

October 2022

The RANZCP Victorian Branch

2022 Victorian State Election Priorities

Improving the Mental Health and
Wellbeing of the Victorian Community



The Royal
Australian &
New Zealand
College of
Psychiatrists



Victorian Branch

Immediate priorities for action - what is needed here and now:

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch (the Branch) commends the current government's commitment to implement all recommendations from the Royal Commission into Victoria's Mental Health System (RCVMHS) to meet the Victorian community's needs, wherever they live. The Branch welcomes the significant work to realise the reform agenda led by the Victorian Department of Health.

The Branch acknowledges that whilst the transformative changes to the new mental health and wellbeing system in Victoria will take time to occur, the upcoming Victorian election is an opportunity to make the commitment needed for the development of the necessary infrastructure and related workforce and continue to focus on the immediate needs of Victorians requiring treatment, care, and support.

With the reform occurring in an evolving system of multiple moving parts, urgent interim measures are needed to support frontline inpatient and community mental health services. This is highlighted as a significant challenge within the RCVMHS Report and continues to be experienced in emergency departments, inpatient, and community mental health services.

This is especially concerning in [rural and regional settings](#) and in particular areas such as infant and child mental health, intellectual disability and comorbidities with physical and mental health issues.

The RANZCP Victorian Branch Chair, Dr Astha Tomar, therefore calls on all parties to commit to three key mental health and wellbeing priorities ahead of the 2022 Victorian election. Addressing these priorities will ensure that the most vulnerable members of the Victorian community receive the timely treatment, care and support that they deserve.



1

Address the current unmet demand for specialist clinical treatment, care, and support within the public mental health and wellbeing system.



2

Increase capacity to deliver and support accessible, safe and responsive spaces for consumers, carers and the workforce.



3

Recruit and retain a skilled and experienced clinical workforce to work alongside people with lived experience within the mental health and wellbeing system.

Action 1

Address the current unmet demand for specialist clinical treatment, care, and support within the acute public mental health and wellbeing system.

The RANZCP Victorian Branch recommends that over the next 12-24 months the next Victorian Government commit to:

- Ensure all Area Mental Health and Wellbeing Services are funded to meet the needs of patients in a timely, responsive manner within the public health system. This investment needs to occur across the system – emergency departments, crisis teams, inpatient, and community care services.
- Develop and enable the provision of evidence-based therapeutic models of care and treatments within the public mental health system. Models of care for services need to be evidence-based and access to specialist clinical care consistent across the system.
- Provide the capacity in the public mental health system to deliver continuity of care to patients and meet the needs of all Victorian consumers and carers, across the mental health system including alcohol and other drug services, inpatients, and community.
- Increase access to sub-specialist clinical care for patients with neurodevelopmental disorders, addictions, confluence of mental and physical illnesses via new models of care for bed based (sub-acute and rehabilitation as specified in [RCVMHS recommendations 11 and 12](#)) and as consultation-liaison services provided by specialist services in general settings ([RCVMHS recommendation 14](#)).
- Implement [RCVMHS recommendation 5.1c](#) enabling the development of models of care that support consultative partnerships between psychiatrists, mental health practitioners and clinicians. This requires streamlining of funding arrangements between State and Federal government.
- Prioritise workforce and system design planning in rural and remote communities as noted in [RCVMHS recommendation 47](#). This includes access to psychiatrists in rural and remote communities by providing incentives to increase access to psychiatrists in rural and remote communities as identified in the RANZCP Rural Psychiatry Roadmap 2021-31.

The RCVMHS clearly acknowledged that a poorly funded and broken system impaired the ability of mental health clinicians to deliver evidence based holistic treatment and care options, including early

intervention. With the additional impact of COVID-19 on our public mental health system, investment in innovative frontline, acute specialist clinical services (including community, bed-based specialist and aged care services) with improved integration is required.

Action for the provision of specialist and trauma-informed mental health care in services that supports Victorians with serious mental illness or experiencing mental health crises is needed. Safe, effective, person-centred and evidence-based care requires [psychiatrists who are specialist medical doctors](#) to assess and provide clinical care [in collaboration](#) with general practitioners and the wider mental health and wellbeing workforce, using a range of therapies including medication, psychotherapy, and other psychosocial supports.

The 2017 RANZCP [Victorian Psychiatry Workforce](#) report highlighted that around 25% of the psychiatry workforce were employed exclusively in the public sector with those numbers declining. This workforce shortage has exacerbated wait times in emergency departments. The [Victorian Agency for Health Information](#) has reported that in the second quarter of 2022 over 56% of mental health patients waited for over eight hours in an emergency department (ED) before being transferred to a mental health bed. High caseloads and throughput pressures impact the ability for clinicians and mental health practitioners to provide patients with a high level of treatment, care, and support.

The shortage of psychiatrists and mental health and wellbeing services experienced in rural areas is of great concern and a major equity issue. People living in rural areas have, on average, shorter lives, higher levels of disease and injury, higher prevalence of some chronic conditions and disability, higher rates of unsafe alcohol and illicit drug use, and greater exposure and vulnerability to natural disasters and the impact of climate change. These factors highlight the case for change in a mental health and wellbeing system that requires immediate application of interim measures while the longer-term ambition of the RCVMHS is realised.

It is imperative that Victorians are given equitable and timely access to safe, evidence-based, good quality mental health services in the public health system.

Action 2

Increase capacity to deliver and support accessible, safe and responsive spaces for consumers, carers and the workforce.

The RANZCP Victorian Branch recommends that over the next 12-24 months the next Victorian government commit to:

- Undertake an assessment of all Area Mental Health and Wellbeing Services of their adequacy and ability to provide safe and therapeutic environments for people seeking support.
- Refurbish Area Mental Health and Wellbeing Services to ensure specialist care is delivered in safe and appropriate spaces that are welcoming and therapeutic for consumers, carers, and staff. Capital investment is required to build new inpatient units for projected demand and workforce needs, ensuring that it is undertaken on an equitable basis.
- Analyse the role, impact and potential for collaboration with private practice to the public mental health and wellbeing system. If explored thoughtfully, this could support the public system extensively. Financial or postcode inequity should not limit the ability of consumers or carers to access facilities currently only available in the private health system, while the public health system builds and expands its capability to treat, care and support clients.
- Ensure every Area Mental Health and Wellbeing Services provides access to women-only inpatient care as well as Women's Prevention and Recovery Care Centres (WPARC) within their service and establish gender-sensitive spaces across the system.
- Undertake a price and funding review for mental health services, which includes assessing funding equity across Area Mental Health and Wellbeing Services. It should consider parity with physical health services, provide detailed advice to the Minister for Mental Health on outcomes and fully fund their implementation.
- Enable mental health and wellbeing services, and key professional bodies to support psychiatrists and other specialists within the mental health and wellbeing clinical workforce to undertake clinical, academic and research activities to deliver evidence-based clinical care.

- Support the frontline clinical workforce, including psychiatrists, to participate meaningfully in reform consultations through dedicated resources for the provision of clinical expertise of psychiatrists. This should include additional FTE across the system in each service, provision of appropriate workspace and administrative support to build capacity into the mental health system. For example, provide Authorised Psychiatrists and their Delegates access to 0.2-0.5 EFT of administration time to enable them to meet their legal and regulatory requirements and allow time for direct clinical work.

In the context of reform, it is of paramount importance that equitable distribution of infrastructure investment is prioritised to ensure optimal and consistent, design, service provision and environments for ideal standards of care across services. This urgency for equitable distribution is required as many mental health and wellbeing inpatient and community services remain dated and dilapidated; and are not fit for the purpose of providing safe therapeutic spaces. Members of the Victorian community need urgent assurance that any treatment they receive is in an environment that is fit-for-purpose and enables the provision of therapeutic, effective and evidence-based care.

There is notable growing evidence highlighting the pivotal role of evidence-based architectural design in service users' experience of mental health services. The provision of a healthy and safe environment is inextricably linked to the provision of good mental health care, and it correlates with reductions in compulsory treatment, and risks of self-harm and suicide for consumers, and distress, workplace burnout, and violence for the workforce.

In too many cases facilities across Victoria are unsafe both for consumers and clinicians as they have not been built with a focus on the physical and psychological safety of patients, staff, and practitioners. Therapeutic wards and environments provide a safe space for patients, carers and staff and enable less restrictive treatments are needed immediately.



Exploring the opportunities to develop solutions to increase capacity and for equitable access in the public mental health and wellbeing system is needed. For example, there is potential for the public health system to work more collaboratively with the private health system and offer appropriate services which are not available in the public health system.

The disparities between the public and private system for mental health include, but are not limited to, services such as: specialist units or programs for eating disorders, Mother-Baby Units, Women-only units, Drug and Alcohol Rehabilitation and Obsessive-Compulsive Disorder (OCD) treatment. Further, evidence based structured therapy programs like Dialectical Behavioural Therapy (DBT), Acceptance Commitment Therapy (ACT), Cognitive Behavioural Therapy (CBT) are also limited in the public system.

Close liaison between the two systems will improve access for Victorians unable to financially access private health care and assist Area Mental Health and Wellbeing Services to quickly build capacity in their own system through sharing resources and innovation.

Safety and privacy for women seeking support from public health system is essential and the mental health and wellbeing system needs to be committed to being gender sensitive. The need for women's-only facilities and programs that are individualised to the specific needs of women have long been identified. There are several successful prototypes of such services within Victoria, including WPARC at Sunshine and women-only inpatient units in the public-funded Alfred Hospital and private Cabrini Hospital.

Funding is also required to ensure the inclusion of the clinical focus in the co-design process guiding the reforms, including that of psychiatrists.

Action 3

Recruit and retain skilled and experienced clinical workforce to work alongside people with lived experience within the public mental health and wellbeing system.

The RANZCP Victorian Branch recommends that over the next 12-24 months the next Victorian government commit to:

- Undertake a workforce project to identify the existing system-wide and service-specific mental health workforce issues as the shortages impact quality and safety of the system. A strategic plan to address workforce retention, distribution and recruitment of psychiatrists is required.
- Ensure dedicated, safe and adequate office spaces for psychiatrists and those in training in public mental health services for work related to clinical governance, quality and safety, supervision of trainees and JMOs, research and academic work.
- Maximise the workforce capacity and support diversity and inclusion in the mental health and wellbeing system. This should include providing attractive and supportive employment options for women, those from culturally and linguistically diverse backgrounds, staff with young families and those in care roles. This includes part-time options, on-site childcare, flexible work options such as working from home (including telehealth), supporting leadership opportunities for women, and proactively addressing existing pay disparity and actively working towards gender equity.
- Appoint joint clinical and academic psychiatry positions in each mental health and wellbeing service in conjunction with an affiliated university as an important feature of the system. Support for sabbatical leave and similar supports should also be improved for psychiatrists within the public mental health system.

The chronic and worsening workforce shortage is a major impediment to the successful implementation of the RCVMHS recommendations across the mental health system. The Mental Health & Wellbeing Workforce Strategy indicates that 27% of the surveyed workforce intend to leave the sector in the next 12 months, cease work temporarily, retire or were unsure of their plans. Health services across the state are facing significant challenges both in attracting and retaining qualified staff. The ageing of the psychiatry workforce is also a topic of national importance.

The current government has committed to strengthening and supporting the mental health and wellbeing workforce in Victoria. A strategic plan is required to address the system-wide shortage of the specialist workforce which impacts on the delivery of services. The strategic plan should include projected future planning, expansion and transformation plans for every mental health service.

Clinical research and academic psychiatry when conducted in a range of settings positively supports the use and further development of evidence-based treatment, care, and support. This includes improved understanding of mental health disorders, informed use of pharmacological, psychological treatments, and other wellbeing interventions in which clinical treatment is undertaken. Embedding this at all levels promotes retention of clinical expertise in public health settings, improving the health and wellbeing of Victorians.

The Mental Health Productivity Commission Inquiry Report (2020) highlighted the significant shortage and, notably, the maldistribution of psychiatrists across Australia. Increases are required both to the numbers of trainee registrars, and to experienced psychiatrists who provide specialist care and supervise those in training. The Victorian Government invests 10-12 years in the development of psychiatrists. Succession planning and support for increasing specialist psychiatry trainee positions is essential to meet the care needs of Victorians. The reduced number of positions available within the public health sector for specialists results in decreased options for career progression for trainees and discourages them from remaining in the public system.

About the Royal Australian and New Zealand College of Psychiatrists

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, ensured continuing competence through continuing professional development, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and, as a bi-national college, has strong ties with associations in the Asia-Pacific region.

The RANZCP Victorian Branch (the Branch) has more than 1800 members including around 1300 qualified psychiatrists and over 500 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery. They work closely with GPs, psychologists, mental health nurses and allied health to provide holistic biopsychosocial treatment and care across the lifespan to those who experience mental ill health.

Acknowledgements

This pre-election submission has been prepared in consultation with RANZCP Victoria Branch Committee who are an expert committee, comprising of psychiatrists, trainees and community members with lived experience.

The recommendations contained within this submission are based on consultations within the Branch membership. The Branch acknowledges that language, and the way we use it, can affect how people think about different issues. We acknowledge the need to

give due consideration to the words we choose when communicating with and about people with a lived experience of mental illness. We recognise there are a variety of terms people prefer to use, such as 'client', 'consumer', 'patient', 'peer', and 'expert by experience'.

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Victorian Branch Committee

Committee Members	Position
Dr Astha Tomar	Chair
Dr Jenny Babb	Deputy Chair
Dr Raju Lakshmana	Treasurer
Dr Lee Allen	Chair Victorian Psychiatry Training Committee
Dr Subhash Das	Fellow Member
Dr Ganesan Duraiswamy	Fellow Member
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