



The Royal
Australian &
New Zealand
College of
Psychiatrists



RANZCP Northern Territory Branch 2024/25 Pre-Budget Submission

*A strong and equitable mental healthcare
system for the Northern Territory*

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 healthcare. 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 over 8400 members, including more than 5,900 qualified psychiatrists (consisting of both Fellows and Affiliates of the College) and over 2,400 members who are training to qualify as psychiatrists (referred to as Associate members or trainees). As at January 2024, the RANZCP Northern Territory Branch represents 33 Fellows and 35 Associate trainees.

The RANZCP Northern Territory Branch submission has been prepared in consultation with the Northern Territory Branch Chair and Committee, as well as other members of College Committees, in particular the RANZCP Aboriginal and Torres Strait Islander Committee and Dr Jessica King. The RANZCP Northern Territory Branch would like to thank everyone who contributed to this submission.

Acknowledgement of Country

The RANZCP Northern Territory Branch acknowledges the Larrakia (Darwin) people and the Arrernte (Alice Springs) people, the Traditional Owners and Custodians of the land. We honour and respect the Elders past and present, who weave their wisdom into all realms of life.

Acknowledgement of Lived Experience

We acknowledge the significant contribution of all people with lived experience of mental illness, and the people who care and support them, to the development and delivery of safe, high-quality mental health services.

We recognise those with lived and living experience of a mental health condition, including community members and College members. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

07 February 2024

The Hon Eva Lawler MLA
Treasurer

Dear Treasurer,

Re: 2024-25 Northern Territory Pre-Budget Submission

The Northern Territory is a truly magical place, with sacred sites, First Nations culture and dramatic landscapes.

[ABS data](#) shows the Northern Territory is consistently recording the highest number of deaths by suicide in the country.

A critical shortage of psychiatrists and mental health workers, a lack of public psychiatric beds and an absence of community mental health services means too many Territorians are forced to delay, or miss out on, essential mental health care.

A delay in receiving care means mental health issues are more likely to become chronic, more severe, more difficult and more costly to treat.

A key challenge for the Territory is attracting and retaining psychiatrists and other mental health workers to live and work here.[1] As you prepare for the 2024/25 Northern Territory budget, Territory psychiatrists are urging you to invest in the foundation of our mental health system – its workforce.

Good mental health care is good for the economy. Access to help when you need it is a core value in the community. An investment in the mental health workforce is investing to save – saving money, and ultimately saving and improving Territorians' lives.

This submission sets out our vision for a healthier Territory and our recommendations for change.

Yours faithfully



Dr David Chapman

Chair, RANZCP Northern Territory Branch Committee

Growing and supporting the workforce

The workforce is the foundation of the mental health system. However, the Northern Territory is facing a critical and chronic shortage of psychiatrists. Not only are there not enough, they are unevenly distributed geographically.

There are serious concerns being voiced from the frontline workforce about the capacity to meet the mental health care needs of the community. A lack of capacity across the system contributes to increased burnout and moral injury,[2] which ultimately risks patient outcomes.

The Northern Territory Branch of the Royal Australian and New Zealand College of Psychiatrists ('Territory Branch') currently has 33 Fellows and 35 trainees.[3] Much of this workforce is transient and relies on the use of locum psychiatrists. The Territory Branch estimates the majority of public system psychiatrists are situated in the regional hubs of Darwin, Alice Springs and Katherine. It is also estimated that there are only two to three full-time-equivalent private practice psychiatrists to service the entire Territory population. Private psychiatry plays

an important role in the provision of mental health services in the community. Specialist International Medical Graduates (SIMGs) usually relocate to major cities or interstate after completing mandatory clinical placements, therefore reliance on SIMGs is unsustainable.

While this submission focuses on the psychiatry workforce, mental health care is multi-disciplinary, and we also emphasise the chronic shortages across the entire sector, including psychologists, mental health nurses, peer workers, pharmacists, dietitians, exercise physiologists and allied health workers.

Investment in the attraction, training and retention of the mental health workforce must be a priority for the Northern Territory Government in 2024-25, consistent with the [National Mental Health Workforce Strategy](#). The Territory needs to address psychiatry and mental health worker shortages, particularly in regional, rural, remote and very remote areas, where many First Nations communities reside.

| Attract | Train | Retain | Plan and prepare |
|--|---|---|---|
| Inspire the next generation of doctors to choose a career in mental health and proactively recruit to reflect the Northern Territory's diverse cultural, social and geographical distribution. | Provide the necessary training to grow, strengthen and support enough culturally safe and skilled psychiatrists to meet the needs of the Territory community. | Support and nurture the current mental health workforce in the Northern Territory to prevent burnout, moral injury and defection. | Source, develop and maintain high quality data to understand, predict and plan the Territory's workforce needs. |

We have outlined a number of priority areas within the Northern Territory workforce that need urgent investment:

1. Rural and remote psychiatry training
2. First Nations' mental health and workforce
3. Private psychiatry workforce
4. Effective benchmarking to meet projected community needs.

1. Rural and remote psychiatry training

Remote and First Nations communities in the Territory have less access to mental health services resulting in poorer mental health outcomes. Chronic workforce shortages, as well as a heavy reliance on a transient psychiatry workforce, places unnecessary pressure on local mental health services.

Investing in growing the local workforce is more cost-effective, reducing the need to fund worker travel, or use of patient flight transfers. Establishing a small number of low to medium acuity mental health beds in regional hospitals would make this viable.

Northern Territory Government action:

- In line with the [National Partnership Agreement on Improving Public Hospital Services](#), invest in a Northern Territory specific rural training program, including additional funds for the appointment of dedicated rural Director of Training positions.

We note that Western Australia has implemented a Rural Training Pathway in line with the principles in the RANZCP's [Rural Psychiatry Roadmap 2021-31: a pathway to equitable and sustainable rural mental health services](#) (RPTP). The Roadmap provides government with a strategic direction and practical recommendations that, actioned over the next decade, will see the establishment of dedicated and sustainable regional, rural and remote training pathways to Fellowship.

We know rural training experiences impact the perceptions of trainees, as they come to appreciate the value and importance of rural psychiatry. For example, Dr Jessica King, a Larrakia and Warumungu woman, decided to live and work in the Top End following a rural rotation made possible through the Commonwealth's Specialist Training Program (STP). She recounts her experience in this [video](#). A rural training pathway would provide so many more positive outcomes for the rural and remote areas of the Territory.

2. First Nations' mental health and workforce

First Nations communities experience a disproportionate burden of disease including chronic mental health conditions and comorbid conditions like alcohol and drug substance abuse disorders, foetal alcohol spectrum disorders, diabetes, asthma and heart disease.[4]

The Northern Territory Council of Social Service reports that First Nations people rarely seek initial support for mental illness through local health providers.[5] Instead, they seek support through peer networks and families where mental health concepts are understood and can be spoken about in their own language.

The primary healthcare workforce in rural and remote Northern Territory is at breaking point. Critical shortages of doctors, nurses, First Nations health practitioners, allied health and other staff threaten to undermine progress made on improving life expectancy and health outcomes in the Northern Territory.

Consistent with the [Northern Territory Mental Health Strategic Plan 2019-2025](#), the Government must develop career pathways to attract, train and retain First Nations health workers, including fostering leadership within services to promote recruitment and retention, and develop and implement culturally safe programs and services.[6]

Northern Territory Government action:

- Proactively recruit First Nations doctors into the psychiatry training programs at medical schools, with an initial investment for four scholarships specifically for First Nations medical students, in addition to the locally grown psychiatry student cohort.

Understanding the burden of disease – the Big Rivers Region Case Study

Dr Femi Ogeleye, a psychiatrist working in the Northern Territory, undertook a review examining the Katherine Hospital Emergency Department (ED) mental health presentations.[7] The review found that three out of four mental health presentations to the Katherine ED identified as First Nations cultural background. This highlights the importance of providing culturally competent care.

While young adults between 20-29 years exhibited the highest number of presentations, individuals in other age groups, including children and older adults, also sought emergency care for mental health-related reasons. These findings emphasise the importance of mental health services and support across the lifespan and the need for effective strategies to address mental health crises in different age groups.

Other notable findings include:

- Proportionately more female patients sought emergency care for mental health than males.
- Suicidal ideation threats and statements accounted for 64% of all ED presentations.
- Alcohol and substance-use disorders were highly co-morbid with mental health visit to ED.
- Psychotic illnesses such as schizophrenia and psychosis accounted for six per cent (6%) and 17% of all ED presentations respectively.
- Approximately one in three patients who presented to Katherine ED was followed up with in the community by the mental health team post-discharge.
- One in four patients were referred to the ED liaison team and care flighted to Darwin for further assessment, treatment, or for safety reasons.

3. Private psychiatry workforce

There is currently only one full-time private psychiatrist in Darwin, and five others who provide the equivalent services of one to two other full-time psychiatrists. This represents a critical workforce shortage, severely impacting the ability of Territorians to access psychiatric care.

To increase community access to psychiatric services, we need a broader and more available workforce. This means attracting and retaining more private psychiatrists. We need to promote the Territory as a more appealing option for psychiatrists to establish a private clinical practice, by including financial and non-financial incentives, and access to appropriate spaces, facilities and technology.

Northern Territory Government action:

- Work with the Federal Government to develop and implement Medicare Benefits Schedule (MBS) loadings for psychiatrists working in rural and remote regions.
- Develop collaborative management model for complex clients.
- Offer additional financial and non-financial incentives.

4. Effective benchmarking to meet projected community needs

Sustained and ongoing funding is responsive to the workforce and community needs. Meeting the mental health needs of the community, now and into the future, requires a deep understanding of psychiatry subspecialties, clinical settings, workforce, and geographical challenges and opportunities. As outlined in the [National Mental Health Workforce Strategy](#), there is a chronic lack of holistic data to inform workforce investment.

Northern Territory Government action:

- Develop clear workforce benchmarks to meet the mental healthcare needs of the population of the Territory, including across the psychiatry subspecialties.

Community mental health services

Many mental health conditions are more appropriately identified and treated in community-based settings. The Territory Branch advocates for shifting the balance of mental healthcare provision in the Territory from hospital-centred (emergency department (ED) and inpatient units) treatment to more community outreach, community-centred and mobile services, with in-reach to hospital when necessary.

1. A new 24-hour Community Mental Health Centre

Mental health care needs do not adhere to standard business hours. And yet, most community mental health teams operate those hours, Monday to Friday, with very significant caseloads.

Demand for services in the community is so great that many people are waiting months before they receive support, which can lead to mental illness escalating to requiring hospital treatment. Recovery can then be longer, more difficult, and more costly. Early intervention programs provided in the community are less disruptive to individuals and families and often far more cost-effective in the long term.

They also lessen pressure on public hospitals and reduce the number of mental health presentations to EDs.

Northern Territory Government action:

- Build and staff a new 24-hour comprehensive Community Mental Health Centre in Darwin.
- Pilot and evaluate innovative models of care and extended hours community mental health services, in partnership with First Nations communities and people with lived experience, to ensure that the care delivered is culturally safe and trauma-informed.

This new Community Mental Health Centre should integrate existing services (including Head-to-Health, Headspace services, and Prevention and Recovery Care (PARC) services) to streamline patient flow and provide a more comprehensive model of care. Lived experience support is critical to such effective service.

Services should work collaboratively across public health services and community-controlled health services, including those funded by the Federal Government National Aboriginal Community Controlled Health Organisation (NACCHO).

2. Treatment of ADHD in the community setting

Attention-deficit/hyperactivity disorder (ADHD) is a treatable condition and the most common neurodevelopmental disorder. Untreated and undiagnosed ADHD has an estimated cost of \$200 million per year to the Territory economy.¹ It also has significant personal, family and community costs, associated with higher rates of behavioural and conduct problems, accidents, injuries and death, school and learning difficulties, workplace difficulties, substance use disorders, family and interpersonal conflict, gambling and financial difficulties, law enforcement and incarceration costs.

Despite this, it remains underdiagnosed and undertreated in public sector community mental health services. This means the 9,000 Territorians with this condition are highly reliant on the private sector for ADHD diagnosis, treatment and management.

There is currently only one full-time private psychiatrist in Darwin, and five others who provide the equivalent services of one other full-time psychiatrist. Given the lack of availability of psychiatric care through the private and public sectors, there is an opportunity to pilot community models of care for the treatment of ADHD, for instance as part of a comprehensive community care service.^[8]

Northern Territory Government action:

- Develop community mental health models of care that foster connections between child health services, child and adolescent mental health services, and adult mental health services to treat ADHD across the lifespan.

3. Treatment of foetal alcohol spectrum disorder in the community setting

Foetal alcohol spectrum disorder (describes behavioural, learning and developmental disabilities resulting from exposure to alcohol in utero) is a preventable disease, and yet remains underdiagnosed and undertreated in the Territory.

A Parliamentary Select Committee on action to prevent foetal alcohol spectrum disorder tabled its report in February 2015, and found that the condition was doing “untold harm to children in the Northern Territory”. Australian Institute of Health and Welfare data indicates First Nations people are disproportionately impacted.

The prevalence of foetal alcohol syndrome across the Territory, especially amongst the child and youth prison population [9], demonstrates that significant funding and support is also needed for community perinatal mental health services.

Northern Territory Government action:

- Fund perinatal mental health services in the community, to ensure that mothers and their babies can access mental healthcare seven days a week, and outside of ordinary working hours.

1. In 2019, the Australian ADHD Professionals Association commissioned Deloitte Access Economics to estimate the socioeconomic costs of attention-deficit/hyperactivity disorder (ADHD) in Australia. The total cost of ADHD in Australia was estimated to be \$20 billion, which comprised \$12.8 billion in financial costs and \$7.6 billion in wellbeing costs. Deloitte Access Economics. The social and economic costs of ADHD in Australia [Internet]. July 2019. Available from: [deloitte-au-economics-social-costs-adhd-australia-270819.pdf](https://www2.deloitte.com/au/economics-social-costs-adhd-australia-270819.pdf)

Public hospital mental health services

The Territory has the lowest number of psychiatric inpatient mental health beds and the shortest length of stay in the country [10]. In 2023, there were distressing reports of patients in severe mental distress being intubated at the Royal Darwin Hospital due to bed shortages [11], as well as Territory mental health units operating at over 100 per cent capacity for several years.[12]

Currently there is insufficient capacity to provide appropriate community follow-up and case management of people recently discharged from hospital. This leads to longer wait times for care in acute mental health crisis.[13]

We welcome the investment in a new 18-bed unit at the Royal Darwin Hospital, [14] and the six-bed stabilisation and assessment unit. Alongside these developments more beds and post-discharge support is urgently needed, as is a women-only facility.

Northern Territory Government action:

- Increase the number of psychiatry beds in public hospitals across the Territory, including a women-only facility, along with the staffing that they require.

Territory forensic services

The Territory is home to a significant forensic population, with one percent of Territorians in prison.[15] The adult prison population is roughly 84% Indigenous, despite Aboriginal adults only accounting for 24.9% of the Territorian population, and 96% of children inside Territory youth detention centres are Indigenous.[16]

1. Child, adolescent and youth forensic services in the Territory

Many young people currently incarcerated in the Territory are people living with a mental illness, an intellectual disability and often co-morbid substance misuse. There have been reports that at least 15 children with a diagnosed disability (most commonly a foetal alcohol spectrum disorder) and many more without a diagnosis were being held in detention at the Don Dale Youth Detention Centre.[17].

Across the Territory, only a small minority of children, adolescents and young people can access the mental healthcare and treatment that they need through the private sector. Unless facing imminent risk, those presenting to public mental health services are redirected, often to GPs, with the advice to obtain a Mental Health Care Plan. However, without bulk-billed psychological services, these services are inaccessible. In reality, this means the majority of children, adolescents and young people in the NT are missing out on the mental health care they need, which increases the likelihood of being involved in the justice system.

Services are needed to provide suitable care, treatment and support to those young people, and staff need to be trained to provide appropriate care and treatment particularly for young people with multiple co-morbidities.

2. Adult forensic services in the Territory

Similarly for the adult forensic population, the Territory corrections system is in serious crisis. The Territory has no forensic inpatient service, nor any community forensic rehabilitation services.

Recent reports indicate significant overcrowding, with inmate numbers to reach record levels. Almost one percent of the Territory's population is in prison.[18].

Women with severe disabilities have been placed alongside fellow prisoners due to a lack of female mental-health beds in prison. The Branch acknowledges that the Corrections Commissioner has indicated that while Territory Health is looking to expand their prison mental health services, Corrections is exploring how to expand complex needs beds.[19]

Northern Territory Government action:

- Invest in complex needs beds and a forensic inpatient unit to support prison mental health services.

Contact and queries

The RANZCP Northern Territory Branch thanks the NT Government for this opportunity to provide input to the budget process for 2024-25. We would be pleased to receive contact and queries at:

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