

Australian Commonwealth Government
COVID-19 Response Inquiry

December 2023

Advocacy to improve access and equity

Royal Australian and New Zealand College of Psychiatrists submission

COVID-10 Response Inquiry

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region. The RANZCP has more than 8000 members including more than 5,800 qualified psychiatrists and almost 2,200 members, who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP welcomes the opportunity to provide a submission to the Australian Commonwealth Government's [COVID-19 Response Inquiry](#). The RANZCP's response is informed by its recent submissions to the [Australian National Audit Office's \(ANAO\) audit of the Australian Department of Health Management of Telehealth Service Expansion](#), [the Australian Select Committee on COVID-19](#), and the feedback of RANZCP's expert committees. The RANZCP's submission reflects the Inquiry's [Terms of Reference](#) and focus on the ability for the Government to:

- Anticipate
- Adapt
- Respond

to improve Australia's preparedness for future pandemics.

Opportunities for systems to more effectively ANTICIPATE

The COVID-19 pandemic demonstrated the impact pandemics have on the community's mental health and on mental health services.[1, 2] The RANZCP stresses the importance of the **inclusion of expertise of psychiatrists and mental healthcare service providers** to any proposed body established to improve the preparedness of Australia for future pandemics.

The inclusion of mental health expertise to a preparedness body will support the country's response to both the physical and mental health challenges of future pandemics. The RANZCP urges that actions and investment are included to **support the population's mental health**.

The RANZCP welcomed the commitment of the [National Mental Health and Wellbeing Pandemic Response Plan](#) to prioritise timely data and information, to identify further evidence-based interventions to support the mental health of the Australian community during and after the pandemic. The preparedness body should ensure there is an ongoing **analysis of evidence-based interventions** that can protect the mental health of the population through pandemics and the economic consequences of pandemics.

It is important that **mental wellbeing and suicide prevention are national health priorities** during the preparedness and planning for future pandemics. Suicide prevention efforts must recognise the impacts brought by major community crises, including COVID-19. Impacts that can include economic stress, loss and trauma, social isolation and decreased access to mental health treatment, both during and in the aftermath, of such events.

Future safety measures (i.e. lockdowns and mandatory quarantine) must include plans to actively **address the mental health implications** and ensure there are plans to adequately mitigate their risks. **Public health messaging** must promote a balanced understanding of the mental health impacts of the pandemic in tandem with informing the public on the rationale for the pandemic measures taken.

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The RANZCP [highlights](#) the importance of **investing in modern technology infrastructure** in the public mental health system, given the increasing importance of technology as a way to communicate health literacy, prevention, intervention assessment, therapy and administrative support, accelerated during the COVID-19 pandemic. This should also be accompanied with continued efforts to improve digital literacy and access to resources (internet and telephones), especially for people residing in rural areas.[3]

Opportunities for systems to more effectively ADAPT

The RANZCP has [acknowledged](#) the Australian Government's **responsiveness** regarding Medicare Benefits Scheme items to enable the use of telehealth during the COVID-19 pandemic, and ongoing. The response allowed for the better continuity of care to critical mental healthcare services for the community.

The RANZCP highlights the importance for Government to have an agreed rapid and responsive process in place that enables additional/alternative service modalities (e.g. telehealth) to be implemented. This will enable **proactive** rather than reactive solutions to be rolled out, to the benefit of the mental health workforce and the community.

With regard to public messaging, the RANZCP recognised the Government's commitment to providing updates to the public through consistent and clear **messaging based on medical advice**. While evidence evolves during pandemics, the importance of **clear and consistent advice** to help people manage the uncertainties in times of emergencies is critical in ensuring good outcomes.[4]

The COVID-19 pandemic has highlighted the workforce and resource constraints in the chronically underfunded and stretched mental health system. The RANZCP welcomes the National Mental Health Workforce Strategy, and the commitment from the Government to invest in **attracting, training and retaining the mental health workforce**. An appropriately resourced mental health system will ensure there is capacity to meet the community demand during future pandemics.

Priority Populations

The RANZCP highlights the modest negative change in overall population mental health reported in Australia, with significant differences between population subgroups, exaggerating existing inequities.[5]

People who experience **social disadvantage** are less likely to access protective factors such as mental health services and community cohesiveness. The RANZCP encourages the recognition of priority populations for future **vaccination roll-out plans** and ensure adequate **community consultation** that promotes the mental health and wellbeing of specific population groups including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse, aged care, children and people with physical and mental health conditions.

The RANZCP recognises the efforts of the National Aboriginal Community Controlled Health Organisation (NACCHO) along with local Indigenous community action which oversaw the **protection of the Aboriginal and Torres Strait Islander population** from COVID-19. The RANZCP highlights the importance of taking a 'two-world's approach when enacting pandemic measures including travel restrictions and vaccination campaigns, given the impact on health and wellbeing of First Nations people.[6]

People living with serious mental illness had an increased risk of COVID-19 infection and subsequent rates of hospitalisation, morbidity and mortality. People living with serious mental illness are more likely to have diabetes, cardiovascular and respiratory disease. Initially, people with serious mental illness were not

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COVID-10 Response Inquiry

considered a priority population for COVID-19 vaccine rollout, and they must be considered a priority population in future pandemics.

The RANZCP suggests the Government consider **strategies to mitigate harm to older people** during times of pandemic, without contravening the right for older persons to remain integrated in society ([UN principles for Older persons](#)). The RANZCP highlights the inconsistency of restrictions on the movements and freedoms in aged care facilities, particularly around visits from those providing psychosocial supports, causing serious mental and physical health outcomes for people.

The RANZCP highlights the impact of pandemic measures on the growth and development of **children**. Evidence shows there was an overarching impact on children and their parents overall, as a result of the pandemic measures.[7] The [AIHW](#) also reports the impact the pandemic and the response had on social connectedness which also declined in people aged 13-17 during the early stage of the pandemic.

Opportunities for systems to more effectively RESPOND

When responding to pandemics, it important the government consider not just the current crisis but also the effect measures on mental health and wellbeing in a holistic way. The RANZCP highlights the impact of the COVID-19 pandemic on the **mental health workforce** and recommends measures be put in place to mitigate these risks in the future. Mental health professionals, including psychiatrists, play a key role during crisis.

Services must be appropriately resourced to provide support to mental health professionals through a range of **evidence-informed wellness initiatives**.

It must be a priority in planning for future pandemics that the Government recognises and responds to the **psychological and physical impacts** of pandemics on health care workers, ensuring steps are taken to cushion the psychiatry workforce to **avoid burnout and workplace attrition**.

Summary

As leaders in mental health, the RANZCP welcomes further engagement with the COVID-10 Response Inquiry. If you have any queries regarding this submission, please contact Nicola Wright, Executive Manager, Policy, Practice and Research Department via nicola.wright@ranzcp.org or on (03) 9236 9103.

References

1. Duden, G.S., S. Gersdorf, and K. Stengler, *Global impact of the COVID-19 pandemic on mental health services: A systematic review*. J Psychiatr Res, 2022. **154**: p. 354-377.
2. Xiong, J., et al., *Impact of COVID-19 pandemic on mental health in the general population: A systematic review*. J Affect Disord, 2020. **277**: p. 55-64.
3. Yeatman, T., et al., *Equitable psychiatry, telehealth, and the COVID-19 pandemic: Analysis of national data*. Frontiers in Public Health, 2023. **11**.
4. Brooks, S.K., et al., *The psychological impact of quarantine and how to reduce it: rapid review of the evidence*. Lancet, 2020. **395**(10227): p. 912-920.
5. Butterworth, P., et al., *Effect of lockdown on mental health in Australia: evidence from a natural experiment analysing a longitudinal probability sample survey*. The Lancet Public Health, 2022. **7**(5): p. e427-e436.
6. Rosen AO, A. *Dominos: Mental Health Impacts of Australia's Environmental Crises*. 2021; Available from: <https://www.psychiatrictimes.com/view/dominos-mental-health-impacts-australias-environmental-crises>.
7. Araújo, L.A., et al., *The potential impact of the COVID-19 pandemic on child growth and development: a systematic review*. J Pediatr (Rio J), 2021. **97**(4): p. 369-377.