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Mental health and wellbeing in NSW

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About this submission

The Australian Psychological Society (APS) welcomes the opportunity to contribute input to the NSW Mental Health and Wellbeing Strategy. We commend the NSW Government's commitment to developing a strategy that embeds a whole-of-government approach that recognises the broad social, economic and cultural determinants of mental health, alongside the need for a continuum of timely, high-quality mental health and wellbeing care. A statewide, coordinated strategy that integrates prevention, early intervention, treatment and recovery which is grounded in evidence and lived experience is essential to improving the mental health and wellbeing of all people and communities in NSW.

About the APS

The APS is the leading professional association for psychologists in Australia. We are committed to advancing the science, ethical practice and application of psychology to promote health and wellbeing, empowering individuals, organisations and communities to reach their full potential. Our work is informed by United Nations human rights treaties and conventions, the Sustainable Development Goals, and a commitment to equity and inclusion.

The APS welcomes opportunities to work with the NSW Mental Health Commission, government agencies and other stakeholders to develop and implement a mental health and wellbeing strategy that is ambitious, practical, person-centred and effective. Psychologists are highly trained, regulated health professionals with expertise in assessment, formulation and evidence-based interventions across a wide range of mental health, health, suicide prevention and wellbeing needs. In NSW, they work in diverse settings, including primary care, community mental health, hospitals, justice, workplaces and schools—delivering prevention and early intervention, clinical care, service design and evaluation, and systems-level advice to strengthen community health, mental health and wellbeing. This expertise in prevention, treatment, early intervention and systems change is critical to addressing both immediate pressures on the NSW mental health system and the long-term goal of improving wellbeing for all people in NSW.

We consent to this submission being made publicly available and invite the Commission to contact us to discuss how the APS can further contribute to the Strategy's design and implementation.

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

1. The Mental Health Service System - What is working?

As reported by our members, when someone presents with suicidal distress, there is generally a response from the mental health service system. This immediate engagement with distressed people seeking help is critical and reflects a level of responsiveness within the system at the point of crisis.

2. The Mental Health Service System - What is not working?

While the NSW mental health services system may be responsive when someone presents at a point of crisis, if crisis care is the most reliable path to access support and treatment, it signals a deep problem across both the NSW and national mental health and community services systems.

APS members report persistent barriers and challenges that compound over time, creating significant mental health and wellbeing service gaps. These gaps often mean people do not receive help early enough, allowing distress to escalate unnecessarily. As symptoms worsen and the risk of harm to self or others increases, the pressure on already overstretched emergency services and acute care intensifies. Ultimately, many people reach crisis point, including situations where there is heightened risk of suicide, when they could have been supported much earlier, missing vital opportunities for timely, effective intervention that would have reduced both the severity and duration of their distress, as well as those of their family, carers and kin.

Some of the key barriers and challenges reported by our members and those with lived experience include:

1. Barriers to crisis and acute support

- Many people do not know where to go for urgent mental health support, leading to delayed or avoided presentation when in crisis.
- Following ED presentation for mental health assistance, clinical follow-up is often absent or limited to non-clinical social services or generic counselling, with referral pathways frequently lacking the capability to connect people to skilled providers able to address underlying mental health conditions, other factors associated with ongoing distress, or moderate to severe suicide risk.
- Young people with significant support needs are sometimes discharged into services without adequate documentation, planning, or coordination.

2. Gaps in service access and appropriateness

- There is a lack of a genuine stepped care approach, with limited ability to match service intensity and skill to clinical need.
- Barriers to GP access for Mental Health Treatment Plans (e.g., including long waiting periods, face-to-face-only requirements, and lack of bulk billing) are particularly acute outside metropolitan areas and limit access to expert mental health care.
- Limited specialist referral pathways exist for people with complex conditions, including personality disorders, leaving GPs and community services with few options beyond acute care.

3. Workforce shortages and strain

- As noted in the consultation paper and other sources, the NSW mental health services system, as well as the national system is experiencing significant shortages across the expert mental health workforce including psychiatrists and psychologists. These shortages have intensified service pressures contributing to burnout and attrition of remaining practitioners, and reduced service capacity in public, private and community mental health support.

- Workforce maldistribution disproportionately affects rural and regional NSW, where recruitment and retention also remain critical challenges. Thus, in rural and remote areas, access to psychologists, psychiatrists and specialist services is severely limited, with long travel times and wait lists for people living in these locations.

3. The Mental Health Service System – What needs to change?

Elevating Prevention and Early Intervention as the Primary Focus
A stronger prevention focus must be embedded across the NSW Mental Health and Wellbeing Strategy so that wellbeing is the *starting point*, not an afterthought. Renaming the Strategy to the "Wellbeing and Mental Health Strategy" would signal this shift clearly, placing prevention as the necessary first priority.

Central to this is **addressing the social determinants of mental health**, as highlighted in the consultation paper. The broad and interconnected social, economic, cultural, and environmental drivers of mental health and wellbeing, such as socioeconomic disadvantage, housing insecurity, limited access to services, social isolation, lack of cultural safety, discrimination, and climate change, must be actively addressed. Tackling these root causes is essential to preventing distress, reducing suicide risk, and achieving lasting improvements in wellbeing for all people in NSW.

By prioritising **whole-of-population approaches** that build protective factors for everyone, the need for crisis intervention can be reduced. This includes ensuring social connection, stable housing, cultural safety, and secure employment, are strengthened not only for people already in services but across the community.

Early intervention strategies must reach anyone facing major life setbacks, not only those with diagnosed mental health conditions. Consistent internal government and public messaging is necessary to reiterate the fact that better wellbeing and prevention of mental ill-health reduces pressure on mental health services and delivers the best return on investment for governments and communities. At this time, early intervention efforts are generally limited and remain overly concentrated in healthcare settings, missing opportunities to proactively reach people experiencing social determinants of poor mental health — such as financial distress, housing instability, job loss, or the impacts of disaster recovery. Rather than wait for help-seeking behaviour that may never occur, there are many opportunities for earlier identification, follow-up, and assertive outreach in the places where people live, work, and connect.

A Whole-of-Government and Whole-of-Community Approach
Emphasis on coordinated, cross-sector collaboration, underpinned by strong leadership, governance, lived experience, and community partnerships, is essential. This work cannot be done by the health system alone; enabling and strengthening the role of all government agencies, in partnership with community-managed organisations and the Commonwealth, will be critical to delivering the right care in the right place at the right time.

To be effective, "whole-of-government" must be explicitly defined to include both state and Commonwealth agencies. Limiting this vision to NSW Government actions alone risks missing key levers and resources that sit at the national level, undermining the Strategy's potential.

An Evidence-Informed Foundation
There must be a commitment to building on existing evidence, lived experience, and local knowledge for best practice in mental health system design.

As noted in the consultation paper, the proposed approach must appropriately support proven programs while leaving space to explore new and innovative solutions. Supporting the generation, application, and dissemination of new knowledge through research, innovation, and collaboration will be essential to building an effective mental health services system that adapts over time.

4. The Mental Health Service System – How should change happen?

Prioritising Workforce Reform
APS members identify workforce reform as the most urgent priority to strengthen the NSW mental health system. Without a well-trained, well-distributed, and appropriately regulated workforce, service gaps will persist, and timely, evidence-based prevention, early intervention, treatment and recovery will remain out of reach for many—particularly in rural and remote areas, First Nations communities, and other under-served populations.

The consultation paper rightly recognises the need for a skilled, multidisciplinary workforce. This includes health professionals, particularly psychologists, and the growing peer workforce, whose lived experience offers unique value in engaging communities and supporting earlier intervention. Targeted investment in training, supervision, retention, and equitable distribution, as well as appropriately resourcing health professionals, is essential to achieving fair access and outcomes across NSW.

The APS has long advocated for urgent, coordinated action to expand, retain and fully utilise the psychology workforce. Yet despite this, available data demonstrates that the longstanding shortfall and underutilisation of the psychology workforce has persisted. A 2020 analysis estimated that the psychology workforce is meeting only 35% of projected national demand [1,2]. APS analysis demonstrates that psychologists also have the lowest clinical full-time equivalent (FTE) to headcount ratio of all Ahpra-registered professions, with the ratio declining to just 61.2% in 2023—well below the all-profession average of 80.7%[1,3].

Thus, an essential action in NSW and other jurisdictions is psychology workforce growth targets —such as defined baselines, FTE clinician numbers, percentage increases, and timeframes to achieve this growth. In the case of psychology, these growth targets should also factor in the breadth and diversity of the profession and consider how to fully utilise the skills of all psychologists across prevention, early intervention and treatment efforts. It must also address regulatory and structural barriers that limit their effective contribution. This includes improving support for training and supervision and correcting persistent misunderstandings about psychologists' scope of practice, which continue to constrain workforce utilisation [4,5].

The APS recommends:

- **Supporting psychologist training pathways** – Increase funded postgraduate places, supervised internships, and registrar programs, with targeted pathways for First Nations, rural, and culturally diverse candidates.
- **Addressing rural shortages** – Offer substantial incentives, professional development, telehealth support, and rural locum pools to attract and retain psychologists and psychiatrists in under-served areas.
- **Rebalancing workforce composition** – Invest in growing the number of psychologists rather than substituting this profession with less-trained roles, recognising the long and rigorous training pipeline that equips psychologists to deliver safe, evidence-based care across the continuum — from mental health promotion and early intervention through to complex assessment, treatment, and crisis response.

- **Ensuring transparency and accountability** – Monitor and publicly report on workforce composition, qualifications, and distribution as part of the proposed NSW Mental Health Outcomes Framework.
- **Workforce planning -** A strategic, data-driven long-term psychology-specific and mental health and wellbeing workforce plan is essential to ensure timely access to safe, high-quality psychological care for people and communities across NSW. The APS has long advocated for support to undertake an evidence-based National Psychology Workforce Strategy which could create tailored solutions to the NSW context[3]. This must include unlocking the full potential of the psychology workforce in public mental health, enabling psychologists to contribute fully across prevention, early intervention, treatment, and recovery.

Unlocking the full potential of the psychology workforce in public mental health

Public mental health service system awards, conditions and work practices frequently restrict psychologists from working to their full scope. This results in the underutilisation of their skills, further exacerbating the impact of workforce shortages and ultimately limiting access to effective psychological care for those Australians who need it most. This is especially important in rural and remote locations where it is even more difficult to attract psychologists to the health workforce.

Examples of these limiting awards, conditions and practices as described by our members (e.g.,[6]) include:

- **Underutilisation of registered psychologists** - All psychologists are qualified to assess, diagnose and treat mental health conditions and are registered as general psychologists. However, public sector recruitment practices often limit the contribution of psychologists with general registration (non-endorsed), or psychologists with areas of practice endorsement (AoPE) other than clinical or clinical neuropsychology (e.g. counselling, health, educational and developmental), despite a skill set that is highly applicable to public health roles. These practices unnecessarily restrict access to a highly trained workforce, exacerbate shortages and reduce system capacity. In addition, provisional psychologists and those on the 5+1 pathway are underutilised, despite their potential to contribute meaningfully under appropriate supervision—representing a missed opportunity to support community access to mental health care and workforce sustainability.
- **Psychologists working predominately as case managers** – Psychologists working in the public health sector are often grouped with other allied health or mental health workers under a generic public sector award which fails to recognise that they are highly trained (often Masters and Doctoral level) and their distinct and full scope of practice. Even when employed in designated psychologist roles, they are generally limited to providing 'case management' or 'clinical management' within a largely biomedical model of care. Our members report that, as a result, patients often have very limited (or no) access to psychological treatment by a psychologist in the public mental health system.
- **Treatment and recovery are deprioritised** – Within the stretched public mental health system, psychological treatment is often deprioritised despite strong evidence of its effectiveness for supporting recovery[7,8]. The focus instead shifts to facilitating patient discharge from hospital to community settings—often in the context of insufficient supports to meet the immediate and ongoing needs of patients with complex mental health care needs.
- **Limited opportunities to increase operational efficiency** – Current caseloads and high demand for care means there are limited opportunities to identify cost and process efficiencies in public health settings. APS members report a high burden from administrative tasks which could be streamlined if opportunity and resourcing were

provided, allowing practitioners to redirect this time to effective psychological treatment.

- **Lack of support for placements and supervisors** – Student psychologists working under qualified and experienced psychologists during placements are critical to the training and registration of psychologists nationally. There are currently a number of barriers which disincentivise potential supervisors from undertaking this crucial training and mentoring role. This includes the high demand and lack of time available for such tasks, as well as the mandatory training which supervisors need to undertake using their own funds and in their own time.
- **Loss of talent from the public system** – As described, the challenging working conditions facing psychologists in the public health system, have contributed to a movement of the workforce out of the public sector into private practice. In private settings, psychologists are better remunerated and are typically able to choose their own hours, work to their full scope of practice and training which is potentially more rewarding and may help them to manage burnout and work-life balance. Loss of talent to the private sector places additional strain on the psychologists who remain. They are overwhelmed by the demand for care which can ultimately affect the timely delivery of health services, increase their risk of stress and burnout and hasten their exit from the public health system.

A more strategic approach is needed to ensure that psychologists, across all areas of practice and career stage, can contribute fully to improving mental health ensuring their skills are not underused in public mental health at a time of critical service demand.

The APS recommends:

- Redesigning public sector psychology roles to ensure psychologists are recognised, supported, and employed in line with their qualifications and full scope of practice, with a focus on delivering evidence-based psychology services rather than generic case management functions.
- Enabling broader and more flexible employment of the psychology workforce.
- Expanding funded placements, supervision incentives and career pathways for provisional and early-career psychologists to strengthen entry points into the public mental health workforce.
- Promoting cross-jurisdictional consistency in public sector awards, working conditions and career structures to improve portability, support workforce mobility, and strengthen the ability to attract and retain psychologists in the public system.
- Removing disincentives for experienced psychologists in the public health system to provide supervision by ensuring access to funded supervisor training requirements, protected time for supervision and appropriate workload relief.
- Introducing rural loadings, relocation allowances and ongoing CPD and peer support for psychologists who choose to work in rural, regional and remote locations.
- Expanding telehealth infrastructure to support distributed workforce models.
- Addressing system-level drivers such as workload, burnout and job satisfaction by supporting flexible work options, improving clinical governance and ensuring career progression pathways within the public system.

5. Mental Health and Wellbeing in NSW Communities – What could improve mental health and wellbeing across our communities?

The APS unequivocally supports the position reflected in the NSW Mental Health and Wellbeing Strategy consultation paper about the urgent need to move beyond reactive mental health care toward a whole-of-government, whole-of-community system that prioritises prevention, early intervention and long-term wellbeing. This approach aligns with an evidence-informed and economically sound mental health system essential to improving population health and ensuring sustainable system outcomes.

The APS identifies four high-impact opportunities for preventive whole-of-government, whole-of-community mental health investment in NSW:

1. **Embed suicide prevention across the lifespan** – Integrate suicide prevention, led and supported by psychologists and informed by lived experience and peer workers, into everyday settings such as schools, workplaces and communities to reduce stigma, strengthen protective factors, and connect people with support when and where it's needed [9–11]. Effective prevention must address social and emotional determinants, including chronic illness, loneliness, housing insecurity, adverse childhood experiences, discrimination and trauma [12–15].

   The APS recommends:

   - Enabling psychologists, in partnership with lived experience leaders and peer workers, to lead and deliver mental health literacy and resilience-building programs in schools and community settings.
   - Using tailored public campaigns to normalise help-seeking and open conversations about mental health and suicidality.
   - Supporting psychologists across settings to identify emerging risks, supervise the workforce, and contribute to upstream prevention planning.

2. **Boost climate-related psychological preparedness** – The mental health impacts of climate change, including acute distress, eco-anxiety and solastalgia, are increasing, with disproportionate effects on disadvantaged, rural, young and First Nations communities [16–23].

   The APS recommends:

   - Embedding climate resilience and adaptation in the mental health system.
   - Investing in scalable, community-based initiatives such as psychological first aid, peer support, and education, including through the APS Disaster Response Network.
   - Partnering with psychologists community groups and lived experience workers to co-produce strategies that reduce psychosocial risks and improve outcomes for priority populations.

3. **Scale school-based psychology services** – School psychologists play a vital role in prevention, early intervention, and wellbeing promotion [24–27], yet access remains inconsistent, especially in non-metropolitan areas. The Productivity Commission recommends a benchmark of 1:500 students, far from current ratios [28–30]. The APS recommends:
   - Funding a minimum 1:500 psychologist-to-student ratio in all NSW schools.
   - Expanding training pathways and school-based placements to grow the workforce.
   - Funding evidence-based, psychologist-led programs, informed by the student voice, that build resilience, mental health literacy and help-seeking behaviours.
   - Collecting and reporting consistent workforce and student wellbeing data to inform planning.

4. **Promote work as a protective factor for mental health** – Defaulting to time away from work as a mental health response ignores strong evidence that, for many people, staying in work while receiving treatment is a protective factor for recovery. Work provides meaning, structure, social connection and supports recovery. Advising unnecessary leave can increase rumination, isolation and financial stress, potentially worsening outcomes. The APS recommends:
   - Investing in upskilling unemployed people with foundational skills such as digital literacy, numeracy and literacy to improve employability and resilience.

- Proactively offering vocational coaching, tips and tools — delivered or supported by psychologists — to people experiencing job loss or financial stress, even before they seek formal help.
- Increasing awareness among hospital and health staff about the value of vocational coaching as part of recovery and involve psychologists to help avoid unnecessary pathologising of productive job search or return-to-work behaviours.
- Expanding the role of Service NSW small business concierges to include preventative mental health checks and referral pathways, in partnership with psychologists, in addition to providing business support.

Psychologists are already contributing significantly across NSW communities. Fully recognising and integrating their expertise as per the examples above, alongside the insights of multidisciplinary teams and lived experience and peer workers, and across prevention, early intervention, treatment and recovery will be essential to delivering a connected, effective, and stigma-reducing mental health system.

6. Mental Health and Wellbeing in NSW Communities – What roles should NSW Government departments and agencies play in that?

Improving mental health and wellbeing in NSW requires all government departments and agencies to embed mental health promotion, prevention, and early intervention into their core business. This includes recognising and addressing the social, economic, and environmental determinants of mental health, in partnership with communities, psychologists, and the peer workforce.

The APS recommends:

- **Adopting a "mental health in all policies" approach** – Each department should assess the mental health and wellbeing impacts of policies, programs, and funding decisions, with a focus on reducing inequities and building protective factors.
- **Setting department-specific wellbeing objectives** – Align agency mandates with the Strategy by identifying tangible contributions to mental health – we discuss this further in our response to Question 7.
- **Investing in frontline workforce capacity across sectors** – Equip all frontline government staff (health and non-health) with the skills to recognise distress, make appropriate referrals, and support recovery, particularly in rural and remote communities. For example, Service NSW customer service staff often interact with people experiencing significant life changes that may signal distress (e.g., only renewing a driver's licence for one year, reporting a business closure, or changing a residential address after a major event). With targeted training and clear referral pathways, these staff could identify at-risk individuals, initiate supportive conversations ("Is everything okay for you?"), and connect them to preventative mental health services. Agencies could also work with their social services teams to develop a small set of key indicators that prompt staff to act.
- **Embedding lived experience and clinical expertise –** Partner with people with lived experience and highly qualified professionals, including psychologists, in program design, delivery, and evaluation to ensure services are safe, relevant, and effective. Where possible, include these professionals on-site or on-call to support frontline staff, assist with more complex situations, and provide immediate guidance when higher-level expertise is needed.
- **Collaborating across jurisdictions** – NSW agencies should partner closely with Commonwealth counterparts to share data, coordinate early interventions, and jointly but locally respond to triggers (e.g., mortgage arrears, tax debts, redundancy payment, business closures, disaster recovery, and major life transitions).

7. How will we know that we are making a difference?

Progress should be measured through a clear, transparent, and balanced approach that captures both prevention and outcomes across the whole of government. A balanced scorecard approach would ensure "you get what you measure," with relevant indicators for every department contributing to mental health and wellbeing, including:

- **Lead indicators** – preventative measures such as timely access to support, equitable workforce distribution, and participation in prevention programs.
- **Real-time indicators** – service wait times, consumer-reported distress levels, demand for crisis services.
- **Lag indicators** – suicide rates, hospital admissions, long-term wellbeing measures.

Suicide rates remain important but are a lag indicator and insufficient alone; broader measures are needed to track early wins and prevention impact.

Strengthening data and modelling capabilities is essential to keep the Strategy grounded in community needs. Embedding clear, transparent reporting with both lead and lag indicators will enable continuous learning, better prioritisation, and system accountability.

Key enablers include:

- **Clear outcome measures** – defined with the community, including people with lived experience.
- **Safe feedback channels** – independent, third-party satisfaction and experience surveys.
- **Data transparency** – clarity on what is collected, who can access it, and how it is used to drive improvement.
- **Ongoing public consultation** – to inform evaluation and priority-setting.

This approach would enable timely course corrections, recognise prevention alongside crisis response, and hold all departments accountable for their role in improving mental health and wellbeing in NSW.

8. Is there anything else you would like to say?

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