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Mental Health Commission
GPO Box X2299
Perth Business Centre WA 6847

Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300

Submitted to: MHAODStrategyFeedback@mhc.wa.gov.au

Dear Commissioners,

Western Australia's Mental Health and Alcohol and Other Drugs 2025 – 2030: Proposed Strategic Directions

The APS welcomes the WA Mental Health and Alcohol and Other Drugs (WAMHAOD) Strategic Directions 2025-2030 (the Strategy), which emphasises prevention, early intervention, clinical care, recovery, and systems-level reform to strengthen community health, mental health and wellbeing. We strongly support the Strategy's focus on prevention, integration, workforce capability, psychosocial supports, equity and cultural safety and robust governance and evaluation.

As the leading professional association for psychologists in Australia, the APS advocates for the vital contribution psychology makes to the health and wellbeing of individuals, families, organisations and communities. Psychologists in Western Australia work across diverse settings including primary care, community mental health, hospitals, justice, workplaces and schools. They deliver evidence-based prevention and early intervention, treatment and recovery, service design and evaluation, and systems-level advice. Their skills are central to reducing demand on acute services, addressing complex mental health and alcohol and other drugs needs, and improving outcomes across the lifespan.

In this response, we identify three high-impact priorities that will strengthen the implementation of the Strategy:

- Strengthening workforce planning for psychologists in Western Australia
- Maximising the contribution of psychologists in public mental health
- Scaling school-based psychology services.

We look forward to working collaboratively with the Mental Health Commission to ensure the Strategy is developed and implemented in a way that delivers meaningful and lasting benefit for the Western Australian community.

We consent to this letter and our response being made publicly available. If any further information is required from the APS, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely,

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

Australian Psychological Society (APS) Response to Western Australian Mental Health and Alcohol and Other Drugs (WAMHAOD) Proposed Strategic Directions

The APS welcomes the WA Mental Health and Alcohol and Other Drugs (WAMHAOD) Proposed Strategic Directions (the Strategy) as a strong framework to guide action over the next five years, strengthening community health, mental health and wellbeing across Western Australia. We strongly support the Strategy's focus on:

- **Prevention and early intervention** particularly in schools and community-based care, which is critical to reducing the onset and escalation of mental health and alcohol and other drug (AOD) issues.
- **A whole-of-system approach** recognising that integration across education, hospital, National Disability Insurance Scheme (NDIS), justice, and primary care is vital to ensuring people receive coordinated and connected support.
- **Workforce capability** explicitly naming the need for a skilled, diverse and supported workforce and recognising the importance of workforce development in regional and remote communities.
- **Strengthening psycho-social supports** including safe places, crisis alternatives and housing-linked services that help people maintain connection and recovery in their communities. This, combined with adequate mental health care, such as that provided by a psychologist can help prevent escalation to acute and hospital-based services.
- **Equity, cultural safety and trauma-informed care** with a clear focus on Aboriginal and Torres Strait Islander peoples and the centrality of social and emotional wellbeing (SEWB), as well as on priority populations identified in the Strategy, including people in regional and remote areas, culturally and linguistically diverse (CaLD) communities, people with disability, children and young people, LGBTIQ+SB communities, older adults, and those experiencing homelessness or justice involvement.
- **Governance, data and evaluation** which are essential to strengthen accountability, measure impact, and drive system-wide improvement.

These areas of focus align closely with APS' own focus areas and provide a strong foundation on which to build. Psychologists, as a highly trained workforce, are critical to realising these goals through prevention, early intervention, treatment and recovery, service design and evaluation, and systems-level advice.

To strengthen the Strategy, the APS identifies three high-impact opportunities where targeted action on psychology will accelerate progress:

- Strengthening workforce planning for psychologists in Western Australia
- Maximise the contribution of psychologists in public mental health
- Scale school-based psychology services.

Together, these priorities align directly with the Strategy's commitment to supporting the growth, retention and wellbeing of an appropriately skilled and multidisciplinary workforce, and to strengthening prevention and early intervention. They provide a pathway to improve access, equity and outcomes for the Western Australian community.

Strengthen workforce planning for psychologists in Western Australia

At the systems level, WA must ensure psychology is explicitly incorporated into workforce planning frameworks to grow supply and meet future demand. The Strategy highlights the importance of "supporting the development, growth, retention and wellbeing of an appropriately skilled and multidisciplinary workforce" (p. 65). Psychologists are central to the MHAOD workforce, providing expertise across schools, community, healthcare, primary care, workplace, and justice, across the lifespan, and across prevention, treatment and recovery. Their advanced skills are critical to addressing the rising demand and complexity of mental health and alcohol and other drug presentations across WA.

Despite this, there is a persistent and significant shortfall. A 2020 analysis estimated the psychology workforce is meeting only 35% of projected national demand^{1,2}. APS analysis shows psychologists have the lowest clinical full-time equivalent (FTE) to headcount ratio of all Ahpra-registered professions, falling to just 61.2% in 2023 compared with an

all-profession average of 80.7%^{1,3}. These shortages and underutilisation constrain the capacity of the MHAOD system to deliver timely, evidence-based care, particularly for people with complex or co-occurring conditions.

Current workforce planning approaches refer broadly to “clinicians” and “allied health”, but this does not capture the specific needs of the psychology workforce. Without dedicated planning, WA risks ongoing gaps in the psychology workforce supply, training pathways and distribution.

The APS recommends:

- **Develop a psychology-specific workforce action plan for WA.** Establish clear growth targets, align workforce supply with population needs, and ensure psychologists are explicitly recognised within WA’s MHAOD workforce planning frameworks.
- **Expand training pathways:** Increase funded postgraduate places (particularly for First Nations, rural and remote, and culturally diverse candidates) and reduce out-of-pocket costs for internships and supervised practice. Strengthen pathways to ensure a sustainable pipeline of psychologists entering the workforce.
- **Address rural shortages:** Introduce incentives, relocation support and professional development opportunities to attract and retain psychologists in rural and remote WA, supported by telehealth-enabled service models.
- **Strengthen workforce data and accountability:** Establish transparent, public reporting on psychology workforce composition, distribution, and qualifications. Regularly track progress against workforce targets to ensure accountability and highlight where psychology-specific action is required.
- **Integrate digital mental health tools safely and effectively:** The Strategy highlights digital innovation as a key enabler of accessibility across the MHAOD system. To ensure they deliver value without compromising care, these tools should be integrated within service pathways, complemented by professional psychological oversight. This approach enhances prevention and early intervention, strengthens connections into care, and safeguards clinical quality and accountability.

Maximise the contribution of Psychologists in public mental health

While workforce planning addresses supply and distribution, it is equally critical to ensure psychologists already in the system can work to their full scope and be retained in public services. This recommendation aligns with the Strategy’s focus on retaining and supporting the wellbeing of the workforce.

Psychologists undertake one of the longest and most rigorous training pathways in the health professions, typically six to eight years including postgraduate study and supervised practice. This equips them with advanced skills in assessment, formulation, and evidence-based intervention. However, their expertise is often underutilised in WA’s public health system.

Psychological treatment is often deprioritised in public services, with pressure placed on pure risk management and rapid discharge, reducing opportunities for evidence-based care that supports recovery^{4,5}.

Recruitment practices add to this underutilisation by excluding general registered psychologists and psychologists with Area of Practice Endorsement unless they hold clinical or clinical neuropsychology endorsement. All psychologists are fully qualified to assess, diagnose and treat mental health conditions.

Provisional Psychologists and those on the 5+1 pathway form an important entry point into the workforce, however, are similarly underutilised, despite their potential to contribute meaningfully under appropriate supervision. These barriers unnecessarily narrow the available workforce and prevent the system from drawing on the full breadth of psychology expertise at a time of high demand.

Supervision requirements place a burden on experienced psychologists, who are expected to support provisional and early-career psychologists without adequate funding, workload relief, or recognition. These disincentives reduce the number of placements and limit the pipeline of psychologists entering the public system.

Finally, the challenging working conditions facing psychologists in public services, including high demand, lower remuneration, limited flexibility, and constrained career progression, are driving many into private practice. In private settings, psychologists are better remunerated and able to work to the full scope of their professional capability, which is both more rewarding and more sustainable. The loss of talent places additional strain on those who remain in the

public system, increasing the possibility of burnout for those who remain and limiting the timely delivery of health services.

The APS recommends:

- **Redesign roles:** Redesign public sector psychology roles so psychologists (including provisional, general, and endorsed) are recognised, supported, and employed in line with their qualifications and full scope of practice, with a focus on delivering evidence-based treatment and recovery rather than case management.
- **Rebalance workforce composition:** Ensure psychologists can work to their full scope of practice rather than being substituted with less-trained roles, so that people with complex needs have access to appropriately skilled care.
- **Expand supervision capacity:** Fund supervisor training, provide protected time for supervision, and introduce workload relief to make supervision sustainable. Expand funded placements and career pathways for provisional and early-career psychologists and remove disincentives for experienced psychologists to provide supervision, ensuring access to sustainable supports.
- **Address system-level drivers:** Improve workload, flexibility, remuneration and job satisfaction by supporting flexible work options, strengthening clinical governance and ensuring clear career progression pathways. These changes are critical to retaining psychologists in the public system and reducing attrition to private practice.

Scale school-based psychology services

The Strategy prioritises strengthening prevention and early intervention, particularly for children and young people. Health promotion in schools is a particular focus. There is an opportunity to highlight the distinct role psychologists play in prevention, early intervention, suicide prevention, and responding to MHAOD concerns in children and young people. Psychologists in schools are uniquely placed to identify issues early, intervene before problems escalate, and support families affected by alcohol and other drug use⁶⁻⁹.

A systematic review of over 40 studies found that around half of adult mental health disorders begin before age 14, with some emerging as early as five years¹⁰. Even those who appear to “outgrow” these difficulties remain more likely than their peers to face serious challenges in adulthood, including problems with work, health, relationships, and contact with the justice system. These risks are compounded by adverse childhood experiences such as family violence, parental substance use, and poverty, which are widespread across Australia¹¹. This evidence highlights the critical role of school psychologists in identifying problems early and providing timely intervention to reduce the risk of lifelong impacts. The following recommendations outline practical steps to strengthen and scale school-based psychology services in WA.

The APS recommends:

- **Adopt and report against a benchmark ratio:** Despite recent investment, access to school psychologists in WA remain below recommended levels. The APS recommends a benchmark of one school psychologist for every 500 students¹². At the time of the 2022 audit, there were 253 FTE school psychologists, equating to a ratio of 1: 1,253¹³. With additional appointments in 2024¹⁴, the Department reports 629 school psychologists (475.7 FTE¹⁵) servicing approximately 326,286 students¹⁶, a ratio of approximately 1:688 students. While this is an improvement, it still falls short of the recommended 1:500 benchmark.

The Auditor General highlighted that the Department of Education lacks a clear operating model linking workforce to demand¹³. In the absence of such a model, a benchmark ratio provides a tangible indicator of adequacy. The Minister for Education has stated that ratios “do not provide a valid representation of support”, noting the flexible and responsive nature of the service¹⁵. While this is valid, it does not negate the value of

ratios as a baseline measure. Ratios should not be viewed as a sole or rigid metric, but as one component of a broader accountability framework. Adopting and reporting against a benchmark ratio would:

- Provide a tangible indicator of adequacy of the school psychology workforce supply. Without a benchmark, it is difficult for Parliament, schools, or the public to know whether the service is under or over-resourced.
- Enable longitudinal tracking to show whether investment is improving access over time.
- Strengthen system-level workforce planning. Even if “need varies by school”, ratios at a system-level help to model workforce pipelines, for example how many provisional psychologists need to be trained and supervised to meet future demand.

Ratios should therefore be used as a guiding benchmark, complemented by contextual reporting, such as complexity of student needs and distribution across regions. This balanced approach acknowledges the Minister’s concerns while ensuring accountability and enabling effective workforce planning.

- **Expand and diversify training pathways to grow the school psychology workforce:** The Department of Education already supports school-based practicum placements, provides financial assistance for remote placements, and offers professional learning and supervision supports^{17,18}. However, workforce growth also requires addressing supervision capacity. The APS has highlighted limited availability of Board-approved supervisors as a barrier to training new psychologists and has invested in expanding supervisor training^{19,20}. Incentivising and supporting experienced school psychologists to take on supervisory roles will be critical to growing the workforce. While WA currently recognises seniority through the Lead School Psychologist role²¹, career pathways remain limited. Broadening opportunities for advancement beyond leadership would strengthen retention and build workforce capability. Finally, sustained professional learning and support are important to ensure psychologists can respond to increasingly complex student needs, and to reduce attrition, particularly in regional and remote areas.
- **Strengthen data and reporting:** The Auditor General has highlighted that the Department of Education lacks a clear workforce model or consistent data to link psychology services with demand¹³. Collecting and publishing transparent data on workforce deployment, access to services, and student wellbeing outcomes would enable better planning, identify inequities between regions, and provide accountability for outcomes of investment in school-based psychology services.
- **Invest in evidence-based, student-informed programs:** Scaling the school psychology workforce should be complemented by investment in psychologist-led programs that are evidence-based and shaped by the student voice. Programs that build resilience, mental health literacy, and help-seeking behaviours directly address the MHAOD priorities and ensure that additional workforce capacity translates into improved student wellbeing and outcomes.

Summary

Psychologists are central to achieving the WAMHAOD Strategic Directions, which emphasise “supporting the development, growth, retention and wellbeing of an appropriately skilled and multidisciplinary workforce”. Their expertise spans prevention, assessment, treatment, and recovery across schools, communities, health services, and workplaces. Despite their central role, persistent workforce shortages, underutilisation, and fragmented planning continue to limit access to timely, evidence-based care.

This submission identifies three interdependent priorities that directly support the Strategic Directions:

- **Strengthening workforce planning for psychologists**
- **Maximising the contribution of psychologists in public mental health**
- **Scaling school-based psychology services**

Together, these priorities address system-level planning, utilising the full scope of psychologists’ skills, and population-level early intervention. They outline a coherent pathway to build a sustainable psychology workforce, improve equity

of access, and strengthen the overall multidisciplinary capacity of WA's MHAOD system to deliver better outcomes across the lifespan.

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this submission.

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