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7 October 2021

State Insurance Regulatory Authority (SIRA) NSW
Level 6
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Submitted to: consultation@sira.nsw.gov.au

Dear Sir/Madam

Australian Psychological Society Submission to SIRA's 2021 Research Consultation

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback about the State Insurance Regulatory Authority of NSW (SIRA) research program as outlined in the 2021 consultation "Enhancing SIRA's Research Program".

The APS is the largest professional organisation for psychologists in Australia representing over 27,000 members. Many of those members deliver psychological services to injured workers and motor vehicle accident survivors with treatment entitlements under federal, state or territory workers compensation and accident schemes, as sole providers or members of a service provider entity.

This submission is based on feedback sought from those members. It addresses the consultation questions where relevant to psychology and member feedback.

The APS again thanks SIRA for requesting feedback about its proposed 2021 Psychology and Counselling fees orders.

We trust that our comments are helpful and look forward to supporting SIRA in the implementation of your research agenda. If you require any further information, please contact me at my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Kind regards

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

The Australian Psychological Society Limited
ABN 23 000 543 788

Australian Psychological Society submission to SIRA's 2021 research consultation

The Australian Psychological Society (APS) provides the following in response to SIRA's consultation questions.

Question 1: Do you have any comments on SIRA's current research priorities? Can they be improved, and if so, how?

The APS commends SIRA on establishing explicit research priorities and seeking feedback about them. We offer several observations, including how the research priorities may be enhanced.

First, the APS notes that SIRA's nominated research priorities do not explicitly speak to injury prevention. We know that SIRA seeks to prevent injury and assumes that prevention is implicit to the first nominated priority of "recovery and return to work". Even if this is so, however, the APS proposes that there is great merit in elevating that priority by altering it to read "injury prevention, recovery and return to work".

Additionally, on the grounds of the well-established literature around the health benefits of work, the APS believes that the notion of recovery be broadened to explicitly include the development and maintenance of function.

Second, while acknowledging the importance of focusing on pain management, the APS believes there are equally important priorities SIRA might also identify. For example, we believe it would be beneficial for SIRA to give equal weight to effective treatment of stress and trauma-related injuries. This should include consideration of the role of irritable distress related to perceived injustice and its potential to inhibit treatment effectiveness.

Equally, the APS, believes that, given their commonality following accidents and workplace psychological injuries, it would be useful to take account of the impact of "Somatic Symptom and Related Disorders". This should include not only pain disorders, but gastrointestinal, functional neurological disorders and health anxiety as defined under the DSM 5. Accordingly, the APS suggests that the specific priority concerned be amended to "the provision of care, support, interventions and management of high prevalence conditions". We also believe that this amended priority be subsequently reflected elsewhere within SIRA's research agenda.

Third, the APS refers to previous SIRA analyses of trends in relation to injuries and treatment of those injuries[1] that emphasise the rapid rise in claims for primary psychological injuries that has occurred over the last decade and particularly the last five years. Given that trend, and the high likelihood that claims involving psychological injuries and "physical claims" with significant psychological characteristics can become "complex claims", the APS believes that rather than refer to "mental health", the sixth nominated priority would be best referred to as "psychological injury".

Finally, and notwithstanding the above suggested amendment, the APS suggests that the priority related to health literacy be amended by adding "especially mental health literacy" at its conclusion. We argue this on the grounds that it is not the physical injury, but the psychological overlay related to all injuries, that determines the capacity to maintain functionality or recover from an injury. Further to that, the APS suggests that for the sake of clarity, this priority of "access and health literacy" be restated as "Scheme entry, access to care support and interventions and advice".

Question 2: Do you have any comments on SIRA's proposed research objectives? Can they be improved, and if so, how?

The APS notes SIRA's proposed research objectives. The APS applauds SIRA for the articulation of the research objectives and strongly supports each of them. We do so on various grounds. However, we have various suggestions as to how they may be improved, especially as they relate to psychological injuries.

First, despite robust evidence emphasising the efficacy of evidence-based practice (EBP) for the mental health conditions that commonly fall within the ambit of compensable schemes, their uptake remains low among practitioners working under those schemes.

[1] For example, as identified in the consultation related to SIRA's Health Outcomes Framework

For example, despite the existence of detailed protocols and manuals[2], it is estimated that only 25% of practitioners offer the gold standard treatment of prolonged imaginal and behavioural exposure to PTSD sufferers[3]. Consequent of such failure(s) of practice, many traumatised claimants do not receive efficient and effective psychological remedies.

Second, in SIRA's 2019 stakeholder consultation around the regulatory requirements for health care arrangements, SIRA openly wondered about *"*the reasons for the increase in service utilisation (i.e., the increase in the amount of services each injured person is receiving)*"[4].* In a private submission to that stakeholder consultation, an APS member, with peer acknowledged understanding of compensable systems and stress and trauma-related conditions, noted that the improvements put in place within the Schemes under SIRA's jurisdiction have made it easier for injured workers and motorists to access assistance. This member commented that it was a significant and much-warranted development. However, they also noted the need for more education and information around the problems identified in the paragraph immediately above, and observed the negative impact of the absence of guidance regarding evidence-based treatment on claimants, practitioners and schemes.

The member also observed that the increase in claims is due to two developments that appear to have occurred. The first is the "increase in the level of workplace antagonism and reduction in the ability of workers and those affected by RTAs to maintaining coping skills". They also noted another explanation for the increase in claims of a psychological nature being the:

> *Zeitgeist in which SIRA and other compensation schemes across Australia operate. Thus, a potentially unintended consequence of the increased mental health literacy in the general community, is that those who have taken its messages on board tend to seek treatment more readily.*

The APS also underscores the impact of emerging community expectations around the responsibilities of government, compensation and care systems. These expectations are well summarised in the perspectives advanced by Haslam (2016)[5] and McNally (2016)[6]. They observe the evolving moral views and sensibilities of the age and comment on the seemingly endless expansion of what is now considered potentially traumatising. In doing, so they raise the question of the capacity of governments and systems of care to address matters which arguably have the potential to go beyond their remit.

The APS observes that the impact of such influences is compounded by an all-too-common ignorance in the field as to what constitutes EBP. An example of this relates to the gold standard and by far the most evidence supported treatment for PTSD, that of prolonged exposure treatments. It is described as having a public relations problem[7]. The APS does not believe that the solution to the problems of injured workers relates to public relations exercises. We note, however, that substantial research effort is required to ensure that all stakeholders are aware of the form that the science of implementation and translation, based on evidence-based practice, takes. The APS believes this will inevitably require SIRA to address practitioner knowledge and skill gaps. There are many examples of such gaps; the following misnomers and practice deficits are particularly common:

- The poor understanding of what constitutes empirical evidence and particularly objective evidence, and how to identify functional improvement beyond symptomatic improvement, and

- The inability of practitioners to successfully challenge the effect of a client's anger on effective treatment outcomes - when-self instruction training, conflict management skills and distancing

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[2] Foa & Rothbaum (2010) Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (Eds.). (2010). *Effective treatments for PTSD: practice guidelines from the International Society for Traumatic Stress Studies*. Guilford Press.

[3] Becker, C. B., Zayfert, C., & Anderson, E. (2004). A survey of psychologists' attitudes towards and utilization of exposure therapy for PTSD. *Behaviour research and therapy*, *42*(3), 277-292.
Olatunji, B. O., Deacon, B. J., & Abramowitz, J. S. (2009). The cruelest cure? Ethical issues in the implementation of exposure-based treatments. *Cognitive and Behavioral Practice*, *16*(2), 172-180.

[4] Consultation around the regulatory requirements for health care arrangements.
https://www.sira.nsw.gov.au/__data/assets/pdf_file/0007/556090/Regulatory-requirements-for-health-care-arrangements_consultation-paper.pdf

[5] Haslam (2016) - TBI

[6] McNally (2016) - TBI

[7] Olatunji, B. O., Deacon, B. J., & Abramowitz, J. S. (2009). The cruelest cure? Ethical issues in the implementation of exposure-based treatments. *Cognitive and Behavioral Practice*, *16*(2), 172-180.

strategies are effective, evidence-supported treatments for dysfunctional anger[8] (see McHugh, 2018 2021). The result can be sub-optimal treatment.

The APS well-understands that, to be successful, practitioners require sophisticated interpersonal skills, the ability to engender trust, and the development of a strong working alliance with the client (Wampold, Imel & Miller, 2009)[9]. Other equally important characteristics of successful treatment include:

- The provision of a clear treatment plan (including as necessary descriptions of the treatment techniques, tactics and strategies to be used),
- The open, frequent and authentic monitoring of client progress and the inclusion of difficult material (especially that which the client is avoiding), and
- The utilisation of best evidence practice based on research knowledge (Wampold et al., 2009) - for example, as documented in pertinent treatment guidelines, such as the Australian guidelines for the assessment and treatment of acute stress disorder and PTSD.

The complexity of the tasks that will derive from SIRA's research priorities, and the subsidiary objectives associated with them (see the APS's response to consultation questions 3, 4 & 5) is liable to be, but must not be, underestimated. The APS stresses the importance of SIRA investigating the factors contributing to decisions around treatment options, and particularly the use of evidence-based practices, as part of your research agenda.

Question 3: Do you have any comments on SIRA's research guiding principles? Can they be improved, and if so, how?

SIRA has advised that the recent review of its Research Program proposed "a model for the establishment of a research community of practice that would formalise opportunities for collaboration and co-design whilst helping to address duplication of effort and investment in research across the sector".

The APS believes the guiding principles described by SIRA are a critical part of that model. We support the emphasis on the role of scheme customers in the design, implementation and translation of care. However, the APS emphasises the toned for the involvement of other key stakeholders - especially practitioners, expert bodies, field leaders and peak bodies (especially those in the field of psychology) and employer and employee representatives.

As noted in the APS's response to consultation questions 1, 4, 5 and 8, in terms of claims with primary or secondary psychological components, and how they may be effectively and efficiently treated, with optimal recovery, are critical areas for research and need to be approached with a clear understanding of the applicable science.

If this is to occur, all stakeholders must be included. The APS, however, emphasises that the focus and design of SIRA's research program must be excellence-focused and strongly reflect the research expertise of those stakeholders and, accordingly, scientific research, clinical wisdom and best practice policy. If SIRA's research agenda is to address the needs of stakeholders, this will require a subtle balancing of their diverse interests.

Question 4: How effective do you think a research community of practice would be? Please comment on what you see as the key benefits and key challenges of a research community of practice.
[AND]
Question 5: How effective do you think a collaborative model would be? Please comment on what you see as the key benefits, and the key challenges, of a need and/or topic collaborative model?

The APS believes a community of a research practice and the adoption of a collaborative model are essential to the development an appropriate research agenda.
We do so on the grounds of the potential breadth of the SIRA "research agenda" and the inevitable competition of ideas that will apply to that agenda.

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[8] See McHugh, A. (2018). Anger in PTSD: the concept of angry PTSD. Presentation to 3rd Annual Mental Health Strategies for First Responders Conference, Melbourne (March 2018) and McHugh, A. (2021). Assessing and treating angry PTSD. Presentation to 2021 APS symposium on the treatment of PTSD. Melbourne (September 2021).

[9] Wampold, B. E., Imel, Z. E., & Miller, S. D. (2009). Barriers to the dissemination of empirically supported treatments: Matching messages to the evidence.

In taking this into account, the APS cautions that the "community of practice" and the associated "collaborative model" envisioned by SIRA must give emphasis to the needs of all stakeholders (from SIRA, through agents/insurers, practitioners to consumers). As noted in its response to question three, this will require that scheme, intervention, health and mental health, and above all, research literacy is central to the function of that community and that model.

The APS thus observes that the key benefits of that community and model mirror the key challenges that will arise. It emphasises the importance of SIRA ensuring that all parties involved:

- act with a representative voice
- work towards a balance of views
- focus on agreed imperatives and
- apply the science and best evidence practice applicable to those imperatives.

Question 6: How can SIRA effectively collaborate with stakeholders to prioritise new research opportunities as they arise?

The APS looks forward to collaborating with SIRA and other stakeholder representatives to prioritise new research opportunities.

We propose this is best done by implementing field-representative governance structures, including advisory and references groups comprised of appropriately credentialed stakeholder personnel. Further, the APS believes that membership of these governance structures is best determined by a publicly transparent appointment process involving clear selection criteria, open expressions of interest opportunities and co-option of experts, expert advisory bodies and peak professional associations. Given the challenge of psychological injuries for compensable systems, the APS believes it is important that our representation on such governance structures will be advantages to the achievement of SIRA's research agenda, particularly given our professional leadership role.

Question 7: Apart from the guiding principles, are there any other factors that SIRA should consider when determining research priorities and if so, what are they?

The APS, as noted above, views the guiding principles of the proposed SIRA plan as sound. Nonetheless, we propose that SIRA give due consideration to our aforementioned range of suggestions and propositions in your response to questions 1 to 3.

To reiterate, the APS emphasises the importance of SIRA ensuring that all stakeholder representatives involved in SIRA's research agenda focus on imperatives that speak to:

- Injury prevention opportunities.
- The identification of best practice interventions for injuries and, especially, psychological injuries.
- The translation and implementation of those interventions into day-to-day practice to enable efficacious and effective treatment(s).
- Investigation of barriers and factors that contribute to the less-than-optimal uptake of evidence supported interventions, and
- Articulation of what works and, as part of this, the countering of ill-informed perspectives about what is evidence based (and what is not).

As part of this, the APS emphasises the importance, especially in the mental health and psychological injury space(s), of developing guidance for practitioners (and injured workers) around their obligations to provide evidence-based and clinically justifiable practice according to the ethics of their professional practice. The APS's Code of Ethics - which has been adopted as a matter of national law - and its subordinate Ethical Guidelines make clear that psychologists have an obligation to do so. The Code makes the following observations:

General Principle B: Propriety

> *Psychologists ensure that they are competent to deliver the psychological services they provide. They provide psychological services to benefit, and not to harm.*
>
> *Psychologists seek to protect the interests of the people and peoples with whom they work. The welfare of clients and the public, and the standing of the profession, take precedence over a psychologist's self-interest.*

B.3. Professional responsibility

> *Psychologists provide psychological services in a responsible manner. Having regard to the nature of the psychological services they are providing, psychologists:*
>
> *(a) act with the care and skill expected of a competent psychologist;*
>
> *(b) take responsibility for the reasonably foreseeable consequences of their conduct;*
>
> *(c) take reasonable steps to prevent harm occurring as a result of their conduct;*
>
> *(d) provide a psychological service only for the period when those services are necessary to the client*
>
> *(e) are personally responsible for the professional decisions they make;*
>
> *(f) take reasonable steps to ensure that their services and products are used appropriately and responsibly;*
>
> *(g) are aware of, and take steps to establish and maintain proper professional boundaries with clients and colleagues; and*
>
> *(h) regularly review the contractual arrangements with clients and, where circumstances change, make relevant modifications as necessary with the informed consent of the client.*

Too often these obligations are not sufficiently understood by mental health practitioners working within the compensable (SIRA included) environment. Given that poor understanding, and because not all practitioners delivering mental health services are psychologists or, even where they are, are not members of the APS, it is important that SIRA and the APS work together around the ethics of delivering efficient and effective treatments.

The APS expects SIRA is planning to appoint advisory and references groups to oversight and advise around your research endeavours. To reiterate the observations the APS made about governance in response to questions 4, 5 and 6 of the consultation document, we believe that membership of any governance arrangements must be balanced, have appropriate expertise and be capable of contributing meaningfully to the dissemination of qualitative outcomes. Given the need for research related to mental health and psychological injuries, we would be very pleased to assist SIRA through membership of such groups/structures.

Question 8: How might SIRA best involve people with lived experience in designing, translating and evaluating research?

The APS believes there is potentially significant value in co-designing, translating and evaluating research. We endorse the collaborative approach described by SIRA. However, as stated across this submission, we are strongly of the view that where that research pertains to or seeks to address mental health and/or matters of psychology or psychological practice, this must be done with a clear acknowledgement of the science of psychology.

As noted above, many system stakeholders, including practitioners, commonly consumers and, even, insurers, do not necessarily possess an understanding of the principles of evidence-based practice. Evidence, as described by the NH&MRC, can be prioritised for its importance by reference to the following categorisation (level 1 being the evidence with the highest standing) (see Phoenix, 2020).

Level	Approach
I	Systematic review of all relevant randomised controlled trials
II	At least one properly designed (double placebo) randomised controlled trial
III-1	Well-designed pseudo-randomised controlled trials (alternate allocation or some other method)

III-2	Comparative studies with concurrent controls and not randomised allocation (cohort studies) or interrupted time series with a control group
III-3	Comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group
IV	Case series, either post-test, or pre-test and post-test

It is also critical that SIRA's research agenda reflects, and looks to build on, international and national guidelines pertinent to the range of conditions that are encountered under the schemes regulation.

Given the increased incidence of psychological injuries and the growing amount of treatment provided in relation to them, it is important that the guidelines relating to the stress and trauma-related conditions, that are so common in compensable systems, are given due consideration. These include:

- https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/
- https://istss.org/clinical-resources/treating-trauma/new-istss-prevention-and-treatment-guidelines
- https://www.apa.org/ptsd-guideline
- https://psychology.org.au/about-us/what-we-do/advocacy/position-papers-discussion-papers-and-reviews/psychological-interventions-mental-disorders
- https://www.blackdoginstitute.org.au/resources-support/post-traumatic-stress-order/
- https://www.nice.org.uk/guidance/ng116
- https://www.colleaga.org/tools/canadian-clinical-practice-guidelines-management-anxiety-post-traumatic-stress-and-obsessive and
- https://www.canada.ca/en/public-health/topics/mental-health-wellness/post-traumatic-stress-disorder.html.

It is well acknowledged across the field of stress and trauma-related mental health that, despite the existence of gold standard treatments for a range of mental health the conditions that occur commonly in compensable systems, these treatments do not always lead to the expected outcomes for those who receive them. The APS believes that the SIRA research agenda provides a timely opportunity to conduct research to clarify the variables that mediate and moderate treatment outcomes. That will necessarily involve research of those with work and accident-related injuries who have optimally recovered from such injuries and those who have not shown the desired for recovery.

Question 9: How might SIRA strengthen the effectiveness of its knowledge implementation and all translation activities?

The APS notes high level concern in "western" health care systems that the quality of mental health care provided is failing those who need it. A repeated finding is that the majority of care delivered is not based on the best available evidence (see Powell, Proctor, & Glass, 2014)[10].

Meta-analyses have demonstrated psychological treatment works and is efficient for a range of high prevalence mental health conditions - for example, in the treatment of mild-to-moderate anxiety, mood disorders (Linde, Rucker, Sigterman, Jamil, Meissner, Schneider & Kriston, 2015)[11] and PTSD (see Phoenix, 2020). Systematic reviews have, similarly, demonstrated the efficacy of psychological interventions for a broad range of psychiatric disorders, including schizophrenia (Ince, Haddock & Tai, 2016)[12], PTSD (Bisson & Andrew, 2007)[13] and substance use disorders (Minozzi, Saulle, DeCrescendo & Amato, 2016)[14].

Alongside this knowledge of what works, implementation guidelines exist for a range of disorders. Important examples include those from the UK for schizophrenia (Ince et al., 2016)[12] and anxiety and depression (NICE, 2018)[15]. The field-leading Australian Guidelines for the Assessment and Treatment of Acute

[10] Powell, B. J., Proctor, E. K., & Glass, J. E. (2014). A systematic review of strategies for implementing empirically supported mental health interventions. *Research on social work practice*, *24*(2), 192-212.
[11] Linde, K., Rücker, G., Sigterman, K., Jamil, S., Meissner, K., Schneider, A., & Kriston, L. (2015). *Family Practice, 16, 103*.
[12] Ince, P., Haddock, G., & Tai, S. (2016). A systematic review of the implementation of recommended psychological interventions for schizophrenia: rates, barriers, and improvement strategies. *Psychology and Psychotherapy: Theory, Research and Practice, 89*(3), 324-350.
[13] Bisson, J. & Andrew, M. (2007). Psychological treatment for post-traumatic stress disorder. *Cochrane Database Systematic Review, 18*. https://www.ncbi.nlm.nih.gov/pubmed/17636720
[14] Minozzi, S., Saulle, R., De Crescenzo, F., & Amato, L. (2016). Psychosocial interventions for psychostimulant misuse. *Cochrane Database of Systematic Reviews*.
[15] https://www.nice.org.uk/guidance/ng116

Distress Disorders and PTSD established by Phoenix Australia (2008, 2013 & 2020) are of notable relevance to compensable systems.
Despite this, implementation of effective treatments remains low in mental practice across private, public, not for profit and third-party compensable systems. The APS believes there is room to conclude that this problem applies to the schemes that are subject to SIRAs regulation.

In the wake of this problem, researchers are turning their attention to the science of how to implement best practice as part of routine care (Lau, Merideth, Bennett, Crompton & Dark, 2017[16], Levin & Chisholm, 2016[17], McHugh & Barlow, 2012[18], Ordway, McMahon, Kuhn & Suchman, 2018[19], Powell, Proctor, Bruno & Glass, 2014[20]). Examples of this include the United Kingdom's Improving Access to Psychological Therapies (IAPT) and America's VHA and National Child Traumatic Stress Network (McHugh & Barlow, 2010)[21].

Professional peak bodies have strongly and consistently advocated for the use of evidence supported treatments (e.g., the American Psychological Association and Australian Psychological Society; APA, 2005). They have also provided enabling resources (see, for example, the Australian Psychological Society, 2018)[22].

Question 10: Do you have suggestions to improve SIRA's proposed approach to planning for and responding to research impact?

The APS notes SIRA's "adapted logic model" (as depicted in the consultation document's figure 3) for assessing impact, the steps it includes and, consistent with the thrust of SIRA's research plan, the emphasis given to knowledge translation likely to lead to objectively identifiable outputs. We also acknowledge that the identified impacts of SIRA's research program will be categorised according to themes related to knowledge, health, economic, social and environmental considerations.

The APS is much impressed by the approach to research described by SIRA. We, nevertheless, reinforce the importance of:

1. Seeking input and feedback from stakeholders about those research endeavours.
2. Generate targeted research endeavours based on that advice and describe their rationale, and
3. Doing this with balance and expertise in mind.

The APS believes these considerations to be implicit to the achievement of SIRA's proposed approach to planning for, and responding to, the impact of your research.

Question 11: What evaluation tactics would be valuable in this context and why?

The APS considers the adoption of appropriate evaluation tactics and strategies to be critical to achieving better outcomes for all stakeholders in the schemes under SIRA's regulation. We believe it is important that those tactics and strategies are characterised by an approach that focuses on evaluation of:

- Stakeholder satisfaction.
- Substantiation of evidence-based treatment utilisation.
- The efficacy and efficiency of the care, support and treatment provided.
- The attainment of not only work maintenance/ return to work outcomes, but other psychological and functional outcomes important to scheme stakeholders.
- How to attain increases in customer health literacy and (as emphasised in the APS's response to question 1 of this consultation) mental health literacy, and

[16] Lau, G., Meredith, P., Bennett, S., Crompton, D., & Dark, F. (2017). A capability framework to develop leadership for evidence-informed therapies in publicly-funded mental health services. *International Journal of Public Leadership*, *13*(3), 151-165.
[17] Levin, C., & Chisholm, D. (2016). Cost-effectiveness and affordability of interventions, policies, and platforms for the prevention and treatment of mental., neurological., and substance use disorders. *Mental., neurological., and substance use disorders: disease control priorities*, *4*, 219-236.
[18] McHugh, R. K., & Barlow, D. H. (Eds.). (2012). *Dissemination and implementation of evidence-based psychological interventions*. Oxford University Press.
[19] Roosa Ordway, M., McMahon, T. J., De Las Heras Kuhn, L., & Suchman, N. E. (2018). Implementation of an evidenced-based parenting program in a community mental health setting. *Infant mental health journal*, *39*(1), 92-105.
[20] Powell, B. J., Proctor, E. K., & Glass, J. E. (2014). A systematic review of strategies for implementing empirically supported mental health interventions. *Research on social work practice*, *24*(2), 192-212.
[21] McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments: a review of current efforts. *American Psychologist*, *65*(2), 73.
[22] Australian psychological society (2018). Evidence based psychological interventions. 4th edition. APS Melbourne.

- The best methods for assertively addressing skill gaps and correcting myths and fallacies held by injured workers, practitioners or agents around what constitutes best practice support, care and treatment interventions, and how they may be effectively and efficiently implemented.

Question 12: Do you think SIRA's proposed success measures can be improved, or are there are other success measures that should be included?
[AND]
Question 13: How would you like to see each measure benchmarked?

The APS notes SIRA's proposed success measures. We strongly endorse their collaborative nature. In light of substantial, disconcerting and persistent evidence demonstrating sub-optimal practitioner uptake of evidence based practice in relation to psychological injuries, the APS again emphasises the importance of SIRA working to ensure its success measures are capable of identifying:

- Optimal client pathways to best care that facilitate early intervention via best practice interventions.
- Barriers to delivery of EBP, how EBP may be promptly and effectively increased and the fidelity of treatments delivered where practitioners report they are delivering EBP.
- Mechanisms for increasing health and, especially, mental health literacy among consumers, practitioners and insurers.
- Predictive models for identifying causal pathways for injuries, conditions related to those injuries and the differential impacts of interventions on recovery outcomes, and
- Resources that demonstrate these and other important success measures and enable the provision of evidence and value-based care using a range of communication devices - including professional resources of peak bodies, peer reviewed journals and professional communications and industry conferences and workshops associated with CPD.

With respect to the benchmarking of measures, the APS believes the in addition to what SIRA has identified, it is important to adopt an approach that incorporate mechanisms which:

- Demonstrate
  - injury prevention actions undertaken by employers, government agencies and agents
  - timely application of evidence-based interventions and
  - recovery indices for those injured in accidents and the workplace.
- Provide for analyses, and associated reporting, where appropriate, using de-identified data, and league tables at agreed frequencies.
- Are compatible with research, evaluation and benchmarking activities in other schemes in other jurisdictions, and
- Play a role in leading and innovating beyond the activities available in other schemes in other jurisdictions.

Summary

The APS again thanks SIRA for the opportunity to submit to this important consultation.

In our 2021-2024 strategic plan, the APS emphasises that we are "dedicated to advancing the scientific discipline and ethical practice of psychology in the communities we serve. We do so to promote the psychological health and well-being for the benefit of Australians".

The APS, accordingly, enthusiastically seeks to support SIRA in your efforts to enhance the research program so that it may best generate and facilitate greater research collaboration based on the existing and emerging knowledge and evidence base.