2022 Federal Election Statement

Action on mental health

Investing in the mental health of our nation and our people

Australian Psychological Society | April 2022
Action on mental health

More than ever before, Australians from all walks of life need support for their mental health and wellbeing.

Even before the COVID-19 pandemic, Australia was facing a mental health crisis: it is a shadow pandemic that, if not remediated, will outlast the health effects of COVID-19. This mental health crisis in Australia is taking a huge toll on individuals, organisations and communities.

Patients are reporting barriers to accessing care including wait times, availability, and cost, and psychologists simply cannot keep up with the surging demand for their services.

The next Federal Government can turn this around with urgent policy action and strong leadership. Serious social and economic problems can be addressed by developing and enlisting the psychological workforce in the most efficient and effective way possible.

As we begin the long recovery from the COVID-19 pandemic and natural disasters, the APS calls on all political parties and independent MPs to commit to our urgent policy actions to support, improve and defend the mental health and wellbeing of every Australian.
Anxiety, stress, trauma and depression are among the most reported patient conditions seen by psychologists since the start of the pandemic.

3.2 million young Australians (16 to 24 years old) need expert help. Young Australians have taken the biggest psychological hit from the pandemic, with 82% saying they have experienced mental health issues during COVID-19.

One in four young Australians thought about suicide over the past two years and 15 per cent attempted self-harm.

In February 2022, 1 in 3 psychologists in Australia reported they had closed their books, unable to see new patients. Prior to the pandemic, only 1 in 100 psychologists were not taking new patients.

Psychologists are working on average an extra 17 hours unpaid a week: burdensome administration time that would be better spent on client care. This is more than three times the number of extra unpaid hours worked by GPs, who average 5 unpaid hours per week.

According to Lived Experience Australia (2021) more than 90% of patients and carers would recommend seeing a psychologist, yet our critically low workforce continues to face enormous and growing pressure.

Mental ill-health costs Australians $600m per day, or $220bn per year. That is roughly 4.5 times more than our national defence budget.

And yet, the Federal Government is only meeting 35% of the psychology workforce target it listed in the National Mental Health Service Planning Framework. This is the largest workforce shortfall of all mental health professions.
Key policy actions for reform

We call on the Federal Government to demonstrate strong leadership in mental health reform by committing to 10 urgent policy actions

<table>
<thead>
<tr>
<th>1. Invest in surge psychology workforce to ensure disaster readiness and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale up a disaster-ready psychological workforce to better support preventive actions and early intervention in disaster-prone communities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Support the perinatal mental health of all Australian parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide vulnerable Australian mums and dads with the dedicated psychological support they need to improve their perinatal mental health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Give young Australians access to psychologists at school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the availability of a qualified psychology workforce in schools to support Australian school kids</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Support child mental health hubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the investment in ‘Child Hubs’ delivers the best, evidence-based mental health care to support Australian children, and address the workforce gap to get more psychologists trained specifically in child and family mental health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Introduce a youth mental health safety net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce a ‘youth mental health safety net’ to ensure Australians aged 16 to 24 can access psychological care how and when they need it without fear of financial hardship for themselves or their families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Ensure COVID-19 mental health recovery through bulk billing and rural incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commit to ensuring the long-term psychosocial impacts of COVID-19 are mitigated to address the impact on the mental and physical health of Australians</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Use telehealth and Find a Psychologist to overcome wait times and connect Australians to psychologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve digital mental health to alleviate wait times to see psychologists through investment in Find a Psychologist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Future-proof the psychology workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund the training of the psychology mental health workforce to meet current and future demand</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Strengthen the psychology workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce a nationally coordinated placement model to support psychology workforce requirements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Get new graduates ready to handle any mental health issue by providing expert supervision and professional development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support supervisor training to develop a highly qualified and sustainable psychology workforce</td>
</tr>
</tbody>
</table>
Policy action 1

Invest in a surge psychology workforce to ensure disaster readiness and response

Significant mental health challenges emerge in the aftermath of disaster and emergency situations, such as the recent floods crisis in NSW and Queensland and the devastating 2020 bushfire season.

Evidence shows that mental ill-health affects not just those who directly experience a disaster, but also the first responders who care for and support them, as well as the wider community as it makes its way towards longer-term recovery.

Psychologists have highlighted the importance of taking preventative action to minimise disaster-related risks and intervening early to support mental health, in addition to disaster response and recovery. Yet prevention and early intervention are not being funded appropriately in Australia, with a recent report suggesting that only 3% of taxpayer funds are allocated towards these activities. Rural and regional communities, where there is already a disproportionate lack of an appropriately qualified mental health workforce, are also more disaster-prone, making it even more important to support disaster readiness in these communities.

We call on the government to scale up a disaster-ready psychological workforce to better support preventive actions and early intervention in disaster-prone communities.

To do this, the government can:

- Increase access to a flexible, agile and trained psychologist workforce who can offer psychological first aid and frontline worker wellbeing checks.
- Establish community forums in disaster-impacted areas to facilitate community-led recovery.
- Develop a digital portal to enable easier access to psychological first aid and frontline worker wellbeing checks in rural and remote communities.
- Develop new, targeted micro-credential courses and short courses to provide psychologically-informed and community-based disaster-readiness and resilience-building training for psychologists and mental health professionals to be able to provide psychosocial support to communities in times of crisis.
- Extend the APS Disaster Response Network (DRN) to include allied health workforce (including other mental healthcare professionals such as mental health nurses, trained occupational therapists, social workers or speech pathologists etc.).
Policy action 2
Support the perinatal mental health of all Australians

Perinatal mental ill-health affects more than 100,000 Australian families every year.

One in 5 new mothers experience perinatal anxiety. One in 10 women experience perinatal depression during pregnancy, and 1 in 7 in the first year following birth. One in 10 new fathers will experience postnatal depression. And the prevalence of perinatal anxiety and depression is reportedly worse in rural and remote areas where services are already under serious strain.

We call on the government to commit to providing vulnerable Australian mums and dads with the dedicated psychological support they need to improve their perinatal mental health.

To do this, the government can:

- Introduce specific Medicare item numbers for perinatal mental health services provided by psychologists, to support increased screening efforts.
- Remove barriers to continuity of care, preventing premature treatment drop-out and decreasing the unnecessary administrative burden on GPs, by ensuring MBS perinatal items do not require a formal diagnosis and the length of care is determined by the treating psychologist.
- Increase psychological services for perinatal mental health in rural, regional and remote areas via innovative service models (including digital health services, telehealth and offering psychologists other incentives similar to those afforded to GPs working in these locations).
- Fund additional inpatient (mother-baby units) and outpatient perinatal mental health care nationally with psychological support being a core aspect of treatment programs.
Policy action 3

Give young Australians access to psychologists at school

One in 7 school-aged children experience one or more mental health or neurodevelopmental disorders each year. Pre-pandemic figures show that 1 in 5 Australian children started school showing signs of social-emotional stress, and we now know that the pandemic has had, and continues to have, a negative impact on the mental health of school-aged children.

Approximately 50 per cent of adult mental illness begins before 14 years of age. Investment early on, to stop things snowballing into adulthood, quite makes sense, both economically and socially.

Pre-pandemic less than half of younger children and two-thirds of older children in Australia gained access to mental health services when needed.

Children and young people with good mental health are more likely to be resilient in the face of challenges and go on to realise their potential, live fulfilling lives, and become productive members of society. Psychologists play a vital role supporting school leaders, teachers and families to provide an integrated model of care incorporating promotion, prevention and early intervention.

We call on the government to increase the availability of a qualified psychology workforce in schools to support Australian school kids.

To do this, the government can:

- Support the recommendation to increase the ratio of school psychologists to a minimum of one full-time equivalent for every 500 students, from the Federal Parliament’s Select Committee on Mental Health and Suicide Prevention (and a long-held position of the APS).
- With just over 4 million students in Australian schools, over 8,000 school psychologists are needed now on the ground.
- Commission the APS to develop a national workforce plan for psychologists in general, and school psychologists.
- Support the APS to develop new programs providing psychological support to school-aged children, their families and carers (including psychologists in schools) such as training for teachers and counsellors; targeted training sessions for parents; programs to build resilience amongst students; and positive social dynamics within schools including an anti-bullying culture, to prevent the growing scourge of mental ill-health amongst children and youth.
- Fund a graduate training program in schools for provisionally registered psychologists that includes resourcing for supervision and support the APS to develop and manage a quality supervision framework.
- Significantly increase funding for tertiary post-graduate psychology qualification pathways for dedicated Master’s Programs with school psychology streams.
Policy action 4
Support child mental health hubs

The childhood years are one of the most important periods in the human lifecycle, establishing the foundations for future wellbeing. In the majority of cases, mental health issues onset prior to the age of 21 years, yet 1 in 2 children with mental illness are unable to access timely help from trained professionals, and only 1 in 3 parents use available services to help children who struggle.

Addressing mental health challenges early can help prevent significant issues later in life, however the mental health system in Australia is difficult to navigate, and focuses more on young people and adults, with less support available to children. A skilled workforce with expertise in child and family mental health is in short supply. Many families are also unable to access timely treatment, due to high out-of-pocket costs, long waiting lists, and dependency on diagnosis for treatment or high severity thresholds.

There are significant social and economic benefits to providing targeted support for infants, children, families and carers via ‘Child Hubs’.

We call on the government to ensure the investment in Child Hubs* delivers the best, evidence-based mental health care to support Australian children, and address the workforce gap to get more psychologists trained specifically in child and family mental health.

To do this, the government can:

- Fund a post-graduate psychology placement program at Child Hubs, to embed a new national psychology training system as a scalable workforce solution.
- Improve the use of psychologists and psychological science to fill critical services gaps.
- Work with the APS to design parent education programs to prevent anxiety disorders in children, per the Productivity Commission (2020) recommendation to expand the co-design and delivery of targeted education programs for parents, to significantly reduce healthcare costs related to treating anxiety.
- Amend governance and funding structures to support the required reform needed to ensure children receive help from the right professionals early in their development.

*The Federal Budget (2021) included funding of $248.6 million for early intervention and prevention, including a new network of community-based mental health hubs for children, their families and carers (‘Child Hubs’).
Policy action 5

Introduce a youth mental health safety net

Young Australians (16 to 24 years old) have taken the biggest psychological hit from the pandemic, with 82% saying they have experienced mental health issues during COVID-19.

Recent data shows that one in four young Australians thought about suicide over the past two years, and 15 per cent attempted self-harm. This compares with 3 per cent and 13 per cent respectively for Australian’s aged over 25.

While youth mental health has been a growing problem for many years, research shows these issues have been exacerbated by the pandemic, with forty-two per cent of young people saying their mental health issues had become worse, and 11 per cent saying their mental health issues were caused by the impact of the pandemic.

While the pandemic has opened up the conversation around young people’s mental health, it has also led us to a crisis point, and urgent action is needed to turn it around.

We call on the government to introduce a ‘youth mental health safety net’ to ensure Australians aged 16 to 24 can access psychological care how and when they need it, without fear of financial hardship for themselves or their families.

To do this, the government can:

- Continue to fund the additional 10 Medicare-subsidised psychology sessions a year, giving young people access to up to 20 sessions
- Secure telehealth as a permanent part of the Medicare system, particularly to benefit young people in rural areas
- Improve online services that link young people to psychologists
- Make access to psychological sessions more affordable for young people, by ensuring the gap paid aligns and does not exceed the APS recommended fee schedule
- Provide mental health training and stigma-reduction programs for parents, teachers and sports coaches.
Policy action 6
Ensure COVID-19 mental health recovery through bulk billing and rural incentives

The COVID-19 pandemic has affected almost all aspects of daily life. Two in five Australians report their mental health being affected by the pandemic. In all areas of society people are exhibiting unacceptably high levels of anxiety, depression, exhaustion and burnout.

Lockdowns and restrictions, increases in the prevalence of family and domestic violence, increases in the frequency or severity of existing physical or sexual violence, the many psychological and cognitive symptoms associated with COVID-19 itself, and the long-term effects of long-COVID have taken a severe toll on mental health, and are expected to continue well into the future.

These issues have compounded the psychological impacts of other devastating, nationally significant events such as the 2020 bushfire season and the NSW and Queensland floods in 2022, leading to a marked spike in the demand for mental health services.

For the last 20 years, GPs have had the opportunity to support patients through a bulk billing incentive which helped to establish general practice as central to the primary care system. Psychology patients would benefit from the introduction of the same patient benefit to ensure more equitable access to mental health treatment, particularly those in rural, regional and remote areas.

We call on the government to commit to ensuring the long-term psychosocial impacts of COVID-19 are mitigated to address the impact on the mental and physical health of Australians.

To do this, the government can:

- Make the additional 10 per annum Medicare-funded psychology sessions a permanent feature of the Better Access Program.
- Remove the referral requirement for the first three sessions of the mental health care plan, for the next 12 months.
- Shift the review by the referring practitioner to the 10-session interval permanently, rather than the six-session interval, allowing more time for patient care rather than administration and to free GPs up for clinical care.
- Replicate the general practice bulk-billing incentives for psychology patients.
- Replicate the regional relocation incentives available to GPs for psychologists.
- Support the APS in the development of professional education programs to minimise the impacts of the COVID-19 pandemic on frontline workers, teachers and other essential staff.
- Empower those most vulnerable to protect themselves and their children, both psychologically and physically, and break the cycle of abuse. Create a MBS item number for people experiencing family and domestic violence to enable them to seek professional support without requiring a mental health diagnosis.
- Fund the APS to develop an interactive, innovative training and accreditation program for psychologists and other practitioners working with people experiencing family and domestic violence.
Policy action 7

Use telehealth and Find a Psychologist to overcome wait times and connect Australians to psychologists

Psychologists are struggling to keep up with the unprecedented demand for their services, and Australians are finding it increasingly difficult to connect with a psychologist for the expert care they require. 1 in 3 psychologists report having to close their books to new patients, and many patients are waiting up to six months to access care.

Digital mental health services can provide benefit for people with mental health difficulties, particularly for Australians in regional, rural and remote locations and those from vulnerable groups. Telehealth can also provide greater access and reach for service providers and streamline business processes. In 2020-21, 3.4 million Australians aged 16-85 years (17%) saw a health professional for their mental health, with 8% seeing a psychologist. Around 612,000 Australians accessed other services for their mental health via phone or digital technologies. Positively, approximately 78% of psychologists report that they are prepared to take on new clients that live in other states, territories, or locations. Therefore, a better integration of telehealth, online and digital services into everyday practice will help psychologists reach vulnerable groups and start to overcome the issue of maldistribution of psychological expertise.

We call on the government to improve quality and access to psychological care, regardless of location, to alleviate wait times to see psychologists

To do this, the government can:

- Enhance the APS’ Find a Psychologist tool through a rebuild that will make it easier and faster for everyday Australians to connect with a psychologist in times of need. The APS can deliver a platform that simplifies, streamlines and enhances the ability to find and connect with an available psychologist, regardless of location, similar to a virtual waiting room. We will build the tool and roll out a strategic, multi-channel public awareness campaign, with appropriate recognition of the Federal Government’s investment.
- Invest in quality assurance measures, such as standardised professional training, to ensure appropriate delivery and support for psychologists, and other practitioners, utilising telehealth technologies and digital solutions.
Policy action 8

Future-proof the psychology workforce

There is a critical shortage of psychologists in Australia, with the current workforce meeting only 38% of demand for mental health services.

Australians should be able to access specialised psychological support to ensure all aspects of their mental health and wellbeing needs are being met. The health system is in desperate need for more psychologists, yet universities are not funded or supported to offer places (particularly Commonwealth Supported Places) due to increased financial losses. The impact of COVID-19 has further increased this pressure and has led to drastic staffing reductions, reduced places, and even more potential course closures. Diversity in the psychology workforce is being lost as access to training in Master's Programs in Areas of Practice Endorsement (AoPEs), which are associated with specialised knowledge and competencies, is reduced.

Australia risks falling behind other countries with regard to these diverse areas of psychological expertise, with many having a direct impact on the risk of mental ill-health and suicide in various settings including prisons, schools and hospitals. These workforces often fill important gaps in services not able to be scaled up by medical workforces such as forensic psychologists, neuropsychologists and educational assessments.

This can be addressed through both innovative solutions and by urgently scaling up the workforce through increased funding and opportunities for tertiary training for psychologists. Australians expect to see their mental health treated with the same importance as their physical health, so the training of the psychology workforce deserves the same support as medicine, nursing and other disciplines.

We call on the government to fund the training of the psychology mental health workforce to meet current and future demand

To do this, the government can:

- Fund universities to reinstate and/or develop appropriate Master's Programs (both MPP and, in particular, for AoPE) to ensure adequate diversity and expertise within the psychology workforce.
- Shift the banding for psychology training to be equivalent with General Practice, Medical Studies, Agriculture and Veterinary Science in Funding Cluster 4, to incentivise universities to train more psychologists.
Policy action 9

Build sustainability in the psychology workforce

Each year, thousands of psychology graduates hoping to enter the mental health workforce face a bottleneck relating to the practical placement stage of Master’s training.

Limited placement opportunities and a paucity of appropriately trained supervisors make Masters places too expensive for universities to fund. As a result, many of these students end up working in other areas outside of psychology and mental health – right at a time when we desperately need to grow the psychology workforce.

Federal Government support for a nationally coordinated placement system could address this issue within 2-3 years: a rapid and effective solution not seen in any other mental health workforce.

We call on the government to introduce a nationally coordinated placement model to support psychology workforce requirements.

To do this, the government can:

• Fund the APS to oversee quality, evidence-based placements with appropriate supervision, taking the financial burden away from universities.
• Support the APS to negotiate contracts with state-based departments e.g., Education, Health, Corrective Services on behalf of the Federal Government, to provide quality assured placements for post-graduate psychology students.
• Support APS to create a placement/supervisor matching system.
• Promote workforce opportunities in rural and remote locations, and with our most vulnerable groups, by funding the APS to arrange intensive student placements in these areas.
• Provide psychology graduates with incentives to work in rural and remote locations equivalent to those being offered to doctors and nurses, i.e., by eliminating their HECS debt, providing scholarships and through other Medicare-related benefits.
• Embed a placement and training system within federally funded mental health services, with dedicated funding for this purpose.
Policy action 10

Get new graduates ready to handle any mental health issue by providing expert supervision and professional development

To meet registration requirements, psychology graduates have to undergo up to two years of supervised practice with a Psychology Board of Australia-approved supervisor. Psychology graduates often have to pay for their supervision to become registered, which can be financially challenging. Similarly, psychologists choosing to become supervisors have to undertake, and pay for, Board-approved supervision training, and subsequent Master Classes to maintain their supervisory status.

Both the cost to become a supervisor, and the cost to receive supervision, can be prohibitive and, as a result, impact on the psychological workforce. An increase in funding for supervisors could lead to an estimated increase of 6,000+ work ready psychologists by 2024, bolstering the workforce and filling current gaps in service.

There is an urgent need to encourage psychologists to undertake supervisor training, and new graduates to complete registration (either as a general psychologist or endorsed psychologist), and rapidly increase the psychological workforce.

We call on the government to support supervisor training to develop a highly qualified and sustainable psychology workforce

To do this, the government can:

- Fund the APS to provide our Board-approved supervisor training program at an estimated cost of $1,500/person. With appropriate funding, we estimate that an additional 3,500 psychologist supervisors could be activated over 2 years. This would remove an important barrier to growing our psychology workforce within months.
- Provide funding to support a state-based public sector salary loading to incentivise psychologists who agree to supervise students on placement.
- Fund the APS to support new graduates to find and engage with appropriate supervision and professional development. Leveraging our 27,000 strong membership and established digital infrastructure and capability, a Federal Government seed-investment would enable us to develop and implement a three-year establishment phase of an initiative that would see:
  - Online training consisting of a mix of self-paced core units and a series of webinars with experts in the field, to further develop participants’ knowledge and experience in key areas across the lifespan.
  - A dedicated community of practice for each major area of treatment to enable participants to share learnings and insights, access mentors, raise awareness of professional opportunities, and develop a professional network amongst their peers, supervisors, and subject matter experts. A comprehensive evaluation undertaken in the third year, to enable embedded learnings to refine the program design and delivery, track all impacts and ascertain future needs of the current workforce across the mental health sector. Beyond this, the program would move into a maintenance phase.

Australian Psychological Society | Federal Election Statement 2022
References

Further information and all references can be found in the APS Pre-Budget Submission 2022-23 *Prevent, Respond, Adapt: Improving the mental health and wellbeing of all Australians*