The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

RANZCP

Federal Pre-Budget Submission 2024-2025

Help us help you

Every year, one in five Australians will experience a mental health condition, and almost half of Australians will experience mental ill-health in their lifetime.

Mental health is now firmly viewed as a vital part of our overall health and the nation's public health policy and economic prosperity.

Australians expect affordable, accessible and effective help when they need it, but currently, people need more help than the system can provide.

When we talk about the mental health care system, we are talking about people: the frontline workers, the ways they collaborate, and the people they are there to help – the people of Australia.

Without the workforce, there is no mental health care system.

I want to thank all those on the frontline providing care for their tireless dedication, commitment and compassion. When Australians reach out their hand for help, it is the workforce that reaches back.

Despite being charged with providing vital mental health care, the mental health workforce faces an increased risk of experiencing stress, burnout and mental illness compared with the general population.

Contributing to this is a chronic and severe workforce shortage.

Australia's mental health system is at a crossroads. Mental health care is recognised as a core service, the community need is growing, but the system cannot keep pace.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is calling for urgent and sustainable investment to grow the psychiatry workforce. We also support our colleagues across the sector who are facing similar challenges.

Psychiatrists work with, and rely on, general practitioners (GPs), psychologists, nursing and allied health colleagues and many others. While diverse in our professions, we are united in calling for change.

Help us help you.

Dr Elizabeth Moore
RANZCP President

"The mental health workforce has a profound impact on the quality, accessibility, effectiveness and sustainability of the mental health system"

– Federal Minister for Health and Aged Care, the Hon Mark Butler(1)

2 in 5 Australians

will **experience a mental health condition** in their lifetime.[2]

Mental ill-health costs Australia **over $220 billion annually**

i.e. $627 million daily.[3]

24%

of **Aboriginal and Torres Strait Islander people** have a long-term mental health condition.[3]

3 in 4 children

with severe mental health disorder

aren't able to see a psychiatrist.[4]

Lesbian, gay and bisexual Australians are

3× more likely

to experience a mental health condition.[2]

1 in 3

ex-serving ADF members experience **high to very high psychological distress**, and **one in four** report some form of **suicidality.**[12]

30%

of **deaths in people aged 15-24** are due to **suicide**.[5]

Only 14%

of Australian psychiatrists work rurally, but

29% of the population

– around 7 million people – **live in regional, rural and remote areas**.[6]

Workforce

"Comprehensive mental health reform is contingent on having an available workforce."

– Federal Minister for Health and Aged Care, the Hon Mark Butler(1)

Australia has a critical – and growing – shortage of psychiatrists. Not only are there not enough psychiatrists, but they are also unevenly distributed across the country.

The current psychiatry workforce only meets 56% of the national demand for psychiatrists in mental health services.(7) Current workforce projections predict an undersupply of 124 psychiatrists by 2030. This undersupply in the psychiatry workforce is exacerbated by approximately 43% of psychiatrists intending to retire in the next decade.(8) Australia requires 2,232 full-time equivalent (FTE) of psychiatrists to meet the 2019 National Mental Health Services Planning Framework (NMHSPF) target.(7) The National Mental Health Workforce Strategy (2022–2032) report highlights that substantially more psychiatrists than this will be required to meet the targets set out in the NMHSPF for 2030.

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

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

As evidenced by the Productivity Commission Mental Health Inquiry Report, good mental health policy is good for the economy. In the same way that people are the foundation of the economy, the workforce is the heart of the mental health care system.

To meet the current and growing mental health needs of Australians, we need to attract people to a career in psychiatry, train enough high-quality practitioners and retain the current workforce by preventing burnout. This must be underpinned by high quality national data that tells us what is needed, where, when and how.

The National Mental Health Workforce Strategy has a plan. For the plan to become a reality, we need investment.

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. According to the 2020 Acil Allen Mental Health Workforce – Labour Market Analysis report, an additional FTE of 2,232 psychiatrists is required to meet the 2019 National Mental Health Services Planning Framework Target.

Attract	Train	Maximise, Distribute, Connect	Retain	Plan and Prepare
Inspire the next generation of psychiatrists to choose a career in mental health and proactively recruit to reflect the community'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 community's need.	Increase the skills and knowledge across the existing workforce to improve immediate access to mental health care.	Support and nurture the current workforce to prevent burnout, moral injury and defection.	Source, develop and maintain high quality data to understand, predict and plan the nation's workforce needs.

The Federal Government must:

Attract

- Invest $7.06 million to extend the Psychiatry Interest Forum program for a further 6.5 years until 2032 to attract the next generation of psychiatry trainees.

Train

- Invest an additional $24.85 million to expand the Psychiatry Workforce Program from rotation 2, 2024 until the end of rotation 1, 2026 to support an additional 45 training and training supervisor posts.
- Increase Specialist Training Program (STP) funding by $5.52 million over three years to fund an additional five training placements in private hospital settings in 2025, 10 training placements in 2026 and 15 training placements in 2027, to ease pressure on consultant psychiatrists and enable private hospital beds to be used to appropriate capacity.
- Invest $225,000 over three years to support Directors of Training and administration staff to ensure additional training posts have adequate oversight and support.
- Introduce a new funding stream to support the establishment of new psychiatry trainee placements in private psychiatric practices.
- Invest $6.95 million to extend the Military and Veteran Psychiatry Training Program from 2025 to 2028.

Maximise, Distribute, Connect

- Invest an initial $1 million to subsidise 100 GPs and other medical professionals to undertake the Certificate of Postgraduate Training in Clinical Psychiatry.
- Establish a new Medicare Benefits Scheme (MBS) item for medical practitioners that complete the Certificate of Postgraduate Training in Clinical Psychiatry to be appropriately remunerated to reflect their enhanced capacity to provide mental health care.

Retain

Support collaboration across the mental health workforce by:

- Investing $11 million each year for three years to train nurses to become accredited mental health nurses (MHNs).
- Hosting a roundtable with representatives from the mental health workforce to identify solutions to redesign, modernise and create a contemporary workforce.

Improve working conditions by:

- Introducing a new psychiatry MBS 'complex care' item for assessment, support and management of people with complex mental health presentations and/or circumstances
- Increasing the MBS rebate for psychiatry services to 100% of the schedule fee from the current 85%, and increase the MBS billing provision for psychiatry trainees, so they can bill at 60% of the consultant psychiatrist rate.

Plan and Prepare

- Work with states and territories to progress, and make publicly available, gap analyses of the psychiatry workforce (including subspecialities) and service delivery.
- Reinstate $2 million per year of government funding for relevant subject matter experts to develop high quality clinical practice guidelines.

> "The importance of mental health care – and a strengthened and appropriately supported workforce to deliver it – cannot be overstated."

– National Mental Health Workforce Strategy.(1)

Attract

To grow the workforce, we need to inspire the next generation of psychiatrists to choose a career in mental health.

National Mental Health Workforce Strategy

Strategic Pillar 1 – Attract and Train

"Attracting individuals to the mental health sector is critical to growing a diverse and skilled workforce that meets the mental health and wellbeing needs of consumers and society more broadly."

Actions[2]:

1.1.7 Support First Nations people and people with lived experience to complete mental health education and training programs with 'wrap around services'.

1.3.1 Raise the awareness of pathways into, and within, the mental health workforce for both vocational and higher education trained occupations including across work settings.

1.3.2 Address stigma and negative perceptions associated with working in mental health.

1.3.3 Create positive perceptions of working in mental health by improving the pre-service and/or postgraduate placement experience of students and trainees.

1.4.2 Recruit people from regional, rural and remote communities to access and complete mental health education and training programs.

The National Mental Health Workforce Strategy outlines several challenges for achieving the necessary recruitment to grow the workforce. These include stigma and negative perceptions associated with working in mental health, and a lack of transparency around opportunities and training pathways.

Growing a sustainable, skilled and diverse psychiatry workforce requires a proactive and targeted recruitment strategy to:

- Promote psychiatry as a rewarding career.
- Provide clarity on career opportunities and training pathways.
- Dispel the barriers and stigma of choosing a career in mental health.
- Reach and support underrepresented populations such as First Nations people, people with disability, people from culturally and linguistically diverse (CALD) backgrounds, and lesbian, gay, bisexual, trans, intersex and queer/questioning (LGBTIQ+) people.
- Address maldistribution of services in regional, rural and remote Australia.

2. Throughout this submission, actions from the NMHWS are quoted and numbered as they appear in that document.

Federal Government action:

Invest $7.06 million to extend the Psychiatry Interest Forum program for a further 6.5 years until 2032 to attract the next generation of psychiatry trainees.

Psychiatry Interest Forum

Australia needs a ready supply of medical graduates and doctors who want to become psychiatrists and are attracted to the psychiatry specialty, in order to fill training places.

The RANZCP's Psychiatry Interest Forum (PIF) is a targeted and effective recruitment pathway program that provides medical students, prevocational doctors and other medical practitioners a unique insight into psychiatry careers and a stepping stone into the RANZCP Fellowship program.

PIF offers a dedicated introductory suite of opportunities, exposure to the breadth and diversity of psychiatry subspecialties, and a unique chance to meet and form professional relationships with current RANZCP trainees and Fellows.

Interest in psychiatry through PIF is growing. Since its establishment in 2013, over 7,600 medical students, medical postgraduates and other medical practitioners have joined PIF, with an annual program membership growth of 19%. Since 2019, nearly 900 new medical students and doctors have joined PIF annually. In 2021 and 2022, 79% of the new trainees who joined the RANZCP's training program were former PIF members.

The mental health workforce should also reflect the community's diverse cultural, social and geographical distribution. PIF proactively engages with high-priority populations for recruitment through its program design, topics covered, event locations, and grant and scholarships awarded to PIF members. PIF has a focus on rural Australia, supports more First Nations people to pursue a career in psychiatry, and includes consumers and people with lived experience in its program. Through PIF, 134 First Nations medical students and doctors have joined, with 24 going on to join the RANZCP Fellowship program.

PIF is a highly successful and established program and an integral part of Australia's training pipeline. Increased and longer-term funding will give PIF more capacity and certainty to address the critical shortage of psychiatrists and meet the growing community demand for mental health care in Australia.

What PIF members are saying

In 2022, an independent survey of former PIF members who transitioned into the RANZCP Fellowship program between 2018 and 2020 found that:

69% indicated that PIF membership influenced their decision to apply for the RANZCP training program.

48% indicated that their attitudes towards psychiatry improved because of PIF.

The top three benefits that PIF provided were:

1. insight into psychiatry careers and opportunities (72%)
2. better understanding of psychiatry and mental health (56%)
3. preparation to apply for the RANZCP training program (46%).

"[The PIF and Congress 2023 program] provided a rare and unparalleled opportunity to ask questions about current challenges facing the profession, future workforce and patient requirements, and the Fellowship training program. I left the Congress feeling engaged and inspired, and there is no doubt in my mind that the knowledge obtained and networks made will provide a solid grounding on which to pursue my strong and ongoing interest in Psychiatry."

– Mikael Boisen, Medical Student, University of Notre Dame (WA)

"At the end of [the PIF] retreat, I not only connected with like-minded peers, but also gained knowledge that few medical students have access to. Several leaders in the medical field shared their authentic experiences throughout medical school, the specialised training program, and their respective careers. Their openness confirmed my interest in psychiatry and made it seem much more attainable."

– Kealey Watson Griffiths, Yuggera women, Medical Student, University of Queensland

"I chose a rural psychiatry [placement], because I am aware that there is an increasing demand for medical professionals in rural communities … The experiences within a rural based hospital such as Roma Hospital allowed for a deeper appreciation of psychiatry as a specialty and the greater demand for mental health services within these regions. Once I graduate, I want to utilise these skills and learn to manage various psychiatric presentations with limited resources in rural communities of Australia."

– Dr Saleha Khan, Junior Doctor PGY1, Logan Hospital, Queensland

The impact and numbers

> 5000
current PIF members

7600
PIF members joined since 2013

1713
PIF members have transitioned into RANZCP training since 2014 (55% of the total intake of new psychiatry trainees)

134
current First Nations PIF members

24
First Nations PIF members have entered the RANZCP training program since 2014.

2023 program snapshot

> 900
new members joined

19
new First Nations members joined

> 100
grants and scholarships awarded or facilitated to attend RANZCP conferences

9
dedicated PIF events and activities hosted in Darwin, Perth, Melbourne and virtually

20
university medical school and/or psychiatry students' societies sponsored to promote and inform medical students about psychiatry

7
external conferences attended, including the Australian Indigenous Doctors' Association (AIDA), and Australian Medical Students' Association (AMSA) conferences as well as medical career expos.

Train

Growing the number of highly trained psychiatrists where they are needed most.

National Mental Health Workforce Strategy

Strategic Pillar 1 – Attract and Train

"The national mental health workforce will require growth in capability and capacity to meet future demand and address maldistribution."

Actions:

1.1.1 Address critical medical, nursing and allied health workforce shortages with an initial focus on priority professions as agreed in the National Agreement – psychiatry, psychology, mental health nursing, and other relevant allied health professions.

1.4.2 Recruit people from regional, rural and remote communities to access and complete mental health education and training programs.

"Providing prospective students and early career professionals positive exposure to mental health workplaces (both in pre- and post-graduate placement situations) is critical to alleviate the negative perceptions and encourage individuals to consider entering the sector."

Actions:

1.1.1 Address critical medical, nursing and allied health workforce shortages with an initial focus on priority professions as agreed in the National Agreement – psychiatry, psychology, mental health nursing, and other relevant allied health professions.

1.4.4 Develop and implement mental health career pathways within and between mental health and health service settings.

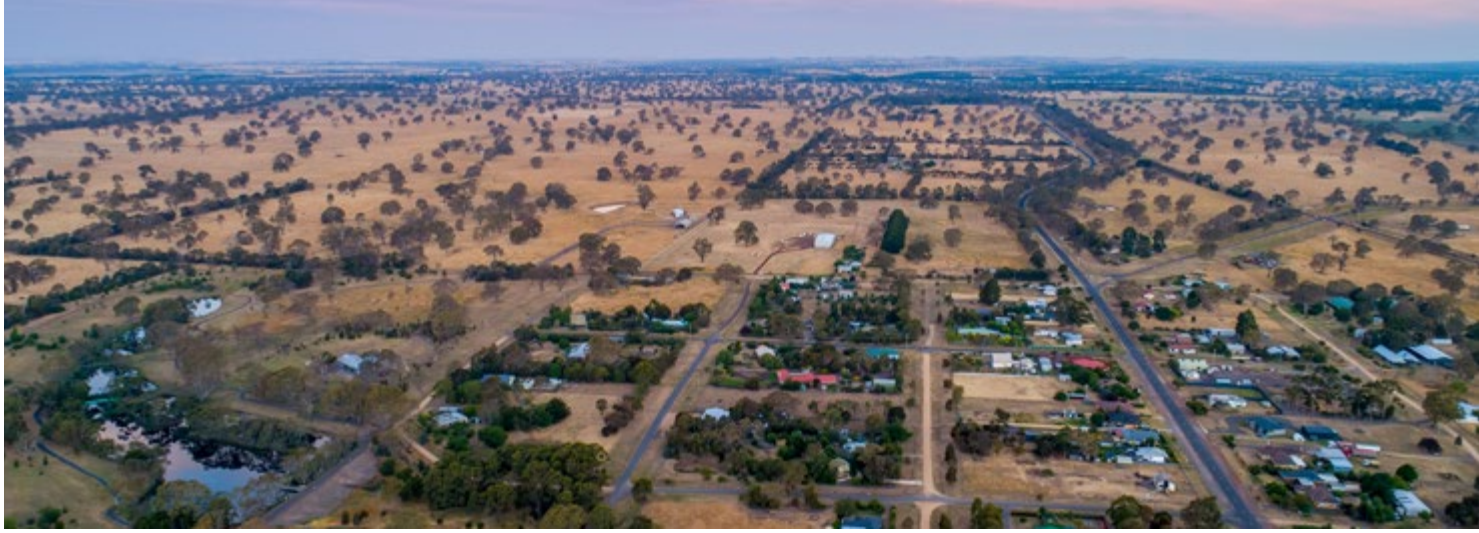
1.5.4 Identify opportunities to prioritise access to training for the mental health workforce through increased subsidies and use of placements and traineeships.

1.5.7 Ensure mental health students and trainees undertake mental health placements and internships across a more representative mix of settings, including clinical and non-clinical settings.

Australia's mental health needs are diverse, complex and growing. To respond to this challenge, we need to train more psychiatrists, ensure they are working where they are most needed, and equip them with the right skills and experience.

The best way to achieve this is through a sustainable training pipeline that provides exposure to a broad range of settings and patients, including:

1. Rural, regional and remote opportunities.
2. Private hospital training placements to support acute care.
3. Private practice placements to support higher prevalence, lower acuity care.
4. Training opportunities to support military and veterans' mental health care.



Increase rural, regional and remote opportunities through the Psychiatry Workforce Program

"The best way to develop the rural and regional psychiatry workforce is to seed, grow, and nurture it rurally from the outset."

– Associate Professor Mat Coleman, Chair of the Section of Rural Psychiatry

The Productivity Commission Mental Health Inquiry Report shows the number of psychiatrists per capita in Australia falls short of many developed countries, and that people living in regional, rural and remote areas are disproportionately affected by a lack of access to specialist mental health care.(3)

To provide Australians with the mental health care they need, Australia needs to train the equivalent of more than 2,200 additional full-time employed psychiatrists before 2030, to meet the minimum target set by the NMHSPF.(7) We must also proactively funnel psychiatrists into the areas where they are most needed, including regional, rural and remote locations and services for Aboriginal and Torres Strait Islander communities.

Around one in five Australians will experience a mental health condition, but in rural areas, the rates of suicide, self-harm and emergency admissions for mental illness increase with how remotely you live.(2) Australians living in remote and very remote parts of the country are about twice as likely to die by suicide than those in major cities.

Only 14% of Australian psychiatrists work rurally, but 28% of the population – around 7 million people – live in regional, rural and remote areas.(6) The RANZCP's *Rural Psychiatry Training Pathway Roadmap* outlines a dedicated training pathway to increase the number of psychiatrists living and working in rural Australia.

Increasingly, rural and regional locations have developed the capacity to host trainees for the duration of their training. This capacity is matched by enthusiasm by prospective psychiatrists. In the first round of the Psychiatry Workforce Program, there were 106 eligible applications for 30 funded places. Trainees are interested in working in rural areas – we must ensure there are enough places to support them.

Federal Government action:

Invest an additional $24.85 million to expand the Psychiatry Workforce Program from rotation 2, 2024 until the end of rotation 1, 2026, to support an additional 45 training and training supervisor posts.

The Psychiatry Workforce Program

The Psychiatry Workforce Program, delivered by RANZCP, attracts, trains, distributes and retains psychiatrists to address mental health workforce shortages and maldistribution, through:

1. Supporting additional Psychiatry Training Posts and Supervisor positions, with priority given to regional and rural training locations or those that serve Aboriginal and/or Torres Strait Islander communities.
2. Supporting the development of a Rural and Remote Psychiatry Training Pathway and Network.
3. Increasing interest and driving recruitment in psychiatry as a career through an expansion of PIF.
4. Increasing the number of Aboriginal and Torres Strait Islander trainees through targeted recruitment via PIF.

"We know that maximising rural clinical training opportunities leads to students far more likely to choose to practise in rural and regional communities."

– Assistant Minister for Rural and Regional Health, the Hon Emma McBride. [10]

Increase private hospital placements to support acute care

"At a time of unprecedented demand, private hospitals have empty beds because there aren't enough psychiatrists to treat people. A solution is is expanding the role of psychiatric registers in private hospitals setting."

– Dr Angelo Virgona, NSW Branch Chair

"Hospitals with psychiatric registrars are seen as a better place to work. It's a rich learning environment and they're highly valued members of the team."

– Dr Nick O'Connor, RANZCP Board

The private hospital sector cares for people with some of the greatest mental health care needs, from moderate to severe high-prevalence disorders, to severe low-prevalence disorders. Private psychiatric hospitals provide 32% of acute mental health beds and 45% of acute adult general psychiatric beds in Australia.(9) More than half of patients being admitted for overnight care in private hospitals present with very severe mental health conditions that would typically lead to presentation at an emergency department if prompt access to acute psychiatric care was not available.(9) However, a severe shortage of psychiatrists is resulting in private hospital beds closing, or at risk of closing.

A survey of private hospitals found that for the month of October 2022, almost 15 referrals per hospital were not admitted due solely to the unavailability of a psychiatrist to accept the referral or capacity to provide appropriate care.(9) This is an unprecedented trend which, if it continues, could result in 10,000 Australians unable to access acute psychiatric care each year.(9)

However, it is increasingly difficult to attract and retain psychiatrists in these settings.

One barrier is a lack of support. Patients admitted to private hospitals are the sole responsibility of the individual admitting psychiatrist. This means the psychiatrist must have 24/7 on-call arrangements in place.

In the public sector, psychiatrists are supported by 24/7 hospital-based teams such as psychiatry registrars or medical officers. It is uncommon for private hospital psychiatrists to have access to this same support.

Private hospitals benefit from having psychiatry registrars. Private hospital settings also provide a rich learning environment for future psychiatrists, equipping them with broader experience to meet the diverse and complex mental health needs of Australians seeking care.

The Productivity Commission identified fragmentation between the public and private sectors as a significant barrier in the mental health care system.(10) Broadening placement opportunities and allowing trainees to complete part of their training in private settings creates a better understanding between psychiatrists working in the public and private sectors. This improves patient outcomes through better shared care, transfer of care, and referrals between systems.

The Specialist Training Program (STP) is an existing Australian Government initiative that provides funding to health organisations to support specialist medical training experiences in settings beyond traditional public teaching hospitals. STP posts involve six-month training rotations in priority settings, including private hospitals.

Increasing the number of STP posts for psychiatry registrars to train in private hospitals will help attract and retain psychiatrists in these settings, as well as improving collaboration between the public and private sectors.

"Even when these people have access to the top, gold-level private health insurance which provides full cover for acute psychiatric care, they find themselves with no access to care right at the point when they are in greatest need."(9)

The patients affected by this deterioration in the ability to access timely care are most likely to suffer from the following psychiatric conditions commonly treated in the private hospital sector:

- Schizophrenia, schizoaffective and other psychotic disorders (7%)
- Major affective and other mood disorders (63%)
- Post traumatic and other stress-related disorders (12%)
- Anxiety disorders (10%)
- Personality disorders (5%).(9)

Federal Government action:

- Increase STP funding by $5.52 million over three years to fund an additional five training placements in private hospital settings in 2025, 10 training placements in 2026 and 15 training placements in 2027 to ease pressure on consultant psychiatrists and enable private hospital beds to be used to appropriate capacity.
- Invest $225,000 over three years to support Directors of Training and administration staff to ensure additional training posts have adequate oversight and support.

Increase private practice placements to support higher prevalence, lower acuity care

The majority of mental health issues faced by Australians are higher prevalence, lower acuity conditions such as:

- anxiety disorders (1 in 6 Australians; 3.3 million people)
- affective disorders (3 in 40 Australians; 1.5 million people)
- substance use disorders (3 in 100 Australians; 650,000 people).(5)

When these Australians access psychiatric care, they will most likely see a psychiatrist working in a private practice.

Most placement opportunities for trainees are currently in the public sector. Both the community and psychiatry workforce benefit from increased training opportunities in private practice settings and exposure to a broader range of mental health issues.

Private practice placements provide trainees with experience in mental health conditions that are not supported in the public system, such as attention deficit hyperactivity disorder (ADHD). As noted in the report from the Senate inquiry into assessment and support services for people with ADHD, for some mental health conditions, public health support services are limited or non-existent. Private practice placements will increase trainees' experience of treating these conditions.

Private psychiatry practices are willing to take on trainees; however, there are a number of challenges:

- Lack of financial and administrative support for supervision requirements.
- Lack of time to provide training amid a national workforce shortage.
- Reduced billing rates when services are provided by trainees, impacting the business bottom line.

Introducing a national framework to support and incentivise private practice training placements will reduce red tape, promote accountability and increase transparency. This benefits supervisors, trainees and the communities they care for. The National Consistent Payments Framework currently used in GP practices could offer a potential model.

Federal Government action:

- Introduce a new funding stream to support the establishment of new psychiatry trainee placements in private psychiatric practices.
- Increase the Medicare Benefits Scheme (MBS) billing provision for psychiatry trainees, so they can bill at 60% of the consultant psychiatrist rate.

Continue training opportunities to support military and veterans' mental health care

Supporting our veterans and military personnel with professionals who understand their experience.

Australia's military and veteran population face unique mental health challenges. As a population, they experience circumstances most people never will, and this can make it harder for psychiatrists to provide them with the best possible care.

AIHW data shows 66% of serving Australian Defence Force (ADF) members and veterans who died by suicide between 2014 and 2018 were not utilising Department of Veterans' Affairs (DVA) services that would have granted them access to paid mental health care.(11)

Research shows the lack of clinician cultural competence is a barrier for service members and veterans in accessing and remaining engaged with care, especially mental health services. This was again a key theme from consultations on the new joint Defence and Veteran Mental Health and Wellbeing Strategy.

The Preliminary Interim Report of the Interim National Commissioner for Defence and Veteran Suicide Prevention states:

> *The Australian Government should implement programs and incentives for mainstream healthcare professionals to improve their understanding of issues relevant to effectively treating veterans (i.e. veteran cultural competency). The Australian Government should build upon the Royal Australian and New Zealand College of Psychiatrists (RANZCP) training pilot – which trained a limited number of psychiatrists in veteran and military health – by providing additional funding to train more psychiatrists in these areas. Emphasis should be placed on ensuring that the psychiatrists who receive this training are located throughout the nation, particularly in areas with high demand among veterans and low availability of psychiatrists.(12)*

The Military and Veteran Psychiatry Training Program (MVPTP) – set to conclude in 2024 – is delivered by the RANZCP and funded through the DVA. The MVPTP provides psychiatry trainees with critical hands-on experience and specialist training, including on the unique aspects of military culture, to work with veteran and military patients. The MVPTP increases the capacity of the psychiatry workforce to provide care for veterans and contributes to improving the distribution of the workforce.

We will be failing our veterans and military personnel if we do not train psychiatrists to provide the specialised care they need from professionals who understand their experience.

Federal Government action:

Invest $6.95 million to extend the Military and Veteran Psychiatry Training Program from 2025 to 2028.

2022 survey of MVPTP participants found:

100% of participants would recommend other psychiatry participants to undertake training in an MVPTP-funded post.

88% of program participants rated the overall quality of their training experience as very high, with the remainder rating their training experience as high.

77% of trainees rated their post's supervision quality as very high, with the remainder rating their supervision quality as high.

100% of participants reported improved clinical and patient care skills.

88% of participants reported increased skills in navigating military and veterans' organisation structures and procedures.

1 in 3

ex-serving ADF members experience high to very high psychological distress, and one in four report some form of suicidality.(12)

Ex-serving ADF members are at a higher risk of suicide than other Australians,

with **males 24% more likely to die by suicide, and females 102% more likely.**

> **"The opportunity to collaborate with psychologists and other clinicians who have a high level of experience and expertise in managing PTSD and other trauma-related mental health conditions and to learn from these clinicians was extremely valuable."**

- MVPTP Participant

> **"The opportunity to work with high-needs populations such as veterans and police officers and to deliver gold-standard, evidence-based care to these populations proved to be beneficial."**

- MVPTP Participant

Maximise, distribute, connect

Certificate of Postgraduate Training in Clinical Psychiatry.

National Mental Health Workforce Strategy

Strategic Pillar 2 – Maximise, Distribute and Connect

"To meet the needs of Australians at different stages across the life course and in a range of settings, the mental health workforce will work to the full breadth and top of their scope of practice and adopt multidisciplinary ways of working and collaborate regularly within and between the mental health and wider health and social services workforces."

Actions:

2.1.3 Establish roles and career paths that reflect effective use of multidisciplinary teams within nationally consistent scopes of practice and enable workers from each occupation to work to the top of their scope of practice

2.4.4 Support initiatives to grow local mental health workforces, particularly in rural and remote settings. This includes expanding training and placement opportunities in regional, rural and remote areas to encourage students to undertake education and training, and remain in communities for employment.

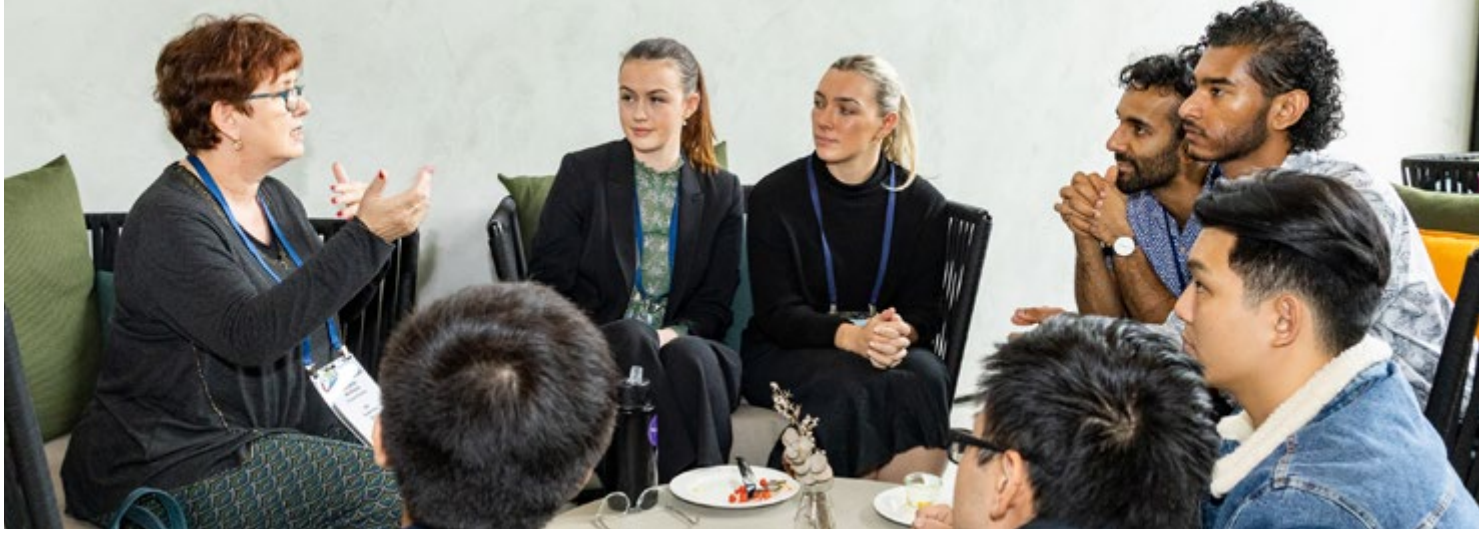
2.5.2 Review current education, training and workforce settings to identify where core competencies, capabilities and skills can be shared or created across and within disciplines.

For Australians, the mental health care system is a journey. The first place they present for help is important, but so are all the people and places they connect with along the way. To improve this journey we need to make more help available by growing the workforce, but also improve people's experiences at every touch point.

Growing the mental health workforce will take time, but in the short term, we can increase the knowledge and skills of the existing workforce. Additional training in mental health care and psychiatry across a range of medical specialties and entry points will mean more Australians can get the right help, at the right time, when and where they need it.

To improve Australians' access to high quality mental health care and address workforce maldistribution and shortages, the Department of Health and Aged Care (DoHAC) has engaged RANZCP to develop a Certificate of Postgraduate Training in Clinical Psychiatry (the Certificate).

From 2024, the Certificate will allow medical practitioners with an interest in psychiatry and mental health care, such as GPs, rural generalists and emergency medicine physicians, to increase their knowledge and skills.



Supporting medical practitioners to complete the Certificate will benefit patients and communities and support the medical workforce in delivering high quality mental health care. Establishing a new MBS item for clinicians who complete the Certificate for providing specialised mental health care will provide an incentive to complete the Certificate, as well as help to track usage and demand of specialised mental health services provided.

Federal Government action:

- Invest an initial $1 million to subsidise 100 GPs and other medical professionals to undertake the Certificate of Postgraduate Training in Clinical Psychiatry.
- Establish a new MBS item for medical practitioners that complete the Certificate of Postgraduate Training in Clinical Psychiatry to be appropriately remunerated to reflect their enhanced capacity to provide mental health care.

Where Australians access mental health care

The Certificate is available to all medical practitioners. It is targeted, however, towards GPs, rural generalists and emergency medicine physicians, as these specialties are the most heavily involved in primary mental health care.

GPs are the 'front door' to mental health care for most Australians. 38% of GP consultations in any given week have a mental health care component, and GPs provide around a third of all Medicare subsidised mental health care-related services.(2, 14, 15) High level mental health care training will better equip GPs to handle a broader range of these consultations without needing to refer to a specialist, easing the strain on the specialist mental health workforce.

Rural generalists are medical practitioners trained to meet the specific healthcare needs of rural and remote communities. They provide general practice, emergency care and other medical specialist care in hospital and community settings. In rural Australia, people are less likely to access MBS-funded primary mental health care services than their city counterparts. They are more likely to present to an emergency department with a mental health concern and, in Remote and Very Remote areas, are more likely to be admitted to hospital for a mental health problem. However, when rural Australians do access hospital-based mental health care, they are less likely to receive specialised psychiatric services due to barriers such as location, cost and travel. Increasing the mental health expertise of rural generalists will increase the access to high-quality mental health care within regional, rural and remote communities.

Emergency medicine specialists are seeing increasing numbers of mental health presentations. Since 2016–17, emergency department mental health presentations have increased by 2.8% each year, resulting in 300,000 emergency department mental health presentations between 2020 and 2021.(16) For those who lack the access to specialist mental health care due to availability or cost, and for people needing acute care, emergency departments are often the only choice. People presenting to emergency departments for acute mental health care often face long wait times compared with other patients with the same severity of physical illness, and are more likely to identify as Aboriginal and Torres Strait Islander peoples.(17) Increasing mental health care training for emergency medicine clinicians will help consumers get the help they need when they need it.

By focusing on these three medical professions, the Certificate in Post Graduate Training in Clinical Psychiatry will increase access to timely mental health care, reduce costs and increase positive mental health outcomes for Australians.

Retain

To grow the workforce, we need to protect and nurture the workforce.

National Mental Health Workforce Strategy

Strategic Pillar 3 – Support and Retain

"There is a need to support the mental health workforce and systematically address key issues that impact workforce retention. The provision of supportive, safe and rewarding experiences responds to attraction and retention challenges."

Actions:

3.1.1 Develop initiatives to safeguard the wellbeing of the mental health workforce.

3.1.2 Identify opportunities to invest in infrastructure to ensure mental health support and treatment is provided in environments which promote safety and wellbeing of workers.

3.4.1 Review guidelines for supervision and specify support requirements for those in the mental health workforce, with consideration of access barriers for regional, rural and remote workers.

3.5.3 Identify funding arrangements to encourage greater collaboration across the mental health sector, including by occupation, setting and specialisation.

Mental health workers are at a higher risk of experiencing burnout and developing a mental illness than the general population, because of the nature of their work.(1)

Chronic and severe staff shortages, exposure to traumatic events such as self-harm or suicide, incidences of discrimination, bullying and harassment, and a lack of operational support when these incidents occur contribute to burnout and high turnover of psychiatrists within mental health services.[4] MBS rebates for psychiatry are too low to meet costs associated with delivering services, leaving costs to be absorbed by the psychiatrist or the consumer.

This undermines recruitment and training initiatives, and it negatively impacts the community.

The Productivity Commission Mental Health Inquiry Report and the National Mental Health Workforce Strategy provide ample evidence of burnout and stress contributing to psychiatrists (and other mental health workers) leaving the workforce.(3)

We must support psychiatrists' wellbeing and provide the essential tools, conditions and collaboration they need to work effectively.

Federal Government action:

Support collaboration across the mental health workforce by:

- Investing $11 million each year for three years to train nurses to become accredited mental health nurses (MHNs).
- Hosting a roundtable with representatives from the mental health workforce to identify solutions to redesign, modernise and create a contemporary workforce.

Improve working conditions by:

- Introducing a new psychiatry MBS 'complex care' item for assessment, support and management of people with complex mental health presentations and/or circumstances.
- Increasing the MBS rebate for psychiatry services to 100% of the schedule fee from the current 85%, and increase the MBS billing provision for psychiatry trainees, so they can bill at 60% of the consultant psychiatrist rate.

Safe and healthy doctors make for safe and healthy patients

Mental health workers are at a heightened risk of experiencing stress and burnout or developing a mental health condition.(1) Working in mental health care can come with an increased risk of personal harm, exposure to trauma and physical demands.

Burnt-out doctors are twice as likely to be associated with patient safety incidents and four times more likely to be dissatisfied with their job.(18) They increase the cost of service delivery and negatively impact the delivery of training.(18) The National Medical Workforce Strategy noted the consequences of burnout can include costly turnover, patient dissatisfaction, increased medico-legal risk and financial costs.(19)

The challenges facing psychiatrists are exacerbated by workforce attrition and shortages, which place further strain on those working in an already demanding field and add pressure to an already stretched system. The 2020 RANZCP Member Wellbeing Survey found the highest-rated stressor was 'too much work to do in limited time'.(20)

To ease the pressure on psychiatrists, there needs to be greater collaboration across the mental health sector, and the MBS needs to be aligned with the needs of patients and support psychiatrists in their provision of mental health services.

Mental health care is collaborative

Psychiatrists work in multidisciplinary teams with other professions that also face critical workforce shortages, including psychology, mental health nursing, and other relevant allied health professions.

The Government must invest in the training of MHNs to alleviate the pressure on psychiatrists, allowing mental health patients to receive care at the right place and the right time. The nurses are available – the Government now must invest in their training to become mental health nurses and grow a collaborative mental health workforce.

As identified in the Kruk review interim report, there are broader structural issues affecting the mental health workforce that require cross-government, cross-profession solutions. The Government should host roundtable discussions with representatives from the mental health workforce to identify ways to redesign, modernise and create a contemporary workforce.

Strengthening collaboration across the workforce will foster new, more efficient and effective ways of working – such as establishing integrated models of care for children and adolescents.

The MBS should reflect the nature of psychiatrists' work

Current MBS items for psychiatry do not reflect the intensive and complex nature of some patient needs, as well as cases with high administrative workloads requiring cross-agency liaison. As outlined in the National Mental Health and Suicide Prevention Agreement, collaborative models of practice support patients' access to holistic, patient-centred care, by providing clear treatment pathways for people with complex mental health presentations and/or circumstances. MBS item numbers are required to support psychiatrists engaging in the processes of cross-agency services including for example liaison with geriatricians, paediatricians, psychologists, GPs and family violence support workers, report-writing for psychosocial disability for the National Disability Insurance Scheme (NDIS), and report-writing and providing evidence of psychosocial disability for the Disability Support Pension (DSP).

Supervision of trainees is also not adequately supported by current MBS items.

Aligning the MBS with the needs of patients and their care providers with regard to mental health will help reduce the strain on psychiatrists. This could be achieved by:

- Increasing the current MBS rebate for psychiatry services to 100% (as it is for GPs) of the schedule fee, from the current 85%.
- Introducing a new psychiatry MBS 'complex care' item for assessment, support and management of people with complex mental health presentations and/or circumstances

Plan and prepare

The mental health sector has a lack of high quality, comprehensive and up-to-date data on mental health workforce and service delivery.

National Mental Health Workforce Strategy

Strategic Pillar 4 – Data, Planning, Evaluation and Technology

"The use of data in workforce planning is key to enable evidence-based, targeted and appropriate responses to workforce needs. Data must be comprehensive, up to date, and integrated across all aspects of the mental health workforce lifecycle—from training through to service demand—to highlight workforce requirements and future opportunities."

Actions:

4.2.1 Review data collection approaches to ensure data can appropriately inform mental health. workforce planning, and identify the need for new data collection approaches, tools and methods.

4.2.2 Support the use of mental health workforce data by making it publicly accessible in a manner that is useful for informing mental health workforce planning and support development of meaningful government interventions to better match workforce demand and supply across occupations and settings.

Where data does exist, it is siloed in various government agencies, making it difficult to access, integrate and use.

This impedes the sector's ability to address immediate and future workforce shortages and make evidence-based and informed workforce planning decisions.

If the Government wants the mental health sector to implement reforms effectively, and make the most efficient use of its workforce, then living guidelines that keep psychiatrists up to date will be crucial to implementation success. To address the need for agile and contemporary living guidelines, funding is required from the Federal Government to enable the development, maintenance and distribution of high-quality evidence in the form of living guidelines.

Federal Government action:

- Work with states and territories to progress, and make publicly available, gap analyses of the psychiatry workforce (including subspecialities) and service delivery.
- Reinstate $2 million per year of government funding for relevant subject matter experts to develop high quality clinical practice guidelines.

Good outcomes need good data

A lack of quality data has been identified as a central barrier for workforce projections and service delivery at both a Commonwealth and state and territory level.(1, 3, 19, 22-24) The Institute for Social Science Research noted that the current data collection and distribution process are failing to provide information on the progress and outcomes of mental health workforce strategies.(24) The Productivity Commission Mental Health Inquiry Report also found that a robust information and evidence base is needed to improve programs, policies and outcomes for people with mental illness, which requires governments to support data collection and use.(21)

The Kruk review interim report recommended that DoHAC continue to model workforce supply and demand for medicine, and commence work with states, territories and relevant stakeholders to address gaps in allied health workforce data. This modelling needs to be completed and regularly updated at both the federal and state level to provide a clear picture of shortfalls in the psychiatry workforce.

Workforce planning requires comprehensive data and evidence to be effective. This data also needs to be accepted and understood on a multijurisdictional level. Modelling outputs via the NMHSPF based on state and territory data are variable, which can lead to jurisdictional workforce planning being siloed, or even conflicting with other workforce initiatives. This issue was highlighted in the proposed development of the National Medical Workforce Data Strategy (NMWDS).(19)

For the mental health workforce to be effectively planned and operate at its peak, there is a requirement for a single, consolidated, comprehensive and jointly accepted and understood data source that serves as the evidence basis for all national and jurisdictional workforce modelling and strategies.

In the short term, to enable the RANZCP to identify and better understand current and projected workforce shortages, it is imperative that the RANZCP and all stakeholders have access to high quality data through platforms such as the NMWDS and the NMHSPF.

In the long term, a nationwide data governance structure needs to be developed across agencies and jurisdictions, provider groups and health services. This must include improvements to the data collected, methods of data collection and models to analyse and use the data.

National Mental Health Services Planning Framework

The RANZCP is committed to working with the Commonwealth Government to improve data services and projection modelling. Stakeholders should be able to access tools such as the NMHSPF to facilitate workforce modelling, based on current available data. The NMHSPF would have greater utility and application with a centralised, consolidated data source to allow users to undertake accurate, comparable modelling.

Good outcomes need good guidelines

Clinical Practice Guidelines (CPGs) are one of several resources employed by psychiatry trainees in their journey to become a psychiatrist. They are also a key resource used by early career and senior psychiatrists, other medical and health care practitioners, and members of the lived-experience community to inform their decision making. However, CPGs in their current form are expensive to produce and maintain, are not easily updated, quickly become redundant in the face of new research, and are difficult to access and navigate.

Online living guidelines such as the resources developed by the Australian Living Evidence Consortium are a modern, high-quality alternative to CPGs. The Living Evidence for Australian Pregnancy and Postnatal Care (LEAPP) Guideline is funded by Government, and also offers a potential model for the development of high-quality guidelines.

Psychiatrists can provide high-quality evidence-informed support to groups and organisations engaged in producing clinical practice guidelines. There is urgent need to fund more guidelines to allow psychiatrists to deliver the most effective and efficient psychiatry practice for the benefit of the community.

References

1. Australian Department of Health and Aged Care. National Mental Health Workforce Strategy 2022-2023 Canberra: Australian Department of Health and Aged Care; October 2023 [Available from: National Mental Health Workforce Strategy 2022–2032 | Australian Government Department of Health and Aged Care.
2. Australian Bureau of Statistics. National Study of Mental Health and Wellbeing 2020-2022 Canberra: Australian Bureau of Statistics; October 2023.
3. Australian Government Productivity Commission. Mental Health vol.2 no. 95 Canberra: Australian Government Productivity Commission; June 2020 [Available from: Volume 2 - Inquiry report - Mental Health (pc.gov.au).
4. Around 3 in 4 children with severe mental health disorder missing out on valuable support [press release]. Melbourne: RANZCPFebruary 2023.
5. Australian Institute of Health and Welfare. Mental Health: Australian Institute of Health and Welfare; October 2023 [Available from: Mental health - AIHW.
6. Royal Australian and New Zealand College of Psychiatrists. Rural Psychiatry Roadmap 2021-2031. Melbourne: RANZCP; January 2021.
7. Acil Allen. Mental Health Workforce - Labour Market Analysis Final Report to Commonwealth Department of Health. Canberra; December 2020.
8. Nguyen TP, Solanki P. Addressing the shortage of psychiatrists in Australia: Strategies to improve recruitment among medical students and prevocational doctors. Australian & New Zealand Journal of Psychiatry. 2023;57(2):161-3.
9. Australian Private Hospitals Association. Mental Health - crisis and solutions, a private hospital perspective. April 2023.
10. Australian Government Productivity Commission. Mental Health Inquiry Report No.95 Supporting Materials (appendices B-K). Australian Federal Government; June 2020.
11. Australian Institute of Health and Welfare. Final Report to the Independent Review of Past Defence and Veteran Suicides. In: Welfare AIoHa, editor. Canberra: Australian Federal Government; September 2021.
12. Royal Commission into Defence and Veteran Suicide. Royal Commission into Defence and Veteran Suicide, Interim Report. Canberra; August 2022.
13. Australian Institute of Health and Welfare. Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019. Canberra: Australian Institute of Health and Welfare; September 2021.
14. Higgins N. Time to recognise GPs' mental health contributions: RACGP President [Editorial]. October 2023 [Available from: https://www1.racgp.org.au/newsgp/gp-opinion/time-to-recognise-gps-mental-health-contributions#:~:text=New%20stats%20confirm%20general%20practice,Australian%20Bureau%20of%20Statistics%20data.
15. Royal Australian College of General Practitioners. General Practice: Health of the Nation. East Melbourne: RACGP; 2023.
16. Brazel M AS, Bastiampillai T, Kisely SR, Looi JC. Patients languishing in emergency departments: A descriptive analysis of mental health-related emergency department presentations in Australia between 2016-17 and 2020-21. Australasian Psychiatry. 2023;31(5):646-51.
17. Duggan M HB, Chislett WK & Calder R. Nowhere else to go: why Australia's health system results in people with mental illness getting 'stuck' in emergency departments - commissioned report for the Australasian College of Emergency Medicine. Mitchell Institute Victoria university; September 2020.
18. Hodkinson A Z, A, Johnson J, Geraghty K, Riley R, Zhou A et al. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. BMJ. 2022;e070442:378-93.
19. Australian Department of Health. National Medical Workforce Strategy 2021-2031. Canberra: Australian Department of Health; March 2022.
20. Royal Australian and New Zealand College of Psychiatrists. Findings from our 2020 survey: Royal Australian and New Zealand College of Psychiatrists. Melbourne: RANZCP; 2021.
21. Australian Government Productivity Commission. Mental Health vol.1 no. 95 Canberra; 2020.
22. Australian National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy Canberra: Australian National Mental Health Commission; 2021. Contract No.: 14 November.
23. State of Victoria. Royal Commission into Victoria's Mental Health System, Final Report vol.3. Parliamentary Paper No.202, session 2018-2021. Melbourne; February 2021.
24. Institute for Social Science Research. National Mental Health Workforce Strategy - A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of mental health reviews and inquiries. Canberra: Institute for Social Science Research; July 2021.

In summary

The Federal Government must:

Attract

- Invest $7.06 million to extend the Psychiatry Interest Forum program for a further 6.5 years until 2032 to attract the next generation of psychiatry trainees.

Train

- Invest an additional $24.85 million to expand the Psychiatry Workforce Program from rotation 2, 2024 until the end of rotation 1, 2026 to support an additional 45 training and training supervisor posts.
- Increase STP funding by $5.52 million over three years to fund an additional five training placements in private hospital settings in 2025, 10 training placements in 2026 and 15 training placements in 2027, to ease pressure on consultant psychiatrists and enable private hospital beds to be used to appropriate capacity.
- Invest $225,000 over three years to support Directors of Training and administration staff to ensure additional training posts have adequate oversight and support.
- Introduce a new funding stream to support the establishment of new psychiatry trainee placements in private psychiatric practices.
- Invest $6.95 million to extend the Military and Veteran Psychiatry Training Program from 2025 to 2028.

Maximise, Distribute, Connect

- Invest an initial $1 million to subsidise 100 General Practitioners and other medical professionals to undertake the Certificate of Postgraduate Training in Clinical Psychiatry.
- Establish a new Medicare Benefits Scheme (MBS) item for medical practitioners that complete the Certificate of Postgraduate Training in Clinical Psychiatry to be appropriately remunerated to reflect their enhanced capacity to provide mental health care.

Retain

Support collaboration across the mental health workforce by:

- Investing $11 million each year for three years to train nurses to become accredited mental health nurses (MHNs).
- Hosting a roundtable with representatives from the mental health workforce to identify solutions to redesign, modernise and create a contemporary workforce.

Improve working conditions by:

- Introducing a new psychiatry MBS ‘complex care’ item for assessment, support and management of people with complex mental health presentations and/or circumstances
- Increasing the MBS rebate for psychiatry services to 100% of the schedule fee from the current 85%, and increase the MBS billing provision for psychiatry trainees, so they can bill at 60% of the consultant psychiatrist rate.

Plan and Prepare

- Work with states and territories to progress, and make publicly available, gap analyses of the psychiatry workforce (including subspecialities) and service delivery.
- Reinstate $2 million per year of government funding for relevant subject matter experts to develop high quality clinical practice guidelines.

The Royal Australian & New Zealand College of Psychiatrists

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