

**Royal Australian and New Zealand College of Psychiatrists WA Branch
Submission to the Mental Health, Alcohol and Other Drugs Strategic
Directions 2025-2030**

System transformation to improve mental health outcomes

Acknowledgement of Country

We acknowledge and respect Aboriginal peoples as the state's first peoples and nations and recognise them as traditional owners and occupants of land and waters in Western Australia.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal peoples come from their traditional lands and waters, that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the state.

We honour and respect their Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

This submission was developed on Noongar Whadjuk Boodja.

Acknowledgement of Lived Experience

We recognise those with lived and living experience of a mental health condition, including community members, RANZCP members and RANZCP staff.

We affirm their ongoing contribution to the improvement of mental healthcare for all people.

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation responsible for training and maintaining professional standards of medical specialists in the field of psychiatry in Australia.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has over 9,000 members, including more than 740 psychiatrists and those training to qualify as psychiatrists in Western Australia.

Our roles include support and enhancement of clinical practice and advocacy for psychiatrist leadership at all levels of the mental health system. The RANZCP plays a key advisory role to governments on mental healthcare.

The RANZCP Western Australia Branch (WA Branch) partners with people with lived experience, including through an active partnership on our Branch Committee.

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Introduction

The Royal Australian and New Zealand College of Psychiatrists Western Australian Branch (RANZCP WA Branch) welcomes the Mental Health Commission's proposed Mental Health, Alcohol and Other Drugs Strategic Directions 2025-2030 ('Strategic Directions' document).

The Strategic Directions document mirrors the Government's emphasis on preventative health policy exemplified by the appointment of a Minister for Preventative Health. But they also foreshadow an important reform agenda in parts of the mental health system where psychiatrists have key roles, such as emergency and crisis services, specialised community services, hospitals, and forensic services.

The Branch has participated in the consultative development of the Strategic Directions and the accompanying Outcomes Measurement Framework for the mental health sector since 2024. We recommend a targeted engagement with the Branch on some specific aspects where psychiatrists can provide unique input, and further opportunities to contribute to the final Strategy and its implementation.

List of recommendations

The RANZCP WA Branch recommends that:

- The final version of the Strategy defines a clear and measurable purpose of mental health system transformation by 2030, replacing the current generic statement as the purpose of the Strategy.
- The clear purpose of the Strategy is accompanied by a theory of change, including well defined objectives, outputs, and outcomes, and the impact it intends to achieve by 2030.
- The Annual Implementation and Monitoring Plans report on achievement of outcomes and/or impact measures outlined in the final Strategy and the Outcomes Measurement Framework.
- The Strategy demonstrates linkages with the *National Mental Health Workforce Strategy 2022-2032* and the *National Medical Workforce Strategy 2021-2031* and commits the Mental Health Commission to increasing the psychiatric workforce, in collaboration with the Department of Health.
- The reform of emergency and crisis services prioritises the immediate needs of the community, including increasing the capacity and improving the design of emergency departments and integration to improve patient flow.
- The Commission prioritises the development of specialised mental health services in areas of high need, including a neuropsychiatric liaison service, and a centre of excellence in personality disorders, as outlined in Focus Area 17.
- The future frameworks for specialised services include collaborative models of care with hospitals, community support and community treatment services.
- That the Commission invests in solutions to the mental healthcare crisis in prisons in the transition period to the completion of the new Graylands campus. These solutions should include:
 - intra-government collaboration to develop appropriate pathways for the care of prisoners in public hospitals
 - new forensic mental health beds in hospitals
 - sustained and targeted psychiatric workforce recruitment.

Overall comments on the Strategic Directions 2025-2030

The Mental Health Commission has two key roles in the state's health system: it commissions mental health and alcohol and other drugs services, and it executes a policy leadership role in mental health across WA Health.

The Branch strongly agrees with the recommendation of the Independent Governance Review for a comprehensive five-year strategy for the mental health and alcohol and drugs sector. We also welcome the development of Annual Implementation and Monitoring Plans to report on key actions and progress

However, it is not clear how the Commission will balance its role in funding comprehensive mental health services while it implements the document's stated purpose to improve 'wellbeing'. We acknowledge that the definition of 'wellbeing', the assessment of the current state of the mental health system, and approaches to evaluation and monitoring are yet to be developed for the final draft of the Strategy. But these are essential for identifying current challenges and measuring the success of specific initiatives to solve them.

The final Strategy should, therefore, detail how the Mental Health Commission will balance the focus on preventative mental health and 'wellbeing' with the concerted effort required to ensure people with severe and complex mental health issues can access specialised services.

The previous Mental Health, Alcohol and Other Drugs Services Plan 2015-2025 was evaluated as too ambitious, and therefore perhaps not surprisingly, did not deliver the numerous initiatives it contained. Far from its intent to 'balance the system', the Plan implementation resulted in system inefficiencies and a failure to achieve integrated service delivery, resulting in people not being able to access the right services at the right time.¹

The final Strategy would benefit from prioritisation of initiatives, specifying achievable objectives, outputs and outcomes, in contrast to the previous plan.

The Strategic Directions document currently contains:

- 5 Strategic Pillars
- 23 Focus Areas contained within the Pillars
- 167 initiatives contained within these Focus Areas.

Some Focus Areas could be 'streamlined', which would address duplication and improve processes for actioning the relevant initiatives, for example:

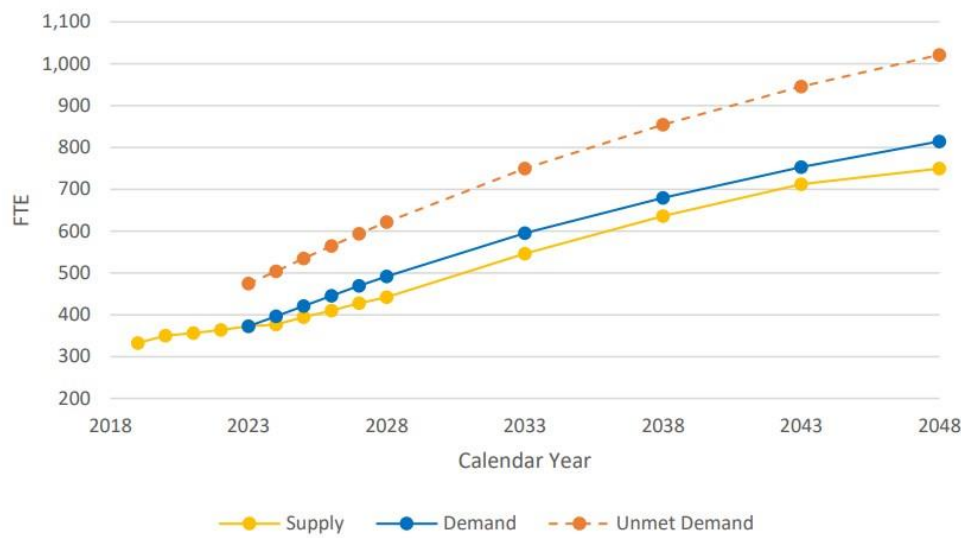
- Focus Area 1 ('preventing and reducing alcohol and other drug use and related harm') could be combined with Focus Area 7 ('reducing the harms associated with alcohol and other drug use')
- Focus Area 11 ('supporting alcohol and other drugs treatment in the community to continue to grow and diversify') is almost indistinguishable in desired outcome from Focus Area 13 ('balancing access to alcohol and other drugs withdrawal, residential rehabilitation treatment and post residential treatment and supports in the community').

The recent Commonwealth Department of Health, Disability and Ageing's *Psychiatry Supply and Demand Study* demonstrated that lack of access to statewide specialised services is underpinned by a severe psychiatry workforce shortage.² The current crisis in ambulance ramping and overwhelmed emergency departments is but the most visible flow-on effect of workforce shortages³ and service fragmentation.

Meeting the unmet need for psychiatric workforce

Psychiatry is an identified priority area of severe workforce undersupply in the *National Mental Health Workforce Strategy 2022-2032*⁴ and the *National Medical Workforce Strategy 2021-2031*.⁵ We know that WA requires an additional 180 FTE psychiatrists to meet the unmet demand by 2028, as shown in Figure 1.

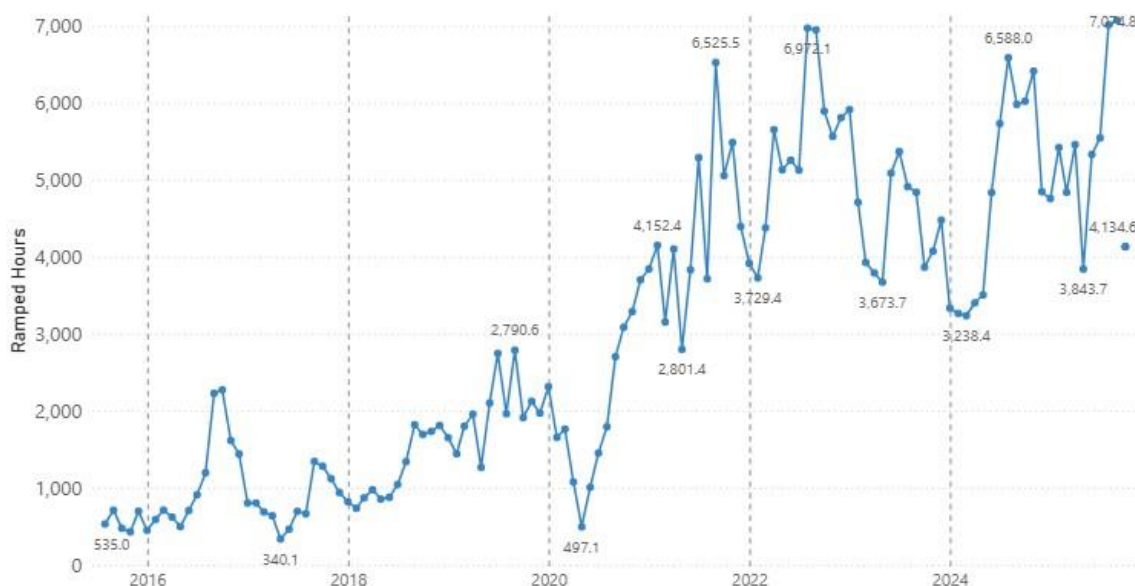
Figure 1: WA FTE supply vs demand in psychiatry, 2018-2048⁶



Severe psychiatric workforce shortages compound the lack of dedicated specialised services as some of the underlying causes of emergency care crisis.⁷

The situation is best exemplified by soaring ambulance ramping hours, which have persisted since 2022 and cannot be explained away with reference to seasonal infections or lack of aged-care beds, as shown in Figure 2.

Figure 2: Ambulance ramped hours trend, WA, 2016-2025⁸



Psychiatry is the only medical profession able to offer treatment and care across modalities and to people with both physical and mental health issues. Psychiatrists are unique in the mental health workforce for their grounding in the bio-psycho-social framework of mental health. Equally, psychiatrists are unique among physicians for their expertise in psychotherapy and psychological approaches.⁹

While medical workforce planning is generally the purview of the Department of Health, the Commission holds the responsibility for funding psychiatry training posts and consultant position across five Health Service Providers.

This makes the Commission a key executor of the State Government's commitment made to workforce objectives in the *National Mental Health Workforce Strategy* and the *National Medical Workforce Strategy*.

Accordingly, the final Strategy should demonstrate linkages with the *National Mental Health Workforce Strategy 2022-2032* and the *National Medical Workforce Strategy 2021-2031* and commit to increasing the psychiatric workforce, in collaboration with the Department of Health.

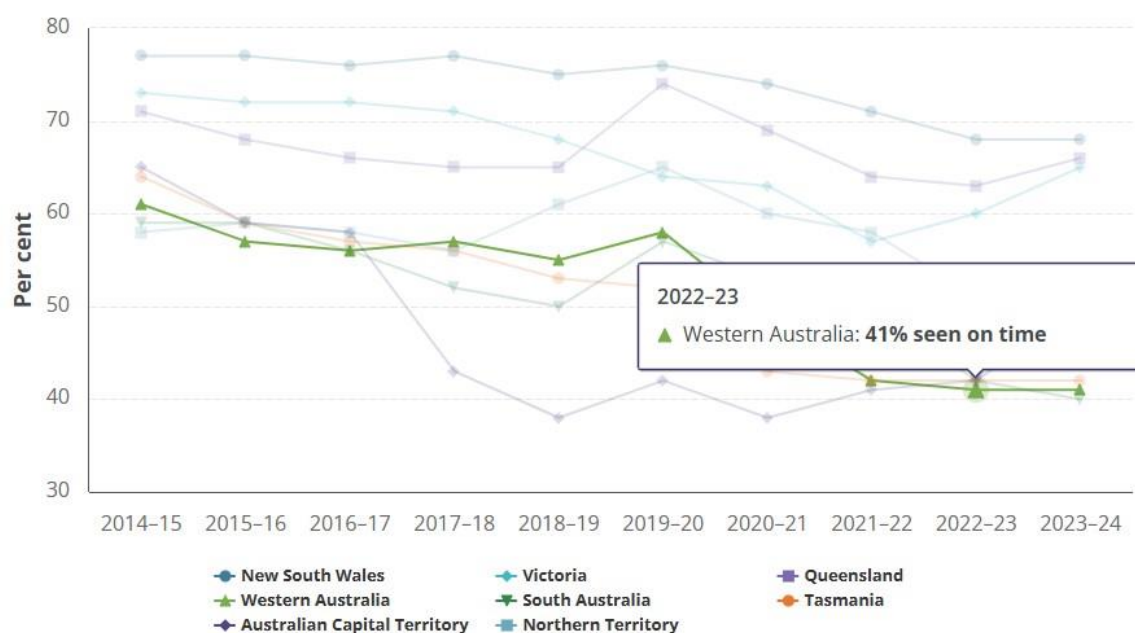
Meeting the unmet need in crisis care

The State Auditor-General noted in the landmark 2019 report, prior to the pandemic-related disruptions in international workforce recruitment and service delivery, that 'just 10% of [people using public mental health services] used 90% of hospital care and almost 50% of emergency and community treatment services.'¹⁰

While the Auditor-General's report is dated, anecdotal evidence suggests that the situation has not changed much since 2019. Because access to specialised mental health services does not meet the community need, a relatively small number of people who require specialised services have no recourse but to seek treatment through emergency departments.

One illustration of under-capacity in emergency departments is the rate of mental health ED presentations seen on time (Figure 3): in 2023-2024, the WA median of 47 minutes waiting time was the highest in the country, compared to the national median of 21 minutes.¹¹

Figure 3: Mental health ED presentations seen on time¹²

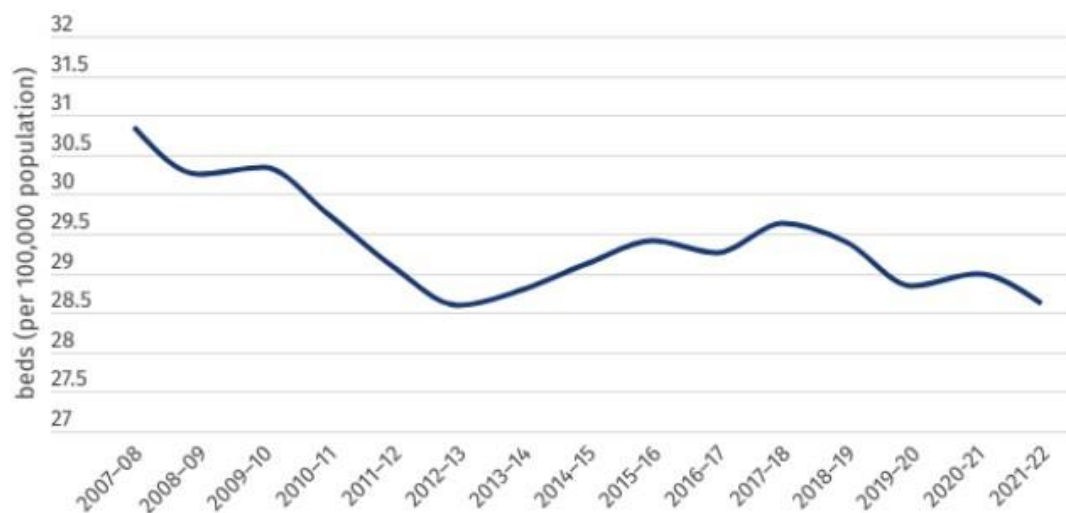


Consultation-Liaison Psychiatry is the service space that sees the most complex mental health ED presentations across general hospitals. It is a key sub-specialty of psychiatry where increased workforce capacity is essential to improve the capacity of emergency departments in general hospitals.

The reform of emergency and crisis services in hospitals detailed in Focus Area 15 must be integrated with the Community Services Treatment, Support and Emergency reform described in Focus Area 9. We recommend a coordinated approach that prioritises the immediate needs of the community, including increasing the capacity and improving the design of emergency departments and integration with other services to improve patient flow.

Additional mental health beds would ease the pressure on emergency departments. Despite substantial investments in mental health hospital beds, the number has not been sufficient to keep up with WA's rising population, and has declined in real terms to 2022, as shown in Figure 4:

Figure 4: Specialised mental health beds per 100,000, 2022, WA¹³



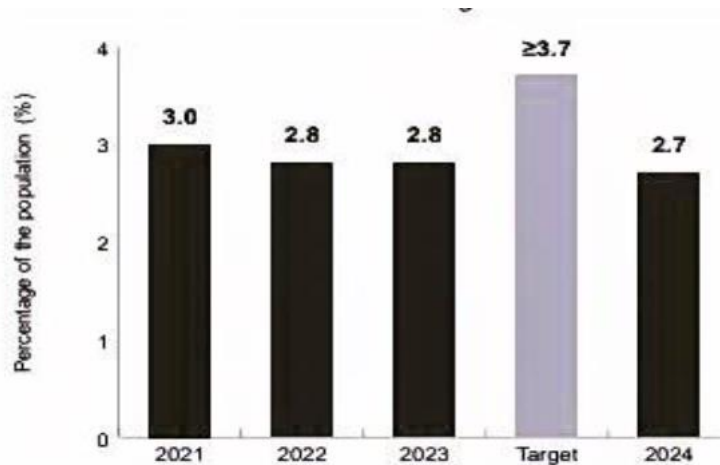
Meeting the unmet need for statewide specialised services

Over 63,000 Western Australians receive public specialised inpatient and/or community mental healthcare annually. About 9,000 (or 14%) of this number are First Nations people, highlighting their over-representation relative to the size of the population.¹⁴ Most individuals in this cohort will seek treatment, care and support from a public psychiatrist at some stage of their recovery journey.

Many more Western Australians will require some type of mental health support over their lifetime. But it is this cohort of 63,000 people, representing the most vulnerable individuals with acute and severe conditions and complex presentations, who often encounter significant barriers in accessing treatment, care and support. We also know that this number does not necessarily reflect the real extent of need for specialised mental healthcare, as shown in Figure 5.

The cohort includes the ever-widening 'missing middle', encompassing people who are too unwell for primary care but are unable to access specialised community services that they need, while not generally requiring hospitalisation.¹⁵ It is worth noting that Lived Experience Australia reports similar barriers to care in the private mental health sector.¹⁶

Figure 5: Proportion of the population receiving public clinical mental healthcare or alcohol and other drugs treatment vs target, WA¹⁷



Focus Area 10 flags an expansion of primary care – especially the role of GPs – in providing mental health treatment to people with ‘*co-occurring mental health and physical health issues and varying levels of acuity*’. The example provided includes more complex presentations such as eating disorders, in recognition that many people experiencing eating disorders attempt to obtain care through their GPs in the first instance.

The expansion of primary care in treating ‘varying levels of acuity’ is effective where there are already-established liaison services *and where they are complemented with public specialised services for more complex presentations*. For example, the WA Eating Disorders Outreach and Consultation Service (WAEDOCS) supports the treating GPs with psychiatric advice or a necessary referral to a specialised service. Accordingly, the *WA Eating Disorders Framework 2025-2030* details significant investment in specialised services that meets the growing community need.

But many other areas of mental health need – including ADHD, autism, and personality disorders – do not have similar public services, yet are responsible for otherwise preventable and multiple hospital and emergency presentations.¹⁸

Additionally, the Branch understands that providing sufficient community support services integrated with specialised services, prevents people with complex mental health issues from turning to emergency departments and reduces their chances of hospitalisation. A recent report has estimated that there are 50,000 Western Australians with moderate or severe mental health challenges who have no access to community supports.¹⁹ Limitations of the study aside, it is a significant indicator of the level of unmet need in the community.

The Branch commends the inclusion of neuropsychiatric and personality disorder services in the Strategic Directions document and recommends that the Commission prioritises their funding and development. As discussed in our [pre-Budget submission](#), WAEDOCS provides an award-winning model of service applicable to neuropsychiatry and personality disorders treatment and care.

The Branch recommends that future frameworks for specialised services include collaborative models of care with hospitals, community support and community treatment services.

Meeting the unmet need in forensic mental health

Psychiatric workforce shortages in the justice system are having severe negative impacts on the mental health of the prison population. Successive inspection reports by the Office of the Inspector of Custodial Services (OICS) detail acute workforce shortages in regional prisons,²⁰ limited access to forensic beds, lack

of therapeutic environments,²¹ and psychiatric consultant vacancies leading to high incidence of attempted suicide and self-harm.²²

The Branch acknowledges the work on the re-development of the Graylands campus to deliver more contemporary forensic mental healthcare. However, we note that building works have been scheduled to commence only in 2027, so the redevelopment will extend well beyond the period covered by this Strategy.

WA has the lowest number of forensic mental health beds in the country, at 2 beds per 100,000 population;²³ yet, WA also has the second-highest imprisonment rate in the country, behind only the Northern Territory.²⁴ The final Strategy should urgently consider transitional solutions to meet not just the demand in numbers but the growing complexity of mental health presentations in prisons.

The Branch is aware that there are currently unfilled psychiatric vacancies in forensic mental health. Models of care, such as the one used in Queensland, where low-risk prisoners can access mental healthcare in hospitals, are required to assist filling these shortages in the medium term.

The Branch recommends that the Commission invests in new forensic mental health beds, sustained and targeted psychiatric workforce recruitment, and intra-government collaboration to develop appropriate pathways for the care of prisoners in public hospitals.

Conclusion

The WA Government's system transformation agenda has rolled out successfully since 2022 in key areas of need, most notably child and adolescent mental health services. We acknowledge the recent increased investment in public hospital beds and specialised services to date, but note it is yet to meet the level of unmet need for public mental healthcare in the community.

Further investment is needed in psychiatric workforce and services which integrate the system providing the continuity of care for the rising number of people who need it. Increased clinical and social complexity of mental health presentations, particularly in emergency departments, requires innovative models of care and expansion of specialist-led multi-disciplinary teams, including mechanisms to ensure people access the right services at the right time.

The Strategic Directions document sets out an ambitious agenda, and the Branch looks forward to further collaboration with the Commission in identifying priorities for implementation over the next five years.

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