

Pre-Budget Submission 2021–22

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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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Executive summary

As the largest professional organisation representing more than 25,000 psychologists, the APS welcomes the opportunity to provide expert psychological input to assist the Australian Government in formulating the 2021-22 Federal Budget. In 2020 APS members, through their work as psychologists and psychological scientists, flexibly adapted the way they work and what they do to support the growing mental health needs of the Australian community as it faced a particularly difficult year.

We commend the Government on its increasing recognition that mental health and wellbeing is just as important as physical health and wellbeing, and for its commitment to investing in longer-term reform across the mental health sector.

The economic costs of mental health in Australia continue to rise as the significant disasters that characterised 2020 have an ongoing impact on the mental health and wellbeing of Australians. These disasters have illuminated the gaps in our fragmented mental health system, and demonstrate that good mental health is an essential enabler of economic recovery. Several recent inquiries have quantified the significant cost burden of mental ill health¹ and the broad-reaching and potentially long-lasting economic consequences of not appropriately addressing the emerging mental health pandemic.

The Government has a substantial opportunity to take proactive and strategic measures to redesign Australia's mental health system, and to target our limited resources for maximum social and economic benefit. The APS is pleased to provide recommendations to Government that leverage the vast body of knowledge and experience that psychological science can offer, to ensure we not only recover as a community from this pandemic, but can thrive in the longer term.

The APS calls upon the Government to invest in the following opportunities, as a foundational step towards achieving its ambitious mental health reform agenda:

1. Improve mental health outcomes among school age children
2. Build psychological capabilities within the aged care sector
3. Invest in workplace mental health and wellbeing
4. Improve social and economic outcomes for people with mental illness
5. Use technology to improve mental healthcare
6. Strengthen the psychological workforce
7. Invest in psychological research

The mental health and wellbeing of Australians is paramount to our post-pandemic economic recovery. The APS is committed to furthering the Government's mental health reform by enabling psychologists and the psychological profession to support the mental health of all Australians.

Recommendations

1 Early intervention and prevention: Improve outcomes for school age children

Lifelong mental health and wellbeing is built during childhood. Approximately 600,000 (1 in 7) children between 4-17 years of age experience a mental health disorder each year.² Further, up to 1 in 5 (20%) children starting school show social-emotional stress. Children with untreated mental health or behavioural issues are more likely to experience poorer educational outcomes, unemployment, homelessness, and to engage in criminal behaviour throughout the course of their life.

An estimated 50 percent of adult mental illness begins before 14 years of age.³ If support is absent, or provided too late, the social and economic consequences worsen. There is a snowball effect, in either direction: early intervention (or lack of) has significant impacts on long-term wellbeing and mental health outcomes.

The APS strongly supports the call to action in the National Children’s Mental Health and Wellbeing Strategy⁴ for the need to reimagine our response to children’s mental health and wellbeing. Additionally, there is a strong economic case for investing early in a child’s life. Economic analysis of early intervention and prevention programs for children shows a return of between \$1 and \$10.50 for each dollar spent.⁵

There is consensus across the mental health sector that Australia’s mental health system needs greater integration between face-to-face and online services, as well as a focus on holistic and coordinated care. For example, as care-coordinators psychologists can assist children and families to access a mix of digital and face-to-face services tailored to their needs – effectively providing an integrated model of care. This broadens the reach of the system for children and their families, as well as providing a more cost effective solution to the barriers many children and families face in accessing mental health services. This is particularly beneficial for children and families in rural and remote areas.

Australian parents and guardians seeking mental health support or interventions for their child face a range of barriers, including:

- lengthy wait lists
- a lack of specialist services
- cost barriers
- an absence of services focused on early intervention such as funding developmental assessments and care coordination
- an insufficient focus on empowering parental capability and decision making.

Greater integration between face-to-face and online services significantly addresses those barriers to mental health care for families and children.

Substantial gaps in the current mental health system highlight the need to prioritise a broad and coordinated service delivery model through place-based, on-the-ground services, and leveraging technology to provide information, access, support, and coordination of services.

APS recommendations to improve the wellbeing of school age children

- **Agree to and fund a national benchmark ratio 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.**
- **Fund schools to provide placements and internships for provisional psychologists.** Provisional psychologists can enhance the capability of the school to improve mental health and wellbeing by providing low cost services and develop specialisation in child mental health and wellbeing.
- **Fund the APS to develop national standards for school mental health and psychology services.** This builds on the extensive resources and guidelines the APS has developed for the education sector, such as the [APS framework for the effective delivery of school psychology services](#), and includes minimum qualifications of providers, expectations of services and referral pathways.
- **Fund the APS to develop a digital portal for child mental health and wellbeing that provides:**
 - a national network of both face-to-face and online mental health and wellbeing services
 - clear, consistent and evidence-based information for children, parents, carers, educators and professionals
 - navigation assistance that centers on the child and family's needs and circumstances, such as geographical location, access to low cost services, and triage assistance
 - care coordination and referrals to both online and face-to-face services
 - tools and resources to support partnerships between education settings and mental health professionals, and between health professionals
 - access to services that can be completed using technology, such as screening, assessments through telehealth, case conferencing and crisis support.
- **In line with the National Children's Mental Health and Wellbeing Strategy, upscale services for children and families, invest in multidisciplinary psychological practices to bridge the gap between schools and clinical services, and address fragmentation in the system.** These practices will provide multidisciplinary assessment and treatment teams, low-cost access, improved referrals and system navigation, subsidised assessments, intervention plans and care-coordination services (integrating with the digital portal), and act as training hubs for postgraduate health students, including provisional psychologists.
- **Fund schools to provide placements and internships for provisional psychologists.** Provisional psychologists can enhance the capability of the school to improve mental health and wellbeing by providing low cost services and develop specialisation in child mental health and wellbeing.
- **Ensure that Australian children enjoy world class, integrated evidence-based mental health care by funding:**
 - carer session items within the MBS, so that parents and carers can consult with treating psychologists without the child in the room when needed, in line with clinical best practice
 - case consultation items within the MBS, so that treating psychologists can liaise with general practitioners, educators, paediatricians, psychiatrists and other allied health practitioners within a child's treating team.
- **Expand care-coordination responsibilities to include psychologists, by:**
 - **Funding psychologists to undertake care coordination roles.** Mental health care-coordination is an identified need for children and parents. As the largest expert mental health and wellbeing workforce in Australia, psychologists are well placed to provide care-coordination for children. This is a cost-effective way to leverage the biological, psychological and social training psychologists have to expand mental health system capacity and direct resources more effectively. This will expand access to coordinated services for children and their parents and can be done via multiple methods depending on the child and family needs, such as via telehealth, online and face-to-face.
 - **Funding the APS to develop care-coordination training for psychologists.** The APS is well placed to develop care coordination specific training to psychologists. This training can certify psychologists as care coordinators and ensure that standards and responsibilities for mental health care-coordination are nationally consistent.

2 Aged care: Build psychological capabilities within the sector

The Royal Commission into Aged Care found that mental health was one of the three most commonly reported complaints for aged care residents. Residents of aged care facilities experience shockingly high levels of mental health disorder, where 52 percent of residents have dementia, and 86 percent have at least one diagnosed mental health or behavioural concern. Almost half of residents (49 percent) have a diagnosis of depression.

Strict public health measures during COVID-19 have also significantly impacted the aged-care sector. Outbreaks, social distancing measures and isolation have compounded the substantial mental health issues that exist within these settings: there is an urgent need to boost the capacity of the aged care sector to provide psychological services.

The Royal Commission revealed that funding provided in 2018 to deliver and improve psychological services into residential aged care facilities (RACFs) via Primary Health Networks (PHNs) has so far enabled only 3 percent of people who could potentially benefit from services to do so, with no evaluation of the effectiveness and return on investment (ROI).⁶

The subsequent extension by the Australian Government of the Better Access Initiative to residents in aged care facilities in order to address the mental health impacts of the COVID-19 pandemic was welcomed. However, if workforce capability cannot meet the demand, the ability for this measure to improve the lives of older Australians is diminished.

The APS applauds the National Mental Health Commission's economic assessments establishing the ROI for reducing loneliness among older people. However, with 86 percent of residents experiencing a mental health disorder, this investment alone has a limited capacity to improve the psychological welfare of older Australians. Loneliness can be a causal factor, a symptom, or a consequence of a mental health disorder, and cannot be effectively treated by addressing loneliness alone. Tackling one symptom of a broader mental health problem limits clinical effectiveness, and economic ROI.

To extend the ROI we must address the significant gap in the community and residential aged care workforce's knowledge and capability around mental health, dementia and loneliness. Supporting older people's self-determination, and access to early assessment and intervention, is vital to minimise abuse and support wellbeing.

There is an opportunity to leverage work the APS has done in the sector, through advocacy, training, and workforce capability building.

To improve the Government's ROI in reducing neglect, abuse, and restrictive practices in aged care, we need to:

- build the psychological workforce in the aged care sector
- ensure private providers are prepared to undertake the case load
- introduce psychological expertise across the sector
- improve capabilities of the broader workforce across the sector.

APS recommendations to build psychological capabilities in the aged care sector

- **Make access to the MBS Better Access Initiative permanent for residents of aged care facilities.**
- **Incentivise our psychology workforce to provide MBS services in residential aged care Facilities and to Aged Care Service recipients, through MBS incentive payment to psychologists who have undertaken appropriate APS training and working in aged care.**
- **Fund neurocognitive assessments within the MBS** to enhance problem identification, assess decision making capacity, and to differentiate mental health from dementia.
- **Rigorously evaluate effectiveness of psychological services to aged care** residents via a range of models (e.g., MBS Better Access items, PHNs, and aged care providers) with a view to establishing an evidence base and recommendations for continual improvement and effective investment decisions.
- **Fund the APS to coordinate funded placements and supervision for provisional psychologists in the aged care sector.** This measure is a low-cost way of boosting mental health expertise within the aged care sector by leveraging an existing workforce and scaling up existing small-scale but effective models of care. This will serve to reduce extensive and harmful practices as identified in the Royal Commission into Aged Care’s Interim Report and improve mental health and wellbeing outcomes. This program can be rolled out immediately using the existing Department of Health (DOH) funded training developed by the APS for registered healthcare workers in RACFs, effectively converting this training into measurable outcomes using a highly qualified, existing workforce coordinated by the APS.
- **Fund the APS to adapt the current aged care training to specifically target restrictive and harmful practices in the aged care sector and improve outcomes.** Psychologists are experts in behavioural techniques and their expertise can be leveraged to provide targeted training packages to reduce restrictive practices and enhance safe behaviour management by aged care staff. Funding the APS to build on existing training to develop a targeted training program will ensure cost savings across the aged care sector.
- **Fund the APS to develop a ‘train the trainer’ package to improve capacity to up skill the aged care sector workforce.** The APS will build on its current training modules in aged care to develop ‘train the trainer’ programs to enable health professionals to deliver training to other staff, carers and families of older people. This will increase workforce capacity to manage challenging behaviours among older people, to reduce the use of violence, abuse and restrictive practices and improve outcomes, including lower admission rates to RACFs due to improved manageability at home, improve carer wellbeing and capability, and improve mental health and wellbeing.

3 Invest in workplace mental health and wellbeing

There is a strong and widely recognised bi-directional link between mental health and the workplace. Almost half (45%) of working-age Australians experience a mental health disorder in their lifetime. Healthy workplaces are good for business, and they can also play a substantial and proactive role in reducing the burden of mental ill-health in Australia.

Mental ill-health affects people's productivity and participation. Absenteeism, lost productivity, preventable turnover and compensation claims cost an estimated \$17 billion per year⁷, with macroeconomic impacts reaching \$60 billion per year.⁸ The cost of worker's compensation claims for serious workplace-related mental health conditions is increasing, with the typical costs for a workplace-related mental health claim at 2.4 times the cost of physical health claims.⁹ However, conservative estimates suggest the ROI for targeted workplace strategies that address psychosocial risks factors is \$2.3 for every \$1 spent.¹⁰

In 2020, the COVID-19 pandemic prompted a global shift to working remotely. This large-scale and sudden change has presented workers and workplaces with an opportunity for significant reform, as well as a new set of mental health challenges. These opportunities and risks will be increasingly studied and understood in the coming years. There is a substantial risk that if workplaces do not address mental health and wellbeing, both in response to these changes and more broadly, the social and economic burden of mental ill health will increase.

While awareness of employee wellbeing has increased, effective action to improve mental health and wellbeing in the workplace is not commonplace. For example, less than 10 percent of businesses in NSW have taken an integrated and sustained approach to workplace mental health.¹¹ Many businesses are aware of mental health but have done little to address psychosocial risks and hazards.

There are still poor levels of understanding within workplaces about how to implement a cohesive workplace mental health and wellbeing strategy that focuses on both organisation and individual factors. There is a clear lack of organisation-level interventions, and an overemphasis on targeting individual employee resilience and stress. There is a risk that inappropriate or poorly implemented strategies can be harmful to employee wellbeing and with this, there is a need to ensure the quality and safety of workplace mental health and wellbeing strategies.

While policy levers such as strengthened regulation and compliance are needed to improve workplace health and safety, there is also a need to build confidence, capacity and capability in workplaces to implement strategies. Mental health awareness alone is insufficient. Psychological safety in the workplace is not achieved with a one size fits all solution. Employers require support to identify psychosocial risks, implement and evaluate targeted strategies and make adjustments over time to improve outcomes.

Making workplaces more capable in preventing mental ill health and supporting early intervention has benefits for employees (improved mental health and work environment), employers (improved productivity, lower absenteeism, lower staff turnover costs), and governments (ROI on policy investments such as the National Workplace Alliance, reduced unemployment and decreased spending on income support and other government services). To achieve these outcomes employers require more support to effect change within Australian workplaces.

APS recommendations to improve workplace health and wellbeing

- **Fund the APS to develop training for psychologists on implementation of the National Workplace Initiative Framework (NWI).** This will provide a nationally consistent approach to training an expert workforce in supporting workplace mental health and wellbeing. This would result in a workforce of accredited psychologists focused on assessing workplace mental health and wellbeing needs, advising businesses on how to get the greatest ROI from mental health at work strategies, and evaluate the effectiveness of these strategies, using the NWI Framework. The program includes a ‘trainer the trainer’ component so psychologists can deliver training to businesses to improve their ability to take effective actions in the workplace and move beyond awareness to implementation. Psychologists will have the expertise to evaluate what they deliver and demonstrate measurable outcomes, informing future Government decision-making.
- **Fund the APS to develop a digital assessment tool to help businesses effectively target their workplace health and wellbeing strategies.** The digital tool will complement the NWI resources that employers can access to begin understanding how to implement workplace health and safety strategies. It would help to analyse the organisation’s operating environment, uncovering likely areas of hazard and risk and determining what would be feasible in terms of strategy, based on organisational factors. The platform would then connect businesses to suitably qualified and trained psychologists who can support them to develop and implement long-term strategies for enhancing and maintaining workplace mental health and wellbeing outcomes.
- **Fund APS to collaborate with small business industry groups to assist small businesses to implement low cost, mentally healthy workplace strategies.** Small business owners and managers would have access to leading experts to help them assess the psychosocial risks, develop a strategy and plan active steps to enhance mental health at work outcomes. Small businesses are identified as having cost and scale barriers to improving workplace mental health, and therefore need a more tailored approach, which can be costly. Financial aid to enable access to expert assistance will significantly help the small business sector. Programs would be delivered in a manner that improves the evidence base for workplace mental health and wellbeing in small businesses.

4 Improve social and economic outcomes for people with mental illness

The annual cost to the Australian economy of mental ill-health, disability, premature death, suicide and self-injury is estimated to be \$221 billion.¹² A significant proportion of this cost is attributable the problems people with mental illness face in achieving social and economic success. Compared to the general population, people with mental health problems face barriers to social and economic participation. The symptoms of mental illness that reduce social and economic participation are referred to as psychosocial disabilities and there is substantial evidence that people with a psychosocial disability have reduced social and economic participation.¹³

Internationally, several countries are tackling the significant economic cost of psychosocial disabilities by prioritising inclusiveness. For example, the UK Government has introduced a specific portfolio to address issues related to loneliness, which includes reducing stigma, discrimination and exclusion. Social and economic participation by people with a mental illness can be substantially increased by prioritising inclusiveness, including committing resources to support people with a mental illness by better enabling them to be economically productive and socially connected.

Early intervention when psychosocial disability presents can have a broad and significant impact on reducing the social and economic burden of mental ill health. It also encapsulates a person-centred and holistic approach to mental health.

Improving social and economic participation among people experiencing mental illness requires concrete and measurable methods to be utilised by an informed and well-trained workforce. Several inquiries highlight the poor understanding of psychosocial disabilities within the National Disability Insurance Scheme (NDIS), community services such as homelessness services, workplaces, the education sector including schools, and aged-care facilities.¹⁴ This means that among many front-line service providers, there is insufficient understanding about how to intervene and reduce barriers to inclusion.

For Australia to recover and prosper post-pandemic, there is a critical need to align with the broader mental health reform agenda. Psychologists are experts in mental health and behavioural interventions, and their expertise can be leveraged to provide to achieve better outcomes for people with psychosocial disabilities.

APS recommendations to improve social and economic participation for people with mental illness

- **Develop a cohesive and long-term national strategy for addressing psychosocial disability, with a focus on social inclusion, including:**
 - improved funding for psychosocial support services across the spectrum of mental health
 - prioritising critical services gaps
 - targeted strategies across settings and sectors such as workplaces, aged care settings, NDIS, schools, homelessness services.
- **Develop a national public campaign to address areas of psychosocial support, linking several of the standalone Government-funded initiatives into a coherent strategy.**
- **Fund the APS to develop, deliver and evaluate sector-specific training packages to build the capability of the workforce in providing psychosocial interventions, and to ensure interventions are evidence-based, evaluated and cohesive, and developed in strategic partnership with a peer workforce and those with lived experience.** These training packages will build on the APS' extensive training experience and provide a tailored solution that fits with the role of the professional such as for the following groups:
 - disability sector, specifically NDIS planners to improve the ability to plan for psychosocial disability services and across the broader sector to reduce restrictive practices
 - education sector, particularly schools for education and non-education staff
 - aged care sector with a goal to reduce restrictive practices
 - lived experience, peer workers and carers, including integrating mentorship and supervision pathways to up skill and support this workforce
 - community based services such as homelessness and social services, to improve their ability to use appropriate strategies for managing challenging behaviours.
- **Fund the APS to develop an evidence-based framework and best practice guide for psychosocial disability, interventions and supports across the spectrum of mental illness.** This includes developing sector-specific guidance material for sectors where the APS develops training.

5 Digital integration: Use technology to improve mental health care

There is a critical gap between the development of digital mental health solutions and how health practitioners integrate digital innovations into their services.¹⁵ Evidence shows that technology can not only provide solutions but can also expand upon and transform how business is done. However, given the significant responsibilities health care providers have in protecting the public and their clients, there is a general reluctance to integrate digital solutions into their practices.

The competent use of digital solutions can allow psychologists and other health care providers to achieve more in their sessions with patients, provide lower cost services and help people find high quality digital mental health tools to complement or be an alternative to face-to-face services. Currently however, there is variability in how health care providers engage with digital mental health tools, predominantly due to the poor understanding about how to evaluate the solutions to ensure they are safe and of high quality.

Engagement of health care providers is key for championing digital mental health solutions that provide return on investment. However, this is currently limited to:

- providing information about helpful resources through practice websites and welcome materials
- providing advice to clients and other health practitioners about credible tools
- integrating digital tools into their record keeping, assessment and therapy.

Health care providers require a comprehensive strategy that includes capability building, education and training, relevant guidance, and incentives to encourage the uptake of using digital mental health programs.

As experts in psychological science and practice, psychologists are skilled at assessing the effectiveness of mental health services, continuous evaluation, championing the cultural shift towards models of digitally integrated care, and leading the way for other mental health professionals in providing credible, reliable and easy to read information to facilitate the uptake of digital services.

APS recommendations for digital integration in mental health

- **Incentivise psychologists to shift towards integrated models of care.** This will assist with improving engagement and integration of digital solutions and encourage the cultural shift. As outlined in the [APS White Paper \(2019\)](#), one solution is to fund suitability assessments and progress through clinical oversight of solutions, which can be done online or face-to-face.
- **Fund the APS to develop a competency framework for digital health integration and use for psychologists.**
- **Fund the APS to provide education and advice to psychologists, including undertaking a campaign to improve psychologists' use of the My Health Record.**
- **Fund the APS to develop a training and education program which includes an e-mental health practice guide and ethico-legal guidance materials specifically for psychologists.** An APS developed resource will enhance credibility of the guidance for the profession to build capability, develop digital mental health champions, and improve up take and use of digital integration in practice.
- **Fund the APS to develop a rating scale for digital mental health solutions,** grounded in evidence about what works for who and when (using a traffic light system, for example) in partnership with consumers and a research institution. This will provide health practitioners and consumers with guidance from credible sources to address discomfort in integrating digital solutions and improve both health practitioner confidence and uptake of digital integration.

6 Strengthen the psychological workforce

The integration of psychologists and psychological science is critical to the effectiveness of Australia's public and private mental health system. The expertise of psychologists is needed to develop a mental health system that provides high-quality, effective, safe and efficient care.

The effects of COVID-19, as well as a severe bushfire season in 2020 have highlighted how pivotal mental health is for a healthy, productive and vibrant Australia. Psychologists are on the frontline of mental health care in our country.

In addition to clinical care, psychologists can provide clinical leadership to ensure accountability, efficiency, communication, and clinical continuity for consumers across the continuum of care. These skills will be important as the mental health system reforms, especially as the workforce and roles are clarified.

Professional Masters and Doctorate degrees are considered to be the entry-level programs for the psychology profession, by both the psychology discipline bodies and the national registration and accreditation regulators. However, limited numbers are accepted into these programs each year. The programs face two key challenges:

1. These training programs are expensive to run and are not seen to be sustainable for higher education providers.
2. There is a shortage of placements for psychology students and a lack of willingness from organisations, including Government organisations, to offer postgraduate psychology student placements. Work-integrated learning, mainly in the form of external placement, is a large part of postgraduate training in psychology.

Psychologists and psychiatrists are experts in mental health, and both professions are essential for the mental health system to be effective. While the Government provides training incentives to higher education providers for the medical and pharmacy professions, there is also a need for Government investment in the long-term sustainability of the psychology workforce to ensure Australians have access to expert mental health care. There is substantial room for the Government to make better use of the psychology workforce to ensure a well-functioning mental health system over the long term, however this will require Government investment to ensure psychology training is available and feasible.

APS recommendations to strengthen the psychological workforce

- **Enable provisional psychologists to provide an agreed level of Medicare-subsidised services**, including a loading for psychologists providing services in rural and remote areas.
- **Provide incentives to higher education providers to offer 5th year psychology programs**, including through distance education.
- **Fund the APS to develop a placement and internship coordination program to ensure provisional psychologists and course providers are financially supported to complete their training**. This is required to address the increasing trend for organisations, including public sector services, charging fees to take on provisional psychologists undertaking a placement or internship.
- **Review the funding model for psychology courses to reflect the actual cost of these courses**, or alternatively review the model and the requirement for intensive placement and supervision, which is expensive and difficult to source.

7 Invest in psychological research

An effective mental health system relies on evidence. Psychological science informs what works, for who, and is vital for understanding causes, contributors, and effective interventions to reduce the burden of mental ill health in Australia.

While research funding has led to significant improvements in treatment for physical health conditions such as cancer and cardiovascular disease, there is a drought in funding for mental health research, resulting in insufficient progression in the development of more effective treatments. Research funding for physical health conditions such as cancer is 2-2.5 times the levels allocated for mental health research, while the total burden of disease for cancer is only 1.5 times larger than it is for mental health (18% cancer; 12% mental health).¹⁶ While the Government has increased funding for mental health research over the past few years, crucial gaps remain, such as for effective interventions. The Productivity Commission's Inquiry into Mental Health identified more research was needed to:

- Understand the impact of childhood adverse experiences.
- Better understand anxiety in children.
- Establish best practice community support models that incorporate trauma-informed and recovery-based approaches.
- Determine what works for Aboriginal and Torres Strait Islander people with a mental illness, who also experience higher rates of social disadvantage and overrepresentation in the criminal justice sector.
- Understand the effectiveness of mental health program and services.

A coordinated and well-funded mental health research strategy is needed to ensure priorities for research are derived through top down (policy priorities) and bottom up (investigators and consumer priorities) guidance across the field.

A national research infrastructure and associated networks need to be established to ensure mental health research aligns with priorities, translates into practice, and fosters a continuous improvement culture grounded in what works. It is also required to gather data from funded programs that can be used to inform service and funding improvements and priorities, such as within the Medicare system. Psychological science is crucial to ensuring Australia's mental health system is built on strong evidence.

APS recommendations to invest in psychological research

- Establish national research infrastructure and associated networks for mental health research and translation of research into practice.
- Develop a National Research Strategy for Mental Health that sets priorities informed by a broad range of stakeholders, including people with lived experience, and ensures research and funding align with these priorities.
- Implement robust outcome data collection and feedback loops to monitor the implementation of mental health reforms.
- Ensure that Commonwealth mental health and related program funding includes, and quarantines, at least two percent of total program costs to enable regular program evaluation focused on outcomes.
- Fund the APS to co-develop with Government an easy-to-use, secure online point-of-service data collection system that could support the delivery and evaluation of psychological services under Medicare.

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