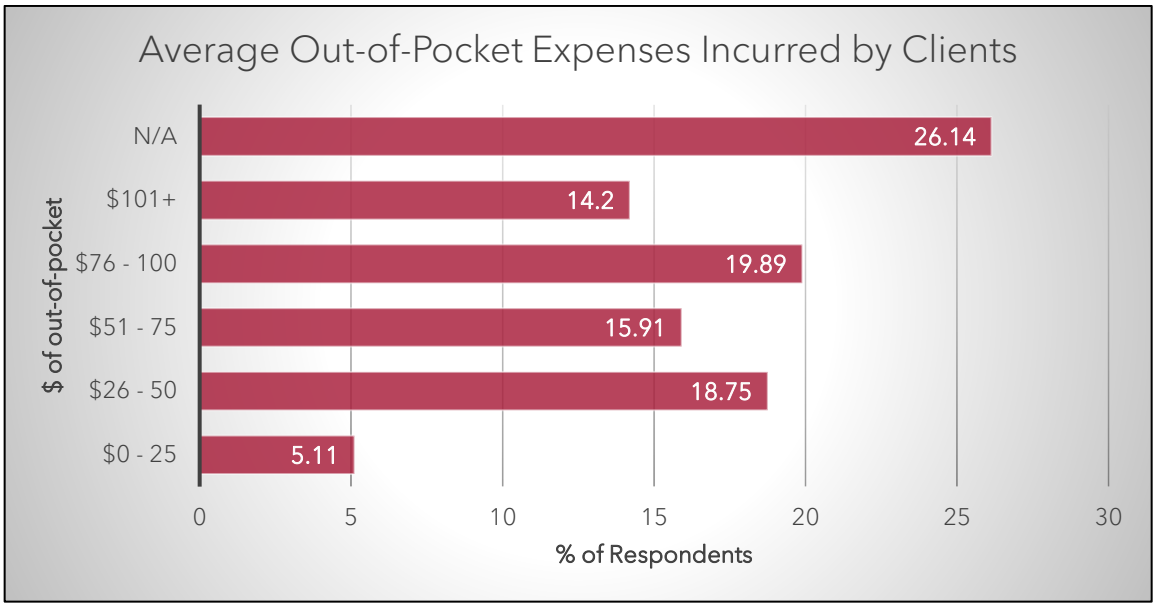

Figure 20: Average Out-of-Pocket Expense Incurred by Clients

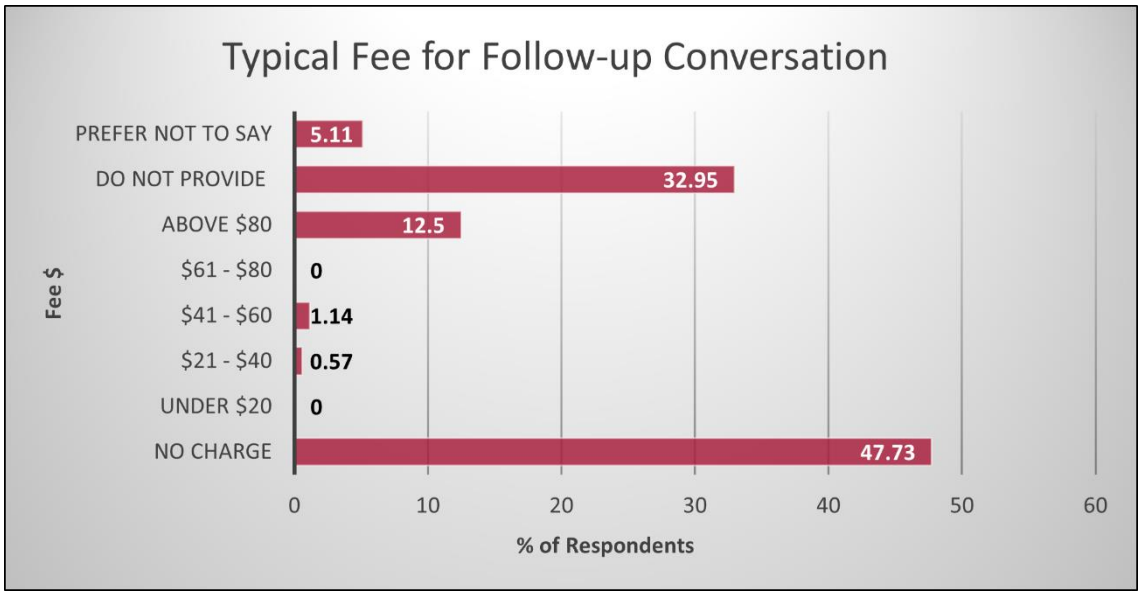

Figure 21: Typical Fee for Follow-Up Conversation

5.3 Funding Sources

More than 93% of respondents indicated their clients' received rebates under the Better Access Initiative to access their services, and 36% received rebates under other Medicare rebated schemes (Chronic Disease Management 16%; Eating Disorders 14%; Non-directive pregnancy support counselling 6%). A further 18% indicated their clients accessed other government or non-government funding streams.

More than 63% of respondents indicated their clients were eligible or accessing their services under compensable schemes (Victims of Crime Counselling 30%; Worker Compensation Schemes 22%; Transport Accident Schemes 9%), 52% under the National Disability Insurance Scheme (NDIS) and 36% were Veteran related funding streams (Open Arms including service delivered through Bupa 24%; Department of Veteran Affairs 12%). 28% were accessing their services through an Employment Assistance Program.

Approximately 68% of respondents indicated the clients self-funded to access their services and 22% of respondents had clients utilising private health insurance.

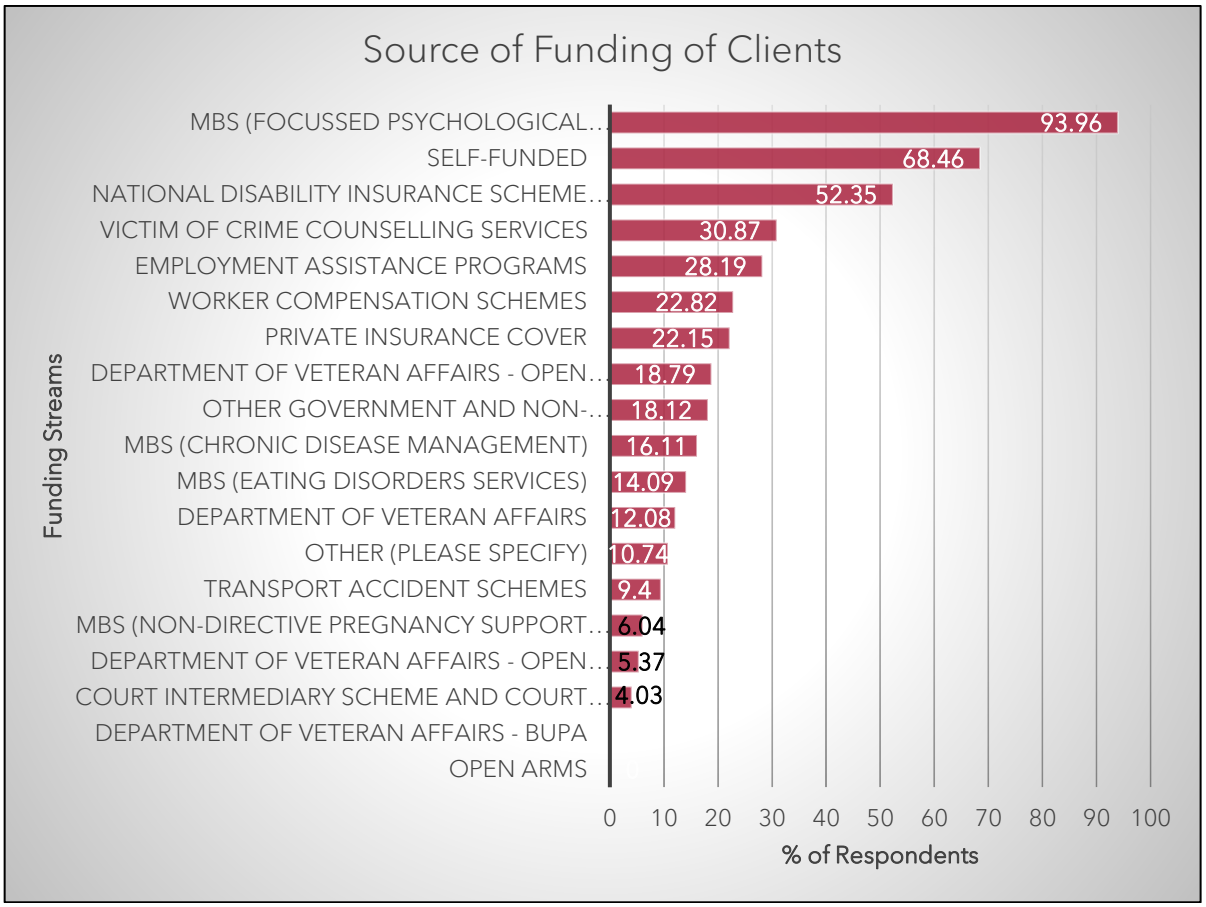

Figure 22: Sources of Funding of Clients

5.4 Private Health Insurance

The survey included questions specifically about clients and private health insurance.

Majority (nearly 70%) indicated that less than 50% of their clients would have private health insurance.

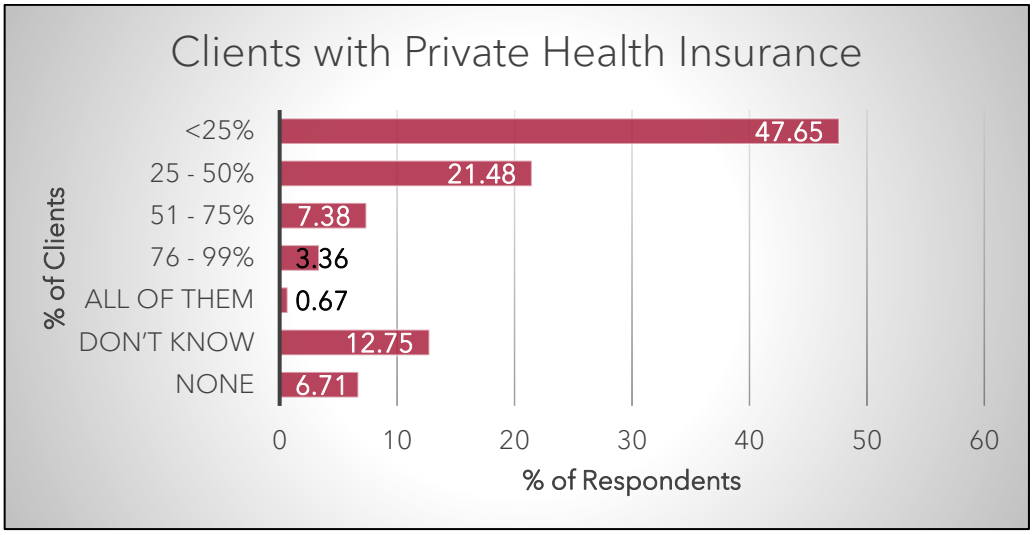

Figure 23: Clients Who Have Private Health Insurance

AMHSW's indicated that approximately 18% of the people who use their service were claiming a rebate through private health insurance. Approximately 82% of respondents indicated that their clients either didn't claim through private health insurance, or that they were not privy to this information.

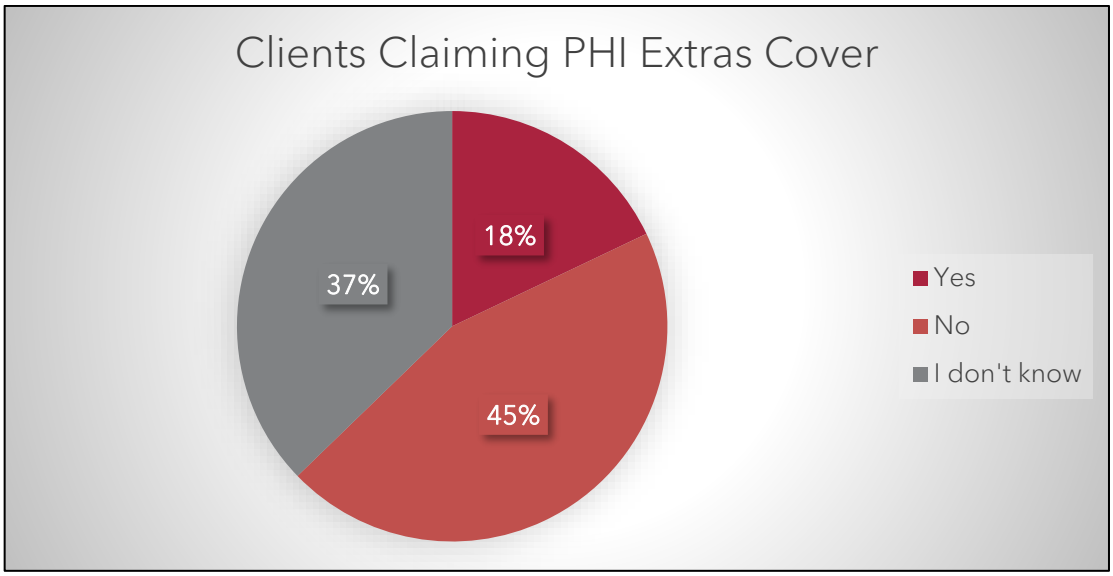

Figure 24: Clients Who Are Claiming PHI Extras Cover

6. About the Clients

The clients of AMHSW's are more likely to be female, aged between 35-44 and situated within a middle-income bracket.

6.1 Demographics of Clients

A majority of AMHSW's clients identified as female (59%) while 33% were male and 8% identified as non-binary or trans.

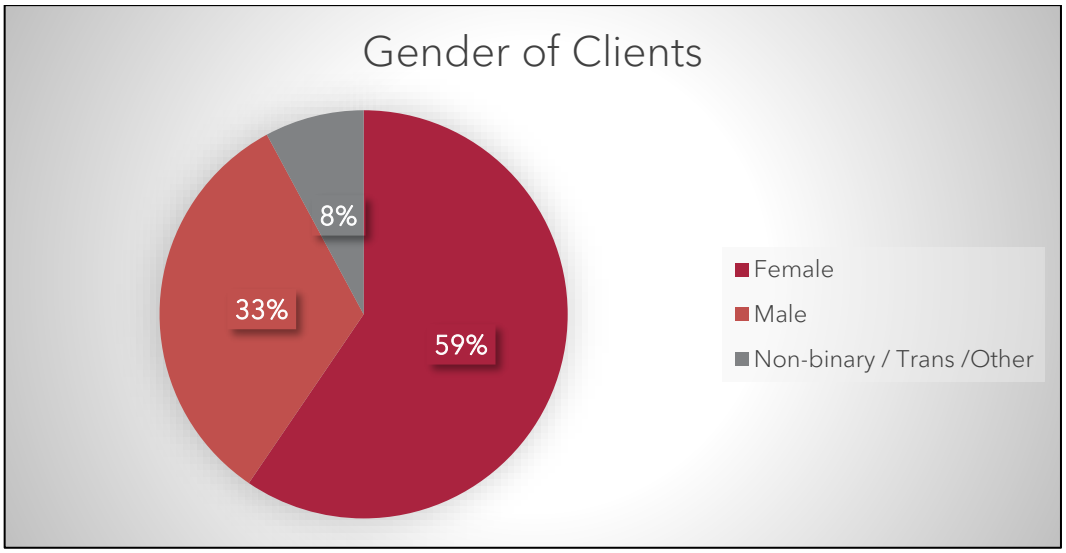

Figure 25: Gender of Clients

The age bracket of clients was evenly distributed, with 35–44-year-old people being a slightly larger cohort. The under 18-year-old and over 65-year-old people were a slightly smaller cohort.

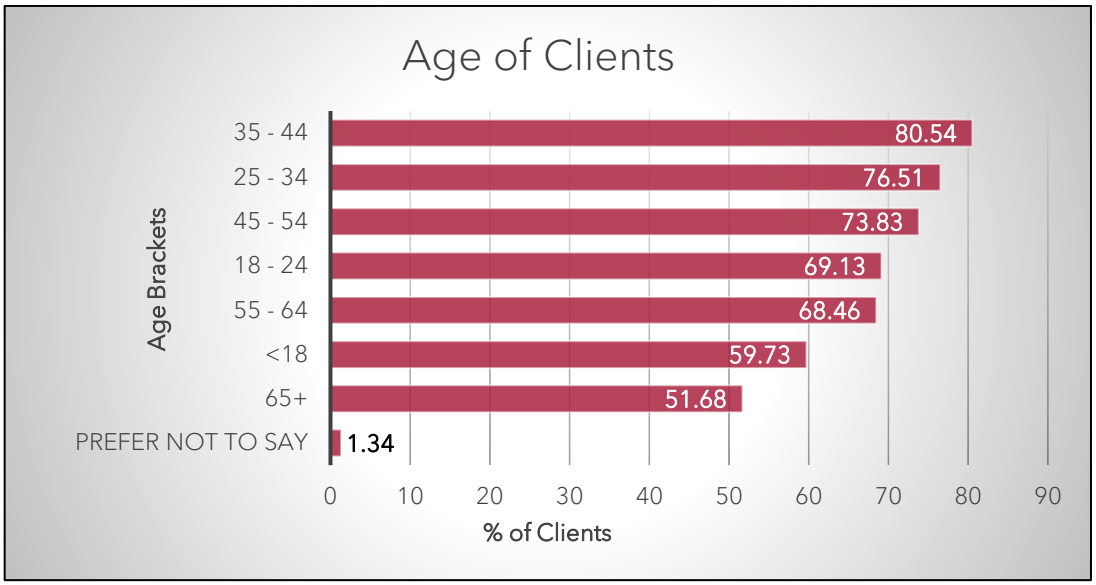

Figure 26: Age Bracket of Clients

6.2 Income Range of Clients

AMHSW's pride themselves on providing support to people experiencing disadvantage and categorised in lower-socio economic brackets. This is reflected in Figure 27, with respondents indicating that 56% of their clients would be on government support payments and 72% would be considered low income. The majority of clients fell into the middle-income bracket (81%) with the minority of clients in the high-income bracket (35%).

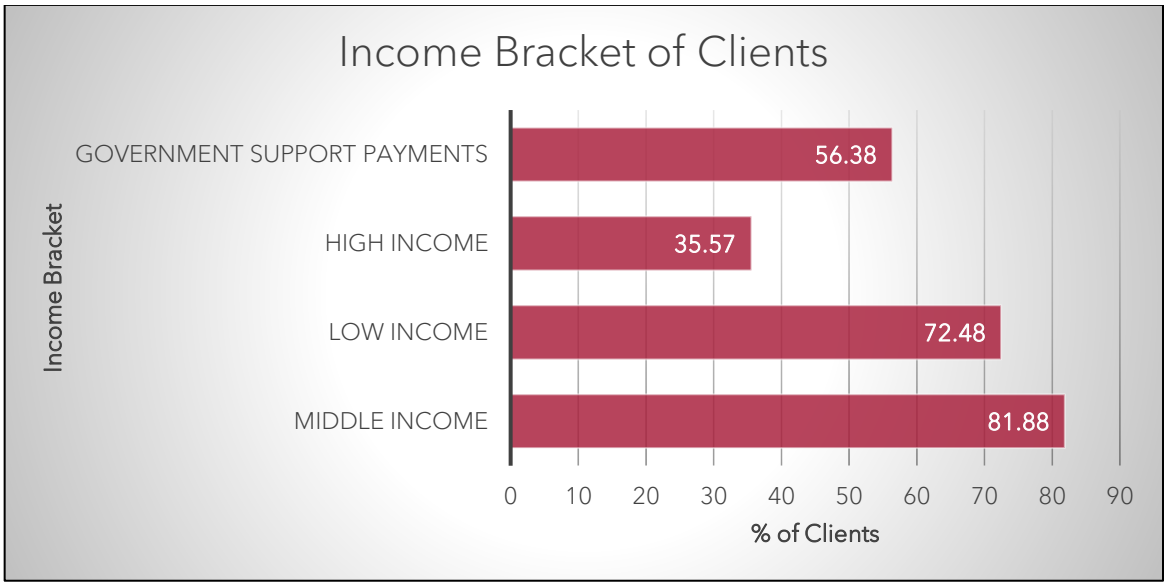

Figure 27: Income Bracket of Clients

7. Client Journey and Complexity of Needs

AMHSW's pride themselves on being able to work with complexity. The results of the survey support this claim.

A large majority of referrals come from General Practitioners or a self-referral. The majority of clients had been to other health practitioners before seeing an AMHSW, with most clients seeing two and up to six other mental health practitioners before seeing an AMHSW. Clients will most likely receive a course of treatment ranging from 5-20 sessions within a twelve month period.

AMHSW's provided the range of focussed psychological strategies but were most likely to provide psycho-education, cognitive-behavioural therapy, skills training and/or relaxation strategies. They also used a range of assessment tools.

Majority of respondents indicated that the client presented with complex needs, including requiring a range of additional supports. A majority of respondents indicated they provided additional supports in addition to mental health supports. Most clients were receiving concurrent support with other practitioners, with at least 1-2 additional practitioners involved in the clients care. A majority of AMHSW's have had to refer their clients on to a psychiatrist.

7.1 Referral pathway into AMHSWs

AMHSW's receive client referrals from a range of practitioners and sources. Nearly all AMHSWs receive referrals from General Practitioners (91%) and client self-referral to AHMSW services are the next most common pathway (83%). A majority of AMHSWs receive referrals through government and non-government programs (53%) and from other allied health professionals (51%). Referrals from Pychiatrists (23%), Psychologists (21% - 11% General; 10% Clinical), Paediatricians (17%) and Primary Health Care Networks (16%) were also received.

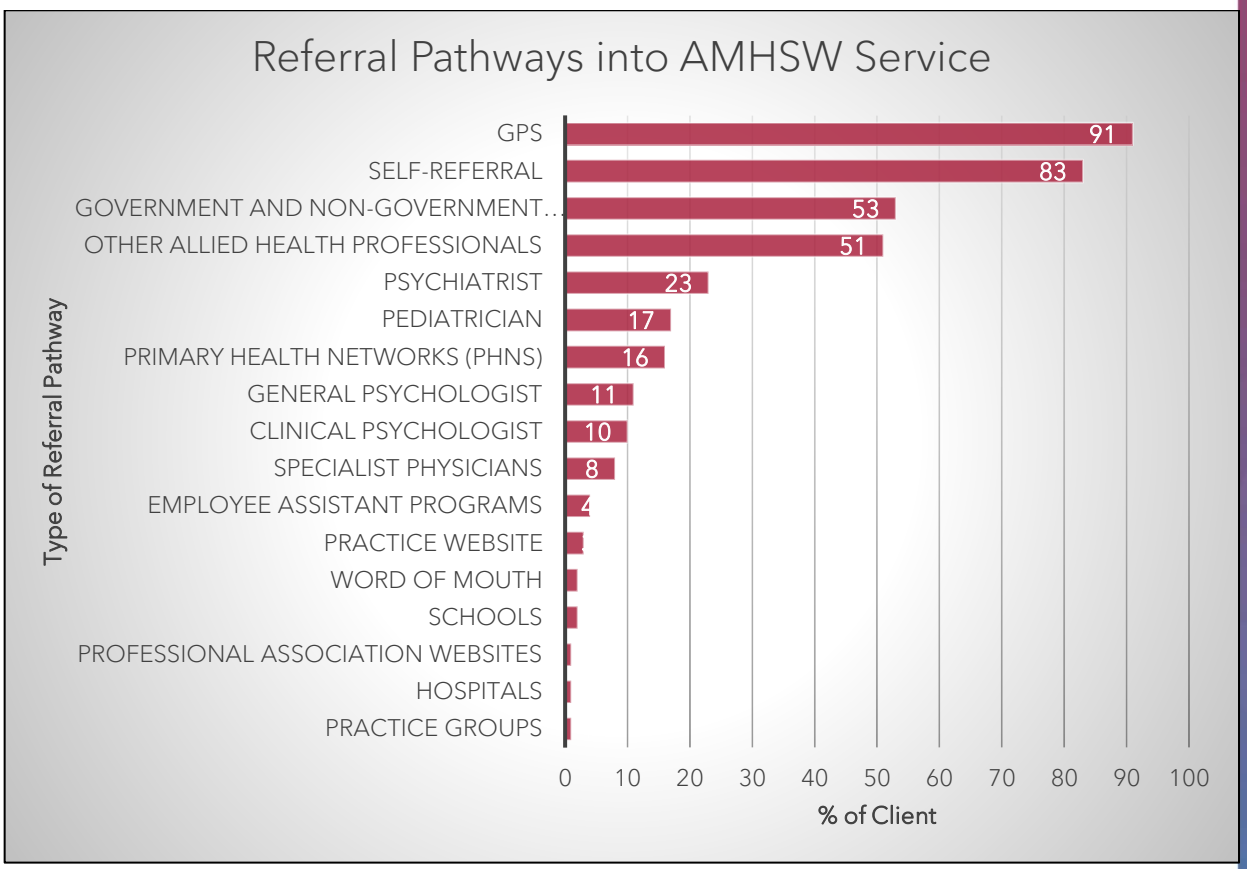

Figure 28: Referral Pathway into AMHSW Service

7.2 Number of Mental Health Professionals Accessed Prior to Seeing an AMHSW

More than 35% of respondent reported that on average their clients have seen 2 mental health providers before they were referred to them. 27% indicated their client had accessed 1 provider before their service; 20% indicated they had seen 3 providers prior to their services, 12% indicated they had seen 4 providers, 4% indicated 5 providers and 3% indicated more than 6 providers.

Only 8% of respondents indicated that their clients had not been referred to another mental health professional prior to accessing their services.

This information requires further exploration to understand why the clients of AMHSW's have seen a number of other mental health professionals prior to their engagement with an AMHSW.

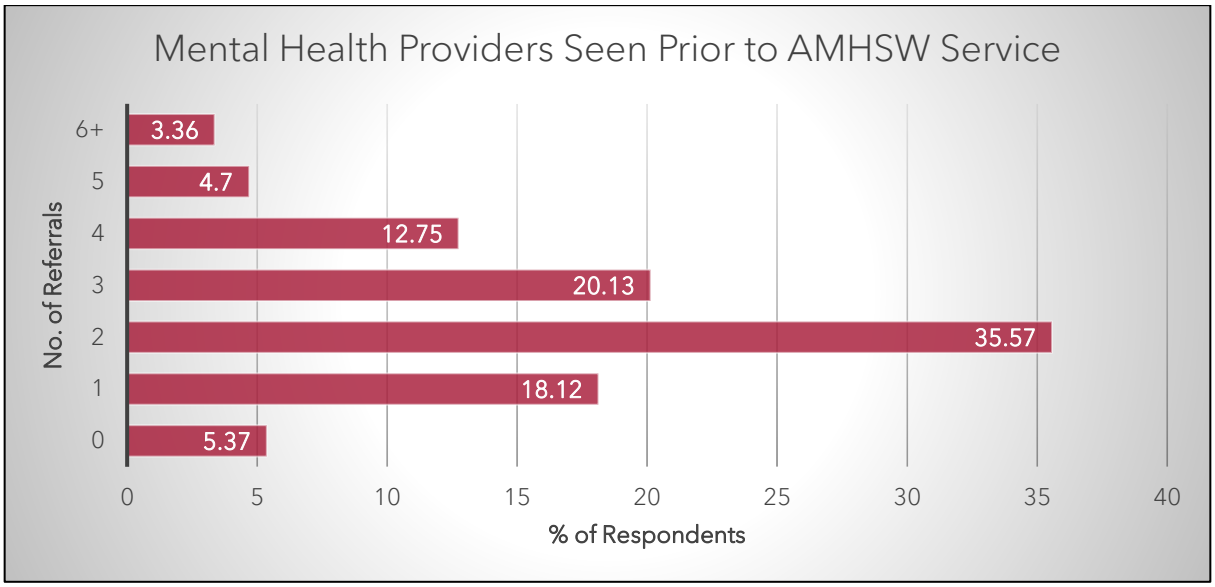

Figure 29: Number of Mental Health Providers Seen Prior AMHSW Support

7.3 Number of Session in a Twelve-Month Period

The majority of clients (77%) receive from 5-20 sessions of mental health care within a twelve month period, with 28% receiving 5-10 sessions, 22% receiving 11-15 sessions of care and 27% receiving 16-20 sessions of care.

Only a very small proportion of AMHSWs (1.34%) reported that on average their clients would undertake less than 5 sessions within a 12-month period.

Similarly, there were only a small proportion of clients who would require 21-25 sessions (9%) or more than 25 sessions (8%).

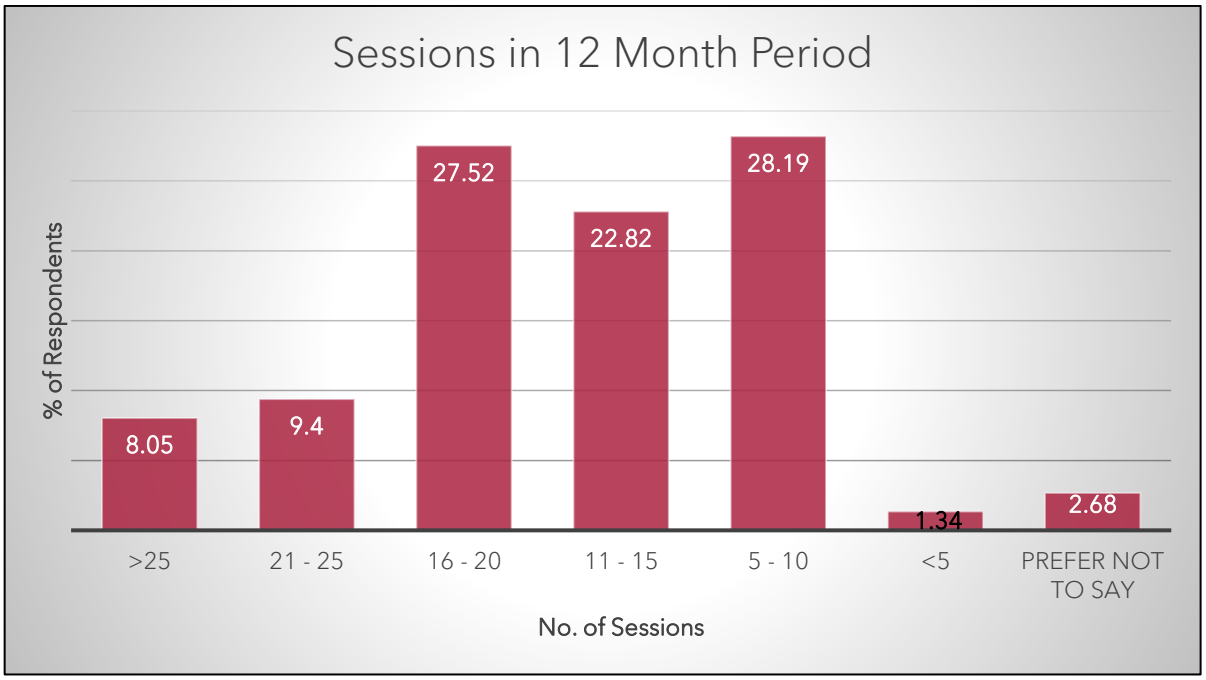

Figure 30: Number of Sessions Received in a 12 Month Period

7.4 Complexity of client needs and care

The respondents indicated that on average, 57% of clients presented with complex needs. 7% of respondents indicated that 100% of clients presented with complex needs, while just over 3% indicated that less than 10% of clients presented with complex needs.

AMHSW indicated they utilised a range of assessments tools with their clients and these varied depending on the presentation and needs of the clients. Some AMHSWs did not use standardised assessment tools, but undertook assessments which blended different assessments and diagnostics.

AMHSW's provided the range of focussed psychological strategies, however, they were more likely to provide psycho-education (94%), cognitive-behavioural therapy (90%) skills training including for problem solving skills and training and anger, parent and stress management, and relaxation strategies (87%).

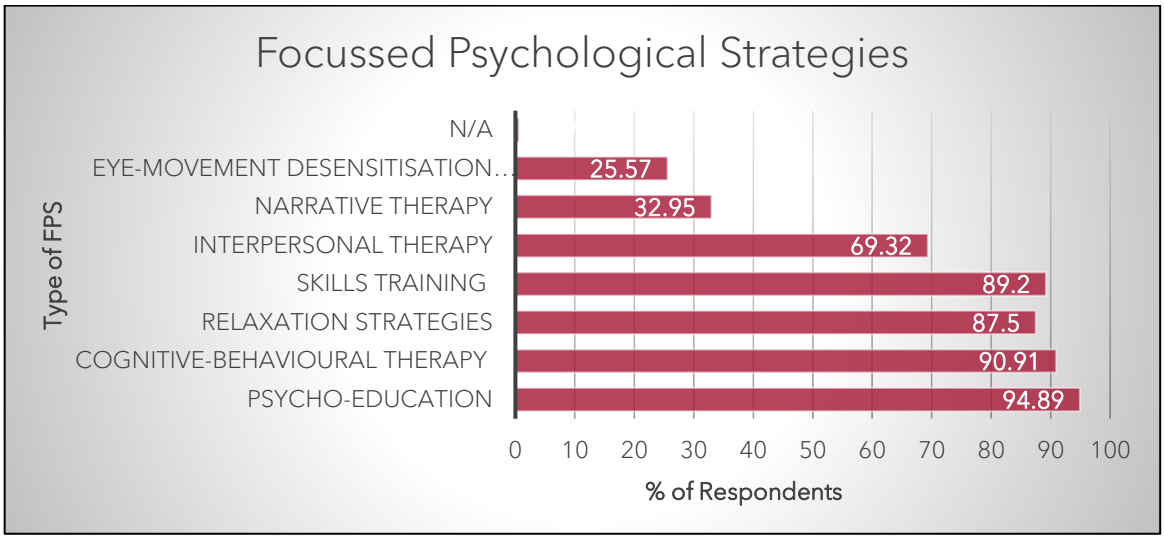

Figure 31: Types of Focussed Psychological Strategies Provided in Treatment

7.5 Additional Support and Referrals

Nearly three quarters (70.47%) of AMHSW have clients that need to be referred to psychiatrists. 51% have referred to community mental health services, and just over 36% have been referred to psychologists (25.5% clinical psychologist;11.74% general psychologist).

Other common referral pathways from AMHSWs include allied health services (50.34%), hospital emergency departments (41.61%), other specialist medical practitioners (35.57%) and hospital services (32.89%).

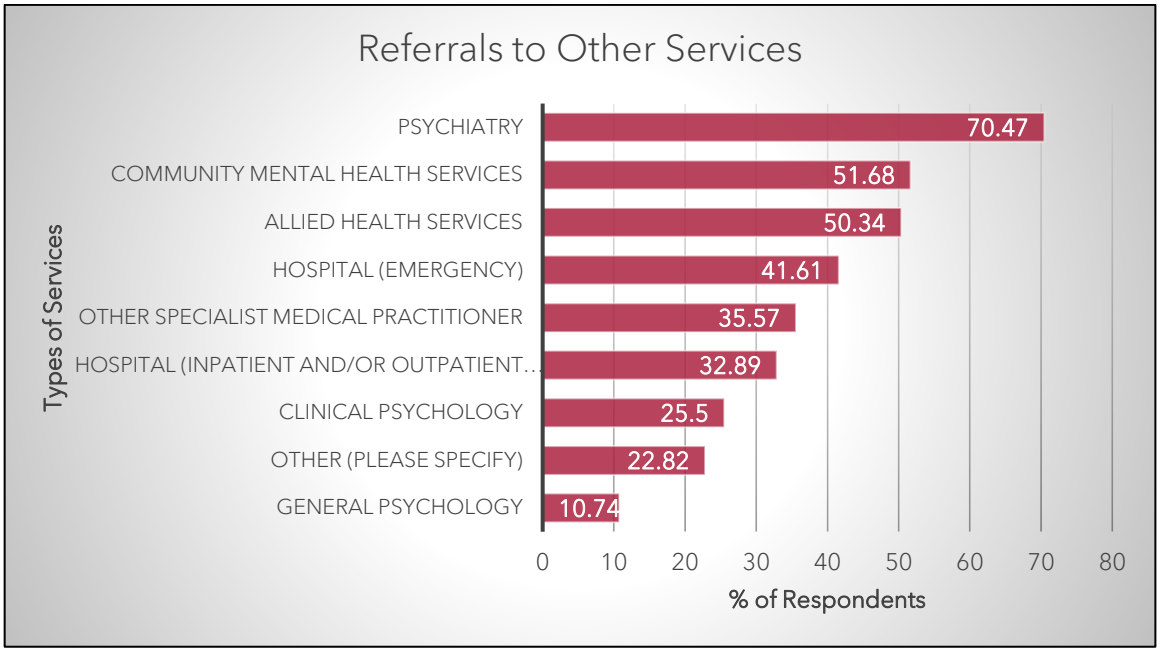

Figure 32: Referrals Out to Other Services

The respondents indicated that their clients required a range of further support needs in addition to mental health supports. These additional support needs were either directly related to mental health or indirectly related to mental health.

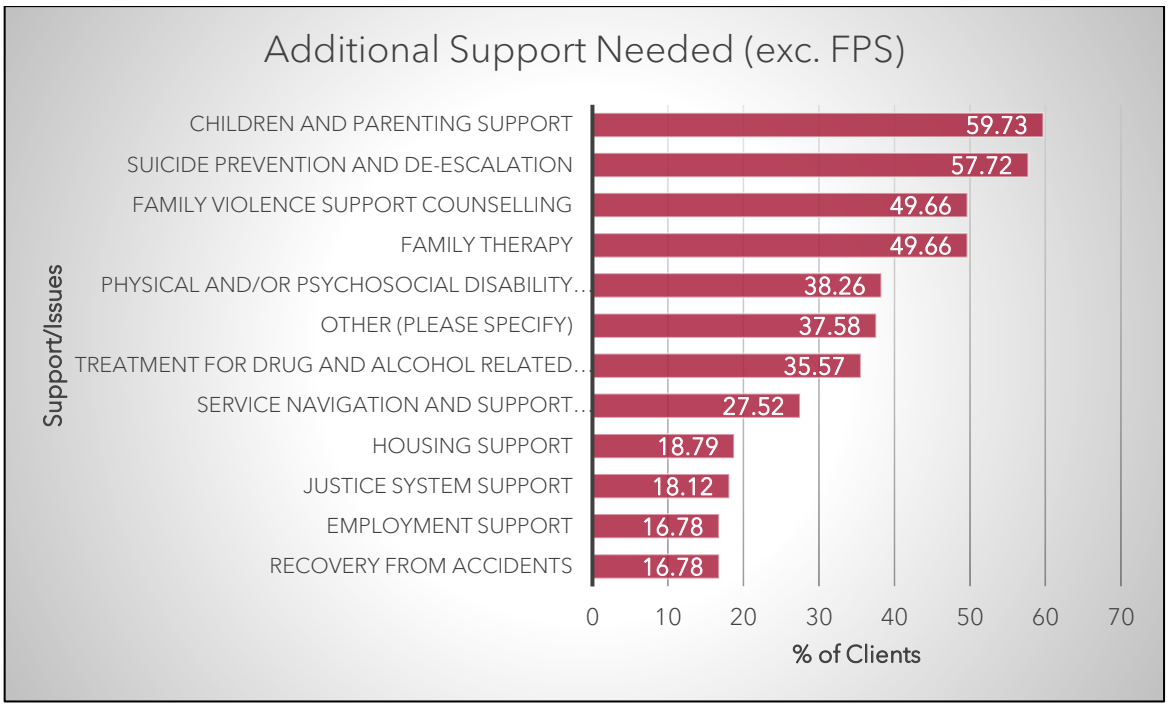

Figure 33: Additional Support Required by Clients excluding FPS

The majority (89.3%) of respondents provide additional supports to at least some of their clients.

Only 9.4% indicated that they only provide their clients with mental health support.

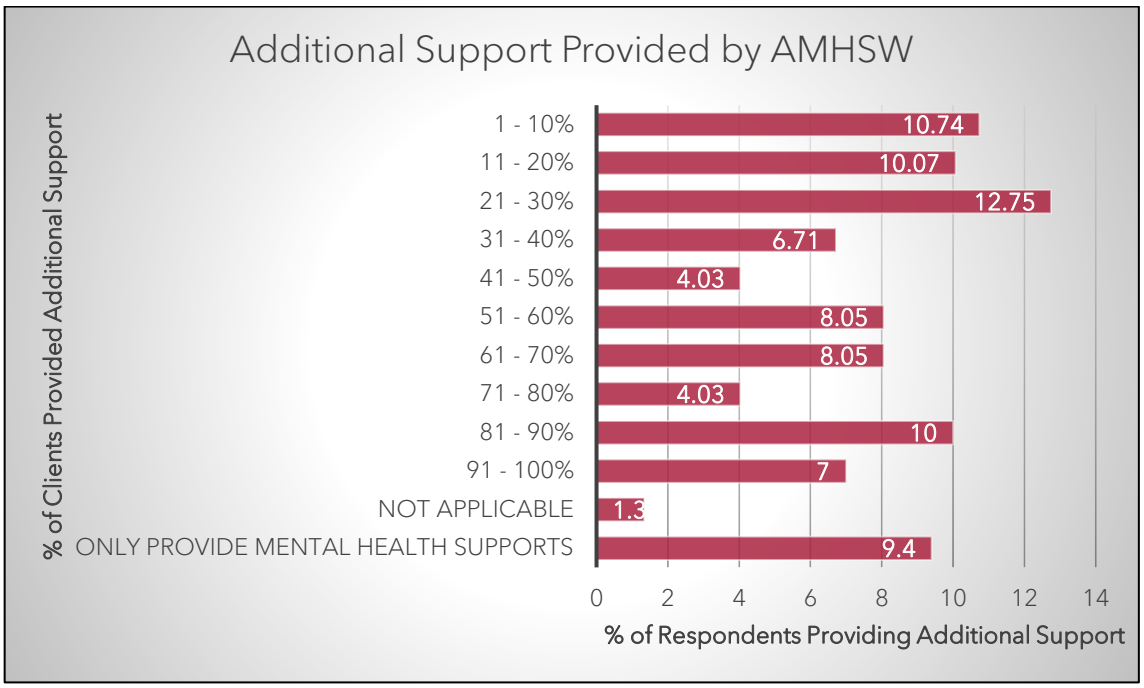

Figure 34: Additional Support Provided by AMHSW's to Clients

Nearly half of AMHSWs (48.99%) estimate that between 0-25% of their clients are receiving concurrent services while also receiving treatment from the AMHSWs. 20.81% of AMHSWs report that the majority, that is, more than 51% of their clients are receiving additional concurrent services.

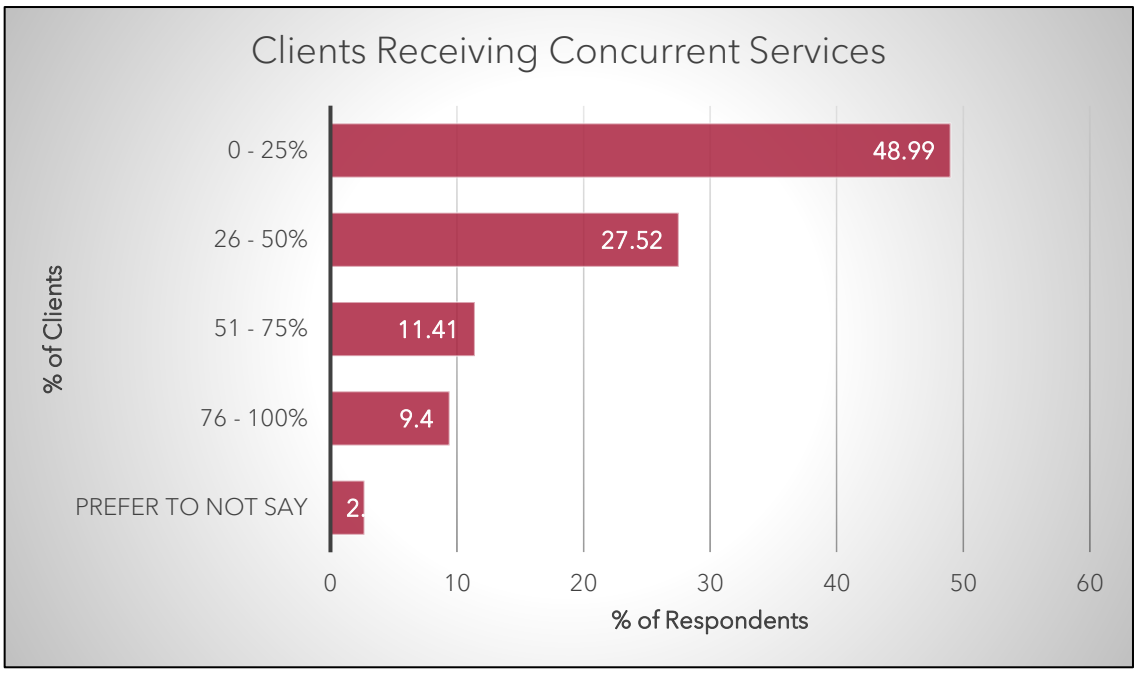

Figure 35: Percentage of Clients Receiving Concurrent Services

Of these concurrent services, it is most likely (65%) that there is 1-2 other practitioners involved in the care. 15% indicated that there were 3-4 additional practitioners involved in their client's care. Only 4% indicated that there was more than 5 additional practitioners involved.

12% indicated that they were the only health practitioner involved in their clients care.

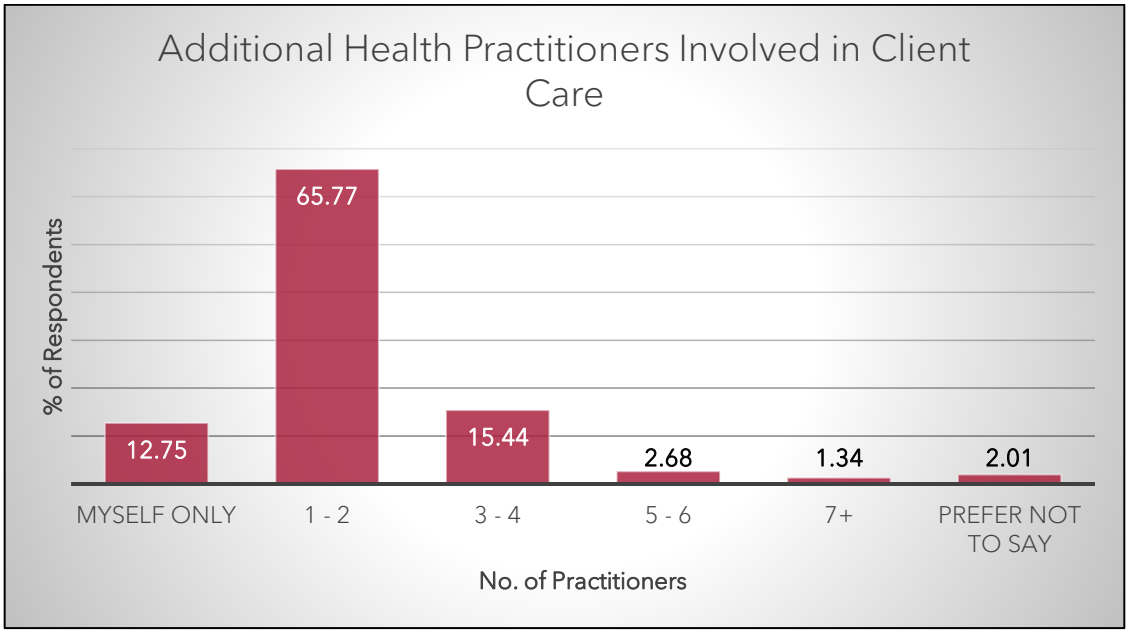

Figure 36: Number of Additional Health Practitioners Involved in Client Care

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