

Australian Psychological Society

2017–18 Pre-Budget Submission

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Professor Lyn Littlefield OAM FAPS

Executive Director
l.littlefield@psychology.org.au

Mr Harry Lovelock

Senior Executive Manager,
Strategic Development and Public Interest
h.lovelock@psychology.org.au

Dr Louise Roufeil FAPS

Executive Manager,
Professional Practice (Policy)
l.roufeil@psychology.org.au

Ms Mira Kozlina MAPS

Senior Policy Advisor and Strategic Support
m.kozlina@psychology.org.au

psychology.org.au

The Australian Psychological Society Limited
Level 13, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
ABN 23 000 543 788

The Australian Psychological Society has identified 10 areas where the development of the 2017–18 Budget would considerably improve the health of the Australian community. The Australian Psychological Society believes these initiatives will not only bring significant benefits to the Australian community but also boost productivity and restrain government expenditure by producing savings to the Australian healthcare system.

The Australian Psychological Society commends the Government in undertaking the National Reviews into mental health services, child abuse, primary healthcare, chronic disease and the Medicare Benefits Schedule. The Australian Psychological Society recommends that the Government build on these reforms to develop a whole of Government social determinants approach to health that provides linkages between health and quality of life, including broader and more equitable access to mental health services and resources.

The Australian Psychological Society is the premier professional organisation for psychology with over 22,000 members. Psychologists represent the largest mental health workforce in Australia. As their representative body, the Australian Psychological Society regularly consults with psychologists, consumers of psychological services, communities and organisations, to best understand the psychological needs of the Australian population. In its work across sectors and within the community, the Australian Psychological Society has consistently heard that although current public policies contribute to reducing the gap in health equity, continual investment in reforms is needed to ensure adequate access to high quality and best value mental health services for a range of people including the most vulnerable in the Australian community.

Opportunities to improve health, boost productivity and produce savings in the Australian healthcare system in the 2017–18 Federal Budget.

- 1 Improve access to evidence-based psychological interventions for people with more complex high prevalence mental health disorders
- 2 Improve access to psychological services in regional, rural and remote Australia
- 3 Improve access to evidence-based interventions for the management of chronic disease
- 4 Improve the quality of care for older people with psychological conditions
- 5 Address the gap in the mental health of Aboriginal and Torres Strait Islander peoples
- 6 Improve access to appropriate psychological care for people affected by institutional child sexual abuse
- 7 Ensure comprehensive, flexible and long term access to psychological care for survivors of domestic violence and child abuse
- 8 Ensure that the mental health workforce is subject to standards to ensure the delivery of high quality and safe services
- 9 Consider the impact of natural disasters on psychological wellbeing
- 10 Adopt a social determinants approach to health by improving coordination between sectors

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1

Improve access to evidence-based psychological interventions for people with more complex high prevalence mental health disorders

Reinstate the Better Access “exceptional circumstances” sessions.

Good mental health has a direct and significant effect on an individual’s quality of life and productivity. Productivity is central to higher economic growth. The relationship between mental health and the economy highlights the value in improving access to mental health services in Australia. Investing in mental health to ensure adequate access to high quality and best value services for a range of people in the Australian community will have a positive impact on the performance of the economy. However, at this current time the funding cuts to the cost-effective and highly successful Better Access initiative have continued to have a marked deleterious impact on the thousands of Australians who can no longer access the appropriate length of effective and cost-efficient psychological treatment.

There is evidence that the 6 sessions of psychological treatment under “exceptional circumstances” that were cut from 1 January 2013 are effective and necessary for a large number of consumers. Better Access is the most cost-effective mechanism for connecting people with mental illness with the effective psychological treatment services they need for recovery. The cuts have primarily affected an estimated 48,000 people requiring additional treatment for severe depression or anxiety disorders with significant additional complexities, and for people with more complex conditions such as eating disorders, obsessive compulsive disorder and post-traumatic stress disorder. These additional sessions should be available for individuals who meet defined and objective criteria. Reinstating the additional sessions would not only provide equitable access to mental health services for a large number of Australians, but also provide the opportunity to recover, increase productivity, and reduce more costly hospital admissions.

The Australian Psychological Society seeks support for the permanent reinstatement of the six Better Access sessions that were removed. Reinstatement of the sessions would enable many thousands of Australians with serious but common mental health disorders to access the appropriate length of effective psychological treatment in a timely and effective manner. These many thousands of Australians are currently denied access to effective psychological treatment, with a concomitant impact on family stress, productivity and hospital admissions.

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2

Improve access to psychological services in regional, rural and remote Australia

Build on the success of telehealth to provide greater equity of access to evidence-based psychological services for people living in regional, rural and remote parts of Australia.

People living in regional, rural and remote areas of Australia experience poorer access to assistance for their physical and mental health problems than their metropolitan counterparts. In the context of high demand for a well-trained health workforce, the inequitable distribution of the psychology workforce contributes to this access issue. Sufficient access to the psychology workforce to address the mental health burden in regional, rural and remote areas will improve the health outcomes of Australians previously disadvantaged by the uneven distribution of resources.

Increasing opportunities for people living in regional, rural and remote parts of Australia to receive psychological treatment via telehealth will ensure more equitable access to mental health services and reduce the disadvantage that affects wellbeing. There is a growing evidence base highlighting the effectiveness of the delivery of psychological services for many conditions including mood, anxiety, sleep, adjustment and a range of other mental and physical disorders. Medicare-rebatable psychiatry services are currently delivered by telehealth to regional, rural and remote areas of Australia. Enabling psychology services to be delivered by telehealth, similar to psychiatric services, would build the capacity of the Better Access program to target geographically isolated individuals in need of mental health treatment.

The Australian Psychological Society seeks support for the expansion of telehealth to be delivered under the Better Access Initiative to individuals in regional, rural and remote areas. This includes the availability of telehealth items to psychology practitioners who live in regional, rural or remote areas, to help to support and maintain the presence of practitioners in those areas.

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3

Improve access to evidence-based interventions for the management of chronic disease

Support access to psychological interventions for behaviour change.

The Australian Institute of Health and Welfare's 2011 report on the burden of disease and injury in Australia acknowledges the advances in the health of the Australian population since 2003, however states that more improvements can be made. The report found that approximately one-third of the disease burden in Australia could be prevented. Reducing behavioural risk factors such as alcohol use and tobacco use plus low levels of physical activity would reduce the burden of disease according to the report.

It is well known that human behaviour underpins lifestyle-related health problems. Many Australians find lifestyle change difficult and require targeted interventions from psychologists, who are health behaviour change experts. Psychologists are trained to deliver evidence based and cost effective interventions to manage chronic disease. Self-managed healthy behaviour choices could be significantly enhanced through access to time-limited cognitive behavioural interventions delivered by the psychology workforce. Increasing access to effective psychological interventions which reduce the burden of chronic disease would contribute to substantial savings to the healthcare system.

The Australian Psychological Society seeks the support of Government to provide funding for the delivery of evidence-based and time-limited psychological interventions for people with chronic disease. Psychological interventions targeting behaviour change for people with chronic illness will be beneficial to the broader health system if the right amount of treatment is given by the right person at the right time. These services need to be accessible to all people with a diagnosed chronic disease, whether or not they elect to enrol in a Health Care Home.

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4

Improve the quality of care for older people with psychological conditions

Provide access to psychological treatment for older people.

Australia has an ageing population with the proportion of elderly people aged 65 and over increasing every year. The aged population in Australia is projected to almost triple from 3.4 million aged 65 and over in 2014, to 9.6 million aged 65 and over by 2064. However, many older Australians lack access to non-medicalised approaches to help manage the challenges of ageing and conditions that affect the quality of their lives.

The incidence of psychological disorders such as depression and anxiety is much higher amongst people living in residential aged care facilities than in the wider community. Mental illness and disruptive behaviour amongst people residing in aged care facilities are frequently treated with psychoactive medication which has undesirable side effects and is expensive to provide and monitor. Psychological assessment and intervention for older Australians have been shown to be effective in managing mood disorders and disruptive behaviour, and to improve quality of life for residents as well as reducing costs for the facility by decreasing the need for pharmacological interventions. However, there is currently extremely limited access to psychological assessment and treatment for people living in aged care facilities.

The Australian Psychological Society seeks the Government's support to implement a 12-month trial of supervised placements in residential aged care facilities for professional psychology postgraduate students to provide, under supervision, psychological assessments, and mood and behaviour management interventions for residents as well as training for facility staff in behaviour management.

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Address the gap in the mental health of Aboriginal and Torres Strait Islander people

Improve practice to be culturally appropriate for Aboriginal and Torres Strait Islander people.

The Australian Psychological Society issued a formal apology to Aboriginal and Torres Strait Islander People at the APS National Congress in September 2016, acknowledging psychology's role in contributing to the erosion of culture and to their mistreatment. The apology was the first step towards addressing past wrongs and ensuring that the psychology profession appropriately collaborates and serves Aboriginal and Torres Strait Islander people moving forward.

Unfortunately until this current day there still remains a significant gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians that includes higher rates of psychological distress, more hospitalisations for mental illness, and higher rates of death from self-harm. Despite the significant need, Aboriginal and Torres Strait Islander people have greater difficulty accessing appropriate mental health services. More needs to be done to better understand the most appropriate and accurate culturally specific techniques.

The Australian Psychological Society seeks Government support and funding to develop, with Aboriginal and Torres Strait Islander people, culturally specific assessment techniques and procedures that convey accurate information about the abilities and capacities of Aboriginal and Torres Strait Islander people. The Australian Psychological Society would partner with Aboriginal and Torres Strait Islander people to undertake this important work as a part of its commitment to ensure culturally appropriate practices.

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6

Improve access to appropriate psychological care for people affected by institutional child sexual abuse

Implement Recommendations 9 and 10 of the Redress and Civil Litigation Report released by the Royal Commission into Institutional Responses to Child Sexual Abuse.

The Royal Commission into Institutional Responses to Child Sexual Abuse concluded that redress should include psychological care as needed by survivors across their lifespan and this should be provided according to established principles. The Royal Commission also concluded that there is currently insufficient public funding allocated to meet the needs of survivors and that this would be best addressed by making changes to the existing Better Access program. In addition to the provision of sufficient psychological services, the Royal Commission stated that action must be taken to ensure that survivors have access to appropriately trained and experienced health practitioners, such as psychologists, to deliver these services. Unfortunately, at this current time no details have been released regarding the model of service provision and funding for survivors seeking psychological care.

The Australian Psychological Society is seeking the support of Government to implement recommendations 9 and 10 in the Redress and Civil Litigation report (2015) that would improve access to appropriate psychological care of people affected by institutional child sexual abuse by amending the Better Access program to meet the needs of survivors, including removing the limit on the number of allowable sessions. In order to facilitate psychological care by practitioners with appropriate competencies to work with survivors, the Australian Psychological Society seeks the support of Government to lead the design and implementation of a public register of health practitioners who are appropriately qualified and experienced to work safely and effectively with this cohort.

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Ensure comprehensive, flexible and long term access to psychological care for survivors of domestic violence and child abuse

Ensure that survivors of domestic violence have access to psychological care delivered by qualified practitioners.

Domestic violence has a devastating and often life-long psychological impact. It is a major cause of reduced quality of life, increased distress, and high rates of injury and death for individuals affected. Domestic violence has secondary effects on families, communities, and the economy. The Australian Government Department of Social Services estimates that violence against women and children costs the Australian economy \$13.6 billion a year. Without effective action, the Department estimates that these costs will rise to \$15.6 billion in 2021–22.

Family violence is a critical social issue that impacts the welfare of women and children in particular, and being assaulted by or witnessing assaults toward family members in childhood or adolescence increases the likelihood of mental health problems, substance abuse, and involvement in future abusive relationships for both women and men. The effects on individuals, families, the community and the economy highlight the need for specialised psychological care and support for survivors of such traumas. Given the substantial economic cost, there is a clear role for Government to ensure survivors of domestic violence and child abuse have access to psychological support and treatment services.

The Australian Psychological Society seeks support from Government to ensure that survivors of domestic violence and child abuse have comprehensive, flexible and long term access to psychological care which is delivered by appropriately experienced and qualified practitioners.

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Ensure that the mental health workforce is subject to standards to ensure the delivery of high quality and safe services

Develop a national mental health workforce development strategy to protect mental health consumers.

The Review of National Mental Health Programmes and Services has called for strong reforms to redesign and repair Australia’s mental health system. The call for reforms has been welcomed by the Australian Psychological Society which strongly supports the goal of improving the provision of mental health services to all Australians.

Quality and standards of services essentially underpins successful mental health reforms. The current evolving system is lacking workforce standards that ensure that consumers of mental health services are receiving the highest level of care from a qualified professional. Consumers must have access to an appropriate level of care, at the right time, delivered by the right practitioner – that is, someone with an appropriate level of experience, training and expertise.

The need for workforce standards is essential with the introduction of stepped care. A stepped model of care offers a means of expanding the reach of the mental health workforce to those who require services and matching their needs to appropriate providers. The model proposes that those with the most common and mildest forms of mental health problems can receive the least intrusive level of support from those with some, but not necessarily extensive training in mental health interventions. As the severity of mental illness increases, so too does the level of intervention, and expertise required to deliver it effectively. In addition, there is a risk that inappropriately trained workers delivering low intensity services will provide low quality ineffective treatments and will fail to detect more complex presentations, potentially leading to catastrophic consequences. The absence of standards for the workforce in the context of the changing mental health landscape is concerning, particularly for the delivery of low intensity services.

The Australian Psychological Society seeks support of Government to develop a national mental health workforce development strategy to be led by the mental health professions to strengthen the capacity of mental health services to meet mental health reform targets especially those matching consumers’ needs to the delivery of appropriate care.

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9

Consider the impact of natural disasters on psychological wellbeing

Ensure that natural disaster funding takes into consideration the impacts on the psychological wellbeing of individuals, and their families, as well as whole communities.

In Australia, natural disasters such as bushfires, floods and cyclones are recurrent. Natural disasters in Australia affect millions of people. Psychological wellbeing following disasters is a key economic and public health issue, and includes not only the direct psychological impact of the disaster itself, but also managing the emotional difficulties arising from confronting the secondary stressors that disasters generate.

Governments continue to plan their disaster responses based on the immediate physical and health needs of the affected communities, which is entirely appropriate. Unfortunately the wellbeing of that population is generally an afterthought rather than planned which can lead to inappropriate engagement of well-meaning people that can delay the overall recovery of these communities. A report by the Australian Business Roundtable for Disaster Resilience and Safer Communities has found that when social and wellbeing factors such as mental health difficulties, chronic disease and alcohol use are included in the economic estimates, the average costs of natural disasters would be \$33 billion annually by 2050. Given the significant cost to the economy, disaster funding should better reflect the social and wellbeing factors to allow for early intervention to minimize the impact on wellbeing, and to increase the chance of full recovery.

Australia has a psychology workforce ready to immediately respond in the hours and days following a disaster event. The APS Disaster Response Network is a national network of psychologists who have expertise in working with individuals and communities affected by disasters and emergencies in Australia as well as those working to assist them. Depending on the level of distress experienced and the timing of the support required following the disaster, psychologists can provide formal mental health interventions, simple psychological strategies and/or psychological first aid following a natural disaster. Government planning, including the development of policies to allocate sufficient funds within existing disaster response funding to address the psychosocial wellbeing of people affected by disasters will have a beneficial impact on individuals, families, the community and the economy.

The Australian Psychological Society seeks the support of Government to ensure that natural disaster funding takes into account the need to address the psychological impact of natural disasters on individuals, their families and whole communities.

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10

Adopt a social determinants approach to health by improving coordination between sectors

Reduce the social gradient in health by adopting a whole person approach between services.

In recognition of the widening inequality in health and life expectancy outcomes, the World Health Organisation (WHO) established the Commission on Social Determinants of Health which in 2008 produced a report calling for ‘closing the health gap in a generation’. The report defines the social determinants of health as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

Evidence collated by the Commission shows that there is a social gradient in health such that the lower a person’s socioeconomic position, the worse their health, including their mental health, is likely to be. The Commission identifies this social gradient in health within countries, and the marked health inequities between countries that are caused by the unequal distribution of power, income, goods, and services, which lead to unequal access to health care, schools and education, conditions of work and leisure, housing, and their chances of leading a healthy life. The causes of this inequality are not natural or inevitable, according to the WHO, but due to structural disadvantage brought about by social policy, economic systems and the distribution of power and resources. These ‘structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries’.

The structural determinants have a strong impact on mental health, with those with pre-existing mental health issues more likely to experience disadvantage, be on low incomes and live in poverty. The disadvantage is pronounced for this group who experience difficulty navigating services and accessing the support they need. Improving cross-sector collaboration to address issues such as housing, community support, education, transport and health care will improve wellbeing, security, and increase community integration.

The Australian Psychological Society seeks the support of Government to adopt a social determinants approach to health by developing policies that support collaboration and improve coordination between sectors. Investing in collaboration will reduce the gap in health and improve wellbeing.