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# Prioritising South Australia's mental health



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



South Australian Branch



# 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 government on mental health care. 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.

The RANZCP comprises over 6,900 members, including more than 5,100 qualified psychiatrists (Fellows) and around 1,800 members who are training to qualify as psychiatrists (trainees).

# A mental health system that works



## Matching capacity to demand

### Recommendations

- Immediately implement proposals for Acute Behavioural Assessment Units, and drug and alcohol clinicians embedded into mainstream mental health services.
- Fund SA Health to implement the proposed new state-wide supply and demand workforce modelling process, including development of a dedicated psychiatry workforce strategy at an estimated cost of at least \$400,000.
- Commit funding for South Australia's mental health system to reach its full 2025 capacity targets.



## Treating people where they live

### Recommendations

- Increase the resources and capacity available to regional and rural Community Mental Health Teams and the Rural and Remote Mental Health Service.
- Expand the capacity for CAMHS to provide mental health support for children and adolescents living in regional and rural South Australia and commit to permanent funding for the CAMHS service to the APY Lands.
- Prioritise regional SA for Specialist Dementia Care Program funding.
- Fund and establish an Aboriginal Social and Emotional Wellbeing Centre, emphasising local and culturally-safe clinical services.



## A just forensic health system

### Recommendations

- Resource a Prison Mental Health Service at an estimated cost of \$1.4 million per annum.
- Fund the redevelopment and expansion of James Nash House at an estimated infrastructure cost of \$194 million.
- Allocate funding to ensure that forensic mental health bed capacity is expanded appropriately, with the number to be informed by the success of diversion and community programs.

# Foreword



Mental health systems across Australia require fundamental reform. This has been widely understood and acknowledged both by our front-line healthcare workforce and policymakers for many years, but little action has been taken to address the problem.

Prior to 2020, one in five Australians reported experiencing a mental health issue in any given year. The Productivity Commission Report into Mental Health made clear that mental ill-health's direct cost to the Australian economy is up to \$70 billion per year, with an additional \$150 billion associated with diminished health and reduced life expectancy.<sup>1</sup> Investing in our mental health system makes good economic sense.

The events of 2020 have only compounded these existing issues and made more urgent the need for immediate and strong action to address an escalating 'mental health pandemic'.

Our public health services are already experiencing the impact on mental health of the COVID-19 pandemic and the associated economic downturn, with South Australia's emergency departments seeing a 15% increase in presentations for mental health or drug and alcohol problems as of November 2020.<sup>2</sup>

These events will have a massive effect on Australia's psychological well-being. Five-year projections indicate that mental health-related Emergency Department presentations are due to increase by almost 22%, and suicide deaths by almost 25%.<sup>3</sup>

Governments must respond decisively and quickly if we are to have any hope of mitigating the challenges we face, with the prevalence of psychological distress in our community estimated to peak at a staggering 45% by April 2022, and even higher among our youth (15-24 years) at 60% by November 2021.<sup>4</sup>

South Australia's mental health services have needed widespread, systemic changes and increased capacity for many years. However, the situation will soon be dire, and action is required now.

There is an extremely short window of opportunity to increase our State's capacity before the mental health pandemic curve rises far beyond our already inadequate ability to meet demand. To flatten that curve, we must stop constantly talking about the need for a better mental health system and act immediately.

As psychiatrists, we wish to provide the best possible treatment and support for those in our care, as well as support and promote good mental health. South Australians deserve a world-class mental health system where everyone has access to the right type and level of care, when they need it.

The RANZCP SA Branch calls upon the South Australian Government to prioritise mental health and provide the funding necessary to deliver such a system.

**Dr Paul Furst**

*Chair, Royal Australian and New Zealand College of Psychiatrists,  
South Australian Branch*



## Matching capacity to demand

People in mental health crisis waiting for hours in emergency departments and contributing to ambulance ramping at hospitals make headline news. The demands on our emergency departments and other crisis services must be addressed, and we must make changes to those services and environments to better manage people in crisis.

However, it is important to remember that South Australia's Community Mental Health Services are the first point of call for those seeking support and assistance from our public health system, with 690,000 contacts every year.<sup>5</sup>

We must also examine our mental health system as a whole to examine where it is working, where it is not, where improvements could be made and, importantly, ensuring that our mental health services have the resources required to properly meet community expectations.

Being better than average in some areas is simply not good enough

South Australia is grappling with mental health workforce shortages, accessibility gaps, insufficient bed numbers, lack of prevention and early intervention frameworks, and the disparity in mental health outcomes experienced by our Aboriginal community.

The RANZCP South Australian Branch (RANZCP SA) believes our mental health system has become too focused on risk management, to the detriment of providing proper rehabilitation, recovery and illness management support for those under its care.

Our services focus on those who come to them in crisis and address the immediate issue – but once that is resolved, their longer-term outcomes and support are not good enough. Nationally, South Australia ranks poorly on indicative measures such as, “People discharged from hospital who significantly improved” (7th), and “Community follow up within first seven days of discharge from a psychiatric admission” (8th).<sup>6</sup>


Our mental health system is full of dedicated and caring staff, who chose their profession from a desire to help their fellow South Australians who are facing difficult life challenges. They would much rather be supporting those people to manage their condition on an ongoing basis compared to only seeing them once.

Our workforce has reached a breaking point. It is not uncommon for doctors, nurses, allied health professionals and support staff to report feeling morally compromised by the system in which they work. We must give them the resources and support they need to provide appropriate and adequate care to our community and most vulnerable.

While the *SA Mental Health Services Plan 2020 – 2025* (MHSP) contains many good ideas, it focuses far too much on the resources South Australia allocates to mental health as compared to national averages. Those on the front line of mental health know, and repeated reports such as the Productivity Commission Report into Mental Health show, **all** Australian States and Territories need to dedicate more resources to their mental health systems.

Being better than average in some areas, in a national mental health system which is failing too many, is simply not good enough.

Our focus must be delivering improved mental health outcomes for the South Australian community, which means matching capacity to demand.



Better drug and alcohol support will reduce pressure on emergency departments

## Recommendations

Immediately implement the proposals in the *Mental Health Services Plan 2020-2025* for:

- *Acute Behavioural Assessment Units, and;*
- *The expansion of co-morbidity services, with DASSA clinicians embedded into mainstream mental health services.*<sup>5</sup>

The correlation and comorbidity between increased drug and alcohol use and mental health issues is well known. The cost to Australian society of alcohol and illicit drug use is estimated at almost \$40 billion.<sup>7</sup>

Sensational headlines notwithstanding, South Australia may not be the ‘methamphetamine capital of the world’, however it is clear that illicit drug use remains a serious issue in our State.<sup>8</sup> Alcohol and other drug (AOD) dependency is an area of great concern and it is clear that a significant number of presentations classified as mental health in public health services are related to AOD.

Consistent and continual feedback demonstrates a lack of sufficient, dedicated resources to appropriately manage people requiring assistance for drug and alcohol dependency. This has resulted in increased pressure on our mental health service as a whole and a ‘cascade’ effect of demand onto other parts of the health system.

The proposed Acute Behavioral Assessment Units would be valuable in providing an appropriate pathway for those attending emergency departments (EDs) and would ease ‘ramping’ and long wait times.

At the same time, we need to provide the resources needed to help prevent people presenting to ED in alcohol and other drug crisis in the first place.

While there are many improvements which need to be made to South Australia’s mental health system, RANZCP SA considers these to be amongst the most urgent, with the capacity to have an immediate effect on the ongoing pressures in emergency departments.



South Australia's investment in mental health continues to be largely reactive

Fund SA Health to implement the proposed new state-wide supply and demand workforce modelling process. As one aspect of that modelling, fund the development of a dedicated psychiatry workforce strategy at an estimated cost of at least \$400,000. This would include:

- *a mapping and gapping exercise;*
- *identification of challenges to attracting, recruiting and retaining medical practitioners to/within the South Australian psychiatry workforce;*
- *a blueprint for development of the psychiatry workforce now and into the future.*

RANZCP SA is very supportive of the MHSP's priorities for increasing the mental health system's workforce capacity in non-medical staff, and in areas such as mental health nursing, peer workers and allied health. However, it is also important to recognise the role of psychiatrists in providing leadership, particularly when identifying risk, diagnosis, and holistic biopsychosocial plans for treatment and support.

Adequate resourcing and capacity for assessment and management through trained professionals is a vital component of our mental health system. Psychiatrists are the experts in mental health, and the South Australian Coroner has made numerous comments about the importance of psychiatrist involvement in managing high risk cases.<sup>9</sup>

The Productivity Commission report has recommended that Australian, State and Territory Governments develop a national plan to increase the number of psychiatrists in clinical practice, in collaboration with the RANZCP.<sup>1</sup>

Here in South Australia, a comprehensive workforce modelling process is long overdue and SA Health should immediately be provided the resources needed to undertake that work.

RANZCP SA looks forward to working with government to scope the future needs of the public health system, its current capacity, best-practice projections for the number of private psychiatrists needed in the state to supplement that system, and the implications of those for the training and professional development programs we provide.

The RANZCP has previously undertaken a Psychiatry Attraction, Recruitment and Retention Needs Analysis project (the PARR project) on behalf of the Victorian Government. The RANZCP SA Branch could undertake a similar project on behalf of government to help drive this evidence-based workforce planning.



## We are not meeting the needs or expectations of the community

Commit funding for South Australia's mental health system to reach its full 2025 capacity targets.

As the MHSP notes, there is some disagreement amongst mental health professionals about the best way to increase capacity in the mental health system, and the exact extent and nature of additional beds needed.

Where there is no disagreement, is that we are not meeting the needs or expectations of the community and that extra capacity is desperately needed.

The Productivity Commission Inquiry into Mental Health (the Inquiry) provided two key recommendations:

1. The shortfalls in sub-acute and non-acute mental health bed-based services should be estimated and published at both State and Territory and regional levels.
2. State and Territory Governments, with support from the Australian Government, should increase funding for these services, in line with agreed commitments to rectify service shortfalls over time.

RANZCP SA completely agrees with the Inquiry's assertion that, 'non-acute beds are a necessary service in the mental health system, helping to improve people's mental wellbeing and avoiding deterioration of mental wellbeing over an extended period', and that we have a shortage of these beds.<sup>1</sup>

South Australia has already published its best estimates of our shortfalls in the MHSP, with a 2018-19 shortfall of 215 non-acute beds, which was projected to increase to 240 by 2023-24, with a similar shortfall of 80 sub-acute beds.<sup>5</sup>

While the State Government has begun to address this issue, in particular with the ongoing revival of the Repatriation Health Precinct, RANZCP SA is concerned that South Australia's investment in mental health continues to be largely reactive and in many ways driven by responding to crises and risk management, rather than long-term investment focused on building a responsive and sustainable mental health system.

SA Health's MHSP asserts that the full additional 320 sub-acute and non-acute beds necessary to bring South Australia in line with the National Mental Health Services Planning Framework (NMHSPF) will not be necessary due to the NDIS and new initiatives reducing the demand, including:

- four new Acute Crisis Retreat Centres;
- a new James Nash House;
- three physical and one virtual Acute Behavioural Assessment Units, and;
- hundreds of additional sub-acute and non-acute beds, especially for older people.

The prevailing view within RANZCP SA is that despite the NDIS and planned community alternatives, there will continue to be a need for large numbers of additional beds. This is especially the case for non-acute beds whose primary purpose is to support recovery and rehabilitation.

We are supportive of the NMHSPF targets for bed numbers and the Productivity Commission recommendation that the Australian Institute of Health and Welfare publish ongoing data and gap analyses which align with NMHSPF benchmarks.

We recognise that the MHSP has not outlined specific targets for additional bed numbers, as it plans to evaluate need based on the success of new programs.

However if the South Australian Government truly intends to meet these capacity targets, it needs to immediately outline a four-year plan so the planning, design, procurement, construction and implementation of these initiatives, and others contained in the plan, are in place by the conclusion of the MHSP in 2025.





## Treating people where they live

While South Australia's mental health system needs widespread, systemic reforms, some areas are particularly in need of attention.

Repeated reports and plans have highlighted the crisis in mental health services in rural and remote Australia. Adverse outcomes for mental health, such as rates of suicide and self-harm, are significantly higher in rural and remote areas.<sup>10</sup>

While there is no single measure which can solve this issue, a shortage of psychiatrists working in rural and remote regions is a definite contributing factor. In major cities, there are around 15 psychiatrists per 100,000 people, with that rate dropping to only 1.4 in some remote areas.<sup>11</sup>

The challenges of rural practice are also well known, including professional isolation, social and family factors (e.g. difficulties with spouses obtaining employment), limited career and research opportunities, large size of patient base, burden of travel to outreach services, lack of specialist positions at regional hospitals, and remuneration.<sup>12,13,14</sup>

Our mental health services are already seeing an increase in demand, with increased hospital presentations, demand on Community Mental Health Teams, and demand for psychiatric assessments. However, despite the pressure on overstretched resources, it is only the tip of the iceberg.

RANZCP SA supports the use of telepsychiatry in augmenting the delivery of local mental health services and reaching people in regional and rural areas.

A million rural and remote Australians experience mental health disorders every year<sup>15</sup>

However, telehealth services cannot replace personalised face-to-face contact, especially when building an initial relationship. Telehealth is useful in some contexts but should act as a supplement to a planned and coordinated approach built on an appropriate foundation of local services and providers.

From a South Australian perspective, the *Mental Health Services Plan 2020-2025* (MHSP) appropriately identifies the need for its recommendations to be implemented on a statewide basis, including the establishment of better clinical pathways and providing better incentives and support for those working in rural and regional settings.

As recommended elsewhere, comprehensive workforce modelling for our mental health system is badly needed. However, that process will take time, and in the meantime it is obvious that our regional, rural and remote mental health services do not have sufficient resources to meet the needs of the community and that 'stopgap' measures are needed.

In particular, the MHSP has correctly identified the need to prioritise expansion of our child and adolescent and older persons mental health services.

Our regional, rural and remote mental health services do not have sufficient resources

## Recommendations

Increase the resources and capacity available to regional and rural Community Mental Health Teams and the Rural and Remote Mental Health Service.

Community mental health services are provided by 13 Community Mental Health Teams across regional South Australia. Providing these teams with additional staff and resources would allow these teams to provide face-to-face outpatient services, which could be further supported by telepsychiatry.

Particular attention should be given to providing dedicated Older Persons Mental Health Services (OPMHS) and Child and Adolescent Mental Health Services (CAMHS) to the teams. The lack of specialised OPMHS and CAMHS clinicians in regional areas means that older people and children do not receive the same quality of follow up support as those in metropolitan areas.

This leads to either a greater reliance on specialized bed services, or an acceptance that living regionally means a lesser quality care plan and a two-tiered metropolitan/regional health system. Neither of those outcomes should be considered acceptable.

Telepsychiatry and outreach provided by the Rural and Remote Mental Health Service are effective and in high demand. Providing additional FTE positions to this service would help in the provision of quality mental health support to those living in South Australia's regional and rural communities.

Expand the capacity for CAMHS to provide mental health support for children and adolescents living in regional and rural South Australia.

- *Fund an additional 1.0 FTE consultant psychiatrist across Country CAMHS.*
- *Scope and fund the additional therapeutic resources needed to provide adequate mental health services for this cohort (telehealth infrastructure, psychologists, mental health nurses, occupational therapists, social workers, etc.).*
- *Commit to permanent funding for the CAMHS service to the APY Lands.*

Demand for CAMHS has greatly increased, especially in the context of COVID. This includes presentations to rural hospitals, often in the context of suicidality or attempted suicide, increased cases seeking Community Mental Health Input and increased demand for psychiatric assessments. There is a significant waiting period for new psychiatric appointments.

CAMHS is currently resourced for only two FTE psychiatry positions to service all country areas, and one registrar position. For the last decade, CAMHS overall has experienced a freeze on its overall block funded amount, without adjustments for CPI, effectively amounting to a rolling decrease in funding.

Likewise, as per the recommendation in the MHSP, secure and ongoing funding for the existing CAMHS service to the Anangu, Pitjantjatjara and Yankunytjatjara (APY) Lands is a matter of priority, as ongoing funding past June 2021 has not been committed.

As noted in the plan, the uncertainty surrounding this service has resulted in additional complications and stressors for both the communities and staff involved, resulting in compromised outcomes.

Given the key focus in the MHSP that Child and Adolescent Mental Health Services should be a priority for expansion, this important area should be receiving additional funding, not the opposite. There does not seem to be good reason for a service to a vulnerable community to continue operating with an uncertain future.

## Prioritise regional SA for Specialist Dementia Care Program funding

The current number of mental health beds available on South Australia's regions do not serve the needs of their communities. As a result, patients are often left waiting for a bed for extended periods of time or forced to travel to the metropolitan area in order to access a bed.

This creates an inequity in these areas and places extra stress on people suffering from mental health conditions. It also increases the burden on the public health system via the resources used in transportation efforts and the need for metropolitan Local Health Networks (LHNs) to find additional, appropriate beds.

Via the Commonwealth Specialist Dementia Care Program (SDCP), thirty-six places of care for severe behavioural and psychological symptoms of dementia (BPSD) are planned for regional SA in the MHSP. South Australia has now secured two SDCP units in metropolitan Adelaide, the planned regional units should be given priority for the second funding round in 2021-22.

In addition to improving mental health services for rural and remote regions in general, better support for South Australia's Aboriginal population is also a key priority. Despite our intentions to 'close the gap' in health outcomes for Indigenous Australians, we continue to fail in this important area.

Aboriginal people face higher rates of hospitalisation for severe mental illness, are less likely to access primary mental health care and receive early help. They also have higher suicide rates. Poor access to care is compounded by the shortfall in appropriate rural and regional health care.

Providing culturally safe care is vitally important as services which do not meet the cultural needs of Aboriginal people see reduced health and life-threatening outcomes.<sup>15</sup>

RANZCP SA is supportive of the various initiatives and measures outlined in the MHSP to improve the outcomes of mental health services for Aboriginal people.



Aboriginal people are hospitalised for severe mental illness more, access primary mental health care less, and have higher suicide rates

## Recommendations

**Fund and establish an Aboriginal Social and Emotional Wellbeing Centre, emphasising local and culturally-safe clinical services.**

This is equivalent to the 'Aboriginal Mental Health and Wellbeing Centre' proposed by the MHSP, however recognising the generally preferred term by Aboriginal people in reference to mental health is 'social and emotional wellbeing'.<sup>10</sup>

An immediate mechanism to increase culturally-safe clinical services on the ground could comprise of increased funding for the existing Social and Emotional Wellbeing Teams. These teams are already run by local Aboriginal Community Controlled Health Organisations and could be expanded to be truly multidisciplinary, with clinical governance models similar to existing public community mental health services, including locally based psychiatrists.

This would increase service capacity in a way that is community-determined and controlled, and in keeping with the principles of the MHSP and newly accepted best practice for Aboriginal services in general.

The proposed Aboriginal Social and Emotional Wellbeing Centre should be established as soon as possible to coordinate the above, as well as to develop other initiatives in this area.



# A just forensic health system

RANZCP SA fully supports the focus in the *Mental Health Services Plan 2020-2025* on expanding South Australia's ability to address mental health issues in a forensic setting.

South Australia has a high proportion of persons declared liable to supervision by the Minister after a finding of Not Guilty by Reason of Mental Impairment or mentally Unfit to Stand Trial (known as 'Forensic Patients') when compared to other jurisdictions.

The over-representation of people with mental health issues in prisons is well established and it is important that South Australia continues our investment in forensic mental health.<sup>16</sup> The people supported by these services have in many cases experienced significant life trauma. The challenges they face can often be managed through therapy, support and psychosocial rehabilitation, with good results. As noted by the Productivity Commission:

*"People with mental illness in correctional facilities are entitled to mental healthcare that is equivalent to the level provided in the community. This is outlined in the Guiding Principles for Corrections in Australia, which represents a national intent for State and Territory Governments to guide the development of practices, policies and performance standards.<sup>17</sup> Australia is also a signatory of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)<sup>18</sup>."*<sup>1</sup>

**Forensic Patients are often accommodated in hospitals, contributing to access block and emergency department waiting times**

Beyond our obligations, however, this is not only a matter of ensuring that people in need of support are able to access services, it also assists in decreasing pressure on our criminal justice system in general.

We know that prison experiences tend to put people who are socially disadvantaged or have mental health challenges on a path to repeated recidivism.<sup>19</sup> Addressing this issue will not only increase the safety of the community, it can have overarching financial benefits via reductions in both incarcerations and hospitalisations.

## Recommendations

**Resource a Prison Mental Health Service at an estimated cost of \$1.4 million per annum.**

Unlike the more comprehensive services offered in other states, South Australia does not have a multi-disciplinary team operating in prisons.

This means that prisoners do not have access to the full range of mental health care provided to those in the community in a timely manner.

Due to their illness either not being identified or suffering delays in receiving treatment, this can often lead to deterioration and prisoners requiring acute care – resulting in their transfer to already overburdened emergency departments and psychiatric facilities.

Moreover, the South Australian Coroner's Office has specifically recommended 'the establishment of a prison 'In-reach team' to be operated by the Statewide Forensic Mental Health Services' as part of its recent inquest into a suicide death in custody.<sup>20</sup>

Expanding our forensic mental health services to include such a team would help to address this issue, reduce the demand for forensic inpatient beds, facilitate earlier discharge from secure care, reduce readmissions, and improve linkages with community mental health services for prisoners with mental ill health released from custody.

**Fund the redevelopment and expansion of James Nash House at an estimated infrastructure cost of \$194 million.**

RANZCP SA agrees with the MHSP that, 'the current main building of James Nash House which caters for 30 consumers is dated, not conducive to contemporary care, and needs to be demolished and replaced' and calls for a funding commitment to rectify this situation.<sup>5</sup> Given the lead times involved in building infrastructure, the design process needs to begin very soon.

The lack of sufficient forensic beds and resources has a flow-on effect to the rest of the mental health system. When appropriate forensic beds are not available, Forensic Patients are often accommodated in hospitals, particularly the RAH.

This contributes to issues such as beds not being available for other patients, ED waiting times and ambulance ramping, and results in a worse environment for other mental health patients due to the need for security personnel within the ward.

**Allocate funding to ensure that forensic mental health bed capacity is expanded appropriately, with the number to be informed by the success of diversion and community programs.**

The MHSP has estimated that 80 forensic beds will be needed in the mental health system. This assumes that forensic court diversion and community forensic mental health care will decrease the demand for beds, however a proper analysis of the capacity required to meet current and projected demand is not available.

It is recommended that government undertake a detailed analysis of forensic bed capacity and needs, not only to meet the needs of patients committed to detention in the care of the Minister, but also to meet the increasing demand for inpatient mental health care for remandees and sentenced prisoners.

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# Contact

## **Policy & Advocacy**

Royal Australian and New Zealand College of Psychiatrists  
South Australian Branch  
PO Box 103  
Fullarton LPO SA 5063

E: [ranzcp.sa@ranzcp.org](mailto:ranzcp.sa@ranzcp.org)  
T: +61 (0)8 431 5042  
W: [www.ranzcp.org](http://www.ranzcp.org)