

APS submission to the Senate Select Committee on COVID-19

May 2020 | The Australian Psychological Society Limited

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The Australian Psychological Society

The Australian Psychological Society (APS) is the largest national professional organisation for psychologists, with almost 25,000 members across Australia. It seeks to help people achieve positive change, so they can confidently contribute to the community.

Psychologists are experts in human behaviour and use evidence-based psychological interventions to enhance human performance and functioning, prevent people from becoming unwell, and assist them to overcome mental and physical illness. Economic evaluations highlight the cost-effectiveness of psychological interventions to support functioning, prevent people from becoming mentally unwell, and to treat a range of mental health symptoms and disorders when they do occur.

Psychologists apply their skills, knowledge and experience in psychology across a range of areas including: mental health and wellbeing, education and training, population health, drug and alcohol, justice and corrections, public policy, corporate and commercial, marketing and communication and emerging technology and design.

Psychologists work in any number of settings and assess, diagnose and treat a wide range of clients and areas of concern. They use evidence-based psychological approaches customised to suit each individual, setting, issue or challenge. They are often called upon to conduct psychological assessments and write reports for individuals, education and forensic settings, health and government departments.

The APS has a long history of working collaboratively with the Australian Government, State and Territory governments and other agencies to help address major social, emotional, and health issues for local communities and ensure healthcare is equitable and accessible to all members of the Australian community.

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Executive summary

The APS welcomes the opportunity to make a submission to the enquiry into the Australian Government response to COVID-19.

The APS offers the following recommendations in relation to the Terms of Reference

- (a) The Australian Government's response to the COVID-19 pandemic, and
- (b) Any related matters.

APS response and recommendations

The APS acknowledges the decisive action taken by the Australian Government in the early stages of the pandemic, which has been effective in containing the spread of the virus.

The APS strongly endorses the Government's investments in mental health and its recognition of the short, medium and long term mental health implications of COVID-19.

The APS details its views on the Government response in this submission, and makes five specific recommendations which it considers are necessary to ensure that the Australian community is able to access the necessary mental health support both now and into the future.

- **Rec 1. Increase the session limit on *Better Access* services to allow for an additional 10 sessions per calendar year (total 20 per year).**
- **Rec 2. Remove the termination date of September 2020 for COVID-19 telehealth items.**
- **Rec 3. Make changes to group therapy sessions for psychologists to allow sessions via telehealth and reduce participant numbers for face to face sessions.**
- **Rec 4. Remove current restrictions on existing (pre-COVID-19) telehealth items to permit all practitioners and patients to access services via telehealth on an ongoing basis, for all services where clinically appropriate. A proper structure and costings analysis should be developed.**
- **Rec 5. Allow psychologists to access the Government's free interpreting service (through the Translating and Interpreting Service) to support the provision of mental health services to community members with limited English proficiency.**

Introduction

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to the inquiry into the Australian Government's response to the COVID-19 pandemic.

Our community is affected by the COVID-19 pandemic in unprecedented ways. The health sector has been frontline in terms of the management of the health impacts of the emergency situation and will be central to the community's recovery – both physically and mentally – as we go forward.

Like all health practitioners, Australia's psychologists have been heavily impacted by COVID-19, in terms of both the provision of services to members of the community and dealing – along with the rest of the community – with issues of social, economic, employment and health impacts.

The nature and extent of the impact of COVID-19 on the work of psychologists has varied across jurisdictions, areas of specialisation, business structures and employers. Drawing on APS engagement with its member base, this submission focuses on the Terms of Reference set for the enquiry as they apply to the profession of psychology:

- (c) The Australian Government's response to the COVID-19 pandemic, and
- (d) Any related matters.

The APS Response

The APS considers the Government's emergency response to the COVID-19 pandemic situation to have been strong and decisive, particularly in relation to new initiatives, public health measures and communications. Measures such as social distancing, border restrictions and strong messaging on good hygiene, have proven successful in reducing the incidence of community transmission of COVID-19.

The APS acknowledges the Government's recognition of real and potential mental health impacts of COVID-19 and its substantial funding commitments in relation to mental health.

Changes to the Medicare Benefits Schedule (MBS)

The early decision by the Government to make new telehealth items available under the MBS for the delivery of psychological services was well received by the psychology profession and the many thousands of Australians who benefit from mental health services delivered within the MBS.

However, the speed with which the changes were introduced did not allow for appropriate consultation by the Government with key stakeholders and the resulting items contained eligibility requirements that proved problematic for providers and patients. The APS (along with other professional bodies) advocated strongly for changes to be made to these items and the Government responded by introducing changes that rectified many of the identified issues.

The frequent changes to the items in the early stages created confusion and uncertainty for both patients and providers. However, the APS recognises that swift action was required, that the changes were made in response to the concerns of stakeholders and were, for the most part, improvements to the arrangements.

By way of specific example, the APS strongly advocated for the removal of compulsory bulk-billing requirements for the provision of telehealth services under COVID-19 on the basis of concerns for the viability of private psychology practices (and therefore patient access to services). The requirements to bulk bill were modified, and subsequently removed altogether.

The APS commends the Government for listening to the concerns of stakeholders and responding with appropriate changes.

Several changes sought by the APS to ensure continued community access to psychological services have not, to date, been accepted by Government and the APS continues to call for these changes to be made. Specifically:

- **Rec 1. Increase the session limit on *Better Access* services to allow for an additional 10 sessions per calendar year.**

The Better Access program allows for a patient with a Mental Health Treatment Plan to receive up to 10 psychology services in a calendar year. The COVID-19 items are not additional services but simply replacement services under Better Access provided via telehealth, still needing a GP referral and Mental Health Treatment Plan.

In response to the 2019-20 bushfires, the Australian Government introduced new Medicare items for mental health services, enabling those in need to access 10 sessions in addition to those available under Better Access and *without the need for a Mental Health Treatment Plan*. The APS considers that a similar increase in available sessions in response to COVID-19 is warranted.

With an increase in mental health issues as a consequence of the pandemic, many patients will reach their maximum 10 sessions much earlier in the calendar year than would otherwise be expected, and will be unable to access mental health support for the remainder of the

calendar year unless they can afford to pay for private (non-Medicare-rebated) services. The significant loss of jobs, growth in unemployment and under-employment, and the expected economic recession will all add to the financial and other pressures faced by the community, increasing the potential for mental health problems and decreasing capacity to pay for unsubsidised services. By increasing the number of sessions from 10 to 20 in the 2020 calendar year, the Government can support vulnerable people during the easing of restrictions and movement through the recovery phase of the pandemic. An increase to a more therapeutically indicated number of sessions is also likely to support ongoing participation in the workforce, reduce loss of earnings, and enhance family and community participation, for Australians living with mental ill health in the time of COVID-19.

Another unintended consequence of the 10-session limit, at a time of significant strain on mental health for many Australians, is that those already engaged in mental health treatment, who are experiencing significant social, occupational and economic uncertainty, are spacing out or “rationing” sessions, to ensure they have support going into an uncertain future. This means treatment dose is sub-optimal, with some patients continuing to carry higher burden of disease, especially in relation to high prevalence disorders (anxiety, depression).

- **Rec 2. Remove the termination date of September 2020 for COVID-19 telehealth items.**

The COVID-19 telehealth items are time-limited and scheduled to terminate in September 2020. The APS is seriously concerned that the termination of the items in September 2020 will be premature.

APS members are reporting a surge in demand for services and it is anticipated that this demand will increase significantly over coming months. There are increasing numbers of people experiencing mental health issues for the first time and an exacerbation of issues for people with existing mental health issues. Medicare data shows a significant increase in psychological consultations being conducted via telehealth. Anecdotal reports from members, suggest that telehealth items are allowing Australians to engage in psychological treatment with less interruption and greater integration into their everyday lives. Removal of physical barriers, travel time and better integration with working and family life, has allowed significant improvements in access to timely mental health care for all Australians – with all of the economic and health benefits that timely intervention brings.

The APS is aware of (and can collate, if necessary) a substantial body of evidence in the psychological literature, that confirms that the clinical safety and efficacy of psychological services delivered via Telehealth matches that for face to face services, across most diagnostic groups, and many therapeutic approaches.

Even when social isolation restrictions are lifted (or eased), many people will continue to be anxious about attending face to face sessions and may miss out on services altogether should the telehealth items be terminated.

Further, the increase in demand for services overall will exacerbate access issues associated with workforce distribution, particularly if telehealth is no longer an option. That is, people living in geographic areas that are already under-served (ie. few local practitioners) will experience even greater problems in accessing services if telehealth is not available.

While the APS acknowledges that Australians living in geographically remote areas have long had (and will continue to have) access to telehealth items under the MBS, a pleasing consequence of the COVID-19 telehealth items, has been an orientation of the workforce, to that mode of service delivery – effectively making many more providers available to consumers in remote areas. The broader remit (and less restrictive eligibility criteria) of the COVID-19 telehealth items has significantly increased access for Australians living in rural and remote areas, and this should continue beyond September 2020.

- **Rec 3. Make changes to group therapy sessions for psychologists to allow sessions via telehealth and reduce participant numbers for face to face sessions.**

It is a recommendation in the Draft Report of the Productivity Commission into Mental Health¹ to encourage more group therapy. Psychologists are already able to provide group therapy sessions under Medicare, but not via telehealth. While new MBS items have been introduced that enable psychiatrists to provide group therapy via telehealth, no such items have been introduced for psychologists and no rationale for the differential approach is evident.

MBS items for face to face psychologist group therapy sessions currently require a minimum number of participants. Even for psychologists currently or soon able to provide face to face services, this requirement is problematic on several counts. First, social distancing requirements in some jurisdictions do not permit the minimum number of participants to be in the same room at the same time and therefore psychologists will be unable to provide the services. Second, as noted, even when restrictions are eased, many patients will be unwilling to attend face to face group sessions (particularly larger groups). In both cases, patients will not receive necessary care.

- **Rec 4. Remove current restrictions on existing (pre-COVID-19) telehealth items to permit all practitioners and patients to access services via telehealth on an**

¹ Productivity Commission Draft Report. Mental Health. October 2019. Available at <https://www.pc.gov.au/inquiries/current/mental-health>

ongoing basis, for all services where clinically appropriate. A proper structure and costings analysis should be developed.

The APS would like to see psychological services via telehealth continue into the future (post-pandemic) as an adjunct to face to face services. There are undeniable efficiencies and benefits for patients and providers of operating in a telehealth environment when that is clinically appropriate. The current situation has forced many patients and practitioners to operate in a new and unfamiliar way and has demonstrated that it is possible and effective to do so in a wide range of circumstances. To not take advantage of this innovation in service delivery would be a missed opportunity.

The National Mental Health and Wellbeing Pandemic Response Plan² states that “Appropriate systemic and service gains should be retained, and the lessons learned must inform and underpin the ongoing response of Governments (p3).” Telehealth is identified as one of these ‘gains’, and the Plan calls for an integration of digital, telehealth and face to face interventions and supports, particularly in the recovery phase of suicide intervention.

While the APS supports this approach in principle, it is essential that its implementation is careful, so as to avoid misuse and unintended consequences. Specifically, services must only be provided via telehealth when it is clinically appropriate and not simply because of cost or other efficiencies. Controls must be in place to ensure that telehealth is used in a clinically appropriate way (eg. by naming disorders or circumstances where it would be of benefit), in all practice settings and not adopted as standard practice or the preferred mode of delivery in, for example, large publicly listed healthcare companies.

National Mental Health and Wellbeing Pandemic Response Plan

The APS strongly endorses the Government’s collaboration, through the National Mental Health Commission, with mental health professions. The APS also acknowledges the range of mental health and suicide prevention measures announced by the Government since January 2020, with an investment of some \$500 million³.

The release of the *National Mental Health and Wellbeing Pandemic Response Plan* (Response Plan) on 15 May 2020 was timely, and is a broad and well-developed plan that clearly articulates the short and longer term considerations in supporting many aspects of the community’s mental health and wellbeing.

² May 2020 Available at <https://www.mentalhealthcommission.gov.au/mental-health-and-wellbeing-pandemic-response-plan>

³ The Hon Greg Hunt MP, Media release 15 May 2020

Data, evaluation and research

The APS is particularly pleased to see, in the Health Minister's media statement², and the Response Plan, the Government's commitment to data, modelling and research. Collection of up to date evidence and investment to improve modelling capacity are vital components of a response. The Response Plan acknowledges a current lack of rapid data collection and analysis to inform the delivery of responses. It also acknowledges the need for supporting research to ensure that services are evidence-based and effective. However, the Plan focuses heavily on the collection of data to allow the rapid deployment of services where they are most needed and advocates for the adaptation of models of care to different settings, but says little in this context about the collection and analysis of data to determine the effectiveness of program adaptations. The ability to identify services that support desirable outcomes is important if we are to adapt services to what works in particular settings. None of the specific actions in the 10 priority areas identified in the Response Plan goes to the identification of outcome measures or the collection or use of data to establish program effectiveness. Further, a raft of workforce measures and strategies is necessary to achieve the vision of a more agile, data-driven system as outlined in the plan – with little detail on how these might be operationalised or funded.

The APS considers it important that we commit to collaborating with international researchers in this area. There is much research activity occurring globally and we stand to benefit significantly through appropriate engagement and collaboration. For example, an international interdisciplinary collaboration of mental health experts has come together to identify key research priorities relating to mental health and COVID-19⁴. The group's recommendations for research include investigating:

- The mental health effects of the COVID-19 pandemic across the whole population and vulnerable groups, and on brain function, cognition, and mental health of patients with COVID-19
- How mental health consequences for vulnerable groups can be mitigated under pandemic conditions, and
- The impact of repeated media consumption and health messaging around COVID-19.

While such research is encompassed by the Response Plan, a commitment to collaborating with researchers in a global context is not articulated. A strong focus on the local context is clearly important and will only be enhanced by consideration of the activities of researchers around the world who are grappling with the same issues.

⁴ Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Everall, I. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*. Published Online April 15, 2020

Vulnerable groups

The Government's announcement of 15 May 2020 articulates plans to reach out with support to particularly vulnerable groups including older Australians, carers, people from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander peoples.

The APS acknowledges the recognition in the Response Plan that other particularly vulnerable groups include those involved with the justice system, those with pre-existing mental health conditions and those at risk of domestic violence. With respect to the latter group, APS members have reported major concerns for the welfare of children who are unable to attend school and are forced to socially isolate with people who place their mental and physical health at risk. In addition, members are concerned about the risks to children in families where there is significant financial pressure, as this is likely to continue well past the children's return to school.

The APS notes that a significant group at risk of poor mental health, and one which is likely to increase in size in the aftermath of the COVID-19 pandemic⁵ is people living with socio-economic disadvantage, and those on low incomes. Since the removal of these criteria as an identified vulnerable group under services provided by Primary Health Networks, little has been done to ensure access to appropriate mental health services, for those with high prevalence disorders, who cannot afford private practice psychological services. The majority of these Australians do not meet criteria for state-funded mental health services, and it is anticipated their numbers will grow, as the economic impact of the pandemic is felt. Household income has been shown to be a reliable indicator in relation to mental health status in relevant research.⁶⁷⁸

The APS endorses the Response Plan's recognition of the cumulative and compounding effects of traumatic events and the need for specific strategies to be developed. Natural disasters such as drought, floods, and bushfires as well as events such as the Lindt Cafe siege, the Bourke St car attack, and recent high profile cases of domestic violence have significant impacts. Singly and in combination, they have the potential to undermine individuals' sense of safety and security, and broader community wellbeing. The cumulative effects of such

⁵ Hashmi, R., Khorshed, A., & Gow, J. (2020). Socioeconomic inequalities in mental health in Australia: Explaining life shock exposure, *Health Policy*, 124(1), 97-105.

⁶ Isaacs, A. N., Enticott, J., Meadows, G., & Inder, B. (2018). Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas, *Frontiers in Psychiatry*, 9, 536, doi: 10.3389/fpsyt.2018.00536

⁷ Reiss, F., Meyrose, A. K., Otto, C., Lampert, T., Klasen, F., & Ravens-Sieberer, U. (2019). Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German BELLA cohort-study, *PLoS ONE* 14(3): e0213700. 10.1371/journal.pone.0213700

⁸ <https://www.aihw.gov.au/getmedia/405d9955-c170-4c39-a496-3839059149f7/ah16-5-1-health-across-socioeconomic-groups.pdf.aspx>

events cannot be over-estimated and it is important to recognise the impact of COVID-19 on anxiety in already-stressed communities.

- **Rec 5. Allow psychologists to access the Government’s free interpreting service (through the Translating and Interpreting Service) to support the provision of mental health services to community members with limited English proficiency.**

With respect to CALD communities, the APS considers that Government support should extend beyond simply ensuring that health information is available in languages other than English. As the Response Plan acknowledges, some particularly vulnerable members of our community are not able to access essential mental health services because of a lack of proficiency in English. There is evidence that there are higher levels of mental health problems experienced by people in CALD groups and they can be less likely to seek support⁹. While some practitioners can provide services specific to particular language and cultural groups, this workforce is extremely small and unable to meet the needs of the community. The APS has previously called for funding for culturally competent interpreters to improve access for this segment of the Australian population. The additional stresses brought about by social isolation and other pandemic-related restrictions make this need even more acute.

Communication

The Government’s announcement on 15 May 2020 included funding for a national mental health communications campaign to “...provide Australians with the confidence to reach out for help and the information they need to better support their mental health”¹⁰.

The APS strongly endorses the allocation of funding for communication about mental health issues and available support. The Response Plan recognises the importance of public messaging that is balanced, carefully crafted and accessible to all, taking account of language barriers and health literacy levels. Issues such as deeply embedded stigma in some communities regarding mental health issues, risks of amplifying anxiety, and the need to focus on resilience-building must be taken into account. The APS supports the Plan’s focus on maximising protective factors and building resilience.

The APS considers that a broad focus – rather than a narrow focus on responses to COVID-19 – is important, to recognise the impact of other recent events that the Australian community has experienced.

⁹ Searight, H. R., & Armock, J. A. (2013). Foreign language interpreters in mental health: A literature review and research agenda. *North American Journal of Psychology*, 15(1), 17-38.

¹⁰ The Hon Greg Hunt MP – media release 15 May 2020.

Widening community access points

The APS endorses the Response Plan's focus on an integrated approach to social and emotional wellbeing, recognising that individuals are embedded in a complex context. The APS supports the view that, within communities, health services, workplaces, schools and other groups all have a role to play in supporting individual and community well-being. The Response Plan calls for the delivery of frontline services to "non-traditional sites to enhance accessibility, including households, schools, workplaces, government service points and other community sites"¹¹. While the APS supports the expansion of services in these settings, it is important to recognise that such sites are not "non-traditional" for the psychology profession. There are psychologists, both generally registered and those with advanced training and expertise (recognised by the Psychology Board of Australia through Areas of Practice Endorsement) who specialise in working in these environments.

It is also important to note that frontline services should not be narrowly defined as mental health supports and interventions. Psychologists offer a range of services that support individual and community functioning but which do not fall into a narrow definition of mental health support. For example, Educational and Developmental Psychologists work in schools (and other settings) and provide a wide range of services related to learning, development, behaviour, cognitive functioning, as well as mental health and wellbeing. In addition to their expertise in child and adolescent functioning, these psychologists possess detailed knowledge of the organisational, legislative and administrative contexts of schools that are relevant to the design of interventions for children, parents and teachers. This knowledge and skill base positions these psychologists well to design and advise on effective mental health supports as part of the pandemic response.

Similarly, organisational psychologists have expertise in the design and implementation of interventions – including mental health and wellbeing strategies and support – in a wide range of organisational settings, including schools, governments, and community-based organisations. In addition to core knowledge in human functioning, individual and team performance and relationships, effective workplace structures and leadership and management development, they possess knowledge in workplace legislation, industrial relations and safe work environments. These psychologists are particularly well placed to design and advise on services and interventions that are applicable to organisational and group settings to support ongoing participation in the workforce.

As the broader medical and neurological impact of COVID-19 and its sequelae become more apparent over time, it is likely that the scope of Clinical Neuropsychologists, in the identification and rehabilitation of cognitive and neurological impairment, will become increasingly important.

¹¹ National Mental Health and Wellbeing Pandemic Response Plan p19

The contribution of psychology to community recovery extends far beyond the provision of clinical mental health services to individuals. The nine recognised areas of expertise within the psychology profession and their potential contribution to community recovery are outlined at Appendix A.

The APS supports an expansion of services to better meet the needs of the community and strongly recommends that this expansion be built on an understanding of the capacity of the existing workforce in those environments and draws upon its expertise. The APS has long argued that all clients of all psychologists holding Area of Practice Endorsement should receive higher tier rebates commensurate with Clinical Psychology. We recommend that government read our White Paper¹² for further information and consider the expertise in the multiple Areas of Practice Endorsement listed in Appendix A that can assist the Australian community to recover from COVID.

Other investments in mental health

The APS endorses the Government's funding to support healthcare workers via *Ten: The Essential Network for health professionals*, through the Black Dog Institute and collaborators¹³. Healthcare workers are recognised as a particularly high-risk group who will need ongoing mental health support and training. However, there is also a need to work with employers to build a culture of organisational resilience¹⁴. As noted, psychologists are well-placed to undertake this work.

Conclusion

The APS thanks the Committee for the opportunity to present its views on the Government's response to COVID-19.

In summary, the APS considers the response of the Australian Government to the COVID-19 pandemic, particularly in relation to mental health, to be decisive, timely and comprehensive. It recommends changes to the MBS and access to interpreter services to improve access to and continuity of care for vulnerable members of our community, and to further mitigate the inevitable mental health costs of COVID-19, to the Australian community.

The APS also supports the work done by the National Mental Health Commission, in consultation with governments, and informed by the voices of those with lived experience, to

¹² APS White Paper: The Future of Psychology in Australia: A blueprint for better mental health outcomes for all Australians through Medicare. June 2019. Available at <https://www.psychology.org.au/getmedia/a1c6fc1f-8356-471c-9247-36832da61299/APS-White-Paper-The-Future-of-Psychology-in-Australia-June-2019-FINAL.pdf>

¹³ <https://www.blackdoginstitute.org.au/ten/>

¹⁴ Blake, H., Bermingham, F., Johnson, G., & Tabner, A. (2020). Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package. *International Journal of Environmental Research and Public Health*, 17(9), 2997.

develop a comprehensive mental health plan for pandemic response and recovery, noting that implementation would benefit from a more explicit focus on program evaluation and a thorough understanding of the capacity of the existing workforce, to leverage all available resources.

Appendix A

Psychology's contribution to response and recovery

Psychology is a diverse profession covering the full spectrum of human functioning and experience. Psychologists work in a wide range of roles, settings and specialised areas. They work as researchers, practitioners, educators, consultants, and clinicians in government agencies, academia, community organisations and private practice.

National registration

All psychologists involved in direct service delivery are required to be registered to practise by the Psychology Board of Australia. Those qualified to practise independently hold General Registration (those working under supervision hold Provisional Registration).

All registered psychologists meet high standards in education, training, supervised practice, ethical and professional standards, and ongoing professional development. They have a minimum of four years of university training and two years supervised experience and maintain their skills and knowledge with ongoing education.

All registered psychologists have competencies¹⁵ in:

- evidence-based psychological interventions;
- mental health assessments, counselling skills, psychometric test use and report-writing;
- legal, ethical and professional issues;
- research and evaluation;
- communication and interpersonal relationships
- working with people from diverse groups
- practice across the life span

Psychologists apply their knowledge and skills to improve the human experience in a preventative way by understanding how to help create the conditions for people to thrive at individual, community and population levels by looking both at the systems in which we live and work as well as the way humans are affected on an individual level by adverse events. Psychologists can also apply their skills to assist recovery at an individual and community level. Psychologists apply their skills, knowledge and experience in psychology across a range of areas including: mental health and wellbeing, education and training, population health, drug and alcohol, justice and corrections, public policy, corporate and commercial, marketing and communication and emerging technology and design.

Psychologists work in any number of settings and assess, diagnose and treat a wide range of clients and areas of concern. They use evidence-based psychological approaches customised to suit each individual, setting, issue or challenge. They are often called upon to conduct psychological assessments and write reports for individuals, education and forensic settings, health and government departments.

Role in response and recovery

Psychologists have a major role to play in the community response to COVID-19, including recovery and the transition to what will be a 'new normal'. They can help leaders and the community to better understand and manage the process of change and reactions to living with uncertainty. They are well-placed to contribute to and advise on mental health supports

¹⁵ Psychology Board of Australia – General Registration Standard. Available at <https://psychologyboard.gov.au>

as a preventative measure and to provide treatment for those who may need it for a range of different populations groups, in a diverse range of settings. They can work with individuals, families, communities and workplaces, designing, implementing and evaluating interventions. For example, providing guidelines to help employers create a psychologically safe environment for people to return to their workplace to prevent a future spike in psychological injury claims and maintain productivity.

Psychologists have the skills to work with vulnerable groups, facilitate community activities and engagement, develop training and support resources, advise on workplace strategies and policies and support the design and evaluation of mental health support strategies.

Areas of Practice Endorsement

Many psychologists choose to focus their work and apply their skills in specific areas of practice, giving them extensive experience and expertise in those areas. These psychologists undertake advanced training in a specialised area, by completing additional university studies and supervised experience in that area. The advanced training of these psychologists is recognised by the Psychology Board of Australia (PsyBA) through a notation on the public register known as an Area of Practice Endorsement. A psychologist with an Area of Practice Endorsement usually has a minimum of six years of university training and two years of supervised experience in that area of expertise.

Clinical neuropsychology

Clinical neuropsychologists assess and treat people, across the lifespan, who have possible brain disorders or difficulties that affect thinking and behaviour. This includes assessment of general intellect, memory, learning, attention, visuospatial abilities, language, academic skills, socioemotional functioning, behaviour and higher-level abilities such as problem-solving, planning and decision-making.

Clinical neuropsychologists have advanced skills in the assessment, differential diagnosis and treatment planning, rehabilitation or intervention for a range of challenges that impact brain behaviour relationships. In addition, they can provide supportive counselling and psychoeducation to individuals, families, and carers to assist their adjustment and coping with brain changes and cognitive difficulties. Support and strategies for workplaces and educators to enhance productivity, learning and adjustments to cognitive difficulties are also an important part of a neuropsychologist's role.

Clinical neuropsychologists are trained to understand brain structure, function and dysfunction, and the effects of multiple factors on cognition, behaviour and emotion. They use this knowledge to facilitate objective, evidence-based approaches to diagnosis and intervention/therapy.

Role in response and recovery

Clinical neuropsychologists have a critical role to play in designing and providing mental health support for people with brain disorders or difficulties in thinking and behaviour. This includes people across the lifespan with psychiatric conditions, degenerative disorders, developmental disorders, drug and alcohol problems, acquired brain injuries, and those with various other medical, biological neurological and psychological conditions where cognition and behaviour appear to be affected or are at risk. Many of the people living with these disorders have complex needs that require specialised, expert assessment, treatment and care. These issues may have been highlighted or exacerbated by the conditions and stressors associated with the COVID-19 pandemic. Assisting this population, from children through to the elderly during the pandemic and with subsequent return to school, work or pre-COVID-19 lifestyles will likely require targeted support and care. In addition, people recovering from the

virus itself may require support and monitoring for cognitive effects, given indications of neurological involvement in some cases.

Supporting the mental health of these groups in the COVID-19 environment requires specialist expertise, as provided by clinical neuropsychologists.

Clinical psychology

Psychologists working in the area of Clinical Psychology provide a wide range of psychological services to individuals across the lifespan and for mental health conditions that range from mild to severe and complex.

Clinical psychologists have skills in the assessment and diagnosis of mental illnesses and psychological problems including complex and comorbid problems such as post-traumatic stress disorder, depression, and personality disorders. They are qualified to provide assessments and treatment in clinical, medicolegal and compensation areas.

Clinical psychologists use a range of techniques and therapies to treat mental health disorders. They hold particular skills to solve complex clinical psychology problems requiring individually tailored treatment.

Clinical psychologists are involved in the design and implementation of treatment strategies in various settings (such as primary care, psychiatric and rehabilitation) and in the subsequent evaluation of treatment outcomes.

Role in response and recovery

Clinical psychologists have an essential role to play in the design, delivery and evaluation of mental health treatment for individuals who are experiencing mental illness, particularly where it is severe and complex, whether they be in the community, rehabilitation settings or in residential settings such as psychiatric facilities, hospitals and rehabilitation settings.

Community psychology

Community psychologists are experts in working with communities and building community capacity and resilience. They conduct needs analyses, foster community-generated problem-solving, and build community capacity building to manage change and address risks and threats. They evaluate psycho-social environments with respect to sense of community, quality of life, social support networks, resilience, etc, and undertake social impact assessment related to environmental issues such as drought and climate change.

Community psychologists have the knowledge and skills to assess psychosocial needs (of individuals, groups, organisations and residential communities), conduct community consultation, enhance engagement and collaboration within communities, evaluate the processes and outcomes of community programs that address psychosocial needs and coordinate systems to manage projects. They educate staff in community consultation skills, provide counselling and advocacy for individuals and groups, negotiate and mediate to manage and resolve conflict, and develop, facilitate and evaluate group-based intervention and education programs.

Role in response and recovery

Community psychologists have a key role to play in working with communities to respond to the COVID-19 environment, particularly those that are most disadvantaged. Key actions include identifying areas of need, designing and implementing interventions to build resilience, working with community leaders to understand and respond to the needs of their

communities, and educating and supporting their staff, and developing programs tailored to the specific needs of communities, including those at risk (such as those affected by recent bushfires, women and children at risk of domestic violence, Aboriginal and Torres Strait Islander peoples, people living in rural and remote communities, and refugees and asylum seekers).

Counselling psychology

Counselling psychologists hold expertise and advanced competencies in counselling and psychotherapy. They provide assessment, formulation, diagnosis and treatment of psychological problems and complex mental health disorders. They offer evidence-based interventions to individuals, couples, families and groups across the lifespan.

Counselling psychologists can be found in a range of settings including private practice offering Medicare-rebated treatment, government and non-government organisations, hospitals and educational institutions.

Counselling Psychologists work with a variety of complex mental health disorders and psychological problems including anxiety and panic disorders, depression, trauma, personality disorders, chronic pain and adjustment difficulties, PTSD, substance use disorders and family/relationship difficulties.

Role in response and recovery

Counselling psychologists are experts in dealing with trauma and recovery. They provide evidence-based

interventions for individuals, couples and families. They consider the impact of social determinants of mental illness and trauma, and are well placed to respond to the broad range of issues that will be impacting on people's mental health at this time. Counselling psychologists have a critical role in delivering services to the community and other settings, and in providing expert advice on the impact of trauma, mental health issues and recovery.

Educational and developmental psychology

Educational and developmental psychologists work across the life span, from childhood through adolescence and all stages of adulthood. Their focus is on identifying problems, assessing and diagnosing disabilities and disorders (such as Autism Spectrum Disorder), assessing developmental and behavioural issues, counselling, designing and delivering interventions.

Educational and developmental psychologists work in a range of settings, including schools, private practice, and community agencies. They assist children and adolescents, and their parents and teachers, to understand and deal constructively with difficult circumstances and behaviours. They assist individuals, partners and employers with a range of issues of adulthood, including relationship, mid-life and ageing issues.

Role in response and recovery

Educational and developmental psychologists have a significant role to play in the identification and management of mental health issues, particularly in schools and other educational settings. They are skilled in working with children and adolescents and developing ways to assist them, their families and educators to manage the uncertainties and other impacts of COVID-19. This includes working with stakeholders to best address the significant interruptions to and impact on education, as well as supporting at-risk children and their families.

Forensic psychology

Forensic psychologists apply psychological knowledge, theory and skills to the understanding and functioning of legal and criminal justice systems. They are employed in a variety of areas, including courts and other tribunals, mental health (both general services and forensic mental health services), corrections (adult and juvenile, prisons and community), child protection, family services (e.g., family violence counselling services, parent training programs), alcohol and other drug services, rehabilitation services (e.g., pain clinics, head injury services) and private practice.

Forensic psychologists are involved in collecting and reporting evidence of a psychological nature for use in legal and quasi-legal proceedings, psychological assessment, formulation and diagnosis, psychological intervention (psychoeducation; individual, group and family psychotherapies; rehabilitation), program evaluation, and forensic interviewing.

Role in response and recovery

Forensic psychologists have a key role in the management of mental health issues in the justice and related systems, as well as risk factors for mental health including family violence. Their knowledge and skills in working with people involved in these systems makes them crucial resources in the design and implementation of responses to COVID-19. They are skilled in working with litigators, perpetrators, victims, families and other organisations (such as governments and community groups).

Health psychology

Health psychologists specialise in understanding the connection between mental and physical health. They explore factors that affect an individual's well-being, including biological (e.g. genetic predisposition), behavioural (e.g. lifestyle, stress, health beliefs) and social (e.g., cultural influences, family relationships, social support). The expertise of health psychologists spans public health, health promotion, and the development and delivery of clinical interventions. When working in clinical settings, health psychologists often work as part of multidisciplinary teams, utilising a significant evidence base, making them a vital part of the prevention and management of medical health concerns.

Health psychologists have expertise in developing education and behaviour change programs to help people to prevent, recover from, or self-manage acute and/or chronic illness, injury or disability and to assist people to manage issues such as chronic pain, addiction, poor sleep, eating problems, anxiety, depression, and reactions to illness such as anger and grief. They design and test interventions to improve health systems and relationships between multidisciplinary health professionals including doctors, nurses and psychologists, and they monitor impacts on health determinants that encourage recovery from illness and injury.

Role in response and recovery

Health psychologists have a significant role to play in supporting the community to understand, self-regulate, and manage health preventive behaviours and cope with the many changes to their life associated with COVID-19. The success of efforts to control the transmission of the virus will rely on behaviour change and maintenance of that change. Health psychologists are experts in developing public health programs to maximise the uptake of behaviour change strategies (such as physical distancing, hand hygiene, avoiding face touching) that will be essential to minimise the risk of transmission. This expertise can also be applied to encourage people to return to the health system for routine treatment. Clinically, health psychologists are skilled in assisting individuals to manage unhelpful responses (e.g. excessive alcohol consumption, anger) to the threat and increase positive

coping strategies (e.g. physical activity, healthy diet, stress reduction strategies, social connections). Finally, the medical and psychological knowledge of health psychologists, combined with their understanding of the health system, makes them ideally placed to support staff in hospitals and other health facilities to help manage health practitioner stress during the pandemic.

Organisational psychology

Organisational psychologists have skills and knowledge in workforce strategy, organisational development, change management, leadership and talent management, performance and productivity, coaching, culture and engagement, job and organisation design, workplace health and safety, mental health at work, recruitment and selection, learning and development, and career development.

Organisational psychologists provide advice and support to organisations across the above areas, in order to improve and sustain organisational performance and effectiveness. They design, implement and evaluate people-related interventions, enabling organisations to resolve human resources issues, harness the potential of their employees, and ensure the alignment of people to organisational strategy and objectives. They work closely with human resources, health and safety, and industrial relations professionals, amongst others, to implement evidence-based workforce policies, and they develop programs to improve employee wellbeing, commitment and engagement.

Role in response and recovery

Organisational psychologists have a key role to play in advising on and supporting organisational responses to COVID-19, both in the response and recovery stages. This includes considerations regarding organisation and work design, and how to optimise organisational performance given ongoing changes, disruptions and work constraints. They can assist organisations in their management of staff through the return to 'new normal' and to adapt to the changes that will be required. They can assist with communication, processes and policies to enhance employee adjustment and wellbeing.

Sport and exercise psychology

Sport and exercise psychologists hold expertise in performance enhancement and mental skill development, anxiety and stress management, concentration and mental preparation, overtraining and burnout, team building and leadership, communication skills and conflict resolution, health and wellness coaching, recovery and restoration, psychological assessment balancing sport and study, employment and/or family life.

Sport and exercise psychologists are skilled in working with individuals, teams, clubs and organisations for the enhancement of human performance and the management of factors that interfere with functioning in high pressure, high expectation competitive and performance environments.

Role in response and recovery

Sport and exercise psychologists can play a key role in supporting the community through the response and recovery stage of COVID-19. Elite athletes and sportspeople, people who attend gymnasiums and engage in other recreational pursuits, as well as children, adolescents and adults involved with community-based sporting clubs have all been significantly affected by the COVID-19 restrictions. The ultimate example of the impact of COVID is the postponement of the Tokyo Olympic Games. The extent of the impact and the

needs of the groups differ, and so the ways in which they can best be supported vary. Sport and exercise psychologists are uniquely skilled to address these needs.

Psychologists in research and education

Psychologists working in research and academic settings are highly skilled in problem definition, research design and analysis, and the translation of research into practice. They contribute to the advancement of science across the discipline of psychology, the training of new generations of the psychology workforce, and push the boundaries of innovation in psychological research and practice.

Role in response and recovery

Psychologists working in research and education have the skills to support high quality data collection, evaluation and monitoring as well as train the new wave of professionals particularly in new and emerging digital technologies. They are well placed to design and advise on data collection methodologies and strategies, determining suitable outcome measures, analysing and reporting on data, leading evaluation processes and supporting the translation of evidence and the adaptation and implementation of psychological interventions.