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Chair - Independent Panel
Commonwealth Government COVID-19 Response Inquiry
C/- Department of Prime Minister and Cabinet
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Submitted via upload to: <https://www.pmc.gov.au/covid-19-response-inquiry/consultation>

Dear Chair and Independent Panel Members

APS submission to the Commonwealth Government COVID-19 Response Inquiry

The Australian Psychological Society (APS) welcomes the opportunity to provide the attached submission to the Commonwealth Government COVID-19 Response Inquiry (the Inquiry). In it we address several aspects highlighted in the Inquiry Terms of Reference (ToR), including:

- Broader health supports for people impacted by COVID-19 and/or lockdowns (e.g., mental health and suicide prevention supports, screening/other preventive health measures),
- Key health response measures (e.g., public health messaging), and
- Mechanisms to better target future responses to the needs of particular populations (including across age groups, socio-economic status, geography, people with disability, First Nations peoples, and people from culturally and linguistically diverse (CALD) communities).

We welcome the approach of the Panel to consider opportunities for systems to more effectively anticipate, adapt and respond to pandemics in areas of Commonwealth Government responsibility, while also taking a comprehensive whole-of-government approach, acknowledging the broad impacts of COVID-19 across portfolios and the community. We are especially pleased that the review intends to focus on evidence-based policy and practice to make recommendations to improve response measures in the event of future pandemics.

About the APS

The APS is the leading professional association for psychologists in Australia. We are dedicated to advancing the scientific discipline and ethical practice of psychology to realise the full potential of individuals, organisations, and communities. A human rights approach and the United Nations Sustainable Development Goals (SDGs)¹ are embedded in all the work we do to improve the mental health and wellbeing of Australians. It is within this context that we respond to this Inquiry and advocate on behalf of our members and the community for meaningful reform in Australian health systems and social policies that impact mental health and wellbeing. Our overarching objective is to ensure equitable access for all Australians to quality, evidence-based services that promote health and well-being.

If any further information is required from the APS, I would be happy to be contacted through the national office on [REDACTED] or by email at [REDACTED][@psychology.org.au](mailto:[REDACTED]@psychology.org.au)

Yours sincerely

[REDACTED]

Dr Zena Burgess FAPS FAICD
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APS submission to the Commonwealth Government COVID-19 Response Inquiry

The APS response to the Inquiry identifies opportunities for government to enhance its ability to anticipate, adapt, and respond to community mental health needs in future pandemics and national emergencies. We outline key challenges and innovations in mental health care during the COVID-19 pandemic and propose essential next steps for learning from and addressing these issues.

1. Grow the psychology workforce to strengthen national resilience

Mental health impacts of the pandemic

From 2020, the COVID-19 pandemic and the ensuing social distancing restrictions and lockdowns profoundly affected daily life in Australia, including education, healthcare, and living and working conditions²⁻⁵. Significant adverse effects on mental health were evident from early in the course of the pandemic with two in five Australians reporting a negative effect on their mental health due to COVID in 2020-2021⁶⁻⁹.

Compared to pre-pandemic levels, the average level of psychological distress and the extent of severe psychological distress rose in the Australian community from 2020 with peaks and troughs through to 2023, often aligning with new pandemic waves and a return to social distancing restrictions and lockdowns¹⁰. Starting at 8.4% in February 2017, severe psychological distress rose to 10.6% in April 2020, fluctuating between subsequent months. Notably, it reached its highest recorded level at 12.5% in October 2021 but decreased to 9.7% in August 2022. It increased again to 10.8% in October 2022 and again to 10.9% in January 2023¹⁰. As noted by the AIHW, while percentage changes might seem small, a 1% point shift reflects a substantial impact, affecting around 200,000 individuals¹⁰.

Findings also indicate that the impact of the pandemic on mental health disproportionately affected females, young Australians, people with pre-existing mental health conditions or disabilities, CALD communities, Aboriginal and Torres Strait Islander peoples, the financially disadvantaged and LGBTQI+ community^{6,10-16}. COVID-19 remains an ongoing health issue, and although Australians are no longer having to deal with lockdowns and other restrictions, the community is continuing to adjust to 'living with COVID' and the mental health and wellbeing issues caused by the pandemic. Long COVID is also impacting Australians' mental health, and timely access to psychological services to address these effects of COVID is essential to minimise the loss of productivity and flow-on costs to the healthcare system and wider society¹⁷⁻¹⁹.

Unmet need for psychology services during the pandemic

National data demonstrated during the pandemic in 2020-2022 there was a substantial increase in the use of crisis and support organisations and mental health-related services, including accessing psychologists (as measured by MBS and PBS claims)¹⁰. The AIHW has noted that the increased demand for mental health-related services during this time was almost certainly indicative of an increase in psychological distress associated with the pandemic¹⁰.

Yet, before COVID-19, the demand for mental health-related services was outstripping supply, as highlighted in numerous APS submissions to Government, and reinforced by several mental health inquiries and reform initiatives throughout Australia (e.g.²²⁻²⁴). The impact of climate change and the effects of a devastating 2020 bushfire season further exacerbated the demand for mental health support ahead of the pandemic²⁰⁻²².

Psychologists make up the largest mental health workforce in Australia and are the backbone of mental health provision in Australia. However, as noted recently in the *National Mental Health Workforce Strategy 2022-2032*²³, the 2020 University of Queensland workforce analysis showed that the psychology workforce is meeting only 35% of the National Mental Health Service Planning Framework (NMHSPF) target²⁴.

The community swiftly faced the repercussions of a severely inadequate national psychology workforce with the onset of the pandemic. An APS survey in early 2022 of more than 1400 members nationwide²⁵, working in private, public and not-for-profit services, found that:

- 88% of psychologists reported increased demand in services.

- 1 in 3 (33%) psychologists were unable to take new clients, up from 1 in 5 (22%) in June 2021. Before the pandemic, only 1 in 100 psychologists were not taking new clients.
- Almost one-third (27%) of psychologists surveyed had noticed a change in demographic trends of clients seeking services since June 2021, such as more younger clients as well as older clients, and more men.
- Of those respondents able to accept more patients, 64% reported worsening wait times, averaging 55 days.
- Regional and rural psychologists were also significantly more likely to have waitlists (79.2%), compared with metropolitan psychologists (73.5%)
- Psychologists worked on average 17 unbillable hours each week to keep up with demand.

The adverse effects on individuals and families awaiting access to psychologists during the pandemic were extensively covered in both media and academic publications (see e.g., ²⁶). It was also well known that the health and mental health workforce, including psychologists, were under enormous strain amid the pandemic as they worked tirelessly to meet the needs of the community (see e.g., ^{27,28}). Despite the challenges and the risk of burnout, psychologists successfully supported the community, maintaining high regard as a profession. A 2021 report by Lived Experience Australia revealed that over 90% of patients and carers recommend seeing a psychologist for mental health support²⁹.

Other barriers and innovations for psychology services during the pandemic

From early 2020, the APS advocated for improved Federal Government support for Australians' mental health during the COVID-19 pandemic, emphasising accessible psychology services for all, including those from diverse and disadvantaged groups. This included successfully calling for a lifting of restrictions that initially limited telehealth for psychology services to only clients with COVID-19, and securing the future of telehealth as a permanent feature of the Australian mental health system^{30,31}. Early in the pandemic, the Government provided additional support to Australians with a mental health care plan, by extending the available 10 Better Access Medicare-rebated sessions to 20 sessions, and allowing aged care residents to access these sessions under the MBS Better Access Pandemic Support Measures³¹⁻³⁵. The additional 10 sessions provided Australians with much-needed mental health treatment provided by psychologists during the pandemic, and aligned with the available evidence that, in many cases, 20 or more sessions are needed for the most effective therapeutic impact³⁶⁻³⁸.

The APS called for the current Federal Government to make 20 Medicare-rebated psychology sessions permanently available to all Australians, noting that these sessions were reduced from 20 back to 10, and aged care access to sessions was removed entirely, at the end of 2022. We are aware of the argument that this policy setting leads to the most disadvantaged missing out on psychological care. This is, however, a distraction from the positive impact of having an adequate national psychology workforce to meet demand.

What is needed now?

Federal Government budgetary measures, including the recently announced \$91.3 million investment over 5 years from 2023–24 for additional psychology placements³⁹, and a redesign of psychology higher education pathways may contribute to ensuring that there are enough psychologists to meet the mental health needs of Australian communities during future pandemics.

Expanding the psychology workforce to align with the NMHSPF targets is crucial. This is essential to effectively address community needs for timely mental health support during future pandemics and national health emergencies. Immediate action is also needed to secure preventative measures and early intervention initiatives in our communities, schools and workplaces before the next pandemic or national health emergency⁴⁰. A stronger workforce will help to grow the well-being and resilience of Australian individuals, families, and communities.

Other policy initiatives such as lowering the gap fee for patients, ensuring aged care residents are not excluded from accessing Medicare-rebated psychology sessions, getting patients to psychologists sooner by removing GP referral requirements, and replicating GP regional relocation incentives for psychologists, would additionally ensure readiness to support the mental health of the Australian community in the event of future pandemics or national emergencies.

With a sufficient workforce and appropriate policy settings in place to access psychological support, Australia will be well equipped to effectively manage surges in mental distress during future pandemics and national emergencies.

Any delay in implementing these initiatives reduces the opportunity we have before the next pandemic or national emergency to fortify individual and community resilience via access to quality psychological services.

2. Leverage the expertise of the APS and psychologists in the establishment and operation of the Australian CDC

The APS strongly supports the establishment of an Australian Centre for Disease Control (CDC) as committed by the Government following the release of the previous Senate Select Committee report on COVID-19 in 2022⁴¹. We note that preparations have now progressed, with the commitment of the State and Territory Health Ministers in November and the interim Australian CDC within the Department of Health and Aged Care from January 2024 - tasked with scoping and consultation and supporting the establishment of a standalone CDC. We applaud the intent of the Australian CDC to “be a nationally co-ordinated body, led by dedicated experts and driven by science and data that will strengthen Australia’s emergency response and ability to protect and promote the health and wellbeing of all Australians”⁴². We note it will help:

- prevent and control communicable disease
- protect Australia in the event of emergencies with a health impact
- drive better health outcomes for all Australians⁴³.

Psychologists, in collaboration with other health professionals, researchers, public servants, people with lived experience and the peer mental health workforce, can play a crucial role in supporting the establishment and operations of the CDC. Some of the ways in which psychologists are well placed to contribute include:

1. **Mental health policy recommendations and settings:** Psychologists are ideally positioned to offer advice and develop policy recommendations that reflect the psychological dimensions of public health. This includes advocating for policies that prioritise mental health resources in preparation for future pandemics and public health emergencies as well as during and after disease outbreaks.
2. **Mental health programs:** Psychologists can develop and lead the implementation of public mental health programs to address the psychological impact of diseases and national health emergencies. This can include interventions for individuals, groups and communities affected by outbreaks.
3. **Crisis response and intervention training:** Psychologists have the skills to develop and lead training programs that equip a range of healthcare professionals with the skills to respond effectively during national health crises.
4. **Community engagement and insights:** Psychologists can contribute to the development of communication strategies that address the psychological needs of diverse populations and combat misinformation. They can also integrate psychological and behavioural science and data to better understand public attitudes, behaviours, and mental health impacts during disease outbreaks and combat misinformation by delivering messaging and interventions that are more likely to be accepted by the public.

As has been widely acknowledged, the health and wellbeing of front-line health workers was impacted significantly during the pandemic, leading to psychological distress, burnout, and attrition (see e.g.,^{44,45}). The [APS Disaster Response Network \(DRN\)](#) is a network of 700+ APS psychologists who volunteer their time and expertise to provide targeted and evidence-based psychology support to frontline workers and communities following disasters. Members of the DRN have been assisting Australians through a multitude of disasters since it was first set up following the Black Saturday bushfires in 2009. With the right funding, the DRN could easily be expanded to not only support the mental health of communities impacted by future pandemics and national emergencies, but to improve disaster-readiness through resilience-building workshops for individual frontline workers, their families, and communities.

What is needed now?

Leveraging the expertise of the APS in the establishment and operations of an Australian CDC is essential for ensuring national capacity to effectively address mental health-related aspects of pandemics and national emergencies. Engaging with the APS will ensure that Australia is able to fully harness the contributions from psychological science and psychologists working at all stages of planning, preparing, responding to and evaluating national responses to pandemics and national emergencies. This includes identifying opportunities to leverage already established disaster-response systems and the success of the DRN to support frontline workers, their families, and communities.

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