



October 2024

State Budget 2025-26

RANZCP SA Branch Submission



The Royal
Australian &
New Zealand
College of
Psychiatrists



South Australian Branch

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 South 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, present and emerging, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

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.

Its roles include support and enhancement of clinical practice, advocacy for people affected by mental illness and it plays a key advisory role to governments on mental healthcare.

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 8500 members, including more than 500 psychiatrists and those training to qualify as psychiatrists in South Australia.

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

A mental health system that works



South Australians deserve a mental health system where everyone has access to affordable, accessible and effective help when they need it. Unfortunately, right now people need more help than can be provided, with unmet need a chronic issue in our mental health system.

Every year, one in five Australians will experience a mental health condition, and almost half of all Australians will experience mental ill-health in their lifetime. Put another way, almost everyone will either need help themselves, or have a family member or friend who does.[1]

Mental health is now finally viewed as a vital part of people's overall health, and Australia's public health policy and economic prosperity.

The South Australian Government has taken action to begin addressing some of the deficiencies in our mental health system, most notably with its election commitments of an additional 98 adult mental health beds, and crucially, long-term workforce planning via a SA Psychiatry Workforce Plan, both funded in the State Budget 2022-23.

If we are going to ensure the future success of the mental health system in a holistic way, we need to continue to address its shortages, gaps and unmet need.

Beds need a workforce and so do all other services and supports – from community mental health services to private hospitals and people operating private practices, to walk-in crisis centres, psychosocial support services and so on.

We believe there are actions the Government can take now to set South Australia up for success. We need to:

- **Build for the future** by increasing our state's psychiatry training capacity and securing existing positions to ensure we can meet the community's needs, recruiting in the short-term to address shortages, and supporting GPs to provide mental health support to their communities.
- **Ensure fair access to services** by committing resources to implement recommendations from the Review of Rural Mental Health Services in South Australia.
- **Care for our young people** by securing and growing the state's specialist child and adolescent psychiatry workforce and improving access to and quality of mental healthcare.

South Australian consumers will benefit from a more responsive, person-centred system, which will provide improved mental health outcomes.[2]

We can start to achieve that system by building for the future, and the RANZCP looks forward to working with SA policymakers to improve mental healthcare outcomes for all South Australians.

A handwritten signature in black ink, appearing to read 'Patrick Clarke', written in a cursive style.

Dr Patrick Clarke

Chair

RANZCP South Australian Branch

Build for the future: Fill the gaps and grow the supply chain

Australia has a critical – and growing – shortage of psychiatrists. The current psychiatry workforce only meets 56% of the national demand for psychiatrists in mental health services.[3] This undersupply is worsened by approximately 43% of psychiatrists intending to retire in the next decade.[4]

The [National Mental Health Workforce Strategy \(2022-2032\)](#) (NMHWS) report highlights that substantially more psychiatrists will be required to meet the targets set out in the National Mental Health Services Planning Framework (NMHSPF) for 2030.¹

As a result of the shortage in psychiatrists, too many Australians are waiting too long or missing out on mental healthcare. People living in regional, rural and remote areas, as well as First Nations people, are particularly impacted. The NMHWS emphasises that the mental health workforce is integral to the quality, accessibility, effectiveness and sustainability of the entire mental healthcare system.[5]

So, what do we know about the situation here in South Australia?

- We know we do not currently have enough psychiatrists and other practitioners to meet the community's need for mental health services.
- We know we have shortages in specialties which serve crucial segments of our community, such as child and adolescent psychiatrists.

- We know that despite already having difficulty filling vacancies, the staffing requirements of our public mental health system are about to significantly increase as mental health beds funded in the State Budget 2022-23 come into operation.
- We know demand for psychiatry and mental health services is only going to rise as our population grows.
- We know the average age of psychiatrists in South Australia is 52 years and so need to be replaced by the next generation, as they retire or reduce their working hours.[6]
- We know that 82% of psychiatrists experienced burnout symptoms within the last three years, 80% believe workforce shortages are contributing to burnout, and 4 in 10 South Australian psychiatrists are considering leaving the profession in the next 5 years.[7]
- We know that rural South Australia has the lowest per capita number of psychiatrists in Australia and according to the [Review of Rural Mental Health Services in South Australia](#) is outperformed by Mongolia in that regard.[8]
- We know that national shortages mean there is fierce competition between states and territories to attract the best talent from interstate and overseas, which will only worsen as all expand their own mental health systems.

However, despite this bleak picture, we know one more – crucial – thing.

¹ The latest [National Mental Health Workforce Strategy \(2022-2032\)](#) provides targets for the required number of FTE for mental health workers. However, specific target values for psychiatrists are not quoted. Data on the psychiatry workforce may be found in the University of Queensland (2021) Analysis of national mental health workforce demand and supply Final report, which is not publicly available.

We know South Australia can solve these problems.

As evidenced by the [Productivity Commission Inquiry into Mental Health Report](#), good mental health policy is good for the economy.[9] In the same way that people are the foundation of the economy, the workforce is at the heart of the mental healthcare system.

To meet the current and growing mental health needs of South Australians, we need to:

- Attract people to a career in psychiatry
- Train enough high-quality practitioners
- Retain the current workforce by preventing burnout

The Australian Government and other states and territories are only now beginning the process of scoping their community need for psychiatrists' services, their supply and their shortages, and formulating strategies to address the problem.

Here in South Australia, we are one step ahead - nearing the end of a process they have only just begun, and so are better equipped to find solutions to these problems than our national and interstate counterparts.

Following an election commitment from the South Australian Government, funding was allocated in the State Budget 2022-23 to invest in developing a long-term Psychiatry Workforce Plan addressing critical workforce shortages in psychiatry, including workforce strategies and gap analyses.

It is intended to lead the way in Australia by taking a holistic view of both the public and private sectors, and finally quantifying the number of psychiatrists we need across the sectors to serve South Australians' needs both now and in the future.

We look forward to the release of the plan and to working with Government on implementing its recommendations.

But we need to take steps now to begin addressing the existing shortages in our mental health system, to ensure we have a viable and sustainable psychiatry and broader mental health workforce going into the future.

The main barrier to growth of the psychiatry workforce in South Australia is limited training places. In the past five years, eligible applicants have outnumbered available positions with only half or fewer of eligible candidates admitted to the Fellowship training program

Without proactive, targeted and sustainable investment in the workforce, South Australians will continue to miss out on essential and life-saving mental health services.



Government action

Secure South Australia's supply of locally trained psychiatrists

- **Increasing trainee intake by 2 per year for the next 5 years, to accommodate an ongoing increase in intake of 10 trainees per year**
- **Establishing permanent funding mechanisms for existing training positions**

With psychiatry qualifications requiring a minimum five years of training, it is crucial to begin increasing the number of trained professionals as soon as possible.

Increasing training capacity is a meaningful investment towards solving the workforce shortage across the state and would ultimately support the pending SA Psychiatry Workforce Plan.

Additional consultant supervisors and increases in both administrative and Director of Training time will also be needed to support new registrars.

This increase would result in an additional 20 SA-trained psychiatrists by 2035 over current supply, with an extra 10 per year in every subsequent year.

It is also vital to ensure these increases add to the existing capacity of SA's training program.

Currently many psychiatry registrar positions are not funded on an ongoing basis, instead relying on a variety of insecure short-term measures. These include time-limited SA Government funding, Australian Government funding (e.g. via Specialist Training Program or Headspace grants) and most concerningly, flexible budgeting measures implemented by SA Local Health Networks (LHNs) via salary savings.

The last represents consultant psychiatrist and other mental health clinician positions which were intended to be filled to provide staff for existing mental health services, but where recruitment has been impossible or the need for trainee registrar positions needed to be prioritised.

We are aware that a significant number of training positions in child & adolescent mental health services are currently funded via such short-term measures, and similar temporary funding mechanisms are widespread amongst other LHNs.

These ad hoc funding mechanisms need to be replaced by ongoing state government funding, to secure South Australia's psychiatrist supply into the future.

Following this initial 5-year expansion, a review should be conducted of the supply of psychiatrists to determine the extent to which continued expansion of the psychiatry training program is required to offset attrition and meet community needs.


Provide additional funding over two years to recruit 17.5 FTE public consultant positions internationally and/or interstate, to address existing shortages in the system

South Australia currently cannot provide sufficient psychiatric services to meet community need. Both public and private services are stretched to breaking point. Over the next few years, a decrease in the number of psychiatrists combined with a steady rise in community need, will only make this situation worse.

The anticipated attrition of psychiatrist numbers due to retirements, reduced working hours and career breaks highlight the immediate need for more psychiatrists. Factoring in the additional workforce needed to support new mental health beds scheduled to open from 2025, this means that without intervention, the next few years are likely to see SA facing some of the worst gaps in psychiatrist supply to meet community demand it has ever faced.

The immediate recruitment and immigration of additional consultant psychiatrists into the state would help meet some of those capacity shortfalls, while we ramp up our 'home grown' capacity via the training program.

These additional positions should be targeted in areas of particular need, such as child and adolescent services and rural services, and to provide a workforce for new mental health facilities.



Invest in the future and address shortages at the same time

More trainees deliver more capacity to our public mental health system.

More trainees means an *immediate* increase in the number of psychiatrists providing services and support to South Australians – for our children and adolescents, helping people recover and rehabilitate from mental ill-health, supporting our regions, and providing psychiatric consultations and diagnoses to other medical services such as our overworked emergency departments.

No local recruitment drive needed

SA's psychiatry training program is very highly regarded and competitive. Over the past 5 years, all training places have been filled and only 36%-58% of applicants who met the requirements were able to be offered a place in the program.

There is demand in the community for psychiatrists, and demand amongst doctors to become one – we just need to create the opportunity for them to do so.

Implement a targeted international and interstate recruitment drive to attract and incentivise psychiatrists to immigrate to South Australia

There is a nationwide shortage of mental health workers, with all states and territories facing a critical and growing shortage of psychiatrists.

Competition between jurisdictions for the same workforce does not solve the national crisis and is not in the long-term interest of any jurisdiction. Nonetheless, in the short term we can expect to see vying for psychiatrists, including those with international qualifications and using salaries and other incentives (with significant incentive payments already on offer in some jurisdictions).²

In the absence of a coordinated national approach to growing the psychiatry workforce, South Australia will need to position itself as a preferred place to live and work.

SA Health's *For Work For Life* campaign offering relocation assistance is a start, however if we wish to attract the best talent from interstate and overseas, it will be essential to undertake a multifaceted recruitment strategy which might include: targeted advertising to specific professions including psychiatrists, engaging medical recruitment firms, financial or other incentives, etc.

² Queensland is offering incentives up to \$70,000 via its [workforce attraction incentive scheme](#)

Invest \$1 million to subsidise 100 GPs and other medical professionals to undertake the Certificate of Postgraduate Training in Clinical Psychiatry

Our vision is for a mental health system that meets the needs of Australians primarily within their local community, and where much of the support and care for low-acuity mental health conditions is provided by GPs and rural generalists.

These clinicians are most often the first point of contact for a person seeking help. In many cases they continue to be a primary source of support, particularly for those people with less severe mental health conditions. However, they remain a largely under-recognised and under-appreciated frontline of mental healthcare.

In 2024, 71% of GPs report psychological issues in their top three reasons for patient presentations and the ABS reports more than a third of people seeking mental healthcare between 2020-22 sought help via their GP. [1, 10]

We strongly support GPs developing skills to address the increasing demand for mental healthcare among their patients. GPs can provide essential early intervention, which is particularly critical in rural settings with less access to more specialised care.

Encouraging and supplementing additional skills and qualifications for GPs has three potential impacts on psychiatry demand. If people can access support and treatment from their regular GP:

- Those with less severe mental health issues will have their mental health challenges managed in the community and be diverted from accessing support in EDs and hospitals
- Those who suffer from more severe mental health illnesses may be better supported to manage their condition and decrease the likelihood or frequency of reaching a crisis point
- Psychiatrists will be able to practice to the full scope of their roles and meet the needs of consumers who cannot obtain care and support elsewhere

About the Certificate

The RANZCP Certificate of Postgraduate Training in Clinical Psychiatry was developed with funding support from the Department of Health and Aged Care (DoHAC) with significant input from the RACGP, RACP and ACEM. It is designed for general practitioners, rural generalists, emergency medicine physicians and other medical practitioners who wish to upskill and provide mental healthcare.

GPs in the RACGP Rural Generalist Fellowship Additional Rural Skills Training (ARST) in Mental Health are eligible to complete the Certificate concurrently with the ARST. As an incentive, they may be granted recognition of prior learning with reduced minimum time of completion.

Given the chronic shortage of mental health services in rural SA, additional encouragement and support for rural GPs to provide such services to their local communities should be incentivised, and a component of any subsidy could be to preference such candidates.



Government action

Work with the Australian Government to update the Medicare Benefits Scheme (MBS) to be more fit for purpose

While the State Government has no direct power to make changes to the MBS, it is directly impacted by the shortcomings of that system. When people cannot receive the support, they need from the primary care and private psychiatry and mental health sectors, they turn to alternate public services.

We encourage the State Government to work with the Australian Government and its state and territory counterparts to make changes to the MBS which support the provision of mental health services.

Introduce a new MBS item for practitioners who complete the Certificate of Postgraduate Training in Clinical Psychiatry to be appropriately remunerated, to reflect their enhanced capacity to provide mental healthcare

GPs should be incentivised and remunerated to upskill with mental health qualifications and provide those services to the community.

Introduce MBS items which support psychiatrists and other clinicians engaging in collaborative, cross-disciplinary activities

The lack of MBS item codes to support collaborative care and consultation between psychiatrists, GPs and other clinicians is a barrier to early identification, intervention and the ongoing provision of mental healthcare for patients.

Address barriers to private psychiatrists admitting patients to private hospitals

Low MBS rebates in the current private health funding model across Australia for mental health services are not sustainable. How private practice psychiatrists are remunerated for inpatient work requires urgent review and action.

The disparity in remuneration between in-patient and out-patient care disincentivises greater usage of private hospitals and therefore shifts the burden to public beds which are already over capacity.

The viability of private hospitals is critical – if the system collapses, it would put immense pressure on public services, including emergency departments.

Fair access to services: Need doesn't end at Adelaide's borders

In rural South Australia, being able to see a psychiatrist is more difficult than in any other rural area in the country. That was the damning finding of the recent [Review of Rural Mental Health Services in South Australia](#) commissioned by SA Health and tabled in September 2023.[8]

It was encouraging that SA Health accepted 23 of the review's recommendations and of the seven it did not, it is fair to note that many are not entirely within the control of the Department.[11]

However, it has now been more than a year since the review was released, and a commitment of resources and finances to implement its recommendations is sorely needed. Accepting recommendations is a long way from achieving better mental health outcomes for rural South Australians.

Your postcode should never be what determines your mental health outcomes, but that is exactly what's happening. Rurally-based South Australians make up 29% of our state's population – roughly 500,000 people - and they are struggling to access vital care. Country South Australians deserve the same access to mental healthcare as people in Adelaide.

The challenges and inequities faced by Australians who live rurally in accessing mental health services are longstanding, well-known and well documented. [12-19]

Rural South Australia has the lowest per capita number of psychiatrists in Australia (both rurally resident and rurally employed).[8] According to the report, rural South Australia is outperformed by Mongolia in that regard.[8] However, there is not only a lack of psychiatrists in country South Australia, that shortage extends to mental health nurses and all other allied health service workers.

These shortages are causing significant pressure on rural GPs, who may be the only available health professional providing the first contact for mental health presentations. Service deficits, including lack of specialists and support services, impact significantly on access to support for both patient and the profession.[17]

Resourcing for rural mental health in South Australia is grossly insufficient, and investment must be delivered urgently to address the lack of accessible mental healthcare for more than a quarter of South Australians who live in rural areas.

Government action

Commit resources to implement recommendations from the Review of Rural Mental Health Services in South Australia

The RANZCP SA Branch calls on the State Government to immediately address the critical shortage of mental healthcare services for rural South Australians.

The response to this shortage should consist of both long-term reforms to address structural issues across the entire system, but also short-term measures which can immediately alleviate pressure and begin to provide better access and services to these people.

The RANZCP's '[Rural Psychiatry Roadmap 2021–31: A pathway to equitable and sustainable rural mental health services](#)' sets out a strategic direction and practical recommendations to establish dedicated and sustainable regional, rural and remote training pathways through Australia, and provides a foundation for ongoing reform.[20]

We are calling for:

- The development of a 10-year rural mental health service plan and workforce strategy, supported by a funded implementation plan and regular progress reporting to Parliament [8, p34]
 - This is the review's headline and overlays every other recommendation. The fragmentation in rural services needs to end if there is to be a coherent way forward.
- Funding for regional Local Health Networks (LHNs) to employ additional consultant psychiatrists and registrars. This would immediately improve the community's access to mental health while longer term solutions are established.[8]
 - These consultant and registrar positions are included in Actions 1 - 3.

A key component of a 10-year rural mental health service plan and workforce strategy must include planning for a bespoke SA Rural Psychiatry Training Pathway.[8] We cannot improve the mental healthcare for rural South Australians if we do not have a workforce to provide it.

South Australia should be leading and showing the rest of Australia the way forward in rural mental health, not lagging behind.



Care for our young people: Early identification and specialist intervention

The need is great

The RANZCP commends the South Australian Government for identifying the critical importance of the mental health and wellbeing of our infants, children and adolescents, and in recognising that care and support is essential to an ever-increasing number of South Australian families.

The first 2000 days of life are a critical period in a child's experience, health and development. Providing interventions during this time can result in significant improvements.[34]

There are devastating effects from being exposed to trauma and psychological distress, and from experiencing a mental illness during childhood. Extensive and comprehensive research has identified effects ranging from poor school engagement and performance to poly-drug misuse and dependency, and from criminal activity to involvement with the child protection system. These impacts are long-lasting and intergenerational, and include:

- Poor mental health into adulthood
- Unemployment and high welfare dependency
- Insecure housing

Most significantly, the impacts include:

- Higher rates of perpetrating and/or experiencing domestic and family violence
- Higher rates of perpetrating child maltreatment and neglect
- Higher risk of completing suicide or premature death.

These impacts remain for those with untreated or *undertreated* mental illness during their childhood.[22-25, 37]

Beyond the individual and social benefits of treating childhood mental illness, the economic benefits have also been clearly identified: investment in infant, child and adolescent mental health has the greatest long-term impact and social return on investment. The Productivity Commission found investing early in children's mental health and wellbeing results in a return on investment between \$1 and \$10.50 for each dollar spent.[38] Providing effective treatment early can reduce the prevalence, impact, morbidity, and cost.[33]

By prioritising mental health support and treatment for the younger generation we are not only addressing immediate needs, but also laying the foundations for healthy future generations.[21]

The number of affected children and adolescents is not small

- We have 402,293 infants, children and adolescents (0–19 years) in South Australia. This is almost 25% of our total population. [36] Research indicates that Even at the time of birth, 8% of babies have 5 or more risk factors for developing a mental illness.
- This risk increases to 20% by the age of 10 years.[35]
- 14% of people 18 and over have experienced childhood abuse.[37]
- Of those young people with mental health challenges, over 50% do not receive any professional help. Of those young people who do have access to professional help, only a small percentage have enough contact with a mental health professional to provide minimally adequate treatment.[34]

Child and adolescent psychiatrists are key to identifying, diagnosing, and providing or directing clinical care to infants, children and adolescents with a mental illness. While this includes young people who experience psychosis, anxiety or depression, disordered eating, and harm to self or others, it also includes those highly vulnerable young people who struggle with the effects of trauma, abuse and neglect, those at risk of developing a mental illness, and those at risk of completing suicide.[32]

Child and adolescent psychiatrists are essential for those who need mental healthcare delivered in a hospital setting, but also those whose care requires coordination and collaboration between multiple medical specialities or across multiple service agencies. They are also essential in providing clinical leadership to mental health systems and clinical services, and within multidisciplinary teams.[32]

Unfortunately, and significantly, there is a shortage of child and adolescent psychiatrists in South Australia, and there is real potential that this shortage will increase in the coming few years.

Individually, we have a social and moral duty to insist that the best mental healthcare is available for the current generation of young South Australians and those they, and we, will raise. We need to provide for and protect the mental health and wellbeing of current and future generations.

Collectively, we can achieve this.

Government action

Address the critical shortage of the child and adolescent mental health workforce by prioritising funding for training places and consultant positions in child and adolescent mental health.

Without an increased specialist child and adolescent mental health workforce, our infants, children and adolescents will not have sufficient access to the high-quality mental healthcare that is essential to enable them to recover their wellbeing and function, and to effectively continue their progress during this critical stage of their development.



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