

04 September 2024

Ms Liana Trajanovski  
Department of Prime Minister and Cabinet  
1 National Circuit  
Barton ACT 2600

By email to: [insights@pmc.gov.au](mailto:insights@pmc.gov.au)

Dear Ms Trajanovski

### **Re: Long-term Insights Briefings**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8500 members, including around 5800 qualified psychiatrists.

The RANZCP is grateful for the opportunity to make a submission to the Have your Say Survey for the Long-term Insights Briefing. The RANZCP commends the Government for seeking community and NGO input to the review of the delivery of services to the Australian public.

As the peak body of psychiatrists in Australia and Aotearoa New Zealand and an advocate for people with disability and/or ill mental health, our submission focuses on public mental health services, disability services and wider public sector concerns. The RANZCP affirms the importance of consulting community members with lived experience, peak bodies, NGOs and advocacy groups to ensure that national policy is cohesive, representative and collaborative.

#### **Key RANZCP recommendations are that government services:**

- are co-designed and co-produced with people with lived experience to improve service delivery.
- address barriers faced by priority populations in accessing public services.

#### **For health services specifically, the RANZCP recommends that the Federal Government:**

- address the gap between current mental health service capacity and demand, aligning with the [National Mental Health Workforce Strategy \(2022-2032\)](#) and the [National Medical Workforce Strategy \(2021-2031\)](#).
- enhance holistic services and health education to support public mental health service development, including training mental health providers to deal with complex health disorders.

## Diversity of the community

The RANZCP advocates for the recognition of diverse individual and community characteristics, particularly of those from priority populations facing significant barriers, in public service design and implementation. These include those experiencing housing insecurity, dependency issues, intellectual disability, major mental illness, Aboriginal and Torres Strait Islander peoples and trans and gender diverse (TGD) people. The RANZCP encourages PMC to take into account these characteristics in service design:

### Gender:

- Public services should be designed to include TGD identities, ensuring confidentiality and respect for chosen names and pronouns to prevent outing and service avoidance.[1, 2]
- The College notes that not including TGD identities may have unintended negative consequences. A recent Victorian Coroner's report highlights the absence of TGD gender identity and failure to recognise gender transition as contributory to mishandling of information during a missing persons case.[3]

### Age/Generation:

- Public services must address the varied needs across different age groups, as access and demand for services differ by age. Equity in service access should be a priority.

### Location/Place of Residence:

- Public service design must recognise the health inequities faced by people in regional, rural and remote areas due to limited services and broader access issues such as transportation.[4]

### Cultural identity, ethnicity, religion and spiritual beliefs:

- To ensure cultural safety in public services, the inherent power dynamic between service users and service delivery must be recognised, acknowledging diverse identities, including those of Aboriginal and Torres Strait Islander peoples and other culturally and linguistically diverse groups.
- The [RANZCP advocates for universal cultural safety](#) in public services, mental health systems, and care for all consumers. [\[RANZCP Position Statement 105: Cultural safety\]](#)

### Physical and mental abilities and health

- Public service design needs take into account the complexities faced by individuals with intellectual and developmental disabilities and mental health issues.
- Inclusive service design should address barriers highlighted by [The Disability Royal Commission final report](#).

## Housing

Adequate and stable housing is a key determinant of physical and mental health. The [Everybody's Home Brutal reality report](#) indicates that as many as 67% of people are experiencing housing stress. The RANZCP emphasises the importance for governments to provide stable housing support, particularly to the priority populations, including the above and victim-survivors of domestic, family and sexual violence (DFSV). For victim-survivors of DFSV, stable and safe housing is a key intervention to ensure sure physical and mental wellbeing.

## Health Workforce

The College notes significant workforce shortages in the mental health and broader health sector. We urge governments to work together to grow the and mental health workforce to deliver better mental health outcomes for the Australian community.

The psychiatry workforce currently meets only 56% of the 2,343 full time equivalent of psychiatrists target set by the 2019 National Mental Health Services Planning Framework.[5] The [National Mental Health Workforce Strategy \(2022-2032\)](#) reports a need for even more psychiatrists to meet future targets. The shortage results in long wait times and unmet needs, particularly affecting priority populations such as those in regional, rural and remote areas, as well as First Nations people. To address this, support for private practice can be a lever to manage demand while public services develop.

## Designing government mental health services

The RANZCP advocates for co-design and co-production principles, emphasising the involvement of people with lived experience in the development of mental health services. This approach, supported by [Position Statement 62: Partnering with people with lived experience](#) details an effective, evidence based model that should be considered across all public service design and delivery processes.

As a peak body in the mental health field, the RANZCP is pleased for the opportunity to contribute to the Long-term Insights briefing and looks forward to working with PMC to design services that address the needs of the Australian community.

If you have any questions or wish to discuss any details further, please contact Nicola Wright, Executive Manager, Policy, Practice and Research via [nicola.wright@ranzcp.org](mailto:nicola.wright@ranzcp.org) or on (03) 9236 9103.

Yours sincerely



Dr Elizabeth Moore

**President**

Ref: 4612

## References

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5. Acil Allen. Mental Health Workforce - Labour Market Analysis Final Report to Commonwealth Department of Health. Canberra; December 2020.