



Centre for Mental Health Learning **VICTORIA**

Statewide Psychology Workforce Scoping Report



Prepared by

CMHL Statewide Psychology Educators

Contents

EXECUTIVE SUMMARY	4
INTRODUCTION	8
PROJECT BACKGROUND, PURPOSE AND SCOPE	9
BACKGROUND AND PURPOSE	9
BENEFITS	10
PROJECT AIMS	11
METHODOLOGY	12
Data Collection	12
Selection	12
Scoping Tool	12
Data Analysis	13
KEY FINDINGS	14
WORKFORCE PROFILE	14
Psychology Workforce Size	14
Roles of Psychology Workforce	15
Grades of Psychology Workforce	16
Areas of Practice Endorsement	17
Psychology Workforce across the Lifespan	18
Psychology Workforce across Settings	20
Discipline Specific and Generic Psychology Roles	21
DISCIPLINE SPECIFIC ACTIVITY	22
Psychological Models and Frameworks	22
Specialist Psychological Intervention Services	22
Psychological Assessment Measures	24
Specialist Psychological Assessment Programs	25
Evaluation of Psychology in Services	25
PSYCHOLOGY LEADERSHIP	26
Psychology Leadership Structures	26
Psychology Leadership Needs	27
ENTRY LEVEL PROGRAM – PSYCHOLOGY REGISTRAR PROGRAM	28
WORKING WITH THE LIVED EXPERIENCE WORKFORCE	29
DISCIPLINE SPECIFIC SUPERVISION	31
Professional Supervision Structures	31
Support for Supervisors	32
Group Supervision	32
DISCIPLINE SPECIFIC EDUCATION AND PROFESSIONAL DEVELOPMENT	33
Education Structures and Roles	33
Education Activities	34
Education Needs from CMHL	34
DISCIPLINE SPECIFIC RESEARCH	35
Research Structure and Activity	35
Research Support Needs	36
COMMUNITIES OF PRACTICE	37
TRAINING NEEDS	38

PROJECT SCOPING LIMITATIONS.....	39
RECOMMENDATIONS.....	40
REFERENCES.....	44
APPENDIX A: List of Mental Health and Wellbeing Services.....	45
APPENDIX B: List of Abbreviations.....	46

Executive Summary

The Centre for Mental Health Learning (CMHL) presents the Mental Health Statewide Psychology Scoping report. This comprehensive report represents the culmination of engagement with psychology leaders across Victorian Mental Health and Wellbeing Services (MHWS). The report aims to identify the psychology workforce profile and development needs to support leadership, collaboration, growth, and learning within the profession. Data collection occurred between July to October 2023, engaging all 21 MHWSs in Victoria (see Appendix A for list of services). Quantitative and qualitative data were collected via a scoping survey, covering workforce profiles, leadership structures, education, research, and professional development needs.

Summary of Findings

The report highlights the following findings related to the psychology workforce profile, workforce development, and education needs across Victorian MHWSs:

MHWS Psychology Workforce Size:

There are approximately 927 psychologists employed across Victorian MHWSs, predominantly in part-time positions (approximately 669 full time equivalent). The majority of psychologists are employed in metropolitan MHWSs ($n=769$), compared to regional MHWSs ($n=158$).

MHWS Psychology Roles:

The roles of psychologists working in MHWSs are varied, with 85% of psychologists employed in clinical roles. Psychologists predominantly work in mental health community settings (69%), with fewer in inpatient and bed-based settings.

Psychologists are employed in both discipline-specific (53%) and generic (47%) roles.

A large proportion of psychologists are employed in specialty services, statewide services or specialty roles ($n=329$). This indicates that there are a significant number of psychologists in Victorian MHWSs that have a high level of expertise in specialty areas of practice.

MHWS Psychology Grades:

Across Victorian MHWSs, psychologists are employed as Grade 1 (3.65%), Grade 2 (44.4%), Grade 3 (33.75%), Grade 4 (14.2%), Grade 5 (2.85%) and Grade 6 (1.3%). Regional MHWSs report difficulties in recruitment to psychology registrar (Grade 2) positions and are employing provisionally registered (Grade 1) psychologists in internship pathways to assist with workforce supply.

MHWS Psychologist Areas of Practice Endorsement:

Of the psychologists with an Area of Practice Endorsement, the majority hold a Clinical Psychology endorsement (82%). There are less psychologists with an Area of Practice Endorsement in regional services, which may affect career progression opportunities as well as perpetuate workforce supply issues.

MHWS Psychology Discipline-Specific Activities:

Psychologists offer a range of specialist psychological assessments and interventions, with 100% of metropolitan MHWSs and 57% of regional MHWSs offering specialist psychological intervention services.

There were a range of psychological assessments offered by psychologists in MHWSs, including adult personality assessments, symptomatology assessments, neuropsychological assessments, cognitive assessments and developmental assessments.

Some MHWSs offered specialist psychological assessment programs, such as for neuropsychology assessments ($n=15$), autism spectrum disorder assessments ($n=14$), ADHD assessments ($n=5$) and personality disorder assessments ($n=5$).

MHWSs also reported offering Specialist Psychology Intervention Programs, such as CBT/ACT, DBT, family therapy for consumers with an eating disorder.

These findings indicate that some MHWSs offer specialist assessment and/or intervention programs that may act as examples of best practice.

MHWS Psychology Leadership:

There were varied psychology leadership structures within MHWSs. Most MHWSs (86%) had a psychology leadership structure in place, with 52% of MHWSs employing a Director of Psychology. Eight of the Director of Psychology roles provided leadership across whole of health service, while three health services separated the Director of Psychology role into two separate roles, one for the MHWS and one for the rest of the health service. This indicates that there may be enhanced opportunities in workforce development and education for psychology across the whole of health services, rather than just within MHWSs.

There was also an identified need for psychology leadership and support for psychologists across their career to assist in supporting current and future leaders.

MHWS Early Career Psychologists and Psychology Registrar Programs:

Over 80% of MHWSs have a psychology registrar program. Some MHWSs have structured, comprehensive programs, while other MHWSs are still developing their programs. This indicates that there are opportunities to share resources and reduce duplication of effort in the development and implementation of psychology registrar programs.

MHWS Psychologists and Lived Experience Workforce (LEW) Collaboration:

There is limited engagement with the LEW in the development and delivery of psychology-specific interventions and programs. Psychology leaders are aware of the need to increase LEW involvement in psychology education and program development.

MHWS Psychology Discipline-Specific Supervision:

Most (95%) MHWSs have formal supervision structures in place and are able to meet the supervision needs of the psychology workforce. MHWSs identified challenges around supervisor shortages and high supervision workloads with low levels of specific ongoing support and education for supervisors.

MHWS Psychology Education and Professional Development:

Psychologists in MHWSs have access to education and professional development via ad hoc training opportunities within MHWSs, with some MHWSs having more structured educational supports than others.

There has been an increase in psychology educator roles in MHWSs since 2022, with 55% of MHWSs now having designated psychology educator roles. This offers an opportunity to develop statewide supports and structures for these new roles via educator education sessions and communities of practice.

MHWSs indicated that CMHL could assist with specialised training in areas of psychological practice, supervision training, psychology educator support, psychology registrar program support, community of practice with expert speakers, and inpatient psychologist education and support.

MHWS Psychology Research Activities:

There is variability in the implementation of both smaller and larger scale psychological research activities across MHWSs. This is dependent on within service resources and partnerships with academic institutions. MHWSs indicated that support with research design, evaluation, and project management would be helpful to assist psychologists in maintaining their research and evaluation skills.

MHWS Psychology Workforce Development and Training Needs:

The main workforce development priorities identified by MHWSs included support for psychology educators, communities of practice for specialised areas of practice, working with trauma, neurodiversity, psychological assessment and support for supervisors.

Recommendations

The following recommendations are made for consideration by individual MHWSs and at a statewide level, categorised according to the CMHL Divisions:

CMHL Division	Recommendations
<p>Capability Development</p> <p><i>Partnering with MHWSs, Statewide Training Providers (SWTPs) and specialist organisations to design, develop, deliver and disseminate statewide training events and sector-wide initiatives and programs.</i></p>	<ul style="list-style-type: none"> → Stay connected with the psychology workforce and educators to address evolving training needs within MHWSs and statewide. → Organise specialised psychology events including for psychological assessment, low-prevalence disorders, trans-diagnostic approaches and psychological principles in treating complex mental health presentations. → Focus on training across the lifespan. → Explore opportunities for collaboration between MHWSs around training in specialised psychological practice delivered by psychologists in specialist services and roles. → Explore providing statewide training opportunities or within health services for both mental health and general health psychologists, especially in relation to offering training in transdiagnostic psychological principles and interventions, early career support, support for supervisors, and building a sense of collective identity across the workforce. → Host CMHL Online Psychology Conference. → Promote leadership opportunities through statewide programs, the CMHL calendar and sector-wide initiatives. → Explore supports around implementation science and research education.

<p>WellBeing and Retention</p> <p><i>Curating and creating events, initiatives, networks and resources that cultivate sustainable and satisfied workforces.</i></p>	<ul style="list-style-type: none"> → Communities of Practice for specialised psychologists (e.g., IPU, psychology educators) to foster knowledge sharing and collaboration. → Include neuropsychology and CYMHS educators in considering training needs in MHWs and statewide. → Continue Statewide Psychology Educator Committee meetings. → Explore methods to assess changes in workforce wellbeing and retention after appointment of Director of Psychology and Psychology Educator roles in MHWs. → Provide statewide supports to MHWs where there are gaps in resources and supports around education and workforce development needs (i.e., regional and rural psychologists in MHWs).
<p>Lived Experience Workforces</p> <p><i>Coordinating events, initiatives and resources that lead the development of LEWs capabilities and roles through understanding and representation.</i></p>	<ul style="list-style-type: none"> → Explore strategies to enhance LEW involvement in psychology workforce development and education. → Engage LEW experts in supporting psychology leaders and educators to understand co-production, co-design and co-delivery principles, as well as effective models and strategies to engage meaningfully with the LEW. → Engagement with LEW in CMHL Psychology Educator activities.
<p>Early Career</p> <p><i>Designing and delivering events, initiatives and resources that support the journey of early career mental health workers.</i></p>	<ul style="list-style-type: none"> → Training/support for psychology supervisors to ensure early career psychologists have access to high quality supervision. → Explore opportunities for collaboration between MHWs in the development and extension of psychology registrar programs. This may include sharing of resources and development of strategies to reduce duplication of effort in early career education and psychology registrar program development. → CMHL to contribute to statewide education and support for psychology registrar and early career programs.
<p>Digital and Dissemination</p> <p><i>Providing and maintaining a centralised online hub for workforce development resources, information and training.</i></p>	<ul style="list-style-type: none"> → Focus on resource and information sharing on early career programs and support for supervisors. → Utilise Basecamp to develop Communities of Practice and Statewide Psychology Educator groups to allow for ease of sharing resources and communication between MHWs. → Develop online resources for Psychology Educators. → Communication of CMHL psychology educator activities via "Our Work" page on CMHL website. → Promote CMHL as a centralised online hub for MHW psychologists via CMHL psychology events and newsletters.

Introduction

The Centre for Mental Health Learning (CMHL) is pleased to provide the Mental Health Statewide Psychology Scoping report.

This report represents the culmination of engagement and communication with psychology leaders across each Victorian Mental Health and Wellbeing Service (MHWS) since the inception of the CMHL Statewide Psychology Educators in July 2023. It also incorporates the internal efforts within CMHL including the collation, analysis and reporting of the data gathered during this process.

This report aims to identify the psychology workforce profile, as well as workforce development and education needs, across Victorian MHWSs to support leadership, collaboration, growth, learning and development of the profession. To achieve this, each MHWS was asked about:

- Staffing profiles
- Discipline specific activities
- Leadership structures
- Education, research, and entry-level structures
- Professional development

This report outlines:

- Project background, purpose, and scope
- Data collection and analysis approaches
- Key findings
- Project limitations
- Recommendations

Project Name	Victorian Psychology Workforce Scoping Project
Commencement Date	July 2023
End Date	October 2023
Date of Final Report	January 2024
Statewide Psychology Educators	Kerrie Clarke, Michelle Corso

Project Background, Purpose and Scope

Background and Purpose

The CMHL is a Department of Health and Human Services (DHHS) funded central agency for public mental health and wellbeing workforce development in Victoria. The CMHL is the centrepiece for mental health learning in Victoria, leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.

The CMHL Divisions drive sector engagement and strategic directions (see Figure 1).

Figure 1
CMHL Divisions



Ongoing understanding, reflecting and responding to workforce capability needs, through continuous connection with sector voices.

Statewide Psychology Educators joined CMHL in July 2023. The first identified task was to conduct a psychology workforce scoping project, comprising two parts: 1) the psychology workforce profile and 2) their training and development needs. This information was sought to provide a foundational understanding of the Victorian MHWS psychology workforce development priorities, to identify opportunities for CMHL to contribute to workforce development, and to inform the work of the Statewide Psychology Educator roles. During the project period, designated psychology discipline leaders in all Victorian MHWSs were invited to complete a scoping survey. The scoping survey used in this project was adapted from a data collection tool previously developed by the CMHL statewide Occupational Therapy, Social Work and Enrolled Nurse mental health educators.

The purpose was to identify the psychology workforce profile as well as the workforce development priorities across the Victorian MHWSs. The aim was to support leadership, collaboration, growth, learning and development of the psychology profession. The scoping findings will assist the sector with understanding the Public Mental Health Psychology workforce professional development needs across Victoria. This activity was essential to establishing baseline knowledge that could be collated and analyzed, with the aim of identifying gaps, needs, strengths, innovation, best practice examples, and shared future priorities. The scoping project outcomes will be in alignment with the CMHL Divisions.

PURPOSE

To identify the profile of the Psychology workforce across Victorian Mental Health and Wellbeing Services to support leadership, collaboration, growth, learning and development of our profession

Benefits



To understand the Public Mental Health and Wellbeing Psychology workforce professional development needs across Victoria



To collaboratively prioritise the CMHL Statewide Mental Health Psychology Educator focus



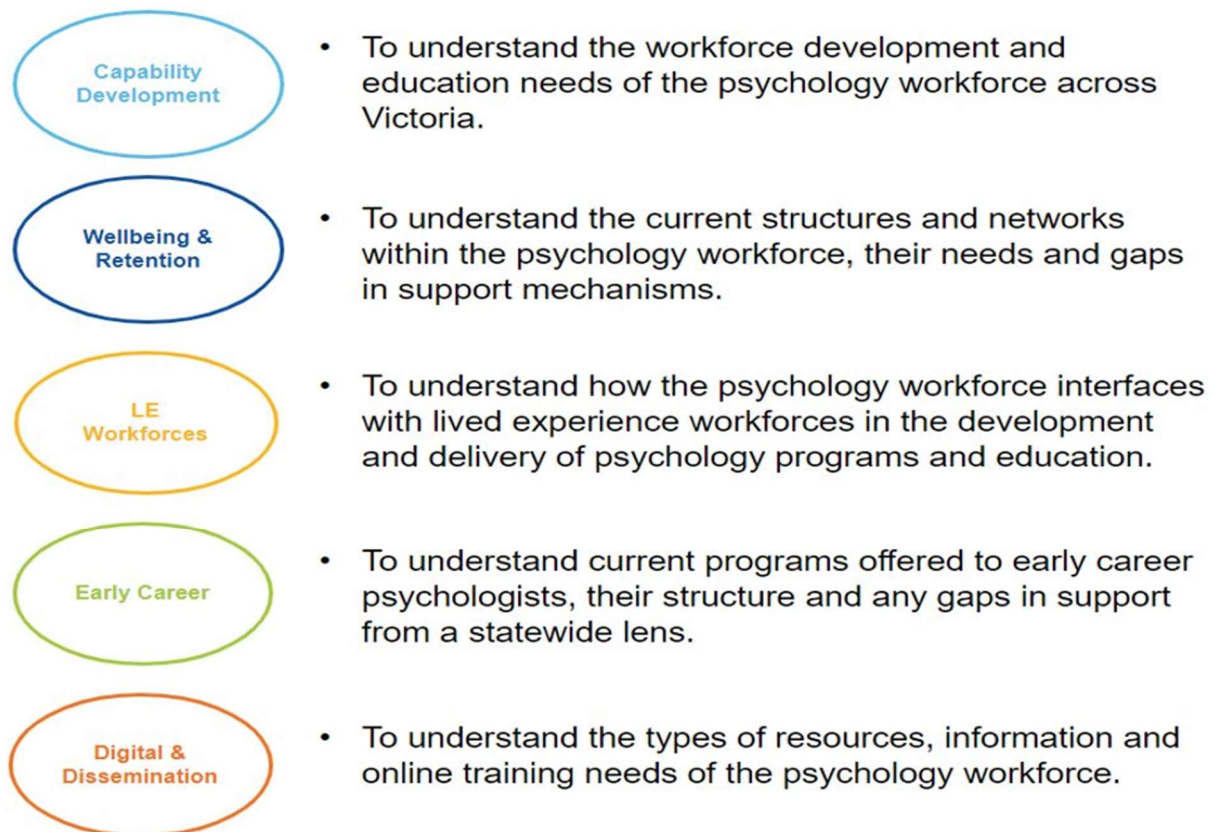
To establish a centralised, comprehensive baseline data set, detailing the operations of all Mental Health and Wellbeing Services' Psychology functions; as foundation for strategic planning for Victorian Public Mental Health Psychology leadership and workforce development

Project Aims

The scoping project aims are to inform CMHL work in alignment with the five CMHL Divisions (<https://cmhl.org.au/our-purpose>) in the following ways:

Figure 2

Project aims in relation to CMHL Divisions



Methodology

Data Collection

Data for the scoping project was collected between July to October 2023. All MHWSs, including Forensicare and the Royal Children's Hospital ($N=21$), responded to the request for data (see Appendix A for list of MHWSs involved in this project). The CMHL Psychology Educators initiated contact with psychology leaders from each Victorian MHWS via email, introducing the project along with the attached scoping tool. Each MHWS was invited to complete the scoping survey and submit their responses via email. MHWSs were given the option to directly connect with CMHL educators to schedule a 60-minute online meeting via Teams to assist with data collection if required. Fourteen MHWSs opted to submit their responses via email while the remaining seven met online with the CMHL educators to aid data collection.

It should be noted that the 2021-2025 Enterprise Bargaining Agreement for psychologists (EBA; Medical Scientists, Pharmacists and Psychologists Victorian Public Sector Enterprise Agreement) included the addition of specific roles to be integrated into public sector service structures. This included a Psychology Director position at Grade 5/6 and a Psychology Educator position at Grade 4/5 for each public hospital health service that employs psychologists in their MHWS and/or their general hospital services. During data collection only some health services had already established these roles. Data was only collected from MHWSs and do not include data related to psychologists working in public hospital general health settings.

Selection

MHWS Psychology Leaders were identified via the Heads of Psychology Committee and the CMHL Workforce Development Committee. Psychology Leaders either completed the scoping tool or delegated the task to another psychologist within the MHWS (eg. Psychology Educator, Deputy Director of Psychology).

Scoping Tool

The data collection spreadsheet tool included clear instructions for how to complete the excel spreadsheet. The sections of the spreadsheet were as follows:

Sheet 1. Introduction & Instructions

Sheet 2. Quantitative Data was collected about the Psychology Workforce Profile.

Data included:

- Total workforce full time equivalent (EFT) and Headcount
- Psychology workforce EFT and Headcount
- Grades
- Areas of practice endorsement
- Positions
- Lifespan
- Setting (inpatient, community, community bed-based, other)
- Service type
- Designated psychology specific roles
- Generic roles

Sheet 3. Qualitative Data was collected about discipline specific activity, leadership, education and professional development:

- Psychology Discipline Specific Activity
 - Specialist psychology intervention programs, models/framework, common assessments, specialist psychology assessments, measurements.
- Psychology Leadership
 - Structures, needs,
- Working with the Lived Experience Workforce (LEW)
- Psychology Education and Professional Development
 - Education structures, activities, needs
 - Research
 - Psychology Registrar and entry level support
 - Supervision
 - Communities of Practice
 - Psychology training priorities

It should be noted that not all MHWSs answered every question. Throughout this report, the number of MHWSs that provided responses are specified.

Data Analysis

All quantitative data was collated and analysed using Microsoft Excel. Qualitative data analysis occurred for each question and was subjected to thematic analysis to elicit repeated patterns of meaning. This involved familiarisation with data, searching for themes, reviewing themes, as well as defining and naming themes. Themes were finalised and reflected in the recommendations section of this report.

Key Findings

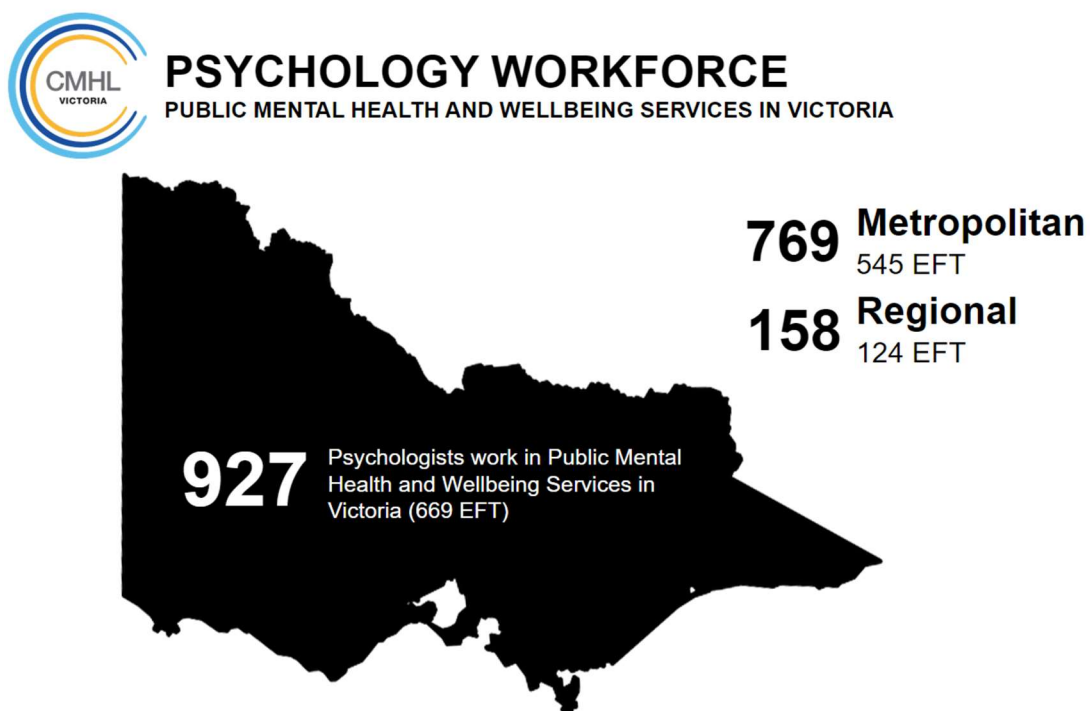
The key findings from the data analysis are presented for the psychology workforce profile, discipline specific activity, leadership, education and professional development.

Workforce Profile

Psychology Workforce Size

There are approximately 927 psychologists employed in Victorian MHWSs. The approximate total EFT for the workforce is 669 EFT. These results indicate that the psychology workforce is largely a part-time workforce.

Figure 3
*Total Psychology Workforce in Victorian Mental Health and Wellbeing Services (N=21)**

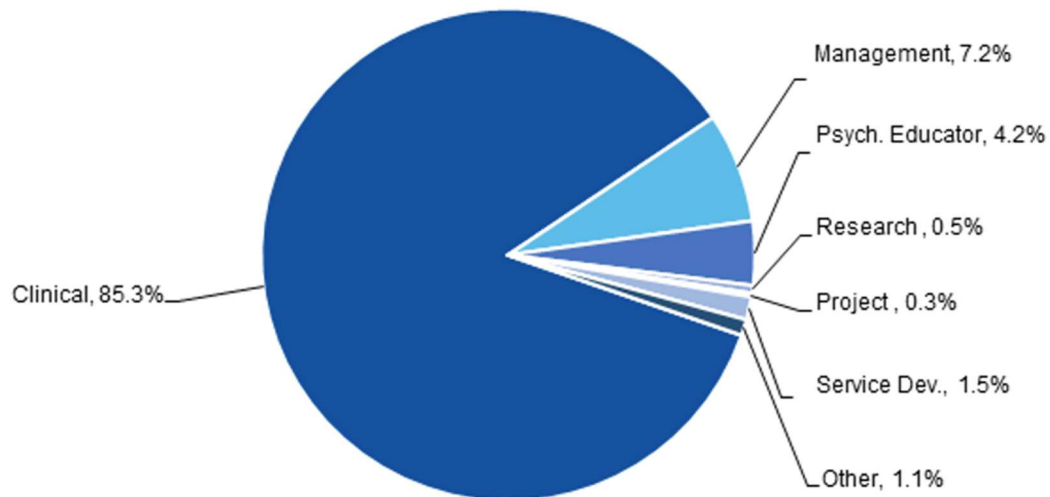


**Note. One MHWS provided only partial EFT/headcount.*

Roles of Psychology Workforce

The roles of psychologists working in MHWSs are varied, with 85% of the workforce employed in clinical roles. The remaining 15% of roles include management, education, research, project management, and service development, as shown in Figure 4.

Figure 4
Psychology Workforce by Roles



Note. Data was provided by 20 out of 21 MHWSs.

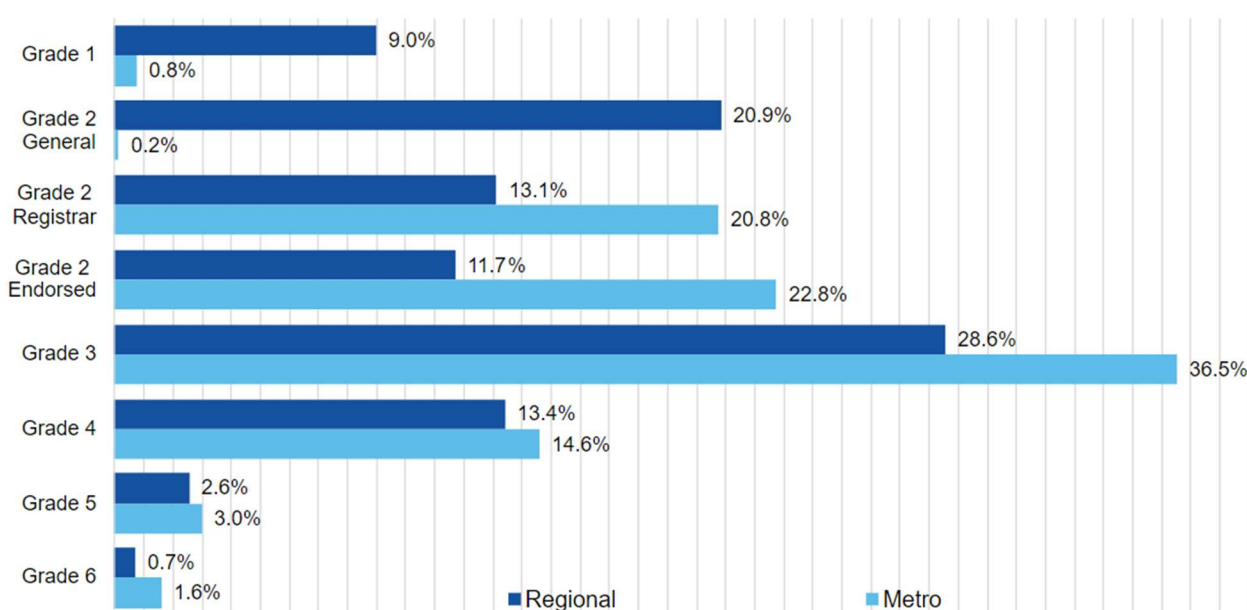
Grades of Psychology Workforce

Across Victoria, psychologists are employed as Grade 1 (3.65%), Grade 2 (44.4%), Grade 3 (33.75%), Grade 4 (14.2%), Grade 5 (2.85%) and Grade 6 (1.3%).

There was a difference between metropolitan and regional MHWs across Grade 1 and 2 psychologists. A greater number of Grade 1 psychologists are employed in regional MHWs (9% vs 0.8%). Regional MHWs reported that they have been recruiting Grade 1 provisional psychologists on 4+2 or 5+1 internship pathways due to challenges faced in filling psychology registrar (Grade 2) positions. Regional MHWs also report a higher presence of Grade 2 generally registered psychologists (20.9% vs 0.2%) who do not have an Area of Practice Endorsement (e.g., Clinical Psychology, Clinical Neuropsychology).

Figure 5

Comparison of Victorian Metropolitan and Regional Psychologists by Grades



Note. Data was provided by 20 out of 21 MHWs.

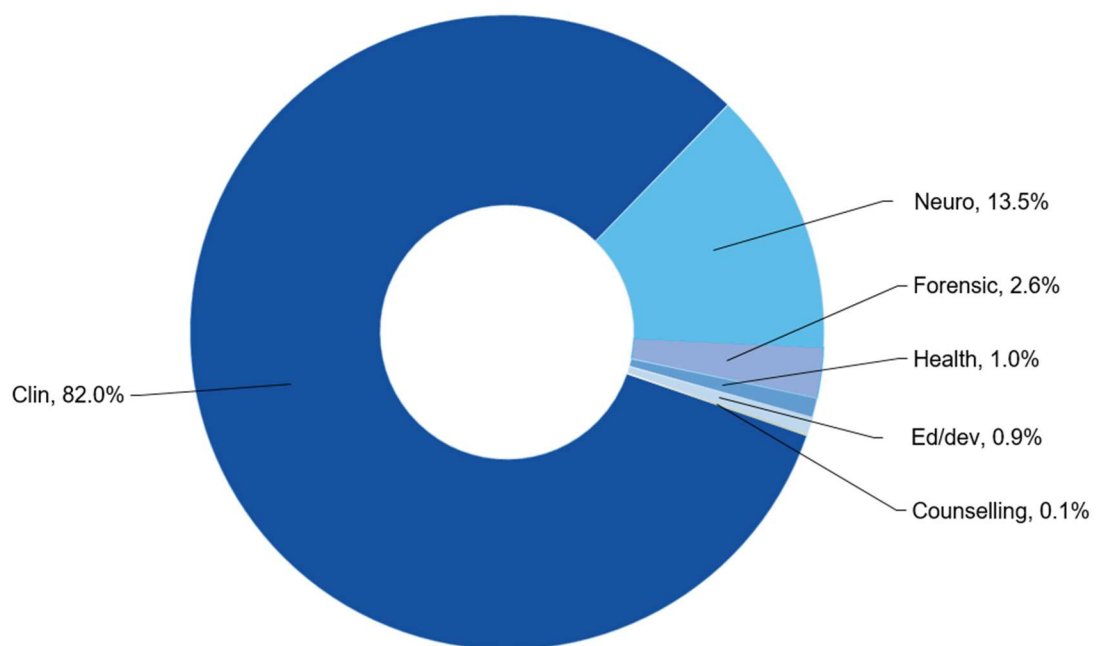
Key Finding 1:

Regional MHWs report difficulties in recruitment to psychology registrar (Grade 2) positions and are recruiting provisional psychologists working towards general registration via the 4+2 and 5+1 internship pathway. There are less psychologists with Area of Practice Endorsement in regional services, which may affect career progression opportunities as well as perpetuate workforce supply issues.

Areas of Practice Endorsement

Upon completion of a Masters or Doctorate qualification in a specialised field of psychology (such as Clinical, Neuropsychology, Forensic, Health, Educational, and Developmental), psychologists are eligible to enrol in a Psychology Registrar Program. Once the psychologist has completed their Psychology Registrar Program they can apply for an Area of Practice Endorsement in their specialist area of psychology. The majority of psychologists who hold an Area of Practice Endorsement in MHWs are Clinical Psychologists (82%), followed by Clinical Neuropsychologists (13.5%), Forensic Psychologists (2.6%), Health Psychologists (1%), Educational and Developmental Psychologists (0.9%) and Counselling Psychologists (0.1%).

Figure 6
Total Psychology Workforce by Area of Practice Endorsement



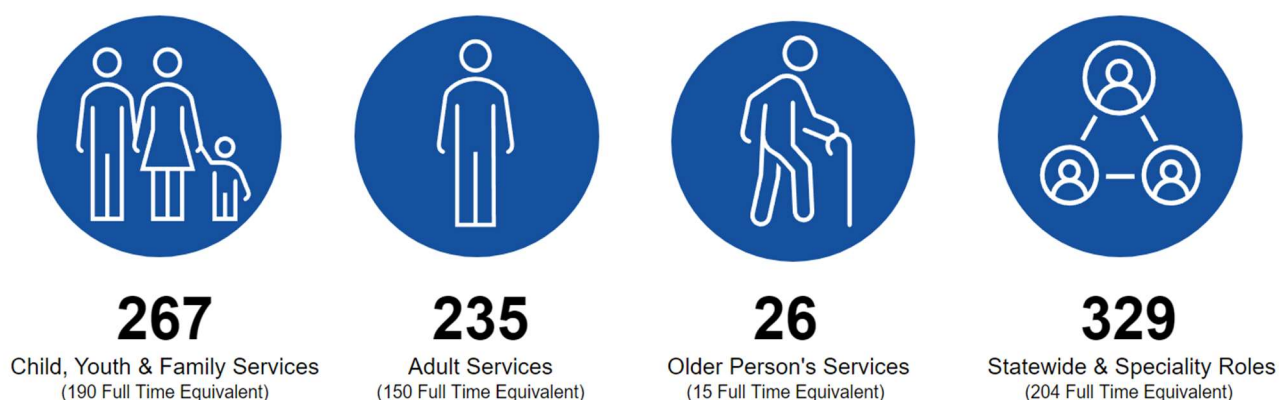
Note. Data was provided by 19 out of 21 MHWs.

Psychology Workforce across the Lifespan

MHWSs were asked about psychologists in different lifespan settings: Child, Youth and Family services; Adult services; Older Adult services; and Statewide or Speciality services/roles. The Child, Youth and Families incorporated Child, Adolescent, Youth Mental Health Services (CYMHS) and perinatal mental health and wellbeing services. It is noted that there are considerable differences in the structures of different MHWSs regarding titles of each service, setting and teams. See Figures 7-9 for summary of this data.

Figure 7

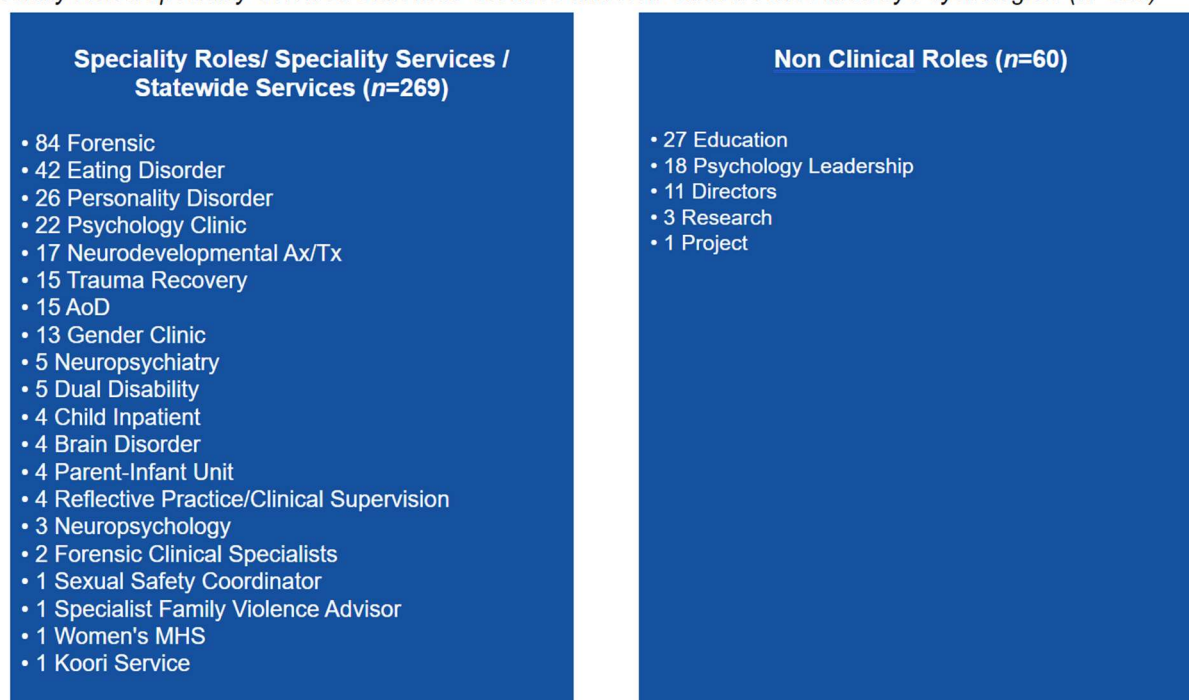
Snapshot of Total Number of Psychologists working across the Lifespan Settings (N=21)



Note. Some MHWSs provided only headcount ($n=2$) while others provided only partial headcount/EFT ($n=3$). One MHWS did not provide a headcount ($n=1$) however a minimum headcount was extrapolated from EFT data (see Scoping Report Limitations).

Figure 8

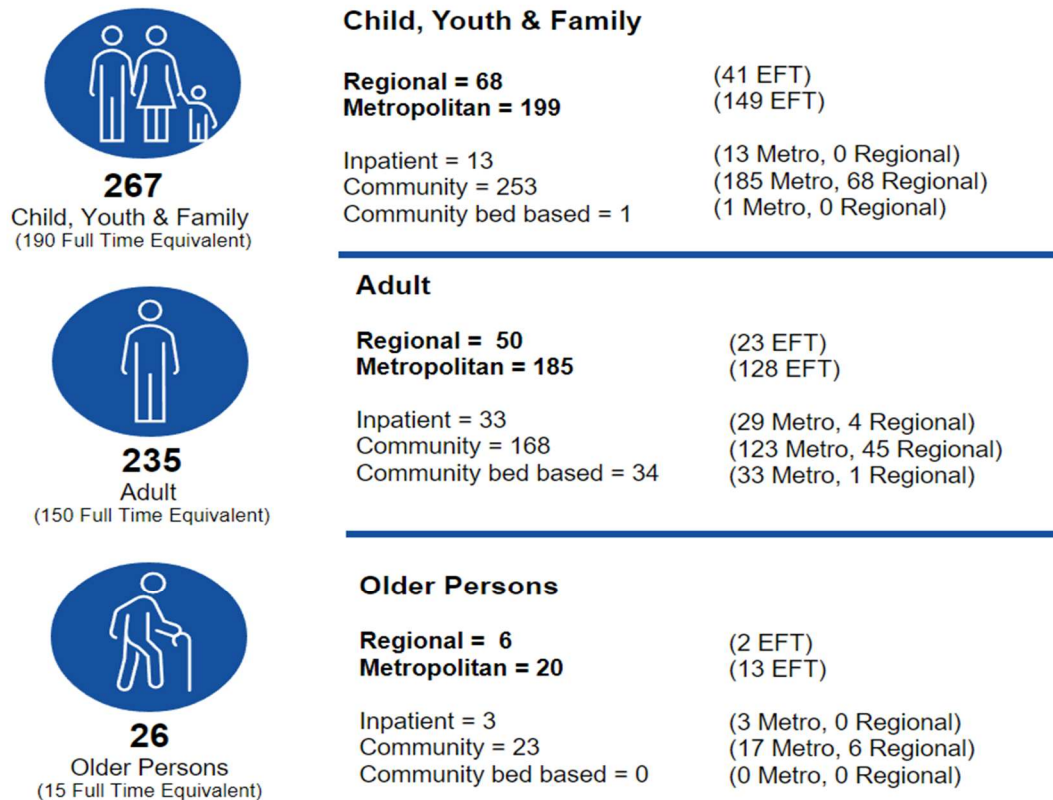
Specialty Roles/Speciality Services/Statewide Services and Non Clinical Roles filled by Psychologists (N=329)



Note. One MHWS did not provide a headcount however a minimum headcount was extrapolated from EFT data.

Figure 9

Summary of Psychologists Working in each Lifespan Setting and Service for Regional and Metropolitan MHWSS (N=21)



Note. ¹ Some MHWSS provided a headcount or EFT only ($n=2$ and $n=1$ respectively) while others provided only partial headcount/EFT ($n=3$).

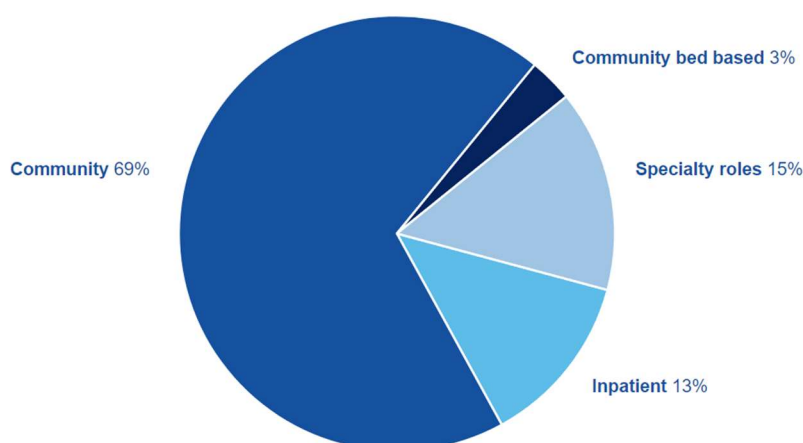
² This figure does not include specialist services or speciality roles.

Psychology Workforce across Settings

Psychologists employed in mental health community settings account for 69% of the workforce. Of these, 414 are located in metropolitan MHWSs and 133 in regional MHWSs. Of the 15% of psychologists in specialty roles, 95 are located within metropolitan MHWSs and 24 within regional MHWSs. 13% of psychologists are employed in inpatient settings, with 97 psychologists in metropolitan MHWSs and five in regional MHWSs. 3% of psychologists are employed in bed-based community settings, 25 of whom are from metropolitan MHWSs and one from a regional MHWS.

Figure 10

Pie Chart of Psychologists working across Inpatient, Community, Bed-based settings and Specialty roles (N=21)



Note. ¹ Specialist service totals are reflected in inpatient, community bed based and/or community totals

² Some MHWSs provided a headcount or EFT only ($n=2$ and $n=1$ respectively) while others provided only partial headcount/EFT ($n=3$).

Psychologists are employed in diverse teams and roles across many clinical settings. A breakdown of these settings will not be provided for community employed psychologists due to the varying structures of the community mental health teams. Among the 102 employed psychologists in inpatient settings, 39 work in acute inpatient settings, seven in SECUs, and 56 in various other specialised services, such as forensic, trauma, eating disorder, brain disorder, parent-infant unit, perinatal, and AoD. In regard to community bed-based services, 14 are employed in Community Care Units (CCU) and a further 13 psychologists are employed in Prevention and Recovery Care (PARC) settings.

Key Finding 2:

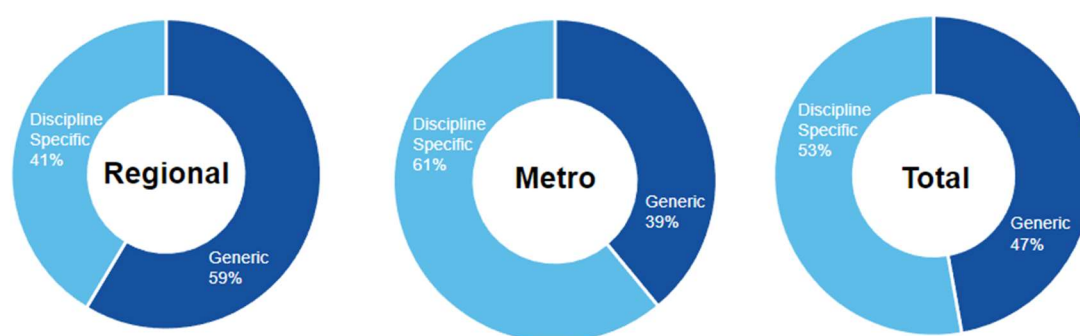
Psychologists work across most lifespan and service settings. A significant number of psychologists (almost 30% of the workforce) are employed in speciality services, statewide services or in speciality roles.

Discipline Specific and Generic Psychology Roles

Psychologists are employed in both generic and discipline specific roles within Victoria's public mental health system. Generic mental health clinical roles are positions open to disciplines such as nursing, social work and occupational therapy. Psychologists working in generic roles often have less scope to undertake discipline-specific assessments and interventions. As seen in Figure 11 approximately half of psychologists employed in Victoria's public mental health system are employed in generic roles, with psychologists within regional areas more likely to be employed in generic roles than psychologists within metropolitan areas. It should be noted that only 12 MHWSs responded to this question despite all MHWSs being given the opportunity to provide data on discipline specific and generic roles.

Figure 11

Percentage of Psychologists Employed in Discipline Specific Roles and Generic roles



Note. ¹ Data was provided by 12 out of 21 MHWSs (metropolitan $n=7$, regional $n=5$).

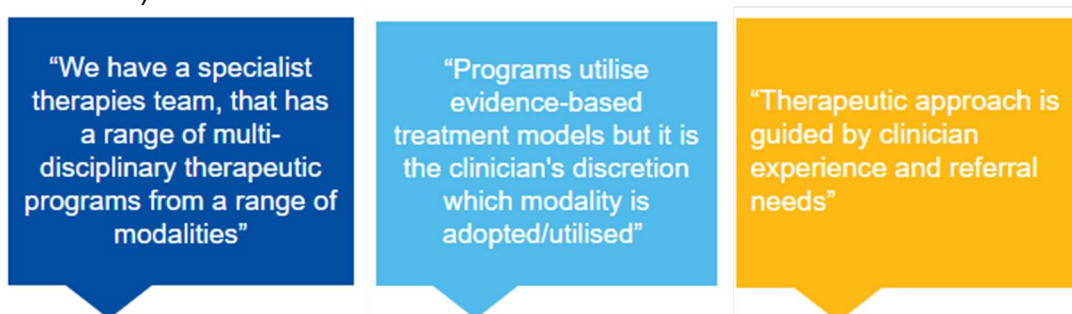
² Two out of the five regional MHWSs reported a notably high number of discipline-specific positions, which consequently resulted in an inflation of the discipline specific total for regional services.

Discipline Specific Activity

MHWSs were asked about discipline specific activities used across their service, such as psychological models and frameworks, specialist psychology intervention programs and common and specialist psychology assessments.

Psychological Models and Frameworks

MHWSs reported that psychologists employ a variety of psychological models and frameworks in their practice. The predominant psychological models utilised are CBT, ACT, DBT and Schema Therapy. Less commonly endorsed models include ISTDP, CAT, IPT, MBT, EMDR, psychodynamic approaches, family systemic therapy, and MI (see Appendix B for list of abbreviations).

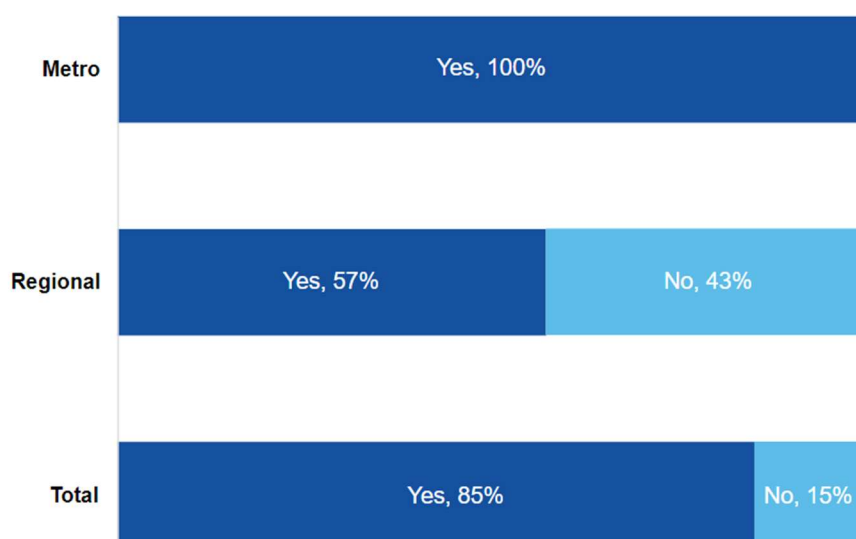


Specialist Psychological Intervention Services

All metropolitan MHWSs offer a specialist psychological intervention service. Over half of the regional MHWSs (57%) report offering specialist psychological intervention services (see Figure 12).

Figure 12

Percentage of Regional versus Metropolitan MHWS offering specialist psychological intervention services



Note. Data was provided by 20 out of 21 MHWSs.

Table 1 shows the types of specialist psychological intervention programs being offered by MHWSs. The most commonly offered psychological intervention programs are CBT/ACT and DBT programs.

Table 1

Specialist Psychological Intervention Programs offered by MHWS (N=21)

Specialist Psychology Intervention Programs	No. Services with Program
CBT/ACT intervention programs	11
DBT Program	10
ACT for psychosis; family treatments for eating disorders	5
EMDR; forensic programs	4
Wise Choices; CBT for psychosis; MBT; CAT	3
CASEA; cognitive remediation; CPT; CBT-E; family therapy	2
Parenting program; social skills training; relapse prevention program; schema therapy; play therapy; brief intervention program; PTSD group	1

Note. See Appendix B for abbreviations

Psychological Assessment Measures

Psychological assessments used by psychologists in Victorian MHWSSs cover 5 broad categories – adult personality assessments (e.g. PAI, MMPI, MCMI), symptomatology assessments (e.g. BDI, DASS, SCID), cognitive assessments (e.g. WAIS, WISC, WPPSI), neuropsychological assessments (e.g. WMS, WRAT, D-KEFS, Stroop), and developmental assessments (e.g. ADOS, Connors, Vineland). All MHWSSs indicated that psychological assessments are offered by psychologists in their service. Figure 13 shows a summary of the commonly used psychological assessments (larger words represent higher levels of reported use).

Figure 13

Commonly used Psychological Assessments in Victorian MHWSSs (110 responses)



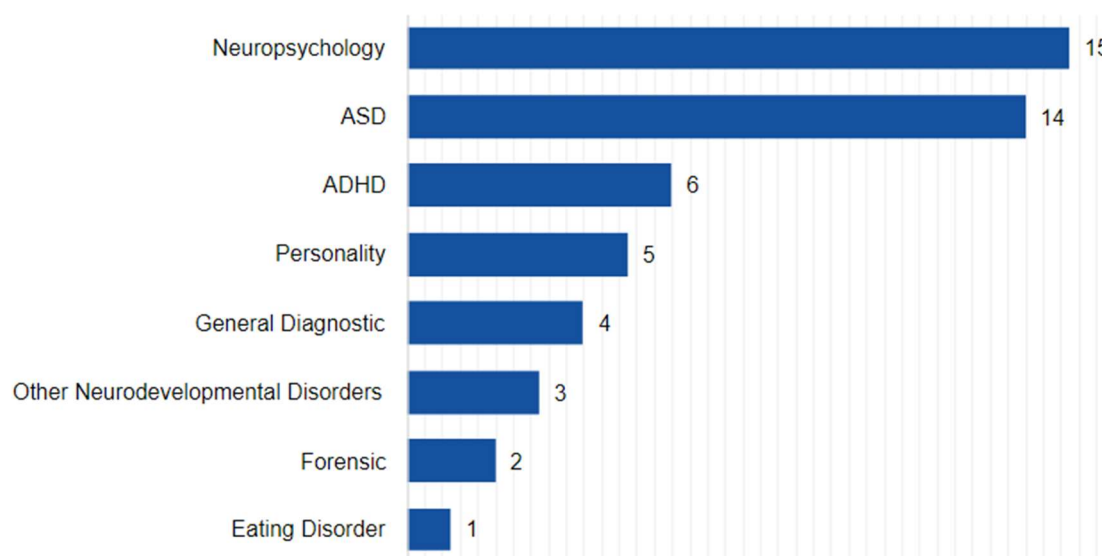
Note. Data was provided by 20 out of 21 MWHSSs.

Specialist Psychological Assessment Programs

MHWSs indicated a variety of specialised psychological assessment programs. Approximately 75% of services offer neuropsychological assessments as a specialised service. Some services offer specialist assessments for Autism Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD), personality, diagnostic, neurodevelopmental, forensic and eating disorders (see Figure 14).

Figure 14

Types of Specialist Psychological Assessment Programs offered in Victorian MHWSs



Note. Data was provided by 20 out of 21 MHWSs.

Key Finding 3:

Victorian MHWS psychologists are offering a range of specialist psychological interventions and assessments, with some services offering specialist intervention programs that may act as models or examples of best practice.

Evaluation of Psychology in Services

The scoping project sought to understand the methods used for measuring the contribution and impact of psychology within mental health settings. It was found that 57% of MHWSs are actively measuring the impact of psychology. This measurement is conducted either through direct measures specifically related to psychology or via general service outcome measures. MHWSs reported measuring the impact of psychology via:

- Quality projects
- Use of outcome measures in specialist intervention programs, including feedback informed measures.
- Collection of referral data
- Whole of MHWS evaluation measures and broader program evaluation projects

Psychology Leadership

Psychology Leadership Structures

There is variation of leadership structures in psychology across Victorian MHWSSs. As noted earlier in this report, the most recent EBA stipulated that all Victorian public hospital health services require the appointment of a full-time Director of Psychology. At the time of this report 52% of MHWSSs had a Director of Psychology. In terms of governance structures, 8 of the 11 Director of Psychology roles cover the whole of the public hospital health service (i.e. both general hospital and mental health psychology), with 3 of the 11 services splitting the Director of Psychology role across two divisions – a Director of Psychology (General Health) and Director of Psychology (Mental Health). For the remaining 10 MHWSSs who have not yet appointed a Director of Psychology, 7 MHWSSs have a psychology leadership structure in place with a Psychology Discipline Lead/Manager position within the MHWSS. Three MHWSSs do not have any specified psychology leadership positions, with two of these MHWSSs being regional services.

Figure 15
Breakdown of Leadership Structures by Percentage across Victorian MHWSSs



It is noted that larger metropolitan MHWSSs have a clear structure of psychology leadership, with clinical and psychology leads holding discipline and at times operational leadership roles. Smaller MHWSSs report less resourced psychology leadership structures.


Key Finding 4:

At present psychology leadership roles vary across services, with some split between Mental Health and General Health divisions while others span the entirety of health services. This indicates that there may be enhanced opportunities in workforce development and education for psychology across the whole of health services.

Psychology Leadership Needs

MHWSs were asked about what their psychology workforce required to cultivate future leaders, drive innovation and create systemic change. 80% of MHWSs responded to this question. There are two main themes that arose:

1. Focus on recruitment and retention, as well as building and resourcing psychology leadership structures (41% of MHWSs who responded).
2. Leadership and management training for psychologists at all levels, developing current and future leaders (65% of MHWSs who responded).



"A psychology-focused leadership program incorporating mentoring and clarification of responsibilities at each grade from P3 to P4 to P5 to P6 that emphasises and encourages innovation and contribution to systems change would be really useful for staff"

"Offer of relevant information regarding public mental health sector strategic directions and visions (to assist psychologists to look beyond their immediate clinical lens)"

It is noted that MHWSs currently lacking a Director of Psychology are more focused on the establishment of their workforce, particularly emphasising the necessity for leadership roles.

Key Finding 5:

There is a need for psychology leadership training and support for psychologists across their career.

Entry Level Program – Psychology Registrar Program

Figure 16
Percentage of MHWSs with a Psychology Registrar Program (N=21)



The commencement of the Victorian Allied Health in Mental Health Graduate Program (VAHMH; Department of Health, 2021) in 2022 has led to an increase in psychology registrar programs in MHWSs. Over 80% of MHWSs now have a psychology registrar or early career program, with no difference between metropolitan and regional MHWSs. Of the 17 MHWSs with a psychology registrar program, 10 have a structured rotating registrar program, 9 offer group supervision for registrars and 8 offer dedicated education sessions related to psychology registrar competencies. There were recruitment issues noted by several regional MHWSs, who have received funding for the psychology registrar program but have not been able to attract applicants to the program. Larger metropolitan MHWSs and one larger regional MHWSs have well established Registrar

Learning and Development Programs. These programs had been implemented prior to the VAHMH funding, with most offering an educational program themed around core competencies.

Key Finding 6:

Most MHWSs have a psychology registrar program, with variation in the resources available to support a more comprehensive psychology registrar and early career program.

Working with the Lived Experience Workforce

MHWSs were asked about the opportunities available to the psychology workforce for involvement in consultation, co-production, co-design, or co-delivery with the LEW. The definition of the different levels of engagement are as follows:

Consultation – Asking for Lived and Living Experience (LLE; i.e., consumer, or carer, families and supporters perspectives) or LEW opinions on one or more ideas or options, which may or may not be utilised in the final product

Co-delivery – Delivery of services or education alongside LLE representatives or the LEW

Co-design – Designing with LLE representatives or the LEW to define the problem, develop solutions and test them in order to arrive at a final product

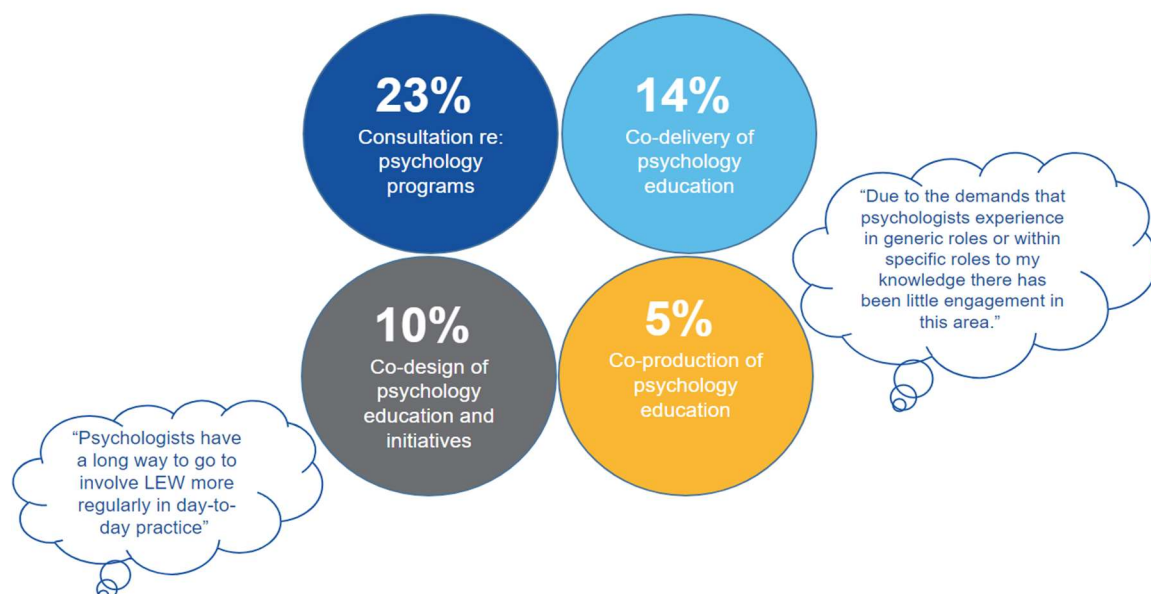
Co-production – Where LLE representatives or the LEW are involved in, or leading the definition of the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently

(see Roper, Grey & Cadogan (2018) for more information on implementing co-production principles in mental health contexts).

Overall, the majority of MHWSs (75%) reported LEW involvement with service development activities. However, only 33% of MHWSs indicated LEW involvement in psychology specific interventions and programs (see Figure 17). Several MHWSs noted that psychology would benefit from increased engagement with the LEW in the design and implementation of psychology specific programs and training.

Figure 17

Percentage of MHWSs engaging with LEW in Psychology Initiatives and Education



Note. Data was provided by 18 out of 21 MHWSs.

Examples of LEW involvement in psychology-specific programs, initiatives and education include:

Lived Experience workforce contribute to Registrar Learning and Development Program	Co-design of clinical psychology education session on diagnosis
Co-design/Co-production and Co-delivery of psychosis training	Engaged with consumers to help design and deliver training

Key Finding 7:

Psychology leaders and educators are aware of the need to increase involvement of LEW in psychology education and program development and delivery.

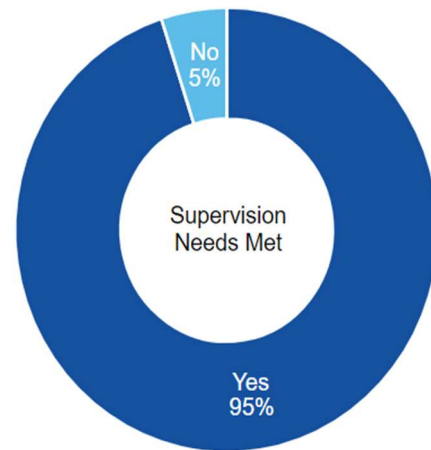
Discipline Specific Supervision

Professional Supervision Structures

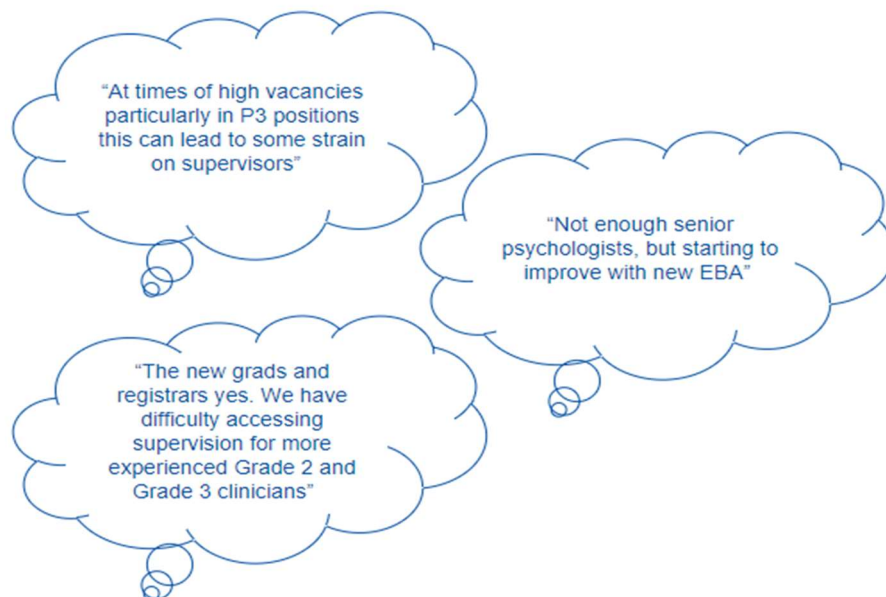
All but one MHWS report that there is a formal supervision structure in place for the psychology workforce. Psychologists are required to engage in a minimum of 10 hours of peer supervision each year to maintain their registration via Australian Health Practitioner Regulation Agency (AHPRA), and the EBA also stipulates minimum supervision standards for the profession. The MHWS that indicated that the supervision needs of psychologists are not being met reported that the accessibility of supervision in that service should improve with implementation of the new EBA. Many MHWSs reported that although supervision was being provided to all psychologists in the service, there are high supervision loads for some senior psychologists due to workforce shortages at the senior level. MHWSs also report difficulty in accessing supervision for senior psychologists, including those in specialist and management roles. Four MHWSs report funding external supervision to meet demands.

Figure 18

Percentage of MHWSs with Supervision Needs Met

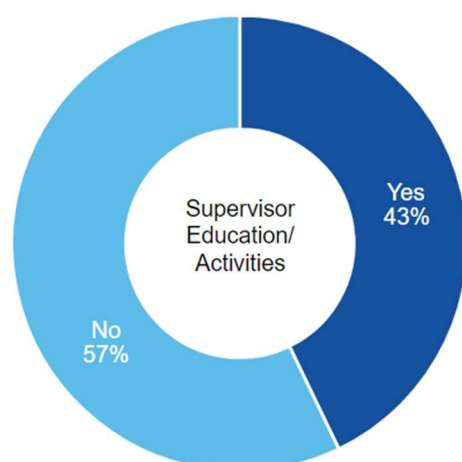


Note. Data was provided by 20 out of 21 MHWSs.



Support for Supervisors

Figure 19
Percentage of MHWs with Supervisor Education/Activities

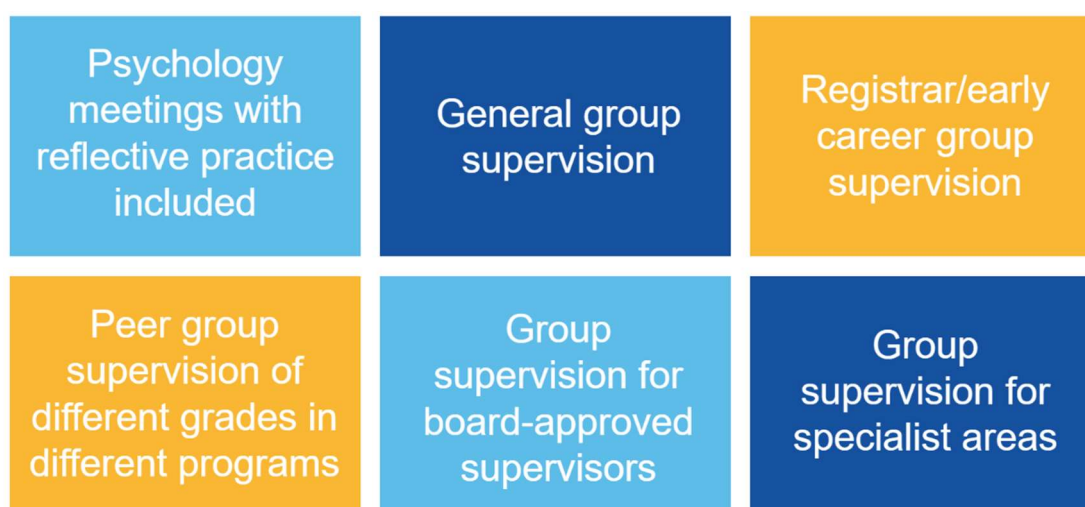


Note. Data was provided by 18 out of 21 MHWs.

Psychologists are required to undertake Supervisor Training by an accredited training organisation via the Psychology Board of Australia to be an Endorsed Supervisor (www.psychologyboard.gov.au). Only endorsed supervisors can provide supervision to students, psychology registrars and Grade 2 psychologists within MHWs. MHWs were asked if they had education or support activities related to supervision for psychologists who were board-approved supervisors. Less than half (43%) of MHWs indicated that they provide specific support for supervisors. This was more prominent for metropolitan MHWs, with 54% providing support to supervisors, compared to 25% for regional MHWs.

Group Supervision

Most MHWs provide some form of group supervision (90%). Types of group supervision include:



Key Finding 8:

Psychologists within MHWs are overall receiving the supervision they require. However, services are also reporting supervisor shortages and high supervision workloads, with low levels of specific ongoing support and education for supervisors.

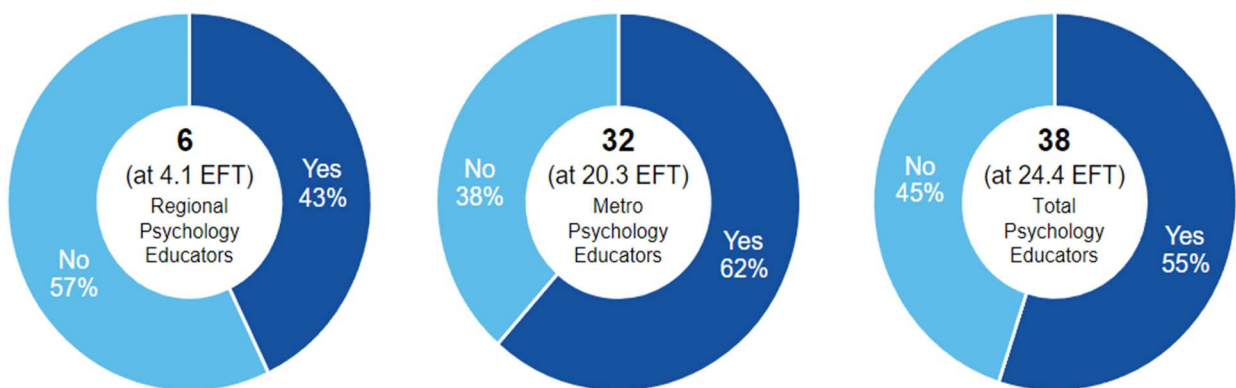
Discipline Specific Education and Professional Development

Education structures and roles

Psychology Educators have been employed into MHWs over the past 2 years under two new funding sources. The first was under the VAHMH Graduate Program, where funding was allocated to successful MHWs for a psychology registrar program, with associated funding for Grade 4 Psychology Educator EFT. This funding is for 3 years, commencing in 2022. In 2023 Psychology Educators have also been employed at Grade 4 and 5 under the EBA 2021-2025, with some MHWs yet to recruit into the roles. At the time of scoping data collection 43% of regional MHWs and 62% of metropolitan MHWs have employed Psychology Educators.

Figure 20

Percentage of MHWs that have Psychology Educator positions and Number of Psychology Educators across Regional, Metropolitan and Total Services (N=21)



In terms of Education structures, there are several ways that psychologists have access to education in their services. These include:

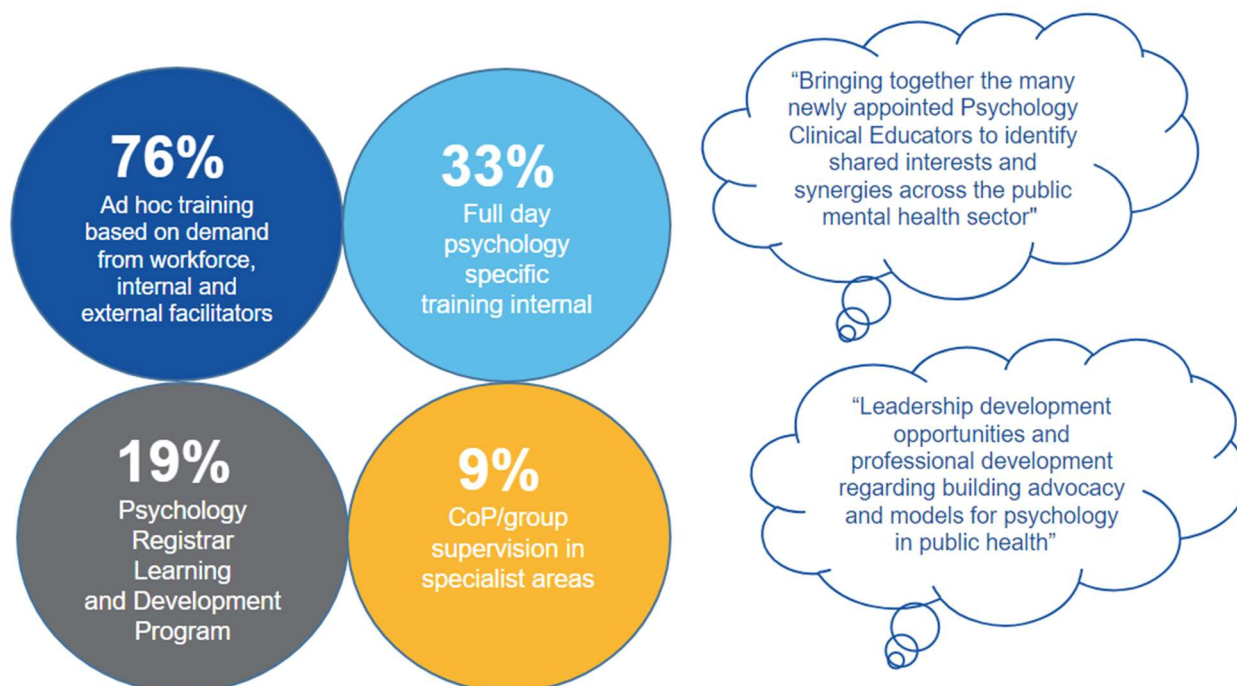


Education Activities

Key education activities are displayed in Figure 21.

Figure 21

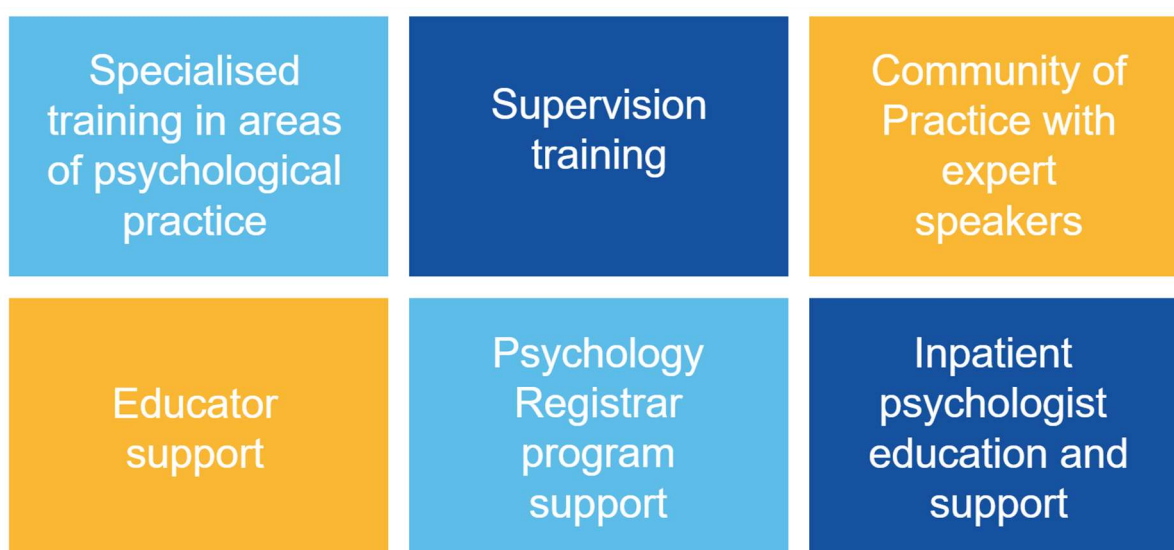
Percentage of MHWSs offering different types of Psychology Education Activities



Note. Data was provided by 18 out of 21 MHWSs.

Education Needs from CMHL

MHWSs indicated the following education needs that CMHL could assist with:



One MHWS suggested that a resource for MHWSs on low-cost presenters for local psychology education activities would be helpful.

Key Finding 9:

There has been a significant influx of Psychology Educators into MHWSSs across the state. This offers an opportunity to develop statewide supports and structures for these new roles via Educator education sessions and communities of practice.

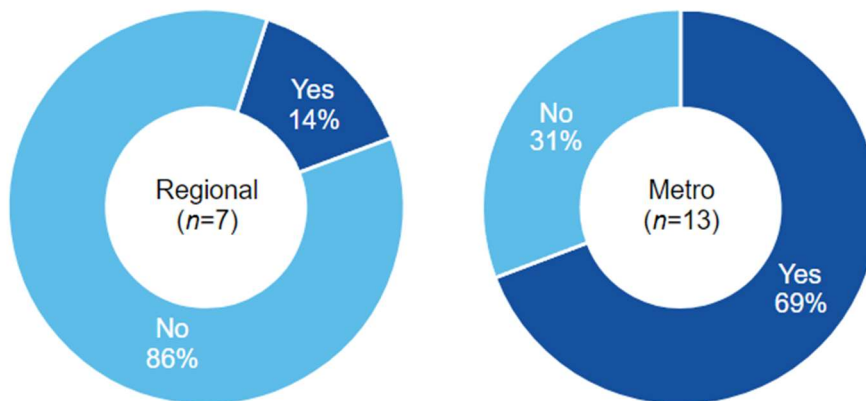
Discipline Specific Research

Research Structure and Activity

MHWSSs report a mix of research structures and activities. The majority (69%) of metropolitan MHWSSs versus few regional MHWSSs (14%) are engaged in some psychology research activities.

Figure 22

Percentage of Services with Psychology Discipline Research Activities



Note. Data was provided by 20 out of 21 MHWSSs.

There are seven MHWSSs (33%), all metropolitan, which either have a psychology research unit within the service or are partnering with a tertiary/research institute.

MHWSSs report a range of research activities, from larger studies partnering with tertiary providers to smaller scale service evaluation activities.

Examples of research activities included:

Psychology Lead involved in Human Research Ethics Committee and Site-specific Investigator for a number of studies

Research portfolio within the psychology leadership group

Involved with research unit in a large randomised controlled trial (RCT)

Small-scale research projects using data collected as a part of routine care

Psychologists in joint academic appointments who are actively involved in research

Small-scale research projects regarding specialist interventions

Evaluation of psychology registrar program

Research support needs

MHWSs were asked about the means through which CMHL could provide support to the psychology workforce in augmenting their research capabilities. Almost half the MHWSs (48%) indicated that CMHL could provide research support to the workforce.

Suggestions for support include:

Guidance to
Educators
around research
skills

Refresher
training on
research skills

Consultation on
research design
and analysis

Statewide
program
evaluation

Key Finding 10:

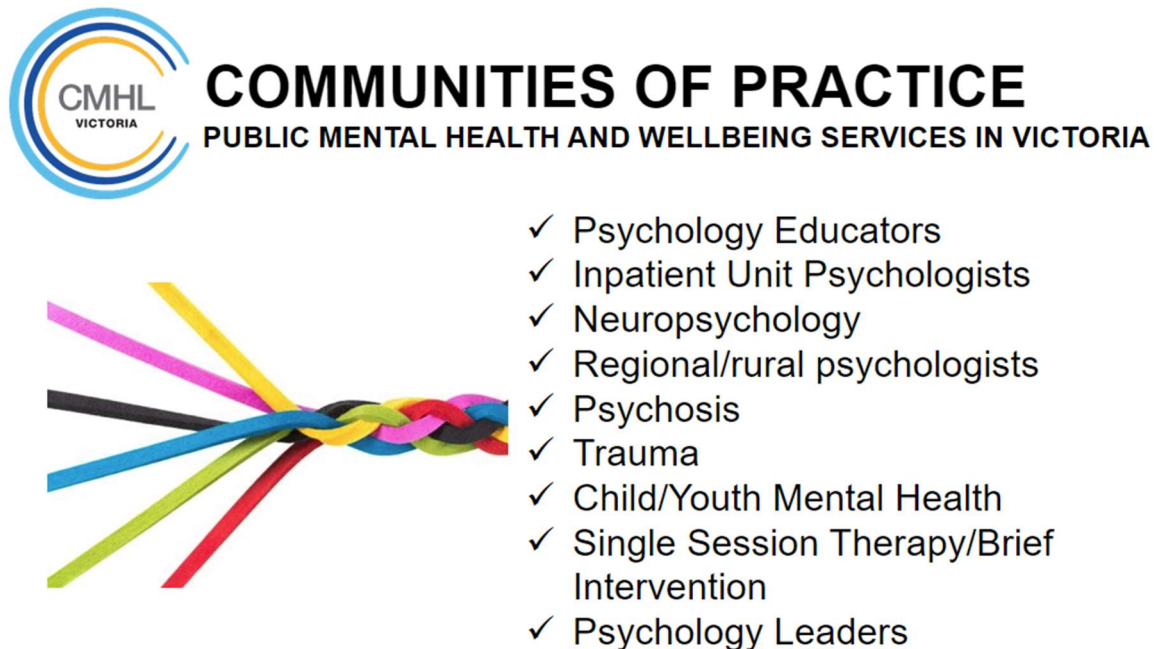
There is variability in the implementation of both smaller and larger scale psychological research activities across MHWSs. This is dependent on within service resources and partnerships with academic institutions. MHWSs indicated that some support around research design, evaluation and project management would be helpful to assist psychologists in maintaining their research and evaluation skills.

Communities of Practice

MHWSs were asked to provide suggestions regarding the development of Communities of Practice. The following groups emerged (in order of preference):

Figure 23

Suggested Communities of Practice for Psychologists in Victorian MHWSs



Note. Data was provided by 17 out of 21 MHWSs.

Training Needs

The top statewide psychology workforce development priorities have been ranked from a long list of topics. Each organisation was asked to identify and prioritise the top 5 psychology workforce development and training priorities. A significant list was established, and responses were categorised. Each priority was given a numerical rating (priority 1 = 5 points, priority 2 = 4 points, etc.).

Figure 24

Key Workforce Development and Training Priorities as requested by MHWSs (N=21)



**Note.* Professional practice included a range of topics, for example legal/ethical issues in public mental health, CALD sensitive practice, and self-care. General psychological interventions included, for example brief intervention, working with chronic suicidality, and complicated grief. Specialist psychological interventions included topics such as EMDR, hypnosis, and IPT. Neuropsychology included topics such as cognitive training in psychosis, neuropsychology and NDIS, and cognitive rehabilitation in mental health.

Key Finding 11:

The main workforce development priorities identified by MHWSs included support for psychology educators, CoP for specialised areas of practice, working with trauma, neurodiversity, psychological assessment and support for supervisors.

Project Scoping Limitations

1. *Inconsistent structures / terminology across MHWSs*

MHWSs had varying structures and used different terminology to describe teams. This made it challenging to conduct direct qualitative data comparisons. To mitigate bias or misinterpretation, both CMHL psychology educators cross verified each qualitative data set.

2. *Incomplete data sets*

Several MHWSs provided incomplete quantitative and/or qualitative data.

To mitigate this, special attention was dedicated to noting instances of incomplete data throughout this report, specifically highlighting the number of MHWSs that were omitted from the total figures and/or highlighting which aspect of the data was omitted. This was essential to uphold the accuracy of the information presented and to convey that some reported totals were underestimations.

In one specific instance, a MHWS exclusively reported EFT. Given that a psychologist cannot hold a single role exceeding 1 EFT, a minimum headcount was estimated based on the assigned EFT. For example, an EFT reported between 0.1 and 1 was considered as one psychologist. Likewise, if the EFT fell within the range of 1.1 to 2, it was counted as two psychologists, and so forth.

When essential data was absent or ambiguous, an email was sent to the respective MHWS, aiming to gather additional information and/or achieve clarity on the existing data.

3. *Vacant positions*

Inconsistencies were noted in how vacant positions were reported, with some MHWSs including these roles while others did not.

In cases where these vacant positions were reported, they were treated as filled roles. This approach was taken to ensure that the recommendations in this report adequately considered the professional development and training needs associated with all possible psychology positions.

4. *The procedure did not include a pilot phase*

A pilot phase might have provided an opportunity to address any unclear questions before distributing the survey to the broader psychology leadership group. To mitigate this, MHWSs were given the option to directly connect with CMHL educators to schedule a 60-minute online meeting via Teams to assist with data collection and/or clarification if required. The CMHL Psychology Educators met online with 7 of the 21 MHWSs to aid data collection.

5. *The workforce is continuously evolving*

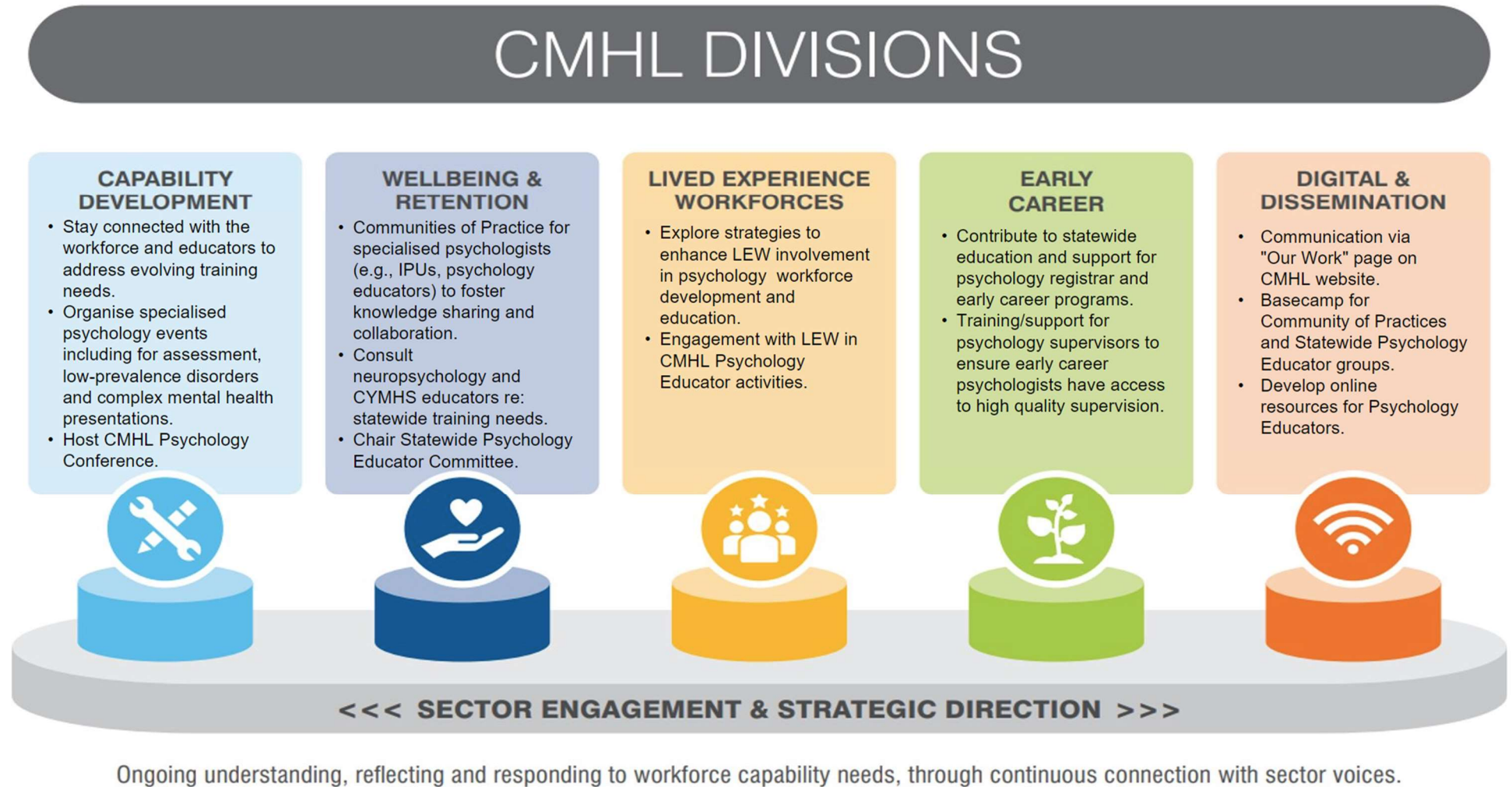
This scoping report occurred during a time in which many MHWSs were in the process of changes in leadership structures, particularly amid the introduction of various new leadership roles following the implementation of the 2021-2025 EBA. Although it is recognized that the data collected during a period of substantial workforce change may yield different totals if collected again, it is crucial to acknowledge that the data presented in this report offers a fundamental snapshot of the psychology workforce at the time of the scoping activity.

Recommendations

This scoping study has provided valuable and significant 'point in time' baseline information regarding the psychology workforce across Victorian MHSs. This information establishes a collective understanding of how psychologists are distributed across the sector, how they go about their work, and importantly the facilitators and challenges that help or hinder their work. Based on the analysis of data obtained, and in response to issues that emerged from this data, the following recommendations for CMHL Statewide Psychology Educator work priorities have been determined:

Figure 25

Summary of CMHL Statewide Psychology Educator work priorities according to CMHL Divisions



The following recommendations have also been made for consideration by individual MHWSs and at a statewide level:

Workforce Learning and Professional Development

The workforce learning and professional development needs of MHWS psychologists is likely to evolve over time. A Statewide Psychology Educator Committee has been developed to provide ongoing opportunities for information sharing around current psychology workforce education needs. It is important for this Committee to continue and for opportunities for resource sharing and collaboration to be offered at a statewide level.

There are a broad range of psychological assessments and interventions used by psychologists in MHWSs. Expertise in psychological assessment is a core competency for psychology registrars and is an area of demand for psychologists working in MHWSs. Specialised training in commonly used psychological assessments and their application in complex presentations should be offered by MHWSs and at a statewide level.

Given that training in specific psychological therapies is readily available through external professional development providers, prioritising education on low-prevalence mental health conditions, complex presentations, and transdiagnostic approaches for public mental health and wellbeing consumers, their families, carers and supporters should be considered. There is also an apparent need to offer training across the lifespan.

A considerable number of psychologists are employed in specialist roles within MHWSs. This indicates that there are high levels of specialised expertise in the psychology discipline that could be utilised by MHWSs and at a statewide level. There may be opportunities for collaboration between MHWSs around training in specialised psychological practice delivered by psychologists in specialist services and roles.

Engagement with the LEW in Psychology Workforce Development & Education

The scoping report highlighted there is little engagement and interface with the LEW in the development of psychology initiatives and education. It would be beneficial to engage LEW experts in supporting psychology leaders and educators to understand co-production, co-design and co-delivery principles, as well as effective models and strategies to engage meaningfully with the LEW.

Regional and Rural Psychology Workforce

Regional and rural MHWSs reported overall less resources related to workforce supply, leadership structures, psychology educators, access to professional supervision and psychology registrar programs. It is recommended that opportunities for collaboration between regional and metropolitan MHWSs are explored and statewide opportunities are considered particularly where there are identified gaps in resources and supports around education and workforce development needs.

Regional and rural services have indicated that online training increases accessibility to education for the psychology workforce. CMHL will explore developing and supporting online training to ensure equitable access to psychology training from a statewide perspective.

Given that a considerable number of regional psychologists are employed in generic roles, maintaining their connection to the psychology discipline is crucial. This may involve ensuring access to specialised psychology training and/or professional development opportunities within MHWSs and at a statewide level.

Psychology Registrars and Early Career Psychologists

The majority of MHWSs have an established or are in the process of developing a psychology registrar program. There are opportunities for collaboration between MHWSs and statewide in the development and extension of psychology registrar programs. This may include sharing of resources and development of strategies to reduce duplication of effort in early career education and psychology registrar program development.

Leadership and Governance

The responses from the scoping data acknowledged the leadership structures outlined in the latest EBA as a positive step toward providing greater opportunity for workforce development and education among psychologists within MHWS. Exploring methods to assess changes in workforce wellbeing and retention post-EBA implementation over time would be beneficial.

Psychology leadership structures in organisations vary, where some Directors and Psychology Educators focus solely on mental health while others work across both general and mental health. This has resulted in some services offering service-wide psychology initiatives, rather than focusing on either the mental health or general health psychology workforce. Providing statewide training opportunities for both mental health and general health psychologists could prove highly beneficial, especially in relation to offering training in transdiagnostic psychological principles and interventions, early career support, support for supervisors, and building a sense of collective identity across the workforce.

There is a high level of interest in leadership education for psychologists across all career stages. It is recommended that there is promotion to the psychology workforce of leadership opportunities through statewide programs, the CMHL calendar and sector-wide initiatives. This could also include support around implementation science and research education.

References

Department of Health (2021). *Allied Health Mental Health Graduate Program Model: Principles and Requirements Psychology Registrars*. Victorian Government, Melbourne, Australia.

Medical Scientists Pharmacists and Psychologists Victorian Public Sector (Single Interest Employers) Enterprise Agreement 2021-2025. Retrieved from:

<https://www.fwc.gov.au/document-search/view/3/aHR0cHM6Ly9zYXNyY2RhdGFwcmRhdWVhYS5ibG9iLmNvcnUud2luZG93cy5uZXQvZW50ZXJwcmIzZWFnemVibWVudHMvMjAyMi8xMS9BRTUxODIwOC5wZGY1?sid=&q=Victorian%24%24Public%24%24Health%24%24Sector%24%24Medical%24%24Scientists%24%24Pharmacists%24%24Psychologists%24%24Enterprise%24%24Agreement%24%242021-2025#>

Roper, C., Grey, F. and Cadogan, E. (2018). *Co-production – Putting principles into practice in mental health contexts*. Retrieved from:

https://healthsciences.unimelb.edu.au/data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf

Appendix A

List of Mental Health and Wellbeing Services (N=21)

Albury Wodonga Health – North East and Border MHWS
Alfred Health – Inner and Middle South ICYMHS; Inner South East MHWS
Austin Health – North Eastern ICYMHS; North East MHWS
Ballarat Health – Grampians MHWS
Barwon Health – Barwon MHWS
Bendigo Health – Loddon Campaspe/Souther Mallee MHWS
Eastern Health – Central and Outer East MHWS; Eastern ICYMHS
Forensicare
Goulburn Valley Health – Goulburn Valley MHWS
Latrobe Regional Health – Gippsland MHWS
Melbourne Health – Inner West MHWS
Mercy Health – South West MHWS
Mildura Hospital – Northern Mallee MHWS
Monash Health – South East ICYMHS; Dandenong MHWS; Middle South MHWS
Northern Health – North West MHWS; Northern MHWS
Orygen Youth Health
Peninsula Health – Peninsula MHWS Western Health
Royal Children's Hospital – Royal Children's Hospital Integrated MHWS
South West Healthcare – South West Healthcare MHWS
St Vincent's Health – Inner Urban East MHWS
Western Health – Mid West MHWS

Appendix B

ACT	Acceptance and Commitment Therapy
ABAS	Adaptive Behaviour Assessment System
ACE	Adverse Childhood Experiences Questionnaire
ADI-R	Autism Diagnostic Interview - Revised
ADOS	Autism Diagnostic Observation Schedule
AoD	Alcohol and Other Drugs
Ax	Assessment
BASC	Behaviour Assessment System for Children
BDI	Beck Depression Inventory
BPD	Borderline Personality Disorder
CASEA	CYMHS & Schools Early Action
CAT	Cognitive Analytic Therapy
CBT	Cognitive Behaviour Therapy
CBT-E	Cognitive Behaviour Therapy – Enhanced
CMS	Child's Memory Scale
CPT	Cognitive Processing Therapy
DASS	Depression Anxiety and Stress Scale
DBT	Dialectical Behaviour Therapy
D-KEFS	Delis–Kaplan Executive Function System
EMDR	Eye Movement Desensitisation and Reprocessing
HAM-D	Hamilton Depression Rating Scale
HCR-20	Historical Clinical Risk Management – 20
IPDE	International Personality Disorder Examination
IPT	Interpersonal Therapy
ISTDP	Intensive short-term dynamic psychotherapy
MBT	Mentalisation Based Therapy
MCMI	Millon Clinical Multiaxial Inventory - IV
MI	Motivational Interviewing
MMPI	The Minnesota Multiphasic Personality Inventory
MoCa	Montreal Cognitive Assessment
NuCog	Neuropsychiatry Unit Cognitive Assessment Tool
PAI	Personality Assessment Inventory
PTSD	Post Traumatic Stress Disorder
RBANS	The Repeatable Battery for the Assessment of Neuropsychological Status
RSVP	Risk for Sexual Violence Protocol
SARA	Spousal Assault Risk Assessment Guide
SCID	Structured Clinical Interview for DSM Disorders (DSM: Diagnostic and Statistical Manual for Mental Disorders)
SRP	Self Report Psychopathy Scale
Tea-Ch	Test of Everyday Attention for Children
TSI	Trauma Symptom Inventory
Tx	Treatment
WAIS	Wechsler Adult Intelligence Scale

WIAT	Wechsler Individual Achievement Test
WISC	Wechsler Intelligence Scale for Children
WMS	Wechsler Memory Scale
WPPSI	Wechsler Preschool & Primary Scale of Intelligence
WRAT	Wide Range Achievement Test