

Contact: Dr Clare Ramsden, BA(Hons), DPsych (Clin Neuro), Acting Manager
Psychology Services and Clinical neuropsychologist, THO-S
Phone: (03) 6222 7840
E-mail: clare.ramsden@dhhs.tas.gov.au



Psychological Services Response to the Green Paper

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Executive summary

Psychologists are experts in human behaviour, having studied the brain, memory, learning, human development and the processes determining how people think, feel, behave and react. Psychologists apply their expertise using reliable and scientifically supported methods. Psychological treatments are widely used to assist individuals and families and can also help groups and organisations.

Many psychologists work across a number of settings, undertaking varied work, while others specialise in particular professional areas. Some of the most common types of psychology are reflected in the following Australian Psychological Society Colleges:

- Clinical neuropsychology;
- Clinical psychology;
- Community psychology;
- Counselling psychology;
- Educational and developmental psychology;
- Forensic psychology;
- Health psychology;
- Organisational psychology; and
- Sport and exercise psychology.

There are many other areas of interest in psychology. Some psychologists work with particular people such as children and families, people with disabilities or palliative care services.

The majority of psychologists working in the Tasmanian health system are postgraduate qualified professionals in clinical neuropsychology, clinical psychology, health psychology, forensic psychology and organisational psychology. Within THO-S, psychologists work in in-patient services undertaking capacity and cognitive assessments, paediatrics, paediatric and adult diabetes services, pain management, acute and community rehabilitation, mental health services, alcohol and drug services and forensic services.

Psychologists are very underrepresented across Tasmania. The Health Workforce Australia report *Health Workforce by Numbers*, Issue 3, 2014 reports that the total FTE of the psychology workforce in Tasmania is the second lowest in the country. Psychologists working within community health services and hospitals in Tasmania represent only 17.8% of the total psychology workforce which is again the second lowest in the country (compared with the Australian average of 21%).

Psychologists in Tasmania are often not working to full scope of practice due to the nature of how positions have been created. Undertaking a full scope of practice in the psychology profession would entail the full spectrum of roles, functions, responsibilities, activities and decision making capacity that psychologists are educated, competent and authorised to do. Further examples of psychologists working in innovative roles are included in [Appendix A](#).

Response to questions:

Q1. Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?

- THO-S psychologists fully support a move to improving the health system in Tasmania, with more integrated services across the state. Psychology is a relatively small discipline, spread over mental and physical health services, disability and forensics, and with a large workforce in the private sector. We are supportive of improving the equity of access to high quality psychological services for all Tasmanians, regardless of where they live.
- Mental ill health is one of the top three leading causes of burden of disease and injury in Australia. Good psychological health is the foundation of healthier individuals and communities and reduces healthcare burden and increases engagement in society (see *Counting the Cost: the impact of young men's health on the Australian economy*, 2012; *Parental mental health and its impact on children*, NSW Department of Community Services, 2008; *Burden of Disease due to mental illness and mental health problems*, Victoria Health, 2007).
- Whilst psychological services are a small group, we deliver high-level, evidence-based treatment for patients with highly complex inpatient and ambulatory needs. In all areas of health care service provision, psychologists can provide specialist input to increase the beneficial outcomes of patients.

Q2. How well does the proposed framework align with practice in your discipline?

- The framework does align with some aspects of psychology, but seems to have missed or excluded many of the community services that psychology provides, especially in mental health, forensics and alcohol and drug services.
- Psychological services are critical and need to be represented in community services, such as step-down/community based rehabilitation, dementia and memory services, that are currently not provided but would support earlier discharge from or reduced admissions to hospital.

Q3. Where are the areas of service duplication in your discipline?

- Psychology services are stretched to their limit across inpatient, outpatient and community services and there is no duplication of services, rather there are large gaps in service provision through the hospital and community services, which will be identified further in Question 4 below.
- At a managerial level there is a lack of oversight across the state that does not facilitate efficient and effective work practices.
- Additionally there is an inability to effectively link private psychologists and those working in public health settings, resulting in lack of cohesion and consistency for patients and limited information exchange for clinicians.

Q4. Where are the gaps?

- Burns clinic: Psychology services are available to patients with burns in most mainland Australia hospitals (for example, see *Model of Care for Burn Injury for Western Australia*, 2009). There is currently no publicly funded psychology provision for those who sustain burns in Tasmania, and individuals are required to have a Mental Health Care Plan developed by a GP to access a brief amount of psychology services in the community if required. This results in inconsistent and

inefficient provision of services both in the public and private sector, and is unappealing to patients who do not have a 'mental health' diagnosis.

- **Older Adults/Dementia:** There are no psychologists dedicated to working with Older Adults at THO-S. Several psychologists consult to areas that service the older adult population, however there are no neuropsychologists working in memory and dementia assessment clinics in THO-S. In Victoria, Cognitive Dementia and Memory Service Best Practice Guidelines (2013) stipulate employment of a neuropsychologist, and the use of neuropsychology assessment "when a diagnosis cannot be made, is borderline or the client's presentation is unusual or complex". Dementia, of which Alzheimer's Disease is the most common form, has an enormous population cost and burden of care, and diagnosis is increasing rapidly as our population ages. Appropriate diagnosis and therapeutic intervention can ensure that patients have access to appropriate medication and remain independent and living in the community for as long as possible.
- **Oncology:** THO-S currently employ a Clinical Psychologist for 6 hours per week to provide psychology input to all inpatient and outpatient Oncology services. The NHMRC Clinical practice guidelines for the psychosocial care of adults with cancer (2003) clearly articulate the impact of psychological problems that are associated with patients who have cancer, and the need for appropriate input to address these issues. Most people in Tasmania who have cancer are unable to access psychological services from the public health services at this time.
- **Paediatric neuropsychology:** Currently, THO-S provides assessments of preterm children at 2 years of age (as per guidance) and occasionally at 4 years of age. Due to the small amount of psychology hours for this service, children and their families are required to travel to Hobart to access this specialist service, which means that many children are not assessed at 2 years (or at all). In addition, there is no dedicated psychology position for children who require cognitive assessment for other reasons, such as following a traumatic brain injury, or brain tumour. In 2008, an estimated 22,800 Australian children had an acquired brain injury, with around 9,700 hospital admissions in 2004/05 for traumatic brain injury in people under the age of 24 years (*Children young people and acquired brain injury*, Brain Injury Australia, 2008). Assessment of cognition in this population is essential – most children and adolescents will discharge home and return to formal education. A lack of understanding about brain injury – even a mild brain injury – can impact on their recovery, their ability to engage with school and peers, and affect their future outcomes. Simple strategies communicated to parents and teachers can avoid this, and ensure that these children have the same opportunities for the future that they would have had prior to having a brain injury.
- There is no dedicated Clinical Psychology service for paediatrics. The *Children and Adolescents - Guidelines for Care in Acute Care Settings* (NSW, 2010) and the *Standards for the Care of Children and Adolescents in Health Services* (RACP, 2008) both highlight the psychological impact on children and adolescents of hospitalisation and illness, and the importance of having staff trained in addressing psychological needs and distress in this population. Paediatric clinical psychology and neuropsychology are specialist areas that require additional skills and training; we have the ability to develop a skill base to provide these services, however this would need to be done in a co-ordinated manner across the state, with primary and community-based psychology services.
- **Paediatric Diabetes:** in 2014, a paediatric diabetes psychology role was established to provide services to children who are diagnosed with Type 1 diabetes, and improve their health outcomes, management of this chronic disease, and reduce hospital admissions. The position has been highly successful, however is currently unfunded. Providing psychological input to children and adolescents, and their families, early in the diagnosis and treatment of Type 1 diabetes, has good outcomes in reducing the health burden to the individual, their family and society over the course of their lifetime (*National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in*

Children/Adolescents and Adults: Technical Report, 2011). This is the type of program that would allow psychologists to contribute to improving the health of Tasmanians. The cost of the program is minimal given the outcomes, however we may not be able to continue the program as it is currently unfunded.

- Neuropsychology, unlike clinical psychology, is not Medicare funded. As such, for most Tasmanians if they are not seen whilst an inpatient and are not MAIB covered, they will not be able to access neuropsychological assessment, this includes individuals with stroke, brain tumour, traumatic brain injury (not motor vehicle) and neurodegenerative disorders. An understanding of their cognitive skills is essential to returning to home, work, family roles and community engagement. The cost to the community of not providing these services is immense. In addition, there are very few endorsed Neuropsychologists in Tasmania, as there is no training course in Tasmania and the salaries and career opportunities for these individuals are limited. In the Tasmanian Health Organisations, there are currently three endorsed neuropsychologists working across the state.
- Rehabilitation: whilst there are psychologists working in rehabilitation settings across the state, this is almost exclusively to assess cognition and capacity following an acquired brain injury. Psychology is an essential part of a multidisciplinary team in rehabilitation settings, providing treatment of emotional issues (adjustment, anxiety and depression), supporting patients to manage pain, providing cognitive rehabilitation and behaviour management. Currently, these treatments are not available for most patients attending rehabilitation due to the lack of staff (Worthington, A. D., et al., 2006/2006).
- Obesity management multidisciplinary clinics: Multidisciplinary teams work with waiting list clients for lap-band surgery on health psychology approaches to cognitive, behavioural and life style changes. Psychologists, dietitians, and exercise physiologists work together to provide an evidence-based response (reference: multiple, such as Mechanick, Jeffrey I., et al. (2013)).
- Mental Health and Statewide Services are very under resourced in specialised psychological interventions, such as Alcohol and Drug Services Inpatient therapeutic interventions, alcohol related brain injury assessments, and psychological interventions for children, youth and adults living with a serious mental illness. CAMHS services are currently understaffed and lacking comprehensive psychological services.
- Health Psychologists working with patients/clients on elective surgical waiting lists with co-morbid conditions e.g. diabetes, heart disease, depression, obesity, arthritis, etc.
- Tasmania has a disaster response team that is staffed with doctors and nurse, but currently is under-resourced in psychological input into this area. It is widely documented throughout Australia, that psychological services are needed for years after most critical events, for example after Cyclone Larry medical and nursing services were provided for several weeks after this event but psychological interventions were provided for several years post this event.
- Post-traumatic stress disorder treatment is currently lacking in Tasmania for ex-serving emergency services personnel, such as Police, Fire and other emergency response. Currently, these services are being provided in Victoria at a high expense to the Tasmanian government.

Q5. Are there any services being inappropriately provided, or planned, at your facility?

- Many psychologists working across Tasmania are working in isolation from their discipline, due to low numbers and distance. There is evidence that this increases the likelihood of misconduct and difficulties maintaining professional boundaries (Grenyer and Lewis, 2012). A more cohesive, statewide psychology service would alleviate some of this isolation.

- Most psychologists employed by the THO's are endorsed as Clinical psychologists. With the move to national registration and endorsement of speciality areas, it is important that all psychologists are supported to work within their scope of practice. This is particularly relevant regarding Clinical Neuropsychology, where there are limited endorsed practitioners in the state and a reliance on Clinical Psychologists to complete some aspects of this workload.
- Across MHSS, There are no psychologists employed in the Alcohol and Drug In-patient Unit, and only minimal input provided in many of the other inpatient units, such as Wilfred Lopes Centre, Millbrook Rise and the Department of Psychiatry. Patients within these units should be receiving relapse prevention services, group therapy and other psychological interventions to treat underlying issues that have contributed to their alcohol and drug use and mental health conditions.
- Across THO-S, services are being inappropriately provided by staff who are working outside of their scope of practice. For example, in OPMHS and DBMAS nursing staff are administering cognitive assessments that are outside of their expertise. This work should be conducted by a registered psychologist, who has been trained in these types of assessments.

Q6. How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?

- Publicly provided comprehensive mental health services can reduce inpatient admissions. Having psychological input into Emergency Departments can divert patients with complex psychological illnesses, such as those with borderline personality disorders, away from ED and back into community mental health services. There are examples of ED diversion centres for people with a diagnosis of borderline personality disorders that can provide crisis support and planned admissions into a safe house for these clients rather than presenting to the ED.
- Psychologists could be using Telehealth in rural and remote areas to undertake comprehensive assessments and evidence-based effective treatment for many conditions.

Q7. How do we determine which services to focus on to expand the role of primary and community care?

- High-prevalence, low acuity conditions such as anxiety and depression are conditions that are best treated by private psychologists in primary health care settings. Patients with highly complex conditions are best treated within inpatient and community service settings, and provided with intensive psychological treatment.
- Provision of psychology in primary and community settings is ideal, as the patient is engaged with their community and support structure, and can implement changes in their own environment. An ability to provide continuity of psychological services from inpatient to community based settings is ideal in gaining the best results from the psychology investment. In Tasmania, there is a large and excellent resource of private psychologists. However, there are limited links between these private practice clinicians and those psychologists working in community and secondary/tertiary settings.
- Given the funding models, and that private psychologist's work in a business model of funding, there needs to be sufficient motivation to link in with secondary/tertiary settings as required. For example, at the current time, patients receiving input from the THO-S Burns Clinic access psychological support through private psychologists, via a mental health care plan and Medicare funding for a limited number of sessions. There are no links between the Burns Clinic and the

psychologist: the two providers are unable to provide a linked up continuum of care for the patient that would increase the likelihood of better outcomes.

- In addition, many private psychologists do not feel equipped to manage high acuity and complexity, low prevalence disorders. Better connections across all of psychology in Tasmania is required to provide more appropriate services for Tasmanians. In addition, some oversight is required to ensure that we do not reproduce or encroach on services offered by private psychologists, but also to ensure that all Tasmanians have access to psychological services regardless of their income or insurance.

Q8. What services do not have sufficient volume or activity in Tasmania to maintain a safe, high quality service?

- There are currently no psychological services that are being treated in Tasmania that should be ceased or moved interstate. It is noted that in moving clients off-shore to receive treatment for low volume conditions would be detrimental to clients when they return home. There is no after-care that would be received and this type of activity encourages expertise to move away from the state rather than build up in the state.

Q9. What additional areas should we be considering for interstate partnerships in order to improve service within Tasmania?

- In psychology, we have several specialist areas where there are only one or two practitioners in the state, or where Clinical Psychologists with a special interest fulfil roles that would be filled by specialist practitioners in other parts of Australia, this includes neuropsychology, paediatric neuropsychology and psycho-oncology (neuropsychology is an endorsed area, and as such is a title protected under AHPRA).
- Clear and documented pathways for mentoring and supervision interstate would be ideal in ensuring that psychologists in Tasmania are adequately resourced and trained to provide specialist services, and to ensure that we can maintain this specialisation beyond the employment of one or two individuals.

Q10. What services, despite comparatively low volumes, should we continue to invest in in Tasmania, and what interstate supports may be required to maintain them?

- Specialist areas such as the management of severe and challenging behaviours are difficult to provide in Tasmania due to the geography, lack of skilled clinicians, low prevalence of the disorder and lack of appropriate community services for these individuals (such as appropriate placement settings for people under 65 years).
- A clear pathway for service provision and ongoing supervision and support for staff with services such as the Community Brain Disorders Assessment and Treatment Services (CBDATS) and ABI Behaviour Consultancy (ABIBC), both part of the Brain Disorders Program, a Victorian statewide service run by Austin Health, would be ideal. These are individuals whose condition is unlikely to improve, and as such the service should be provided in Tasmania to ensure that they are able to return to their own community, but with access to appropriate services.

Recommendations:

This paper makes the following recommendations regarding a single health service in Tasmania:

- Psychology is a key allied health discipline in many areas of the health service, and is currently under resourced, with many gaps in our service provision. Tasmanians do not currently have access to many psychology services that are available in other areas of Australia, or are recommended in key clinical guidelines.
- When performing at the extent of their scope of practice, psychologists have the potential to provide more innovative services that improve the health of all Tasmanians
- Psychology is in a unique situation for Allied Health of having a large workforce in private practice, Medicare funded access for some conditions, and a small specialist workforce in public health. Enhanced communication and engagement across the private, public and community health sectors would result in more efficient service provision, but requires co-ordination and resourcing.
- The training and regulation of psychology results in challenges and opportunities for the future development of the workforce in Tasmania.
- A key recommendation for psychology is the development of a statewide psychology service across Tasmania, encompassing the existing THO-S Psychology Service, and individual psychologists working in hospital settings in THO-N and THO-NW with a statewide psychology manager role. This would allow for a cohesive approach to psychology service provision across Tasmania and the ability to forge better networks with primary/community and private psychology services, and with organisations such as the University of Tasmania.
- In addition it is proposed that a statewide manager position would also include a professional leadership component, ensuring that all psychologists in the state employed by public health services (e.g. THOs, MHSS, DCS, etc.) would be connected and linked to reduce isolation of individual clinicians, provision of best practice, allow for innovative services and reduce duplication across the state. This would also allow for best use of our specialist psychology practitioners, and ensure adequate succession planning for specialist areas.

Proposal: Single Health Service Statewide Psychology Manager Position

With the move to a Tasmanian Single Health Service in July 2015, there is an opportunity for smaller professions to review their current organisational structures and refocus them to address the needs of that profession alongside the needs of the health service and local communities. Psychology is a small profession in Tasmania. The Department of Health and Human Services employs 61 psychologists across Tasmania, under mixed models of management (as of Feb 2015). 28 are employed by Mental Health State Services, and 12 by Disability and Community Services, and so report to departmental managers rather than discipline managers. 16 are employed by the THOs; most of these either report to a discipline specific manager (in THO-S) or are lone practitioners with minimal organisational structure. Most psychologists are employed in the south (43), with 11 in the North and 7 in the North West.

Employment environment for psychologists

Currently, there is a lack of operational and professional oversight for psychologists. For those working in Psychology Services, THO-S, there is a Level 5 Psychology Services Manager; staff report both operationally and professionally to the Manager. Elsewhere, staff report to a manager, but typically have no formal professional oversight. This has led to a lack of consistency in employment conditions, statements of duties, roles, boundaries, professional development opportunities, resources and environments.

There are a number of external factors that impact on the recruitment and retention of psychologists, and the need for workforce development for this discipline:

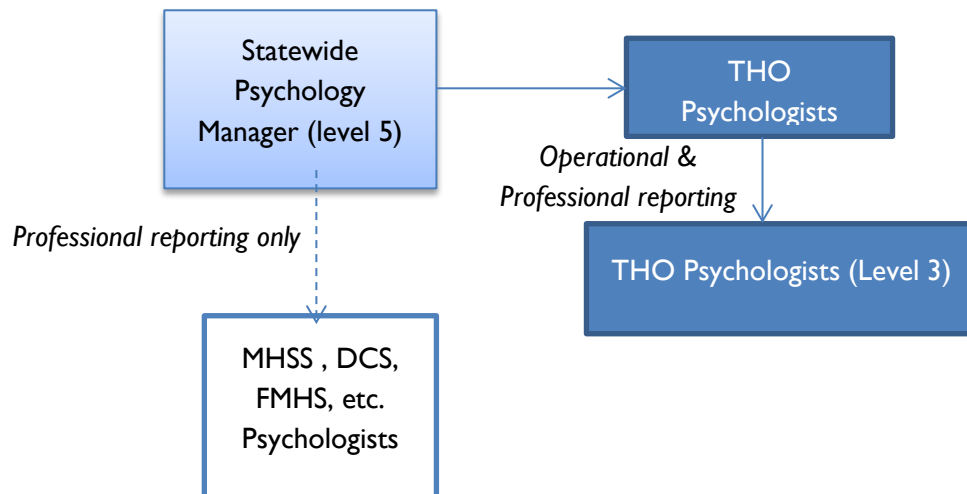
- Recent changes to registration with Psychologist Board of Australia
- The model of training, with several routes to registration, alongside specialist endorsement and the tendency for most psychologists employed by DHHS to have a higher degree.
- The need for ongoing professional development and supervision
- The strong private psychology sector, subsequent to the Medicare rebate for Clinical Psychology

Internal factors include a lack of a clear pathway of progression either clinically or in leadership positions, and a high proportion of roles in which the psychologists practices in an isolated way, or as a sole practitioner.

Proposal

To address the issues raised above, a statewide operational and professional leadership role for Psychology is proposed.

The role would provide operational leadership to all psychologists employed by the Tasmanian Health Organisations, and professional leadership to all psychologists employed by DHHS. With the establishment of the role, a restructure of psychology services across the THOs would be feasible, identifying where senior positions are required and ensuring more equitable access to services for all Tasmanians. In addition, options such as Telehealth for less prevalent conditions or to rural areas could be co-ordinated. Where statewide services exist, a more co-ordinated approach to managing the return of patients to their own community with ongoing psychology input would be possible; this is currently not available.



Given the breadth of the role, geographically, professionally and in terms of numbers, a full time role would be appropriate. The role would not have capacity to carry a dedicated clinical load, but due to the need to maintain clinical skills, both for professional benefit and for registration requirements, it would be appropriate that the role has a clinical component that potentially covers periods of leave or consulting on more complex cases.

Appendix A

Examples of innovative service models using psychologists, in Australia and overseas.

Initiative details	Approach	Outcome	Priority area
<p>Initiative: Allied health acute medical clinical leader established in the Medical Assessment and Planning Unit, Toowoomba Hospital, Darling Downs Hospital Health Services, QLD</p> <p>Workforce: multidisciplinary</p> <p>Model: single centre study</p> <p>Reference: www.health.qld.gov.au</p>	<p>An allied health clinical leader role was established to provide assessment and intervention as the first point of contact for allied health for patients in the Medical Assessment and Planning Unit (MAPU).</p> <p>A framework of skill-sharing was introduced across physiotherapy, occupational therapy, podiatry, speech pathology, nutrition and dietetics, psychology and social work.</p>	<p>Patients discharged 82 hours earlier than those seen by standard care therapists.</p>	<p>Improve patient flow</p>
<p>Initiative: Allied health in pain management</p> <p>Location: Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service, QLD</p> <p>Workforce: Psychology, Occupational therapy, Physiotherapy</p> <p>Model: single centre study</p> <p>Reference: www.health.qld.gov.au</p>	<p>Allied health professionals were involved in triage, initial assessment, case coordination, care planning and providing self- management education for category 2 and 3 adults presenting persistent non-malignant pain.</p>	<p>Outcome to date:</p> <ul style="list-style-type: none"> Reduced assessment replication <p>Expected outcome:</p> <ul style="list-style-type: none"> Reduced outpatient waiting time 	<p>Improve patient flow</p> <p>Reduce outpatient department waiting time</p>
<p>Initiative: Multidisciplinary triage model in persistent pain service.</p> <p>Location: Austin Hospital, Victoria</p> <p>Workforce: Psychology, physiotherapy</p> <p>Model: single centre study</p> <p>Reference: www.hwainventory.net.au</p>	<p>Physiotherapists applied pre-appointment management tools to more accurately triage written referrals.</p> <p>Direct access to physiotherapy and psychology pain services if appropriate.</p>	<p>A 32% reduction in acceptance of inappropriate referrals.</p> <p>A three week interval between referral and communication of triage decision to patient and GP.</p> <p>A 25% increase in new appointments for accepted patients.</p> <p>An 8% reduction in missed first appointment.</p> <p>A 6% increase in patients managed by physiotherapy and psychology without pain physician.</p> <p>Removal of triaging responsibilities for physician, allowing more clinical time.</p>	<p>Reduce outpatient department waiting time.</p> <p>Increase patient flow.</p>
<p>Initiative: community forensic mental health outreach service</p> <p>Location: Multiple sites across QLD Hospital and Health Services</p> <p>Workforce: psychology and social work</p> <p>Model: established practice</p> <p>Reference: www.health.qld.gov.au/forensic-mentalhealth/</p>	<p>Psychologists and social workers (together with psychiatrists and nurses) provide targeted interventions to address problem behaviours identified in prior forensic assessment to reduce risk (e.g. sexual offending, stalking and violence).</p> <p>This community based service is delivered by clinicians within the client's mental health treating team.</p> <p>The program has great potential to assist Hospital and Health Services to better address both the criminogenic and mental health treatment needs of</p>	<p>Increased access for targeted client groups.</p>	<p>Support recovery from mental illness.</p>

	people with mental illness who offend or who are at risk of offending.		
<p>Initiative: general paediatrics allied health screening advice</p> <p>Location: Royal Children's Hospital Children's Health, QLD</p> <p>Workforce: psychology, speech pathology, occupational therapy, physiotherapy</p> <p>Model: established practice</p> <p>Reference: www.health.qld.gov.au</p>	<p>During a trial of allied health screening and brief intervention services to decrease waiting list in general paediatrics, 247 referrals were triaged out of general paediatrics into an allied health service.</p> <p>Phone triage was used to gather information and refer to the most appropriate service, including back to general paediatrics.</p>	<p>Reduced duplication of service.</p> <p>Timely access to more targeted services.</p> <p>Release medical specialists time to see more complex cases.</p>	<p>Reduce outpatients department waiting time.</p> <p>Improve patient flow.</p>
<p>Initiative: psychologists as first contact for general paediatric referrals.</p> <p>Location: Ipswich Hospital, West Moreton Hospital and Health Service, QLD</p> <p>Workforce: psychology</p> <p>Model: single centre study</p> <p>Reference: psychology department, Ipswich Hospital</p>	<p>The psychologists provided the first point of contact following triage for 60% of category 2 and 3 referrals to general paediatric clinics. Where required, the psychologist referred directly to the paediatrician.</p>	<p>Significant reduction in wait time.</p> <p>25% of patients seen by psychologist required referral on to paediatrician.</p>	<p>Reduce outpatient department waiting time.</p>
<p>Initiative: primary care based child clinical psychology service</p> <p>Location: multiple general practices across London, UK</p> <p>Workforce: psychology</p> <p>Model: Established practice</p> <p>Reference: Department of Health. (2011). Models of collaborative care for children and youth (0-17 years).</p>	<p>A psychology service was established within GP practices to provide mental health care provision for children (up to 17 years).</p> <p>Referral to tertiary/specialist services was made as required.</p>	<p>An reduced number of sessions were required to complete treatment with a corresponding reduction in costs of up to 50% over a 12-month period.</p> <p>Increased access to psychology services for families.</p>	<p>Provide better healthcare to children.</p> <p>Improve patient flow.</p>
<p>Initiative: Sexual Health and HIV Psychology Service</p> <p>Location: Biala City Community Health Centre, Brisbane, QLD</p> <p>Workforce: psychology</p> <p>Reference: www.health.qld.gov.au</p>	<p>Psychologists provide Sexual Health and HIV Psychology Services for people living with HIV/AIDS and STIs.</p> <p>Provision of assistance with treatment adherence.</p> <p>Assessment of Gender identity Disorder and psychological support through gender transition.</p>	<p>Increases treatment adherence and provides specialist services in gender identity disorder and HIV/AIDS treatment.</p>	<p>Supports recovery from STIs and mental health issues.</p>
<p>Initiative: Evolve Therapeutic Services</p> <p>Location: Queensland Health</p> <p>Workforce: psychology, social work and nursing</p> <p>Reference: www.health.qld.gov.au</p>	<p>Provision of specialist intensive mental health therapeutic interventions for children/young people on interim or finalised child protection orders in out-of-home care, with severe and complex mental health support needs.</p> <p>This is a multi-agency initiative between Queensland Health, Department of Communities, and Child Safety & Disability Services.</p>	<p>Provides planned and coordinated therapeutic supports to children/young people in out-of-home care, aimed at improving their emotional wellbeing and the development of skills to enhance participation in school and the community.</p>	<p>Supports recovery from mental illness for children/young people.</p> <p>Provides intervention for those children who may be at risk of entering the forensic system.</p>
<p>Initiative: Psychology-led Service Model (neuro-rehabilitation)</p> <p>Location: Brain Injury Rehabilitation Trust, United Kingdom</p> <p>Workforce: Psychology</p> <p>Reference: Oddy, Michael, et al. "A comprehensive service for the rehabilitation and long-term care of head</p>	<p>Inpatient neuro-behavioural rehabilitation services led by a Consultant in Neuropsychology and Rehabilitation, rather than a Rehabilitation Consultant, for rehabilitation services where the service user is medically stable.</p>	<p>Ensures interdisciplinary rehabilitation provision to service users, in a community-based, non-medicalised environment, utilising a bio-psycho-social model.</p> <p>Enhances potential to discharge to a less supported environment.</p>	<p>Discharge to least restrictive environment</p> <p>Avoiding younger people in nursing homes</p>

injury survivors." Clinical Rehabilitation (1989).			
<p>Initiative: In-reach Psychology, Mental Health Directorate</p> <p>Location: Hutt Valley District Health Board</p> <p>Workforce: Psychology</p>	<p>All adult Mental Health Psychology services were located in Community Mental Health Services, and an in-reach sub-team established to ensure those Community MHS patients who were admitted had continuity of care, and those newly admitted were followed through into the Community MHS by the same clinician.</p>	<p>Resulted in a 'no gaps' discharge from inpatient MH services.</p> <p>Commencement of psychotherapeutic interventions when appropriate for the patient, rather than based on location of service.</p> <p>Potential to reduce length of stay.</p>	<p>Recovery-focused model of mental health</p> <p>Improved patient flow</p>

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