

# Melbourne School of Psychological Sciences

## Australian Universities Accord Discussion Paper Submission

### Background

Brain and mental health disorders including depression, anxiety disorders, psychosis, stroke, dementia, ADHD and substance misuse impact a large number of Australians resulting in significant levels of disability. Together these disorders contribute to around 13% Australia's total burden of disease<sup>i</sup>.

In 2020-21, national recurrent spending on services related to mental health was estimated to be \$11.6 billion. Whilst there was an annual average increase of almost 6% since 2016-17<sup>ii</sup>- it is clear that mental health services are unable to keep up with the demand for assessment and treatment<sup>iii</sup>,  
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Psychologists are an integral component of the Australian mental health workforce. However at the current time, the federal government is meeting only 35% of its psychology workforce targets<sup>v</sup>, with many hospital-based psychology positions unfilled<sup>vi</sup>. This impacts on provision of assessment and treatment for vulnerable populations (including children) and the lack of timely diagnosis, assessment and treatment can have negative implications for those experiencing complex conditions. The lack of psychology workforce is seen across the country but is most pronounced in rural regions.

### Psychology training

All psychologists are registered with the Psychology Board of Australia (PBA), which is part of the the Australian Health Professions Regulation Agency (AHPRA). Psychology training in Australia requires a four year approved undergraduate study sequence and an approved Masters level qualification. The latter includes coursework, research and practicum/placements. Most psychologists in Australia hold 'generalist registration' - the Masters qualification is one year followed by a one year internship. Psychologists with advanced training are also eligible to obtain an "area of practice endorsement" in a specific area of practice such as clinical neuropsychology, clinical psychology, forensic psychology etc by completing either a 2-year Masters degree or 4-year Doctorate in the specific area of practice after completion of the four-year undergraduate sequence. An additional two-year registrar program following this Masters/Doctorate is required to gain endorsement with the PBA in the respective area of practice. Therefore the postgraduate training component of the endorsed/specialist pathway is at least double the length of generalist training and provides specific training in assessment and treatment of complex mental illness and brain conditions.

Masters/Doctorate programs leading to endorsement require high staff-to-student ratios and incur high clinical supervision and placement costs. Universities and training institutions often lose money on these programs<sup>vii</sup> and federal government support is half that given to veterinary science and medicine degrees<sup>viii</sup>. Because training costs exceed the funding a Commonwealth Supported Place (CSP) provides and each additional student place only increases the shortfall, Universities limit the number of students entering these postgraduate psychology training programs each year. Thus, the funding shortfall acts as a disincentive to increasing places. Some training programs have closed in recent years due to the inability to meet costs. Those places that are offered are increasingly full-fee paying (around \$35,000 per year) which impacts affordability, equity of access and student diversity.

## Solutions

The capacity to train psychologists in Australia needs to grow. A number of changes at the university level can support this growth.

- 1. Increase the funding band for postgraduate psychology training to align with General Practice, Medical Studies, Agriculture and Veterinary Science (Funding Cluster 4), to incentivise universities to increase the number of advanced training programs & graduates.**

Current university funding for psychology programs was determined at a time when undergraduate (not postgraduate) training was the main pathway for registration. As indicated above, this is no longer the case. Deloitte estimated that there is a funding shortfall of at least \$5,000 per postgraduate student in an endorsed program of study (i.e., clinical psychology, neuropsychology, and forensic psychology etc.) as the funding levels (in the current Commonwealth Grant Scheme clusters) yield a return to the university of \$17,354 but the cost of training a student is likely to be \$23,000 or more.

Increasing the funding band would mean that more student places for advanced/endorsed pathway training could be offered and therefore more endorsed psychologists would enter the workforce.

Correcting postgraduate underfunding would be at minimal government cost as it is limited to students in their final postgraduate years and allows for increased workforce in as little as 1-2 years.

- 2. Ensure an adequate number of Commonwealth Supported Places (that is, with no, or reduced, student fees) are protected for students in psychology training programs and make sure these align with workforce demands and job vacancies, and encourage workforce diversity.**

In addition to increasing the funding band for postgraduate studies in psychology, fixing the number of Commonwealth Supported Places (CSP) would assist in ensuring that Universities continue to offer this training. Moreover, specifically allocating (or 'tagging' as occurs in medicine) CSP places to psychology training programs that are located in geographic areas where public service workforce needs are highest and/or programs that specifically focus on training clinicians to specific areas of endorsement where shortfalls are greatest would further address workforce needs. This strategy would require a training-workforce integration strategy so that public health sector needs are tracked and gaps are directly filled by offering a higher number of CSP places in the relevant area of practice endorsement or geographic areas at most need.

- 3. Reserve fully funded (CSP) postgraduate psychology training places for students in regional and rural areas and for students who identify as Aboriginal and/or Torres Strait Islander.**

Reserving CSP places for students in regional and rural areas, and students who identify as Aboriginal and/or Torres Strait Islander would have obvious benefits of ensuring that the profile of psychologists better reflects the Australian community more broadly.

- 4. Consider training models that incorporate "return-of-service" obligations.**

To expand the rural/regional workforce and support entry into public health, funding to support students to complete post-graduate training with a return to service in nominated areas of need in the public health sector should be considered. While details of this strategy would need to be co-designed by government, health services, universities and students, essentially it would mean that government would subsidise student fees in return for graduates to engage in paid health services work in rural/regional areas for a minimum period, such as two years (which would cover the 1-2-

year period of supervised practice that follows graduation from an advanced psychology training program to enable the graduate to obtain the area of practice endorsement).

#### **5. Increase placement opportunities for postgraduate psychology students- especially in public health settings**

Supervised placements in healthcare and other relevant settings are an essential component of postgraduate psychology training programs. Due to the nature of psychological work, this aspect of the training of psychologists is primarily based around one-on-one interactions between supervisor and trainee, Therefore supervision of psychology trainees cannot occur with the economies of scale seen with other health professions (ie the practice of many trainees being overseen by one supervisor).

At the current time there is insufficient placement opportunities- particularly in the public health sector- due to a shortage of appropriately trained and registered psychology supervisors with regional and remote areas particularly impacted again.. Accommodating supervision of postgraduate students comes at a cost to services- reduction of direct clinical workloads of supervisors and the provision of appropriate resources, including space. While an increasing number of placements are being found in the private sector, there are associated shortcomings- graduates who have only experienced work in private settings during their training are often ill-prepared for the pace and complexity of public health work and have not worked closely with multidisciplinary teams including doctors and nursing staff. Moreover, many graduates who start their careers in private practice stay there for the duration of their careers, further limiting the number of graduates who find employment in public settings.

Positive initiatives to train more Board-approved supervisors and increase the number of available placements in the public health sector are needed. This includes increased funding for placements and incentives for hospitals to offer additional placements. In addition, mapping of the existing placement opportunities to demand would support a more equitable allocation of students across the system. This could be achieved by initiatives such as a centralised placement register, accessible to all training programs, listing available placement opportunities across health services.

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<sup>i</sup> Australian Institute of Health and Welfare [AIHW] (2022, 10 November). *Mental Health: Prevalence and Impact*. <https://www.aihw.gov.au/reports/mental-health-services/mental-health>

<sup>ii</sup> AIHW (2023, 16 January). *Expenditure on mental health services*. <https://www.aihw.gov.au/mental-health/topic-areas/expenditure>

<sup>iii</sup> Mental Health Council of Australia (2005). *Not For Service: Experiences of Injustice and Despair in Mental Health Care in Australia*. Canberra, 2005

<sup>iv</sup> State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6).

<sup>v</sup> Australian Government (2021). *National Mental Health Workforce Strategy: Background Paper*. Canberra. <https://acilallen.com.au/uploads/media/NMHWS-BackgroundPaper-040821-1628485846.pdf>

<sup>vi</sup> State of Victoria (2021). *Victoria's mental health and wellbeing workforce strategy 2021–2024*. <https://www.health.vic.gov.au/strategy-and-planning/mental-health-workforce-strategy>

<sup>vii</sup> Daniel, D. (2021, 4 December). *Universities lose money on psychology degrees as waitlists languish*. *The Sydney Morning Herald* <https://www.smh.com.au/politics/federal/universities-lose-money-on-psychology-degrees-as-waitlists-languish-20211203-p59ei0.html>

<sup>viii</sup> Ferguson, H. (2021). *A guide to Australian Government funding for higher education learning and teaching*. Research paper series, 2020–21, Parliamentary Library, Canberra.