

Pre-Budget Submission 2020–21

Australian Psychological Society | December 2019



The Australian Psychological Society Ltd
Level 13, 257 Collins Street
Melbourne, VIC 3000

Phone: 03 8662 3300

Email: contactus@psychology.org.au

Web: psychology.org.au

ABN 23 000 543 788

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future, for they hold the dreams of Indigenous Australia.

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The Australian Psychological Society

The Australian Psychological Society (APS) is the peak professional organisation for psychologists, with more than 24,000 members across Australia. It seeks to help people achieve positive change so they can confidently contribute to the community.

Psychologists represent the largest mental health workforce in Australia. Through their extensive training they are skilled to provide the most recent and leading evidence-based assessments and interventions for individuals and groups experiencing mental health difficulties, and those who could benefit from initiatives to maintain their mental health and wellbeing.

Mental health continues to be one of the leading causes of disability in Australia, with the burden of disease grouped in the top three with cancer and cardiovascular disease. Mental health not only has a substantial impact on personal and social factors but is also an economic burden to the Australian Government. Reducing the burden of disease of mental health in Australia by fully utilising the expertise of the largest mental health workforce will reduce expenditure and provide significant benefits to the Australian community.

Introduction



The APS welcomes the opportunity to provide to the Australian Government its perspective on priorities for the 2020–21 Federal Budget.

Psychologists and psychological science are integral to understanding and addressing a wide range of issues that are important to the Australian community. The APS works through its membership to identify and respond to areas where the wellbeing of Australians can be enhanced.

It is clear from the community's participation in recent government reviews and inquiries that it is deeply concerned about a range of social issues, such as mental health and the care and treatment of vulnerable Australians. The APS considers that in its 2020–21 Budget, the Australian Government should give priority to these areas of significant community concern.

The APS submission to the 2020–21 Budget process contains nine recommendations for the allocation of federal funding to initiatives that impact specific consumer groups, all Australians and the mental health system more broadly.

This submission recognises the importance of primary, secondary and tertiary interventions in mental health. The recommendations focus on continuous improvement of the mental health system with initiatives that:

- enhance the mental health system now and into the future regardless of the reform agenda (**eGuidebook, competencies within the stepped care model, measurement and evaluation, regional and rural workforce**)
- build on current population-level gaps in our system and are focused on addressing significant and growing concerns for all Australians (**loneliness, neuropsychological assessments**); and
- propose critical and emerging areas of need that without appropriate assessment and interventions will result in a larger burden to the health system in the future (**opioid de-prescribing, legal profession wellbeing, prevention and early intervention for young people**).

The APS would also like to direct decision-makers to the APS White Paper: *The Future of Psychology in Australia*. The White Paper is a blueprint for the Government to improve Medicare and the mental health system to deliver better health outcomes for all Australians. It can be accessed here: www.psychology.org.au/mbs.

The APS has a long history of working with the Government and looks forward to continuing this partnership into the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ros Knight'.

Ros Knight FAPS
President
Australian Psychological Society

Recommendations

1 Loneliness

In a rapidly changing society, the detrimental impact of loneliness, and the effects of social isolation on health and wellbeing is a growing area of concern. The expanding body of research and evidence shows that higher levels of loneliness are associated with higher levels of social interaction anxiety, less social interaction, poorer psychological wellbeing and poorer quality of life.

In 2018, the APS in collaboration with Swinburne University conducted a national survey of 1678 Australian adults that found:

- one in four people are lonely
- one in four Australians experience high levels of social interaction anxiety
- nearly 55 per cent of the population feel they lack companionship at least sometimes
- lonely Australians have significantly worse health status (both physical and mental) than connected Australians.

This national survey highlights the urgent need for policy and interventions that target loneliness. Australian Government funding has so far targeted older adults, but our survey has highlighted the need to address loneliness across the adult lifespan.

Given the wide reach of loneliness on the Australian population, the resultant diminishing quality of life, and early death rates which is now recognised to be on par with smoking and obesity, the APS recommends that the Government invests in the development of strategies to address loneliness in the Australian community.

The APS calls on the Government to:

- fund the APS to lead a collaboration of peak professional health bodies, advocacy groups and consumer groups to develop strategies to address loneliness for the consideration of Government. This will include the development of consistent national measurement for loneliness to build the evidence base around effective interventions.

2 eGuidebook on mental health services

Recent inquiries into the mental health system have identified problems for consumers seeking mental health help. Many consumers experience difficulties in understanding and navigating a complex and fragmented system. Specifically, they report a need for information about the types of services available, which service is best suited to meet needs, how services relate to each other, and eligibility criteria to access services.

To improve community understanding of mental health services, including what to do when experiencing a mental health issue and where to go for help, the APS recommends the development of a centralised source of accessible, authoritative and reliable information for people experiencing mental illness and/or friends or family of those who have difficulties with their mental health.

The proposed mental health system information package will provide practical information to assist people, including children and young people, to understand and navigate the mental health system, including how to access mental health services.

A central portal, co-designed with consumer groups and those with lived experience of the mental health system, should assist consumers to better understand the mental health system and services in Australia. The portal should:

- be updated regularly and promoted through national education and awareness campaigns
- include definitions of what each professional provides (e.g., general practitioners, peer workers, mental health nurses, psychologists, psychiatrists, social workers, occupational therapists, mental health advocates)
- provide information about stepped care and what to expect
- provide information about mental health tribunals and how they work
- be available in different languages and include a guide for young people
- provide information for carers
- provide information about services for people that are LGBTQI+, Culturally and Linguistically Diverse, Aboriginal and/or Torres Strait Islander backgrounds and other community groups.

The APS calls on the Government to:

- fund the APS to lead the development of a central portal of mental health service information that is co-designed with consumer groups and relevant professional groups. As an authoritative source, it will be comprehensive, clear, nationally endorsed and accessible in a range of formats.

3 Regional and rural workforce

Statistics indicate that despite the high level of consumer need, the utilisation of psychological services in rural and remote areas is proportionally lower than in metropolitan areas. This is likely to be the result of several factors, including reluctance to seek help for mental health problems and a lack of access to providers.

Like all health professionals, psychologists are under-represented in rural and remote Australia. A major contributor to the under-representation is the limited access to tertiary professional psychology education, placements, and internships outside capital cities.

Despite the success of the rural pipeline/‘grow your own’ approach that has been used to build the capacity of the rural medical and pharmacy workforces, there has been no attempt to apply the model to the rural psychology workforce. Many rural and regional areas do not offer any form of psychology training, and internships are limited due to the high burden on rural organisations with limited resources.

It is essential that the Government adopts a rural pipeline approach to grow the rural psychology workforce to ensure that people living outside metropolitan regions have equitable access to psychological services.

The APS calls on the Government to:

- quarantine places for rural/remote students in undergraduate and postgraduate psychology programs at regional universities
- support students from rural and remote communities to undertake psychology undergraduate and postgraduate studies (based on the Pharmacy Rural Pharmacy Scholarship Scheme and Rural Pharmacy Scholarship Mentor Scheme)
- pilot an innovative partnership between rural industry and the APS to deliver psychology internship programs in rural and remote regions
- review the current MBS restrictions that prevent psychologists-in-training who are under supervision from providing services that attract a rebate. Facilitating meaningful placements for students in rural areas will increase services available and the attractiveness of rural placements
- provide Higher Education Contribution Scheme (HECS) repayment exemption for newly graduated psychologists who choose to work an extended period in a rural/remote area
- extend the incentives for rural practice currently available to many other health professionals to psychologists; this should include supported professional development activities, financial packages to encourage relocation, and incentives for psychology practices to take psychology interns and registrars (based on the Incentive Allowance for Rural Pharmacists and the Intern Incentive Allowance for Rural Pharmacies – Extension Program).

4 Competencies in a stepped care model

The adoption of the stepped care approach to the delivery of mental health services in Australia is a significant reform to the way services are delivered. Stepped care must be evaluated, and to ensure high quality and safe delivery of services, competencies for those working within the steps of the model need to be clearly articulated.

Mapping competencies within the stepped care model will assist in role clarity and reduce role ambiguities. Role ambiguity can result in gaps in care provided to consumers particularly at a local level (where, for example, it is not clear which practitioner is responsible for an aspect of care), can contribute to tension in the workplace, and results in under-utilisation of the workforce.

A clear articulation of competencies required for different levels of care could be expected to assist workforce planning both at practical and policy levels.

Mapping competencies could also be expected to improve knowledge of consumers and carers regarding which services are provided at which step, by whom, and when. Improved understanding by individuals and those involved in their care will support consumer-centred decision-making, for example in decisions to 'step up' or 'step down' from a different level of service within the mental health system.

The APS calls on the Government to:

- fund a competency mapping project within the stepped care model for mental health workers to ensure the quality and safety of the services delivered within stepped care.

5 Mental health prevention and early intervention in primary and secondary schools

The APS commends the Federal Health Minister's release of the Long Term National Health Plan, a key pillar of which prioritises mental health and preventative health. To achieve mental and preventive health outcomes, the plan focuses on prevention and early intervention, addressing stigma, and children under 12.

In Australia, almost 10 per cent of children aged six to seven years show signs of socioemotional stress and mental health disorders affect one in seven students. Mental health promotion can provide an opportunity to help children and young people recognise the importance of knowing about emotions, and broader mental health awareness, reduce stigma, and what they can do to manage their emotions or seek help.

A comprehensive approach to the prevention of mental illness in children and young people is required to build upon the mental health promotion programs that exist within schools. Educators need to be supported to work collaboratively with psychologists within the school environment to better identify and target vulnerable young people, and drive early intervention with students who have emerging mental health conditions.

There is no national benchmark for the required psychologist-to-student ratio in Australian schools. The APS recommends a ratio of one psychologist to 500 students, in line with the 2010 recommendation of the NSW Coroner¹ in response to a student suicide at school and in line international best practice².

The APS calls on the Government to:

- agree to and fund a national benchmark of one school-based psychologist to 500 students to ensure all children and young people in Australia have access to mental health prevention and early intervention
- develop a set of national standards for school-based psychology services that includes minimum qualifications of providers and expectations of services to ensure the quality and safety of services delivered to children and young people.

1 MacPherson, M. (2010). Coroner's Report into the death of Alex Wildman. Coroners Court of New South Wales.

2 See the National Association of School Psychologists in America www.nasponline.org and the American School Counsellor Association www.schoolcounselor.org

6 Measurement and evaluation

High-quality evaluation of mental health services, models, programs and policies are required to establish what is working and what is not. High-quality evaluation focuses on the outcomes or impact of service models, programs or services. While measurement and evaluation of mental health outcomes are needed, they should not solely focus on the achievement of targets and key performance indicators at the expense of the quality and safety of care delivered, and clinical outcomes.

Currently, there is no requirement for psychiatrists, GPs, psychologists or other allied health professionals to report on outcomes for mental health services delivered. The APS supports the recommendations by the Productivity Commission (in the draft report of its inquiry into Mental Health) for building a stronger evaluation culture across the system, and specifically for an evaluation of the effectiveness of MBS-rebated psychological therapy.¹ Further the APS considers that all Government-funded mental health programs be evaluated to ensure effectiveness and value for money.

The APS and its members are committed to accountability for work delivered and accordingly propose an easy-to-use, secure online point-of-service data collection system that could support the delivery of psychological services for mental health professionals. Ease of use for both clinicians and consumers is critical to national uptake.

A system is needed that is designed by practising mental health professionals to support their clinical decision-making and piloted under real-world conditions to the satisfaction of both the clinician and the consumer. The implementation of this outcome measurement system would enable ongoing evaluation by policymakers and Government of mental health services such as the Better Access initiative, and it would provide evidence of the effectiveness.

There is a strong case for the use of routine and consistent outcome measures across mental health programs, including Medicare, not only for tracking individual client progress through treatment but also as a mechanism for providing policymakers and Government with evidence of the effectiveness, quality and safety of mental health programs.

The APS calls on the Government to:

- fund the development of a data collection system with consistent data requirements across all government-funded mental health programs in all jurisdictions, that can be used to evaluate the outcomes of mental health services.

3 See draft recommendation 5.4 – MBS-rebated psychological therapy, *Productivity Commission Draft Report* Volume 1, p.232

7 Funding for neuropsychological assessments

Our ageing population means a concomitant increase in the incidence of neurocognitive impairment and associated mental health concerns. Improving diagnosis and care can reduce the socioemotional and economic burden of this fast-growing area of need in the community.

Differentiating mental health conditions from neurocognitive impairments such as dementia, as well as early and timely diagnosis of dementia by a clinical neuropsychologist, can facilitate the provision of more appropriately targeted treatment and care, at the same time reducing the impact or risk of further mental health concerns. In particular, certain mental health disorders (e.g., depression, anxiety, psychosis) and dementia frequently co-occur or can masquerade as one another, increasing diagnostic complexity.

Early onset dementias, as well as rare, atypical and comorbid neurological presentations in this domain, are also vulnerable to misdiagnosis. Thorough, objective neuropsychological assessment and expert knowledge is critical to the provision of appropriate care for this consumer group.

There needs to be a funded system that enables people who are displaying suspected symptoms or significant risk factors for dementia to access neuropsychological assessment and management recommendations.

Ensuring psychologists form part of multidisciplinary teams in the aged care sector is a cost-effective way of facilitating earlier and more accurate diagnosis and treatment planning to improve quality of life and reduce burden on the health and the aged care system.

The APS calls on the Government to:

- fund a system for comprehensive assessment by neuropsychologists for people with potential neurocognitive problems/dementia who are at increased risk of a mental health disorder, or who may have a co-occurring mental health condition
- ensure psychologists form part of multidisciplinary teams in the aged care sector to facilitate earlier and more accurate diagnoses and treatment planning.

8 Opioid de-prescribing

The APS acknowledges the actions taken by the Australian Government to reduce the harm associated with the overprescribing of pharmaceutical opioids. The likelihood of opioid use and dependency for people living with chronic pain is increased where there is a lack of support for effective non-pharmacological pain management and difficulty in accessing services in the community. Best-practice chronic pain treatment involves an interdisciplinary approach that includes physical, psychological and medical care.

Over-reliance on opioid prescribing carries significant risks of dependence and poisoning leading to hospitalisations and death. The Victorian Government's SafeScript program that becomes mandatory in 2020, will give doctors and pharmacists access to comprehensive information about a patient's history with respect to high-risk medicines, including opioids. The intention of SafeScript is to reduce the risk of opioid-related harm by supporting clinical decision-makers and assist clinicians to identify high-risk circumstances.

However, there is potential for negative impacts on individuals including risks to patient safety when medications are abruptly discontinued and patient concerns about being identified as a long-term user of opioids and labelled an 'addict'. Strategies are needed to support both individuals and practitioners to understand pain management options and the safe management of issues of dependence.

The actions taken by the Australian Government, through changes implemented by the Therapeutic Goods Administration and initiatives like SafeScript are intended to change prescribing patterns and improve public safety. To realise the full benefits of these measures, further investment is required to facilitate change, through provider and consumer education and support.

The APS calls on the Government to:

- support the development and implementation of online education and training resources, a web-based information portal, information webinars and on-site workshops to build the capacity of psychologists and pharmacists to address opioid addiction
- facilitate consumer understanding that psychological pain management offers a safe and superior alternative to opioid pain management
- ensure that doctors and the pharmacists who refuse to fill duplicated prescriptions and face potentially angry consumers, have the necessary information and skills to refer consumers to psychological pain management and addiction services.

9 Legal profession workplace wellbeing

Research² has shown that legal professionals experience higher rates of depression, suicide and suicide ideation, and substance abuse compared with the general community. The combination of a high-stress workplace environment, pervasive stigma about mental illness, and low rates of help-seeking behaviour mean that legal professionals are not accessing the assistance they need early enough, which could potentially prevent more severe problems from developing. Support staff in these environments are also vulnerable to mental health problems.

The APS calls for the introduction of a preventive mental health and wellbeing initiative to ensure timely intervention into a known higher risk environment. This initiative would address a 'hard to reach population' for which poor mental health can cause significant economic detriment and/or poor community outcomes in times of critical need.

A government-industry-clinician partnership approach should be embraced, incorporating preventive measures, capacity-building in the workplace through proactive measures and workplace accreditation, and a more capable and timely referral to and engagement of clinical expertise. Successful implementation of this initiative could be rolled out for other professions, such as dentistry.

The APS calls on the Government to:

- fund the APS to develop and implement a national preventive mental health and wellbeing initiative tailored specifically to keep lawyers and professional legal staff healthy and safe
- through this program, equip lawyers and professional legal staff with the knowledge and tools to effectively manage mental ill-health in their workplace.

4 2006 Beaton Consulting/Beyond Blue survey of more than 7,500 professionals



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