A briefing paper for the New South Wales Mental Health Commissioner on

Psychologists in Mental Health in New South Wales

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January 2014
Introduction
The mental health system across Australia is under significant pressure. While the last decade has seen considerable reform of the primary mental health care sector, individuals with mental health conditions still slip through the cracks and access to services remains difficult, particularly for certain groups (e.g. people with low income; Aboriginal and Torres Strait Islander people) and people in rural and remote regions. Workforce issues contribute to this situation; not only are there insufficient positions to meet need, but the psychiatry and mental health nurse workforce are diminishing and there are pressures on the growth of the psychology workforce, particularly in rural regions. With the traditional mental health workforce struggling, solutions have included proposed expansion of roles (e.g. prescribing rights) and the introduction of new workforces (e.g. NewAccess coaches).

These workforce issues are occurring in a time of economic downturn that warrants affordable and sustainable solutions, and when consumers are seeking a more person-centred and recovery-focused approach to care. In this paper for the Mental Health Commission of New South Wales, the Australian Psychological Society (APS) describes the skills of the psychology workforce and suggests the re-shaping of some traditional service delivery roles to improve client access to effective therapeutic interventions. We also describe the challenges facing the training of psychologists and suggest cost-effective solutions to support the growth of the psychology workforce.

1. The psychology workforce in NSW
Psychologists are registered health professionals who, as a minimum, have completed six years of accredited academic study, training and supervision prior to registration. They are experts in human behaviour, having studied the brain, memory, learning, human development and the processes determining how people think, feel, behave and react. Some psychologists have undertaken additional postgraduate training and supervision to acquire endorsement in a particular area of practice. As a condition of registration, psychologists must strictly adhere to professional and ethical guidelines and obtain regular professional development and peer supervision.

The Psychology Board of Australia\(^1\) states that there were 8,777 fully registered psychologists in NSW in October 2013. They are the largest single discipline in the Australian mental health workforce.

2. **The skills of psychologists**

This extensive training provides psychologists with broad competencies and skills in mental health, including the ability to:

1. Conduct assessments of individuals with mental health disorders: the focus being on case formulation to identify how biological, social and psychological factors have contributed to the client’s condition
2. Work with individuals to identify meaningful and achievable goals, and develop strategies to meet them
3. Deliver a range of evidence-based psychological treatments and therapies
4. Work with individuals to enhance and maintain their motivation to change behaviours contributing to their ill health and develop strategies for self-management of their conditions
5. Work as part of a multidisciplinary team including referring to and working with other health professionals when appropriate and with the permission of the client
6. Undertake research and evaluation in relation to the prevention and treatment of mental health conditions.

It is important to note that psychologists are trained to adopt a biopsychosocial approach to health and ill health. This approach is crucial to the mental health sector, particularly given the imperative for a paradigm shift in the in service delivery away from the traditional medical/pharmacological model towards a more person-centred and recovery-focused approach to service delivery. The biopsychosocial model that underpins the case formulation approach to understanding mental illness that is used by psychologists moves away from the categorical approach to mental illness that has traditionally been adopted in Australia and has the potential to ensure clients receive a more person-centred approach to service delivery. Additionally, because psychologists are trained in the biopsychosocial model and are equipped to deliver interventions targeting both mental and behavioural factors, they are able to work with clients to address many of the factors that contribute to and maintain mental health conditions.

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2 Research shows psychological treatments are more effective than medication over the long term, because people receiving medication only are more likely to relapse after they stop taking it. They are the treatment of choice for most childhood problems. For a review see APS (2010). *Evidence-based psychological interventions in the treatment of mental disorders: A literature review (3rd edition).* Melbourne: APS.

This includes: substance use, relationship issues, injury and violence, and poor self-care (exercise, diet, stress management, sleep).

3. **How could psychologists be better utilised in the mental health sector?**

3.1 **Provide access to evidence-based interventions in public mental health services**

The case management model of service delivery has dominated community mental health settings in NSW for many years. The nature of case management in most services does not include structured therapeutic interventions; rather it could be thought of as a maintenance approach to care. While there is some evidence of the efficacy of this model with clients with some complex and chronic conditions\(^4\), in many cases it prevents clients from accessing the evidence-based psychological interventions that have the potential to greatly enhance their quality of life.

In NSW Health, many psychologists are employed in generic mental health positions and act primarily as case managers rather than being involved in assessing individuals or providing clients with therapeutic care. This is not the best use of highly skilled clinicians who have been trained to undertake structured case formulation and deliver effective clinical interventions, but rarely get to do so. Moreover, case management appears to contribute to de-skilling the mental health workforce by focusing on maintenance rather than a recovery-focused model of care that includes identification and early interventions of mental health problems. A similar situation exists in public drug and alcohol services, where psychologists employed as drug and alcohol workers rarely get to utilise their full range of skills. The continued use of psychologists in generic case management/mental health worker/drug and alcohol worker roles has led to a lack of awareness and valuing of the skills and competencies of the psychology profession within the public mental health sector and to the devaluing of the specific role of the psychologist. To increase access for individuals to evidence-based psychological interventions many generic and case management roles could be performed by other clinical and non-clinical staff to free up psychologists to deliver evidence-based quality assessment and treatment.

The majority of clients who attend inpatient mental health services in NSW would not have been offered access to a psychologist for therapeutic intervention. This is surprising given the strong evidence for psychological interventions, even with clients with the more severe but less prevalent mental health disorders. For example,

cognitive behaviour therapy (CBT) has a growing body of evidence for its effectiveness in the treatment of psychosis as well as producing cost effective outcomes\(^5\).

Cost effective improvements in mental health service delivery in NSW could be achieved by re-organisation of the existing methods of working such that psychologists were freed up to deliver what they have been trained to provide to clients so that all clients had access to evidence-based psychological treatments.

3.2 *Enable psychologists with the appropriate competencies to undertake an expanded scope of practice*

There are opportunities for psychologists to lead the diagnosis and intervention strategies required for certain conditions. For example, diagnosis formulation, treatment planning and evaluation can be competently undertaken by senior psychologists in mental health services to support the optimal management of the symptoms of chronic mental illnesses, and recovery from the effects of severe mental illness. The use of psychologists in this capacity would also improve patient throughput that currently relies on access to psychiatrists. This role could include the ability to admit patients with acute psychotic episode once diagnosis is made.

3.3 *Address the blockages to the supply of psychologists, particularly in rural areas*

A **minimum six-year sequence of education and training** in psychology is required to become fully registered. This includes:

- 3-year accredited undergraduate psychology program
- Fourth year accredited psychology program
- Internship pathway or postgraduate study (including placements).

However, since the shift to national registration of health professionals such as psychologists in 2010, the requirements for the internship pathway have been changed. The requirements of this pathway have become so intensive and inflexible that it is no longer a viable option for many organisations. While both the public and NGO sectors have reduced their intake of interns across Australia, the changes have particularly affected rural and remote Australia. The internship pathway has traditionally been the predominant pathway to registration for rural psychologists given the paucity of postgraduate programs outside metropolitan regions. The diminished availability of rural internships combined with the decreasing availability of

postgraduate psychology training\(^6\) is likely to impact significantly on the recruitment of psychologists in rural NSW.

This potential impact of rigid and unrealistic training requirements imposed by regulatory bodies on the mental health workforce needs to be addressed by State and Federal Governments. If this is not addressed, the gap between the rural and urban mental health workforces and resulting services will continue to widen. In addition, the APS recommends that all sectors of the mental health service landscape in NSW explore ways that they can work with the APS to continue to offer internship programs and ensure the growth of the psychology workforce. For example, there are opportunities to grow the capacity of the private psychology workforce to take interns and for the APS to support a range an internship program involving rotation between appropriate public sector departments.

3.4 Better use of the provisional psychology workforce

In October 2013 in NSW, there were 1,076 provisionally registered psychologists\(^7\)\(^,\)\(^8\). However, the role of provisional psychologists has not been clearly defined in the public sector in NSW. While the requirements for their period of supervised practice are clearly specified by the Psychology Board of Australia, in many positions they are recruited to positions that essentially require them to work as a fully registered psychologist.

Psychologists with provisional registration are comparable to medical interns in that the role is meant to be one of structured, supervised learning. Just as interns cannot work autonomously, provisionally registered psychologists should not be expected to perform the same roles and responsibilities within the workplace as fully registered psychologists. However, psychologists with provisional registration could perform certain tasks under the direct supervision of a fully registered psychologist, such as psychological screening or administration of certain psychological tests (but not interpretation of results). This would allow for better use of registered psychologists’ time and resources and enable intern positions to continue to be offered in the public mental health sector.

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\(^7\) These are psychologists who do not have full practising registration but who are completing a supervised internship following the completion of accredited study in psychology in order to obtain full registration.