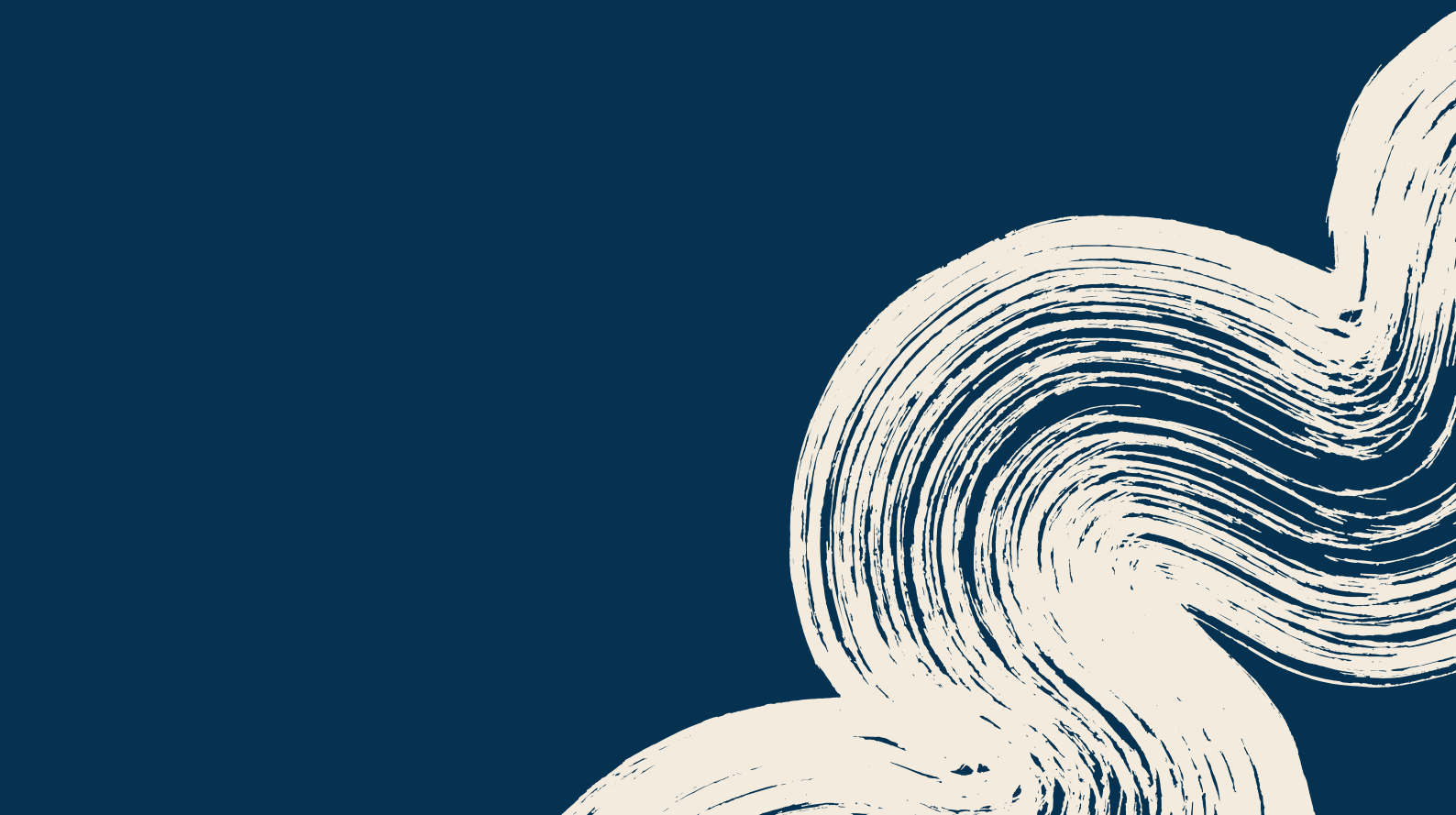
APS Australian Psychological Society

APS STATEMENT

2026 Victorian State Election

November 2026



Our priorities for the 2026 Victorian State Election

As the peak national body representing psychologists, the Australian Psychological Society (APS) advocates for policies that improve access to psychological services, strengthen the psychology workforce and support the wellbeing of Australians.

While national policy plays an important role, decisions made by state governments directly influence how mental health services are delivered, how children and young people are supported, and how psychological expertise is used across health, education and justice systems.

The 2026 Victorian State Election presents an opportunity to build on existing reforms, address persistent gaps in services and deliver better outcomes for Victorians.

The APS is calling on all political parties to commit to four key priorities:

- **Invest in prevention and early intervention mental health care to improve access to timely, community-based support.**
- **Invest in psychologists in schools to strengthen prevention, early identification and intervention.**
- **Reform youth justice through evidence-based approaches that prioritise prevention, rehabilitation and community safety.**
- **Ensure effective implementation of Thriving Kids by drawing on the expertise and capacity of the existing psychology workforce.**

These priorities identify where targeted investment, evidence-based policy and psychological expertise can make a meaningful difference.

The APS calls on all political parties to make clear commitments to these priorities ahead of the election, and on the next Victorian Government to back those commitments with meaningful investment and action.



1. Invest in prevention and early intervention mental health care

In 2021, the Royal Commission into Victoria's Mental Health System (the Royal Commission) set out a 10-year vision for a system that is accessible, connected and responsive to the needs of all Victorians. While some progress has been made over the past five years, many recommendations remain in progress or have only been partially delivered due to funding cuts for mental health in recent budgets.[1]

In addition, Victoria cannot build a sustainable mental health system by investing predominantly in acute mental health care. The next Victorian Government must embed reforms recommended by the Royal Commission and maintain the shift from responding to crises towards early intervention and prevention of mental ill-health. Prevention requires more than short-term programs and short-term funding. It requires sustained investment across the lifespan and coordinated action across health, education, community services and family violence systems.

When people cannot access timely and appropriate mental health support in their communities, emergency departments, ambulance services or police become the only available response. Individuals presenting to emergency departments with acute mental health needs experience longer waits than patients with comparable physical health presentations and are substantially more likely to arrive via police or other non-health services.[2] Limited access to community-based and after-hours care leaves emergency departments as the only available option, despite these environments exacerbating distress and not being designed for ongoing care.[2] Improved acute mental healthcare services and a committed focus on prevention and early intervention are essential to progressing the recommendations from the Royal Commission.



> The barriers to appropriate mental health care **are particularly pronounced in rural and regional areas**.

Recent election commitments to strengthen youth mental health care, develop a Youth Mental Health Centre of Excellence and rebuild the mental health workforce are welcome, however new specialist facilities and inpatient beds must be accompanied by accessible, community-based prevention and early intervention services.

A standalone metropolitan facility cannot, by itself, meet the need of all young people. In addition, the facility should draw on multidisciplinary expertise, including psychologists, to ensure research and evidence-based mental health care across Victoria.

The barriers to appropriate mental health care are particularly pronounced in rural and regional areas, where distance, workforce shortages and limited mental health service availability further restrict access to timely support. The Royal Commission recommended additional resources for rural and regional services, however implementation remains in progress.[1] The next Victorian government must ensure these communities have the same access to the same range and quality of prevention, early intervention, crisis and recovery mental health supports that metropolitan populations do.

Victoria's wellbeing strategy cites a systematic review of 65 economic evaluations which found that mental health promotion and prevention interventions were consistently cost-effective or cost-saving.[1] Psychologists are uniquely placed to contribute across the continuum through mental health promotion, early identification and intervention, treatment, workforce development, program design and evaluation.[3]

The APS calls on the next Victorian Government to:

- **Provide sustained funding for prevention and early intervention mental health care across the lifespan.**
- **Deliver equitable access to appropriate mental health services across rural and regional areas.**

Psychologists bring a distinct and complementary scope of practice to multidisciplinary school wellbeing teams.



2. Invest in psychologists in schools

Schools provide a critical setting for prevention and early intervention work because they enable emerging mental health, developmental, behavioural and learning concerns to be identified before they become more severe or entrenched. Victoria has established important foundations through the Mental Health in Primary Schools initiative and the Mental Health Practitioners initiative. However, Mental Health and Wellbeing Leaders in primary schools are registered teachers, while secondary-school Mental Health Practitioners may be psychologists, social workers, occupational therapists, mental health nurses or counsellors. These initiatives therefore do not ensure that every school community has access to the specific knowledge and expertise of a psychologist.

Psychologists bring a distinct and complementary scope of practice to multidisciplinary school wellbeing teams. They can lead evidence-based whole-of-school prevention, strengthen mental health literacy and help-seeking, build staff capability, and provide individual assessment, formulation and evidence-based intervention where mental health concerns intersect with learning, development or behaviour.[4] Psychologists also work collaboratively with parents and carers, school staff and external services to coordinate care, strengthen protective factors across home and school, and connect families with more intensive support when required.[4,5]

The APS calls on the next Victorian Government to:

- **Establish a dedicated psychology workforce strategy in the education system, ensuring access to at least one full-time equivalent psychologist for every 500 students.**



> Youth detention is harmful and often fails to improve outcomes, with **evidence of poor mental health impacts.**

3. Reform youth justice

The treatment of children in the justice system has been a longstanding concern within Victoria and other Australian jurisdictions.[6] The recently published Senate Committee *Australia's youth justice and incarceration system Inquiry Report*[7] noted that there have been several related inquiries at a national level and in Victoria. These include the 2024 Australian Human Rights Commission's *'Help way earlier!'* Report,[8] the 2023 Yoorrook Justice Commission's *Report into Victoria's Child Protection and Criminal Justice Systems*[9] and the 2021 Commission for Children and Young People, *Our youth, our way: Inquiry into the over representation of Aboriginal children and young people in the Victorian youth justice system*.[10] More recently, the Victorian Ombudsman's investigation of the Department of Justice and Community Safety (DJCS) decision to transfer a child to an adult prison identified significant shortcomings in how the child's human rights were considered.[11]

These reports indicate that there is over-representation of Aboriginal and Torres Strait Islander children and young people in the youth justice system, driven by systemic disadvantage, intergenerational trauma, racism, child protection involvement, poverty and disconnection from culture.[7,12,13] First Nations young people not only enter child justice supervision at a younger age than their non-Indigenous counterparts, but they are also placed under supervision and detention at significantly higher rates.[12] Addressing systemic issues are crucial to broader reforms in the child justice system and to reducing the disproportionate impact on Aboriginal and Torres Strait Islander communities.[6]

Youth detention is harmful and often fails to improve outcomes, with evidence of poor mental health impacts, disrupted education, family separation, high rates of remand, and ongoing recidivism.[14] Punitive sentencing responses do little to deter offending or improve community safety.[15] Child detention is especially counterproductive, as it not only fails to tackle the root causes of offending behaviour, but it also exacerbates trauma, disrupts healthy child

development and increases exposure to deviant peer influences.[6] This approach results in long-term psychological harm and deeper disadvantage for children but also significantly increases the likelihood of reoffending. Thus, detaining children should be considered only as a last resort.[16]

Current approaches to child and youth justice in Australia fail to adequately invest in addressing the underlying social determinants (e.g., poverty, social exclusion and racism, education, early childhood development, mental health) and adverse childhood experiences (e.g., household dysfunction, individual and international trauma) that drive child offending and reoffending behaviour.[6,17]

Diverting resources from justice system contact towards community-led preventative and initiatives that address risk factors associated with criminal behaviour and reoffending, and are culturally safe, has been demonstrated to reduce recidivism, build stronger communities and achieve long-term cost savings.[6,18,19]

Evidence-based early intervention, treatment and rehabilitation focusing on the underlying causes of offending rather than punishment are also essential for addressing the behaviour of sentenced child offenders.[20] Programs that offer therapeutic support, mental health care and skill development can help children overcome challenges such as trauma, poverty and social disadvantage.[21,22] Trauma-informed and culturally responsive rehabilitation, particularly for vulnerable groups like First Nations children, is key to supporting long-term wellbeing and successful reintegration into society.[23,24]

Psychologists, including forensic, educational and developmental, clinical and counselling psychologists, work directly with children, families and kin impacted by the child justice system. Psychologists not only support individuals in contact with the child justice system but are also uniquely positioned to help shape systematic and institutional policies, strategies and programs for prevention, early intervention, treatment and rehabilitation. Their expertise is vital in addressing the complex needs of vulnerable children and their families, creating evidence-based solutions that promote long-term wellbeing, rehabilitation and stronger community outcomes.[6]

The APS calls on the next Victorian Government to:

- **Increase adoption of justice reinvestment approaches to redirect resources from crisis response and detention toward community-led preventative initiatives that address social determinants and systemic causes of offending.**
- **Invest in the provision of psychologists with advanced training to provide evidence-based support and interventions in child justice and forensic settings.**



4. Ensuring effective implementation of Thriving Kids

Victoria will commence targeted Thriving Kids supports in six local government areas in January 2027, before progressively extending services statewide throughout the year.[25] The Victorian Department of Education will lead delivery of targeted supports and developmental checks, as well as managing intake and triage. Community partner organisations may also support targeted allied health delivery in some circumstances.

The State already has an established workforce of psychologists supporting children and families across diverse settings. Effective implementation must draw on this existing expertise and capacity, rather simply redistributing the existing workforce into new service structures. Failing to do so risks disrupting established therapeutic relationships, undermining existing services and limiting families' access to appropriate support.

In our joint position statement with the Australian Association of Psychologists Inc (AAPi), *Embedding the expertise of psychologists in Thriving Kids,*[26] we emphasise the importance of flexible commissioning arrangements that draw on existing workforce capacity and avoid inadvertently excluding private practitioners, smaller providers and locally based services.

> Victoria's implementation of Thriving Kids **must make effective use of its existing workforce.**



Victoria's implementation of Thriving Kids must make effective use of its existing workforce while ensuring children and families can access appropriate, evidence-informed supports.

The APS calls on the next Victorian Government to:

- **Transparent, inclusive commissioning arrangements that enable existing private practices, community organisations and smaller providers to participate meaningfully in Thriving Kids delivery, without unnecessary administrative or structural barriers.**
- **Embedding psychological expertise across service design, intake, needs assessment, universal parenting supports, targeted supports and clinical governance.**
- **Ensuring supports are responsive to individual needs, including recognising existing assessments and therapeutic needs, and providing pathways to individualised or sustained intervention where time-limited supports are insufficient.**
- **Monitoring and evaluating implementation to identify gaps in access, unmet need, continuity of care and impacts on the broader psychology workforce, including supervision and training capacity.**

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