Australian Psychologists in the Context of Disasters

Preliminary Report on Workforce Impacts and Needs

Australian Psychology Workforce Survey
(November to December, 2022)

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Executive Summary

Since late 2019, psychologists in Australia have been working in the context of multiple disruptive events that have been experienced as disasters, including COVID-19, bushfires, severe storms, and floods. The disasters have had ongoing mental health consequences for the Australian community, requiring psychologists and other mental health professionals to meet a growing demand for services.[1,2,3]

In November and December 2022, 469 registered psychologists participated in an anonymous online survey designed to understand the personal and professional impacts of recent disasters on psychologists, and how best to support the psychology workforce to meet the current and future needs of the Australian community.

Results showed that almost one in three (31%) psychologists have been personally impacted by weather disasters since 2019, including the devastating 2019/20 bushfire season (15.2%), and subsequent bushfires, floods, and severe storms (24.2%). These psychologists reported a range of negative personal consequences, including reduced mental wellbeing (59.4%), reduced capacity to work (45.5%), and reduced physical health (39.9%). The indirect effects of recent weather disasters on psychologists were also widespread, with two in three (61.3%) psychologists reporting that their close friends, family, clients, and/or colleagues were impacted.

In addition, almost all (97%) psychologists have been personally or indirectly impacted by the COVID-19 pandemic. Those personally affected reported negative consequences for many aspects of their lives, including their mental wellbeing (87.0%), capacity to work (79.6%), physical health (69.9%), personal relationships (64.6%), and financial stress (55.8%).

The COVID-19 pandemic and recent weather disasters have also impacted psychologists' professional lives. Psychologists across the profession have experienced increased demand and changes in the nature and delivery of their work. At the time of the survey, over 60% had a waitlist over one month or had stopped accepting new clients. Psychologists also reported increases in the frequency, severity, and complexity of client presentations since late 2019, especially in relation to anxiety, stress, wellbeing, and climate distress.

To manage escalating work pressures, psychologists reported engaging in a range of strategies, including professional development, formal supervision, and informal peer support. They also reported engaging in personal self-care strategies, including exercise, reading, and spending time in nature. Psychologists tended to report good levels of resilient-coping and occupational self-efficacy. Encouragingly, most reported increased work confidence, flexibility, and resilience in response to recent disasters.

However, results also suggest considerable negative impacts of recent disasters on psychologists' mental health:

- Around one third reported symptoms of depression (39.3%) and/or anxiety (28%)

- Almost half (47.6%) reported low personal wellbeing

- More than one quarter (26.4%) reported burnout (physical, emotional, and mental exhaustion), and a further one third (34.5%) were in danger of burnout

Worryingly for the stability of the workforce, almost half (44.8%) of the psychologists surveyed had changed job sectors or roles since 2019. The main reasons for changing jobs were an undesirable work culture (43.5%) and unsustainable work pressure (37.8%).

Psychologists endorsed changes that they believed would help relieve the current pressures on the psychology workforce. Those working in the private sector expected that increasing the number of Medicare sessions per person and providing

easier access to Medicare rebates would have the biggest impact. Those working in the public, community, or not-for-profit sectors expected that increasing the number of psychologists and increasing the Medicare rebate would have the biggest impact.

Psychologists expected the following key challenges to impact their work over the next 5 to 10 years:

- An overall decline in community mental health (71.1%)
- Community financial distress (57.0%)
- Weather disasters and pandemics (56.4%)
- Climate distress (54.9%)
- Trauma (50.0%)

Over two-thirds of psychologists thought that climate change would have a moderate (44.2%) or critical (24.1%) impact on their work over the next 5 to 10 years.

Importantly, fewer than one in three (30.5%) psychologists said they felt well prepared to manage the mental health needs of clients in the context of future disasters. Psychologists identified the following priority content areas for professional development to help them prepare for future disasters:

- Trauma and cumulative trauma (64.9%)
- Loss and grief (62.2%)
- Resilience building (58.0%)

Overall, the findings from this survey indicate that Australia's psychology workforce is at, or nearing, crisis. Given the expected increase in frequency and severity of disasters, now more than ever, it is important to support the psychology workforce to recover from recent disasters, stabilise and strengthen the workforce, and prepare the workforce to respond effectively to future disasters.

Key Recommendations

There are four broad phases of disaster management: Prevention, Preparation, Response, Recovery.[4] Psychologists and the wider Australian community are still in Recovery from one or more of the significant disaster events that have occurred in the past three years. It is vital to invest in Prevention and Preparation now, to be ready and able to Respond when the next disaster occurs.

The data in this report has been used, in conjunction with existing evidence and guidelines, to develop recommendations to stabilise and strengthen the psychology workforce, prevent further burnout, and prepare the workforce to respond effectively to future disasters. Strategies and support must be considered at all levels of the system in which psychology operates, including systems and policy, organisations and workplaces, and individuals. More detailed recommendations can be found in the Recommendations section of this report.

Systems and policy

1. Increase the capacity of the psychology workforce by training more psychologists

2. Increase the availability and accessibility of mental wellbeing support for psychologists

3. Prepare psychologists to navigate future disasters by developing and providing training and practice guidelines specific to disasters, including managing personal impacts

4. Reduce barriers of time and cost for psychologists to access supervision and professional development

5. Support psychologists to be able to deliver adequate doses of treatment, aligned with best practice guidelines

Organisations and workplaces

6. Formally recognise the importance of professional development, supervision, and peer support, and develop and promote clear processes to access these

7. Encourage a workplace culture that supports self-care, flexible work arrangements, and job autonomy for all psychologists

8. Streamline systems to reduce administration requirements and prioritise specialist administrative support

Self-employed practitioners

9. Develop guidance specifically for individual private practitioners on work structure, job design, and psychosocial hazard reduction and mitigation

All psychologists

10. All psychologists should include self-care as part of their continuing professional development

IMPACTS OF DISASTERS ON PSYCHOLOGISTS AND THEIR WORK

31% of psychologists **personally impacted** by a weather disaster and **most** impacted by COVID-19
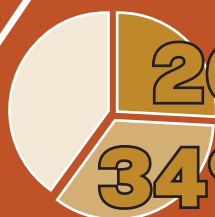
26% experienced **burnout**

34% were **in danger** of burnout

48% reported **low wellbeing**

Disasters since **2019**

80% have experienced **increases in their waitlist and workload** as a result of COVID-19

77% reported **increased complexity** of cases

>60% had a waitlist **over one month** or had stopped accepting new clients (2022)

81% of psychologists reported increasing their **flexibility** in response to disasters

61% reported increasing their **resilience** in response to disasters

Fewer than **one in three** psychologists said they felt **well prepared** to manage the mental health needs of clients in the context of future disasters

With future weather events and pandemics expected, we need to build the psychology workforce capacity now. Support must be considered across systems, policy, organisations, workplaces, and individual practice, to:

- stabilise and strengthen the workforce,
- improve psychologists' wellbeing and prevent further burnout, and
- prepare psychologists to respond to future disasters.

Knowledge translation and visualisation by the PHXchange

Australian National University

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Introduction

Since late 2019, Australia has experienced a series of disasters, including the 2019-2020 bushfire season, the COVID-19 pandemic, severe storms, and flooding. Over this period, demand for psychologists and other mental health services has greatly increased.[1,2,3,5] With growing waitlists and increasing severity of client concerns, psychologists have experienced immense pressure to meet community needs.[6]

Furthermore, many psychologists have been living and working under the same disaster conditions as their affected clients, compounding the already demanding nature of mental health work.[7,8] Together, the COVID-19 pandemic and weather disasters have stretched the capacity of the national mental health workforce and created conditions conducive to burnout and workforce exodus.[3,6]

In our changing climate, pandemics and extreme weather events are expected to become more frequent and severe.[9] With the growing recognition of the role of early psychological intervention in improving health and wellbeing outcomes following disaster,[10] the demands on mental health services are likely to further increase.

Despite a strong commitment to supporting their communities during disasters,[3] not all psychologists are adequately prepared to do so, especially in the context of the multiple and widespread disasters of recent years.[7] There is an urgent need to build the capacity and capability of Australia's psychology workforce to meet community mental health needs now and in the future.[2,3,11] This is essential to reducing the personal and financial costs associated with long-term mental health conditions, including pressure on mental and physical health services, and workforce productivity.[12,13]

This report summarises the results of an online survey designed to understand the impact of recent disasters on psychologists, and how to better support the psychology workforce in future disaster contexts.

The key aims of the survey were to:

♦ **Identify the personal and professional impacts of COVID-19, bushfires, and other weather events on psychologists**

♦ **Identify how psychologists have managed the increasing and changing demands for their services**

♦ **Identify the needs of the psychology workforce to meet ongoing demands related to COVID-19, bushfires, and other disasters**

♦ **Identify the needs of the psychology workforce to be prepared to respond to future disasters**

The Survey

The *Australia's Psychology Workforce Capacity Survey* was conducted between November and December 2022. The online survey was available to psychologists who were registered with Ahpra and practicing between August 2019 and December 2022 (or part thereof). Participants were recruited via professional psychology representative groups, professional networks, and social media. A total of 469 psychologists participated in the survey.

The survey contained questions designed specifically for members of Australia's psychology workforce to capture:

- Demographic characteristics

- Professional details (e.g. area of endorsement, employment sector)

- Client characteristics (e.g. age group, clinical presentations)

- Personal and professional impacts of COVID-19, bushfires, and other weather disasters

- Responses to challenges associated with increased work demands

- Workforce capability and needs to prepare and respond effectively to future disasters[i]

The survey also contained standardised measures to assess psychologists' levels of:

- Anxiety: Generalised Anxiety Disorder 7 (GAD-7)[14]

- Depression: Patient Health Questionnaire (PHQ-9)[15]

- Resilient coping: Brief-Resilient Coping Scale (BRCS-4)[16]

- Wellbeing: World Health Organisation 5 Wellbeing Index (WHO-5)[17]

- Burnout: The Burnout Measure – Short Version (BM-S)[18]

- Occupational self-efficacy: Occupational Self-Efficacy Scale – Short Form (OSSF-SF)[19]

At the end of the survey, psychologists had the opportunity to provide open-ended feedback about their experiences working in the context of disasters since 2019, and their needs to be prepared to provide psychological services in future. Their responses were rich and informative. Some of the responses are presented as quotes throughout this report. The full qualitative dataset will be analysed and reported in more detail in a future publication.

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[i] The survey also included questions designed to assess psychologists' experiences and views related to remote working, telehealth services, and digital mental health services. These data will be analysed and reported elsewhere.

Results

Participating Psychologists

Psychologist characteristics

Table 1 shows participants' demographic and professional characteristics. The high proportion of female participants (82%) aligns with typical rates of female overrepresentation in the psychology profession.[20] The mean age of participants was 49.6 years (SD = 13.32), slightly older than the psychologist national average (46.4 years).[21] Most participants (67.8%) lived in a major city or inner regional area (21.2%). 10.9% lived in an outer regional or remote area, reflecting Australia's high urbanisation rate.

Psychologists reported practicing for an average of 17.4 years, indicating an experienced sample. 45% were board-approved supervisors. Just over half (53.2%) worked full-time, 40.8% worked part-time, and the remainder worked in casual or other arrangements. A high proportion of respondents worked in the private sector (88.5%), with less than 20% working in the public or education sectors, and less than 10% working in non-government or not-for-profit organisations.

Almost half (49.9%) of the participating psychologists held a clinical psychology endorsement. The next most common endorsement was counselling psychology (6.6%). Over a third were non-endorsed. Our sample had a higher representation of psychologists with clinical and counselling endorsements compared to psychologists nationally (37%).[20]

Table 1. Characteristics of psychologists surveyed (N = 469)

	N	%
Gender		
Male	80	17.1
Female	384	81.9
Non-binary or declined	5	1.0
Age (years)		
23-34	67	14.3
35-44	112	23.9
45-54	125	26.7
55-64	95	20.3
65-74	54	11.5
75+	16	3.4
State or Territory		
ACT	32	6.8
NSW	129	27.5
NT	2	.4
Qld	63	13.4
SA	36	7.7
Tas	10	2.1
Vic	139	29.6
WA	58	12.4
Board approved supervisor	211	45.0

	N	%
Location (remoteness)		
Major city	316	67.8
Inner regional	99	21.2
Outer regional/remote	51	10.9
Years of practice		
0-4	67	14.3
5-10	96	20.5
11-15	75	16.0
16-20	66	14.1
21-25	64	13.6
26-30	40	8.5
30+	61	13.0
Work status		
Full-time	249	53.2
Part-time	191	40.8
Casual/Other	28	6.0
Area of Practice Endorsement		
Clinical Neuropsychology	9	1.9
Clinical	234	49.9
Community	5	1.1
Counselling	31	6.6
Education and Developmental	14	3
Forensic	11	2.3
Health	13	2.8
Organisational	12	2.6
Sport and Exercise	3	.6
General (no APE)	171	36.5
Sector		
Private		
Sole trader or partnership	276	58.8
Employer	32	6.8
Contractor	72	15.4
Employee	37	7.9
Public		
Hospital	29	6.2
Community mental health	30	6.4
Government/Policy	33	7.0
Non-Government Organisation	18	3.8
Not For Profit	19	4.1
Education and Research		
Primary/Secondary	18	3.8
Tertiary	34	7.2

Work patterns and job changes

"The profession of Psychology is at a crossroads – people are feeling overloaded from increased admin and working with more and more complex and severe cases."

"Public health psychologists need more support and recognition. Experienced staff are leaving as we are not feeling valued. We are underpaid and overworked and have to battle to have experience recognised."

Full-time psychologists reported working an average of 42.4 hours in a typical week, while part-time psychologists reported working 26.7 hours (see Table 2). Across the total sample, the average work hours (35.1) were slightly higher than those reported nationally in 2020 (32.3).[21]

Most work hours were spent in direct client work (56.9%), either in person (39.8%) or via telehealth (17.1%). The remaining work hours were spent in non-clinical work, primarily administration (28.9%), followed by meetings and supervision (10.2%). Table 3 shows the proportion of total work hours spent on each activity by sector. Psychologists in the private sector reported spending a higher proportion of their time on clinical work and unpaid administration, compared to those in non-private sectors. Psychologists in non-private sectors reported spending a higher proportion of their time on paid administration, meetings, and supervision compared to other sectors. The higher proportion of time spent on unpaid administration in the private sector may reflect a perception that payment for clinical work does not adequately cover administration time.

At the time of the survey, most psychologists (61.1%) had a waitlist over one month (42.5%) or had stopped accepting new clients (18.6%; see Table 4). The average reported waitlist time was one to three months. Psychologists working in the ACT, SA, Tasmania, and Victoria had the longest waitlists (see Table 5). Private psychologists were more likely to have a waitlist over one month, compared to those working outside the private sector (see Figure 1).

Close to half (44.8%) the psychologists surveyed had changed job sectors or roles since late 2019. Those who had changed job sectors or roles tended to be younger (mean age = 44.5 years) and less experienced (12.9 years practicing), compared to those who did not change (mean age = 53.7 years; 21.1 years practicing). Half the psychologists who changed sectors or roles were in the early to mid-career bracket (up to 10 years).

The most common reasons for changing sectors or roles were an undesirable work culture (43.5%), unsustainable work pressure (37.8%), to increase flexibility (31.1%), and financial incentives (30.6%). Other reasons were to better meet family needs (24.4%) and to better serve their community (17.7%).

Table 2. Average weekly hours by employment status

	N	*M* (hours)	*SD*
Full-time	249	42.4	12.67
Part-time	219	26.7	9.37
Total sample	468	35.1	13.69

Table 3. Proportion of average weekly hours spent on each activity by sector

	Private (self-employed) (n=229) %	Private (other) (n=60) %	Non-private (n=86) %	Mixed (n=89) %	Overall (n=464) %
In person clinical/client work	42.2	41.4	31.3	41.6	39.8
Telehealth clinical/client work	21.2	16.2	10.7	14.0	17.1
Paid administration	4.2	11.0	23.7	12.8	10.6
Unpaid administration	24.2	19.6	6.3	15.3	18.3
Supervision	3.9	1.8	8.8	5.3	4.9
Meetings	1.8	6.3	12.6	5.8	5.3
Other	2.4	3.7	6.6	5.3	4.0

Table 4. Waitlist times for psychologists' services

	N	%
No waitlist	80	17.1
Under 1 month	102	21.8
1 to 3 months	119	25.4
4 to 6 months	60	12.8
Over 6 months	20	4.3
Not accepting new clients	87	18.6

Table 5. Waitlist times by state

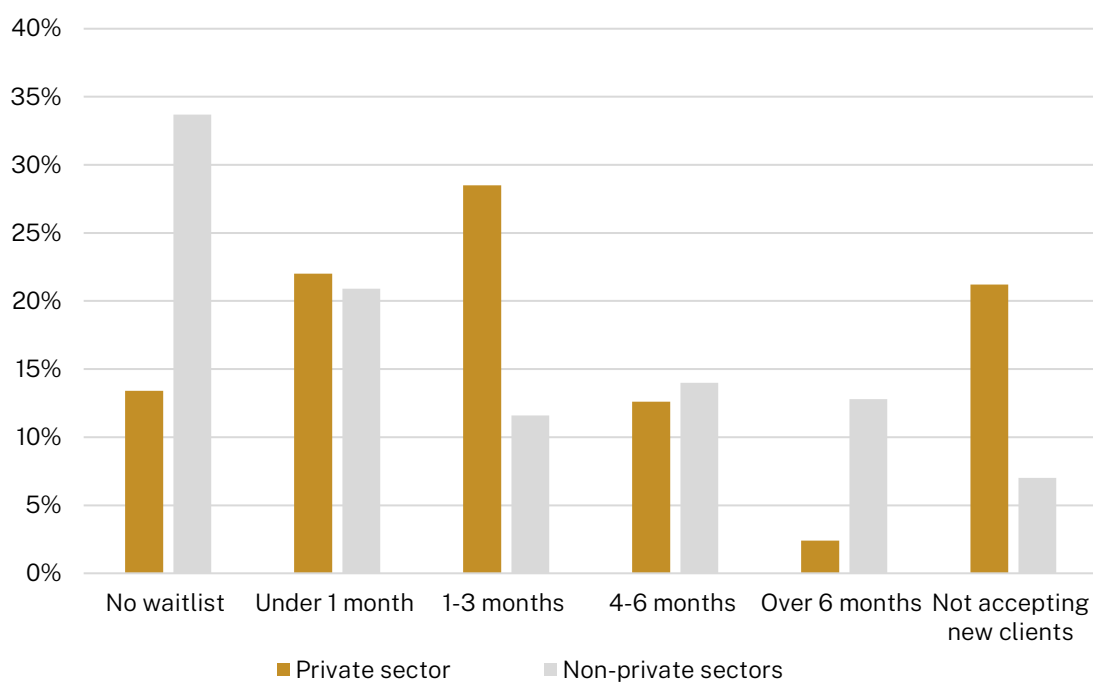|	ACT (n=32) %	NSW (n=129) %	QLD (n=63) %	SA (n=36) %	TAS (n=10) %	VIC (n=139) %	WA (n=58) %
No waitlist	15.6	17.2	25.4	11.1	-	17.3	13.8
Under 1 month	15.6	23.4	19.0	19.4	-	21.6	29.3
1 to 3 months	21.9	23.4	31.7	22.2	40.0	24.5	27.6
4 to 6 months	12.5	14.8	7.9	22.2	30.0	10.1	12.1
Over 6 months	12.5	3.1	-	2.8	-	5.8	5.2
Not accepting new clients	21.9	18.0	15.9	22.2	30.0	20.9	12.1

Figure 1: Waitlist times by sector

Psychologists' Clients

Client characteristics

Table 6 shows the location, age groups, and severity levels of participants' clients.

Psychologists reported mostly servicing clients from urban (59.3%) or regional (17.9%) areas. 21.2% serviced a mix of client locations, while only 1.6% serviced mostly remote clients.

Most psychologists worked with adults (84.9%), young adults (54.8%), older adults (42%), and adolescents (37.7%). Fewer worked with children (24.1%) and families (18.1%).

Psychologists mostly worked with clients in the moderate-severe range (73.6%) and were least likely to work with clients in the mild range (27.7%).

Table 6. Client characteristics

	N	%
Location (majority)		
Urban	268	59.3
Regional	80	17.9
Remote	7	1.6
Mix	114	21.2
Age group		
Children	113	24.1
Families	85	18.1
Adolescents	177	37.7
Young adults	257	54.8
Adults	398	84.9
Older adults	197	42.0
Other	26	5.5
Severity		
Mild	122	27.7
Mild-moderate	223	50.7
Moderate	300	68.2
Moderate-severe	324	73.6
Severe	138	31.4

Client presentations

"Clinical presentations are more complex, people are stressed and there are not enough psychologists to cover the demand."

Most participating psychologists (>80%) worked with client presentations relating to depression, anxiety, trauma, stress, and wellbeing. Over half worked with client presentations relating to loss/grief, adjustment, attention/hyperactivity, sleep, personality, and complex mental health. Between a third and a half of psychologists worked with presentations relating to obsessive-compulsive problems, pain, impulse control, alcohol and drug, bipolar (and related concerns), and attachment. Less common (<30%) presentations included those relating to neurodevelopmental, neurocognitive, sexual, child behaviour management concerns, performance and culture, psychosis, and climate distress (see Table 7).

Psychologists also reported changes in the frequency and severity of the client presentations they worked with. The presentations most likely to have increased were anxiety, stress/wellbeing, climate distress, and adjustment, with over three-quarters of psychologists working with these presentations reporting increases in frequency and/or severity. Other presentations with large (>50%) reported increases in frequency and severity were depression, trauma, loss/grief, sleep, relationships, complex mental health, disruptive behaviour, child behaviour management, and parenting support.

Over three-quarters (76.8%) of psychologists surveyed reported that the overall complexity of their work had increased since late 2019.

Summary

Since late 2019, psychologists across the profession have experienced increases in demand for their services and changes in the nature and delivery of their work. At the time of the survey, most psychologists had a waitlist over one month or had stopped accepting new clients. Psychologists also reported significant increases in the frequency, severity, and complexity of client presentations since late 2019, especially in relation to anxiety, stress, wellbeing, and climate distress.

Table 7. Client presentations and changes since late 2019

	N	Increased frequency		Increased severity
		%	% *	% *
Anxiety	417	94.3	83.3	79.8
Depression	397	89.8	67.7	62.5
Trauma	383	86.7	61.5	59.1
Stress/Wellbeing	379	85.7	88.7	84.9
Adjustment	352	79.6	75.7	67.2
Loss/Grief	327	74.0	58.4	53.9
Climate distress	73	16.5	87.7	74.0
Complex mental health	257	58.1	67.2	60.5
Personality	234	52.9	31.0	33.8
Attachment	202	45.7	39.6	35.7
Obsessive-compulsive	201	45.5	44.9	45.1
Alcohol and drug	196	44.3	64.1	58.6
Impulse control	189	42.8	48.6	44.0
Bipolar (and related concerns)	172	38.9	18.1	21.2
Psychosis	89	20.1	13.8	24.1
Attention/Hyperactivity	242	54.8	63.9	48.7
Sleep	286	64.7	65.0	60.4
Eating	180	40.7	48.0	46.3
Pain	210	47.5	28.9	31.7
Somatic	169	38.2	49.1	47.6
Gender	139	31.4	50.0	40.7
Sexual	106	24.0	20.8	18.6
Relationships/Couples	185	41.9	65.2	56.0
Disabilities	175	39.6	32.6	29.8
Neurodevelopmental	140	31.7	46.0	34.8
Neurocognitive	100	22.6	32.3	27.1
Disruptive behaviour	145	32.8	55.0	51.4
Child behaviour management	121	27.4	61.9	58.1
Elimination	15	3.4	21.4	14.3
Perinatal	84	19.0	40.5	41.3
Parenting	175	39.6	61.8	59.4
Performance and culture	53	12.0	n/a	n/a
Professional development/ Education	145	32.8	n/a	n/a
Other	46	-	n/a	n/a

* Proportion of psychologists who worked with the presentation

Impacts of Recent Disasters

"We too are victims of disasters like these & we are also trying to respond to people in need. That is a difficult balance."

"We can't support others if we aren't taking care of ourselves, which is hard when we are facing the same disasters."

"Because I am living with the same reality and feel the same despair that everyone else is feeling, it is hard to separate from it professionally. Dealing with it every hour of every day for the last 18 months has been hard and the workload remains high."

Personal impact of weather disasters

Almost one third (31%) of psychologists surveyed had been personally impacted by one or more weather disasters since late 2019, including the 2019/2020 bushfire season (15.2%), and subsequent bushfires, floods, or severe storms (24.2%). Almost two-thirds (61.3%) had close friends, family, clients, or work colleagues impacted by a weather disaster (see Figure 2).

Psychologists living in the ACT, NSW, Queensland, and SA were the most likely to have been impacted by weather disasters (see Table 8). Those living in rural or regional areas were more likely to have been impacted than those living in major cities (see Table 9).

Weather disasters negatively impacted many aspects of psychologists' lives. Of those personally affected, 60% reported a negative impact on their mental wellbeing. Many also reported negative impacts on their capacity to work (45.5%), physical health (39.9%), financial stress (32.2%), personal property (28.7%), accommodation (28.7%), caring responsibilities (27.3%), personal relationships (25.2%), and childcare responsibilities (21.7%; see Figure 3).
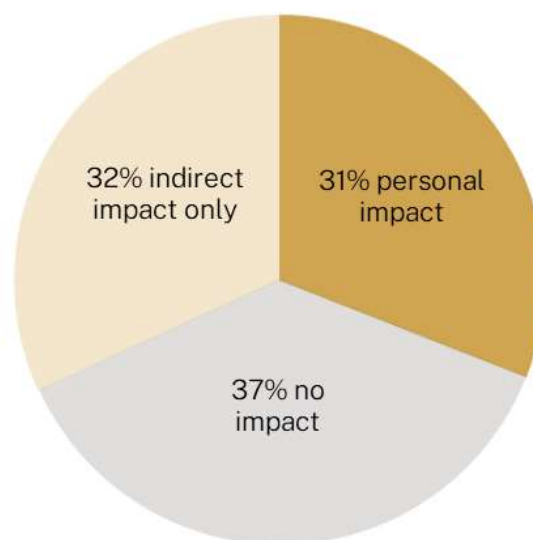

Figure 2: Proportion of psychologists impacted by at least one weather disaster since late 2019 (*n = 462*)

Table 8. Psychologists impacted by weather disasters by state (*N* = 462)

	Personally impacted		Indirectly impacted	
	N	%	*N*	%
ACT	16	50.0	23	71.9
NSW	48	37.5	83	64.8
Queensland	21	33.3	46	73.0
SA	12	35.3	22	64.7
Tasmania	1	10.0	6	60.0
Victoria	36	26.5	80	58.8
WA	9	15.8	23	40.4

Table 9. Psychologists impacted by weather disasters by geographic location (*N* = 462)

	Personally impacted		Indirectly impacted	
	N	%	*N*	%
City	80	25.7	181	58.2
Inner regional	40	40.8	67	68.4
Outer regional or remote	22	44.0	34	68.0

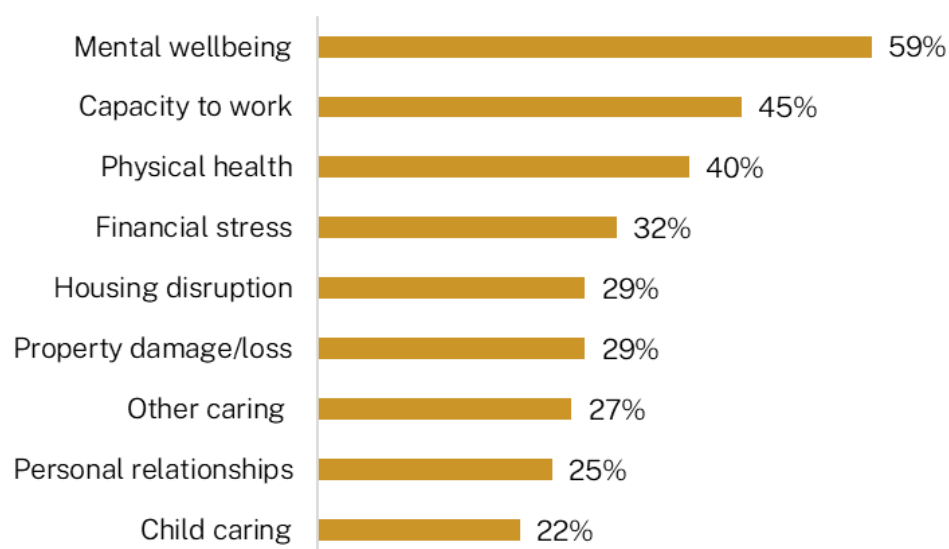| Category	Percentage
Mental wellbeing	59%
Capacity to work	45%
Physical health	40%
Financial stress	32%
Housing disruption	29%
Property damage/loss	29%
Other caring	27%
Personal relationships	25%
Child caring	22%

Figure 3: Negative impacts of weather disasters on psychologists' personal lives (*n* = 143)

Personal impact of COVID-19

"[I am] tired after a long year. The pandemic, lockdowns and politicians have scarred many around me (& myself somewhat) with ongoing stress & awful memories regarding restrictions, isolation and helplessness toward nurturing family, friends and kids."

COVID-19 affected almost all (97%) psychologists surveyed, either directly or indirectly through the experiences of close family, friends, colleagues, or clients. Psychologists reported many negative impacts of COVID-19 on their personal lives, including their mental wellbeing (87.0%), capacity to work (79.6%), physical health (69.9%), personal relationships (64.6%), financial stress (55.8%), and childcare responsibilities (47.8%; see Figure 4).
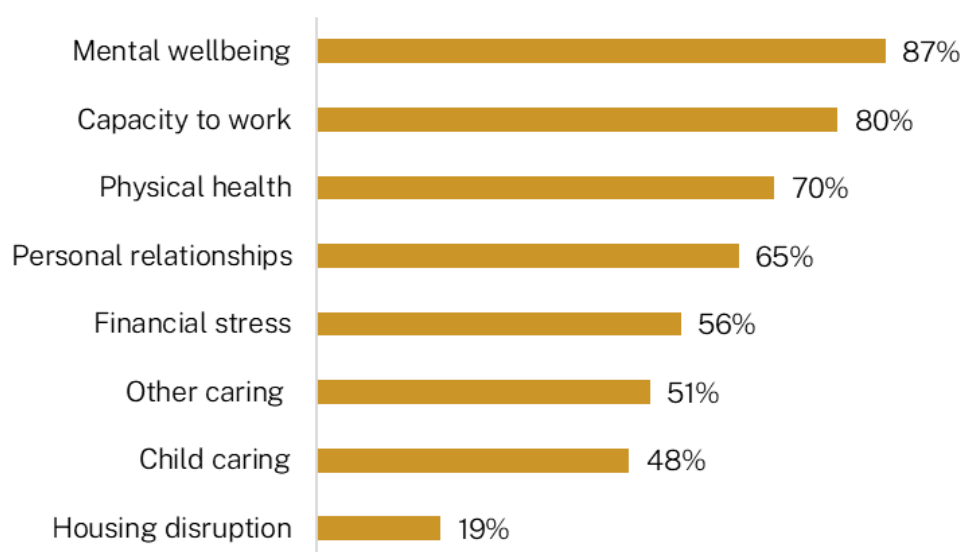

Figure 4: Negative impacts of COVID-19 on psychologists' personal lives (*n* = 339)

Professional impact of disasters

"I believe every psychologist is feeling the pressure. There is a shortage [of psychologists]. There are people desperate for services that are being turned away because we have no capacity to take on any more clients."

Over one third of psychologists impacted by the 2019/2020 bushfires reported increases in their waitlist (34.1%) and workload (39.1%) due to the bushfires. A similar proportion of those impacted by subsequent weather disasters reported increases in their waitlist (32.3%) and workload (40.4%).

COVID-19 had the largest professional impact on psychologists, with more than 80% of psychologists reporting increases in their waitlist (80.3%) and workload (79.3%) because of COVID-19 (see Table 10).

At the time of the survey, 28.6% of psychologists were still working under public health restrictions, 7.1% were working under weather disaster conditions, and 16.7% had recently been working under weather disaster conditions.

Table 10. Impact of disasters on psychologists' waitlist and workload

	19/20 Bushfires		Subsequent weather disasters		COVID-19	
	N	%	N	%	N	%
Waitlist						
Decreased	2	1.6	5	3.0	25	6.9
No change	83	64.3	106	64.6	46	12.7
Increased	44	34.1	53	32.3	290	80.3
Workload						
Decreased	3	2.7	6	4.3	23	7.0
No change	64	58.2	78	55.3	45	13.7
Increased	43	39.1	57	40.4	260	79.3

Note. Percentages derived from total participants eligible to answer the question

Impact of disaster-related Medicare initiatives

"I don't think policymakers understand that the worst of trauma happens after everything is over. We need the extra 10 sessions more than ever, now, as the immediate disaster of COVID and other events settles down."

In Australia, the criteria to access public mental health support (Mental Health Services [MHS]) generally includes a diagnosis of a severe mental illness/condition with significant functional impairment and a requirement for psychiatric intervention. This means that if an Australian has mental health needs for which the first-line treatment is psychological, they are most likely to be seen by a psychologist in private practice. Australians with mental health concerns can see their GP to receive a mental health plan that allows them 10 sessions of subsidised mental health support from a psychologist working in the private sector.

In response to disasters since 2019, three Medicare initiatives were introduced to support the mental health of Australians:

1. The Bushfire Recovery access program allowed up to 10 free counselling sessions through mental health services commissioned in bushfire-affected regions, in person or via telehealth. This program was available from 30 June 2020 until 30 June 2022.

2. The Better Access Pandemic support access program offered 10 additional Medicare subsidised psychological therapy sessions for Australians experiencing mental health concerns relating to the COVID-19 pandemic. This program was available from October 2020 until 31 December 2022.

3. The Mental Health Telehealth Services initiative allows people to access Medicare subsidised mental health services via telehealth. This program has been made permanent.

Table 11 shows the impact of the three Medicate initiatives on psychologists. The nature of these initiatives (subsidising visits to private psychologists) means that results are only reported for psychologists working at least partly in private practice.[ii] Many private psychologists reported that the Medicare codes allowed them to see existing clients for longer (especially the COVID-19 code, 57.2%). The codes also allowed psychologists to see new clients that they otherwise would not have seen (especially the Telehealth code, 52.7%). Around 40% of private psychologists reported that the COVID-19 and Telehealth codes increased their client load and/or waitlist.

Table 11. Impact of Medicare codes on psychologists working in the private sector

	Bushfire [a] (n = 162)*		COVID-19 [b] (n = 383)		Telehealth [c] (n = 383)	
	N	%	N	%	N	%
No impact	106	65.4	52	13.6	59	15.4
Saw existing clients for longer	21	13.0	219	57.2	169	44.1
Saw new clients would not have otherwise seen	22	13.6	121	31.6	202	52.7
Increased client load	10	6.2	153	39.9	148	38.6
Increased waitlist	6	3.7	109	28.5	84	21.9

* Only psychologists impacted by bushfires (personally or indirectly) are included in the bushfire results

[a] Bushfire Recovery Access Program; [b] Better Access Pandemic Support; [c] Mental Health Telehealth Services

Summary

Since late 2019, many psychologists have been personally, indirectly, and professionally impacted by multiple disasters, including weather events and COVID-19. Psychologists have experienced a wide range of negative consequences for their personal lives, including reduced health and wellbeing and capacity to work. In the wake of recent disasters, many psychologists have also experienced changed working conditions and growing waitlists and workloads. The three Medicare initiatives introduced in response to recent disasters allowed many private psychologists to see existing clients for longer and/or see new clients that they would not otherwise have seen.

[ii] It is important to acknowledge that psychologists working in the public sector experience indirect pressures relating to privatised psychological care. Pressure on public services leads psychologists to outsource work that would be more effectively provided within a multidisciplinary team. Public sector psychologists are faced with the challenge of finding affordable, available, appropriate private psychological services to refer their clients to. Public sector psychologists may also experience job dissatisfaction and disillusionment due to time spent responding to risk and case management issues, rather than providing evidence-based psychological treatment in line with their training and skills.

Commentary and recommendations

In future disaster conditions, it is important to recognise that many psychologists are also personally affected by the disaster in which they are working. The challenges of managing the dual personal and professional impacts of disasters must be considered in disaster preparedness planning and training.

The finding that Medicare codes enabled extended treatment is unsurprising given that psychologists reported an increase in complexity and severity of client presentations since 2019. For psychologists to be able to deliver a range of client-matched, evidence-based treatment approaches, particularly for more severe, persistent and/or or complex cases, psychologists need to be able to deliver adequate doses of treatment aligned with best-practice guidelines. For some treatments and some client presentations, the minimal adequate dose extends beyond 10 sessions.[22,23,24] Delivery of effective treatment also protects against burnout by supporting psychologists' self-efficacy and reducing the risk of moral distress associated with knowing how to provide effective treatment but being unable to do so because of structural constraints (e.g. funding limitations).[25,26]

The finding that the Medicare codes frequently led to increased waitlists and workloads reflects the growing demand for mental health services and the unmet mental health needs in Australia.[1,2] The finding that the Medicare codes allowed psychologists to see new clients they would not otherwise have seen suggests that these initiatives were effective in improving access to private psychological support.

Workload Management, Self-Care, and Strengths

Managing work demands

"There is a limit to my capacity. I need to keep my client load at a specific level otherwise I feel like I'm drowning."

To manage increases in work demands and pressures, most psychologists (74.4%) engaged in professional development and over half (54.2%) sought informal peer support. The next most common strategies were to work fewer hours (40.0%), seek supervision (37.3%), or work more hours (33.2%). Other work management strategies described by psychologists included increased use of telehealth and planning/transition to retirement.

Interestingly, the most used strategies were not always rated as the most effective. Changing sectors or work type and seeking supervision were rated as the most effective strategies to manage work pressures, followed by working less hours and peer support. Working more hours was rated as the least effective strategy (see Figure 5).

Table 12 shows the work management strategies used by sector. Overall, psychologists working in the private sector were more likely to engage in work management strategies. Notably, a larger proportion of private psychologists managed their work demands by working fewer hours or closing their books. These results may reflect greater autonomy and control over work practices among private psychologists, compared to those working outside the private sector.
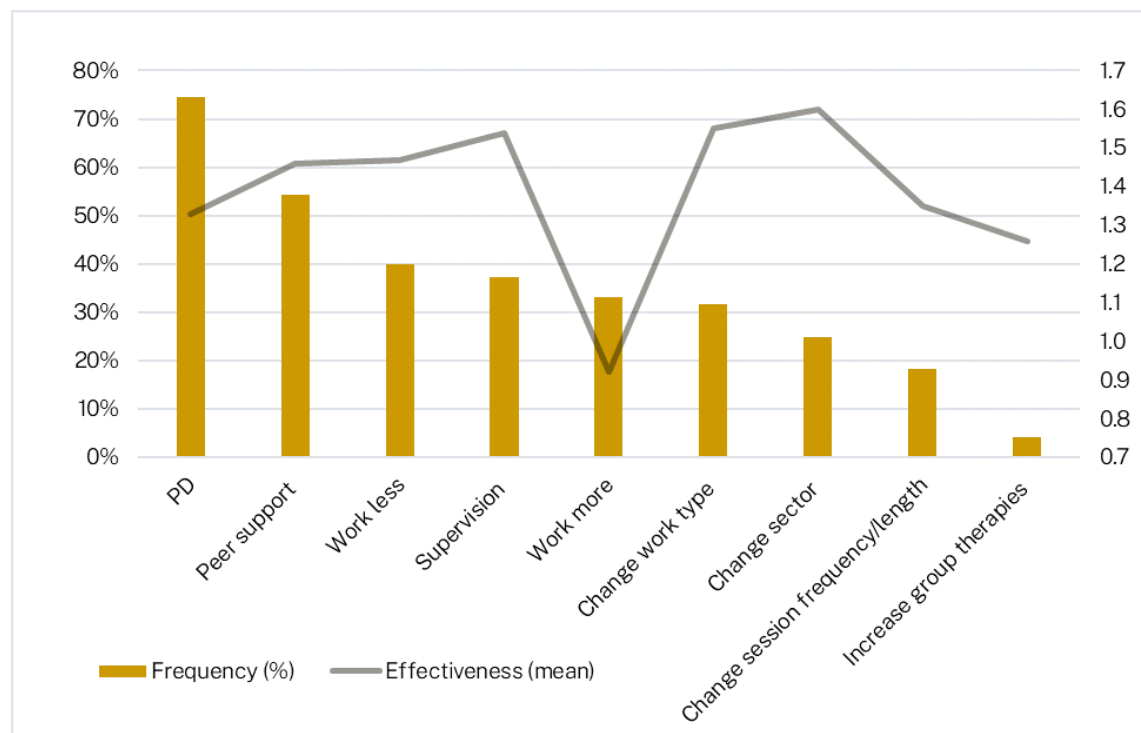

Figure 5: Work management strategies used by psychologists and their perceived effectiveness (*n* = 437)

Table 12. Work management strategies used by sector

	Private (self-employed) (*n*=214)	Private (other) (*n*=55)	Non-private (*n*=82)	Mixed (*n*=86)
	%	%	%	%
Professional development (PD)	78.0	80.0	63.4	72.1
Peer support	50.9	67.3	42.7	65.1
Work less hours	46.7	43.6	22.0	38.4
Close books	41.6	27.3	8.5	33.7
Work more hours	33.2	32.7	28.0	38.4
Formal supervision	33.2	60.0	30.5	39.5
Change work type	24.3	40.0	30.5	45.3
Change session frequency/ length	20.1	20.0	14.6	16.3
Change work sector	17.8	29.1	28.0	37.2
Increase group therapies	1.4	7.3	7.3	5.8
Other	15.9	9.1	8.5	5.8
None	1.9	5.5	12.2	1.2

Self-care

"We want to help others and many of us are not good at looking after ourselves first."

"Balancing self-care and community needs isn't easy and I find myself in an internal battle between self-preservation and self-sacrificing. Human suffering pulls on my heart strings but my strings are pulled so tight at the moment I have to watch they don't snap!"

Psychologists reported engaging in a wide range of self-care strategies. Setting boundaries, formal supervision, exercise, and spending time with friends and family were the most frequently used strategies (>70%). Professional development, taking time off, peer support, and spending time in nature were also common (>65%). Around one half of psychologists engaged in reading, TV, and sought informal support from other mental health workers. Around one third used creative hobbies, therapy, or meditation for self-care. Other self-care strategies described by psychologists included gardening, time with pets, music, and faith/spirituality.

Again, the most frequently used self-care strategies were not always perceived to be the most effective (see Figures 6 and 7). Workplace-based strategies were mostly seen to be effective, especially taking time off, limiting client numbers, and setting boundaries for work hours. In terms of personal self-care strategies, spending time in nature, exercise, creative hobbies, and yoga were seen to be most effective, while TV and video games were seen to be least effective.

Table 13 shows the self-care strategies used by sector. Workplace-based strategies were more commonly used by self-employed private psychologists, especially placing boundaries on work hours, limiting clients, and taking time off. This likely reflects greater autonomy and control over accessing these strategies among this group. The high perceived effectiveness of these strategies emphasises the importance of providing better access to workplace-based self-care strategies for other psychologists.
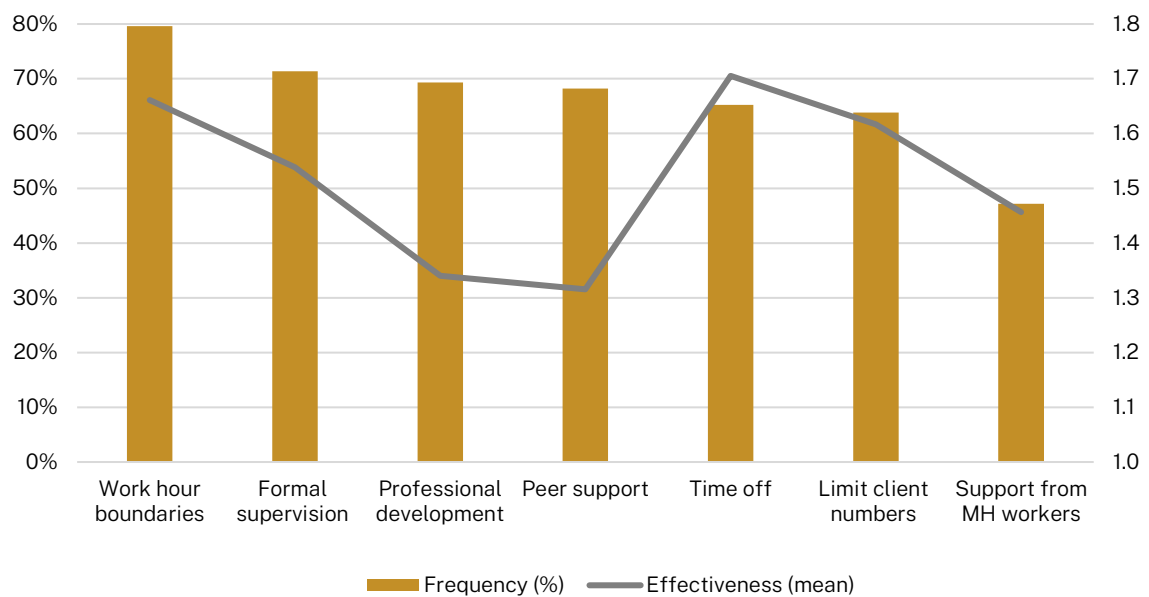
Figure 6: Workplace-related self-care strategies used by psychologists and their perceived effectiveness (*n* = 437)
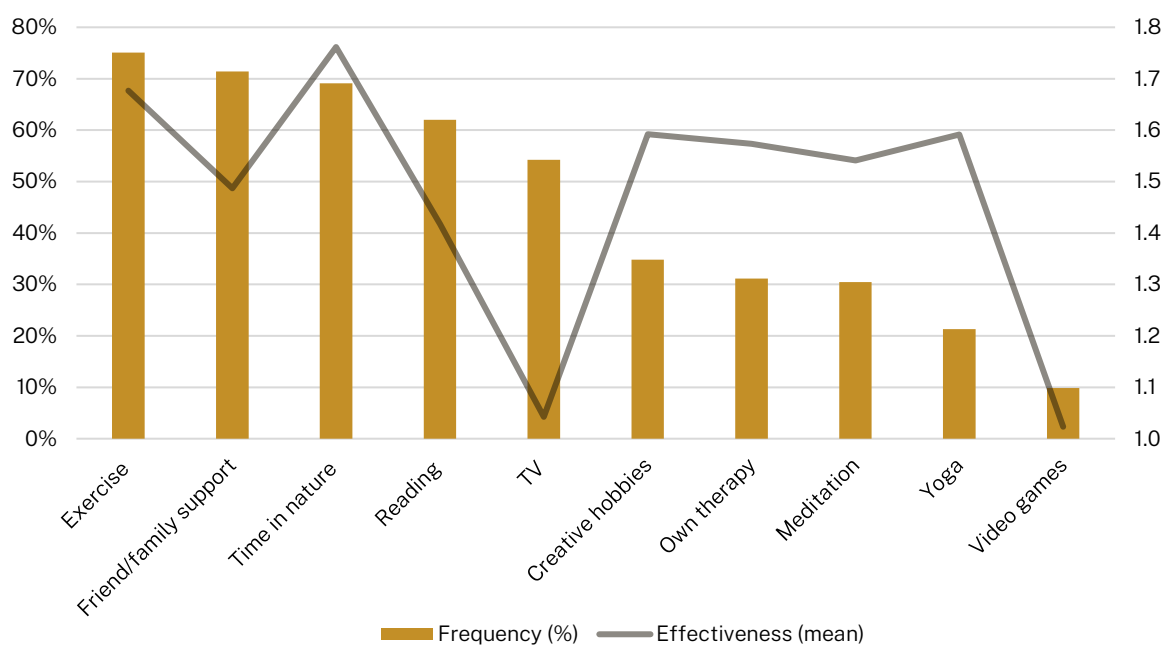

Figure 7. Personal self-care strategies used by psychologists and their perceived effectiveness (*n* = 437)

Table 13. Self-care strategies used by sector

	Private self-employed (n=214)	Private (other) (n=55)	Non-private (n=82)	Mixed (n=86)
	%	%	%	%
Workplace-based strategies				
Set boundaries for work hours	85.0	81.8	68.3	75.6
Limit clients	74.3	52.7	45.1	62.8
Professional development	73.4	72.7	59.8	68.6
Supervision	72.0	72.7	68.3	74.4
Time off	70.1	67.3	56.1	60.5
Peer support	64.5	67.3	74.4	73.3
Support from other MH workers	43.5	58.2	46.3	50.0
Personal strategies				
Exercise	77.6	69.1	78.0	70.9
Time in nature	74.3	69.1	58.5	66.3
Support from friends/family	67.8	83.6	73.2	70.9
Reading	63.1	65.5	51.2	66.3
TV	55.1	54.5	57.3	50.0
Creative hobbies	43.0	23.6	29.3	29.1
Meditation	36.4	27.3	20.7	26.7
Own therapy	29.9	38.2	28.0	31.4
Yoga	22.4	10.9	22.0	24.4
Video games	5.6	16.4	13.4	11.6

Barriers to self-care

Table 14 shows the barriers to self-care by sector. Time was perceived to be the main barrier to self-care across all sectors (>80%). Cost and mental capacity were also seen as key barriers. A lack of organisational support was more likely to be a barrier for those working in the non-private sector, while motivation was more likely to be a barrier for employees and contractors in the private sector. Overall, employee and contractor psychologists in the private sector were more likely than other psychologists to experience barriers to self-care.

Table 14. Perceived barriers to self-care by sector

	Private self-employed (*n*=214) %	Private (other) (*n*=55) %	Non-private (*n*=82) %	Mixed (*n*=86) %
Time	80.2	87.3	81.3	84.9
Cost	52.4	76.4	38.8	58.1
Mental capacity	45.3	74.1	57.5	54.7
Accessibility	28.3	33.3	27.5	24.4
Motivation	36.8	51.9	38.8	33.7
Lack of organisational support	19.0	36.4	53.8	39.5

Note. Results reflect the % psychologists who rated each item as a moderate or major barrier to self-care

Strengths

The psychologists surveyed reported developing strengths in response to recent disasters. Most reported increased flexibility (81.2%) and resilience (61.4%). Many also reported increased problem-solving skills (47.6%), creativity (44.2%), coping skills (39.3%), and work-life balance (35.2%). Many psychologists also described strengths related to telehealth, including improved telehealth service delivery skills, and improved understanding of the benefits of telehealth in their practice (e.g., accessibility, attendance rates).

Importantly, most (57.6%) of the psychologists surveyed felt their confidence in their clinical work had increased since late 2019. One quarter (26.9%) felt their confidence had stayed the same, and only 15.5% felt their confidence had reduced.

Psychologists' comments

In the comments section, many psychologists reported a sense of accomplishment and pride in their ability to adapt to the challenges of working in the disaster context.

> *"We can be flexible and learn new skills very quickly."*

> *"[I have learnt] how adaptable clinicians and clients are - change and innovation can happen rapidly when it's needed"*

Over time, however, many psychologists have experienced a sense of being overworked, underpaid, and undervalued.

> *"Feeling valued makes an enormous difference in job satisfaction and ability to "keep pushing" in hard times, and I do not feel valued by policymakers at all"*

> *"I fear many of my skilled and experienced colleagues are considering leaving the profession due to the two-tier system and feeling disrespected and marginalised."*

Summary

Psychologists have used a wide range of strategies to manage increasing work demands and stressors. These results highlight the importance of flexible work arrangements for psychologists, with taking time off, setting boundaries around work hours, and working less hours rated as highly effective strategies by those who used them. Other effective workplace-based strategies included professional development, supervision, and peer support. Effective personal strategies included time in nature, exercise, and social support. Most psychologists experienced barriers to self-care, including time and cost. Recent disasters have had some positive impacts on psychologists, with many reporting improved flexibility, resilience, and problem-solving skills, as well as increased confidence in their clinical work.

Commentary and recommendations

The data on how psychologists have responded to increases in workload and work stressors highlights the strength and resilience of the psychology workforce. To protect against psychologist burnout, there is a clear need for strategies that minimise barriers and promote engagement in healthy and appropriate work management and self-care strategies, including supervision, peer support, and flexible work arrangements.[27,28,29]

Working more was rated as the least effective strategy to manage work stressors, in line with research showing a strong and consistent association between workload and burnout among psychologists.[30] In contrast, working less was rated as one of the most effective strategies to manage work stress. Working less has been associated with both increased wellbeing and *increased* productivity.[31,32]

Many psychologists changed roles or job sectors to manage increased work pressures. This was more common outside the private sector, and among younger and less experienced psychologists. Staff turnover leads to huge costs in time and resources to seek and train replacement staff. Staff turnover also generates administrative work, limits actual service provision, and interrupts continuity of care.[33] At a structural level, the lack of experienced senior staff and Board Approved supervisors impedes training pipelines and makes it difficult for the supply of psychologists to be increased. Strategies to stabilise the psychology workforce are essential to maximising the ability of the profession to deliver services, particularly in the public sector.

Dissatisfaction with working conditions is related to turnover and burnout.[34,35] At policy, practice, and organisational levels, it is important to support and encourage healthy workplace cultures that promote job satisfaction and reduce psychosocial risks. For psychologists, tasks relating to turning people away and administrative compliance (e.g., Medicare, MHS) reduce autonomy and lack task significance.[36] Strong leadership is a key factor related to the development of positive workplace culture.[34] Current data and other research suggests that important workplace culture priorities might be working less, reducing workloads, and resisting workload increases to cope with service demand.

Mental Health, Wellbeing, and Burnout

"Most psychologists are terribly burned out. [The] most experienced are leaving the profession. Many are retiring prematurely. 'Closing books' is not often because caseloads are actually full. A lot of psychologists I know are 'quietly quitting'."

"The rate of burnout in health is increasing and there is poor interaction between public health and private providers. Our system is broken and disheartening."

Depression, anxiety, and wellbeing

Table 15 presents the descriptive statistics for the mental health scales used in the survey. Over a third of psychologists surveyed reported mild or higher symptoms of depression (39%) or anxiety (28%), which are associated with poorer long-term mental health outcomes.[37,38] A substantial minority met the cut-off for a likely clinical diagnosis of Generalised Anxiety Disorder (11%) or Major Depressive Disorder (18%). Almost half (47.6 %) reported wellbeing scores below 50, which has been linked to a higher risk of mortality.[39]

Table 16 shows the mean scores for each scale by sector. These results suggest that psychologists working as employees and contractors in the private sector were experiencing the poorest mental health. Among this group, 61% reported symptoms of depression, 45.8% reported symptoms of anxiety, and 66.1% reported low wellbeing scores (<50).

Burnout

Worryingly, 26.4% of psychologists surveyed reported scores representing burnout (physical, emotional, and mental exhaustion).[18] A further 34.5% were in danger of burnout (see Figure 8).

Burnout was most common among employees and contractors in the private sector, with 36.8% of these psychologists reporting scores representing burnout.
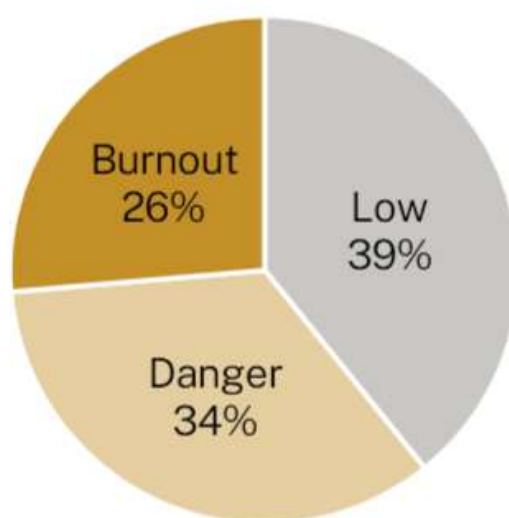

Figure 8: Rates of burnout among psychologists

Resilient coping and self-efficacy

Most psychologists (82.4%) demonstrated resilient coping in the medium to high range. They generally had occupational self-efficacy scores above the scale mid-point (M = 4.7; SD = .78; range 1-6), indicating that they felt more confident than not in facing the challenges of their job.

Resilient coping (r = -.21) and occupational self-efficacy (r = -.47) were negatively related to burnout, consistent with previous research showing that resilience and self-efficacy may mitigate the negative effects of work stressors, including COVID-19.[25,40]

Psychologists working as employees or contractors in the private sector reported the lowest resilient coping and occupational self-efficacy scores.

Table 15. Results from standardised mental health scales among psychologists

	N	M	SD	Range	Max range
Depression (PHQ-9)	450	4.4	4.06	0-24	0-27
Anxiety (GAD-7)	450	3.3	3.46	0-20	0-21
Wellbeing (WHO-5)	450	52.3	20.92	8-100	0-100
Burnout (BM-S)	444	2.8	0.96	1-7	1-7
Resilient Coping (BRCS-4)	450	15.6	2.33	8-20	4-20
Occupational Self-Efficacy (OSS-SF)	443	4.7	0.78	1-7	1-7

Table 16. Results from standardised mental health scales by sector

	Private self-employed (n=216)	Private (other) (n=57)	Non-private (n=84)	Mixed (n=86)
	M	M	M	M
Depression (PHQ-9)	4.5	6.7	3.7	3.6
Anxiety (GAD-7)	3.2	4.9	3.0	3.0
Burnout (BM-S)	2.7	3.1	2.8	2.7
Wellbeing (WHO5)	50.9	40.5	51.6	54.2
Resilient Coping (BRCS-4)	15.6	14.8	15.5	16.1
Occupational Self-Efficacy (OSS-SF)	4.9	4.3	4.7	4.8

Summary

The results of the survey showed that most psychologists were experiencing, or were in danger of experiencing, burnout. In addition, almost half of psychologists had low wellbeing, and a substantial minority were experiencing symptoms of depression and/or anxiety. Psychologists reported moderate to high levels of resilient-coping and occupational self-efficacy.

Commentary and recommendations

Despite having expertise in mental health and wellbeing, psychologists are at risk for mental health concerns and burnout.[41,42,43,44] In a disaster context, psychologists are at risk of experiencing secondary traumatic stress and vicarious trauma .[45,46,47] Furthermore, systemic pressures such as stigma and professional consequences may discourage psychologists from seeking help for their own mental health concerns.[42,48]

The rates of burnout reported in the survey were consistent with rates reported in other recent research with psychologists and mental health professionals.[49,50] Job burnout is associated with negative physical, psychological, and occupational consequences for psychologists.[51] Burnout also contributes to staff turnover,[52] and poses a serious threat to the quality and safety of care provided to clients.[29,42,53,54] As such, the high rates of burnout reported here may have dire implications for the capacity of the psychology workforce to meet growing community needs.[12,13]

Although the rates of depression and anxiety reported here were lower than in the general population,[55] they may underestimate the true rates of mental health symptoms among psychologists. Other research suggests that the true rates for psychologists may be closer to, or even exceed, rates in the general population.[48,56,57]

The consistently poorer mental health scores among non-self-employed private sector psychologists suggests this sector of the workforce may be especially vulnerable to burnout and other mental health problems. Factors contributing to vulnerability for these practitioners may include organisational barriers to self-care and insufficient autonomy.

Overall, these findings indicate that the psychology workforce is in, or is nearing, crisis. There is an urgent need to address burnout and provide greater mental health support to psychologists in Australia. At a structural level, a specialist support service could be developed, similar to the Drs4Drs program, which is designed to support the health and wellbeing of medical doctors.[70] Investment in a specialist support service for psychologists may promote their health and wellbeing and help minimise negative professional impacts.[58] It is also important to understand and minimise disincentives to accessing and engaging in mental health support.[59,60]

It is important to recognise that psychologists are well-informed about self-care, and that providing information to psychologists about self-care and warning about burnout is not enough.[62] Rather, organisations and employers, professional bodies, and government policymakers have a duty to create conditions and provide opportunities for psychologists to engage in evidence-based strategies to minimise work stress and reduce burnout.[67] Suggestions include offering self-compassion, meditation, or mindfulness-based stress reduction programs, and providing access to evidence-based digital therapy and support tools.[30,49,61] Strategies targeting increased work-based and external social support may also be effective.[25] Importantly, psychologists should be encouraged to monitor changes in their mental wellbeing, and to seek professional support early, including supervision and therapy.[42,62]

Individual practitioners should design their practice with occupational health and psychological risk factors in mind. Professional guidance from representative bodies regarding how best to structure this would be valuable.

All psychologists are encouraged to use evidence-based self-care approaches that align with their personal values and needs. Although there is limited empirical research on self-care,[63] guiding principles draw from existing mental health frameworks (Cognitive Behavioural Therapy, mindfulness, positive psychology, and Acceptance Commitment Therapy) to promote wellbeing in psychological (e.g. acceptance, cognitive restructuring, defusion, mindfulness, meditation, self-soothing), lifestyle (e.g. exercise, sleep, nutrition), work-related (e.g. supervision, setting boundaries, workload structure), social, financial, and spiritual life domains.[30,42,64,62,65]

Psychology Workforce Needs

"The profession of Psychology is at a crossroads - people are feeling undervalued by a two-tier system that is constantly telling the majority what they can't do."

Current workforce pressures

In this survey, psychologists reported that their clients' presentations were generally becoming more severe and more complex. The consequences of this are that existing clients stay in treatment longer, and there are limited services available for new clients. These workforce pressures contribute to psychologist burnout and exodus.

When asked what would improve current pressures on the psychology workforce, psychologists endorsed four key strategies that they believed would have a major impact:

1. Easier access to Medicare rebates (e.g. no GP referral required) (75.8%)

2. Increased number of Medicare sessions per person (74.8%)

3. Increased Medicare rebate (70.0%)

4. Increased number of psychologists (65.1%)

More detailed results, including a breakdown by sector, are presented in Table 15.

Table 15. Strategies expected to have a major impact on relieving workforce pressures

	Private sector %	Non-private sectors %
Increased number of Medicare sessions per person	78.9	56.8
Easier access to Medicare rebates (e.g. no GP referral required)	78.0	66.2
Increased Medicare rebate	72.8	58.1
Increased number of psychologists	64.2	68.9
Widen Medicare rebate eligibility to other MH professionals	27.6	31.1
Increased group programs	27.0	26.0
Promotion of digital mental health resources and services	19.7	24.3

Future workforce pressures

"Collective and population approaches our needed. Bushfires, flooding and COVID-19 affect everyone, and environmental impacts of climate change will only put more demand on psychological health."

Psychologists reported that the five key challenges expected to impact their work over the next 5 to 10 years are:

1. Overall deterioration in community mental health (71.1%)
2. Financial distress (57.0%)
3. Natural disasters and pandemics (56.4%)
4. Climate distress (54.9%)
5. Trauma (50.0%)

Over two-thirds of psychologists thought that climate change would have a moderate (44.2%) or critical (24.1%) impact on their work as a psychologist over the next 5 to 10 years. Only 6% thought that climate change would not impact their work.

Preparedness for future disasters

Fewer than one in three (30.5%) psychologists reported that they felt well prepared to manage the mental health needs of clients in the context of future disasters. Most (43.1%) felt moderately prepared, but almost one quarter felt minimally (21.7%) or not at all (2.3%) prepared.

The most endorsed priority content areas for professional development with future disasters in mind were trauma and cumulative trauma (64.9%), loss and grief (62.2%), and resilience building (58.0%). Preferred modes for training delivery were webinars (71.5%) or online courses (70.5%). Most psychologists identified time (67.2%) and cost (58.1%) as key barriers to professional development in the disaster space.

Psychologists' comments

In the comments section, psychologists described a range of strategies that would support the profession to be prepared for future disasters and meet community mental health needs. Examples included:

> *"Free evidence-based training would be wonderful, including systematic promotion of it"*

> *"More training places should be available in postgrad courses if the only way to become a psychologist is via a master's degree. The discipline is losing too many good candidates through restrictive training options."*

Summary

Psychologists endorsed four key strategies that they believed would improve workforce pressures, including easier access to Medicare rebates, increased number of Medicare-funded sessions and rebates, and more psychologists. Psychologists expected their work over the next 5 to 10 years to be challenged by deteriorating community mental health, client financial distress, natural disasters and pandemics, climate change, climate distress, and trauma. Most psychologists, however, felt under prepared to manage the needs and challenges of clients in the context of future disasters.

Recommendations

Our data shows that psychologists are a resilient and flexible workforce who engage in appropriate strategies to manage their workload and work stress. However, the personal and professional impacts of recent weather disasters and COVID-19 have stretched the psychology workforce to capacity. Client presentations have become more severe and more complex, which means that existing clients stay in treatment longer, and there are limited services available for new clients. Undesirable work cultures and unsustainable work pressures have contributed to staff turnover and workforce shortages. Many psychologists are burnt out, or in danger of burnout, and many are experiencing symptoms of depression, anxiety, and low wellbeing. Overall, our findings indicate that Australia's psychology workforce is at, or nearing, crisis.

There are four broad phases of disaster management: Prevention, Preparation, Response, Recovery.[66] Psychologists and the wider Australian community are still in Recovery from one or more of the significant disaster events that have occurred in the past three years. It is vital to invest in Prevention and Preparation now, to be ready and able to Respond when the next disaster occurs.

The data in this report has been used, in conjunction with existing evidence and guidelines, [59,67,68] to develop recommendations to stabilise and strengthen the psychology workforce, prevent further burnout, and prepare the workforce to respond effectively to future disasters. Investment in these areas will enhance the capacity of the psychology workforce to meet the current and future needs of the Australian community. Meeting the mental health needs of the community in a timely manner not only benefits individuals but also has wider social and economic benefits, including reducing pressures on mental and physical health services, and improving workforce productivity.[12,13] Investment strategies should be considered at all levels of the system in which psychologists work, including systems and policy, organisations and workplaces, and individuals.

Systems and policy

1. **Increase the capacity of the psychology workforce by training more psychologists**

    a. Increase the tertiary capacity to train more psychologists, including increasing the number of clinical program teaching staff and external supervision placements

    b. Increase training and early career placements and supervision capacity in the public health sector

    c. Consider introducing a government funded training program for psychology graduates, similar to the psychiatry training program.[69] This would ensure psychologists are trained across a wider spectrum of mental and physical health conditions. A government funded training program would also allow for flexibility of positions, meaning more psychologists in areas of need (e.g. rural and remote areas)

2. **Increase the availability and accessibility of mental wellbeing support for psychologists**

    a. Include self-care in training programs and professional development expectations[65]

    b. Encourage psychologists to prioritise their own mental health and wellbeing, and to seek help when needed

    - This includes understanding and minimising disincentives to accessing and engaging in mental health support and promoting ways for psychologists to seek support for their mental health.
    - Consider developing a specific mental health and wellbeing support service for psychologists, tailored to meet the unique needs of the profession, in consultation with the profession. A similar support service model exists in the medical profession[70]

3. **Prepare psychologists to navigate future disasters**

   a. Increase funding and availability of professional development and training in key content areas related to disaster psychology:
      - Trauma and cumulative trauma
      - Loss and grief
      - Resilience building
      - Self-care during and after disaster work

   b. Encourage professional bodies and tertiary institutions to develop and deliver training in collaboration with organisations with mental health and disaster expertise. To maximise accessibility, preferred formats are webinars or online courses.

   c. Develop support mechanisms that recognise the personal impacts of disasters on psychologists.
      - Develop **practice guidelines** for workplaces and individuals to support effective balancing of personal and professional needs during and after a disaster.
      - Provide **training and professional development** to help psychologists to manage the personal impacts of disasters while concurrently supporting disaster-affected clients and communities
      - Consider an initiative that provides paid **disaster-related personal leave** to psychologists to support their wellbeing

4. **Reduce perceived barriers to supervision and professional development**

   Most psychologists identified time and cost as key barriers to supervision and professional development. Reducing these barriers will promote healthier work cultures and improve access to valuable tools that can prevent burnout.[28,29]

   a. Reduce barrier of cost:
      - Subsidise professional development and supervision for psychologists
      - Support professional bodies to facilitate professional development and supervision at minimal cost to individual psychologists
      - Increase remuneration and number of publicly funded psychologist positions, and include allowances for professional development, supervision, and peer supervision

   b. Reduce barrier of time
      - Streamline administrative work for psychologists, including:
        i. Recognise that psychologists have expertise in mental health treatment planning, and remove unnecessary administrative barriers preventing treatment access
        ii. Better support from Medicare for psychologists to reduce confusion and work stressors related to Medicare administrative requirements

5. **Support psychologists to be able to deliver adequate doses of treatment, aligned with best practice guidelines**

   Consider strategies to minimise Medicare-related barriers that can prevent clients from receiving enough sessions for effective treatment.

Organisations and workplaces

6. **Formally recognise the importance of professional development, supervision, and peer support, and develop and promote clear processes to access these**
   a. Increase allocations of professional development time in salaried positions
   b. Promote work-based social support[65]

7. **Encourage a workplace culture that supports self-care, flexible work arrangements, and job autonomy for all psychologists**

   Flexibility and job autonomy, including capacity to reduce work hours, can improve job satisfaction and reduce burnout, which is particularly important for employees and contractors working in the private sector. Organisations should also actively support psychologists to engage in self-care and wellbeing practices and should consider ways to integrate these activities in the workplace.

8. **Streamline systems to reduce administration requirements and prioritise specialist administrative support**

   Much of psychologists' administration time is unpaid, likely contributing to a sense of feeling undervalued. Prioritising funding for quality administrative support would help to reduce the administrative burden on psychologists.

Self-employed practitioners

9. **Development of guidance on work structure, job design, and psychosocial hazard reduction/mitigation**

   Self-employed practitioners rely solely on themselves to develop and maintain healthy workplace structures and practices. Evidence-based practice guidelines to support these practitioners would increase the recognition of challenges to, and solutions for, developing a healthy workplace as an individual. Professional bodies would be ideally placed to support this initiative, but individual practitioners should also consider their own policies and practices. Key areas for policy and guidance include:
   a. Developing and maintaining boundaries to work hours
   b. Reducing work hours
   c. Prioritising supervision, peer support, and professional development
   d. Outsourcing administration, or investing in systems to reduce administration

All psychologists

10. **Include self-care as part of continuing professional development. Prioritise evidence-based self-care practices that align with individual values and needs**

    Acknowledging the structural factors influencing work and wellbeing, individual psychologists are encouraged to consider their own needs for self-care, both to look after themselves, and to be able to serve the psychological needs of their community or workplace. As part of the shared responsibility between the system and the individual, it is recommended that all psychologists include self-care as part of their continuing professional development.[65]

    Psychologists should prioritise self-care practices that align with individual values and needs and that draw from evidence-based frameworks of Cognitive Behavioural Therapy, Acceptance Commitment Therapy, mindfulness, positive psychology, resilience-building, and self-compassion practices.

Limitations and Future Directions

Limitations

Survey data collected in the current report represents a snapshot of psychologists' reflections about changes in practice and experiences over the period between the 2019/2020 bushfires and the end of 2023. Conclusions are tempered by the fact that there is no existing comparative data from an equivalent sample prior to the 2019/2020 bushfires. The sample included an over-representation of private practitioners and clinical and counselling psychologists, and it is possible that overall outcomes may differ slightly for a more representative population of psychologists. Our sample was adequately sized to compare psychologists based on sector and training qualifications, and we will explore group differences in key outcomes in future work.

The survey did not collect information relevant to impacts of disasters prior to the 2019/2020 bushfires (prior drought, heatwaves etc) and the survey did not collect information regarding unhelpful and harmful coping strategies. Collection of this data would likely have yielded additional concerns regarding the impact of professional pressures on the psychology workforce.

The survey did not ask about changes in comorbidity of client presentations. It is possible that the rising rates of comorbidity in mental health are contributing to the reported increases in severity and complexity of client presentations.[71]

The survey also did not ask specifically about psychologists working with vulnerable groups, or the cultural needs of clients; this data will be analysed qualitatively. Our data does show that a minority of psychologists work with Australians who have cultural, identity, demographic, and neurobiological characteristics that increase their vulnerability to mental health concerns.[59]

Future Directions

More work is required to understand the extent to which psychologists can adequately meet the needs of Australia's Aboriginal and Torres Strait Islander people, people identifying as neurodivergent and LGBTQIA+, children and young people, older people, those with perinatal mental health or eating disorder needs, and those in rural, regional, and remote areas, and how better to service communities with these inclusive needs in mind.

We have data regarding psychologists' use of digital health tools and practices. This data may inform improvements to remote psychological service access. We plan to report this separately.

It is critical to continue to assess the ongoing needs, experiences, and rates of psychological distress and burnout in the psychology workforce. We recommend broadening the context of this work to better understand the role of psychologists within the wider mental health system.

It would also be valuable to conduct co-designed qualitative research to explore key findings from this survey, and to co-develop strategies and resources to support the workforce. Any changes made in response to workforce needs should be carefully evaluated, to ensure desired outcomes are achieved, and to inform future solutions.

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