



21 December 2021

Committee Secretary  
Health and Environment Committee  
Parliament House, George Street  
Brisbane Qld 4000

Level 11, 257 Collins Street  
Melbourne VIC 3000  
PO Box 38  
Flinders Lane VIC 8009  
T: (03) 8662 3300  
psychology.org.au

Submitted via email: [hec@parliament.qld.gov.au](mailto:hec@parliament.qld.gov.au)

Dear Sir/Madam,

**The provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system**

The Australian Psychological Society (APS) welcomes the opportunity to respond to the *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system*. We consider the current consultation timely in terms of the growing demand for services across the care sector, increasing concerns about labour shortages, and the need to ensure the quality and safety of service provision – as evidenced in a number of recent Royal Commissions and Government inquiries across Australia.

The combined effects of the devastating 2020 bushfire season, impacts of climate change, as well as the multiplicitous effects of the global COVID-2019 pandemic, and associated restrictions, have led to an increase in the need for mental health support. We have called upon the Federal Government to address a number of barriers to the provision of high-quality mental health care for all Australians. We are aware of the current issues facing the states and territories, and in this case, Queensland in particular.

**The Psychological Workforce**

Psychologists are a key resource in the mental health workforce. The demand for mental health services has markedly increased since 2020<sup>\*</sup>, yet the psychological workforce has not grown to meet this demand. The current assessment is that Australia only has 35% of the required psychology workforce<sup>1</sup>. Wait lists are a significant risk to the community and the economy. Evidence suggests that the longer a patient waits to seek and receive treatment, the greater the risk of a condition becoming chronic, taking longer to resolve, or being associated with poorer outcomes<sup>2,3</sup> – which is likely to cost our health system more in the long run<sup>see 4</sup>. At a national level, a report commissioned by the Australian College for Emergency Medicine describes the dramatic increase of emergency department presentations<sup>5</sup>. Colloquially named the ‘canary in the coalmine’; increases in presentations to emergency departments are signals that the mental health care system is not coping as patients typically have no other avenues of support.

Data based on a survey of our members conducted in September 2021 shows in Queensland alone:

- 91% of psychologists reported seeing an increase in wait times from March 2020, with 65% reporting *dramatically* increased wait times.
- 61% currently have a waiting list of *more than 3 months*, or are *not taking on new clients* whereas prior to the pandemic, 80% of psychologists surveyed were able to see a new client within two months
- 76% of psychologists across the nation would be willing to take on new clients who live in other states, territories and locations via telehealth.
- Psychologists in Queensland almost unanimously (93%) believe telehealth psychology sessions – made available as a temporary COVID-19 measure - would benefit Australians if kept permanently available under Medicare.

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<sup>\*</sup>As seen by the number of searches on the APS ‘Find a Psychologist’ website

- Further, 98% of psychologists in Queensland believe the additional 10 Medicare subsidised psychology sessions would benefit those who need them and should remain as a permanent feature of the Better Access Program.

### Federal Funding Initiatives

The APS has called upon the Federal Government, in both previous submissions, and through direct correspondence, to help address this unmet demand for mental health care. We would strongly suggest the need for more urgent action for psychologists given the current shortage in Queensland<sup>6</sup> and most specifically in rural and remote locations. The return on investment for federal funding to support the mental health system is clear, as studies consistently find that the lack of progress on mental health reform is costing Australia around \$600 million a day, or \$220 billion every year<sup>7</sup>. We advocate for a number of initiatives to support the psychological workforce which will, in turn, increase the provision of timely, evidence-based mental health care to help ease the pressure on the Queensland public health system, including:

- Supporting the revitalisation of the 2010 APS 'Find a psychologist' virtual waiting room which is Australia's largest searchable database for private psychologists. This would assist Queensland residents to choose a psychologist with the appropriate expertise to address their concerns.
- Providing support and incentives to address the shortage of psychologists working in the public sector.
- In line with Recommendation 11 of the Productivity Commission Inquiry Report<sup>7</sup>, continuing to support Queensland residents to access online psychological (mental health) treatment i.e. via telehealth. This helps to overcome geographical separation, as well as other mobility issues which may hinder access to care.
- Retaining the additional 10 Medicare subsidised psychology sessions for those who require them.
- Ensuring paid employment pathways for provisional psychologists in both public and private settings. The APS recommends ensuring clear pathways for a paid graduate workforce in the public care sector, and eligibility to work in private practice.
- Improving funding for psychological qualifications for tertiary students and offering scholarships to encourage students to study and practice psychology, particularly in rural and remote settings and with 'at risk' groups. This may also include the expansion of the Workforce Incentive Program (beyond medical practices) to include psychology practices in regional, rural, and remote areas.
- Incentivising supervised, federally funded placements which are critical to the skill development required in psychological training. The APS could support federal funding (i.e. via scholarships) to promote placements in rural and remote areas, and/or with our most vulnerable groups, by arranging for students to do intensive placements in these locations, and/or with these groups.
- Undertaking initiatives to increase the diversity of post-graduate psychology courses including subsidising or re-banding post-graduate courses to ease the cost burden on higher-education providers.
- Ensuring adequate funding is provided to address current gaps in healthcare for Aboriginal and Torres Strait Islander people. At least some of this funding needs to focus on training Aboriginal and Torres Strait Islander people to become primary health care workers, including psychologists. This includes supporting existing initiatives to develop workforce capabilities required to ensure appropriate and effective services for Aboriginal and Torres Strait Islander peoples, for example, by the Australian Indigenous Psychology Education Project (AIPEP)<sup>8</sup>.

Thank you for the opportunity to respond to this consultation. If any further information is required from the APS I would be happy to be contacted through my office on [REDACTED] or by email at [REDACTED]

Kind regards,

*Zena Burgess*

**Dr Zena Burgess, FAPS FAICD**  
Chief Executive Officer

## References

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