Making mental health a priority

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch

2021-22 ADVOCACY AND POLICY PRIORITIES
SUBMISSION TO THE QUEENSLAND STATE GOVERNMENT

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental healthcare. 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 has over 6700 members, including more than 5000 qualified psychiatrists (Fellows) and more than 1600 members who are training to qualify as psychiatrists (trainees). The RANZCP Queensland Branch currently has 902 Fellows and 382 trainees.
Recommendations

Urgent review needed of state mental health system

- The Queensland Government to urgently engage the Queensland Mental Health Commission, which has the standing powers of a Royal Commission, to carry out a review of the Queensland mental health system.

Guarantee ongoing investment in community mental health services

- Commit to a target of 80 per cent of the National Mental Health Framework staffing in community health services by 2024, at a rate of increase of five per cent per year. This includes children and youth, adults and older persons.
- Increase funding for community ambulatory services to the level required to meet population needs.
- Provide sufficient residential care to accommodate demand from those with mental illness, as an alternative to admitting people into, and/or retaining them in hospital acute care.

Establish a 25-bed inpatient unit for complex, high-risk patients

- Establish a dedicated 25-bed inpatient unit in South East Queensland for patients who are assessed as complex and high-risk, with dedicated outreach to support regional and rural services to treat such patients in regional and rural areas of Queensland.
- Simplify hospital reporting systems to capture data on the incidence of occupational violence, to encourage reporting of incidents and to inform prevention and controls, including appropriate training and care pathways for regional and rural centres.

Increase mother-baby inpatient units across three areas of Queensland and perinatal mental health community services

- Increase the number of mother-baby inpatient units across the state (eight beds in each of the three regions across Queensland’s metro south, metro north and in north Queensland), and invest in perinatal community mental health services.
- Invest in universal screening for mental ill-health of new parents, by facilitating coordination between existing maternal and child health services, online screening and outreach services.
- Support regional and rural access to equivalent levels of service, including alternative models of service where needed.
Establish a state-wide specialised intellectual and developmental disability (IDD) service

- Develop and operate a state-wide specialist inpatient and integrated community service, separate from the existing and current mental health infrastructure in Queensland, to support and treat people with IDD and people on forensic orders (disability).
- Improve access for people with IDD to quality mainstream healthcare services and improve integration and collaboration between health and disability services.
- Invest in data collection on the number of Queensland children living with a social and emotional disability to improve early intervention, service mapping and workforce planning.

Strengthen data collection, service mapping and training of NDIS support staff

- Engage the National Disability Insurance Agency (NDIA) to develop a tool which identifies the prevalence of areas of regional need to assist service and accommodation providers in planning and provision, as currently service access is negotiated on an individual basis.
- Engage the National Disability Insurance Agency (NDIA) to address gaps in education and training to support the provision of local disability support services across the state of Queensland, in particular cultural awareness training and targeted supports for complex and high-risk patient cohorts.

Expand eating disorder services to address urgent unmet need

- Engage with hospitals to ensure each hospital identifies a medical team to work with the Consultation-Liaison psychiatry team to assess and treat eating disorders on medical wards.
- Expand the public mental health service response to eating disorders within the community, to complement the standardised response across hospitals.
- Engage with hospitals to develop guidelines on how transitions are facilitated between different levels of care, such as between inpatient and outpatient hospital services.
Introduction

One in five Australians experience mental ill health, including substance abuse disorders, in any given year.[1] Many do not receive the treatment and support that they need. This means that many Australians experience preventable mental distress, disruptions in education and employment, relationship breakdown and loss of life satisfaction and opportunities.

As psychiatrists, we aim to prevent and treat mental disorders, and to support and promote good mental health. We are committed to providing the highest-quality treatment and care for people in need. For this, we need a first-class mental health system where people can access the right type and level of care, when they need it, and where they need it.

It was positive to see mental health reform and service provision on the national agenda last year with the Productivity Commission Inquiry into Mental Health and the Victorian Government Royal Commission Inquiry into Victoria’s Mental Health System. The two inquiries provide useful lessons that will inform and shape mental health reform across other states and territories.

The mental health of three out of four Australians has been affected by the COVID-19[2] pandemic, and summer bushfires last year. Queenslanders rose to the challenge and flattened the curve, but the mental health of Queenslanders has significantly deteriorated since the start of this pandemic.[3] The pandemic and associated economic downturn has adversely affected the mental health of millions of Queenslanders, compounded by restrictions on social interactions and stress of moving to remote working.

To date, there has been no increase in the rate of suicide mortality in Queensland since the pandemic started[4], but health experts warn suicide rates could rise if Centrelink aid (JobKeeper[5] and JobSeeker[6]) is cut.

Given the dramatic rise in mental ill health due to the evolving pandemic, the RANZCP Queensland Branch has called on the Queensland Government to urgently engage the Queensland Mental Health Commission, which has the standing powers of a Royal Commission, to carry out a review of the Queensland mental health system.

We understand the Queensland Government is facing a challenging economic environment, but our community will not recover from the effects of COVID-19 if mental health is not appropriately managed, supported and resourced.

We commend the state government for dedicating $46.5 million to support Queenslanders’ mental health during the COVID-19 pandemic and throughout the state’s recovery.[5] For most Queenslanders, anxiety will decline over time as the pandemic is contained. However, a significant minority (including health workers and people in quarantine) will be affected by long-term anxiety and mental health issues.[6] As the mental health effects of the pandemic will likely extend over the next few years, we call on the Queensland Government to commit to ongoing funding to support Queensland Health employed community mental health clinicians to deliver local mental health community treatment and support services.

Professor Brett Emmerson AM
Chair, The Royal Australian and New Zealand College of Psychiatrists, Queensland Branch

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1 JobKeeper was $1,500/fortnight, from 4 Jan – 28 Mar 2021 now reduced to $1,000 (tier 1 higher rate) and $650 (tier 2 lower rate)
2 JobSeeker coronavirus supplement of $150/fortnight was phased out in March 2021
Background

For decades, the Queensland Government has underfunded and undervalued mental health care, with devastating results for Queenslanders. Since the COVID-19 pandemic started, we have seen a significant increase in presentations to emergency departments from young people with eating disorders, highlighting a mental health system which is overwhelmed, publicly and privately. Wait times to see a private psychiatrist have blown out to nine months or more, and many private psychiatrists have closed their books to new patients, leaving many without the treatment and support that they need. Many Queensland parents are desperate to access mental health support for their children but are unable to get an appointment without significant delays.

Our state mental health system is struggling to cope with growing demand. This is not surprising, given the decades of underfunding of mental health services in Queensland (as displayed by the graph below), and the long-lasting mental health impacts of the COVID-19 pandemic.

As you can see from the graph below, the highlighted red line clearly evidences that Queensland has had some of the lowest per capita spending on mental health services, dating back almost 30 years, compared with other states and territories in Australia.

It is worth noting, following the Royal Commission into Victoria’s Mental Health System, that the Victorian Government announced an investment of $3.8 billion, or an $850 million increase per year for their mental health services, on a prorata basis. This shows that Queensland needs a recurrent investment of between $650 million and $700 million per year to keep pace with mental health funding in other states and territories across Australia.

This is why the RANZCP Queensland Branch is calling on the Queensland Government to show us that they are serious about mental health care and launch a Royal Commission into our mental health system, led by the Queensland Mental Health Commission.

Graph: Incorporating total state / territory expenditure on mental health services in Australia 1992–93 to 2018–19 (Table 4), Australian Institute of Health and Welfare (AIHW), Mental Health Services In Australia [web report], 18 May 2021
People experiencing severe episodes of mental illness often require higher intensity care, and usually from a multi-disciplinary team of healthcare workers. Many Queenslanders turn to community mental healthcare services as a first step to receiving more intensive care and as an alternative to being admitted to a hospital psychiatric unit. Furthermore, many Queenslanders turn to community-based clinical services after discharge from a psychiatric unit. These local community treatment services offer acute care teams, home based acute care teams, continuing care teams, early psychosis teams, intensive rehabilitation teams, child and youth mental health teams and older persons mental health teams.

Historically, there has been insufficient investment in community mental health care in Queensland, which is a concern given that community mental health services are increasingly required to support more complex and high-risk patients. Comorbid conditions like mental disorders and substance use disorders are a significant problem in North Queensland. Many community health services across Cairns, the Sunshine Coast, Central Queensland, Gold Coast and Brisbane have endured funding cuts, or were completely de-funded.

This is especially concerning given that community mental health services take the pressure off our emergency departments, which are already at breaking point.[1]

The RANZCP Queensland Branch recommends that staffing in community mental health care facilities be increased to the level of 80 per cent of the National Mental Health Framework (NMHF)[7] recommendations by 2024, at a rate of five per cent per year. Current staffing for adult facilities is at 55 per cent of the NMHF recommended level, while older person services currently operate at only 30 per cent.

The Mental Health: Productivity Commission Inquiry Report recommended[8] recommended, as a priority reform, that an expansion in community ambulatory services across Australia is needed to meet the needs of children, adolescents and older people with mental illness. The RANZCP Queensland Branch supports the recommendation of the Productivity Commission that the Australian Institute of Health and Welfare (AIHW) should estimate and make public the shortfalls in specialist mental health community ambulatory services for each state and territory.
In addition to community ambulatory services, there are only about 3400 non-acute mental health beds in the public system - an estimated half the number likely to be required. The final report found that gaps in non-acute services in communities lead to avoidable hospital admissions. The Productivity Commission recommended that increasing the number of non-acute mental health beds to meet population needs would come at an initial net cost to Governments but is expected to reduce the costs of healthcare over time (through lower use of acute inpatient beds) and improve mental health outcomes for people (particularly where these beds are in the community). The Royal Commission into Victoria’s Mental Health System Final Report also acknowledged the important role for bed-based and residential services across the care continuum.[9]

Recommendations

The RANZCP Queensland Branch recommends that the Queensland Government:

- Commit to a target of 80 per cent of the National Mental Health Framework staffing in community health services by 2024, at a rate of increase of five per cent per year. This includes children and youth, adults and older persons.
- Increase funding for community ambulatory services to the level required to meet population needs.
- Provide sufficient residential care to accommodate demand from those with mental illness, as an alternative to admitting people into, and/or retaining them in hospital acute care.

Research consistently shows that community-based treatment is superior to hospital-centred care for the vast majority of people with acute and long-term mental illness.[10]
Establish a 25-bed inpatient unit for complex, high-risk patients

Queensland’s mental health services are tasked with managing increasing caseloads and complex cases with high-risk patients. The clinical profile of patients in mental health services has changed over the past 10 to 15 years. Increasingly Queensland’s mental health services receive patients presenting with ‘ice’ intoxication, violent patients, patients with a combination of disorders (such as mental disorders and substance use disorders) and high-acuity patients transferred from custody.

Psychiatric comorbidity is a significant problem in far north Queensland, with a 2016 study reporting that the prevalence of psychiatric comorbidity was 52 per cent in this region.[11]

An example of a complicated case is a person presenting with schizophrenia, and concurrently acquired brain injury, and concurrently needing treatment for intermittent drug use, with a history of violence.

Some Fellows of the RANZCP Queensland Branch have reported that the pressure to treat and be accountable for complex, high-risk individuals, within general mental health services has an impact on staff safety and morale, recruitment and reputation. Furthermore, the therapeutic atmosphere of a ward is impacted when high-risk, complex patients share wards with the general public.
The RANZCP Queensland Branch supports the recommendation of the Productivity Commission that people with severe and persistent mental illness should receive care coordination services where this is required to ensure their complex health and social needs are adequately met. Furthermore, we would support an early intervention approach that would ensure people who are at high risk of coming into contact with the criminal justice system are identified, and provided with appropriate support, such as mental healthcare and housing, to reduce their risk of offending.

Queensland has one High Security Inpatient Service in Wacol for patients on forensic orders, or classified patients who have committed very serious offences. However, this service can only take a proportion of high-risk, classified patients. The remainder of this patient cohort are transferred to a general adult mental health ward.

The RANZCP Queensland Branch advocates that some high-risk patients presenting in mental health crisis, including those in transition from places of custody, would benefit from specialist treatment in a purpose-built facility. To be eligible for this specialist treatment, patients would be assessed as beyond the capacity of general adult authorised mental health services, who are not classified as being at the offending level for the High Security Inpatient Service, and who are not suitable for rehabilitation in a Secure Mental Health Rehabilitation Unit. The proposed unit should have 25 beds and would also help relieve the strain on acute inpatient units, which experience competing demands for beds from emergency departments and the community.

Despite the considerable attention which has been given to it, the incidence and impact of occupational violence against health workers, including those employed by Queensland Health, remains problematic.[12] Occupational violence remains a major issue for staff in psychiatric inpatient units, as well as community settings, and more needs to be done to capture data on the incidence of occupational violence and to then devise strategies to address it.

Recommendations

The RANZCP Queensland Branch recommends that the Queensland Government:

- Establish a dedicated 25-bed inpatient unit in South East Queensland for patients who are assessed as complex and high-risk, with dedicated outreach to support regional and rural services to treat such patients in regional and rural areas of Queensland.
- Simplify hospital reporting systems to capture data on the incidence of occupational violence, to encourage reporting of incidents and to inform prevention and controls, including appropriate training and care pathways for regional and rural centres.
Mental health issues experienced during the perinatal period are a major public health concern as they can have serious, long-lasting and potentially intergenerational consequences.\[13\]

The Queensland Maternal and Perinatal Quality Council\[14\] found that approximately 1 in 6 maternal deaths in Queensland are due to suicide, and suicide is the second highest cause of death in women during pregnancy and within 365 days of the end of pregnancy.

The Queensland Maternal and Perinatal Quality Council noted that delays in access to public mental health professionals have been identified in some maternal deaths by suicide and that timely access to specialist perinatal mental health services and advice is a matter of serious concern.\[15\] It is now widely accepted that women requiring inpatient treatment have improved outcomes if accompanied by their babies.

Mother-baby inpatient units form only one component of perinatal mental health services. Specialist perinatal community mental health services are essential so that mothers can receive treatment and care as an outpatient and therefore hospitalisation may not be necessary.

The RANZCP Queensland Branch advises that it is best clinical practice that mother and baby remain together during treatment, and that parents and/or caregivers are involved to provide support.

We support admission to mother-and-baby psychiatric units, with appropriately trained staff as best practice. General adult psychiatric facilities are not an appropriate environment for infants.\[16\]

The Queensland Mental Health Commission\[17\] noted that the lack of appropriate mental health beds to which a mother can be admitted for treatment, without separation from her baby, presented an unacceptable risk for Queensland mothers, infants and families.

In March 2017, the Lavender Mother and Baby Unit, the first public acute mother-and-baby mental health unit was opened at the Gold Coast University Hospital, with four beds.\[18\] As expected, the low number of beds has proven unable to meet demand. Criteria to be admitted to the Lavender Unit include postpartum psychosis, severe anxiety and/or depressive disorder, or complex mental health problems. Although the Lavender Unit is a state-wide service, its location in the far south of the state makes it practically inaccessible to those not from the Gold Coast or Logan/southern Brisbane areas.

It is evident that a substantial increase to the number of mother-and-baby units is required throughout Queensland. The Productivity Commission final report recommended that there should be sufficient numbers of beds in mother-and-baby units. The RANZCP Queensland Branch advocates that another eight beds are needed in each of the three areas of the state: the metro south to cover the Ipswich and Toowoomba regions, the metro north to cover the Sunshine Coast and Hervey Bay and another eight beds in north Queensland.

The RANZCP Queensland Branch supports the recommendation of the Productivity Commission that governments should take coordinated action to achieve universal screening for perinatal mental illness for all new parents.
The RANZCP Queensland Branch recommends that the Queensland Government:

- Increase the number of mother-baby inpatient units across the state (eight beds in each of the three regions across Queensland’s metro south, metro north and in north Queensland), and invest in perinatal community mental health services.

- Invest in universal screening for mental ill-health of new parents, by facilitating coordination between existing maternal and child health services, online screening and outreach services.

- Support regional and rural access to equivalent levels of service, including alternative models of service where needed.
Establish a state-wide specialised intellectual and developmental disability (IDD) service

People with neurodevelopmental disorders (intellectual disability and autism) make up about two to three per cent of the population.[19] In Queensland, 35,500 people with intellectual disabilities have profound or severe core activity limitation.[20] We need data on the number of children currently living with a social and emotional disability in Queensland for service mapping, early intervention and workforce planning.

Queensland has two specialist services for people living with intellectual and developmental disability (IDD), the Mater Intellectual Disability and Autism Service, and the Specialist Disability Services Assessment and Outreach Team, whose future is uncertain due to funding being returned to the National Disability Insurance Scheme (NDIS).

“People with IDD often experience poorer health outcomes compared with the general population. Evidence demonstrates that people with IDD experience higher mortality rates and a poorer quality of life.[21-23] People with IDD also experience high rates of mental health problems, difficulties in diagnosis and management, decreased capacity for self-advocacy and representation, high levels of stigma and discrimination, and have a compromised capacity to navigate the health system.[24]“
There is a particular lack of services for people with IDD who exhibit challenging behaviours. When challenging behaviours result in involvement with the criminal justice system, the Queensland forensic disability service relies upon placing these people in mental health inpatient units due to a lack of alternative placement options. Many people with complex IDD or on forensic orders (disability) require care from specialist IDD trained staff and stable, long-term supported living arrangements, which inpatient units are not designed for.

The RANZCP Queensland Branch recommends the development of a new state-wide specialist inpatient and integrated community service to support and treat people with IDD, and also people on forensic orders (disability). We envisage that the service would be State Government operated, and separate and distinct from existing mental health services across the state. This specialised IDD service should be staffed by a multidisciplinary team of trained specialist medical (including specialist psychiatrists), nursing, allied health and disability support staff, and operate in parallel yet separate to mental health services.

Inpatient units would provide intensive support to those with complex IDD who require hospitalisation, and integrated community teams would provide both direct care and support, plus consultation–liaison services for the non-government sector.

The Queensland Government funded report, ‘Addressing Needs and Strengthening Services: Review of the Queensland Forensic Disability Service System’[25] found that ‘market failure’ may occur for people with complex and challenging behaviours as costs to provide a service may be too great, or specialist expertise or infrastructure may be lacking. The report goes on to say that while previously state-based disability services would have stepped in to address these service gaps, under the NDIS this safety net has been removed.

The Productivity Commission recommended that people who choose not to apply for the NDIS should be allowed to continue to access support through the National Psychosocial Support Measure, until it has been phased out, at which point participants will be able to either access support through the NDIS, or access replacement psychosocial support services.

Recommendations

The RANZCP Queensland Branch recommends that the Queensland Government:

- Develop and operate a state-wide specialist inpatient and integrated community service, separate from the existing and current mental health infrastructure in Queensland, to support and treat people with IDD and people on forensic orders (disability).

- Improve access for people with IDD to quality mainstream healthcare services and improve integration and collaboration between health and disability services.

- Invest in data collection on the number of Queensland children living with a social and emotional disability to improve early intervention, service mapping and workforce planning.
Strengthen data collection, service mapping and training of National Disability Insurance Scheme (NDIS) support staff

Persons living with a disability face significant challenges in accessing many services that non-disabled people often take for granted, such as housing and employment. Lack of accessibility to basic services such as housing or transport is a human rights issue and contributes directly to stigma and discrimination faced by people living with disability.

Queensland’s market for specialist disability accommodation (SDA) remains undeveloped. Available data on participants with SDA in their NDIS plans suggests undersupply across several Queensland regions. The Queensland outback, a thinly populated remote region but one that represents over half of the state’s land area, has no SDA dwellings. Another clear gap in Queensland’s disability accommodation market is that few providers are willing to provide accommodation for high-risk cohorts, with complex needs and challenging behaviours.[26]

In Queensland, there is insufficient information available for NDIS participants to assess which providers will best supply them with supports and to compare alternative providers. Gaps in the available data and the volatility of a transitional and rapidly growing NDIS market in Queensland means that currently available data does not yet provide certainty as to whether participants will be able to continue to access the NDIS supports that they need in future.[26]

The size of the disability support workforce in Queensland has grown with the NDIS, but labour supply shortages remain for a number of occupations and areas. It remains difficult for service providers to attract and retain a skilled workforce, particularly in the complex needs space. Service providers continue to cite the low-price guide limit for these workers as the primary barrier for engaging appropriately skilled staff. Often these barriers either cannot be mitigated or take a significant amount of time to navigate, leaving individuals living with disability unsupported and at risk of missing out on the care that they need.[26]

It is estimated that people who identify as culturally and linguistically diverse (CALD) access disability services at rates of up to two thirds less than Australian-born people, though there is a similar rate of disability. Language barriers may be attributable to this, as people may not be aware of available services. Gaps in services and supports for people who identify as CALD remains an ongoing challenge for state and territory governments across the nation.

Other cohorts of people living with a disability in Queensland that face specific barriers in accessing NDIS services are Aboriginal and Torres Strait Islander people, Queenslanders living in rural and remote areas of the state and people living with complex and/or psychosocial disabilities.[26]
Recommendations

The RANZCP Queensland Branch recommends that the Queensland Government:

• Engage the National Disability Insurance Agency (NDIA) to develop a tool which identifies the prevalence of areas of regional need to assist service and accommodation providers in planning and provision, as currently service access is negotiated on an individual basis.

• Engage the National Disability Insurance Agency (NDIA) to address gaps in education and training to support the provision of local disability support services across the state of Queensland, in particular cultural awareness training and targeted supports for complex and high-risk patient cohorts.
Expand eating disorder services to address urgent unmet need

During the COVID-19 pandemic last year, Eating Disorders Queensland recorded a huge spike in eating disorders, an increase of 98% between January and October 2020, compared with the same time period in 2019. Many people with eating disorders also have a comorbid psychiatric condition.[27]

The Queensland Eating Disorder Service (QuEDS) offers outpatient treatment services (for persons aged 18 years and older), and the QuEDS Day Program offers an intensive program for four days a week for eight weeks (for persons aged 16 years and older). This service also provides advice, support, training and education for health professionals. Although services like QuEDS provide excellent care, there is an urgent need to increase the public mental health service response to eating disorders in Queensland.

Some Fellows of the RANZCP Queensland Branch tell us that there are consistently poorer outcomes for patients that are admitted by the medical team of the day, rather than a specifically identified eating disorders team. There is variable expertise amongst physicians to identify and manage eating disorder patients. The importance of the mental health workforce having the right capacity and skills was recognised by the Royal Commission.[9] We recommend the introduction of a consistent approach to identifying staff who have the appropriate training and experience to provide eating disorder care in medical units.

In hospitals, Consultation-Liaison psychiatrists see the most medically unwell eating disorder patients. The RANZCP Queensland Branch recommends that each hospital should identify a medical team to work with the Consultation-Liaison psychiatrist to assess and treat these patients. The identified team should be provided with education and training, consistent with the needs of individuals with eating disorders.

The RANZCP Queensland Branch is supportive of the continuum proposed in the National Eating Disorders Collaboration National Framework, which includes six core components.iii In the RANZCP Victorian Branch submission to the Royal Commission, we strongly advocated for a stepped-care model (as acknowledged in the fifth component of this framework), with clear treatment pathways to be available when a person presents to a mental health service, and advocated that this should be matched to the intervention level which best suits the patient’s needs.[28]

It is essential that a continuum of care is complemented by consideration of eating disorders across the lifespan, including variations in diagnosis and severity within different populations. For example, Avoidant Restrictive Food Intake Disorder (ARFID) is often diagnosed much earlier in life than anorexia nervosa. If remission can be achieved in adolescence, the chronicity of illness which follows into adulthood may be avoided. Different services are required depending on the severity of disorders, and there is a clear need for guidelines on how transitions are facilitated between different levels of care, such as between inpatient and outpatient care settings.
Recommendations

The RANZCP Queensland Branch recommends that the Queensland Government:

- Engage with hospitals to ensure each hospital identifies a medical team to work with the Consultation-Liaison psychiatry team to assess and treat eating disorders on medical wards.

- Expand the public mental health service response to eating disorders within the community, to complement the standardised response across hospitals.

- Engage with hospitals to develop guidelines on how transitions are facilitated between different levels of care, such as between inpatient and outpatient hospital services.

**Six core components:** 1. Primary, secondary and tertiary prevention; 2. General outpatient support provided in both hospital and community settings, with flexible access to a range of services delivered with variable frequency of access, with particular emphasis on relapse prevention / early intervention; 3. Intensive outpatient support for people living with their family or other support structures who require intensive clinical support; 4. Day programs, providing a more structured program, including group therapy; 5. Residential programs, providing 24-hour support ideally located in the community (this level of care provides a step-down or step-up model of care before or after hospitalisation, and is imperative for those who may not have significant support structures at home), and 6. Inpatient services for medical intervention and stabilisation - intensive, structured, inpatient programs to address severity and co-morbidity.
1. More funding needed for mental health. The North West Star. 8 July 2019.
2. Three-quarters of people have pandemic-related mental health issues. The Sydney Morning Herald. 10 October 2020.
4. Mental health experts say it would be ‘advisable’ to keep JobKeeper and JobSeeker long-term. ABC News. 1 October 2020.
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