

Australian Association of Psychologists incorporated (AAPi)



Pre-Budget Submission 2021-2022

Introduction

The Australian Association of Psychologists incorporated (AAPI) thanks the Federal Government for the opportunity to provide information and recommendations for the 2021-22 Federal Government Budget.

As we are starting to see what we expect will be a huge spike in mental health challenges ranging from presenteeism through to self-harm, it is essential that priority is given to making highly skilled mental health professionals accessible to Australians.

We have already seen a growing trend in anxiety, and indicators of PTSD and depression. Australia needs to start flattening the mental health curve urgently. We simply cannot afford another national crisis and the long-term, far reaching effects on our health, economy, society, and education.

AAPI represents psychologists traversing a wide range of areas of practice around the country who are on the front line of dealing with the increasingly fragile mental health of Australians.

Using these insights, we would urge the federal government to strongly consider our recommendations to address a developing national mental health crisis.

Sincerely,



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About AAPI

The AAPI is the leading not-for-profit peak body representing all psychologists Australia-wide. Our members include psychologists from all areas of endorsement as well as those who have chosen not to pursue endorsement, from graduates through to university lecturers and leaders in their field.

A group of passionate psychologists formed our organisation in 2010 to:

- Represent a united voice for psychologists to government and funding bodies
- Promote the recognition, professionalism, skills, and expertise of psychologists
- Improve access and equity to psychological services in Australia by removing barriers to effective treatment
- Advocate for the removal of the two-tier funding system and reinstate one Medicare rebate for the clients of all psychologists
- Uphold the value of all psychological expertise and pathways to registration
- Serve the professional needs of all psychologists by providing members with quality professional development opportunities, expert support, and guidance

By advocating for equality for psychologists, the AAPI is also fighting for equitable access to mental health services for all Australians.

AAPI represents the interests and integrity of all psychologists regardless of endorsement status, with members in all States and Territories of Australia.

Summary of Recommendations

The skills needed to support Australians in their mental health already exist. They simply need to be made more accessible and for the already available help to be accessed more readily. In fact, qualified professionals are ready to assist patients, but are not being used to their fullest extent.

We recommend eight initiatives that will quickly address this, in a cost-effective and powerful way:

1. One-tier Medicare rebate for the clients of all registered psychologists in Australia.
2. Raise the Medicare rebate to \$150 per session to allow for greater access, to facilitate more bulk billing, and to enable appropriate treatment rather than an inadequate psychological health care response.
3. Telehealth to be a permanent option for Medicare consumers
4. Implementing the Productivity Commission recommendation for up to 40 rebated sessions per annum.
5. Simplify the process of access to a psychologist. This includes simplifying referrals to registered psychologists, and that of review letters back to referrers, and upgrading the MBS to reduce the burden on psychologists by implementing standardised MHCP forms and referral letters.
 - AAPI is requesting funding to work with the GP Associations to develop standardised referral letters and plan templates
6. Broaden MBS rebatable sessions to psychologists to incorporate:
 - vital prevention and early intervention strategies in addition to responding to mental illness. AAPI also seeks to have funding for screenings for early intervention.
 - preventative impacts resulting from psychological interventions for couples counselling and family therapy
 - Re-instatement of self-referral processes integral for client's sense of autonomy, important for psychological recovery, to increase access to psychological services. In this model, the psychologist is once again, as had been in earlier times, relied upon to liaise and communicate with the client's treating medical practitioner/s as appropriate and as per the privacy and informed consent legislations.

7. Fund a dedicated preventative/early intervention psychology workforce
8. Establish a 'Provisional Psychologist' Medicare rebate

1. One-tier Medicare rebate for the clients of all registered psychologists in Australia

The Medicare system currently puts psychologists into two different categories that see them on two different rebate amounts for patients.

The current two-tier Medicare system is fundamentally flawed and needs to be immediately discontinued. Predicated on false assumptions and lack of any supporting evidence, AAPI seeks for this government to implement a one-tier system to improve access to vital mental health services.

AAPI is concerned that the inequity of the two-tier system has led to misinformation about the skills of all psychologists and restrictive access for the public to psychological services. Some examples of where this occurs are in Government businesses such as Centrelink, Department of Veteran Affairs, the public sector including hospitals and health services and private health funds.

Especially at a time when Australians need access to skilled psychologists, improving access is very literally, critical.

One profession yet two rebate levels

In 2006 the Australian Government implemented health reforms that saw psychological services included in Australia's Medicare system under the Better Access Scheme. The Medicare items for psychologists under Better Access were drafted into two categories: clinical psychology services and general psychology services. This became the two-tiered model that provides higher rebates for clinical psychologist's clients (\$128.40 for a 50-minute session) and a lower rebate for the clients of all other registered psychologists (\$87.45 for a 50-minute session).

This division has created significant inequitable access to mental health treatment for the Australian public and discord within the psychology profession. Medicare items are generally linked to the service provided, rather than the qualifications of the professional providing the service, so psychology has become an anomaly. This anomaly has had serious financial consequences for consumers.

The system suggests that the 30% of psychologists deemed 'clinical psychologists' should attract a higher level of Medicare funding than the remaining 70% who are 'registered psychologists' or have endorsement in areas of than clinical psychology and provide the same service to the same client population, client condition type and severity. The scientific literature supports the position of AAPI, and clearly demonstrates that there is no

difference, and rather that all registered psychologists are capable of providing the same level of psychological services.

The two-tier rebate pushes the Australian population toward 30% of psychologists, exacerbating waiting times and limiting accessibility. While those Australians who see the 70% of psychologists on the lower rebate, have a greater expense which creates further stress when seeing a psychologist should only ease burdens.

Mistaking Area of Practice Endorsement for Area of Practice

Psychologists practice within their scope of experience and the current two-tier system has erroneously confused area of interest with area of competency. All psychologists must complete APAC accredited degrees to qualify for national registration. These courses must teach the same set of core competencies. Psychologists may then diversify their practice into different areas of psychology such as forensic or educational/developmental by attending specific training, engaging in further study, or gaining employment in certain areas. For example, typically forensic psychologists were drawn to working in the juvenile justice system; clinical psychologists were drawn to working in hospital and psychiatric settings; educational and developmental psychologists were drawn to working in schools or working with people along the lifespan. This does not equate different skill sets or competencies. Psychologists are psychologists.

All psychologists complete a six-year sequence of education and training. All psychologists must initially complete a four-year APAC-accredited sequence in psychology. To become registered and be able to use the title 'psychologist' they must complete one of the following programs:

- an approved postgraduate degree (such as a two-year Masters in one of the 9 areas of endorsement) or higher (such as a three or four year Doctorate); or
- a 5+1 internship program (a fifth year of study and one year of on-the-job supervised practice); or
- a 4+2 internship program (two years of on-the-job supervised practice). This pathway will cease in 2027.

The Psychology Board of Australia (PsyBA) currently recognises 9 areas of practice endorsement within the psychology profession. These include;

1. Clinical neuropsychology
2. Clinical psychology
3. Community psychology
4. Counselling psychology
5. Educational and developmental

6. Forensic psychology
7. Health psychology
8. Organisational psychology
9. Sport and exercise psychology

According to recent statistics provided by the PsyBA (March 2020) there are 31,633 registered psychologists in Australia.

- Out of this number, only a third of them, 9520 clinical psychologists, are currently eligible to provide a higher two-tier Medicare rebate.
- The remaining 22,113 psychologists are eligible to provide a lower Medicare rebate.
- Of those on the lower rebate, 4,101 psychologists are endorsed in areas other than clinical psychology. These endorsements represent their area of interest rather than the confusing misinterpretation that endorsement equates to guarantee of specific competency.
- Additionally, most registered psychologists (56.94%) do not hold an area of practice endorsement as it was not professionally relevant or required and was not scientifically demonstrated to bear any relevance to professional practice, client outcomes, or client satisfaction.

Additionally, the current flawed endorsement system was further perverted by a loophole of grandfathering members of various interest groups into endorsement when no such additional education was ever undertaken. Previous research found 30-40% clinical psychologists did not have the further education and were grandfathered just by being part of the APS Clinical College.

This means that a significant number of psychologists who are endorsed as clinical psychologists do not hold the academic qualifications required for clinical endorsement (as per current requirements). Many of these grandfathered clinical psychologists have less academic qualifications than many registered psychologists. This presents a scenario where the Australian Government currently enables psychologists with less experience and less qualifications to receive/provide a higher rebate than the vast majority of psychologists who have more experience and more qualifications.

We believe it is unjust and unreasonable that psychologists who have completed a prodigious amount of education, training, and supervised practice cannot provide an equal rebate to their clients, simply because they are not clinically endorsed.

Many psychologists have completed the same Australian Qualifications Framework (AQF) level of training (or higher) as clinical psychologists and use the same psychological assessments, same therapeutic approaches, and

work with the same client populations in the assessment, diagnosis, and treatment of all mental health conditions and severities.

Active Continuing Professional Development (CPD) and recent work experience are the best predictors of a psychologist's recent skill set. This does not limit, and neither should it, the ability of the psychologist to work in other workplace settings: the skills of a psychologist are generalisable across workplace settings as the fundamental core competencies are met via tertiary studies approved by the Australian Psychology Accreditation Council (APAC), an independent quality and standards organisation appointed by Australian Governments under the Health Practitioner Regulation National Law Act 2009 as the accrediting authority for the education and training of psychologists in Australia.

If a client is seeking an educational assessment, they may select to choose an Educational and Developmental Psychologist, however, if that psychologist has moved their area of interest to the therapeutic, counselling or clinical realm and is working with patients in a hospital setting, or working with clients in a private practice, and if they do not focus on educational assessments, then the endorsement is confusing and misleading to a member of the public who is seeking an assessment for their child.

All Psychologists Share Core Competencies and Equivalent Treatment Outcomes

Research demonstrates that both registered psychologists and clinical psychologists achieved beneficial outcomes. At the same time, there is no evidence to support that clinical psychologists are better skilled at providing services than other psychologists. There is simply no evidence to warrant a difference in funding or endorsement. A notable research project commissioned by the Australian Government itself (Pirkis et al., 2011) clearly indicates that psychologists treating mental illness across all training pathways (operationalised through both tiers of Medicare Better Access), produce strong treatment outcomes for mild, moderate, and severe cases of mental illness (Jorm, 2011).

All psychologists provide the same service, to the same standards (as governed by their registration with AHPRA), and to the same population group. The dual Medicare rebate system has caused divisiveness in the profession, financial disadvantage to the Australian public, misleading information to the Australian public, and restriction of psychological service provision to the Australian public.

Ultimately, it is the community members in need who are missing out. This erroneous notion of superior skills based on area of interest versus actual competency has additionally contributed severe negative impacts at an

economic/financial level, on career viability and to the wellbeing of the psychology profession. Both clinical psychologists and all other psychologists have the same operating costs including insurance, registration fees, administration support, rent and continuing professional development requirements. In view of the accelerating need for mental health support for Australians, all psychologists need to be supported to continue delivering these vital services.

The current Medicare Benefits Schedule overlooks the real costs associated with accessing and delivering vital mental health support, shutting out many clients from psychologists' care when Australians need them most. Clients still need to pay more out of pocket due to the lower rebates eligible to most practitioners in the country. On average, they are paying \$175 each session to see a registered psychologist, and they are only able to claim back \$87.45 from Medicare. If they are seeing a clinical psychologist, they can claim back \$128.40. Many clients cannot afford these out-of-pocket expenses, so do not seek the help they need when they need it, nor for the appropriate duration required for adequate treatment. This keeps them untreated and perpetually unwell, so they return for services but are unable to receive adequate intervention because of the financial disparity.

Ultimately, this prevents Australians from accessing mental health support as we continue to deal with heightened levels of anxiety, depression, and stress. The federal government has tabled a major pandemic mental crisis plan following research that forecasts suicides directly related to the economic shutdown. The associated distress could outstrip direct deaths from the coronavirus by 10 times.

If all psychologists had access to the one higher tier, then more clients could be bulk billed or out of pocket expenses minimised without risking the financial viability of services.

Given that the government strongly recommends making mental health a priority, the rebate amount for all psychology services needs to be urgently increased. We proposed that this amount is \$150 rebate for all psychologists with no differentiation regardless of area of practice endorsement, that has been shown to be solely a function of area of interest and not of competency nor of practice.

Now is the time to make these important changes before it too late, and we see a needless loss of life as predicted in recent suicide modelling. We are on

the cusp of another urgent crisis, as people not getting help in a timely manner will lead to greater pressure on hospitals and other treatment facilities, not to mention the long-term, far-reaching effects on our national health, economy, society, and education. We need to start now to urgently flatten the mental health curve.

Psychologists need to be made more accessible to all Australians while ensuring psychologists can function with financial viability whilst they are providing their vital services.

Additional Deleterious Impact in Regional Australia

Currently, the two-tiered system acts to limit or reduce the public's ability to see the psychologist of their choice in both practical and financial terms. Firstly, given that most psychologists operating in regional and rural areas are registered psychologists, their clients cannot receive affordable treatment as their urban counterparts, because a registered psychologist currently is only eligible to apply a lower rebate for their clients. Conversely, the majority of psychologists who hold an endorsement in clinical psychology, also live in urban areas. It was previously shown here that this endorsement erroneously entitles them to provide a different yet higher rebate amount to their clients, who are more likely to also live in urban areas. The two-tiered system also disadvantages people from culturally and linguistically diverse communities (including Aboriginal and Torres Strait Islanders), that often desire to access psychological services from bilingual/multilingual and culturally competent psychologists (Tan & Denson, 2019), yet if their treating psychologist does not hold an endorsement in clinical psychology, they too are subject to the same lower rebate.

The AAPI would like to strongly advocate that one Medicare rebate system be implemented for clients accessing psychological services. The AAPI simultaneously strongly cautions against the use of area of practice endorsement as a means of restricting client access to services as has recently occurred.

AAPI strongly opposes the endorsement process as an indicator of specialist skills and any additional Medicare rebate as the endorsement process solely measures area of interest and NOT area of competence nor area of practice. AAPI firmly believes the Australian public deserves accessible, affordable, and equitable mental health care.

All registered psychologists can treat the full range of mental health conditions from mild to severe and complex. ***The treatment provided should be the only reason for applying a Medicare rebate, not the endorsement of the practitioner, and government funding should reflect this reality.***

It is critical to urgently arrive at a solution that benefits both the Australian community and the psychology profession delivering these services. We need to remove barriers to the access and provision of mental health services and enable individuals to get the help they need from ALL psychologists. Failing to do so will cause an even greater decline in the nation's mental health, as Australians must pay more out of pocket due to the lower rates eligible to 70% of practitioners in the country and thereby to each of their clients.

We have also written a petition that lists these advocacy items. At the time of writing, we have over 8000 signatures, primarily from psychologists. The petition can be accessed below:

<https://www.change.org/p/department-of-health-minister-greg-hunt-one-telehealth-medicare-rebate-for-all-psychologists>

2. Raise the Medicare rebate to allow for greater access and facilitate more bulk billing

Raising the Medicare rebate will enable more psychologists to bulk bill; it will enable more clients to stay in treatment so their condition is adequately treated; it will also retain more psychologists in the profession that has increasingly become financially unviable and professionally restrictive due to the aforementioned Medicare two-tier rebate complications.

The current Medicare rebate for psychology is insufficient to cover the true cost of care and this directly affects access of psychological services. This leaves the option of passing this on to the consumer, who often must choose between vital mental health care or other essentials of daily life or leaves psychologists with a financially unviable service. The financial challenge of providing care and covering costs, results in the psychologist being under undue financial distress or has them leaving the profession - often earning more in lower skilled areas of employment.

The current system is hindering career progression, income (due to the two-tier Medicare rebate system), and employment opportunities. Many registered psychologists are getting so frustrated with the current structure that they are leaving the workforce. Considering that over 80% of registered psychologists are women, this is having a massive impact once again on female workers.

The Australian government purports to value mental health yet is placing at serious risk the occupational health and safety of psychologists, the service delivery professionals, and the ongoing flow to the Australian public.

The current Medicare rebate is set at \$87.45 for the majority of psychologists. This is insufficient for expert mental health care. The Medicare rebate for Psychology has only increased by \$2.65 since the inception of Better Access in 2006. This is far below inflation rates and does not reflect the significant and exorbitant costs of maintaining professional educational or registration requirements, let alone running a professional private practice. Private practice is the most accessible means of service provision for Australians and needs to be funded adequately.

We call on the government to raise the rebate to \$150 for a standard 50-minute session. This long-awaited higher rebate will assist those most vulnerable in making mental health services more accessible and encouraging more psychologists into private practice, which will help alleviate those areas with waiting lists, which is most definitely a problem in a high number of areas across the country.

AAPI conducted a Private Practice Survey in Oct 2020. Of the 789 respondents - **86% said they would bulk bill more if the rebate were raised to \$150.**

Affordable and accessible mental health care has been discussed in some detail in the media of late. As noted above, the other clear factor in the problem with bulk billing and the Medicare rebate is the erroneous, misleading, and destructive two-tier system that needs to be immediately terminated and replaced by one set of item numbers for all psychologists. The burden of the national mental health crisis is being propped up by a broken system. We need to move beyond a list of numbers on a Medicare Benefits Scheme, and look at the individuals who are suffering across Australia.

Increasing the rebate to \$150 for all psychologists will allow psychologists to bulk bill more clients while also attracting more psychologists into private practice thus reducing many of the barriers to accessing the expert mental health care that registered psychologists provide.

We call on the government to run through the modelling of the cost of this increase and compare it to the cost of what we will face with inaction and short-term band-aid solutions. The looming cost of a major mental health care crisis would far outstrip a sensible measure, such as what we are proposing.

3. Permanent Universal Access to Telehealth

Universal access to telehealth has been one of the successes of the federal government's response to the COVID-19 pandemic. However, at present, telehealth remains temporary.

We are calling on the government to make this a permanent and universal addition to MBS.

Telehealth has the following benefits:

- increases access to those with mental health conditions that make attendance at a clinic difficult (i.e., agoraphobia)
- increases access to those that have physical disabilities that impact on their mobility
- allows those that have carer responsibilities to attend psychological treatment without being absent from the home for long periods of time
- reduces risk of transfer of illness to vulnerable populations
- increases access for those in rural and remote regions of Australia to have access to psychological care
- allows for clients to access psychological treatment outside of their local geographical area that may have long wait times, allowing immediate access
- allows clients to have access to more providers that are experienced in treating their mental health conditions, particularly those with rare disorders

At the time of writing, telehealth has only been approved until March 2021, and we urgently need this extended to give certainty to both psychologists and clients.

Patients need to know with certainty that they will be able to plan to access psychological treatment beyond March 2021. At the time of writing this submission, that is only just over a month away. People under stress need certainty when it comes to getting help.

4. Implementing Productivity Commission recommendation for up to 40 sessions

Much commentary has been written about the current increase to session numbers in the media. According to the Better Access finding, in 2016/17, only 4.64 sessions of the 10 allowable were accessed by Australians. Some sectors of the medical community point to this figure as a reason why session numbers should not be increased more widely. However, this fails to consider

the myriad of reasons people have less than 10 sessions and completely ignores those who use well over this number.

For some that use less sessions, it is because their reason for presenting can be managed in a shorter number of sessions. Some find that by the time they commence mental health assistance, the calendar year rolls over, and they have not reached their limit. Yet for many, it is the financial burden due to the low rebate applied to mental health providers – in particular, since over 70% of registered psychologists in Australia are only eligible for lower rebates due to a legislative mistake that we have shown above needs to be urgently rectified.

We advocate for self-referral to psychologists for rebatable sessions to remove the barriers for people seeking help. There are barriers that typically stop people from seeking support such as a GP referral or Mental Health Plan to access support.

There is also a substantial drop in people utilising their first 10 sessions once their Mental Health Plan requires them to go back to their GP after their 6th session to get another referral.

Through consultation with our membership base, we have identified that many members provide pro-bono services each year when clients' 10 rebated sessions run out. This is not reflected in the Medicare usage data.

Even though a small number of clients access over 10 sessions in a calendar year, these clients return year after year because they do not reach optimum treatment levels to resolve their illness because of the annual cap at 10 rebated sessions, representing 10 hours for serious/severe psychological conditions. This is simply not sensible nor sustainable, and in fact is irresponsible and re-traumatising. For some illnesses, this will require up to 40 sessions. If this treatment is provided, they will then exit treatment and be more able to engage fully and productively in the community, reducing disease burden. Providing adequate and consistent treatment will also reduce the pressure on emergency departments and mental health wards of hospitals.

The Australian Government should not be expecting individual providers to be propping up an underfunded system. This will result in financial distress for providers as well as increase their risk of burnout. This is a serious occupational health and safety risk for psychologists and becoming more evident with each passing year and particularly during the Covid-19 pandemic.

5. Simplify the process of access to a psychologist

It is imperative that we reduce the 'red tape' when it comes to accessing a psychologist. This includes simplifying referrals to registered psychologists, and that of review letters back to referrers, and upgrading the MBS to reduce the burden on psychologists by implementing standardised MHCP forms and referral letters. AAPI is requesting funding to work with the GP Associations to develop standardised referral letters and forms.

Currently one of the greatest stressors for Psychologists is the regulatory burden of working within the Medical Benefits Scheme (MBS). Psychologists are held responsible for all aspects of referrals and processes being completed correctly or face the consequence of repaying their client's rebate if audited. Psychologists are responsible for following up with referrers to ensure that referrals are valid and contain the necessary information; and then ensuring that they are reporting back to referrers at the appropriate time in treatment; as well as ensuring their clients return to their referrer to get a re-referral for treatment; and keeping up to date with changing legislation around the Medicare Benefits Scheme. Psychologists are performing many hours of unpaid administrative work each week and requiring their clients to reschedule their important treatment appointments in order to be compliant with an onerous, inefficient, and ineffectual administrative system.

Clients are likely to drop out of treatment when they are required to present back to the referrer for review. Additionally, for the psychologist, making a living wage under this system is increasingly difficult, considering these many hours of unpaid work coupled with the low rebates and the inequitable lower rebate for registered psychologists.

We would like to see this administrative burden reduced through upgrading the Medicare Benefits Scheme to include standardised referral forms/letters and reducing reporting requirements and re-referral requirements. The Mental Health Care Plan also requires modifications as its current form provides little value to treatment planning or intervention. This would be best completed by a mental health professional if it is still required so that psychological risks can be appropriately managed and communicated to other health care providers. AAPI is requesting funding to work with the GP associations to develop standardised forms and letters to be used which will reduce the administrative burden required by both GPs and psychologists.

The online assessment tool as described in the Productivity Commission Report should be investigated and adjusted so that it can be used to facilitate referrals and communication between psychologists and referrers:

"A new assessment tool, that is consistent with the Australian Government Department of Health Guidance on Initial Assessment

and Referral, should be developed and implemented across the mental health system, to ensure a robust and person-centred approach to assessment and referrals."

The model proposed to allow people entry into the mental health system will not hit the mark for all Australians and needs to be modified significantly. Any barriers that are put into place reduce access for the community.

6. Broaden MBS rebatable sessions to psychologists to include prevention and early intervention- not just mental illness

With regards to our call for a prevention focussed approach to mental health care, it is vital that an overarching policy framework or funding strategy be put in place to guide action in the promotion of mental health and prevention of mental health conditions in Australia, like there is in relation to physical ailments.

Australia actively takes a prevention approach when it comes to women's health concerning breast and ovarian cancer to pick up on any issues early. We do the same with skin cancer by encouraging people to have regular skincare check-ups to avoid dangerous cancer complications by intervening early. And we similarly need these screening and early intervention models to address the escalating mental health crisis in Australia.

We know that nearly half of all Australians (45% according to the Black Dog Institute) will experience a mental illness in their lifetime. It is imperative, particularly with these alarming statistics, that a preventative approach should be the government's priority for all Australians' mental/psychological well-being, like it is for physical issues.

An area that is significantly underfunded is the treatment of families and couples. This is extremely important to address, as attachment-based issues (those found in couples and families) cause significant lifelong distress for children and other family members. When these issues are addressed earlier through the provision of family-focused therapies or couple therapy, it reduces the severe trauma and distress experienced and felt by children and family members across their lifespan. Many issues seen in children are also best dealt with by implementing family-based therapies as are some disorder types such as eating disorders. Similarly, when families are supported through distressing events such as separation and divorce, then the mental health of children is best protected. We are calling on the government to fund couple counselling and family work and screenings for early intervention.

7. Fund a dedicated preventative/early intervention psychology workforce

Globally, we have a wealth of evidence showcasing that promotion and prevention initiatives play a crucial role in achieving optimum mental health and reducing the impact of mental health issues in society.

Less than 1% of the Commonwealth mental health budget is spent on promoting good mental health and preventing mental health issues among the Australian population.

AAPI believes this needs to change. We would like to work together with the government for greater investment and action in promotion and prevention and the creation of a mental health promotion workforce to undertake this work.

Amid the current Coronavirus pandemic, where we see a rise in stress and distress, the important role preventative interventions can play in promoting and protecting community mental wellbeing have never been more apparent, or more necessary.

To achieve the maximum community benefit, we need to incorporate preventive strategies with mental health care. Psychologists are paramount in this process. Psychologists have a deep understanding of mental well-being and mental ill-health and are equipped to contribute to community wellbeing initiatives. However, what is presently lacking is adequate and dedicated funding to support preventive mental health.

We see considerably more scope for psychologists to become far more active in promotion and prevention across a wide range of areas. A focus on mental well-being continues to grow in importance, both during the COVID-19 crisis and beyond.

Psychologists are already working in and are very well-placed to advance promotion and prevention efforts in schools, workplaces, universities, and even local government, in parallel to providing personal supports and services in these settings. More and more sectors will require psychologists as people become aware of the benefits of including a focus on mental well-being. Our emphasis is to unlock the potential of psychologists to reach and benefit people through a broader range of mental health initiatives.

AAPI would like to work with the Government to raise awareness about the importance of promotion and prevention in the mental health field and work with psychologists to build a strong mental health promotion workforce for all Australians' benefit.

8. Establish a 'Provisional Psychologist' Medicare rebate

As of March 2020, there are over 5,500 provisional psychologists available in Australia. Provisional psychologists are at a minimum, four or five-year trained psychologists, embarking on a final period of 'supervised practice', overseen and mentored by a qualified psychologist. They have studied across each of the competencies required for registration and are gaining relevant experience and supervision to meet full registration requirements.

Provisional psychologists have completed more formal study than the vast majority of other allied health disciplines who can provide services under Medicare after their four years of study.

At present, a significant proportion of provisional psychologists engage in unpaid employment to meet their requirements for full registration. Given the increasing demand for psychology services and increasing waiting lists to access psychologists, we believe the deployment of provisional psychologists is an ideal solution to not only the provision of an adequate service from a trained psychologist with the benefit of a supervisor, but to also increase the value of the psychologist in the payment for their valuable services, for which they have invested significant funding to complete their tertiary qualifications and supervision process. Having a 'provisional psychology' Medicare rebate will enable this strategy and its benefits.

In essence, the Australian government has over 5,500 university trained mental health professionals available at your fingertips, to address the growing need for mental health support that goes beyond an urgent phone call to a helpline.

We are calling on the Government to support these future mental health experts in their training and development whilst also providing the community with an affordable option for Medicare rebated services. Tapping into our future mental health professionals to support the current crisis is the ideal solution.

AAPI would like funding for a 'Provisional Psychology Better Access' pilot project before rolling out a wider scheme.

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