

# Digital Psychology Clinic

# Addressing the Needs of the Bush

The development of the UNE Digital Psychology Clinic: Expanding access to high-quality, modernised clinical training to rural, regional and remote areas.

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**Event:** UNE L&T Symposium 2026

# The problem – why this matters

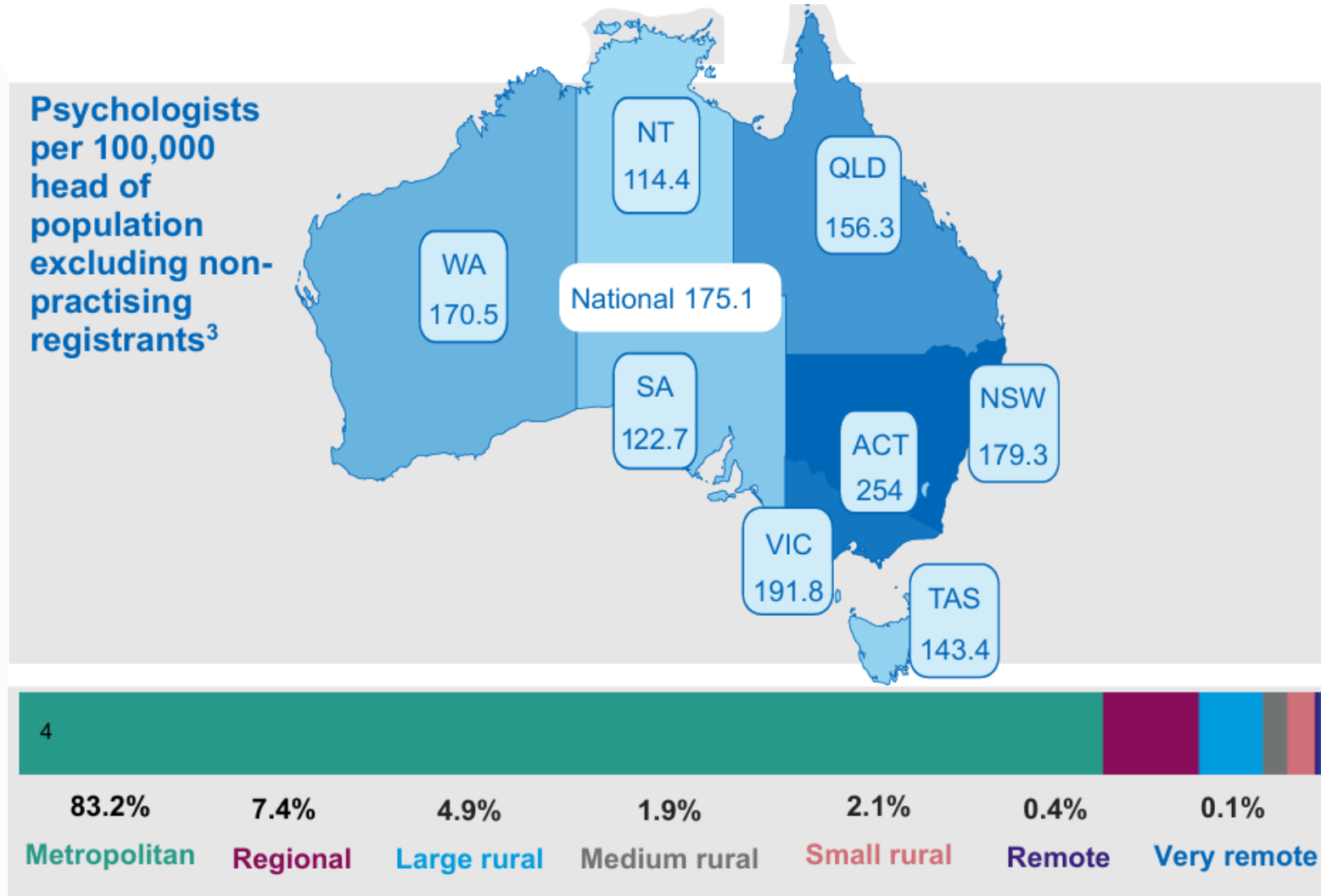
## The psychology workforce crisis

Major cities have **4.1 times** as many psychologists per 100,000 people compared to very remote areas (National Rural Health Alliance, 2021)

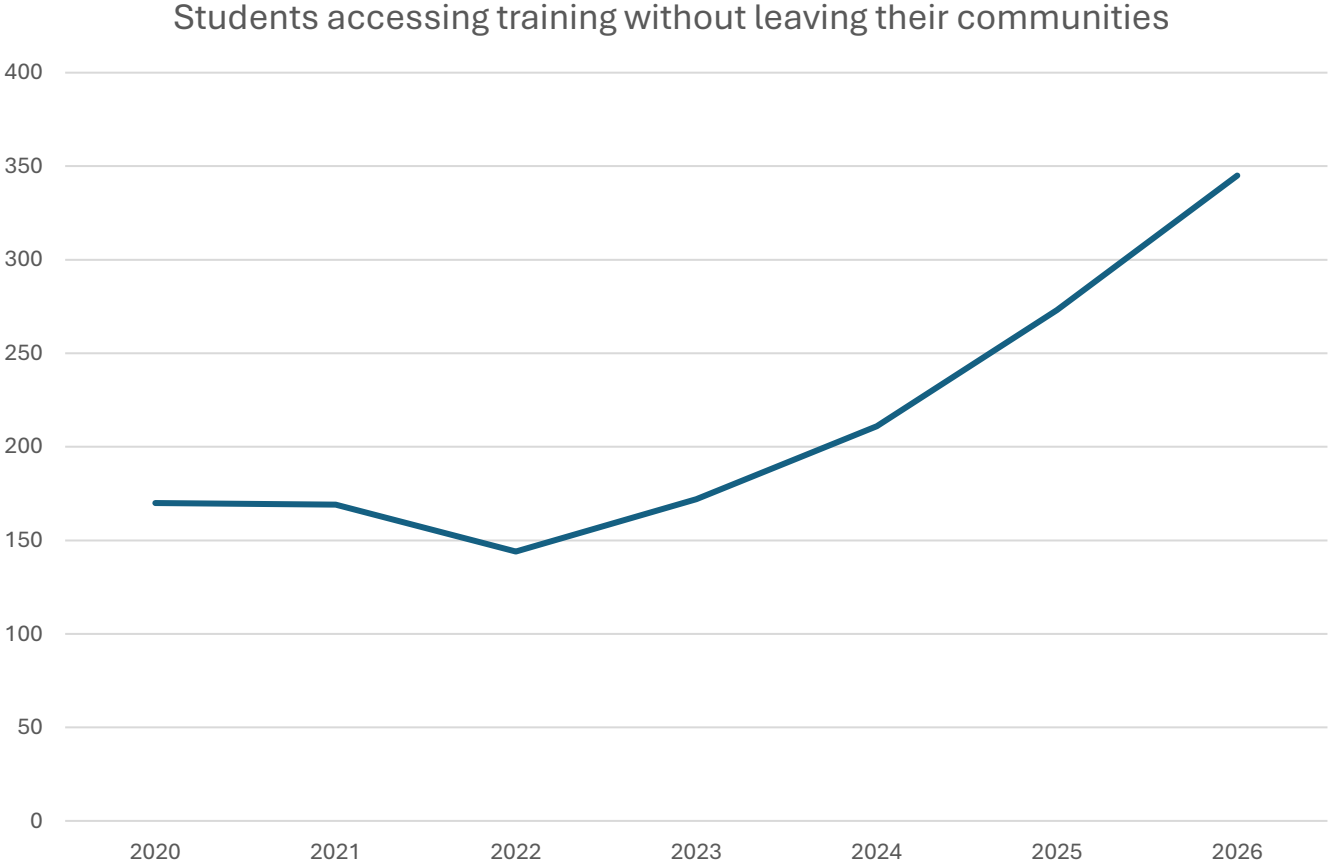
Only ~10% of students who want to become registered psychologists can access the necessary postgraduate places (health.gov.au, 2024)

Rural Australians experience higher rates of psychological distress, yet are **less likely** to access mental health services (health.gov.au, 2004)

# A critical gap in rural mental health

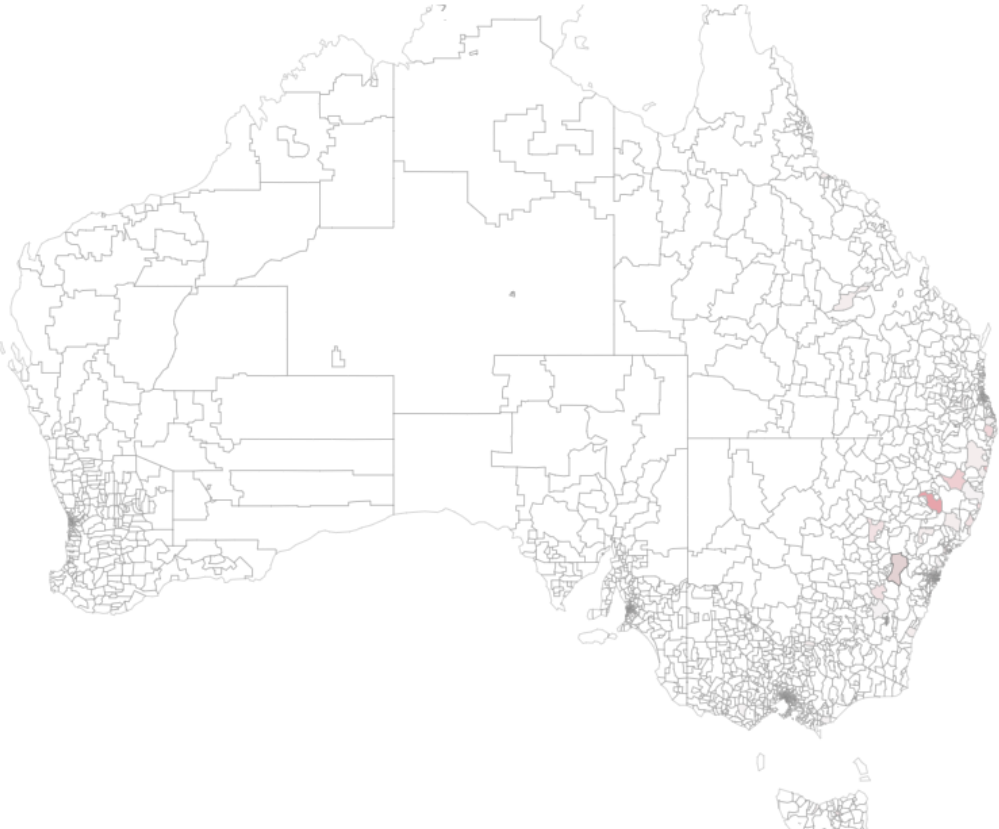


# Addressing the gap

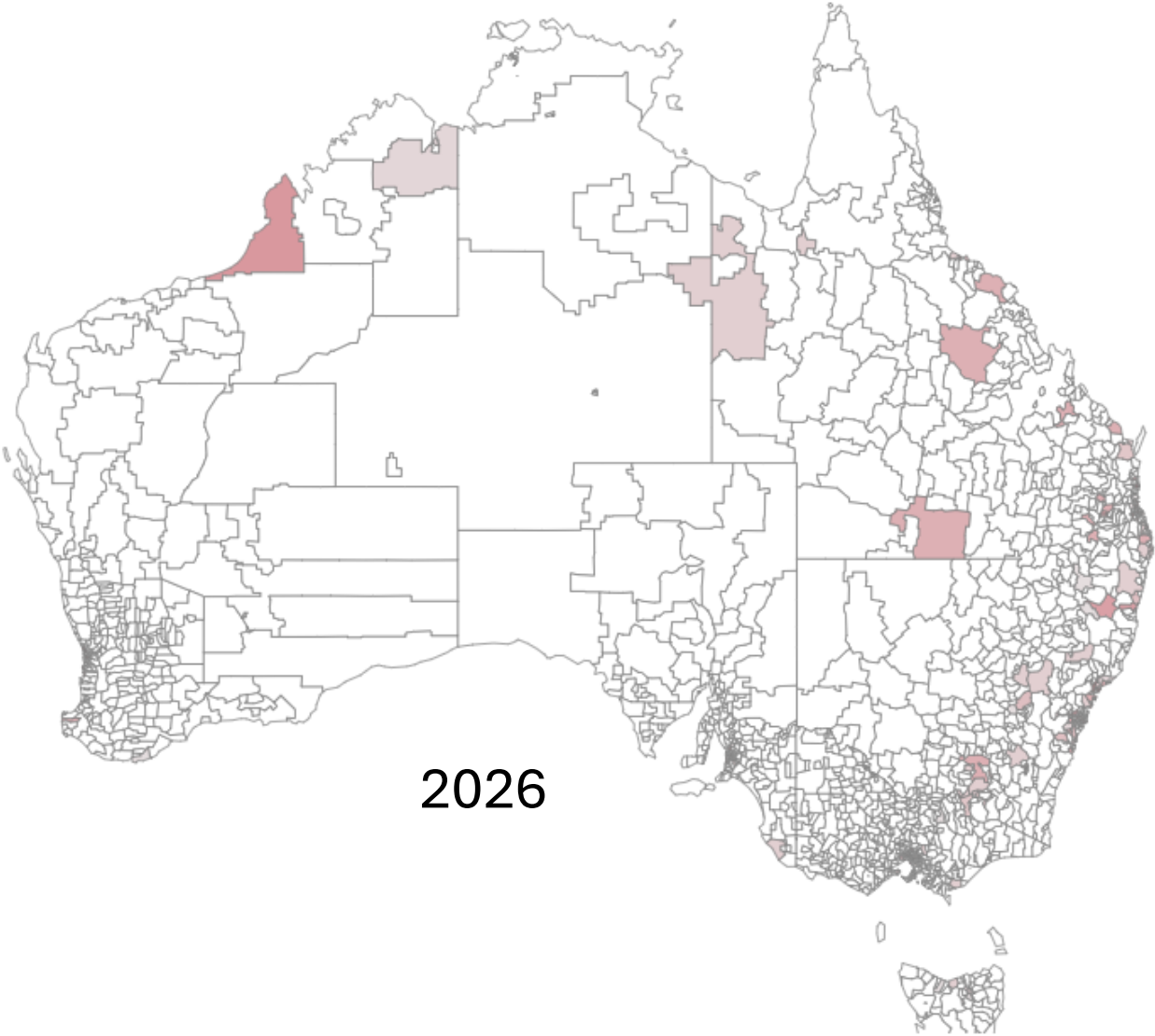


# Addressing the gap

2020



2026

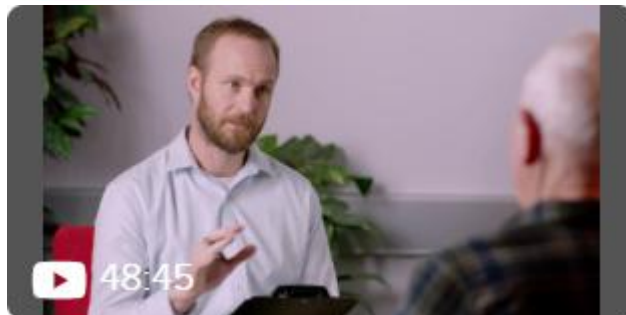
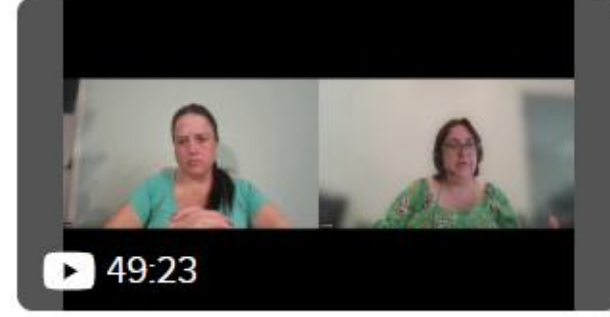


# What is the UNE Digital Psychology Clinic?

- UNE has Australia's first fully online simulated psychology placement where students complete their postgraduate training entirely online from anywhere in Australia (Shelley et al., 2024)
- An online training clinic using simulated client interactions that reflect real community issues
- Designed to reduce geographical, financial, and social barriers to postgraduate psychology education
- Aligned with APAC 2025 Accreditation Standards



# Resources in our UNE DPC



# Training Where It Matters: Place-Based Pathways

Students remain embedded in their communities throughout training → no relocation required

*“I can work and do my placement at the same time, and apply what i have learned to my job”*

Builds a more representative psychology workforce in under-served areas

*“Overall this was an excellent subject and allows access to further education to a cohort that has other commitments and could not continue learning if this was not available.”*

An effective strategy for rural workforce retention → “train where you intend to practise” (Rabinowitz et al., 2001; Wakerman et al., 2019)

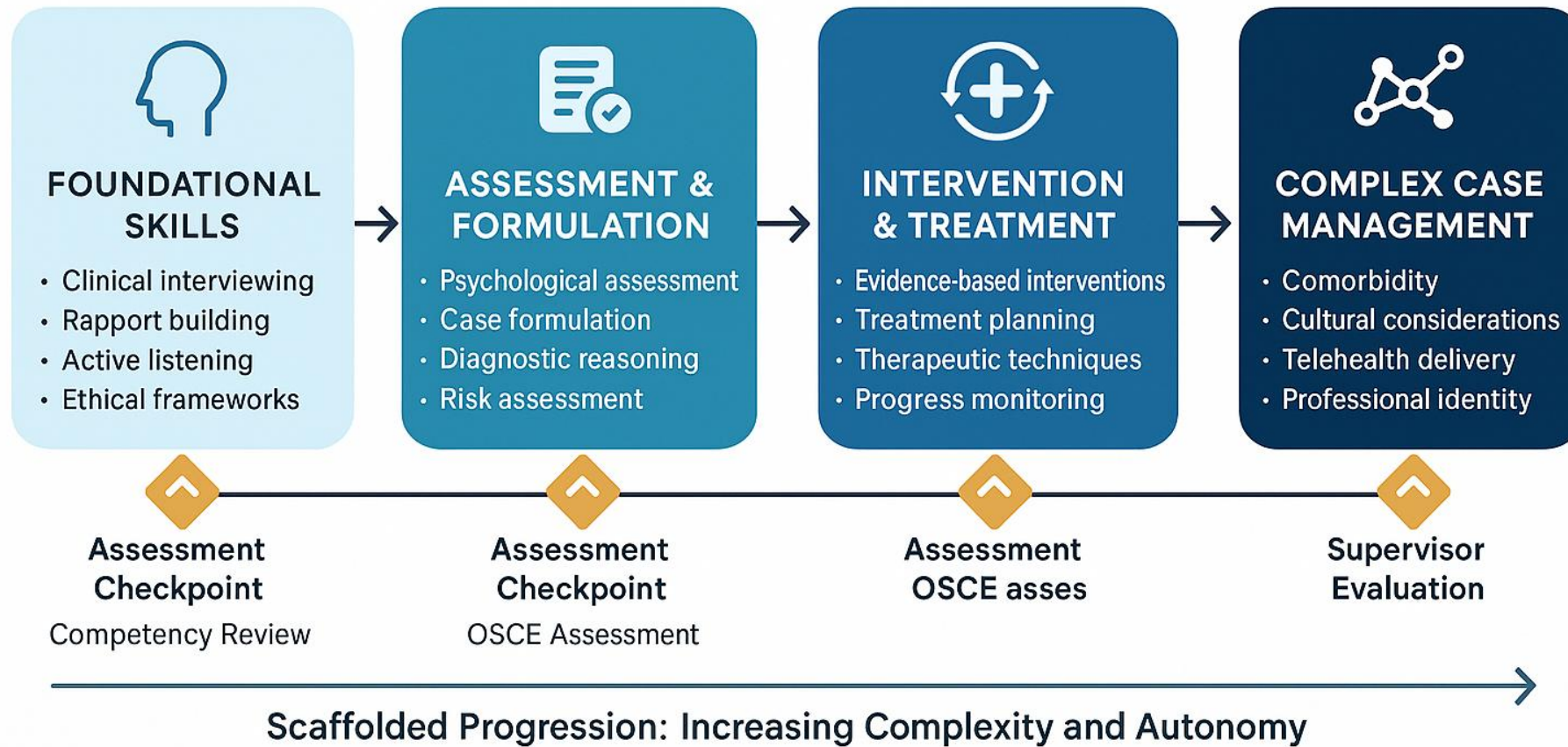
Builds supportive learning communities for geographically dispersed students through online peer interaction and group supervision:

*“My favourite part of placement was peer supervision, so much rich information was shared and points for reflection were generated”*

*“Added bonus - I have made friends with some peers and I am about to go on a short holiday with one of the students! “*

# Curriculum Design & Pedagogy

Contemporary, Evidence-Based Curriculum Design



# Evidence of Impact - Building the Bush Workforce

Supports accessibility and competency development

100% completion / 98% on-time completion

Supervisors report students are better prepared and "work-ready"

Prepares graduates for telehealth-enabled practice - a critical skill for rural service delivery

Graduates who train in place are more likely to practise in place

Addresses the pipeline problem

Aligns with the National Rural Health Alliance's call for targeted strategies to address mental health workforce maldistribution

Contributes to a more representative workforce



# Honest Reflections: What We're Still Working On

- Reflective of realistic encounters?
- The “**theory-practice gap**”: simulation builds knowledge and confidence, but real-world application may require additional scaffolding
- Need for longitudinal data on graduate practice outcomes and community impact
- Simulation-based challenges including friendly role-play partners and misrepresentation of clinical syndromes (Shelley et al., 2025)

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