The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Western Australian Branch

RANZCP WA Branch

WA State Budget 2025-26 Submission

Acknowledgement of Country

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

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

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

This submission was developed on Noongar Whadjuk Boodja.

Acknowledgement of Lived Experience

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

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

About the Royal Australian and New Zealand College of Psychiatrists

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

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 680 psychiatrists and those training to qualify as psychiatrists in Western Australia.

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

A mental health system that works

Western Australians deserve a mental health system where everyone has access to affordable, accessible and effective care. Unfortunately, we know that more people need support and care than can be provided in a system ill-equipped to meet the growing complexities of population mental health.

The WA Government has taken steps to address some of the systemic deficiencies, most notably in budget announcements on hospital beds, child and adolescent mental health, and the emergency mental health services. The initiatives have eased the pressure on our emergency departments at the time of unprecedented demand and disruption to the mental health system during the pandemic.

The Government has also committed to working with the Branch collaboratively through the Statement of Intent, on reforming the training pathways in the public mental health system as a foundational step in raising workforce capacity. The Branch also welcomes the commitment to community treatment services reform.

The Branch Budget Submission offers evidence-based solutions to support the State Government in the process of system transformation. Because the new beds need a new workforce and so do all other services and supports. System transformation cannot happen on the back of an overworked and burnt-out psychiatric workforce.

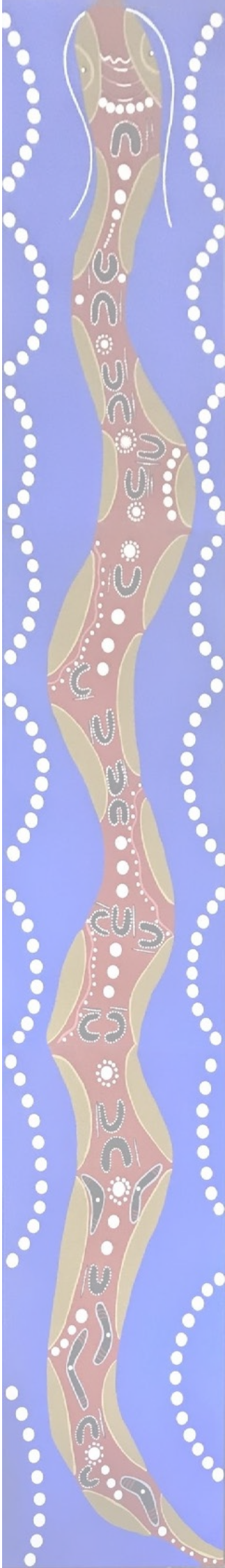
While we are committed to the Statement of Intent, we urge you to address the immediate challenges. There are three actions the Government can take to address the crisis points in the system and set the basis for system transformation. We need to:

- **Train** more psychiatrists and grow the pipeline by funding additional training posts now and recruiting enough consultant supervisors to sustain the growth over time.
- **Improve** service access by committing new funding to specialist community services and specific system navigation and integration functions across the treatment, care and support continuum.
- **Plan** the future demand and supply of psychiatric workforce in WA and develop a progressive psychiatry workforce plan in a collaborative co-design partnership with the RANZCP WA Branch.

This will set up the system for long-term success.

We can start achieving the system transformation we want when all the above preconditions for a better-connected system are met. The WA Branch stands ready to work with the State Government in reaching this vision because our community deserves nothing less.

Dr Murugesh Nidyananda
WA RANZCP Branch Chair



The state of the WA mental health system

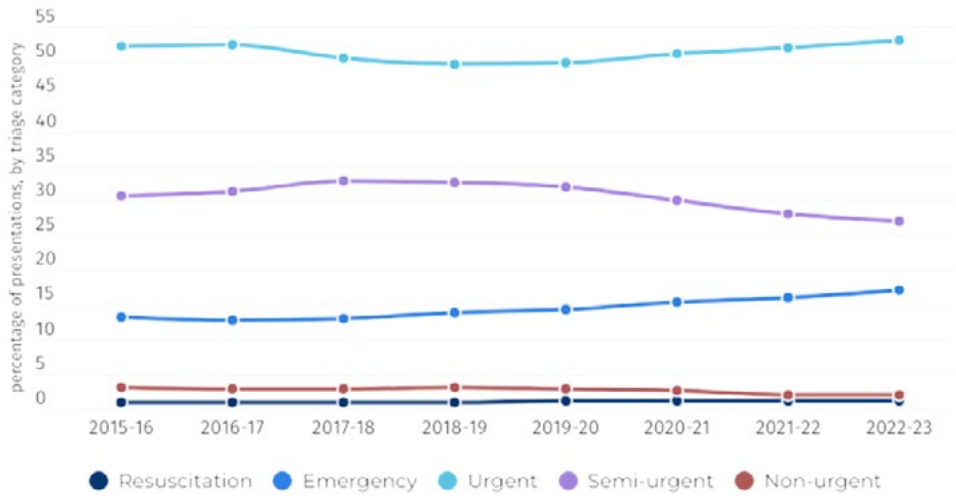
The Western Australian mental health system for a long time operated at sub-par level. In 2019, the State Auditor-General's report concluded that 'just 10% of people used 90% of hospital care and almost 50% of emergency and community treatment services.'[1]

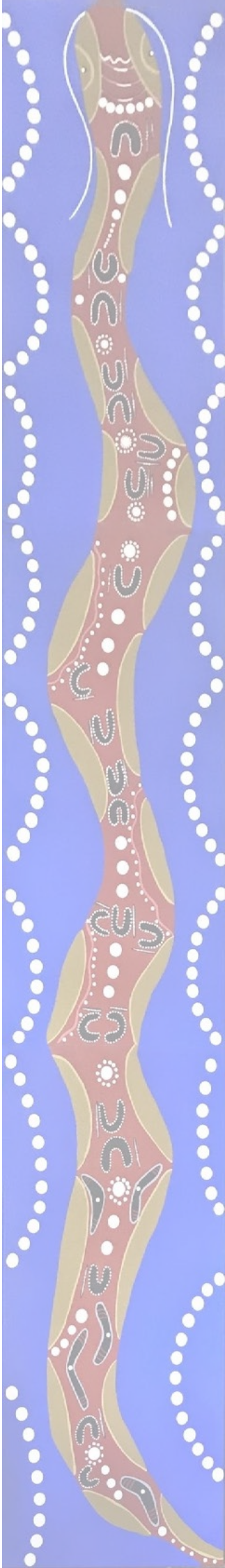
What do we know about how the system works currently?

We know that some improvements have been made to help people stay in the least intensive care setting required to manage their condition but more needs to be done.

- The slow rise in urgent and emergency triage rates is concerning and indicates the level of unmet need among people with severe and acute mental health challenges (Figure 1).[2]

Figure 1: Mental health-related ED presentations, by triage category, in %



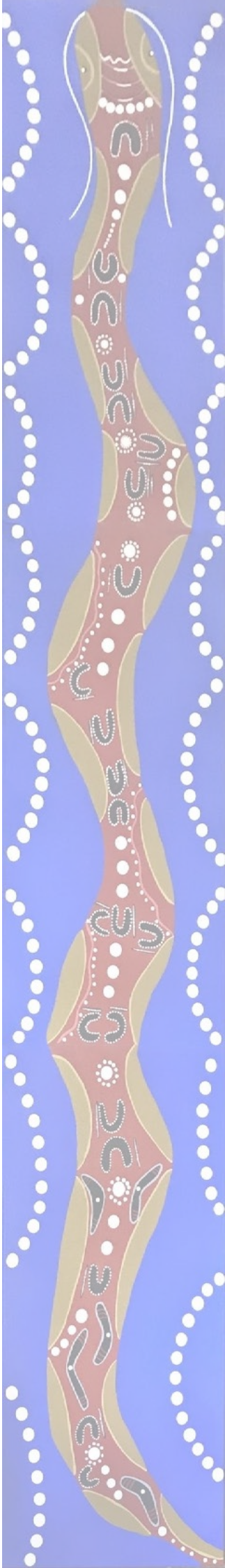


- We know that people most in need of psychiatric care are receiving less of it than before:
    - The noticeable decline in the rate of community follow-up with psychiatric care is an indicator of the shortage of psychiatrists in our specialist community treatment services (Figure 2).[2]

Figure 2: Rate of community follow-up within 7 days of discharge from a psychiatric admission

- We know that rates of clinical improvement have declined over time and flatlined more recently:
    - In 2021-22, 70% of inpatients surveyed saw a significant improvement because of treatment, compared to 76.4% of inpatients in 2008-09. (Figure 3).[2]

Figure 3: Clinical outcome of people receiving mental healthcare in hospital (% who saw significant improvement)



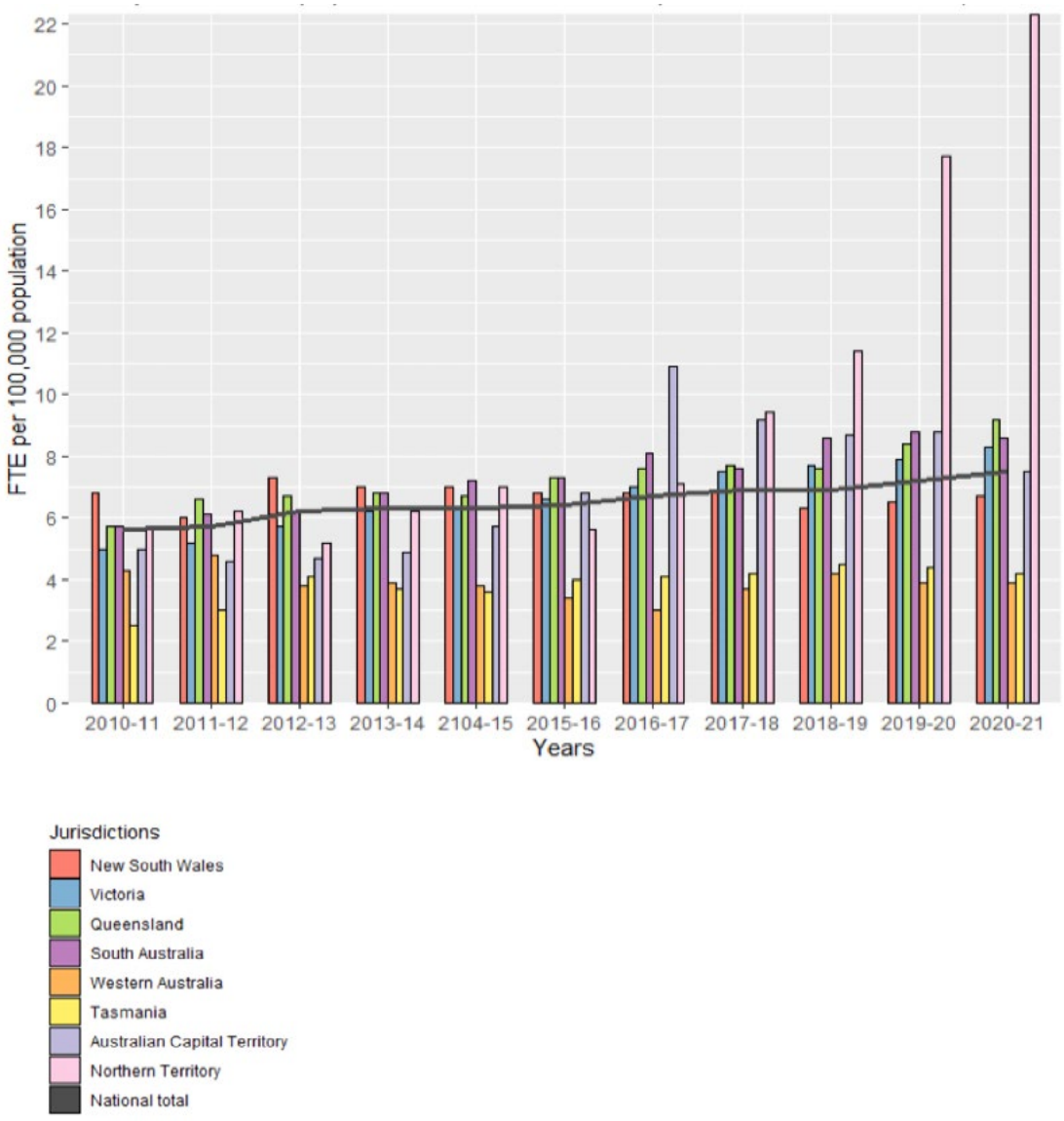
The level of unmet demand for psychiatric services in WA has never been comprehensively measured. But we know that 21.3% of Western Australian adults were told they had a mental health condition while only 13.3% were receiving treatment in 2022.[3]

The rising prevalence of mental ill-health in a growing population has not been matched in workforce growth.

- WA has the second-lowest rate of 13.5 FTE psychiatrists per 100,000 people, lower than the national average of 15.3FTE per 100,000.[4]
- Since 2022, WA has had the highest population growth of all the states and territories at 3.1%, compared to the national average of 2.3%.[5]

The workforce crisis represents the compound effect of chronic underinvestment in psychiatric training over decades.

Figure 4: Psychiatry registrars in specialised care sectors from 2010-11 to 2020-21, by state[6]



The RANZCP surveyed WA psychiatrists in the public mental health sector about the impact of workforce shortages in the workplace.[7]

WA scored comparatively poorly on key indicators:

9 in 10
say that **workforce shortages are risking patient care**.

4 in 10
considered **leaving the public mental health sector:** the **highest ratio in Australia.**

80%
of psychiatrists reported **burn-out**: the **highest percentage recorded nationally**.

Three factors are seen as main causes of burnout by psychiatrists we surveyed in WA:

- **Workforce shortages and inadequate staffing** (84% of responses)
- **Under-resourcing of the mental health system** (83% of responses)
- **Increasing complexity of presentations** (72% of responses).

System failures in meeting demand affect disproportionately vulnerable communities: 82% of survey participants in the rural, regional and remote WA identify lack of public services available for improving mental health of the community.[8]

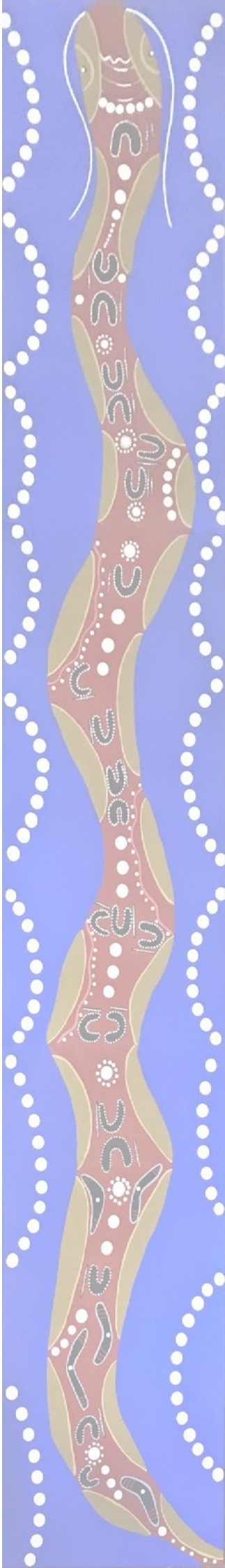
- **The WA psychiatric workforce requires an urgent capacity boost to provide adequate assessments and treat complex presentations.**
- **Right now, psychiatrists carry a lot of clinical risk they are inadequately resourced to address or manage. This risk shifts to other parts of the service system, such as justice, housing and homelessness, and wider society, when left unaddressed.**
- **Ultimately, high levels of unmanaged clinical risk jeopardise the safety and quality of patient care and the safety of the whole community.**

We also know Western Australia can solve these problems

In 2024, WA welcomed its three-millionth resident. The state's demographic growth shows little sign of slowing. With rising global challenges like climate change, Western Australians are likely to experience additional stressors, particularly in rural and regional areas, so the demand for services will only grow.

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.

But more than that – mental health reform can be a significant driver of Western Australia's future prosperity. At the macroeconomic level, the benefits of a more productive mental health sector and of increased labour supply and increased productivity, have wide flow-on impacts across sectors, increasing investment, wages and income, and government taxation revenue.[10]



Secure self-sustaining psychiatric workforce

With 43% of psychiatrists intending to retire over the next 10 years, it is urgent to grow a self-sustaining local workforce.[11] Current workforce shortages threaten to undermine any progress the government has made to make sure people are not forced to attempt to get treatment in the most intensive settings.

The two psychiatry training programs require additional funded training posts to provide immediate relief. The new training posts will reduce the existing gap in psychiatry registrar intake between WA and other states.

Synopsis: psychiatry training in WA

There are two postgraduate training programs in psychiatry in Western Australia.

The Rural Psychiatry Training WA (RPTWA) is Australia's first ever dedicated rural psychiatry training program, launched in February 2023 with 20 trainees in term 1. In term 1, 2024, the program had a total of 30 trainees. The Stage 1 Training Intake for 2025 is 6 additional trainees in term 1. The RPTWA received 18 applications for the first term intake of 2025.

The Metropolitan Psychiatry Training Program (MPTP) operates within the Greater Perth metropolitan region. In February 2024, the MPTP had a total of 154 registrars in training. The Stage 1 Training Intake for 2025 will include 25 new registrars. The MPTP received 65 applications for the 2025 intake (MPTP has only one yearly intake).

Both WA psychiatry training programs receive up to 3 times as many applications as there are funded posts available in any given year. In contrast to some other states, WA has no workforce attraction issues.

Government action: fund additional training posts in the two psychiatry training programs

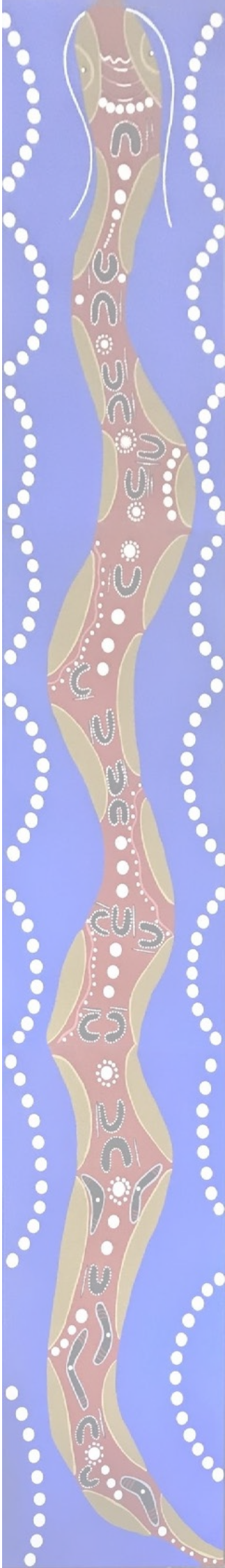
With psychiatry qualifications requiring a minimum five years of training, it is crucial to begin increasing the number of training posts as soon as possible. We are fortunate that psychiatric training programs in WA have no difficulties attracting suitable trainees. But we do need to do more to increase their numbers, support them, and retain them.

More trainees deliver more capacity to our mental health system.

More trainees mean an immediate increase in the number of medical professionals providing services and support to Western Australians.

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

Western Australia needs additional training posts in each Stage 1 intake year to begin rebuilding the local psychiatric workforce and address the impact of chronic undersupply of psychiatrists over the past 15 years. The Branch estimates that this requires doubling intake numbers in each program over the next 5 years. **At the program level, this would equal 5 additional funded posts in the MPTP for Stage 1 in 2026, and 2 additional funded posts in the RPTWA spread over the two intakes in 2026, with subsequent equal intake in each year to 2030**.



Government action: recruit additional consultant psychiatrists to increase supervision capacity in the identified areas of priority need: Psychotherapy, Consultation-Liaison and Child and Adolescent Psychiatry.

Psychiatrists are an essential mental health workforce:

- Consultation-liaison is a discrete service element in the map of the WA mental health system, as recognised in the Mental Health and Alcohol and Other Drugs Strategy 2025-2030 discussion paper.[12]
- Psychiatrists lead multidisciplinary teams and are the only medical specialty with specific legislated obligations under the Mental Health Act 2014.

Current blockages in the training pipeline exist due to shortfalls in supervision capacity, especially in mandatory module areas of Psychotherapy, Consultation-Liaison and Child and Adolescent psychiatry. Trainees also require additional supervision for their Scholarly Project which can be difficult to find in the context of exceptional workforce shortages.

Employing additional consultants able to supervise registrars on a pathway to Fellowship will clear the blockages in the training pipeline and transform the delivery of a self-sustaining psychiatric workforce. Their recruitment will ensure trainees are retained in the public mental health system and do not leave either public employment or psychiatry altogether.

Synopsis: Access to psychotherapy supervision

Psychotherapy understanding and skills are core elements of psychiatric training and clinical practice. Psychotherapy basic training is a requirement of the RANZCP Fellowship program.

Major assessment during Basic Training stages consists of the Psychotherapy Written Case which involves 40 hours of supervised practice sessions.[13]

Psychotherapy supervision is a different item to standard clinical supervision and requires a different supervisor. The only available capacity in Psychotherapy supervision in WA is in the private mental health sector.

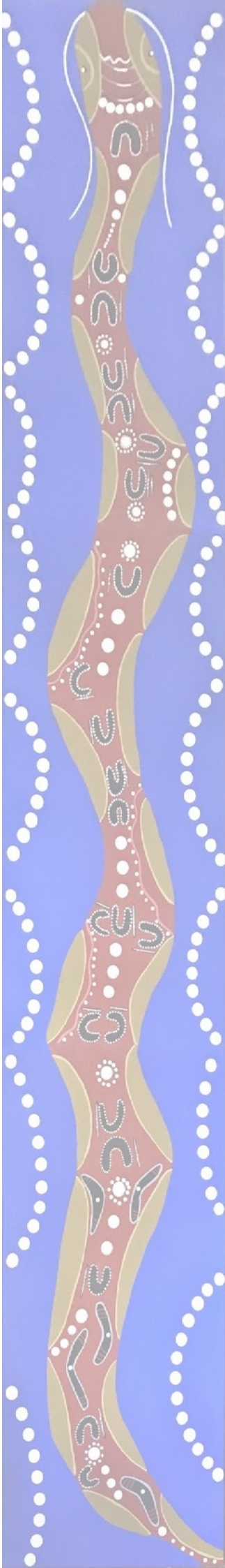
An approximate cost to a trainee of completing the Written Case is $16,000 (based on $400 per hour fee for supervision) when supervised by a private psychiatrist. Trainees are required to complete the Written Case by the end of Stage 3 of their training.

Supervision costs for Certificate of Advanced Training in Psychotherapy total $32,000 ($16,000 for 40 hours of supervision per year for two years). The fees for Infant Observation Requirement ($4,000) and the Formal Education Course ($7,500) are additional costs of advanced training.

These costs are prohibitive for trainees and compound the challenge of finding resources required to secure supervision in the private sector.

For these reasons, some trainees take breaks-in-training of up to five years and work as locums in the private sector, while some leave psychiatric training altogether.

This means that the public sector is starved of the workforce as well as capacity to deal with increasing complexity of presentations and symptoms in the community.



An excellent example of a return on investment is the Rural Psychiatry Training Pathway WA. Since 2023, when the RPTPWA began, the WA Country Health Service has seen the following benefits [14]:

- **An increase of 4.3 FTE** in permanent staff of psychiatric consultants.
- **Reduced dependence on locum staff by 36%**: prior to the roll-out of the RPTP, 44% of all psychiatric staff were locum, down to 8% in 2024.
- **Decreased salary bill**, by approximately $360,000 a year, while growing permanent and self-sufficient rural workforce.

Improve service access through system integration

Person-centred, team-based care is the key principle of mental healthcare, yet WA's mental health system has struggled with its implementation.[15] System fragmentation remains a challenge for WA, and the solution lies in funding integrated service provision across the treatment, care and support continuum.

An integrated service system will reduce inappropriate and lengthy inpatient admission, ease the excessive demand for acute hospital beds, and enable improved treatment, care and support for people with multiple unmet needs. They are high users of our emergency departments and have not been able to access coordinated care on their recovery journey.

Government action: fund integrated services in identified areas of priority:

- **Neuropsychiatric liaison service**
- **Centre of Excellence in Personality Disorders**
- **Women's Mental Health Program across the lifespan**

While the State Government has made progress in building capacity for eating disorders, for example, the services for personality disorders and neuropsychiatry have been awaiting implementation since the Mental Health and Alcohol and Other Drugs Plan 2015-2025.[16]

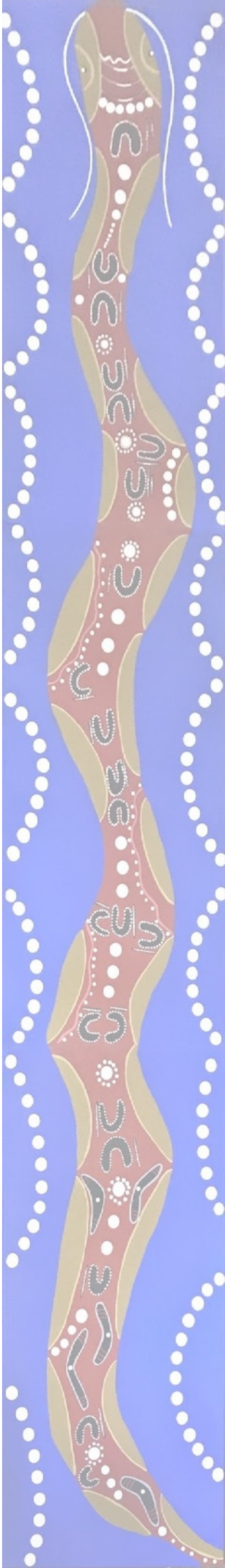
Rural and regional Western Australians have faced more substantial gaps in specialised services than people in comparable regions of the country.[17] It is therefore essential that the services cover the entire state.

We know that the WA Eating Disorders and Outreach Service (WAEDOCS) and WA Eating Disorder Specialty Services (WAEDOSS) provide effective, evidence-based 'hub-and-spoke' models that can be applied to neuropsychiatric and personality disorder services.

WAEDOCS, established in 2016, was the winner of the Mental Health Commissioner's Award at the 2019 WA Health Excellence Awards. It is an enduring model of capacity-building in the public sector.

Funding integrated services will free the system capacity to provide mental healthcare to more people who need it.

These initiatives also address all the elements of the Sustainable Health Review's aim for the cultural and behavioural shift across the public healthcare system.[18]



WA Neuropsychiatric Dual Diagnosis Service

Between 30 and 50% of people with intellectual and developmental disabilities have mental health challenges, at a rate higher than the general population.[19] Improving care for complex conditions is challenging in a fragmented system, resulting in poor planning, resourcing, and lack of risk mitigation. Co-occurring mental health issues along with cognitive impairment, acquired brain injury and neurodevelopmental conditions, are poorly managed by mainstream services.

People with neuropsychiatric disorders typically revert to emergency departments or general hospital wards and mental health units in a crisis when their care needs cannot be met elsewhere. These settings are unsafe for the clinical complexity of presentations and put both the patients and the staff at risk.

The pressure usually falls on Consultation-Liaison teams in general hospitals to provide care to patients with co-occurring conditions, but they are neither trained nor supported in the role to meet the complexity of symptoms. The proposed neuropsychiatric dual diagnosis liaison service would fill this need.

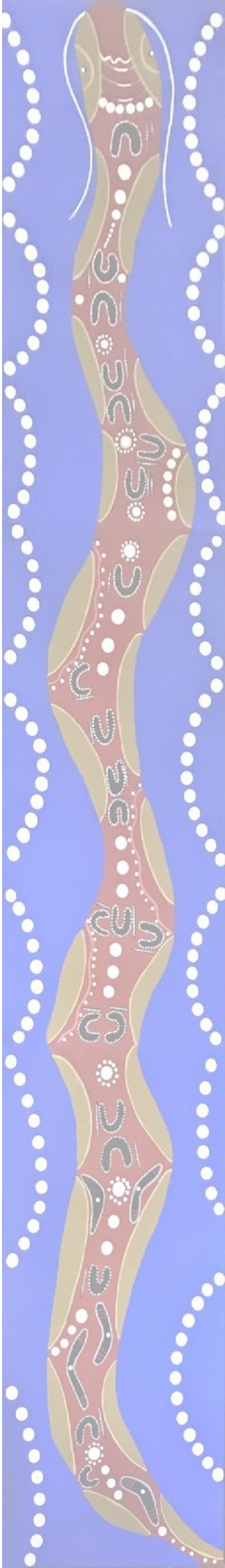
The Branch recommends that the State Government funds:

- A hub that provides liaison, support and capacity-building to clinicians across the mental health system.
- A pilot with YouthLink, a Tier 4 service in the North Metropolitan Health Service, to support young people living with neuropsychiatric disorders, including ADHD and ASD.

This proposal forms the first step in neuropsychiatric service delivery with the youth cohort, as an initial investment in a phased-in model of service in neuropsychiatric mental healthcare.

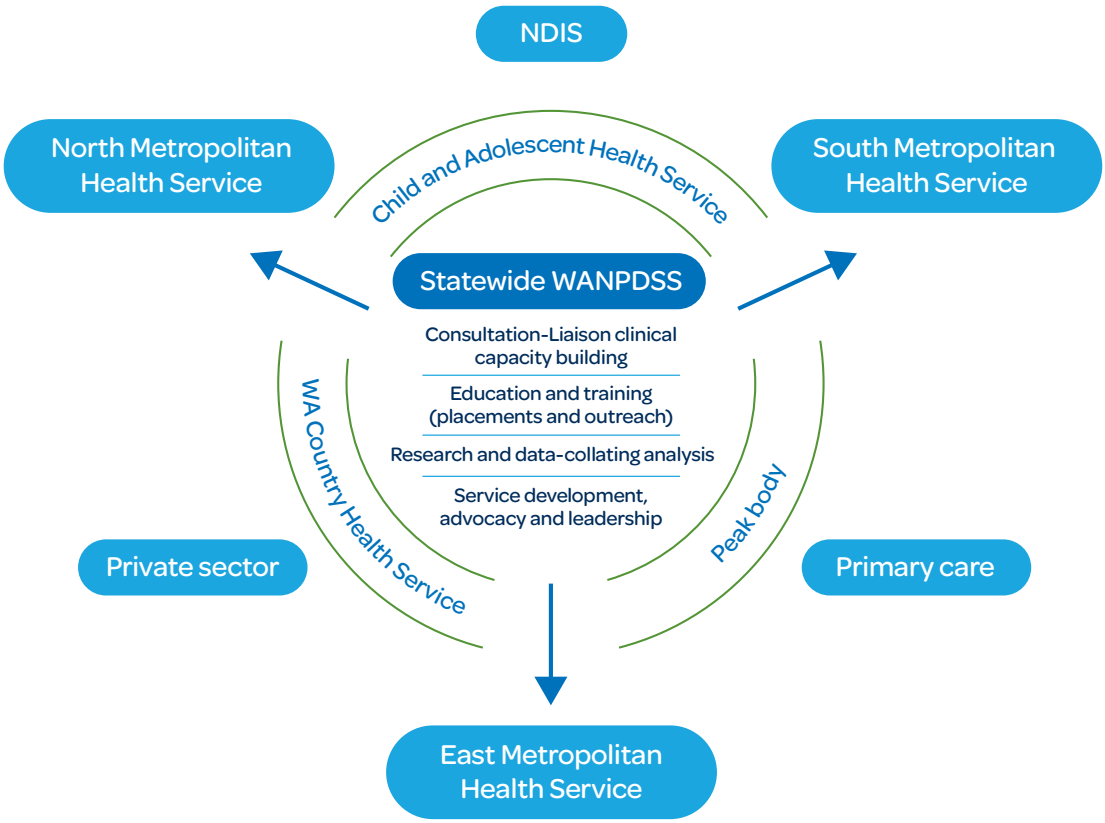
The hub has a central role in unlocking additional clinical capacity in the public mental health system by training clinicians and ensuring care for more people who need it, benefiting private and public mental healthcare alike.

This proposal is consistent with the findings of the Disability Royal Commission which directs state and territory governments to establish and fund specialised mental health services for people with cognitive disability.[20]

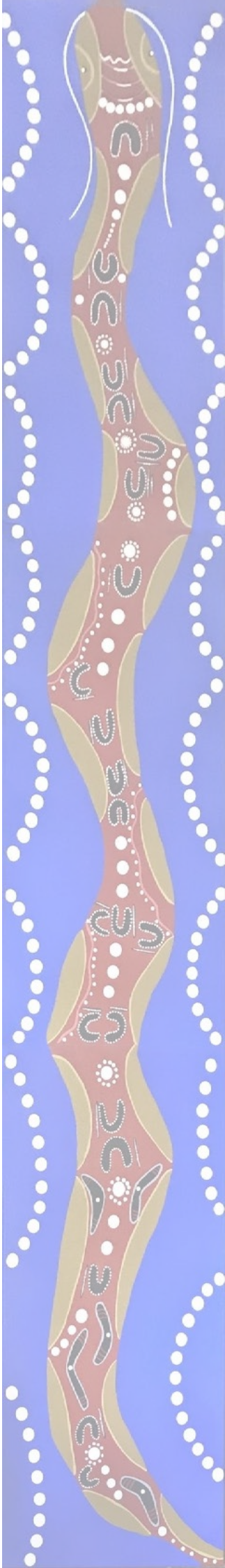


The proposed service model is based on the award-winning WAEDOCS, working across the clinical and community services to raise capacity of clinicians who provide mental healthcare to people with dual diagnosis.

Figure 5: Proposed model for the neuropsychiatric dual diagnosis service



The investment for the liaison service and the YouthLink pilot required totals $2m. **Despite 'dual diagnoses' being a recognised field in other jurisdictions, nationally and internationally, Western Australia is the only state in Australia that does not provide a specialised service to people with intellectual and developmental disability.**



Centre of Excellence in Personality Disorders

In 2019, the Mental Health Commission funded the development of the Statewide Personality Disorders Model of Care. This followed feedback from consumers, carers and family members reporting their unsatisfactory experiences when presenting in crisis at emergency departments.[21]

The prevalence rate of personality disorders is relatively low at between 1 and 4% of the population. Yet people with personality disorders are frequent service users and are more likely to present to acute health services. The suicide rate for people with personality disorders is 45 times higher than the general population.

Evidence-based, effective treatments exist but access to them is still limited: the results show that treatment reduced emergency presentations among people with personality disorders.[22]

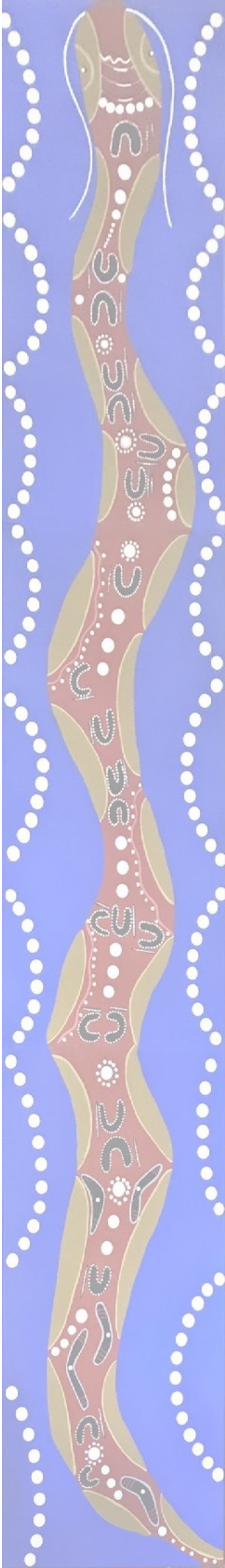
The Centre of Excellence will deliver:

- System leadership and cultural change to counter stigma and exclusion, and provide advocacy and peer support to people with personality disorders.
- Well understood and accepted philosophy, principles and practices of care to guide how services support people in their recovery.
- A system-wide competency framework for personality disorders to guide system integration.
- Increased capacity in the public mental health system, informed by lived experience and a multi-disciplinary approach.

Psychotherapy is a core element of treatment in personality disorders and a key gap in the public mental health system. Lifting capacity in Psychotherapy as a subspecialty would bring benefits in a more integrated service response.

The establishment of the Centre of Excellence in Personality Disorders would fulfil a long-standing government priority. It would drive and support the systemic change needed to respond to consumers more effectively. The Centre is a key step towards implementing the Statewide Model of Care.

We already have an award-winning model for the Centre based on WAEDOCS. Its cost would repay itself many times over. The total initial investment required for the Centre of Excellence in Personality Disorders is approximately $1m.



WA Women's Mental Health Program

The Branch recognises significant existing investment in perinatal and infant mental healthcare, sexual assault services, and the new Women's Mental Health Unit at Cockburn. We highlight the opportunity to provide a comprehensive mental healthcare for women who are disproportionately impacted by mental health disorders but receive limited specialist mental healthcare beyond the perinatal period.[23] The recent Senate Inquiry into Perimenopause and Menopause [24] and the Victorian Inquiry into Women's Pain [25], for example, provide significant evidence of the gender-specific mental health issues faced by women and girls in our community.

WA should respond proactively to national and international trends. Our Statewide Perinatal and Infant Mental Health Program (SPIMHP) assists with the training of clinicians in mental health during the perinatal period. **An opportunity exists to build on this success by providing a hub of specialist expertise to support capacity development in primary care and the non-government sector, focused on emotional wellbeing of women, girls, and their families across the lifespan**.

Women and Newborn Health Service is ideally placed to drive the system change in women's mental healthcare. If the **SPIMHP is funded to expand the mandate to all of women's mental health**, the following outcomes are anticipated:

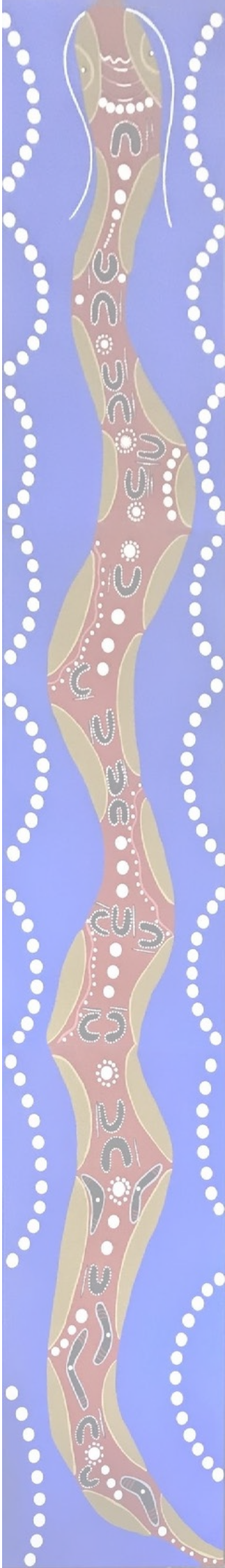
- Improved knowledge and awareness of mental health issues for women and girls across the lifespan, particularly in perimenopause and menopause.
- Excellence in research and teaching in women's mental health of national and international significance.
- System planning of clinical services in the neglected areas of perimenopause and menopause.

The proposed expansion of the program requires additional funding of $1m, allowing Women and Newborn Health Service to double the current workforce and support women's mental healthcare across the lifespan.

It is cost effective to treat more people living with mental ill-health

The cost effectiveness of community treatment services for people living with severe, complex or enduring mental ill-health can be measured:

- Early intervention services for people living with acute mental health challenges reduce the costs of care and rates of suicide and self-harm, while improving social participation. **For every $1 invested, the resultant saving is $15**.[26]
- Investing in multidisciplinary treatment services that provide care and support to people living with complex mental health issues results in savings amounting to millions of dollars across the economy and **reduces the costs of service by 30%**. [26, 12]
- The collaborative care models built around the patient show a return on investment is **$3 for every $1 invested**.[12]
- Fewer people transition to long-term disability leave and more people return to work after effective collaborative care. [27]
- On average, optimal mental healthcare reduces the 'mental health burden', expressed in years of living with disability, by 28%.[28]



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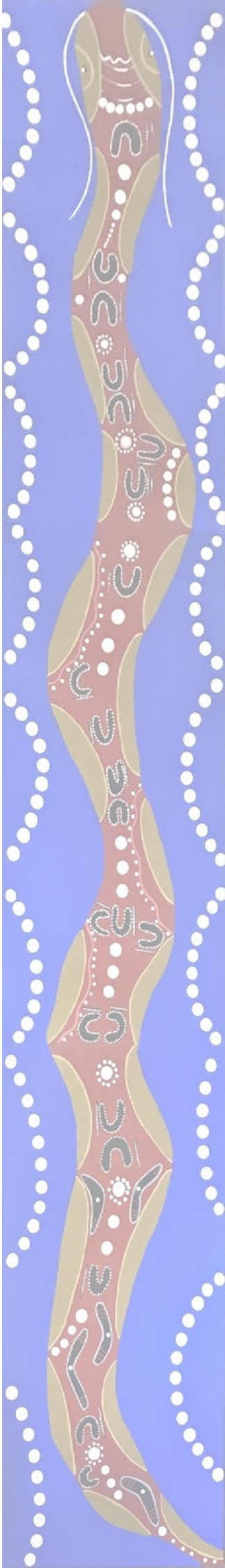

About the artwork

Wagyl (Rainbow Serpent)

Goreng Noongar artist Janetia (Neta) Knapp was commissioned by the WA Branch of The Royal Australian and New Zealand College of Psychiatrists, to paint the Wagyl (Rainbow Serpent) as part of their branch office artwork and design. The Wagyl is the Noongar people's dreamtime creator. It travels through the waterways from the water to the land. The Aboriginal people still are connected to their spiritual beliefs to this day. On this painting of the Wagyl, the arches are like the hills. There are sticks or spears, showing the men sitting down with hunting tools, and there are families. The dots represent footprints from the sea to the land.

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