



Consumer and Carer Experiences of Psychology Services in Australia

A report by Lived Experience Australia Ltd
December 2021



Lived Experience
A U S T R A L I A

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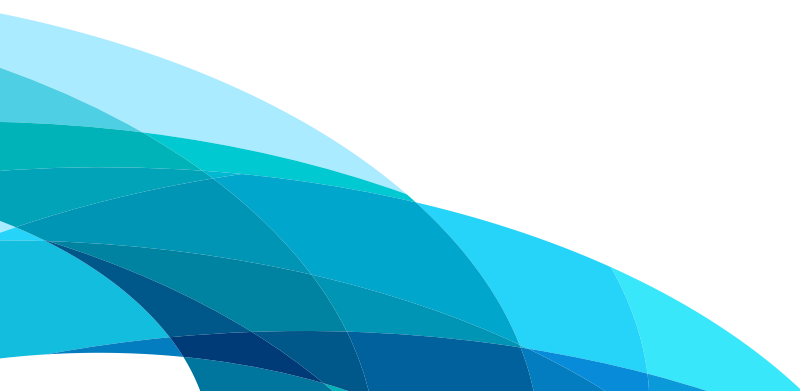
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Foreword

Lived Experience Australia wishes to acknowledge and thank all the consumers, families and carers for sharing their experiences accessing psychological support to help us gain a better understanding of what works and what the current barriers may be.

We undertook this survey of people's experiences of psychologists first and foremost to ensure the voices of lived experience are heard. Psychologists play a significant role in a person's mental health, from early support to ongoing therapy, helping people to make sense of their experiences and to build strategies that they can use throughout their lives.

In this survey, people who have sought psychological support told us many things about their experience. Families who provide support to them also shared their perspectives. Whilst many people who responded to the survey shared positive experiences, some experiences show that there is clear room for improvement to ensure that each and every encounter that a person has with a psychologist leads to the best outcomes possible for the person's mental health.

Lived Experience Australia will share the knowledge and understanding gained from this survey to advocate for the identified quality practices to continue and to make changes where improvements are needed to support best practice in our mental health system. We will share this report widely so that organisations ensure their workforce delivers quality services to all those who use them. This report will also be sent to the Australian Government to support the review of the Better Access initiative.

This report includes commentary from consumers and carers which may cause distress for some readers. If you feel distressed when reading the report, and would like to talk with someone about these feelings, we recommend reaching out to a trusted friend or family support person, or contacting your doctor, mental health service key worker or case manager, if you have access to one, or contact:

Lifeline on 13 11 14 (24 hours)

Beyond Blue 1300 22 4636 (24 hours)

SANE Helpline 1800 187 263 (10 am to 10pm Mon- Fri)



Professor Sharon Lawn
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Executive Summary

Lived Experience Australia (LEA) is a representative organisation for Australian mental health consumers, families and carers, formed in 2002. LEA is the only consumer and carer advocacy organisation with a focus on services provided within private sector settings as well as having over 2,000 individual consumer and carer members and a social media following of over 1,500. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system reform processes, design, planning, implementation, and evaluation. Most importantly, our core business is advocating for consumer choice and family and carer inclusion.

This report provides a national collective voice of consumer's experiences accessing a psychologist and the experiences of carers in supporting someone who has accessed a psychologist.

A survey was offered by LEA to consumers, families, and carers across Australia to provide feedback on their experiences of accessing a psychologist. The survey was distributed by LEA to our members (1,589 with current email addresses) and through LEA's Facebook and LinkedIn pages (over 1,500 followers combined). The survey was open for 4 weeks between October and November 2021. There were 517 consumers, families and carers who commenced the survey and answered all demographic questions, and 320 who continued to answer questions in the main section of the survey. This meant an overall completion rate of 61.9% (inclusive of demographic questions, and a completion rate of 95% or more for the main body of the survey for both the consumer and carer surveys, excluding those who did not proceed beyond demographic questions).

The survey consisted of 30 questions (see Appendix 1). The survey took 15-20 minutes to complete, dependent on people's willingness to provide further comments across the survey questions.

The survey focused on satisfaction with care provided by the psychologist, changes in health and wellbeing since accessing a psychologist, and potential barriers to access including referral requirements and costs.

Responses were received across all states and territories with the largest number of consumer respondents being from Victoria, New South Wales and South Australia, and the largest number of carer respondents being from New South Wales and Western Australia.

Almost three-quarters of consumers (73.12%, n=185) and carers (72.33%, n=51) responding to the survey were female. There was some variation in participation rates across age ranges between 18 years and 70+ years; however, most consumer respondents were aged between 30-59 years (72.33%, n=183) and similarly for carers (72.33%, n=51).

Key Findings

Responses from consumers and carers were relatively consistent across the survey questions.

Almost three-quarters of consumer respondents (74.70%, n=189) and over half of carer respondents (59.70%, n=40) reported that they or the person they support had seen a psychologist in the past 5 years and were able to see the psychologist they wanted to.

Both consumers and carers identified the top three barriers to accessing a psychologist were wait times, availability and cost. The main pathway for accessing a psychologist, from the options provided in the survey, as rated by both consumer and carer respondents was a doctor's referral, followed by recommendation from others, with the least frequently selected being as a result of sourcing online information. For many consumers and carers, the reason they sought help from a psychologist was related to recognising their own self-care needs following a decline in their or the person they support's mental health, including those that had reached crisis point and needed further support.

Prior to being referred to a psychologist, 60.87% (n=154) of consumer respondents and 55.22% (n=37) of carer respondents said the referring doctor suggested medication. This was followed closely for both respondent types by exercise, online therapy or not suggesting alternatives prior to referring.

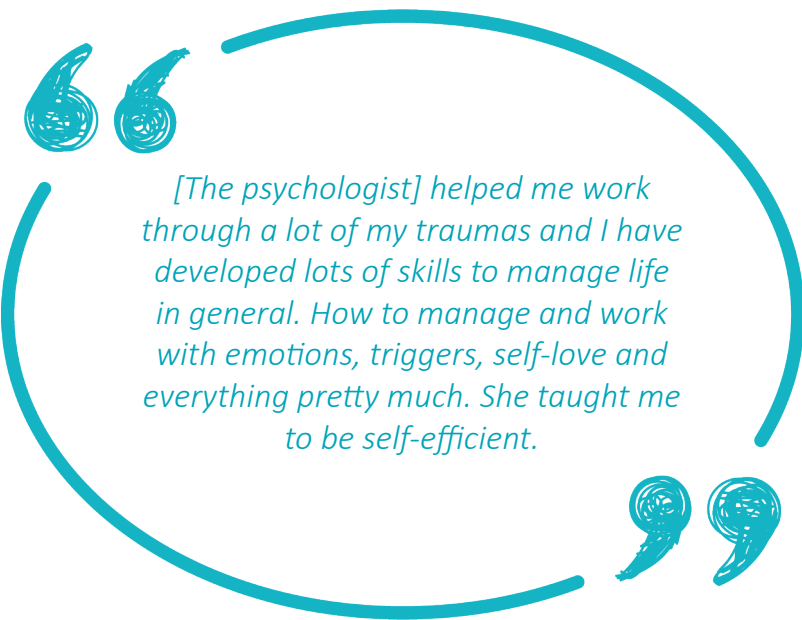
There were some variation in the wait times experienced to access a psychologist; however, almost three-quarters of consumers reported being able to see a psychologist within 3 months of referral (74.31%, n=188) and over half of carers reported that the person they support was able to see a psychologist within 3-months (61.19%, n=41).

The main reason why consumers said they discontinued support from a psychologist was due to the psychologist not being the right fit for them (22.03%, n=52). Carers also reporting this as the main reason why the person they support discontinued with a psychologist (28.57%, n=46). This was followed closely by affordability.

There was a slight difference in the experience of Medicare subsidies; however, a larger proportion (73.52%, n=186) of consumer respondents received a subsidy than not and 68.66% (n=46) of carer respondents stated the person they support received a Medicare subsidy.

Over half of consumer and carer respondents reported having to pay a gap fee for the psychologist. The amount of the fee varied greatly for both consumer and carer respondent groups. The gap fees ranged from \$5 to over \$300 per session. The mean average gap fee reported by carers was \$161. The mean average gap fee reported by consumers was \$176 with the largest proportion of consumers reporting paying between \$51-\$200 gap fee.

For both consumer and carer respondents, over 67% (n=187) have had or have planned up to 10 sessions with a psychologist, likely linked with subsidised sessions available in the mental health care plan. There were 22.33% (n=50) of consumers who have had or were planning more than 20 sessions. The mean average number of sessions reported by consumers was 18 sessions. One consumer identified having or planning 100 sessions and 3 reported 200 sessions. There were 15.25% (n=9) of carers who reported that the consumer has had or has planned more than 20 sessions with a psychologist. In both consumer and carer respondent groups, some identified regular, long-term engagement with a psychologist.



[The psychologist] helped me work through a lot of my traumas and I have developed lots of skills to manage life in general. How to manage and work with emotions, triggers, self-love and everything pretty much. She taught me to be self-efficient.

When asked about their satisfaction with the care provided by the psychologist, three-quarters of consumers and half of carers reported being satisfied with the care. Consumers highlighted the interpersonal benefits of seeing a psychologist, where they received strategies to support with coping and self-care, having their experiences validated and the opportunity to build trust and hope with the psychologist. While some carers noted similar benefits, some also expressed concerns about the deeper impacts of the therapy and sustainability of the benefits beyond therapy sessions, particularly when family/carers were excluded from the process and the follow-on needed for coping strategies to be integrated into the person's life in the longer term.

Over 77% of consumer and carer respondents had seen positive impacts on the consumer's wellbeing since accessing a psychologist. For consumers, 41.5% (n=105) reported that this was largely or entirely due to the psychologist, while 31.35% (n=21) of carers attributed the positive change to the psychologist.

Almost one-third of consumer respondents (29.25%, n=74) and 10.45% (n=7) of carer respondents reported negative impacts on the consumer's wellbeing.

When asked how the care provided by the psychologist could have been improved, many consumer respondents said that no improvements were needed; however, others said that improvements were needed to avoid further harm being caused and to improve outcomes. Consumer and carer respondents both commented on improvements needed for affordability, availability and wait times. They also emphasised the need for psychologists to have skills with specific sub-groups and communications with other parts of the health system. Carers also raised concerns about the psychologist's skills and experience, especially relating to trauma and the need to include family carers in healthcare communication to support follow-up.

Consumer respondents reported that treatment was helpful when they have trust in their psychologist's skills and ability to help them and listen to their concerns and preferences. For those who said the care was helpful most of the time, barriers such as the hard work involved in therapy, the slow speed of recovery and differences between the approaches that psychologists have were identified. Consumer respondents also reported difficulties in finding the 'right fit', costs involved and scheduling barriers which interrupted momentum of contacts and progress. Many consumer respondents highlighted both positive and negative experiences with a psychologist. Some carers found the usefulness of the treatment difficult to comment on because they had been excluded from communication about care plans. Some carers spoke of system problems which prevent positive outcomes, and some were sceptical about the value of therapy.

Overwhelmingly, over 90% of both consumer and carer respondents said they would recommend seeing a psychologist to a family member or friend. Consumers who responded positively had experienced personal benefits, and those who responded negatively had bad past experiences with psychologists. Many carer respondents held mixed views about the helpfulness of the care provided by a psychologist, despite a willingness to recommend psychologists to family or friends.

The requirement to obtain a GP referral to access a psychologist was identified as a barrier to accessing and continuing treatment with a psychologist by over half of all consumer and carer respondents. Over 60% of consumer and carer respondents disagreed with this requirement. In exploring the requirement for GPs to review the number of sessions a consumer can have with a psychologist as part of the mental health care plan, some consumers and carers commented that the psychologist would be best placed to undertake this review rather than the GP. Some said the person and the psychologist should make this decision together, and some highlighting that their GP is not trained to undertake this type of specialist assessment. A number of carers said they agreed with the requirement of GP review due to system accountability and reporting concerns more so than the GP's clinical assessment of the consumer's needs for psychologist care. Some consumers and carers commented on the need to keep the GP involved in the consumer's mental health care and some argued the benefits of having the GP, psychologist and consumer all involved in the review process to enhance collaboration. A number of carers commented that the requirement for GP review was an unnecessary bureaucratic layer that added burden, including barriers to access.

Consumer Survey

Consumer respondents provided demographic details including geographic location, gender, age, cultural background and languages spoken at home.

Whilst 412 consumers commenced the survey, with a completion rate of 100% for the four demographic questions, fewer (n = 253) commenced questions in the main section of the survey and went on to answer the 25 questions in that section with a mean average completion rate of 95.41%.

Demographics

The majority of consumers completing the survey were female 73.12% (n=185), with 24.51% (n=62) being male and 2.37% (n=6) consumers identifying as non-binary.

Consumers completing the survey were predominantly aged between 30-59 years 72.33% (n=183) with 18.58% (n=47) of consumers aged between 18-29 years and 9.09% (n=23) aged over 60 years (Table 1).

Table 1: Consumer respondents by age

Answer Choices	Responses	
18-29	18.58%	47
30-39	24.90%	63
40-49	24.11%	61
50-59	23.32%	59
60-69	5.14%	13
70+	3.95%	10
	Answered	253

Consumers completing the survey were located across all Australian States and Territories, with the largest proportions from Victoria 21.74% (n=55), New South Wales 18.58% (n=47), South Australia 18.18% (n=46) and Western Australia 15.81% (n=40) (Table 2).

Table 2: Consumer respondents by location

Answer Choices	Responses	
VIC	21.74%	55
NSW	18.58%	47
SA	18.18%	46
ACT	4.74%	12
TAS	5.93%	15
WA	15.81%	40
NT	2.77%	7
QLD	12.25%	31
	Answered	253

Over two-thirds of consumers completing the survey were located in a capital city (69.57%, n=176), with those living in regional/rural areas being 27.67% (n=70), remote areas 1.58% (n=4) and those who preferred not to say 1.19% (n=3).

Consumer Survey

Have you seen a psychologist for assistance with your mental health in the past 5 years?

Almost three-quarters of consumers completing the survey (74.70%, n=189) stated that they have seen a psychologist in the past 5 years, and they saw the psychologist they wanted to. There were 19.76% (n=50) who had seen a psychologist in the past 5 years but were unable to see the one they wanted to; 2.37% (n=6) who had not seen a psychologist because they didn't need to; and 3.16% (n=8) who had not seen a psychologist because they were unable to access one when it was needed.

Have you faced any barriers to accessing a psychologist of your choice?

The results from the previous question suggest that most people have been able to exercise choice in the process of accessing a psychologist. However, we note that several other barriers were experienced as part of that process. The top three barriers that consumers identified in accessing a psychologist of their choice included availability of the psychologist (57.71%, n=146), costs to see the psychologist (60.47%, n=153) and waiting times (50.59%, n=128). The lowest rated barrier was the GP not providing a referral which was only identified by 3.16% (n=8) consumers (Figure 1, Table 3).

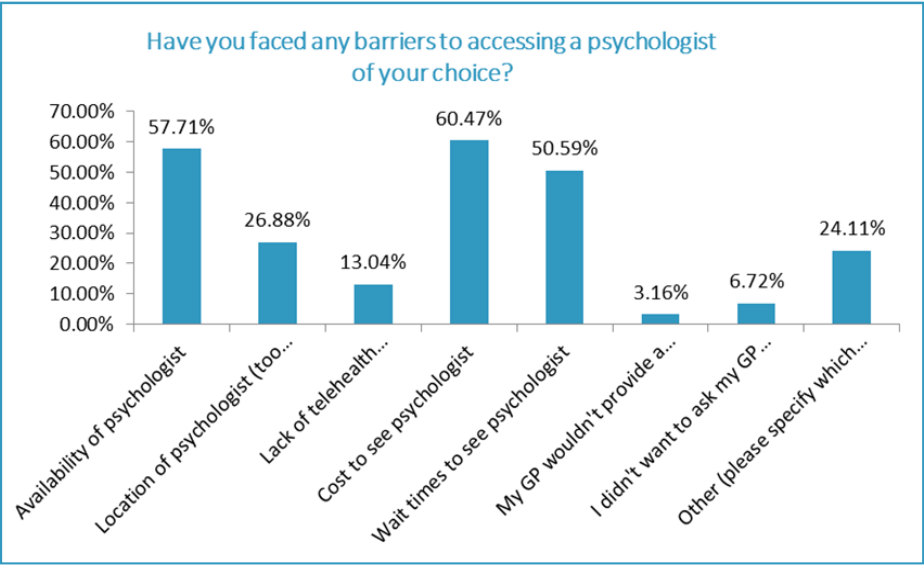


Figure 1: Consumer identified barriers to accessing a psychologist of their choice

Table 3: Consumer identified barriers to accessing a psychologist of their choice

Anser Choices	Responses	
Availability of psychologist	57.71%	146
Location of psychologist (too far away)	26.88%	68
Lack of telehealth (online/phone) as an option	13.04%	33
Cost to see psychologist	60.47%	153
Wait times to see psychologist	50.59%	128
My GP wouldn't provide a referral when requested	3.16%	8
I didn't want to ask my GP for a referral	6.72%	17
Other (please specify which barrier you faced, other than those listed above)	24.11%	61
	Answered	253

Consumer Survey

Sixty-one consumer respondents indicated 'other' barriers to accessing a psychologist. Their responses were diverse. Several spoke about concern related to their previous bad experiences of seeing a psychologist, or difficulty finding a psychologist with the necessary attitudes and skills to meet their needs, without discrimination.

- *Previous bad experiences with psychologists.*
- *Lack of trauma and dissociation informed psychologists - previous psychologist mistook dissociation for being uncooperative/avoidance behaviours and wanted to add diagnostic labels (avoidance personality disorder) when the issue of shut-down dissociation was what I presented with and wanted therapy to help with. Trauma specialists are rare, very expensive (\$260 per hour) and have long wait lists.*
- *Discrimination and inadequately trained professionals around gender identity and sexuality [other examples included autism, ADHD, dissociative disorder, severe mental illness, etc].*
- *Couldn't find a non-white psychologist to help with racism.*
- *Lack of representation of professionals from cultural or ethnic groups.*
- *Refusal to treat people with complex or co-morbid presentations.*
- *Lack of carer-inclusive practice.*

Several consumer respondents also identified problems with the process of finding a suitable, available and accessible psychologist. They described a clear gap in the support provided by their GP for this step, with several left to navigate this process themselves. They also described more general problems with accessing a psychologist in their area due to location and problems with supply, which impacted choice, quality and access.

- *GP didn't have any one to recommend or refer me to - had to do my own research.*
- *I didn't have the information I needed to figure out which psychologist might be a good fit for me.*
- *GP did not know anyone in the region taking clients of my age (mid-twenties). Gave me a list of like 15 to call and 'pitch' myself to see if they'd take me. Was too anxious to do so.*
- *We don't have much choice in Darwin, we just get a referral to whoever is available.*
- *High turnover and burnout rates of psychologists.*
- *Up to 3 months between visits, short sessions sometimes double booked or inappropriate times offered i.e., 7pm & limited choice due to availability.*

Other barriers related to administrative systems and issues associated with the current funding model requirements for psychology services.

- *A barrier is also that only psychologists are subsidised. I would like to see a psychotherapist or counsellor who specialises in Acceptance Commitment Therapy, but their services are not subsidised. I would also like to attend group therapy, but groups about specific topics such as ACT and DBT are not readily available.*
- *Bureaucratic madness having to remember and count number of sessions with last psychologist and next one, sessions are 'eating in' when you see new psychologist and keeping tab of number of sessions left is complex.*
- *The lack of increases by Medicare to pay psychologists is driving many to have to charge the gap, which many cannot afford with all other costs we have though.*
- *Need to seek a third referral & mental health care plan if I want to access sessions under the Covid plan. These sessions may be unacceptable if my GP is unfamiliar with or unwilling to use the different payment scheme setup to facilitate the Covid sessions.*

Consumer Survey

Some consumer respondents described more nuanced barriers:

- Difficult to commit to appointments.
- Stigma attached to asking for help. Having to do online sessions in a shared household.
- Offered only two appointments, then provided with self-help tools.

What was the main reason you initially sought care from a psychologist?

When asked about the main pathway for initially seeking care from a psychologist, from the options provided in the survey, the largest proportion of consumers identified it was from a doctor referral (43.87%, n=111), with the next highest identified being a recommendation from others (22.13%, n=56) and the least frequently identified being due to online information (3.16%, n=8).

Seventy-eight consumer respondents reported different pathways for initially seeking care from a psychologist which was largely because they recognised for themselves that they needed more help with their mental health which prompted them to seek further help at that time.

- The need to see someone about how I was feeling.
- I knew my mental health was deteriorating.
- Time between psychiatrist appointments too long and not very productive beyond medication.
- Realised that my life was getting out of control.
- Follow on from a CBT course.

How long did you have to wait to see a psychologist?

The wait time to see a psychologist varied across consumer respondents; however, almost two-thirds were seen within 1-3 months (63.25%, n=160) of requesting an appointment (Table 4). While some had received support immediately (11.07%, n=28), there were 25.7% (n=65) who waited more than 3 months, and seven respondents waiting more than 12 months to see a psychologist.

Table 4: Consumer reported wait time to see a psychologist

Answer Choices	Responses	
Received support immediately	11.07%	28
Up to 1 month	32.02%	81
1-3 months	31.23%	79
3-6 months	15.42%	39
6-9 months	6.72%	17
9-12 months	0.79%	2
Over 12 months	2.77%	7
	Answered	253

From the consumers who had to wait before receiving an initial psychology service, almost three-quarters (73.24%, n=156) said the wait was worth it.

Consumer Survey

Prior to referring you to a psychologist, which (if any) did your referring doctor suggest?

When asked what their referring doctor suggested prior to a referral to a psychologist, over 60% of consumer respondents (n=154) stated that medication was suggested. This was followed by suggestions of exercise (27.27%, n=69), or no suggestion being provided prior to referral (25.30%, n=64) (Table 5).

Table 5: Referring doctor suggestions to consumers prior to psychologist referral.

Answer Choices	Responses	
Medication	60.87%	154
Online therapy (e.g., Head to health, Mindspot, etc.)	18.58%	47
GP counselling	11.86%	30
Exercise	27.27%	69
Self-help book or resource	13.83%	35
Did not provide any suggestions prior to referral	25.30%	64
Other (please specify what your referring doctor suggested, other than the areas listed above)	17.00%	43
	Answered	253

Forty-three consumer respondents reported a range of other options that their referring doctor had suggested prior to making the referral to a psychologist. These included:

- Psychiatrists
- ECT
- Yoga
- Peer support (GROW)
- Healthy eating
- Reduced alcohol intake
- Keeping busy, keeping active
- Public Mental Health Services support
- Community Managed Organisation (CMO) support

After receiving a referral to see a psychologist, did you access one?

After they received a referral to see a psychologist, most consumer respondents (93.25%, n=235) said they accessed one. Seventeen consumer respondents who said they didn’t access a psychologist after receiving a referral provided reasons for this decision.

- *Difficulty making first contact.*
- *Too long to wait.*
- *The person the GP referred me to could not see me for 4 weeks. When I was able to see her, I was told there was a fee! No one informed of this prior. I could not pay for it, so I waited for nothing. That annoyed me so I have not looked for another one.*
- *I don’t think I’m sick, I don’t need a doctor. I was too anxious to do so (GP didn’t provide support for this step).*

Consumer Survey

- *My GP referred me to a psychologist who said that they did not have the skills to support me. They referred me to another who referred me to another. this process took 2 years. The third psychologist referred me to a psychologist who has been the right person for me. It turned out that she was on my GP's computer all the time.*

If you did not continue with psychological care (once commenced), why did you discontinue/stop seeing a psychologist?

Over one-third of consumers respondents who had commenced seeing a psychologist following referral said they were still seeing a psychologist (40.25%, n=95). For those who did not continue with psychological care, the main reasons for stopping included (in order of highest rated, Figure 2):

- Psychologist was not a good fit for me (22.03%, n=52)
- Sessions were not helpful (18.64%, n=44)
- No longer needed care/therapy goals were achieved (18.22%, n=43)
- Could not afford ongoing sessions (16.53%, n=39)

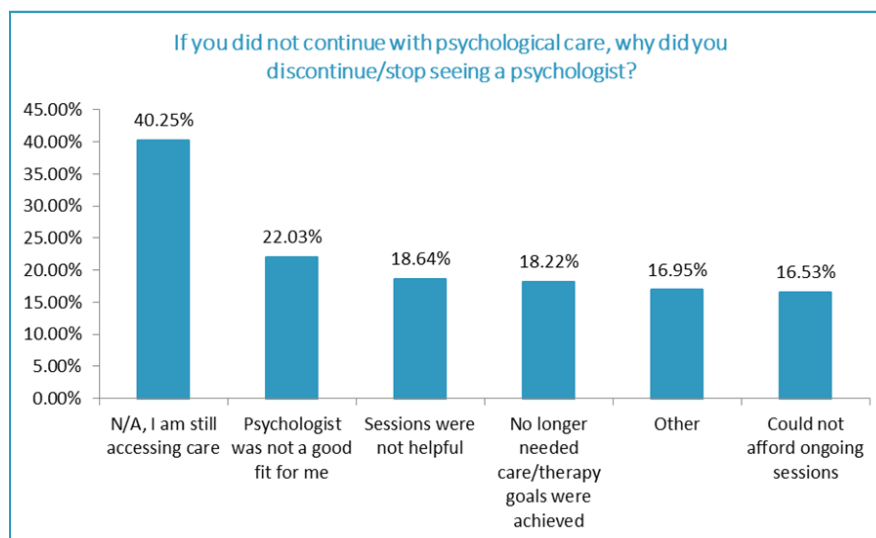


Figure 2: Consumer responses- reasons for discontinuing

Forty consumer respondents provided additional qualitative comments to explain other reasons why they discontinued/stopped seeing a psychologist. Many comments related to disruption of the therapy process and almost all reasons were related to issues beyond the person's control. This included appointment scheduling problems and the psychologist's role changing. It also included cost pressures and perceived engagement problems associated with level of trust in the psychologist's alignment with the person's needs.

- *Changing appointment times too often - this triggered my BPD abandonment.*
- *Psychologist moved to a new location which was inaccessible to me.*
- *Clinical psychs expensive & not as good as my counsellor I saw 7 years ago.*
- *The psychologist had no idea how to progress my application for the DSP. She was incompetent in having any understanding of, or a thought that there would be assessment criteria for an application. It was like pulling teeth to get her to do what my GP and I needed to fill out an appropriate form. The psychologist had her own agenda in trying to provide counselling when that was not what I wanted. The document what she wrote led to an 18-month struggle with Centrelink before I was able to get on the pension. I also thought that she had a conflict of interest. Her sister owned a hippy company that produces all sorts of herbal tea. Every time I went to see her and the conversation every time went to how fancy the tea was, and if I wanted to buy some.*
- *Psychologist decided that no further appointments required, without an explanation.*
- *After seeing her for 2 years, my psychologist resigned and her position was made redundant.*

Consumer Survey

- *The psychologist did not have any understanding of severe mental illness or the issues facing family members.*
- *Psychologists just want to diagnose and stick you into their boxes and treat according to the manual. No consideration for personal circumstances or history. I do NOT agree with the diagnosis. I sought assistance from an art therapist which was MUCH more helpful and actually cost me about the same as the psychologist's gap...Rather than being labelled as 'xyz' I was treated as a person who had been through a traumatic experience and learned helpful tools and strategies and was treated with understanding and empathy rather than a cash cow.*
- *No follow on from past sessions & felt not important as they jammed in appointments.*
- *Missed one appointment and could not rebook back into service.*

Medicare subsidies and gap payments from your recent visit to a psychologist.

Almost three-quarters of consumer respondents had their most recent visits to a psychologist subsidised by Medicare (73.52%, n=186) and 5.53% (n=14) were unsure. The remaining respondents did not have their psychologist visit subsidised by Medicare.

Almost two-thirds of consumer respondents (64.43%, n=163) were required to make a gap payment in their most recent visits to a psychologist, 30.83% (n=78) did not, and 4.74% (n=12) were unsure.

For consumer respondents who were required to pay a gap fee, there were significant variation in how much they were required to pay at their most recent visit to a psychologist, with consumers reporting paying between \$5 to over \$301 (Table 6). The average gap fee was \$176 with the largest proportion of consumers reporting paying between \$51-\$200 gap fee.

Table 6: Consumer responses – gap fee paid for psychologist.

Gap Fee Paid	Responses	
\$5-\$50	11.76%	20
\$51-\$100	24.71%	42
\$101-\$150	15.29%	26
\$151-\$200	22.94%	39
\$201-\$250	10.00%	17
\$251-\$300	5.88%	10
\$301+	9.41%	16
	Answered	170

Number of sessions you have had/planned with the psychologist?

Two-hundred and twenty-four consumer respondents identified how many sessions they have had or are planning to have with the psychologist. Over two-thirds (68.3%, n=153) were planning up to 10 sessions, 19.2% (n=43) were planning between 10-20 sessions, and 12.5% (n=28) were planning more than 20 sessions (Table 7). There was one consumer who reported having or planning 100 sessions and three who reported having or planning 200 sessions. The average number of sessions reported by consumers was 18 sessions.

Consumer Survey

Table 7: Consumer responses – how many sessions did you have/have you planned?

Answers	Responses	
1-3 sessions	15.63%	35
4-6 sessions	28.57%	64
7-9 sessions	4.46%	10
10 sessions	19.64%	44
11-13 sessions	5.80%	13
15 sessions	3.57%	8
20 sessions	9.82%	22
24-26 sessions	2.68%	6
30 sessions	3.13%	7
40 sessions	2.68%	6
41 or more sessions	4.02%	9
	Answered	224

When asked about the number of sessions planned or provided, almost half of consumer respondents (48.4%, n=121) said that this was less than they wanted. A similar number (46.8%, n=117) said it was enough, with 4.8% (n=12) saying it was more sessions than they would have wanted.

Satisfaction with care provided by the psychologist

Over three-quarters of consumer respondents said they were satisfied with the care they received from a psychologist (76.28%, n=193).

Two-hundred and three consumer respondents provided comments about what they found helpful about the care they received from a psychologist. Many comments related to the interpersonal benefits of the therapy process itself and the significant positive impacts achieved. Through the care delivered by psychologists, consumer respondents said they gained strategies and skills for coping and self-care, validation for their experiences by someone who listened to them, connection and a non-judgmental response that helped to build trust and hope, improved education and awareness, and support to help navigate the support system with other mental health care providers.

- *Supported me in understanding my illness and how to best manage it day-to-day. I gained much insight, tools, strategies, gained the confidence to try new things and re-engage with the world in a meaningful way.*
- *An independent sounding board. Strategies. Validation of my experiences.*
- *Sharing feeling and being taught how to cope.*
- *Built trust. Non-judgmental Safe space to express difficult emotions. Cognitive behaviour therapy helping to rebuild life and confidence. Talking in this space enabled a lot of past events to be processed and move past being stuck in pain.*
- *EMTR extraordinarily helpful. Gracious manner allowed for the establishment of a trusting, accepting and non-judgemental environment where I felt absolutely comfortable confronting issues and asking and being asked confronting questions regarding my beliefs and behaviours.*
- *It helped me to take control of my feelings and how to deal with what others expected my feelings to be.*
- *Validation, support in navigating my stressors (job, family, study), information/worksheets to fill out, someone to vent to about what was on my mind without judgement/bias.*
- *I had a space to reflect and felt connected to a person who was a good listener.*
- *Listened to me and I felt understood.*

Consumer Survey

- *They helped me see things in myself I wasn't aware of.*
- *She didn't tell me what to do or how to think, rather she helped me to find the answers myself.*
- *I don't have a strong support network. It was good to talk to someone that listens.*
- *At first there was a rush of hopefulness and satisfaction from seeking and receiving "help" and checking in every month with a third party makes you feel cared for and accountable.*
- *He was interested in my story. He was understanding that people have bad experiences in the mental health system. He advocated for me with my community mental health.*
- *She was warm, approachable and caring. She used therapies such as CBT and helped me to find other ways of thinking about life events. She helped me to try and retrain my brain. She told me about neuroplasticity, which really gave me hope.*
- *My primary psychologist helps me coordinate all the treatments from all my other mental health supports.*
- *When I go to hospital, she has been able to continue our therapy....This has helped me to be ready for discharge.*
- *They work with my psychiatrist and GP so everyone is on the same page.*

The role of the psychologist was clearly of great importance to many consumer respondents, as the following examples show:

- *Allowed me to talk through my feelings & guilt about my son's suicide as my family provided absolutely no support or assistance whatsoever.*
- *Helped me work through my problems and gain strength to leave a domestic violence relationship.*
- *Psychologist keeps me alive and able to work.*
- *She has saved my life multiple times in the last 10 years, helped me understand how childhood experiences have contributed to my ways of interacting with others and my core beliefs, helped me navigate deciding to leave my ex-husband and parenting my children through their teenage years, taught me to trust and what it is like to be in a secure warm and caring relationship so I can learn to do the same with others. She was infinitely more helpful than my psychiatrist, who was clinical and cold (but helped find the right antidepressant for me, for which I am grateful). I have also been able to use the things that I have learned from her in my own work to help others (as a GP) and be a stable base for them in turn. I am deeply grateful that I have been able to access such amazing therapy and work with such a committed intelligent and firm therapist.*
- *They have helped me work through a lot of my traumas and I have developed lots of skills to manage life in general. How to manage and work with emotions, triggers, self-love and everything pretty much. She taught me to be self-efficient.*

She didn't tell me what to do or how to think, rather she helped me to find the answers myself.

She was warm, approachable and caring. She used therapies such as CBT and helped me to find other ways of thinking about life events. She helped me to try and retrain my brain. She told me about neuroplasticity, which really gave me hope.

Consumer Survey

Have you noticed any positive or negative changes in your health and wellbeing since seeing a psychologist?

A vast majority of consumer respondents (84.19%, n=213) said they had noticed positive changes in their health and wellbeing since seeing a psychologist. However, whether this change was attributed to the care provided by the psychologist varied, with only 6.72% (n=17) stating this was entirely due to the psychologist visits, and 34.78% (n=88) stating it was largely due to the psychologist. A further 7.11% (n=18) stated that it was not at all attributed to the psychologist (Table 8).

Table 8: Consumer responses- to what extent would you attribute this change to the care provided by the psychologist?

Answer Choices	Responses	
Entirely	6.72%	17
Large extent	34.78%	88
Moderate extent	29.25%	74
Small extent	14.23%	36
None at all	7.11%	18
Not applicable	7.91%	20
	Answered	253

Almost one-third of consumer respondents had noticed negative changes in their health and wellbeing since seeing a psychologist e.g., their health or wellbeing deteriorated (29.25%, n=74). From those who had noticed negative changes, 26.02% (n=32) said it was largely due to the care provided by the psychologist, and 26.83% (n=33) said a moderate extent (Table 9).

Table 9: Consumer responses- to what extent would you attribute this negative change to the care provided by the psychologist?

Answer Choices	Responses	
Entirely	3.25%	4
Large extent	26.02%	32
Moderate extent	26.83%	33
Small extent	23.58%	29
None at all	20.33%	25
Not applicable		130
	Answered	253

In what ways could the care you received have been improved?

One-hundred and eighty-eight consumer respondents made suggestions for how care from a psychologist could be improved. Many consumer respondents said no improvements were needed, though many also said improvements were needed in order to avoid further harm being caused, and to improve outcomes from contact with psychologists. Their comments centred on improving affordability, availability, wait-times, skills in working with specific sub-groups, length and number of sessions, and communication with others in other parts of the mental health system.

- *My psychologist is amazing... it's just that she is in demand and unless I book well in advance, it can be difficult to get appointments.*
- *The initial wait time was long. Services need to understand what it takes for a person to reach out for help. Then after getting up your courage, to be told there's X weeks to wait is really disheartening and off-putting. I wonder how many people are lost to service/support in the meantime.*

Consumer Survey

- *The cost is prohibitive.*
- *More sessions in a Mental Health Care Plan.*
- *More flexibility. Difficult to meet immediate needs in 50 min session online.*
- *Seeing a psychologist who was actually skilled and trained properly in EMDR therapy who knew what they were doing. Someone who had more experience with dealing with complex trauma and dissociative disorders.*
- *Whilst the 10 sessions were enough, I could have benefited from long-term follow-up and from there being some communication regarding my progress from my psychologist to my other medical specialists.*
- *Not having to renew my mental health care plan every 6 sessions, this psych was free to me through my job services provider but historically I've been unable to find or afford any mental care support. All psychs should have a telecare option, psychs need more tools - CBT isn't appropriate for everyone and therapists can't just give up when that fails or causes harm.*
- *More availability - I chose this psychologist because she uses compassion-focussed therapy techniques, which work for me. She is one of the few, so I had to go to her. If more psychologists were trained in the technique the availability would be better. This is a general problem - not enough psychologists, not enough people receiving training, etc.*
- *Having earlier access to a psychologist and being able to reconnect with the same psychologist to help deal with my current issues instead of having to (eventually) explain everything all over again to a new psychologist.*
- *I felt that the psychologist didn't really offer any suggestions to me or use any techniques. Just listened and reflected back which was not worth my money.*
- *There should be a list of psychologists in each area that we can access with their fees (if any) attached. A bio so we can choose who we feel would be the best fit.*
- *WAIT TIMES! Plus not having to go back to the GP after 6 sessions and go through all the forms again (particularly because GPs here don't have the best understanding of mental health and often make you feel worse). Sometimes, if my appointments were cancelled (for whatever reason i.e., psychologist away sick). I would have to wait at least 3 months to have an appointment. If I had already waited 3 months, this meant I would have to wait a total of 6 months.*
- *I wish my culture was understood and I did not have to translate my experiences into a white model of mental health.*



Having earlier access to a psychologist and being able to reconnect with the same psychologist to help deal with my current issues instead of having to (eventually) explain everything all over again to a new psychologist.



Whilst the ten sessions were enough, I could have benefitted from long-term follow-up and from there being some communication regarding my progress from my psychologist to my other medical specialists.



Consumer Survey

Would you consider the treatment you received from the psychologist to be helpful?

Over two-thirds of consumers respondents said that they considered the treatment from the psychologist to be helpful all or most of the time (69.96%, n=177) (Table 10).

Table 10: Consumer responses- Would you consider the treatment you received from the psychologist to be helpful?

Answer Choices	Responses	
Always	32.41%	82
Most of the time	37.55%	95
Sometimes	17.00%	43
Rarely	7.91%	20
Never	5.14%	13
	Answered	253

Fifty-nine consumer respondents rated their psychology experience as 'always' helpful, predominantly because they gained direct mental health benefit from it. These consumers had trust in the psychologists' skills and ability to help them, and to listen, be empathic and understand their needs.

- *Just so good to talk about my thoughts and issues.*
- *I am given different perspectives to consider, I feel validated, heard and always encouraged with my efforts.*
- *Open, honest, informative, respectful and gently challenging treatment is always helpful.*
- *Because I always leave with something I can apply in my life.*
- *My psychologist is open, caring, has enormous experience and expertise in her field.*
- *Because she met me where I was at and then educated me and challenged my cognitions and behaviours when I was ready.*
- *The ability to discuss my problems/experiences and receive non-judgmental and professional feedback in incredibly valuable.*
- *Even when it hurt (and it often did, a LOT), it was hurt for a purpose - and there was always kindness and good intent behind that...She is a very skilled therapist and we have worked through a great deal together. I'm only able to function at the level that I currently do because of her work.*
- *I would be dead (by suicide) if I didn't have my psychologist.*
- *From our first session my psychologist was able to help me dig into issues that were patterns of unhealthy thinking and actions that had been in play in my life for a very long time. She helped me feel comfortable, heard and supported. She helped me recognise that I was not to blame for the things that had happened to me in my childhood and that there were paths to go down that could help me put those things into perspective and behind me.*
- *1. returns calls if there is a crisis 2. continues therapy when in hospital 3. meets my needs for appointment times 4. is registered with NDIS 5. is trained on trauma and DID 6. understands the connection between psychological and physical health 7. encourages me to be very active in my therapy...8. encourages my creativity.*
- *I went from avoiding and shame about my MH to living and accepting have a MH concern. I've more control and power over my life, a sense of purpose.*

Consumer Survey

Fifty-nine consumer respondents who rated their psychology experience as helpful 'most of the time' explained the overall benefits they gained, though with a range of expectations and hurdles to overcome as part of the process. These included developing trust in the process of therapy, the hard work involved, the speed of progress, not being ready to work on some issues, variability between psychologists, and having some of their needs remaining unresolved.

- *It was a hard slog for both myself and my current psychologist.*
- *Helped me make some changes.*
- *It is always good to talk to someone and make sense of your thoughts and get feedback. Sometimes it is just helpful to have someone listen, and you are able to vent. And having the follow up appointment is good because you know that you will be getting constant support.*
- *Some initial advice was less applicable to my life and circumstances but talking to my psychologist about those situations meant the advice got more helpful.*
- *I struggle with maintaining the treatment activities (mainly writing down CBT activities) because I forget to do them/have a consistent place to write them.*
- *Sometimes it doesn't feel helpful but in the long run it is and at times i think it's because the seeds get planted for some thought changes.*
- *Dealing with trauma and shame can be very painful, but my psychologist always makes me feel like I have a safe space.*
- *I sometimes walk away feeling misunderstood or that what I wanted to discuss wasn't actually discussed.*
- *Some sessions felt like they didn't really go anywhere...When it costs so much it gets frustrating when a session feels wasted.*
- *I have seen multiple psychologists over the last 5 years; some proved more helpful than others.*
- *Some treatment triggered stressful times.*
- *Not all sessions are ground-breaking - some are fairly generic.*

Thirty-three consumer respondents rated 'sometimes', with several comments related to the system, challenges in finding the right fit, scheduling and cost barriers identified by many consumer respondents. Many in this group had experienced both positive and negative interactions with psychologists and remained ambivalent about the benefits, but they tolerated the barriers in their attempts to find much needed help.

- *I already knew some of the advice she gave me, I needed more options or coming from a different angle, to see things in another way.*
- *We were beginning to make some headway - then the changing/cancelling of appointments began.*
- *I benefited from a weekly session for the initial months of our meetings although felt that towards the end of the session that I had less to talk about. Having weekly sessions may have been too much for me.*
- *The quality and availability of psychologists is a problem. How do you know how good the person is beforehand? It's so expensive and sometimes a complete waste of time.*
- *Because my current psychologist is helping -we are working through the grief and trauma of growing up thinking I was broken. Previously... 20+ years of throwing time and money down a hole, that didn't help and caused things to get worse because I blamed myself when it wasn't helping, and it damaged my self-esteem further.*
- *My intrusive thoughts have improved a lot, and it's helpful having someone to talk to, but I've reached a level where I'm not improving further, and my psychologist doesn't seem to know how to help me do so.*

Consumer Survey

- *Whilst I had ongoing support and my psychologist often went above and beyond to help...talking is not always beneficial for everyone and that is the case for me.*
- *The psychologist just wasn't very good. Other psychologists could be very good.*
- *My care was inconsistent and broken.*

Sixteen consumer respondents who rated 'rarely' explained how they had not found psychologists very helpful, some lacked the necessary skills or were too generalist in their knowledge and skills, and some were too focused on financial benefits of the role.

- *Because I have never had a good experience with one.*
- *Would have been just as effective talking to a friend. And cheaper.*
- *The psychologist couldn't articulate or explain to me clearly on how it worked and what's asked from me. It caused me more confusion and frustration...It wasted more of my valuable time.*
- *They are very quick to say try this or that way of thinking. So, one day I said to the psychologist of the day to try changing her response to something that usually makes her upset...I felt angry that psychologists tell people to do stuff they can't do themselves.*
- *One psychologist was excellent...About 10 other psychologists over 17 years, made me feel worse.*
- *They tend to have confidence that is way above their competence. They have little or no knowledge, understanding or interest in severe mental illness. I have spent years on the 'treadmill of empty promises' trying to get genuine help from psychologists who are happy to take the money they are paid by Medicare while actually being incapable of providing any more than band-aid 'treatment' ...As a profession they are disappointing.*
- *They can't seem to see people as individuals, just stick you in a box and label accordingly.*

Nine consumer respondents who rated 'never' explained a range of reasons for their rating, from general experiences of receiving no benefit to explicit experiences of stigma, judgment and trauma as a consequence of their contact with a psychologist.

- *This particular one was not helpful in any way other than it ticked boxes for Centrelink who required me to see one.*
- *I didn't feel it helped at all and just cost money.*
- *I didn't feel any better after the sessions, I didn't learn anything about myself or my issues.*
- *No issues were addressed.*
- *They took sides with the other person and were unhelpful to me.*
- *Rude judgmental condescending failure to listen effectively.*
- *Psychologist said when I told her my adoptive parents were abusive that I should just be happy I wasn't raped by a priest.*

It is always good to talk to someone and make sense of your thoughts and get feedback....and having the follow up appointment is good because you know that you will be getting constant support.

I already knew some of the advice she gave me, I needed more options or coming from a different angle, to see things in another way.


Consumer Survey

Would you recommend a family member or friend to see a psychologist?

Over 90% of consumer respondents said they would recommend a family member or friend to see a psychologist (91.57%, n=228).

One-hundred and seventy consumer respondents provided further comment to explain their response for why they would recommend a psychologist to others (or not). Overwhelming, all consumer respondents drew from their personal experience to inform their response; those who responded positively had experienced personal benefit, and those who responded negatively had bad past personal experiences with psychologists. Many who responded positively expressed an overall positive belief in the value of therapy as something that is useful for anyone, as beneficial for personal development; even those who do not have a mental health issue. Many also emphasised the value of the psychologist as an independent and un-biased listener.

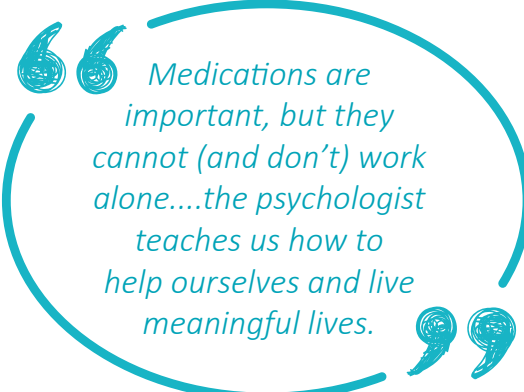
- *My experience has proven the invaluable contribution to mental wellness and recovery.*
- *Medications are important, but they cannot (and don't) work alone. They provide us with some symptom relief while work with the psychologist teaches us how to help ourselves and live meaningful lives.*
- *I think everyone would benefit from seeing a psychologist and getting thoughts out of the head and spoken about rather than fixating on them as people tend to do.*
- *Hearing a non-biased perspective.*
- *Because he is really good and provides a level of care that I can't get from anyone else.*
- *Insight and self-awareness are important to me.*
- *Because talking to someone helps us process life, make decisions and have a healthy outlet.*
- *I think therapy is essential to ongoing mental health stability. It is needed as a part of a holistic care plan.*
- *I believe everyone can benefit from a psychologist. We can always improve, learn and grow.*
- *Because I believe most of us need a 3rd party to talk to.*
- *All people can grow psychologically and learn.*
- *Can be helpful to speak to someone objective (i.e., not family).*
- *Some of my family members keep everything inside and this isn't good. Whenever there is an issue to deal with it is good to chat about it to someone outside of the family. You don't want to worry them, and they are unbiased.*



Because talking to someone helps us process life, make decisions and have a healthy outlet.

Several consumer respondents said they would recommend a psychologist to others, but they stressed a number of provisos as part of this recommendation. These included the need to find a psychologist that fits with their specific needs, stressing that not all psychologists are the same.

- *I think seeing someone is better than not doing so, but I think also people need to be educated on the fact that not all psychologists are the same (in fact they're incredibly individual) and that it's okay to say, 'This isn't working for me.' There needs to be a good match between client and psychologist.*
- *I would also advise they choose very carefully; they get quotes and see a number to find the best fit and that they get a treatment plan that is constantly reviewed for progress.*
- *Only if they can see the one they want.*



Medications are important, but they cannot (and don't) work alone....the psychologist teaches us how to help ourselves and live meaningful lives.

Consumer Survey

- *If you find the right psychologist of course they can be helpful, the trouble is it can be quite a process finding the right person.*
- *I think it's healthy for everyone to be self-reflective and a psych can help with that; but if they have bigger issues, I would caution them about choosing the right psych and possibly getting a peer support worker on boards because psyches are unreliable where a support worker can help hold space for them and work with them while their waiting for the psych or trying to find the right one.*

Requirement to obtain a referral from a GP or psychiatrist to access and continue treatment with a psychologist.


Close to half of consumer respondents said that the requirement to obtain a referral from their GP or psychiatrist to access and continue treatment with a psychologist made it harder to access a psychologist for initial sessions (55.07%, n=125) and for subsequent sessions (47.55%, n=102).

Over half of consumer respondents (61.20%, n=153) did not agree with the requirement to have their GP review the number of sessions they could have with a psychologist.

One-hundred and twenty-five consumer respondents provided further explanation for their responses. Of these, 25 had responded 'yes' and 100 has responded 'no' to this question.

Consumer respondents who agreed that their GP review the number of sessions predominantly believed that this was important for accountability of the process, to ensure GPs remain involved in the care as part of a team approach and to ensure communication between service providers, or because they felt their GP knew their mental health needs best. However, some also expressed frustration with the bureaucratic requirements of the review process.

- *I think it's important for a GP to review a patient's mental health care. Not because they need to monitor a number of sessions but because GPs need to be part of the Mental Health ongoing care of a patient and need to be involved. Mental Health care should not be about the number of sessions, it should be the patient at the centre of their care and the support of a GP, psychologist and a psychiatrist. I have all 3 and I refer to them as my Mental Health Care Team.*
- *I think this helps consumers to keep on track, and make sure there is shared care (everyone knows what is going on).*
- *Because I think my family doctor knows what's going on with me.*
- *Yes and no. My GP is vital in my team shared care approach. I'm a very different, educated consumer having learnt the hard way from medical mistreatment. Generally, I think GP review is good to try and encourage people to have a stable GP (i.e. not Dr shop, chop & change) but that shouldn't be a barrier for people facing psychosocial exclusion. For me personally, it is annoying that psych, GP and I have to go through the admin motions, so Medicare is satisfied.*
- *There is already a better team communication (when necessary) amongst all my Drs and Allied Health. My GP also provides mental health support in between psychologist appointments if required.*
- *If psychologists choose, they will keep the easy clients on, and new clients won't get a look in as is happening now.*



There is already a better team communication (when necessary) amongst all my Drs and Allied Health. My GP also provides mental health support in between psychologist appointments if required.

Consumer Survey

Consumer respondents who disagreed that a GP review the number of sessions predominantly believed that it was a waste of scarce resources, and that it was largely a bureaucratic 'tick box' exercise that was of little value to the care process, and only served to create more 'red tape'. Most of these consumer respondents argued that the psychologist was in the best position to make the decision about how many sessions were needed; some also argued that the person receiving the care should share in this decision. Several argued that their GP's knowledge of mental health was limited.

- *It is an inconvenience and seems purely bureaucratic. My psychologist is clearly best placed to assess my needs.*
- *I felt the GP simply ticked a box when I returned for the review and then she granted the additional sessions. It was a waste of my time having to return to the GP for another appointment to only do this. We have so many medical appointments as it is to fill into a working week, that this 'review' appointment is a barrier to continued services.*
- *I agree that the initial referral be made by the GP and perhaps the first few follow ups, but once a positive and established relationship is built with a psychologist, repeatedly returning to a GP for Mental Health Care plans is inconvenient and not all GPs understand mental health or fully appreciate the full value of psychotherapy.*
- *My long-term GP was entirely proactive about it. But she moved on and I had to change to 2 different GPs at same practice who I don't know and so had to tell my background story to over again so they can assess a referral. This is a long-term situation, so my psychologist is the one with the full picture. Better if she could judge the need.*
- *My psych is the best person to do that. It's just another hurdle to jump through, especially when it's not easy to get into a GP here.*
- *I believe this should be a discussion between you and your psychologist. For many people, your GP ends up being so far removed from how your mental health is actually doing. Particularly for people who seek bulk-billed GPs, you can often have up to four different GPs in a year as they come and go from practices frequently. This means having to justify your need to continue to see a psychologist to a total stranger each time for many.*
- *No, extra cost to me to an already costly, the timing is tricky, GP is busy, we all are, it doesn't help me in anyway. Seems particularly useless to have to go back after 4 sessions to get the next 10. I feel I need to tell my GP things they don't need to know for my care. It's awkward.*
- *My GP is not bulk-billing, so I have to come up with another \$89 (before Medicare rebate) to go in and say "yes this is working" or "no, I'm not gelling with this psych". Only if wanting to change psychs, but this should be nominated by the patient, not the GP and/or psych. I believe people should automatically receive 12-15 sessions (1x per month). I do believe the psych and GP should be checking in with each other, patients deserve multidisciplinary approach, but it should even just be a phone call, not letters, reports and waiting for more people to approve your access to more help.*
- *It makes it seem like there is some expectation of receiving psychological assistance and it should take you a certain amount of sessions to get better which is not the case...mental health is not measurable by amount of psychologist sessions.*



I agree that the initial referral be made by the GP and perhaps the first few follow ups, but once a positive and established relationship is built with a psychologist, repeatedly returning to a GP for Mental Health Care plans is inconvenient and not all GPs understand mental health or fully appreciate the full value of psychotherapy.



Consumer Survey

Some consumer respondents also spoke about the potential harm they felt due to the requirement to return to a GP to review the status of their psychology session:

- *It can mean reliving trauma more than necessary. I should be a good judge of if I need support not if my GP says so. GPs are so busy and it's not a very personal experience.*
- *I feel embarrassed that the psychologist is writing a report on my progress to the GP. It feels like an invasion of my privacy.*
- *Let people access help!When you're depressed and anxious, adding more layers of phone calls and appointments and administration is a barrier.*
- *This should be between me and my psychologist, having to justify my self repeatedly is demeaning. Imagine having to go through a gatekeeper to see a GP.*

One-hundred and eight-seven consumer respondents rated at which point the GP should review the number of sessions you can have with a psychologist, despite only 97 saying that they agreed with the requirement for a GP to undertake the review. There were varied responses regarding the point at which the review should be undertaken with options being after 6 sessions (21.93% (n=41), after 8 sessions (11.76%, n=22), after 10 sessions (33.16%, n=62), or 'other' (33.16%, n=62)

Of the consumer respondents who specified 'other' with regard to the number of sessions after which they believed a GP should review the number of psychology sessions, 30 indicated that a GP should not be involved in this decision. Of the 67 remaining responses, many believed the review should occur at around the 12-month mark or once 12 or more sessions (some said after 20 or more sessions). Some consumer respondents believed this decision should be individualised to the needs and progress of the person receiving psychology sessions. One consumer respondent made the point that it should occur after the first or second session so that if they are not a good fit, then there can be an option to move to another psychology provider.



This should be between me and my psychologist, having to justify my self repeatedly is demeaning. Imagine having to go through a gatekeeper to see a GP.



It can mean reliving trauma more than necessary. I should be a good judge of if I need support not if my GP says so.



Carer Survey

Carer respondents provided demographic details including geographic location, gender, age, cultural background and languages spoken at home.

Whilst 105 carers commenced the survey, with a completion rate of 100% for the four demographic questions, fewer (n = 67) commenced questions in the main section of the survey and went on to answer the 25 questions in that section, with a mean average completion rate of 96.94%.

Demographics

A majority of carer respondents completing the survey were female 76.11% (n=52), with 19.40% (n=13) being male and 2.99% (n=2) preferring not to say.

Carers completing the survey were predominantly aged between 30-59 years (72.33%, n=51) with 5.97% (n=4) of carers aged between 18-29 years and 17.92% (n=12) aged over 60 years (Table 11).

Table 11: Carer respondents by age

Answer Choices	Responses	
18-29	5.97%	4
30-39	19.40%	13
40-49	19.40%	13
50-59	37.31%	25
60-69	14.93%	10
70+	2.99%	2
	Answered	67

Carers completing the survey were located across all Australian States and Territories, with the largest proportions from New South Wales (26.87%, n=18) and Western Australia (23.88%, n=16) (Table 12).

Table 12: Carer respondents by location

Answer Choices	Responses	
VIC	13.43%	9
NSW	26.87%	18
SA	8.96%	6
ACT	2.99%	2
TAS	5.97%	4
WA	23.88%	16
NT	7.46%	5
QLD	10.45%	7
	Answered	67

Approximately half of carers completing the survey were located in a capital city (53.73%, n=36), with 35.82% (n=24) living in regional/rural areas, 5.97% (n=4) being in remote areas, and 4.48% (n=3) who preferred not to say.



Carer Survey

Has the person you support seen a psychologist for assistance with their mental health in the past 5 years?

Over half of carers respondents (59.70%, n=40) stated that the person they support has seen a psychologist in the past 5 years, and they saw the psychologist they wanted to. There were 26.87% (n=18) of carer respondents who said the person they support had seen a psychologist in the past 5 years but that the person they support was unable to see the psychologist they wanted to; one said they had not seen a psychologist because the person they support did not need to; and 11.94% (n=8) where the person they support had not seen a psychologist because they were unable to access one when it was needed.

Has the person you support faced any barriers to accessing a psychologist of their choice?

The top three barriers that carer respondents identified in the person they support being able to access a psychologist of their choice included: wait times (61.19%, n=41); availability of the psychologist (58.21%, n=39); and costs to see the psychologist (49.25%, n=33). The lowest rated barrier was the GP not providing a referral which was only identified by 2.99% (n=2) carers (Figure 3, Table 13).

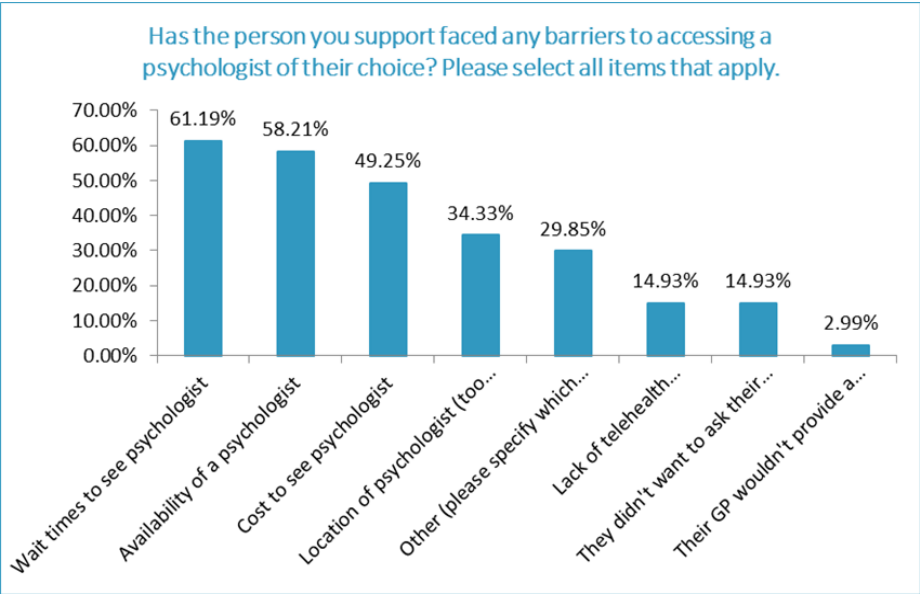


Figure 3: Carer identified barriers to the person they support accessing a psychologist of choice

Table 13: Carer identified barriers to the person they support accessing a psychologist of choice

Answer Choices	Responses	
Answer Choices	Responses	
Wait times to see psychologist	61.19%	41
Availability of a psychologist	58.21%	39
Cost to see psychologist	49.25%	33
Location of psychologist (too far away)	34.33%	23
Other (please specify which barrier they faced, other than those listed above)	29.85%	20
Lack of telehealth (online/phone) as an option	14.93%	10
They didn't want to ask their GP for a referral	14.93%	10
Their GP wouldn't provide a referral when requested	2.99%	2
	Answered	67

Carer Survey

Twenty carer respondents provided comments about 'other' barriers that the person had faced in accessing a psychologist. They stressed that it was often a combination of barriers including wait-times, affordability, system issues such as scheduling or practice models that limited choice, and ability to find a psychologist with the relevant skills, experience and expertise to work with diversity (e.g., to work with people with LGBTIQ+, autism and people who experience complex mental health issues).

- *It has been extremely difficult to access a psychologist. We were on a waiting list for 2 years to see the one we wanted to see. It is also extremely expensive. Free services (Community Mental Health, Headspace) are a poor alternative as staff are young with little life experience and the staff turnover is high and you need to meet strict parameters to gain access.*
- *Quality of service and reliability.*
- *Limit to the number of consultations due to mental health plan constraints, so had to finish before fully ready. The cost of each consultation was unaffordable, so we paid for them.*
- *The disappointment of the quality of the services offered has been a huge barrier.*
- *The psychologist attached to the GP Practice was the only one the GP flagged during the consultation, so not really offered choice. New model of general practices is convenience by having allied health professionals co-located. Hopefully they are skilled.*
- *Lack of LGBTIQ therapists.*

Some carers stressed barriers related to how the person is engaged when first in contact with a psychologist, or as part of the process of even recognising that psychology support might be needed and would potentially be useful.

- *During COVID restrictions f2f sessions are not possible, so the rapport needed to make a connection has to be strong from the outset otherwise it is a futile exercise.*
- *It's not about access. It's about my loved one not thinking they need one, even though one can see that they do, because they sometimes use me as a very inadequate replacement. The problem is not access, the problem is much, much deeper. They need someone to work with them towards realising that they need one and it can't be a relative doing that!*

What was the main reason the person you support initially sought care from a psychologist?

When asked about the main pathway to initially seeking care from a psychologist, from the options provided in the survey, the largest proportion of carer respondents identified that for the person they support it was from a doctor's referral (41.79%, n=28), a recommendation from others (20.90%, n=14) and due to online information (14.93%, n=28).

Fifteen carer respondents (22.39%) reported different pathways for initially seeking care from a psychologist which focused more on the information they sourced in order to make that decision. Similar to consumer responses, many stressed that it was predominantly driven by acute mental health needs that were not being met elsewhere at the time (e.g., being distressed, suicidal, not coping).

- *Suffering too much.*
- *Serious mental health with suicidality and needed support.*
- *Not coping with daily life.*
- *To manage their complex mental illness, and for treatment for suicidality, suicide attempts and self-harming behaviours. To try and keep them alive.*



It's not about access. It's about my loved one not thinking they need one, even though one can see that they do, because they sometimes use me as a very inadequate replacement.



Carer Survey

Some carers’ responses suggested much deeper problems within the mental health system and services the person accessed that influenced the decision or ability to seek support from a psychologist.

- *I wish he did seek care. In his 5 hospitalisations he never saw one, so how could he learn that a psychologist might be of help. All he gets is medication.*
- *We needed help (regular appointments) after horrific experiences in private mental health hospitals. They are just there to make money. The service model has not been updated.*

How long did the person you support have to wait to see a psychologist?

The wait time to see a psychologist varied across carer respondents. Only 5.97% of carers said the person they support was able to access a psychologist immediately, 40.30% waited 1-3 months (n=27) and 25.37% waited 3-6 months (n=17) (Table 14).

Table 14: Carer reported wait time to see a psychologist

Answer Choices	Responses	
Received support immediately	5.97%	4
Up to 1 month	14.93%	10
1-3 months	40.30%	27
3-6 months	25.37%	17
6-9 months	4.48%	3
9-12 months	0.00%	0
Over 12 months	8.96%	6
	Answered	67

From the carer respondents who reported that the person they support had to wait before receiving an initial psychology service, almost two-thirds (61.67%, n=37) said the wait was worth it.

Prior to referring the person you support to a psychologist, which (if any) did their referring doctor suggest?

When asked what was suggested by the referring doctor prior to a referral to a psychologist, 55.22% of carer respondents stated that medication was suggested (n=37). This was followed by suggestions of online therapy such as Head to Health, Mindspot, etc (28.36%, n=19), GP counselling (22.9%, n=15), or exercise (25.37%, n=17) (Figure 4, Table 15).

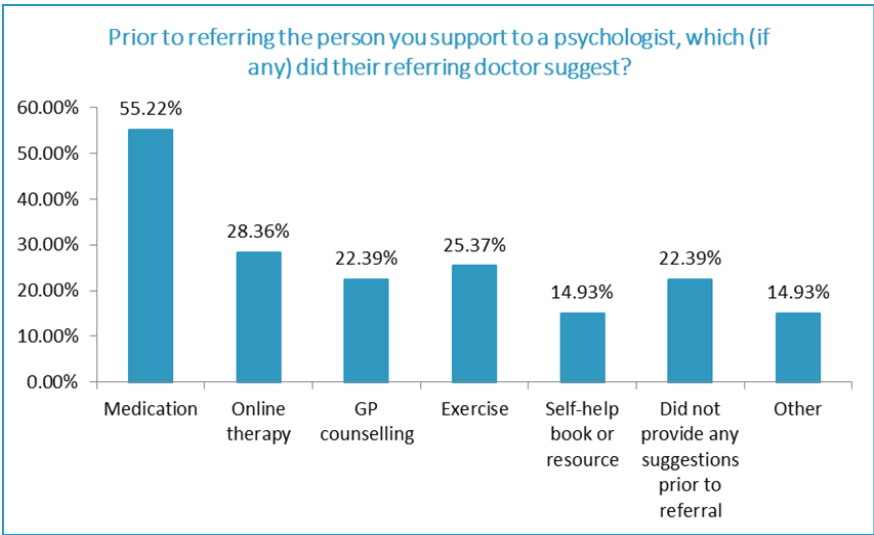


Figure 4: Carer responses - Referring doctor suggestions to consumers prior to psychologist referral.

Carer Survey

Table 15: Carer responses - Referring doctor suggestions to consumers prior to psychologist referral.

Answer Choices	Responses	
Medication	55.22%	37
Online therapy (e.g., Head to health, Mindspot, etc.)	28.36%	19
GP counselling	22.39%	15
Exercise	25.37%	17
Self-help book or resource	14.93%	10
Did not provide any suggestions prior to referral	22.39%	15
Other (please specify what your referring doctor suggested, other than the areas listed above)	14.93%	10
	Answered	67

Ten carer respondents noted ‘other’ suggestions that the referring GP had made to the person prior to psychology support. These centred around making lifestyle changes to improve sleep, diet, screen time, and so forth.

- *Sleep, water, good food, a break from work, minimise distressing environments.*

After receiving a referral to see a psychologist, did the person you support access one?

Carer respondents reported that, after the person they support received a referral to see a psychologist, 86.15% (n=56) accessed one, 10.77% (n=7) did not, and 3.08% (n=2) were unsure.

Nine carer respondents provided further comments explaining why the person they support hadn’t accessed a psychologist despite receiving a referral to do so. Five carers noted the long wait time as the primary reason for this; sadly, one person had died whilst waiting. Also of note was the need to consider how young people might need additional support during the process of referral to and engagement with a psychologist. System issues with being listened to in order to receive a timely referral, were also noted.

- *Waited several months to see a psychologist that would bulk-bill, had attended local CAHMs unit for an initial assessment but not critical enough to access a service, wait lists at headspace were also too long and did not like the service after initial appointment was a LOT of paperwork. The whole process was too stressful, too long to wait, too difficult for a young person trying to deal with family difficulties, self-harm, depression, study & covid in a rural area. Local mental health services are totally overloaded.*
- *He died. My son could not get the support he needed because it was too expensive, and he couldn’t get into a Medicare one. So, he gave up and died.*
- *Still waiting ...had appointments booked in XXX but, on their arrival, they were sent home due to lockdown. There was no available support.... Just go home and come back at a suitable time, this is not suitable for a teenager in crisis.*
- *No. Cost kept them away from accessing psychological support. MHCP [mental health care plans] still have a gap fee. Not able to afford help and yet state community mental health closed their case as they could not help them, too hard basket and no hope. They discharged them whilst they were telling them they were highly suicidal. Two days later they were in ICU ventilated after a severe overdose that was a suicide attempt.*

Cost kept them away from accessing psychological support. MHCP [mental health care plans] still have a gap fee.

Carer Survey

If the person you support did not continue with psychological care, why did they discontinue/stop seeing a psychologist?

The main reason why a consumer who did not continue with psychological care, as reported by carer respondents, included (in order of highest rated):

- Psychologist was not a good fit for them (28.57%, n=18)
- Other reasons (26.98%, n=17)
- Could not afford ongoing sessions (22.22%, n=14)
- No longer needed care/therapy goals were achieved (17.46%, n=11)
- Sessions were not helpful (14.29%, n=9)
- Unsure (1.59%, n=1)

Seventeen carer respondents provided 'other' reasons for why contact with a psychologist was discontinued/stopped by the person. Prominent in the comments were issues related to young people and problems with protracted appointment schedules that hampered continuity and ongoing engagement by young people in the process of therapy.

- *The psychologist relocated and the teenager didn't gel with the new one...the appointment that they had waited for 12 months was cancelled due to COVID....telehealth was the only available appointment due to lack of psychiatrist in the area... then the teenager refused to speak on the phone or skype their appointment....teenagers refuse to attend another appointments after having changes in staff and having to retell their story again and again without any benefit.*
- *By the time the young person saw the psychologist they found it very difficult to engaged with the person and did not feel it was a good fit, to see someone else would be another wait of several months, so disengaged with treatment - lots of social factors impacting young person (finances, unemployment, lack of transport in regional area).*
- *As a young person, they lost motivation and momentum to keep going and the psychologist didn't really have any system in place to follow-up to promote attendance either. Had planned to have up to 10 sessions but dropped out after 4 despite probably still needing some support. Increased worry and responsibility now back with me and carer.*

Problems arising from movement of psychologists and scheduling of appointments more broadly were noted which then fragmented care.

- *First psychologist quit private practice to go into public service or some other job. Second psychologist was not a good fit and set the person I was supporting backwards/made his condition worse (in his words). He has wanted to see another psychologist specialising in his area (OCD/severe anxiety) but the waiting lists have been full for months with no end in sight.*
- *Unreliable sessions, 2 weeks then 5 weeks then no sessions available and did not reply to calls requesting help.*

Psychologist skills were also reported as a cause of discontinuation of contact. Of significant concern, three carer respondents described duty of care issues and their severe consequences for individuals and their families; meaning that trauma was left unaddressed.

- *The psychologist handled childhood trauma badly and retraumatised her.*
- *Committed suicide with his carer not knowing of the person's suicide ideations and wanting to die as there was no contact by the psychologist with the carer or the person's GP. The "culture" of 'management in isolation' by psychologists required to end!*
- *Difficult for psychologist to really see what the patient needs when in clinical environment so far removed from client's everyday environment.*
- *Psychologist refrained from commencing trauma intervention as not enough therapy sessions available via Mental Health Care Plan.*

Carer Survey

Medicare subsidies and gap payments from the recent visit to a psychologist.

Over two-thirds of carer respondents reported that the person they support had their most recent visits to a psychologist subsidised by Medicare (68.66%, n=46); 13.31% (n=12) were unsure. The remaining respondents (17.91%, n=12) reported that the visit was not subsidised by Medicare.

Over fifty percent of carers (55.22%, n=37) reported that the person they support was required to make a gap payment, with 32.84% (n=22) not required to make a gap payment, and 11.94% (n=8) were unsure.

Forty-two carer respondents provided an approximation of the gap fee that the person they support was required to pay at their most recent visit to a psychologist. This fee varied greatly across respondents, ranging from \$10 to \$600 (Table 16).

Table 16: Carer responses – gap fee paid for psychologist.

Gap Fee Paid	Responses	
\$10-\$50	21.43%	9
\$51-\$100	28.57%	12
\$101-\$150	7.14%	3
\$151-\$200	11.90%	5
\$201-\$250	14.29%	6
\$251-\$300	7.14%	3
\$301+	9.52%	4
	Answered	42

Number of sessions the person you support has had/have planned with the psychologist?

Fifty-nine carer respondents identified how many sessions the person they support has had or has planned with the psychologist. Over two-thirds (67.80%, n=34) were planning up to 10 sessions, 27.12% (n=10) were planning between 10-20 sessions, and 15.25% (n=9) were planning more than 20 sessions (Table 17). Four carers reported that the sessions would be regular weekly, fortnightly or monthly over an undefined period of time. One carer reported “Only 4 sessions before the psychologist disengaged and left my son suicidal”.

Table 17: Carer responses – how many sessions has the person you support had/have planned?

Answers	Responses	
1-3 sessions	28.81%	17
4-6 sessions	23.73%	14
7-9 sessions	5.08%	3
10 sessions	10.17%	6
11-19 sessions	3.39%	2
15 sessions	13.56%	8
20-30 sessions	8.47%	5
31 or more sessions	6.78%	4
	Answered	59

Carer Survey

When asked about the number of sessions planned or provided, approximately half of carer respondents (50.79%, n=32) said that this was less than the person they support wanted. There were 39.68% (n=25) carers who reported this was enough sessions and 9.52% (n=6) who reported it was more than they wanted.

Satisfaction with care provided by the psychologist

Almost half of carer respondents said that the person they support was satisfied with the care they received from a psychologist (49.25%, n=33). Other responses indicated they were not satisfied (23.88%, n=16) or they were unsure if the person they support was satisfied with the care provided (26.87%, n=18).

Sixty-two carer respondents provided feedback on what they thought the person found helpful in their contact with a psychologist. Of these, 20 carers' comments described how they were unhelpful. Their ideas are therefore incorporated with themes identified in the later question about what could be improved.

Several carer respondents reported that the psychology care helped the person relieve their emotional stress and distress, gave them practical tools and strategies, and improved their overall mental health.

- *Emotional regulation support and ongoing support with social interactions. Facilitation of managing relationships.*
- *Important in helping them to be 'able to move forward from stuck situations in their life.' Sometimes helpful, but the person has to be in the right frame of mind to receive it.*
- *Developed insight into her thoughts and behaviours so she changed to reduce risky behaviours. Better understanding of herself. Reduced self-harm.*
- *At the start it helped him look at past choices and reasons behind those choices, then worked with him to develop other ways of coping.*
- *Reduced their distress and they did better at school.*
- *The psychologist equipped her with simple strategies to cope with her anxiety... She also gave her resources to access. She also helped her deal with/come to terms with the impact of her serious mental illness on her life.*
- *The psychologist made her think her way through troubles and reach her own conclusions - guided. Gave her strategies to cope with anxiety/self-worth.*
- *It has helped keep them out of hospital, and from deterioration. The psychologist has been available to also schedule them in for urgent additional appointments when needed.*

Some carer respondents noted the benefits but expressed concern about the deeper impacts and their sustainability, particularly when family/carers were excluded from the process and the follow-on need for coping strategies to be integrated into the person's life in the longer term.

- *They said initially that it helped offer some general strategies for coping with their OCD and ADHD, but I wasn't part of any plans made so it was all a bit vague and the follow through at home then fell down somewhat, given the nature of their conditions is that they struggle with memory, planning, organising, etc. and I regularly act as backup to support and prompt them. I'm not therefore surprised that it dwindled away. Feels like any gains made have now been lost because no ongoing plan to build it into their life.*
- *Talking was reported as beneficial but regret was expressed that core issues weren't addressed.*

A number of carer respondents also commented on the value to the person of independent input, outside of the family, which could be understood to also alleviate family/carers concerns.

- Gave objective professional input outside family.
- To have another adult to talk through tough stuff with.
- Fresh perspective, not hearing from a parent, impartial.
- Someone for him to talk to other than his parents.



Developed insight into her thoughts and behaviours so she changed to reduce risky behaviours. Better understanding of herself. Reduced self-harm.

Carer Survey

Have you noticed any positive or negative changes in the health and wellbeing of the person you support since seeing a psychologist?

A vast majority of carer respondents (77.61%, n=52) said they had noticed positive changes in the health and wellbeing of the person they support since seeing a psychologist. However, whether this change was attributed to the care provided by the psychologist varied, with only 8.96% (n=6) stating this was entirely due to the psychologist visits, and 22.39% (n=15) stating it was largely due to the psychologist. A further 5.97% (n=4) stated that it was not at all attributed to the psychologist (Table 18).

Table 18: Carer responses - to what extent would you attribute this change to the care provided by the psychologist?

Answer Choices	Responses	
Entirely	8.96%	6
Large extent	22.39%	15
Moderate extent	35.82%	24
Small extent	10.45%	7
None at all	5.97%	4
Not applicable	16.42%	11
	Answered	67

Over a third of carer respondents had noticed negative changes in the health and wellbeing of the person they support since seeing a psychologist e.g., their health or wellbeing deteriorated (37.31%, n=25). From those who had noticed negative changes, 10.45% (n=7) said it was largely or entirely due to the care provided by the psychologist, and 10.45% (n=7) said this was to a moderate extent due to the psychologist (Table 19).

Table 19: Carer responses - to what extent would you attribute this negative change to the care provided by the psychologist?

Answer Choices	Responses	
Entirely	1.49%	1
Large extent	8.96%	6
Moderate extent	10.45%	7
Small extent	11.94%	8
None at all	16.42%	11
Not applicable	50.75%	34
	Answered	67

In what ways could the care you received have been improved?

Sixty-three carer respondents provided comments on what could be improved, and many of their comments related to issues identified earlier with cost, frequency, scheduling, the model of care delivery and similar access issues.

- *By not charging so much or by referring them to one that bulk-billed.*
- *A shorter wait time before the first appointment.*
- *More sessions and lower fee.*
- *Offer bulk-billing services for those with complex mental illness to help them manage their illness and live a life.*

Carer Survey

- *Face-to-face sessions would be easier.*
- *More sessions at higher frequencies would have assisted in addressing core distress and prevented not only all hospital admissions but kept the individual in stable employment.*
- *Less wait times would have been helpful. It was difficult to manage at home with little or no support while waiting for an appointment when my daughter's distress was high, this caused further stress for the family. Once therapy started it was very helpful, can't fault it.*
- *More regular needed. Sometimes had to wait a number of weeks to have the next appointment because the psychologist was too booked up, so any momentum gained during sessions was often lost. And routine couldn't be established and reinforced, which is pretty important for a teenager in this situation. It all got a bit fragmented, and they lost interest and stopped seeing any value, I suspect.*

They also raised concerns about psychologist skills and experience, especially working with trauma.

- *For children, especially those on the autism spectrum, more support needs to be delivered/available readily in or close to the child's own environment. It's very difficult for a psychologist in a clinic to really get a picture of what the child is like...A more practical and personable counsellor approach would also be better. Psychologists are quite emotionally removed.*
- *Better therapist-participant rapport - e.g., don't put a 25-year-old therapist with someone who has a lot of life's experience - it won't work so age is an important factor. Culture and diversity will also probably have an impact.*
- *I have done a lot of research into trauma for my own healing and believe that psychologists often treat the symptoms rather than the root cause. The person I am supporting has a lot of childhood trauma in his history and family history and this never seems to have been addressed/understood as linked to his mental health.*
- *The psychologist was not properly trained, showed little understanding in addressing the problem. The consumer would return from a consult frustrated and angry.*
- *Be more attentive and caring. Actively listen and engage with the person. Provide different tools to help.*
- *Difficult to find a psychologist so qualified - Difficult to find psychologist who understands LGBTIQ issues.*

Of note, some carer respondents highlighted the need to include family carers in the healthcare communication so that they were also aware of and able to follow and contribute positively to any care plans, and also given they were often the navigators between the various healthcare providers supporting the person.

- *She could have liaised with his carers (parents) whom he was residing with and his GP for a full low down on his medical history. She could also have informed his carers that he was having therapy for suicide ideations and was on a program for people of moderate to high risk of suicide.*
- *Collaboration with husband and I as primary carers, would've made a more efficient and effective scaffold of care, particularly in between appointments.*
- *Despite all the research and white papers, the mental health system still operates in silos. I have to try and coordinate things with the GP and psychiatrist. They are all so busy making money, no one is treating the person holistically.*

Offer bulk-billing services for those with complex mental illness to help them manage their illness and live a life.

Carer Survey

Would you consider the treatment received from the psychologist to be helpful?

Almost half of carer respondents said that they considered the care from the psychologist provided to the person they support to be helpful all or most of the time (49.26%, n=33) (Table 20).

Table 20: Carer responses- Would you consider the treatment you received from the psychologist to be helpful?

Answer Choices	Responses	
Always	20.90%	14
Most of the time	28.36%	19
Sometimes	29.85%	20
Rarely	16.42%	11
Never	4.48%	3
	Answered	67

Fifty-six carer respondents provided further comments to explain their response ratings to this question. Some carers were very clear on the benefits gained.

- We were lucky. There was a great connection established from the start.*
- I have seen marked improvement with my daughters over time as they came to trust and work well with their psychologists. 2 of my 3 daughters, (all with mental health issues) are still seeing their psychologists and their lives are much better. They have good insight into their illnesses and have strategies for managing and coping. There is still some work they need to do but they do this autonomously, I can be ‘mum’ now rather than trying to support them beyond my skill set, and they work with their psychologists to improve and maintain their mental health.*
- Once or twice they have struggled for the next day or two after seeing psychologist but then there is improvement.*

Some carers found it difficult to answer this question because they said they had been largely excluded from the communication about care steps, even though they felt this was important.

- I don’t know really. The information to the carer is very limited. I don’t know the treatment plan or recommendations, and no one is talking to the GP or Psychiatrist. I am the one who support her 24/7 and no one is talking to me about what I see.*
- Unsure, because I wasn’t really included in any aspect and my teenage family member didn’t say much about it either. I could see that they tried implementing some routines, which I assume came from psychologist suggestions, but they weren’t sustained.*

Some carers, however, spoke about system problems which they believed hampered the person’s ability to achieve positive outcomes.

- If care had been consistent and reliable it would have made a real difference.*
- The young person essentially gave up before there was time to really engage in treatment and gain benefits, so the long period on the waiting list, the poor treatment by CAHMs all affected the young person’s ability to engage well with the psychologist when they finally got an appointment.*



I have seen marked improvement with my daughters over time as they came to trust and work well with their psychologists. 2 of my 3 daughters, (all with mental health issues) are still seeing their psychologists and their lives are much better.

Carer Survey

Other carers were sceptical about the value of the therapy itself.

- *More than a necessary amount of time seems to be spent on rapport building chatter rather than dealing with difficult stuff.*
- *CBT is standard but does not work for everyone. Why re-address the trauma when you are only offered 3 sessions.*
- *I was suspicious that treatment was dragged out for over 5 years and that practice of self-help skills was not enthusiastically encouraged as an adjunct to consultations.*

Would you recommend a family member or friend to see a psychologist?

Many carer respondents held mixed views about the helpfulness of the care provided by a psychologist; however, when asked if they would refer a family member or friend to see a psychologist, they overwhelmingly said 'yes' (92.31%, n=60); only five said 'no'. Fifty-eight carers made further comments to help explain their response to this question. Several made positive comments about the benefits of receiving support from psychologists.

- *They can provide the guidance, education and support needed to cope with difficult life situations.*
- *Strategies and having a neutral person outside family to talk to are both important. Medication alone is not enough to improve quality of life.*
- *You don't feel alone or like you're the only one experiencing it because they understand your circumstances.*
- *Because it promotes insight and awareness of self and can unpack and help heal trauma experiences - provides skill building and emotional intelligence.*
- *Personal experience of visiting a psychologist myself and the help this gave me.*
- *GPs & psychiatrist just focus on medication the psychologist is therapeutically helping them learn skills to cope.*
- *You cannot fight your battles by yourself. The stronger your team, the better chance of a positive response and outcome.*

Of the 60 carers who said 'yes', 13 provided clear caveats to their explanations; that is, they said this was conditional on improvements that they saw as needed.

- *I'm aware that some psychologists are helpful. There are certainly caveats though, as I'm also aware that their skill levels vary, and it may not work out to be of any benefit. This does make it difficult, given the expense and wait times, to then not have benefit at the end of it.*
- *I could see it starting to help my son. His words it gave him hope he could live a normal life. But then the sessions ended and left him with nothing.*

Carers who said they wouldn't refer family or friends offered a range of reasons for their responses, including concerns about skills and the model of care provided.

- *Lack of holistic perspective and understanding of trauma.*
- *The whole system of educating psychologists and the service model needs reviewing.*
- *Until this culture of "management in isolation" is eradicated and psychologists provide feedback to carers and liaise with them on a regular basis as the carer can confirm actions, provide updates on behaviours and temperament as well as having a part to play in the safety plan by ensuring the home environment is safe.*
- *Because I think seeing a doctor would be helpful if there was a real problem.*
- *It wasn't a personable experience for the client or carer.*

Carer Survey

Requirement to obtain a referral from a GP or psychiatrist to access and continue treatment with a psychologist.

Over half of carer respondents (62.90%, n=39) said that the requirement to obtain a referral from a GP or psychiatrist to access and continue treatment with a psychologist made it harder for the person they support to access a psychologist for initial sessions (62.90%, n=39) and for subsequent sessions (53.33%, n=32).

When asked if they agree with the need for a GP review of the number of psychology sessions as part of the mental health care plan, 66 carers responded, with 60.61% (n=40) saying they did not agree with this requirement.

Forty-four carer respondents offered further comments to explain their responses, and these were similar to the reasons given by consumers. For those who said 'yes', the reasons appeared to relate to system accountability and reporting concerns rather than to their belief in the GPs' clinical assessment and knowledge of the person's needs.

- *It is important to keep the GP closely involved with care.*
- *I believe all Govt funded services need to be regulated.*

Several carer respondents who said 'no' believed that the psychologist was the most appropriate person to make this decision based on their perceived deeper knowledge of the person's mental health needs and progress. Some stressed that the decision should be a collaborative one between the person and the psychologist.

- *GPs are not trained to do this. GPs do not have the time for consulting on mental health properly.*
- *Once the relationship is established, I think it should be between the person and the psychologist to decide. The GP also wouldn't really have an in-depth sense of what has been covered either in the sessions. The person would have the best sense of this.*
- *Most young people don't have a regular GP and if they do and if they are any good, you can't get in to see them. With COVID getting a new referral for a treatment plan has been very hard. A lot of them moved to virtual appointments but many people with acute mental health don't like this way of communicating.*

Some carers argued that there were benefits in all three (consumer, psychologist and GP) being involved in the decision, to enhance collaboration.

- *Whilst a GP can determine the initial need for a psychologist, it should be a combined decision by the psychologist, patient and the GP (if the collaborative relationship exists) to determine if the patient is ready to stop psychology sessions or if they need further support. Arbitrary limits only serve to limit access to services that are sorely needed by patients.*
- *I think this is a conversation the person and the psychologist should have, but I understand that it is also useful for the GP to be involved but maybe this could be in a different way - e.g., a psychologist report to the GP after a certain time.*

Several carers also thought that the GP had enough other system issues to deal with, and that requiring their input was an unnecessary bureaucratic layer that added burden for a range of reasons, including access.

- *It is hard enough getting to psych appts. Adding another level of admin work unnecessary. The GP did not even ask about the mental state - just filling out forms.*
- *It's distressing for my child to talk about this with extra people.*
- *Honestly, finding time for the additional appointments for reviews and referrals is just more than any parent has time for. It becomes prohibitive and exhausting. It should be optional or easier to deliver - i.e. survey/feedback online.*

Carer Survey

- *This can be limiting for the client. The referral form is made out to the specific psychologist and if they relocated then the Carer is required to go back to the GP and pay another fee to have a new referral, the client may refuse to go back to the GP and due to privacy for the client, the client is left untreated. The psychologist available the rural and remote areas are limited.*
- *In this circumstance where there are no other health issues (often the case with young people who don't have a regular doctor) it seems like a barrier to accessing care as they need to be able to make an appointment with an appropriate GP (in some cases perhaps navigate parents/stigma of mental health), find the money to go if they don't bulk-bill as well as transport to the GP. Low SES means greater likelihood of mental health distress which means increased barriers to services.*

Of note, although 26 carer respondents said 'yes' to the previous question about GPs deciding on the number of sessions. A greater number of carers (n=45) provided responses to the question about when the GP review of session should occur.

Forty-five carer respondents rated at which point the GP should review the number of sessions that can be had with a psychologist, despite only 26 saying that they agreed with the requirement for a GP to undertake the review. There were varied responses regarding the point at which the review should be undertaken with options being after 6 sessions (26.67%, n=12), after 8 sessions (17.78%, n=8), after 10 sessions (24.44%, n=11), or 'other' (31.11%, n=14).

Of the fourteen carers who selected 'other' time period, most emphasised that the psychologist and the person receiving psychological care should decide, or that the decision should occur much later, e.g., after 20 sessions.

Honestly, finding time for the additional appointments for reviews and referrals is just more than any parent has time for. It becomes prohibitive and exhausting. It should be optional or easier to deliver - i.e. survey/feedback online.

Whilst a GP can determine the initial need for a psychologist, it should be a combined decision by the psychologist, patient and the GP (if the collaborative relationship exists) to determine if the patient is ready to stop psychology sessions or if they need further support. Arbitrary limits only serve to limit access to services that are sorely needed by patients.

Limitations

This research had a number of limitations. The sample of completed surveys was relatively small. Respondents were mostly females. Specific ethnic, cultural, and sexual minority populations were also underrepresented, and their experiences may vary.

Whilst the survey questions were determined from a series of collaborative co-design discussions within our lived experience team and consultation with key staff within the Australian Psychological Society research team, other limitations relate to the survey design: reliability testing was not undertaken; respondents could opt out of answering some questions; the survey was open for a relatively short period (4 weeks); questions related to costs enabled open response and may have led to uncertainty in whether total cost or 'out-of-pocket' cost was reflected; and the sample recruited may not reflect the broader community of people with mental health issues. Also, the survey was not open to consumers under the age of 18 years; however, we note that several carer respondents appeared to recount their experiences of supporting a family member of school age (under 18 years of age).

Appendix 1: Survey Questions

Demographics

1. Are you responding as a
Consumer (I have accessed a psychologist)
Carer (I have supported someone who accessed a psychologist)
2. Your gender- how do you identify?
Male
Female
Non-binary
Prefer not to disclose
Prefer to self-describe (comment below)
3. What is your age?
18-29
30-39
40-49
50-59
60-69
70+
Prefer not to say
4. In which state do you live?
VIC
NSW
SA
ACT
TAS
WA
NT
QLD
5. Do you live in a:
Capital city
Regional/rural area
Remote area
Rather not say

Consumer Questions

6. Have you seen a psychologist for assistance with your mental health in the last 5 years?
Yes, I saw the psychologist I wanted to
Yes, but I was unable to see the psychologist I wanted to
No, I didn't need to see one
No, I was unable to access one when needed
7. Have you faced any barriers to accessing a psychologist of your choice? Please select all items that apply.
Availability of psychologist
Location of psychologist (too far away)
Lack of telehealth (online/phone) as an option
Cost to see psychologist
Wait times to see psychologist
My GP wouldn't provide a referral when requested
I didn't want to ask my GP for a referral
Other (please specify which barrier you faced, other than those listed above)
8. What was the main reason you initially sought care from a psychologist? Select only one option as the main reason
Recommendation from others
Doctor referral
Online information
Other (please specify what prompted you to seek care other than the above)
9. How long did you have to wait to see a psychologist?
Received support immediately
Up to 1 month
1-3 months
3-6 months
6-9 months
9-12 months
Over 12 months
10. If you had to wait before you received an initial psychology service, was the wait worth it?
Yes
No
N/A
11. Prior to referring you to a psychologist, which (if any) did your referring doctor suggest? Select all that apply
Medication
Online therapy (e.g., Head to health, Mindspot, etc.)
GP counselling
Exercise
Self-help book or resource
Did not provide any suggestions prior to referral
Other (please specify what your referring doctor suggested, other than the areas listed above)

Appendix 1: Survey Questions

12. After receiving a referral to see a psychologist, did you access one?

Yes

No

If no, please comment

13. If you did not continue with psychological care, why did you discontinue/stop seeing a psychologist?

No longer needed care/therapy goals were achieved

Psychologist was not a good fit for me

Could not afford ongoing sessions

Sessions were not helpful

Not applicable, I am still accessing care

Other (please specify why you discontinued care, other than the above)

14. Thinking about your most recent visits to a psychologist, were the services you received subsidised by Medicare?

Yes

No

Not sure

15. Thinking about your most recent visits to a psychologist, did you have to make a gap payment?

Yes

No

Not sure

16. Thinking about your most recent visits to a psychologist, how much did you pay (enter numbers only)

17. Approximately how many sessions did you have/have you planned with the psychologist? (Enter numbers only)

18. Was this number less than you would have wanted, enough or more than you would have wanted?

Less than I wanted

Enough

More than I wanted

19. Were you satisfied with the care you received from the psychologist?

Yes

No

20. In what ways was the care you received helpful?

21. Have you noticed any positive changes in your health and wellbeing since seeing a psychologist?

Yes

No

22. If yes, to what extent would you attribute this change to the care provided by the psychologist?

Entirely

Large extent

Moderate extent

Small extent

None at all

Not applicable

23. Have you noticed any negative changes in your health and wellbeing since seeing a psychologist e.g., has your health or wellbeing deteriorated?

Yes

No

24. If yes, to what extent would you attribute this change to the care provided by the psychologist?

Entirely

Large extent

Moderate extent

Small extent

None at all

Not applicable

25. In what ways could the care you received have been improved?

26. Would you consider the treatment you received from the psychologist to be helpful?

Always

Most of the time

Sometimes

Rarely

Never

Please comment on why you chose the above rating

27. Would you recommend a family member or friend to see a psychologist?

Yes

No

Please comment on why you chose the above rating

Appendix 1: Survey Questions

28. Medicare-funded services require you to obtain a referral from your GP or psychiatrist to access and continue treatment with a psychologist. Did this referral process make it harder to access a psychologist?

- | | | |
|--------------------------|-----|----|
| For the initial sessions | Yes | No |
| For subsequent sessions | Yes | No |
| Not applicable | | |

29. Do you agree with the requirement to have your GP review the number of sessions you can have with the psychologist?

- Yes
- No
- Comments:

30. If yes, at which point should the GP review the number of sessions you can have with the psychologist?

- After 6 sessions
- After 8 sessions
- After 10 sessions
- Other (please specify)

Carer Questions

6. Has the person you support seen a psychologist for assistance with their mental health in the last 5 years?

- Yes, they saw the psychologist they wanted to
- Yes, but they were unable to see the psychologist they wanted to
- No, they didn't need to see one
- No, they were unable to access one when needed

7. Has the person you support faced any barriers to accessing a psychologist of their choice? Please select all items that apply.

- Availability of psychologist
- Location of psychologist (too far away)
- Lack of telehealth (online/phone) as an option
- Cost to see psychologist
- Wait times to see psychologist
- The GP wouldn't provide a referral when requested
- They didn't want to ask the GP for a referral
- Other (please specify which barrier they faced, other than those listed above)

8. What was the main reason the person you support initially sought care from a psychologist? (Select only one option as the main reason)

- Recommendation from others
- Doctor referral
- Online information
- Other (please specify what prompted them to seek care other than the above)

9. How long did they have to wait to see a psychologist?

- Received support immediately
- Up to 1 month
- 1-3 months
- 3-6 months
- 6-9 months
- 9-12 months
- Over 12 months

10. If they had to wait before they received an initial psychology service, do you feel the wait was worth it?

- Yes
- No
- N/A

11. Prior to referring you the person you support to a psychologist, which (if any) did their referring doctor suggest? Select all that apply

- Medication
- Online therapy (e.g., Head to health, Mindspot, etc.)
- GP counselling
- Exercise
- Self-help book or resource
- Did not provide any suggestions prior to referral
- Other (please specify what the referring doctor suggested, other than the areas listed above)

12. After receiving a referral to see a psychologist, did the person you support access one?

- Yes
- No
- If no, please comment

Appendix 1: Survey Questions

13. If the person you support did not continue with psychological care, why did they discontinue/stop seeing a psychologist?

 - No longer needed care/therapy goals were achieved
 - Psychologist was not a good fit for me
 - Could not afford ongoing sessions
 - Sessions were not helpful
 - Not applicable, they are still accessing care
 - Other (please specify why they discontinued care, other than the above)

14. Thinking about their most recent visits to a psychologist, were the services you received subsidised by Medicare?

 - Yes
 - No
 - Not sure

15. Thinking about their most recent visits to a psychologist, did they have to make a gap payment?

 - Yes
 - No
 - Not sure

16. Thinking about their most recent visits to a psychologist, how much did they pay (enter numbers only)

17. Approximately how many sessions did they have/ have they planned with the psychologist? (Enter numbers only)

18. Was this number less than they would have wanted, enough or more than they would have wanted?

 - Less than they wanted
 - Enough
 - More than they wanted

19. Were they satisfied with the care they received from the psychologist?

 - Yes
 - No

20. In what ways was the psychologist care provided to the person you support helpful?

21. Have you noticed any positive changes to the health and wellbeing of the person you support since seeing a psychologist?

 - Yes
 - No
22. If yes, to what extent would you attribute this change to the care provided by the psychologist?

 - Entirely
 - Large extent
 - Moderate extent
 - Small extent
 - None at all
 - Not applicable

23. Have you noticed any negative changes to the health and wellbeing of the person you support since seeing a psychologist e.g., has your health or wellbeing deteriorated?

 - Yes
 - No

24. If yes, to what extent would you attribute this change to the care provided by the psychologist?

 - Entirely
 - Large extent
 - Moderate extent
 - Small extent
 - None at all
 - Not applicable

25. In what ways could the care provided to the person you support have been improved?

26. Would you consider the treatment they received from the psychologist to be helpful?

 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never

Please comment on why you chose the above rating

27. Would you recommend a family member or friend to see a psychologist?

 - Yes
 - No

Please comment on why you chose the above rating

28. Medicare-funded services require a referral from your GP or psychiatrist to access and continue treatment with a psychologist. Did this referral process make it harder to access a psychologist for the person you support?

For the initial sessions	Yes	No
For subsequent sessions	Yes	No
Not applicable		

Appendix 1: Survey Questions

29. Do you agree with the requirement that the GP must review the number of sessions the person you support can have with the psychologist?

Yes

No

Comments:

30. If yes, at which point should the GP review the number of sessions that can be had with the psychologist?

After 6 sessions

After 8 sessions

After 10 sessions

Other (please specify)



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