Accessible mental health and wellbeing: A psychological blueprint for Australia's 2025-26 Budget

Australian Psychological Society (APS)

Pre-Budget Submission 2025–26

January 2025

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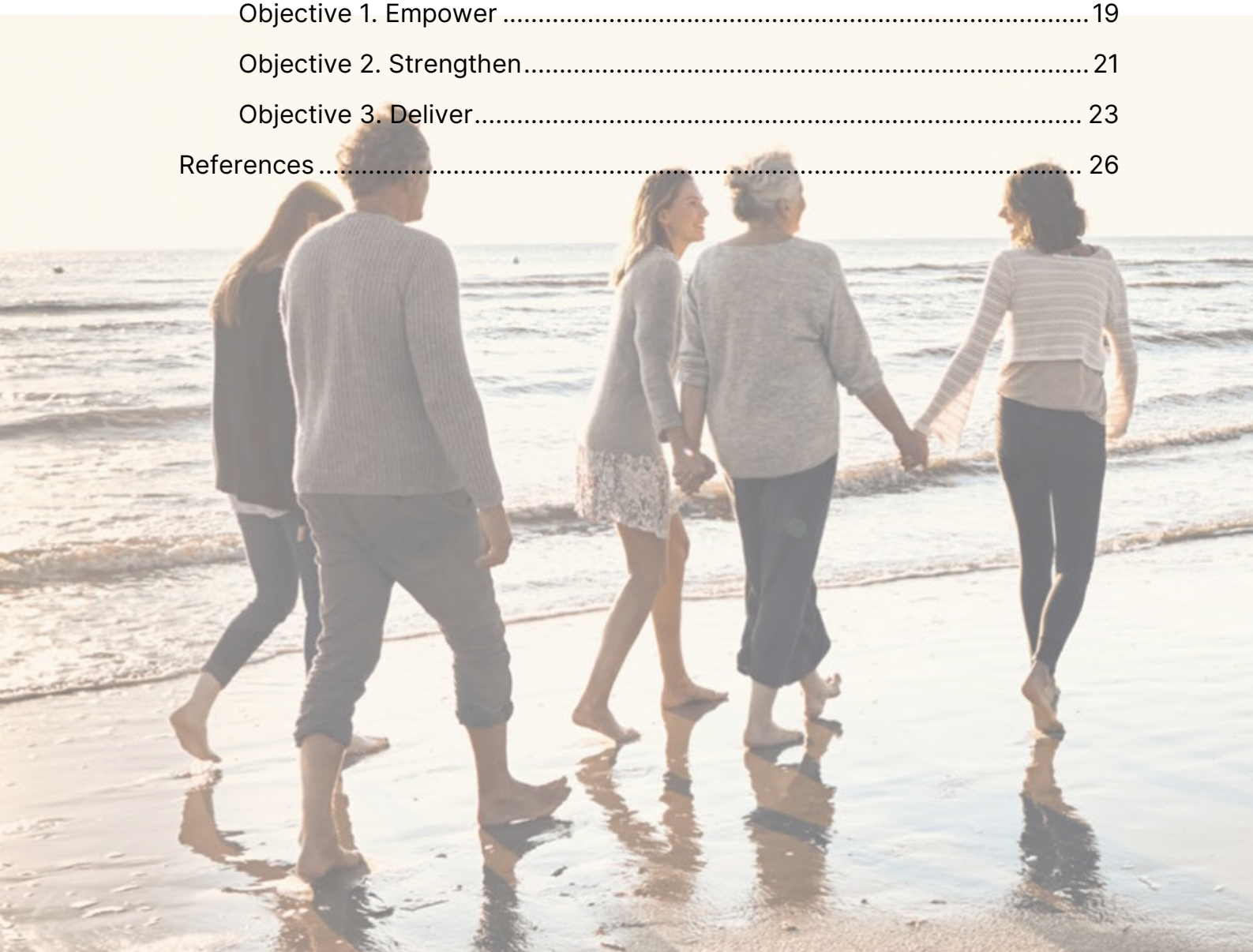

Executive Summary

Pre-Budget Submission 2025–26

The cost of living crisis and other social challenges, such as domestic and family violence (DFV), contribute to Australians continuing to experience a high mental health burden. In turn, this has resulted in increased demands on our healthcare system and the psychology workforce. The 2025–26 Budget is an opportunity for the Government to deliver significant reform initiatives to address violence against women and children and to improve access to appropriate mental health care for all Australians. In addition to social benefits, our commissioned Cost Benefit Analysis conducted by ACIL Allen shows these initiatives also make good economic sense. Each of the ten initiatives below results in a benefit-cost ratio (BCR) of at least 1.6, indicating that there is significant positive economic return on government investment in addition to the meaningful benefits to the mental health and wellbeing of the Australian community.

The Australian Psychological Society (APS) Pre-Budget Submission 2025-26 demonstrates how psychology aligns with Government measures, such as The National Plan to End Violence against Women and Children 2022-2032, the Working for Women: A Strategy for Gender Equality, and Including Gender: An APS Guide to Gender Analysis and Gender Impact Assessment to achieve better outcomes in prevention and early intervention through both targeted programs and systemic mental health reform.

This Pre-Budget Submission provides reform solutions through innovative and future-facing investments and is based on three overarching objectives: **(1) Empower** victim-survivors of domestic and family violence by providing high quality psychology services, **(2) Strengthen** the psychology workforce to address Australia's critical mental health and wellbeing needs, and **(3) Deliver** accessible and affordable psychology services to the whole Australian community. Specifically, the APS is calling on the Government to fund 10 initiatives designed to support effective mental health services in Australia through:

1. Free online training for health professionals to support women and children facing violence (BCR 3.40)
2. Direct access to psychology services for victim-survivors of DFV (BCR 2.36)
3. An APS-led DFV Professional Support Network (BCR 2.63)
4. Extending Commonwealth Prac Payments to postgraduate psychology students (BCR 2.74)
5. Developing an evidence-based National Psychology Workforce Strategy (BCR 3.25)
6. Improving access to psychology services (BCR 2.14)
7. Bulk Billing Incentives for psychologists (BCR 2.18)
8. Psychologist-determined support in Better Access (BCR 2.71)
9. Streamlining GP Mental Health Reviews (BCR 2.19), and
10. Improving youth access to psychology services (BCR 1.67).

Representing one of the most trusted professions for mental health services, evidence-based research and practice, the APS looks forward to working with the Government to deliver these initiatives.

About the APS

The Australian Psychological Society (APS) is the leading professional association for psychology, representing the largest number of psychologists nationally. The APS has continued to meet the growing needs of our profession and the Australian community, bringing awareness to the most pressing issues and putting forward evidence-based solutions for change. Our most recent Annual Report shows how in 2023–24, the APS continued to innovate to best meet current and future needs of the community:

- Providing more than 65 practical policy submissions addressing a range of current social issues facing Australians.
- Representing the psychology profession and the needs of our communities on working groups, committees, inquiries and expert advisory groups.
- Through previous Budget initiatives, securing funding to offer 200 supervisor training places and continuing our partnership to expand the APS Disaster Response Network with $2.9 million investment from the Government.
- Launching the APS inaugural Thinking Futures report, calling for the Government to boost psychology services and address the growing mental health impacts of climate change.
- Making over 1,100 media contributions across television, radio, online, and print reaching millions of Australians to provide an expert psychological perspective on important community issues.
- Continuing to facilitate community access to timely and tailored psychological support via our online Find a Psychologist service, with over 1.5 million page views and almost 2000 PsychEngage appointment requests.
- Continuing our social impact partnerships, programs and initiatives with many organisations for example our seven high impact projects including the APS Disaster Response Network, the Tackle Your Feelings community football program, and FightMND.
- Incorporating an additional 614 approved CPD hours to our library based on APS member input and in collaboration with our 20 organisational partners. Over the year, we issued almost 100,000 CPD hours and we trained 340 new psychology supervisors.
- Addressing over 5,000 professional practice enquiries to our Professional Advisory Service.
- Developing and delivering new or updated free resources for the community and psychologists.

For more information about the APS, see psychology.org.au

The 2025–26 Budget

The APS is a trusted partner of the Australian Government, and we have a successful track record of working together to improve the mental health and wellbeing of all Australians. In these unsettling times with significant cost of living pressures, and social and economic uncertainty, it is more important than ever to invest in the health of our country for the benefit of current and future generations. By focusing on critical areas of reform, we are proposing costed, targeted, fiscally sustainable solutions that allow the Government to achieve commendable outcomes for the whole Australian community.

The APS Pre-Budget Submission 2025-26 is based on key priorities for the Government, including The National Plan to End Violence against Women and Children 2022-2032, the Working for Women: A Strategy for Gender Equality, and the National Mental Health Workforce Strategy 2022-2032. We have identified three broad objectives that bring the aims of these national plans and strategies to life:

1. **Empower** victim-survivors of domestic and family violence (DFV) through improved awareness and education about gendered violence for all health practitioners to ensure holistic, appropriate and timely psychological interventions. This initiative focuses on victim-survivors and perpetrators / people at risk of perpetrating.

2. **Strengthen** the psychology workforce to optimise the contribution of psychology and psychologists to mental health and social reform. Previous policy reforms and Budget measures to grow the psychology workforce need to be continued, built upon, and new initiatives implemented (e.g., Commonwealth Prac Payment for postgraduate psychology students on placement).

3. **Deliver** cost-effective and patient-centred reforms to Medicare mental health services, and in particular the Better Access Initiative, to ensure access and affordability for those who need it most – including victim-survivors of DFV and their families, children and youth and other at-risk groups (e.g., people with severe and complex mental health conditions).

The **Background** section of this Pre-Budget Submission focusses on a high-level summary of the issues that underlie each objective in the APS' psychological blueprint for reform.

The **Initiatives** section outlines our proposed solutions under each objective and the associated expected return on investment.

The APS has commissioned a Cost Benefit Analysis (CBA) by ACIL Allen to determine the economic value of each of the initiatives proposed in this Pre-Budget Submission.[i] This CBA shows the initiatives yield strong value for money with each returning benefit-cost ratios (BCR) well above one and positive net present values (NPV), even using conservative models.

In other words, each initiative described in this Submission is projected to generate economic returns far greater than the costs to implement and deliver them. This is in addition to the many indirect socio-economic benefits which we have not estimated here.

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[i] ACIL Allen. (2024). *Cost Benefit Analysis of Pre-Budget Submission 2025-26*.

The analysis by ACIL Allen:

> *"…. affirms that the proposed initiatives provide substantial benefits to the Australian mental health system, addressing key challenges and improving accessibility for vulnerable populations." (p. 28)*

We also know that the priorities included in this Submission are also reflective of community sentiment. In late 2024, the APS commissioned the RedBridge Group to undertake a representative Australian community survey with 2011 participants over the age of 18, across a broad range of socio-demographic characteristics and voting preferences. Survey* results indicated that 75% of Australians agree that investing in psychology services has positive flow-on effects for the health system and economy at large.[1]

Given the significant burden of mental health conditions,[2–5] the full contribution that the psychology workforce makes to the mental health and wellbeing of Australian communities through prevention, early intervention and treatment programs should not be underestimated.[6] Unfortunately, cost is now the biggest barrier Australians face when trying access psychology services.[1,7] We know that our initiatives will have marked psychological and social benefits for the many thousands of Australians who seek care. Critically, the ACIL Allen analysis confirms that these investments have a sound economic basis.

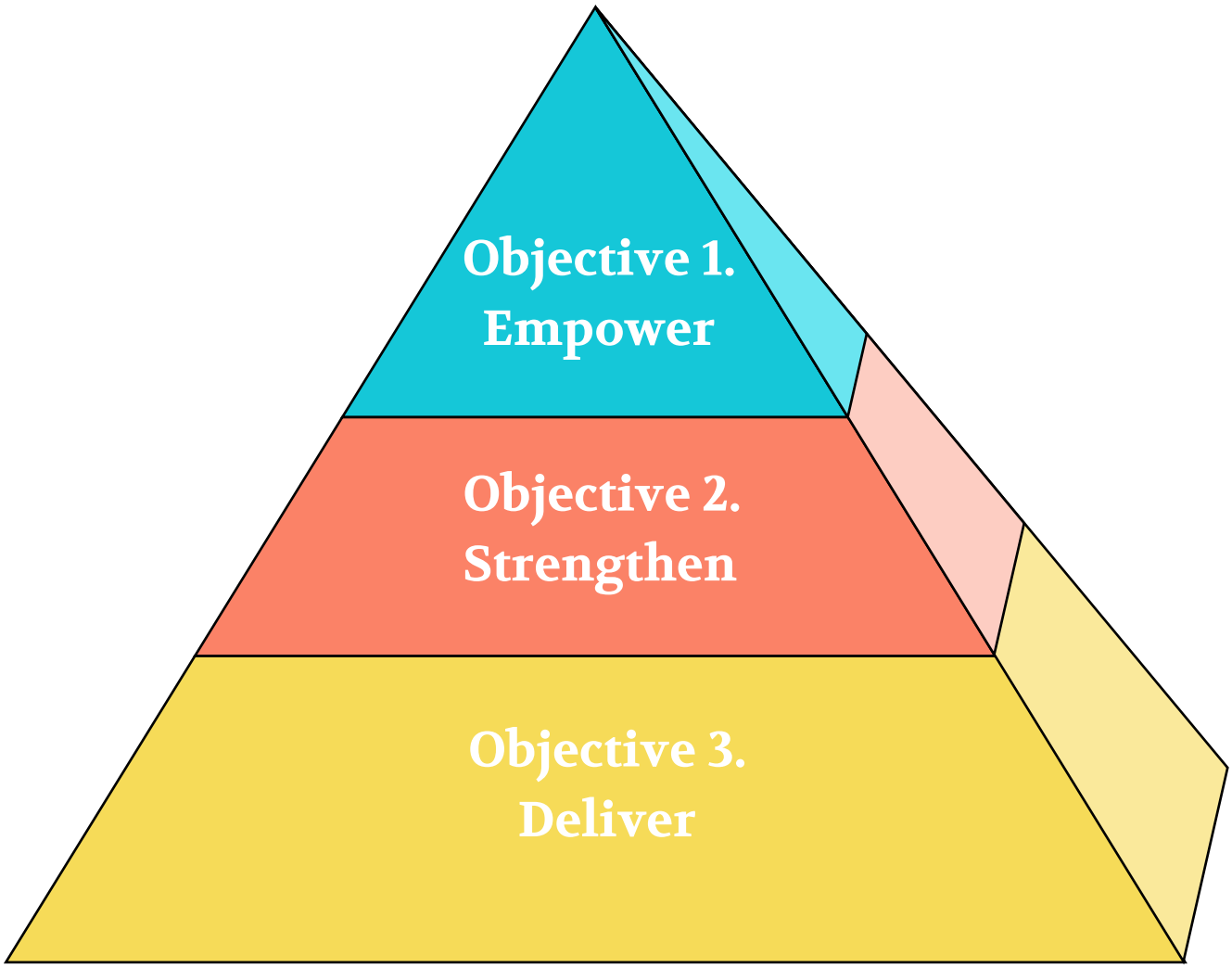
In a time marked by growing economic, social and health challenges, this APS Pre-Budget Submission includes measures to support the mental health and wellbeing of each member of the Australian community for immediate and future benefits. Our proposed initiatives build upon our strong track record of partnering with the Government to successfully deliver many training programs, research, and other projects funded through previous Budget measures. These include our Disaster Response Network,[8] our recently-updated systematic literature review of Evidence-Based Psychological Interventions, Aged Care training for psychologists and other healthcare professionals,[9] and Supervisor Training[10] amongst others.

We look forward to working collaboratively with the Government in the further development, implementation, and evaluation of these evidence-based initiatives.

***Survey results from late 2024 indicate that 75% of Australians agree that investing in psychology services has positive flow-on effects for the health system and economy at large.**

Three objectives to ensure access to critical support

In this Pre-Budget Submission, we outline three Objectives which will have significant positive and measurable wellbeing, social and economic impacts on the Australian community, and enhance access and affordability to psychological support for those who need it most. The pyramid below graphically represents both the increasing cost of each Objective and the increasing reach and benefit of each Objective to the Australian community.



Background

Objective 1. Empower

Empower victim-survivors of domestic and family violence by providing high quality psychology support

Domestic and family violence[2] (DFV)[ii] is one of the most significant health and welfare issues facing Australian society[11] and the world.[12] In Australia, on average, one woman is murdered by her current or former partner approximately every ten days.[13,14] DFV, particularly intimate partner violence, has impacted 2.3 million women (approximately 1 in 4) since the age of 15 in 2021-22,[11] and resulted in 84 deaths by homicide in 2022-23 alone.[15] Intimate partner violence against women accounts for 23% of all Australian homicides[16] and contributes to a large proportion of people who die by suicide.[17,18]

The Australian Government has pledged support to the United Nation's *16 Days of Activism against Gender-Based Violence*[19] and a wide range of actions to help realise the goals of the National Plan to End Violence against Women and Children 2022–2032.

Psychologists, as experts in human behaviour and the promotion and treatment of mental health and wellbeing, are well placed to assist across the four domains of the National Plan: prevention, early intervention, response, and recovery and healing.

Critically, DFV includes physical and other types of abuse. For example, it is estimated that 23% of women have experienced emotional abuse by a partner since the age of 15.[11] Abuse, particularly in the form of coercive control, can also take place in other ways including financial, and technology-supported abuse to facilitate tracking and stalking behaviour.[20] While women are over-represented in these statistics, we also know that 1 in 14 men experienced physical and/or sexual violence by a current or previous partner, and 1 in 7 have experienced some form of emotional abuse from a current or former partner since the age of 15.[11] It is highly likely that these statistics are underestimations of prevalence as researchers in this field have identified barriers which still prevent victim-survivors reporting abuse.[16,21]

The statistics are even more stark for First Nations populations and those living in rural and remote communities. Tragically, Indigenous women are 7.6 times as likely to die by homicide as non-indigenous women.[22] This disparity extends to all Australians living in rural and remote areas as research indicates that around 21 per cent of women living outside capital cities have experienced intimate partner violence, compared to 15 per cent of women in capital cities.[23] Rural and remote victims facing geographic separation may already be limited in the amount of social support and contact with others outside the relationship[24] and may

[ii] While the APS has chosen to use 'Domestic and family violence' (DFV), we acknowledge that different terms are used across communities and government jurisdictions, for example, 'family and domestic violence' and 'domestic, family and sexual violence'. We also understand that family violence is a broad term which can refer to violence between any family members or family-like members, i.e., beyond intimate partners (see also Joint Position on Family Violence by Regulators of Health Practitioners). Please note that some of the statistics also include sexual violence.

face a lack of mental health support or additional cost barriers.[7,25,26]

Cost of domestic and family violence

The cost of DFV goes beyond those directly affected. In 2015-16, violence against women and children was estimated to cost approximately A$22 billion due to pain, suffering and premature mortality, productivity costs, costs to the healthcare system, and other direct and indirect costs,[27,28] and would undoubtedly be much higher today. Importantly, these figures do not include undisclosed abuse which likely creates additional cost and burden.[17]

Psychological impacts of domestic and family violence

Beyond the immediate danger to personal safety, DFV has significant, often debilitating, long-term mental and physical health, financial, education and wellbeing impacts.[27,29–31] For some, these impacts are lifelong and can even pass onto the next generation.[27,28] Amongst these stressors, mental health conditions are considered to have the largest impact on the burden caused by intimate partner violence.[27,28,32]

Role of psychologists

In late 2024, Australia's health practitioner regulators issued a strong, joint position statement condemning family violence.[33] The statement highlights the essential role that health practitioners play in the "*early identification, support, referral, and delivery of specialised treatment of those experiencing family violence*" (p. 1).[33] In particular, the significant mental health and wellbeing impacts of DFV mean that victim-survivors often engage psychologists to assist with their recovery.[34–36] Often, victims of trauma need psychological interventions which can assist in preventing chronic, long-term effects.[37,38]

Psychologists are trusted professionals who have expertise in providing evidence-based, trauma-informed care.[6] In a 2021 survey conducted by Lived Experience Australia for the APS, 90% of survey respondents would recommend psychologists to family or friends.[39] Victim-survivors may seek psychological care when determining whether a relationship is abusive, as support while planning to leave an abusive relationship, and at various points throughout their recovery. We need to ensure that victim-survivors can get support from psychologists as quickly as possible. This is why the APS advocates for victim-survivors of DFV to have direct access to psychologists without the need for a GP referral or mental health diagnosis.[40] Furthermore, we know from the recent RedBridge Group survey commissioned by the APS, that 83% of respondents agree that Australians impacted by domestic and family violence should have more psychology services available to them.[1]

It is clear from recent research, however, that more can be done to equip psychologists, and other health professionals, to be able to provide best practice psychological care to victim-survivors of DFV.[41,42] Given the prevalence of DFV, and the importance of psychologists and other health professionals in providing essential treatment and support to victim-survivors,[33] it is critical that we provide trauma-informed, culturally sensitive, and co-produced training to equip health professionals to respond effectively to people seeking help. Building on initial efforts,[43] this training will be developed to identify people at risk of using violence, i.e., as a preventative, early intervention approach as well as supporting victim-survivors.

Lessening the impact of vicarious trauma

Another consideration related to the long-term impacts of domestic and family violence is the vicarious trauma experienced by individuals who work in the sector.[21,44–46] Constantly hearing stories of violence, supporting victim-survivors access safe spaces and rebuilding

their lives can lead to compassion fatigue and can have a significant toll on mental health.[45] It is imperative that we support the mental health and wellbeing of DFV practitioners to build a healthy and sustainable workforce.[46] Importantly, current evidence suggests that many of the existing interventions are general and nature and do not address vicarious trauma specifically.[45] Team check-ins are one of the evidence-based recommendations from the Australian Institute of Family Studies to promote DFV personnel wellbeing, particularly of those working remotely.[44] Having expertise in recognising the impacts of trauma, psychologists are best placed to lead well-being check, to both promote wellbeing on a general level and identify practitioners who are at risk of clinically significant burnout or vicarious trauma.

Building on the success of our Disaster Response Network,[8] we recommend funding the APS to develop a DFV Professional Support Network, offering specialised training for psychologists to support peers, health professionals, and DFV workers.

Proposed Budget initiatives

The APS proposes three initiatives to empower victim-survivors of domestic and family violence and the practitioners who work with them:

1. Free online training for health professionals to support women and children facing violence.
2. Direct access to psychology services for victim-survivors of DFV.
3. An APS-led DFV Professional Support Network.

Objective 2. Strengthen

Strengthen the psychology workforce to provide timely mental health and wellbeing support when and where it is needed

Commonwealth Prac Payment

The introduction of a Commonwealth Prac Payment was announced in advance of the 2024-25 Budget, based on Recommendation 14 of the Australian Universities Accord Final Report.[47] Specifically, nursing, midwifery, teaching and social work students undertaking mandatory placements will be eligible for a payment of $319.50 per week from July 2025.[48] While the APS has supported the introduction of the payment,[49] we are deeply disappointed that this payment currently excludes psychology students.

Many psychologists work in mental health services, education, defence, forensics and other public service positions. Given that it is estimated that the psychology workforce in Australia is meeting just 35% of projected national demand,[50] we urgently need to support initiatives to bolster the number of qualified psychologists to ensure the health of future Australians.

Placements are required by the Psychology Board of Australia (PsyBA) to become a registered psychologist.[51] Becoming a registered psychologist is a long road which requires hard work and dedication, and is financially burdensome. Master of Professional Psychology (MPP) students are required to undertake 300 hours of placement over one year, while students completing a higher degree in an Area of Practice Endorsement (AoPE) undertake 1000 hours of placements over two years.

While we acknowledge the recent Government grant to increase the number of psychology post-graduate places, students need further financial support.[52] In addition to often not earning income during this time (e.g. not being able to continue other employment due to the demands of the placement), students sometimes have to pay the supervising psychologists' hourly rate to complete the supervision requirements required for their placement. This places extra financial burden of students trying to complete their studies on the pathway to becoming a registered psychologist.

Currently, the scope of the Commonwealth Prac Payment scheme conflicts with the National Mental Health Workforce Strategy and the Universities Accord which singled out psychology students (in the interim report)[53] as needing more support. Given that more than 80% of psychologists in Australia are women,[54] this decision also contrasts with the findings from the Women's Economic Equality Taskforce.

Studying psychology should be based on merit, not a student's ability to afford to live as they complete compulsory unpaid placements hours. For these reasons, we urgently call on the Government to include psychology students on placements as potential recipients of the Commonwealth Prac Payment.

Psychology workforce research

The need to grow and sustain the mental health workforce in Australia has been recognised by all levels of government, as well as by patients and by peak bodies including the APS. While there have been multiple attempts to understand and reform the mental health workforce in Australia (including the Scope of Practice Review and National Mental Health Workforce Strategy 2022-32), these projects have primarily taken a top-down perspective without due consideration for the individual characteristics of each profession. More importantly, there has been little engagement with the experience and expertise of health professionals themselves. The career journeys of health practitioners, the sociocultural factors which shape professions, and the pain points of working as a health professional have not been addressed. This has led to unhelpful assumptions or overgeneralisations in relation to professions including psychology, inhibiting effective and concerted efforts at reform.

A closer look at profession-level data (from the National Health Workforce Dataset) shows that psychologists have consistently had the lowest clinical full-time-equivalent (FTE) to profession headcount ratio. From 2013 to 2023, the clinical FTE of psychologists was on average 62.5% of the number of psychologists working in their registered profession (see Figure 1). This was significantly lower than the average of 80.7% across all Ahpra professions in the same time period. Since 2021, the clinical-FTE-to-headcount ratio has fallen from 64% to an all-time low of 61.2% in 2023.

Initiatives proposed under this Objective align with the Government's commitment to strengthen and extend the psychology workforce.[55]

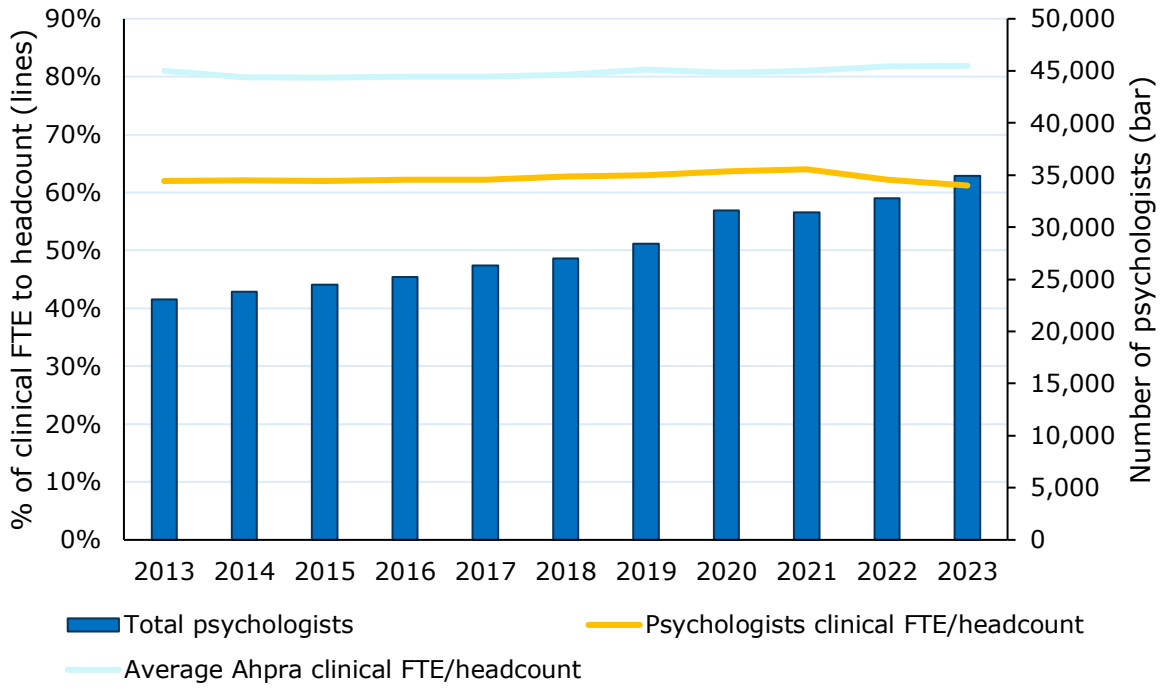


Figure 1: A comparison of the clinical FTE/headcount proportion for psychologists vs. all Ahpra practitioners from 2013-23, with total psychologist headcount (psychologists practising in their registered discipline, right hand axis)

Although psychologists commonly hold multiple sources of employment, including in non-clinical roles as a psychologist (e.g., research or management), an analysis of the total (clinical and non-clinical) FTE to headcount ratio also shows that psychologists are working less in their registered profession than the Ahpra average (83.7% vs. 93.4% in 2023).

Given the critical contribution of psychologists in and beyond the mental health system, there is an urgent need to understand the factors influencing this pattern of suboptimal workforce participation. This includes an exploration of barriers to full workforce participation, with consideration of potential structural or regulatory issues which limit clinical engagement. As 80% of the total psychology workforce is female,[54] considerations of gender will be critical in this work, both in terms of supporting the full economic and social participation of women and ensuring that there is diversity of gender within the psychology profession. These efforts must be advanced in parallel with initiatives to increase the psychology workforce headcount.

There are also significant detriments associated with the lower-than-average clinical FTE of psychologists. In addition to a reduction in the effective clinical workforce, with implications for patient care and mental health outcomes, there are inefficiencies associated with the low clinical FTE compared with the fixed costs of training and developing a psychologist on a headcount basis (e.g. higher education and regulatory costs borne by both Government and psychologists).

This evidence that the clinical FTE to headcount gap is widening at a time when more psychologists are needed on the ground than ever is highly concerning. Before developing further workforce strategies, we call for a solution-oriented, collaborative and profession-led project to understand the psychology workforce and to identify and remedy the barriers to full workforce participation.

This would involve the APS undertaking research to develop a national psychology workforce strategy to understand and address the gap in FTE caused by a majority female, typically part-time workforce (where clinical FTE is around 60% of headcount and trending downwards), thus ensuring a real and sustainable increase in the psychology workforce not just an increase in headcount.

Proposed Budget initiatives

The APS proposes two initiatives to strengthen the psychology workforce:

4. Extending Commonwealth Prac Payments to postgraduate psychology students.
5. Developing an evidence-based National Psychology Workforce Strategy.

Objective 3. Deliver

Deliver accessible and affordable psychology services to the Australian community

Improve access and affordability

A national survey of members undertaken by the APS in July 2024 confirmed that cost of living pressures and slow progress in mental health system reform are prohibiting people from receiving much needed treatment, despite patient demand remaining high.[56] Unfortunately, unmet need in the mental health services sector places greater demand on GPs, first responders and emergency departments, ultimately increasing the cost burden on the Government and taxpayers.[57]

As previously mentioned, in late 2024, the APS commissioned the RedBridge Group to undertake a representative Australian community survey to determine support for psychology services.[1] Strikingly, 93% of Australians across all demographic factors and voting preferences consider it important for the Government to invest in psychology services for people with mental health issues. Also of note, cost was identified as being the biggest barrier to accessing help. The results of the survey additionally indicate that poor access to mental health services is seen as a key feature of the current cost of living crisis.

The Better Access Initiative was introduced to Australia's public health system in 2006 to subsidise psychological therapy services to improve accessibility and affordability to psychology treatment.

Unfortunately, 18 years later, several factors impede the Better Access Initiative from reaching its full potential to meet the mental health and wellbeing needs of the Australian population.

The first is the inadequacy of Medicare rebates received by patients of psychologists. The failure to address affordability and cost of living pressures and insufficient rebate indexing since the Initiative first commenced means that many patients who would benefit greatly from psychological care are simply not able to afford it.[58] In addition, psychologists are not adequately incentivised to bulk bill their patients in the same way as General Practitioners (GPs). The introduction of equivalent bulk-billing incentives is a relatively simple solution, especially in rural and remote areas, to improve both affordability and access.

We know from recent research undertaken by the Centre for Health Economics at Monash University that since the introduction of the Better Access Initiative, there are more psychologists working in rural locations. Specifically, the research found that the Better Access Initiative *"increased the likelihood of psychologists working in non-metropolitan areas by 8%, supporting broader access to mental healthcare"* (p. 1).[59] The conclusion being that psychologists have been drawn to non-urban areas since the Better Access Initiative subsidised patient costs. Similarly, if this trend continued, increasing the rebate received by patients and incentivising bulk billing practices, especially in rural and remote locations, would potentially not only attract more psychologists to these areas, but additionally, make it more affordable for people living in remote areas to travel to see a psychologist.

According to the results of the RedBridge Group survey, the bipartisan view is that psychology services are valued amongst Australians. Further, the community does not believe the Government is doing enough to support their use of psychology services by addressing current barriers.[1]

Through increasing Medicare rebates we can concurrently address cost of living pressures,[7,56] and remove barriers to access and affordability – especially for disadvantaged patients such as those in rural and remote areas.

Psychologist- determined support

Since it commenced, the Better Access Initiative has undergone two Government-commissioned independent evaluations with the most recent being in 2022.[60] This evaluation demonstrated positive outcomes for those receiving treatment through the Initiative and showed that sociodemographic factors are not related to outcomes.[60] However, timeliness of treatment and severity of symptoms are related to positive outcomes with the authors concluding "*that a relatively greater number of sessions may lead to better outcomes*..." (p. 17). The need to ensure that the Better Access Initiative is meeting its original objectives to improve accessibility and affordability, and to enable timely and effective psychology treatment for those who need it, remains a priority for Government and service providers alike.

However, issues related to access and affordability cannot be considered in isolation from the dose-response literature which focuses on the evidence for effective treatment of mental health conditions. This research clearly demonstrates that mental health disorders such as mild-to-moderate anxiety and mild-to-moderate depression can be effectively treated in 10 sessions.[61] For most people presenting with mild-to-moderate mental health disorders, brief interventions (i.e., up to 10 sessions) are generally adequate and provide an appropriate level of support to enable patients to manage their symptoms and experience improvement over the longer term. Conversely though, for people experiencing more severe and complex mental health disorders, longer-term treatment is effective.[62] This 2021 study showed that level of improvement was positively associated with both time spent in treatment and the severity of the presentation at intake. The authors concluded that "*patients continuously improve throughout therapy with appropriate dosage estimates far exceeding what is generally found*" and that "*given flexible treatment settings, patients with high levels of psychopathology can demonstrate the largest therapeutic gains.*" (p. 866).[62]

Even more significantly, effective treatment often depends on individual need and circumstances. Some research has been more focused on the dose-effect for specific psychological concerns with one study concluding that "... *these results provide evidence that individual needs are especially important to consider when determining therapy length. Some clients may only need a few sessions to reach an adequate level of change, whereas others may need substantially more sessions to reach that same level of change*" (p. 211).[63] Clearly, length of treatment is dependent on individual needs and should ultimately be determined by the treating practitioner to ensure effective outcomes.

As the literature on dose-response clearly demonstrates, psychological treatment is not a one-size-fits-all proposition. It is imperative that we focus on ensuring that psychology services are available to those who most need it, not just those who are able to afford it. A model of care based on allocating sessions according to patient need and determined by the clinical expertise of the treating psychologist, provides a solution to this problem. This would positively impact both accessibility and affordability by providing more people with the level of support they need, guided by psychological expertise and an appropriate number of treatment sessions.

In addition, results from the RedBridge Group survey clearly demonstrated that community sentiment reflects this with over 70% of Australians agreeing that the number of Medicare-funded psychologist sessions a person needs should be determined together with their psychologist, not set by the Government.[1] Retaining additional sessions was also a recommendation of the second evaluation of the Better Access Initiative, and in particular, for patients with complex mental health disorders.[60]

Streamline GP Mental Health Reviews

The Sixth Australian Healthcare Index was released in August 2024, with 50% of respondents having a health condition with diabetes and mental illness among the most commonly reported. In addition, 75% reported that cost of living pressures had impacted healthcare decisions with 60% delaying visits to their GP as a result.

GP Mental Health Reviews feature as an MBS requirement for patients to continue much needed treatment under the Better Access Initiative. Streamlining these reviews to occur only when treatment is finished or session-limits reached seems sensible and would alleviate existing pressures on GP practices. It would also remove potential barriers to receiving appropriate healthcare imposed by the current cost of living crisis. Streamlining GP Mental Health Reviews would also benefit psychologists and GPs by reducing associated administrative burdens, including the significant non-billable time incurred by psychologists in the preparation of a GP review letter.

In addition, Medicare expenditure would be reduced by removing the need for clinically unnecessary GP consultations and would bring the review process in line with recommendations from the 2022 Better Access evaluation.[60]

Improve youth access

Consistent with Recommendation 11 of the *Evaluation of the Better Access Initiative Final Report*[60] and our ongoing advocacy, out of-pocket expenses for 14–25 year old Australians seeking psychology services need to be reduced so that they can access psychological care without financial hardship. We need to support our young people as a national priority, with prevention and early intervention to build their resilience and enhance coping strategies. This will require removing barriers to accessing psychology treatment when needed. With the ongoing impacts of COVID-19, and climate change, we need proactive solutions to improve youth mental health and prevent distress continuing into adulthood.

We know that young people have been particularly impacted by the COVID-19 pandemic,[64,65] and there is a strong evidence base calling for an increase in the availability of mental health support for young people.[64]

The COVID-19 Response Inquiry Report (released in 2024) states that "*Children and young people's mental health and wellbeing were significantly impacted by the pandemic*" (p. 370) and further, that additional funding and investment in their mental health should be a priority within the next 12 to 18 months.[65]

In addition, we know that:

- In the past 12 months, one in five adults (aged 18 to 85) and one in seven children and adolescents (aged 4 to 17) experienced a mental disorder,[66]
- Every year, nearly 40% of 16-24 year-olds experience a mental health disorder,[61]
- The AIHW reports that "*suicide is the leading cause of death among Australians aged 15-24*" (p. 1),[66] and
- A survey of over 9,000 Australians found 27% of respondents delayed mental health treatment due to cost of living pressures,[63] with young people being more likely to cite cost as a barrier than older adults.[1,62,63]

The RedBridge Group survey found that 80% of Australians agree that the Government should provide higher Medicare rebates for psychology services for people most in need, such as young people aged under 24 years old, disadvantaged groups, people with complex needs, and people living in rural and remote locations.[1]

93% of Australians across all demographic factors and voting preferences consider it important for the Government to invest in psychology services for people with mental health issues.[1]

Proposed Budget initiatives

The APS proposes five initiatives to reform Better Access and improve access and affordability:

6. Improving access to psychology services.
7. Bulk Billing Incentives for psychologists.
8. Psychologist-determined support in Better Access.
9. Streamlining GP Mental Health Reviews.
10. Improving youth access to psychology services.

APS Initiatives

Summary of APS Pre-Budget Submission 2025-26 Initiatives

Objective 1. Empower			BCR
1.	Training for psychologists and other health professionals	Develop trauma-informed, culturally sensitive free online training for health professionals to support women and children facing violence and to identify those at risk of perpetrating it.	3.40
2.	Direct access for victim-survivors of DFV	Provide MBS item numbers for family violence victim-survivors to access a psychologist without requiring a GP referral or mental health diagnosis (for both current and past DFV experiences).	2.36
3.	APS-led DFV Professional Support	Fund the APS to develop a DFV Professional Support Network, offering specialised training for psychologists to support peers, health professionals, and DFV workers, and creating a volunteer network to provide professional support and welfare checks.	2.63
Objective 2. Strengthen			**BCR**
4.	Extend Commonwealth Prac Payment to psychology	Extend the Commonwealth Prac Payment to post-graduate psychology students, including a loading for students on placements in rural and remote areas to prevent placement poverty	2.74
5.	Develop a National Psychology Workforce Strategy	Fund the APS to research and develop an evidence-based national psychology workforce strategy to address the FTE gap caused by a predominantly part-time female workforce, ensuring a sustainable increase in FTE.	3.25
Objective 3. Deliver			**BCR**
6.	Improving Access to Psychology Services	Introduce higher rebates for all Better Access Initiative psychology services to address affordability and cost of living pressures and insufficient rebate indexing, while improving access to care for disadvantaged patients, especially in rural and remote areas.	2.14
7.	Bulk Billing Incentives	Introduce bulk billing incentives for psychologists, equivalent to those provided for GPs, especially in rural and remote areas.	2.18
8.	Psychologist-determined support	Allow psychologists to determine the necessary number of Better Access sessions, up to 20 for complex mental health issues and up to 40 for lower prevalence and (higher impact) conditions (such as eating disorders and Post-Traumatic Stress Disorder).	2.71
9.	Streamline GP Mental Health Reviews	Shift GP Mental Health Reviews from the current arrangement (after 6 sessions) to the end of treatment or when Better Access session limits are reached.	2.19
10.	Youth Access (Medicare safety net)	Introduce a $0 youth mental health 'safety net' threshold for Better Access sessions to ensure young Australians aged 14 to 25 can access psychological care without financial hardship for themselves or their families.	1.67

Objective 1. Empower

1. Free online training for health professionals to support women and children facing violence

Fund the APS, as a trusted provider of professional development programs, to develop and deliver a targeted online training package for psychologists and other health practitioners to:

- provide psychological support to women and children experiencing violence, and
- identify people at risk of using violence (using a preventative, early intervention approach) and to apply appropriate psychological interventions to mitigate or manage this risk.

The training will be available without cost to all Australian health professionals. Funding will be used to develop training content which is trauma-informed, culturally sensitive and co-produced together with people with lived experience, clinical and research experts and other key stakeholders.

This initiative would leverage the APS' proven experience and capability in working with the Federal Government to deliver training programs for health practitioners.
It will run over three years and is expected to reach 1500 health practitioners. The completion of the project will provide government with an evaluated, scalable training package which can be extended with further funding.

This initiative is consistent with Ahpra's Joint Position on Family Violence by Regulators of Health Practitioners which recognises health practitioners as having *"a vital role to play in the early detection, support, referral, documentation of incidents, and delivery of specialised treatment for people experiencing family violence (p. 4)".*[33]

Initiative 1 Benefit-Cost Ratio
3.40
Anticipated return of $3.40 for every $1 invested

2. Direct access for victim-survivors of DFV

Extend the MBS to facilitate streamlined access to a psychologist for domestic and family violence victim-survivors.

This initiative would be achieved through creating new MBS item numbers which parallel the structure for existing Better Access items, with modified item descriptions. Specifically, the items would:

- Not require a GP Mental Health Treatment Plan or referral (representing a cost saving to both patients and to government);
- Not require a GP (or any other provider) to have diagnosed the person with a mental health condition;
- Allow items to be claimed based on the psychologist forming a reasonable belief, based on their clinical judgment and expertise, that the patient is experiencing, or has experienced, DFV.

MBS-subsidised sessions under these items would be an alternative to the number of sessions ordinarily available to a person through the Better Access Initiative.

This initiative is associated with the following benefits:

- Given that many victim-survivors of FDV also experience coercive control or financial abuse,[67,68] it reduces some of the additional practical and financial

barriers which may prevent some victim-survivors from accessing the timely support they need, particularly in times of crisis and heightened risk.
- The requirement to obtain a mental health diagnosis from a GP as part of the Mental Health Treatment Plan may also unfairly pathologise a victim-survivor's experience.
- Improved understanding of the scale of victim-survivors' needs for psychological mental health and wellbeing support which is currently unknown outside research settings.

Initiative 2 Benefit-Cost Ratio
2.36
Anticipated return of $2.36 for every $1 invested

3. An APS-led DFV Professional Support Network

Fund the APS to develop a DFV Professional Support Network, offering specialised training for volunteer psychologists to support peers, health professionals, and DFV workers, creating a network to provide professional support and welfare checks.

Building upon the APS' strong track record of hosting and facilitating professional voluntary support network for front line workers dealing with disasters,[8] the APS-led DFV Professional Support Network would include:

- bespoke training for psychologists as leaders with advanced skills to support other psychologists, health professionals and domestic and family violence workers, and
- a response network of volunteer psychologists who have completed the training and are available to undertake individual professional support for psychologists, other professionals working in domestic and family violence plus welfare checks for organisations under memoranda of understanding.

This initiative would allow the APS to respond to multiple recent requests by community sector organisations for the establishment of a DFV Professional Support Network. Without Government investment and support, the development of the Network remains out of reach, despite the clear need.

In addition, this initiative has the capacity to help mitigate the effects of vicarious trauma which can occur in DFV support workers and other health professionals who are working with victim-survivors. Early identification and referral of burnout and vicarious trauma by specifically trained volunteer psychologists is a cost-effective way to ensure the sustainability of this vital workforce.

Initiative 3 Benefit-Cost Ratio
2.63
Anticipated return of $2.63 for every $1 invested

Objective 2. Strengthen

4. Extend Commonwealth Prac Payments to postgraduate psychology students

Extend the Commonwealth Prac Payment (currently $319.50 per week) to postgraduate psychology students on placement and include a loading for students on placements in rural and remote areas. This measure would support approximately 2,000 students commencing a professional program of study in psychology across Australia each year. Around half of these students are enrolled in a Master of Professional Psychology (MPP) program who are required to undertake 300 hours of placement over one year, while the remaining students are in an Area of Practice Endorsement degree (e.g., a Master of Health Psychology) and are required to undertake 1,000 hours of placement over two years.

This measure would reduce the financial burden on postgraduate psychology students associated with undertaking unpaid placements while completing their studies. As previously noted by the APS,[69] psychology students experience the same placement-related financial pressures as students studying to be a a nurse, midwife, social worker or teacher. As such, this measure would therefore rely on the same policy rationale as the initial scope of the Commonwealth Prac Payment.

Postgraduate psychology students who are based in rural and remote locations for their placements would receive an additional loading of $150 per week to assist with travel and associated costs. We have long advocated for incentives to increase the number of psychologists available to support rural and remote-based communities.[40,70] Assisting with the cost of undertaking a rural practicum is designed to increase the number of students who choose placements, and then continue to work, in these locations.

Funding this initiative would give tangible expression to the Government's previously stated commitment to supporting the development and sustainability of the psychology workforce. Supporting this initiative also establishes the foundations for achieving other policy objectives and Budget measures, which are contingent on an adequate pipeline of future psychologists.

Initiative 4 Benefit-Cost Ratio
2.74
Anticipated return of $2.74 for every $1 invested

5. Develop an evidence-based National Psychology Workforce Strategy

Fund the APS to develop and deliver a National Psychology Workforce Strategy. This Strategy would provide actionable and evidence-based advice to governments about how to equip, sustain and extend the psychology workforce in Australia. As a profession-led project, this initiative would draw on the resources of the APS as the peak body for psychology, including through the vast expertise of APS members as the largest body of trained scientist-practitioners in Australia.

This project would entail:

- A co-design process with key stakeholders (including psychologists, patients and people with lived experience, employers and funding bodies, psychology higher education providers, government representatives and academic experts);

- Qualitative and quantitative research through a human-centred design methodology to identify and understand the drivers and barriers to optimal workforce participation for psychologists;
- A roundtable with key stakeholders to discuss pivotal discovery findings and to initiate the process of developing sustainable, testable solutions;
- A final report delivered to government, with clear recommendations for action.

The APS is equipped to deliver this project over two years, subject to agreement on scope and deliverables. The anticipated direct benefits of this initiative, subject to implementation by Government, include:

- Increasing the total clinical FTE of the psychology workforce over time (through higher clinical hours worked and lower attrition), leading to:
    - More patients receiving treatment, and a reduction in delayed or skipped treatment and the burden of disability and disease associated with mental ill-health,
    - A greater diversity in the individual scope of practice of psychologists, providing a wider range of advanced skills and competencies to address specific patient and broader community needs,
- Better utilisation of psychologists in and beyond the mental health ecosystem, including recognising role of psychologists as clinical leaders,
- Increased efficiency of Government investment in the training and development of psychologists,
- Increased economic participation by people in the psychology workforce, which predominantly consists of women working part-time,
- The development of authoritative datasets about the work and role of psychologists beyond the limited data about the profession currently available, supporting Government priorities including the implementation of Recommendation 17 of the Final Report of the Independent Review of Overseas Health Practitioner Regulatory Settings (the Kruk Review).

There are also anticipated collateral benefits, including:

- The ability to share evidence and insights with other health professions who could also benefit from this research,
- Demonstrating alignment with women-focused policies of government (such as the findings from the Women's Economic Equality Taskforce, Working for Women: A Strategy for Gender Equality, and Including Gender: An APS Guide to Gender Analysis and Gender Impact Assessment).
- Providing a model of a profession-led and co-produced approach to health workforce reform.

Initiative 5 Benefit-Cost Ratio 3.25

Anticipated return of $3.25 for every $1 invested

Objective 3. Deliver

6. Improve access to psychology services

Introduce higher Medicare rebates for all MBS psychology services. This initiative would address affordability and cost of living pressures on patients and help to attract and retain psychologists providing MBS services leading to improved access to treatment, particularly for disadvantaged patients and those living in rural and remote areas.

Specifically, this initiative would:

- Increase the MBS rebate for patients of psychologists for all Better Access Initiative sessions.
- Commit to annual indexation of relevant MBS items with a factor consistent with CPI.

The APS has proposed increased rebates as a better reflection of the costs of providing MBS psychology services. This change would also partially account for the unbillable time involved in psychologists providing MBS services, as well as helping to remedy the lower-than-CPI indexation of schedule fees since this was recommenced in 2018–19.

In accordance with economic research about the effect of the introduction of the Better Access Initiative on the psychology workforce, we expect that increased rebates will drive the clinical FTE of psychologists providing MBS services upward and increase the proportion of psychologists working in non-metropolitan areas (especially if combined with other initiatives under this Objective).

Not appropriately increasing the MBS rebates risks psychologists having to charge large gap fees just to sustain their practices as costs rise. Alternatively, they may need to increase the number of additional privately paying patients to 'cross subsidise' their work with people from vulnerable groups who cannot afford private fees.

Initiative 6 Benefit-Cost Ratio
2.14
Anticipated return of $2.14 for every $1 invested

7. Provide bulk billing incentives for psychologists

Introduce MBS bulk billing incentives (BBIs) for psychology services, based on the time-adjusted equivalent rate to bulk billing incentives provided for GPs, including scaled incentives for patients who live in rural and remote areas (by Modified Monash Model). Bulk billing incentives for psychologists are designed to increase the bulk billing rate for MBS psychology services across Australia but with a particular focus and, as a result, to improve the affordability and accessibility of essential psychology services.

Similarly to Initiative 6, psychologists who cannot meet rising costs of running their practice may need to increase the number of additional private-paying patients to 'cross subsidise' the number of bulk billed patients. Increasing the bulk billing rate, particularly in rural and remote areas is important way to ensure adequate, accessible psychological care, regardless of geographic location.[25]

Initiative 7 Benefit-Cost Ratio
2.18
Anticipated return of $2.18 for every $1 invested

8. Enable psychologist-determined support in Better Access

Amend the MBS requirements for Better Access initiative items to enable psychologists to determine the clinically necessary number of sessions for treatment. This initiative would allow psychologists to work to their full scope of practice and to deliver evidence-based treatments to patients. It would therefore support patients to receive the treatment they require and not have to artificially delay or forgo psychology sessions due to financial factors and against best clinical practice.

Specifically, under this initiative, psychologists would be able to determine that a patient receive:

- Up to 20 sessions per calendar year for complex mental health issues, and
- Up to 40 sessions per calendar year for high-impact, lower prevalence conditions, with the list of these conditions to be specified in the MBS and subject to review with collaborative input from the APS.

Providing the right treatment at the right time would ultimately mean that interventions are delivered according to the evidence with patients more likely to recover and contribute more fully to society. Providing partial treatment, contrary to the evidence base means that patients' mental health is more likely to stagnate or deteriorate. This contributes to inefficiency and wastage in the services provided by psychologists. Patients in distress are then funnelled into costly emergency services[57] or acute mental health facilities putting additional strain on these resources.

Initiative 8 Benefit-Cost Ratio 2.71

Anticipated return of $2.71 for every $1 invested

9. Streamline GP Mental Health Reviews

Amend the MBS requirements for Better Access initiative items to shift the requirement for GP Mental Health Reviews from current arrangement (after 6 sessions) to the end of treatment or when session limits are reached (as per Initiative 8). This change would not affect patients' ability to seek a GP review as required, or for psychologists and GPs to consult with each other about a patient's treatment when clinically appropriate.

This initiative benefits patients by:

- Removing practical barriers which inhibit the continuity of treatment provided by a psychologist; and
- Lessening the financial burden associated with a GP consultation (in terms of out-of-pocket costs as well as lost productivity associated with a GP visit which, in most cases, is not clinically necessary).

This initiative also benefits psychologists and GPs by reducing administrative burdens, including the significant non-billable time incurred by psychologists in the preparation of a GP review letter. Moreover, the initiative reduces Medicare expenditure by removing the need for clinically unnecessary GP consultations for the purpose of obtaining a new referral under an existing Mental Health Treatment Plan.

Initiative 9 Benefit-Cost Ratio 2.19

Anticipated return of $2.19 for every $1 invested

This initiative is in line with Recommendation 12 of the Better Access Evaluation which states that *"alternative review cadences might be recommended based on consumers' levels of need"* (p. 328).[60]

10. Improve youth access to psychology services

Initiative 10 Benefit-Cost Ratio
1.67
Anticipated return of $1.67 for every $1 invested

Introduce a $0 youth mental health Medicare safety net threshold for Better Access sessions. Equivalent to the Extended Medicare Safety Net (EMSN) but with no threshold amount, this initiative would mean that young Australians aged 14 to 25 would receive 80% of the out of pocket costs for a Better Access psychology service as a Medicare benefit. This is intended to ensure that young Australians can access psychological care without financial hardship for themselves or their families. This is consistent with Recommendation 11 of the Better Access Evaluation Final Report[60] and our ongoing advocacy.

The youth mental health safety net would immediately come into effect for any person aged 14-25 accessing Medicare psychology services. Specifically, a new Medicare Safety Net threshold of $0 should apply to these services, drastically reducing the cost of accessing essential psychological treatment without expecting psychologists to bear the full burden of improving access. This initiative would mean that young people would be able to receive the care they need, regardless of their personal or their family's financial situation.

This initiative would mitigate the significant risks of not ensuring access to appropriate psychology resources and support for our young people, which include:

1. Higher future health costs and burden of disease,[71]
2. Poor mental health in childhood and lower income as an adult,[72,73] reducing productivity,
3. Increasing inequity in accessing essential psychology services.[74]

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