Prevent, Respond, Adapt: Improving the mental health and wellbeing of all Australians

Pre-Budget Submission 2022-23

January 2022 | Australian Psychological Society

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Executive summary

The Australian Psychological Society (APS) is Australia's largest and pre-eminent psychological association with more than 27,000 members. We are dedicated to advancing the scientific discipline and ethical practice of psychology in the communities we serve, in order to promote their mental health and wellbeing. We strive to realise the full human potential of individuals, organisations and their communities through the application of psychological science and knowledge.

The current mental health crisis in Australia is exacting a severe toll on individuals, organisations and communities, with an estimated cost to our economy of $600 million a day, or $220 billion every year[1] and an inestimable social impact. Indeed, these figures are probably outdated and underestimated, with the Australian Institute of Health and Welfare (AIHW) reporting increased levels of psychological distress in the Australian population since the beginning of the COVID-19 pandemic, particularly in women and young people. This has been accompanied by an escalation in the use of mental health services[2].

The APS would like to partner with Government to provide opportunities to address this serious social and economic problem by developing and enlisting the psychological workforce in the most efficient and effective way possible.

The following Pre-Budget Submission outlines how this can be achieved with a focus on the major priority areas for current reform in Australia via three key pillars:

- **Prevent**
- **Respond**
- **Adapt**

Three key pillars for reform

Prevent

- Spotlight on perinatal mental health
- Prioritise psychologists in schools
- Support child mental health hubs

Benefits

(Economic and social)

Respond

- Ensure COVID-19 mental health recovery
- Improve aged care and disability services
- Highlight digital health and psychology

Benefits

(Economic and social)

Adapt

- Build the psychology workforce
- Strengthen the psychology workforce
- Provide expert supervision and professional development

Benefits

(Economic and social)

Prevent

Spotlight on perinatal mental health

The need

Research shows that perinatal mental ill-health is a critical public health issue affecting more than 100,000 families every year[3]. Perinatal anxiety impacts 1 in 5 new mothers, with 1 in 10 women experiencing perinatal depression during pregnancy, and 1 in 7 in the first year following birth[4]. Furthermore, evidence suggests that 1 in 10 new fathers will experience postnatal depression[3], with many having limited awareness that perinatal mental health issues also affect fathers[5]. Changing practices and circumstances associated with COVID-19 restrictions have also been shown to increase the likelihood of maternal perinatal mental health disorders[6], with potential impacts on partners and extended families.

The prevalence of perinatal anxiety and depression is reportedly worse in rural and remote areas (such as in Queensland, New South Wales and Western Australia) where services are already under serious strain, with 1 in 5 women experiencing perinatal depression and anxiety[7]. Parents from vulnerable groups may face additional mental health challenges during the perinatal period, including families from LGBTIQ+, culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities.

The Productivity Commission Mental Health Report 2020[1] recommends universal screening of parents in the perinatal period. Introducing Medicare Benefits Schedule (MBS) parenting items as part of the current budget cycle would mean that increased demand for mental health services identified through screening could be met via accessible, community-based services. While the 2021-22 Budget included additional funding of $7.8 million over four years to expand the National Perinatal Mental Health

Helpline[8], there remains a scarcity of funded psychological services available to support the mental health of Australian parents. Approximately 1.3 million Australians currently receive MBS rebated psychological services each year, however, there is no specific provision for parenting within the perinatal period (and beyond).

> We need dedicated psychological support to improve the perinatal mental health of Australians

The investment

The APS congratulates the Government on prioritising perinatal mental health as a key preventive strategy to support its ambitious mental health reform agenda, given the growing evidence highlighting the prevalence and impact of perinatal ill-health on the Australian community. However, more is needed to support this vulnerable population and prevent the downstream social and economic costs.

The APS calls on the Government to:

- Introduce specific item numbers for perinatal mental health services provided by psychologists within the MBS 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.

The benefits

Perinatal mental ill-health has a notable impact on the Australian economy. A 2019 health-economic analysis of the impact of perinatal depression and anxiety in Australia conducted by PricewaterhouseCoopers (PwC) Consulting (with input from key perinatal support organisations) estimated the health, economic and wellbeing costs of perinatal mental ill-health at $877million in the first year and pointed to other continuing lifetime costs[9]. The Productivity Commission Mental Health Report (2020)[1] estimated the cost of improving perinatal mental health (through raising awareness about screening, increased screening and treatment services) at an additional $18-23 million in direct expenditure. When measured against the PwC report figures, the economic, health and social benefits of funding increased psychological services in this area are obvious. Early identification and intervention, with person-centred treatments, are required to, not only improve the mental health of individuals and families, but to also reduce the financial burden on the Australian economy[9].

Additional investment in prevention and early intervention can reduce negative outcomes and mental ill-health. Specifically:

- Ensuring the mental wellbeing of people in the perinatal period as a form of early intervention for infants, children, and parents to decrease the likelihood of poorer developmental and mental health outcomes[10]. Previous research has demonstrated the association between parental depression and higher risks of behavioural impairment in children[11].
- Determining and addressing the ongoing economic and mental health costs related to birth trauma.
- Addressing the additional stress experienced by many parents at this time to strengthen family units - so avoiding the costly burden (economic, health and mental health) associated with family breakdown.
- Addressing the risk and associated cost-burden of suicidality in this highly vulnerable group.
- Supporting at-risk groups (e.g., Rural and remote communities, Aboriginal and Torres Strait Islander communities, CALD, LGBTIQ+ communities, people with disabilities, etc.)
- Addressing the ongoing impact of COVID-19 related restrictions on people in the perinatal period, e.g., social isolation (no new parent groups) and lack of support (familial and community) to overcome the potential for developing complex behavioural and mental health disorders.

Prioritise psychologists in schools

The need

Across the globe, policymakers have recognised that mental health and wellbeing begins early in life. 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[12].

Each year however, 1 in 7 school-aged children, experience one or more mental health or neurodevelopmental disorders in Australia[13]. These child and youth mental health challenges are usually preceded by non-specific psychosocial concerns, which can serve as an early warning indicator of future ill-health. Alarmingly, pre-pandemic figures show that 1 in 5 Australian children started school showing signs of social-emotional stress[13]. Updated information demonstrates that COVID-19 has had a large negative impact on the mental health of school-aged children. Parents have reported worsening of their children's mental health as the pandemic has progressed, and almost three-quarters of adolescents reported declining mental health outcomes due to COVID-19[14].

Recently, the Productivity Commission Report and the first National Children's Mental Health and Wellbeing Strategy prioritised educational settings, in partnership with family, community and the broader service system, as critical for developing the mental health and wellbeing in children and youth[1,15]. Psychologists have a vital role to play in implementing this strategy. When well resourced, psychologists in schools can provide an integrated model of care incorporating promotion, prevention and early intervention for children and families. Working with and supporting school leaders and teachers as a member of the school staff team is a significant aspect of the work of school psychologists.

To realise the benefits that psychologists can bring, the final report of Federal Parliament's Select Committee on Mental Health and Suicide Prevention recommended Commonwealth and State Governments work together to increase the ratio of school psychologists to a minimum of one full-time equivalent for every 500 students[16], 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.

However, there is a critical shortage of trained psychologists to meet current demand for children's mental health services. Pre-pandemic less than half of younger children and two-thirds of older children in Australia gained access to mental health services when needed[17]. Significant barriers in finding mental health support have continued throughout the pandemic with almost half of parents reporting difficultly gaining access to care[14]. For those children and youth who do access mental health services, the evidence indicates that up to half do not receive enough sessions to sufficiently treat their condition[17]. In addition, the psychology workforce pipeline is shrinking due to the funding changes to psychology qualification pathways for tertiary students. The ongoing reduction of psychology training courses and loss of diversity within Master's programs is further exacerbating the shortage.

We need urgent action to increase the availability of a qualified psychology workforce to support our school children

The investment

The Productivity Commission's Mental Health Report recommends education support for the mental health of school-aged children with concurrent improvements to policies and practices within schools[1]. Psychologists have a key role to play in this regard.

To achieve improved mental health outcomes for school-aged children, the APS calls on the Government to:

- Commission the APS to develop a national workforce plan for psychologists in general, and school psychologists, in particular.
- 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.

The benefits

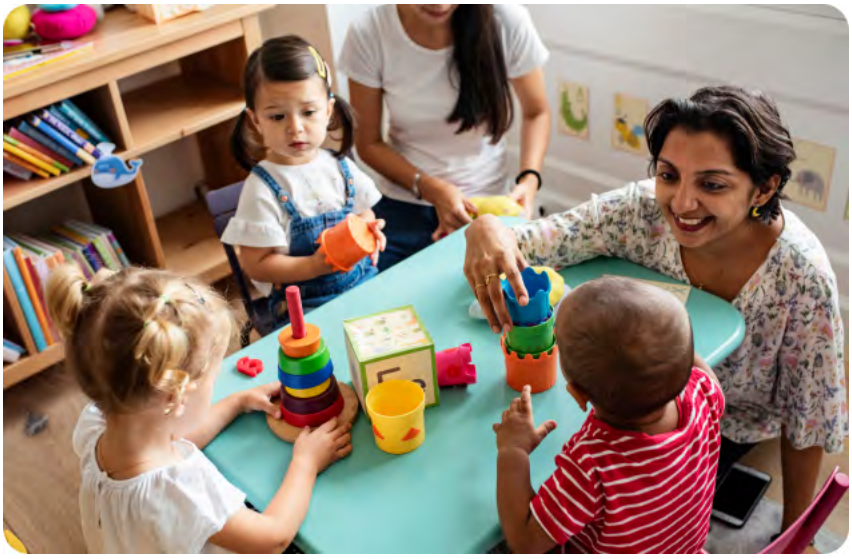
Investing in the school psychology workforce will improve children's mental health and wellbeing and educational outcomes in the shorter term and lead to diminishing health costs in the long-term. It costs significantly more to treat mental illness in adolescence and adulthood than it does to promote mental health or intervene early during childhood. For example, a return-on-investment study in the United Kingdom showed that for each case prevented by school-based social and emotional learning programs there is cost savings of almost $300,000 AUD equivalent for severe behavioural problems and $150,000 for mild problems[18].

The National Mental Health Commission demonstrated that school based psychological interventions to prevent depression showed a favourable return on investment due to fewer depression cases and would save over $37 million[19]. Overall, investing early in children's mental health and wellbeing results in a return on investment between $1 and $10.50 for each dollar spent[1].

Increasing the number of psychologists in schools would also significantly benefit parents who are unable to afford or access psychological care for their children via the private and public health systems. Teachers and fellow students may similarly benefit from school psychology reform with the increased capacity of support and intervention leading to reduced behavioural issues within the classroom.

In addition, education is a clearly recognised social determinant of wellbeing, including health and welfare, with people achieving higher levels of education being more likely to attract higher incomes[1]. The AIHW Report "Australia's health 2020 data insights" also points to educational attainment as a key social determinant related to death by suicide[20]. Clearly, protecting our children's educational experience has both social and economic benefits.

Support child mental health hubs



The need

The rapid brain development and physical growth experienced during childhood make the early years one of the most important periods in the human lifecycle, establishing the foundations for future wellbeing[21]. Yet this is also a time when mental health challenges can first appear, significantly influencing the future health and wellbeing of the individual and their family – in household, workplace and community settings.

Addressing these challenges early can help prevent significant issues later in life. Strategies for prevention and intervening before a child becomes unwell, form a vital part of the Government's current mental health reform agenda. Better support is also needed for parents and carers, as they have a critical role to play in nurturing the mental health and wellbeing of infants and children.

Research shows that 1 in 10 preschool-aged Australian children experience risk factors[22] including "poor physical health, personal trauma, socio-economic disadvantage, lack of access to services, or being in out of home care or under child protection system" (p. 209)[1] that independently or in combination, increase their likelihood of mental health issues in adulthood, that could be addressed through early intervention approaches[1]. In the majority of cases, mental health issues onset prior to the age of 21 years[1]. 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[15].

Studies find that the current 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[15].

Policymakers (both Federal and State) have called for a new mental health and wellbeing system to better support infants, children, their families and carers in the early years (0-11). The Federal Budget (2021) includes 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 ('Kids Hubs') to ensure they receive the age-appropriate treatment, care and support needed[23].

We need to ensure the investment in Kids Hubs delivers the best, evidence-based mental health care to support Australian children

The investment

Psychologists can deliver the safe, evidenced-based mental healthcare that Australians need, when a child or family member is in distress. They can also fill the service-gap for high-need, complex clinical cases that psychiatry cannot currently scale-up to meet. However, psychologists with specific expertise in child and family mental health are in short supply, particularly in regional and rural areas. There is also no purpose-designed or supported national training system for psychologists, compared with other professions such as nursing or medical officers. To address this, the APS calls on the Government to:

- Fund a post-graduate psychology placement program at Kids Hubs. Dedicated child mental health hubs provide a unique opportunity for the APS to work with Government 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. Psychologists are well-suited to provide care-coordination to enhance multidisciplinary and collaborative care.
- Fund the APS to design parent education programs to prevent anxiety disorders in children: We support 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[1].
- 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 benefits

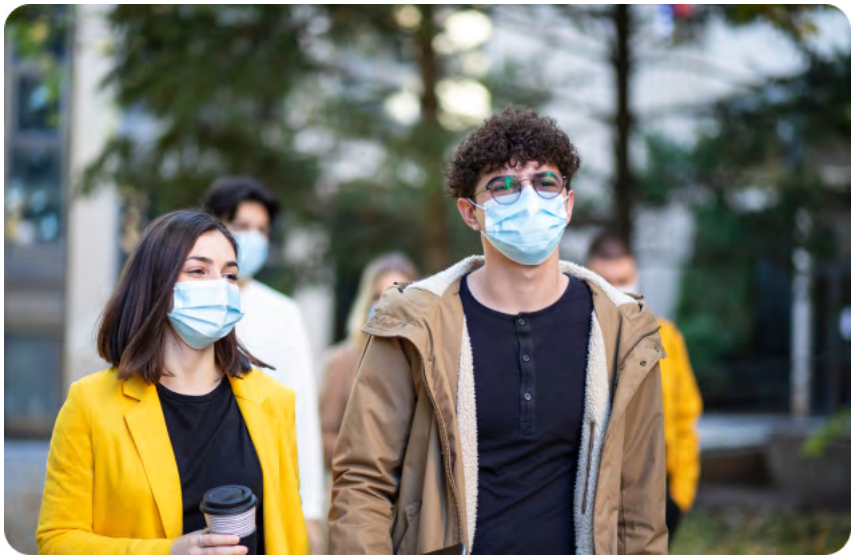
There are significant social and economic benefits to providing targeted support for infants, children, families and carers via Kids Hubs. As outlined in the Productivity Commission Mental Health Report (2020), the benefits to the economy associated with addressing the mental health needs of children include cost savings of $40M to $73M p.a[1] via reduced hospital admissions and emergency department presentations and create an additional 4,390 to 6,390 quality-adjusted life years[1]. Prioritising the social and emotional development of school children can generate cost savings of $2M p.a. and create an additional 29,300 to 52,860 quality-adjusted life years[1].

The APS, if appropriately funded, is in a position to improve the return on investment for Kids Hubs by enabling an appropriately skilled, scalable psychological workforce which would ensure:

- The delivery of the evidenced-based, person-centred treatment as needed by the local area (including rural and remote locations and vulnerable groups), to the highest possible quality standards.
- Access to appropriate and high-quality psychological supervision and multidisciplinary care-coordination.
- Integrated training infrastructure to support the costs associated with the Kids Hubs and a means to scale up the psychological workforce.

Respond

Ensure COVID-19 mental health recovery



The need

COVID-19 has affected almost all aspects of daily life, including the provision of education[24], healthcare delivery[25] and expenditure[26], working conditions[27], as well as mental and physical health[28–30]. Two in five Australians report their mental health being affected by COVID[31]. In addition to the psychological symptoms associated with COVID itself[29,32], recent estimates suggest that the psychological and cognitive symptoms of long COVID persist for multiple months[33,34] and we expect the impacts of long COVID will continue well into the future.

Even before the advent of COVID-19, Australia was facing a mental health crisis. It is a shadow pandemic that, if not remediated, will outlast the effects of COVID-19. As indicated by the number of inquiries, reforms, and systemic improvements of mental health services throughout Australia[e.g. 1,35,36], the demand for specialist health care predated COVID-19 and is only increasing. The combined effects of a devastating 2020 bushfire season[37], the impact of climate change[38], along with the multiplicitous effects of the global COVID-2019 pandemic and restrictions, have led to a marked spike in the demand for mental health support in Australia*[1].

*As seen by the number of searches on the APS 'Find a Psychologist' website

COVID-19 has not impacted every profession equally[27]. Anxiety and depression are unacceptably high amongst healthcare workers, with research suggesting up to 40% are affected[39]. In addition, new variants and changes to restrictions bring about new waves of worry and anxiety[40]. Teachers have been expected to transform their complete methodological approach, and report increased workload, screen time, feelings of isolation, and exhaustion[41,42].

Unfortunately, the impacts of COVID-19, including lockdown and travel restrictions, have had other sinister sequalae. It is clear that since early 2020, there has been an increase in family and domestic violence, with an rise of 13.6% in Victoria[43]. Furthermore, of 15,000 women surveyed, two-thirds who were already experiencing physical or sexual violence reported that it had increased in frequency or severity during COVID-19[44].

We need investment to minimise the long-term psychosocial impact of COVID-19

The investment

The APS calls on the Government to ensure the effects of COVID-19 are mitigated to address the impact on the mental and physical health of Australians. We ask that those most vulnerable are empowered to protect themselves and their children, both psychologically and physically, and break the cycle of abuse. In addition, we highlight the need to support psychologists as essential providers of mental healthcare, and other healthcare and education providers, to ensure the continuation of vital services. In particular, the APS calls on the Government to:

- Make the additional 10 per annum Medicare-funded psychology sessions a permanent feature of the Better Access program. To alleviate pressure on patients and GPs, we recommend not requiring a referral for the first three sessions for the next 12 months and suggest reviews by the referring practitioner at each 10 session interval permanently.
- 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.
- Create a specific 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.

The benefits

The effects of COVID-19 continue to be felt. Given that the Government has committed to spending $9.8 Billion on Australian's COVID response in the Mid-Year Economic and Fiscal Outlook[45], we need to ensure that this investment has the best possible impact.

Psychologists need to be able to provide evidence-based care to support all Australians. Service provision should not be unduly constrained by insufficient funding to cover expenses for patients.

While the APS acknowledges the Government on the extension of the additional 10 per annum MBS[25] funded psychology sessions until December 2022, we continue to advocate for their permanence. As supported by our professional colleagues[46] and recommended in the Victorian Royal Commission[47], the APS also advocates for dedicated MBS item numbers to adequately support the thousands of Australians in abusive relationships, particularly as almost half (48%) of those experiencing emotional abuse, also report experiencing financial abuse and may not otherwise be able to pay for services[48,49].

People experiencing family and domestic violence are less likely to leave abusive relationships when there is insufficient psychological support to make the decision, or without connection to safe, local services tailored to their individual need. This creates a revolving door of victims leaving and being forced to return to violent relationships, due to a lack of emotional, psychological, and practical resources. The Government needs to ensure that the psychological workforce is trained to the highest standards to effectively assist victims in these times of crisis and greatest risk.

To reduce the 'mass exodus' of critical professionals in Australia[40,50], we need tailored psychological support. Not acting risks the deterioration of service provision for all Australians.

Improve aged care and disability services

The need

In 2019 the AIHW noted that (as at 30 June 2018), an estimated 3.9 million Australians (16% of the total population) were aged 65 or over and that his was expected to increase to 23% of the population by 2066[51,52]. It further noted that, because ageing is accompanied by increased risk of declining health and functional limitations, age is an important overall determinant of health.

The AIHW also noted that some groups of older Australians face barriers in accessing and engaging with the essential supports and services that contribute to better health. It identified groups at risk to include those who are culturally or linguistically diverse, who are alone or homeless or need assistance with daily living or housing. The APS notes the longstanding, growing community concern about the quantity and quality of services provided to older aged Australians with health and mental health problems, especially those in residential aged care. Many mental health conditions, such as dementia, depression and anxiety, are more prevalent for older adults in residential aged care settings when compared to community-dwelling older adults.

At 30 June 2019, the majority (87%) of older people in residential aged care were identified with at least one mental health or behavioural condition and half had a diagnosis of depression[53]. Since December 2020, Medicare-subsidised mental health services have been available to residents in aged care facilities. A relatively low percentage of older people, however, receive Medicare-subsidised mental health-specific services compared with younger people[54].

There is a corresponding concern among disability field stakeholders about the capacity of the NDIS workforce to adequately service the needs of Scheme participants[55].

The provision of high-quality psychological services is essential to the care required for Australians of older age or living with a disability; especially given the diverse cognitive, behavioural and psychosocial needs with which they can present. The APS, consequently, believes it is vitally important that the Government promptly and meaningfully responds to the importance of developing a workforce in both sectors that is: (a) sufficient for the demand for services, (b) appropriately credentialed and (c) experienced and highly capable.

Accordingly, we underscore the importance of an effective system of appropriately supervised psychology post-graduate student placements to the development of a capable and quality-focused workforce. This will be dependent on the availability of appropriately qualified and experienced psychologists for supervision in the aged care and disability sectors, and effective oversight of such frameworks.

A second area of focus should be on using such education and training opportunities to increase services to high needs groups, the regional and rural disability and aged care workforce and other thin markets.

> We urgently need investment to support the mental health care of people living with a disability and older Australians

The investment

To assist in the creation of a qualified and skilled aged-care and disability workforce capable of addressing the psychological needs of older age Australians and those with a disability, while adhering to the highest quality service delivery standards, the APS calls on the Government to:

- Fund a highly skilled workforce that is capable of providing NDIS and aged care services by developing a specific training syllabus for psychologists undertaking post-graduate qualifications; including placement programs managed by the APS.
- Fund provisional psychologists to undertake graduate programs in the disability and aged care sectors to create a specialised workforce.
- Fund the APS to develop a high-quality supervision and professional development framework for psychologists working in the aged care and disability sectors.

The benefits

Significantly increasing funding for the inclusion of aged care and disability-related units in post-graduate psychology training will not only enable specific training pathways and facilitate psychology post-graduate students on placement, it will also create opportunities to increase the regional and rural disability and aged care workforce. The APS is ready to work with university post-graduate programs to arrange suitable placements and post-graduate employment opportunities within both metropolitan and rural and remote locations.

The benefits associated with funding the education, training and ongoing supervision of a highly skilled disability workforce are described within with the *National Roadmap for Improving the Health of People with Intellectual Disability*[56]. It observed, however, that if progress is to occur, there is a need for:

- Disability providers and the disability workforce to have better health literacy, enabling them to better support people with intellectual disability to access health care[56(p. 16)] and
- (The) NDIS Quality and Safeguards Commission to:
  - review and update NDIS Practice Standards and Quality Indicators where appropriate, to support healthy lifestyles and optimal access to health services for people with intellectual disability;
  - include in its Workforce Capability Framework, a strong focus on the role of disability workforce in supporting healthy lifestyles and access to health services[56](p. 17).

The benefits of better addressing chronic health conditions in the ageing and disability communities has also been identified by the 2019 Australian Productivity Commission report into Innovation in Care for Chronic Health Conditions[57], which observed the continuing inadequate and slow adoption of best practice around cognitive (especially dementia) and mental health conditions in the aging populations in residential care.

The APS is well-placed to work with university post-graduate programs to arrange suitable placements and post-graduate employment opportunities within metropolitan and rural and remote locations. By specifically training and supervising the disability and aged care workforce, a professional pipeline will be created to provide support to both NDIS participants and older Australians, both of whom are often among the most disadvantaged in our communities.

Highlight digital health and psychology

The need

There is currently high demand for mental health services in Australia with sector-wide concerns about the ability to meet the mental health needs of our communities. Since April 2020, psychologists have seen a 26% surge in demand from new and existing patients. Currently, 56% of psychologists have a waiting list of more than 3 months or are not taking on new clients[58]. As such, Australians are finding it increasingly difficult to connect with a psychologist for the expert care they require.

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. Online services and telehealth can also provide greater access and reach for service providers and streamline business processes[59,60]. However, there appears to be a critical gap between the development of digital mental health solutions and how health practitioners integrate digital innovations into their services[59]. Mental health services need to be flexible so providers can implement appropriate and timely services across different settings as required. This may be in-person, or through secure evidence-based digital health, such as telehealth.

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[61]. Around 612,000 Australians accessed other services for their mental health via phone or digital technologies[61]. Positively, approximately 78% of psychologists report that they are prepared to take on new clients that live in other states, territories, or locations[58]. 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.

In 2010, the APS built Australia's largest searchable database of psychologists in private practice, the *'Find a Psychologist'* platform, which supports over 693,000 searches each year and helps Australians connect with a psychologist. This existing technology is no longer fit for purpose to respond to community demand arising from the COVID-19 pandemic. The APS believes it is critical to ensure telehealth, digital and online services are integrated, compatible with existing clinical systems, and accessible (i.e., via community hubs).

> We need to ensure Australians can access timely psychological support using innovative technologies

The investment

The pandemic has fundamentally changed the mental health needs of Australians. In a mental health crisis, timing is everything and searching for a psychologist must be more nimble, intuitive, and proactive in connecting people in distress with a professional who can help them. To improve digital mental health and alleviate wait times to see psychologists, the APS calls on the Government to:

- 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. 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.

The benefits

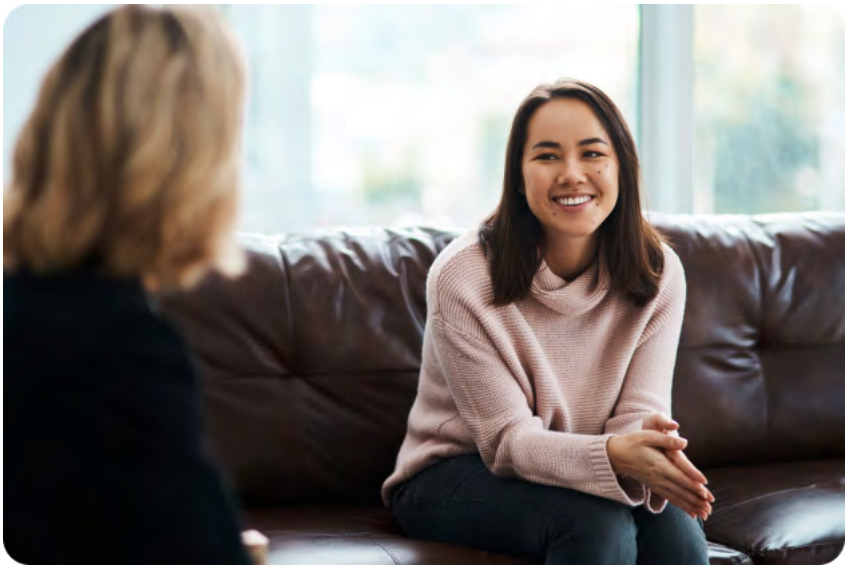
Overcoming the current waiting periods to access a psychologist would be a major win for the Government and communities across Australia. As previously noted, the Productivity Commission report on mental health (2020), found mental ill-health and suicide costs the Australian economy between $200-220 billion each year[1]. With a significant increase in mental health services over recent years, these costs are likely to have increased. Investing in strategies that scale up the services available to meet current mental health demands will effectively reduce the increasing financial costs of mental health, in addition to having other social and health benefits. Investing in the development of quality assurance training for telehealth services, and improving access to treatment via a virtual wait room, will better meet current demand and reduce the burden being experienced by the community.

The proposed APS digital tool called, *Find a Psychologist: the virtual waiting room,* could be used by all psychologists nation-wide, regardless of APS affiliation. The virtual waiting room is a solution that will help Australians connect with a psychologist with efficiency. It will create a patient-centric way for people to choose a psychologist and allow for a positive service impact for rural and remote locations by providing access to psychologists across regions. The platform, once functional, could be extended to cover related services as needed.

While the APS congratulates the Government's decision to make telehealth a permanent mode of treatment, we believe that it is crucial to invest in appropriate quality assurance training to ensure that current National Safety and Quality Digital Mental Health (NSQDMH) Standards[62] are maintained. The APS is well positioned to develop, and deliver, such quality assurance training.

Adapt

Build the psychology workforce



The need

There is a critical shortage of psychologists in Australia, with the current workforce meeting only 38% of demand for mental health services[63]. Clearly, this needs to be addressed, through both innovative solutions and by urgently scaling up the workforce through increased funding and opportunities for tertiary training for psychologists, especially post-graduate programs. Crucially, we are losing diversity in the psychology workforce, via training in Master's programs in Areas of Practice Endorsement (AoPEs), which are associated with additional knowledge and competencies in specific areas. Broad access to training for all nine AoPE's is essential to provide choice for the individuals, organisations and communities in terms of who and what services they can access.

However, it is currently estimated that, on average, universities lose around $70,000 per student in the higher degree pathways (leading to AoPEs). This has resulted in a scenario where the health system is in desperate need for more psychologists, yet universities are reluctant to increase places (particularly Commonwealth Supported Places), as every addition to the number of students leads to a greater risk of course closure due to the increased financial loss.

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[64]. This limits the capacity for the university system, as it stands, to meet workforce needs for psychology – in general and in most AoPEs. 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.

As training for psychologists currently stands, completion rates for students with 3-4 years training is incredibly high, however, there are not enough places in postgraduate courses for all of these students. If the number of places in Master's programs (Master of Professional Psychology and AoPEs) were increased to enable at least a greater proportion of these 3-4 year students to continue their studies, we could effectively change the psychology workforce numbers in a comparatively short period of time.

In addition, the cost of psychology training is not adequately covered by Commonwealth Supported Places (CSPs), leaving either the university or the student to cover a substantial amount of the study costs. The average cost of a postgraduate psychology training program at universities across Australia is between $29,400 to $34,000 per annum. Currently, postgraduate psychology training is funded at a lower band compared to other health professions (at only Funding cluster 2, with CSP of $13,369). The banding for psychology training should be equal to General Practice, Medical Studies, Agriculture, and Veterinary Science training on Funding Cluster 4 (with CSP of $27,243)[2]. The current gap acts as a disincentive for a university to increase student numbers, as effectively universities would only increase their loss for every additional student.

We need to fund the training of the psychology mental health workforce to meet current and future demand

[2]Clusters, maximum student contribution amounts, and Commonwealth contribution amounts, 2021 accessed from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/GovernmentFundingHigherEducation#_Toc70073557

The investment

Australians should be able to access specialised psychological support to ensure all aspects of their mental health and wellbeing needs are being met. To enable this, the Government needs to urgently increase the psychology workforce. To address the current crisis in mental health and increase the psychology workforce, the APS calls on the Government to:

- 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 Medical Studies in Funding Cluster 4, to incentivise universities to train more psychologists.

The benefits

Equal banding between mental health and physical health would demonstrate commitment by the Government to meet the health and mental health needs of the Australian population both during and post- the COVID-19 pandemic. This has the added benefit of the public having access to those with the highest level of training in psychology and will assist to bridge some of the gaps in service for the most complex and severe mental health presentations.

Moving psychology courses to Funding Cluster 4 for equivalency with General Practice, Medical Studies, Agriculture, and Veterinary Science would also immediately address:

- The undersupply of appropriately trained postgraduate psychologists,
- The loss of diversity within the profession of psychology which is ultimately a loss of choice of services provided in the community, and
- The capacity of the mental health workforce to meet the increasing demand for both general, and more specific, services.

If the places available in psychology Master's programs were tripled in both the postgraduate programs streams (6-year training, all AoPEs) and professional postgraduates (5 years training, Master of Professional Psychology), the work ready psychology workforce would grow by an estimated 5,600+ p.a. to better meet reported needs[3].

Psychologists are experts in mental health and, as a workforce, graduate practice-ready and able to deliver services at the top of scope, with supervision. To not utilise this potential workforce is a missed opportunity to ensure high quality and safe provision of mental health services by highly trained practitioners, who could also be incentivised to practice in rural and remote locations.

[3] HODSPA presentation at AUSPLAT conference, September 2021

Strengthen the psychology workforce

The need

Each year, thousands of psychology graduates with 3-4 years of study, including the full scope of theory and knowledge of psychological science that underpins our competencies, would like to enter the mental health workforce. However, there is a current bottleneck relating to the practical placement stage of Master's training, caused by limited placement opportunities and a paucity of appropriately trained supervisors. This makes Master's places too expensive to fund. As a result, students completing an undergraduate course end up working in other areas outside of psychology and mental health. Federal Government support, for a nationally coordinated placement system, could change that within 2-3 years.

Supervised placements, are critical to the skill development required in psychological training. However, universities will not increase their intake numbers if they are uncertain about whether they can provide adequate placement opportunities with the required, labour-intensive, supervision.

Traditionally, supervisors within the public sector have supported psychology students on placement, however, significant workforce and funding changes have meant fewer supervisors causing a downstream shortage of suitable placements. The ongoing shift of qualified psychologists from the public sector to small business private practice settings has increased this problem.

If not rectified, the difficulties with locating and funding appropriate placements within psychology postgraduate training will continue to contribute to a reduced workforce and reduced diversity with concomitant consequences for meeting the mental health needs

of the Australian population. This is even more the case in rural and remote locations where workforce shortages are critical. The rural and remote workforce issues require urgent action.

The situation will be made worse with reduced numbers of supervisors with an Area of Practice Endorsement (AoPE), as it is a requirement that endorsed psychologists supervise Master's students in an AoPE program. It can therefore be anticipated that with course closures, and fewer endorsed psychologists, more pressure will be placed on the system as supervised placements will become more difficult to find.

The main issue with training psychologists is the expense. This is associated with the cost of placement and placement supervision. Universities prefer the Master of Professional Psychology (MPP) as these courses create a surplus due to more flexible APAC requirements, and only one placement is required for the year. Universities spend a lot of time each year ensuring that individual placements are secured within appropriate agencies. The Federal Government can assist by establishing a national system of placements - maintained by appropriate funding for specific support programs. The expertise and skills psychologists offer, across the board, are unique and required.

We need a national placement model to support psychology workforce requirements

The investment

Training psychologists is expensive and labour-intensive and it is clear that current workforce needs are not being met. A national placement program is urgently required to address this situation and increase placement opportunities for psychology post-graduate students. The APS calls on the Government to:

- 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 etc. on behalf of the Federal Government - to provide quality assured placements for post-graduate psychology students.
- 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 other Medicare-related benefits.

The benefits

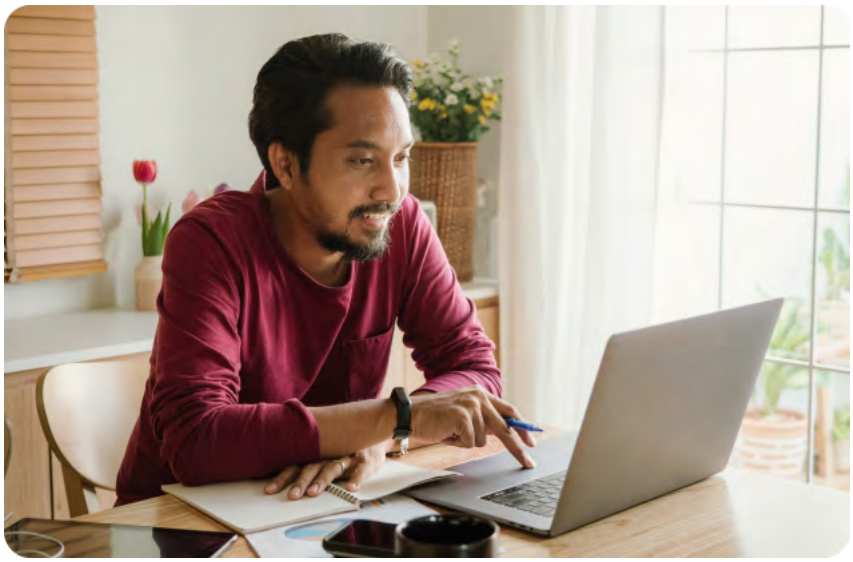
The return on investment for federal funding to support the mental health system is clear, with the lack of progress on mental health reform estimated to be costing Australia around $600 million a day[1]. Enhancing the psychological workforce via federal funding for placements will go a long way towards avoiding this cost burden.

The advantages of a national placement system managed by the APS include:

- Growth in the national psychology workforce through an increase in university places, as training placements are guaranteed, allowing programs the capacity to scale. We envisage a scalable workforce can be developed within 3 years.
- Universities are able to focus on teaching, with workforce distribution, training and supervision managed separately.
- The ability to place the psychology workforce in areas with current shortages (including rural and remote areas or at-risk groups) or specific need, e.g., forensic, neuropsychology and educational and developmental services.
- The Federal Department of Health being able to control a psychological workforce plan, with improved access to data on workforce activities and outcomes.

According to the AIHW, approximately 28% of Australians live in regional and remote areas, and have notably worse health and welfare indicators than their counterparts living in major cities[65]. Our regions are struggling with increased levels of mental health strain due to recent natural disasters, and higher rates of suicide per capita than major cities[65] with rates in the Kimberley region in WA and parts of regional Queensland being the highest[66]. Unfortunately, regional areas are also notable for significantly fewer psychologists per capita. The workforce initiatives outlined above would begin to address these issues. Particularly incentives such as the addition of a Rural and Remote Bonded Psychology program, similar to that introduced in 2021 for medical practitioners and nurses.

Provide expert supervision and professional development



The need

In order to meet registration requirements, psychology graduates have to undergo either one (for 5+1 Master of Professional Psychology graduates) or two (for AoPE's) years of supervision from a Psychology Board of Australia approved supervisor. Psychologists choosing to become supervisors have to undertake, and pay for, Board-approved supervision training, and subsequent Master Classes to maintain their supervisory status.

Similarly, psychology graduates are frequently in the position of having to pay for their supervision in order to become registered, which can be financially challenging. 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. This is due to both a lack of Board-approved supervisors and graduates choosing not to become registered psychologists.

The APS has a high-quality respected Board-approved supervisor training program; however, participation is voluntary. We need supported investment to encourage all eligible psychologists to complete the training program and offer supervision to their junior colleagues - including support for those willing to work in rural and remote locations or providing services to at risk groups.

We need to support supervisor training to develop a highly qualified and sustainable psychology workforce

The investment

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. In order to achieve this, the APS calls on the Government to:

- 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.
- 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 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.

The benefits

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. The APS would ensure that all psychologists completing our supervisor training program would be of a high quality and meet Psychology Board of Australia standards. In addition, we would seek to encourage psychologists completing our program to provide supervision to those working in rural and remote areas, and build in appropriate incentives, if funded to do so.

Funding for supervision training would ensure that those who have completed a Master's Program, including those with an endorsement in an area of practice, have access to an appropriate supervisor to complete their registration program and on-going supervision needs. This is important for ensuring effective and safe practice when working with more complex mental health disorders or specific populations including children and young people, and at risk groups.

The APS is confident that with the right funding we could meet the current needs of the Government, to quickly develop a scalable, distributed, capable and efficient psychology workforce. Our ability to build on existing expertise, research and evidence informed by the professional development needs of psychologists, makes this a modest proposal for the gains to be created.

Supporting the APS to offer approved supervisor training, and a supervision and professional development program to a large number of psychologists is, therefore, an affordable and timely investment for the Government.

The APS is confident that by providing education and professional support at all stages of career transition a viable psychology workforce, well equipped to work with communities in need, would be readily created.

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Australian Psychological Society Limited
L11, 257 Collins Street Melbourne VIC 3000
T: (03) 8662 3300
E: contactus@psychology.org.au
psychology.org.au