Improving the mental health of communities
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 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 has over 7,700 members including more than 5,500 qualified psychiatrists and almost 2,100 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.

This pre-budget submission has been prepared in consultation with RANZCP members in a range of expert committees, comprising of psychiatrists, trainees and community members with lived experience.

Introduction

As the COVID-19 pandemic continues, the pervasive mental health challenges of people in Australia remain apparent. It is thus essential that effective support and care is given to those with, or caring for someone with, a mental health condition.

The change in Federal Government is the opportunity to do so, through definitive reform to the mental health sector. We need to ensure that all people in Australia have appropriate and timely access to the range of mental health services required to fulfil their potential and improve their quality of life.

The RANZCP has identified the following key priorities, that are of critical importance to improving the mental health outcomes of people in Australia:

- Child and Adolescent Mental Health

Through a dedicated child and adolescent psychiatry section, the RANZCP’s submission outlines a range of reforms required to address the mental health needs of children and adolescents.

- Access

The Select Committee on Mental Health and Suicide Prevention recommended that the concept of timely access should be at the forefront of all policy and funding programs for the mental health and suicide prevention sector. The RANZCP presents a series of urgent actions to improve access to mental health services across Australia.

- Equity

Equitable access to quality care in the mental health system is critical. The public must have timely access to person-centred and culturally safe specialist services, regardless of their mental health condition, personal circumstances, or socioeconomic background. The RANZCP outlines recommendations to achieve this.

- Affordability

Affordability is a key tenet of a strong mental health system. The priority actions in this submission outline key measures to reduce the financial burden of using a mental health service (including psychiatry).

- Quality

Harnessing the expertise of psychiatrists and other stakeholders across specialities and sectors, through the outlined actions, strengthens the mental health system’s ability to improve quality of care and patient outcomes.

It is RANZCP’s aim to work collaboratively with the new Federal Government to improve the lives of those living with, or caring for someone living with, a mental health condition. We offer our continual assistance to the new Federal Government to address these priority areas and deliver the actions proposed. This includes our continued request to be involved in the Department of Health and Aged Care’s (DoHAC) newly developed Strengthening Medicare Taskforce. Now is the time to act to develop a coordinated, seamless mental health care system.
Child and Adolescent Psychiatry

Children’s mental health has deteriorated during the COVID-19 pandemic. There has been a 30-55% increase in Child and Adolescent Mental Health Service use since the pandemic’s onset, accelerating the last decade’s rising self-harm and suicidal ideation presentations.[1-2] This has also occurred during pre-existing difficulties accessing timely care from a child and adolescent psychiatrist.[3] Urgent, long-term funding is required, delivered to the following:

**Action: Head to Health Kids Hubs - $54,200,000**

Consistent with the National Mental Health and Suicide Prevention Agreement, one Head to Health Kids Hub per 500,000 people should be established across Australia. Vertical and horizontal integration of primary, secondary, and specialist services would enable collaboration between child and adolescent psychiatrists and multidisciplinary specialists, to deliver the right care at the right time for children and adolescents.[4-7] Resources within Head to Health Kids Hubs must be allocated proportionately to care for children at clinical risk of mental ill health, such as those with experience of abuse/neglect who are at particular risk of experiencing mental ill-health.[3,5,8]

**Action: Child and Adolescent Psychiatry Workforce Development**

Infants, children and adolescents comprise nearly 25% of the population, yet child and adolescent psychiatrists represent only 10% of the psychiatry workforce (1.6 full time equivalent (FTE) per 100,000 population).[9] Of the approximately 80,000 children with a severe disorder, only 22,000 had seen a psychiatrist (27%) over a 12-month period.[10]

Consistent with Action 16.2 of the Productivity Commission report, the National Mental Health Service Planning Framework (NMHSPF) and RANZCP’s Child and Adolescent Psychiatrist Workforce Discussion Paper, the number of Child and Adolescent psychiatrists in clinical practice must be increased to address this shortfall. Increasing the national number of child and adolescent psychiatrists to 2.5-4.5 FTE per 100,000 total population, in-line with UK modelling is recommended.[7,11] Increased staffing of community mental health services for children and adolescents to at least 80% of NMHSPF recommendations by 2024 is also recommended.[7]

**Action: Development of National Roadmap for Improving the Mental Health of Young Australians through Integrated Service Delivery**

Child and adolescent psychiatrists are uniquely positioned to provide guidance to governments on clinical care models to support young people with mental health conditions access equitable, affordable, and quality care. The RANZCP requests funding to lead development of a ‘National Roadmap for Improving the Mental Health of Young Australians through Integrated Service Delivery’ in collaboration with other key stakeholders such as the Royal Australasian College of Physicians, Royal Australian College of General Practitioners, and Australian Psychological Society.
Access

The Select Committee on Mental Health and Suicide Prevention recommended that the concept of timely access should be at the forefront of all policy and funding programs for the mental health and suicide prevention sector.[12] The requirement for further funding to achieve this has also been identified by the National Mental Health Workforce Strategy and Productivity Commission. The RANZCP proposes that funding is prioritised for the following actions:

Action: Implement the upcoming recommendations of the Better Access evaluation

The RANZCP recognises the Better Access initiative for realising positive health outcomes for those seeking care for severe depression, anxiety and/or psychological distress. Decisions on the Better Access’ initiative should adhere to the findings of the DoHAC’s Better Access evaluation, on which the RANZCP is represented. This includes any decision to extend the additional sessions beyond 31 December 2022.

Action: Fund new centres of excellence to increase access to deep brain stimulation (DBS) professionals

Obsessive-Compulsive Disorder (OCD) is a psychiatric condition that affects 3.1% of the Australian population.[13] DBS is a promising therapy for individuals with OCD that have failed to respond to medical and psychological treatment. At present though, there is no state or national level funding available to run a DBS program, and only two expert multidisciplinary teams (Brisbane and Melbourne). New centres of excellence are required, with accompanying funding for treatment provision, to develop more expert teams to run a DBS program and improve patient access to this treatment.

Action: Continue funding for pre-existing psychiatry workforce initiatives

The RANZCP urges the Government to maintain funding for pre-existing initiatives (expiring June 2023) with established success in improving timely access. These include:

- Training and training supervisor posts under the Psychiatry Workforce Program (PWP) - $6,475,000 per year until the end of 2025
  The PWP has reduced future psychiatry workforce specialisation gaps, with a significant number of expressions of interest from psychiatrists and health services across various settings.

- The Psychiatry Interest Forum (PIF) - $3,653,960 over 5 years
  The PIF program has increased recruitment into psychiatry by attracting medical students and pre-vocational doctors through high quality early exposure and experiences in the future career pathways psychiatry offers.

- The Rural Psychiatry Roadmap 2021-31 - $450,000 per year until 2031
  The RANZCP’s Rural Psychiatry Roadmap 2021-31 supports the development of dedicated and enhanced rural psychiatry training pathways to support those who take up these opportunities.

Action: Lift restrictions on repetitive transcranial magnetic stimulation (rTMS).

There are currently ‘lifetime’ access restrictions that the Medical Services Advisory Committee (MSAC) has placed on patients for ongoing rTMS treatments.[14] The recommendation of the MSAC is that a patient with depression will be able to only access a single course of rTMS (35 sessions) and one additional ‘half course’ (15 sessions) in their entire lifetime. As depression is a recurrent illness, implementation of these recommendations would mean that patients who have done extremely well with their initial therapy will effectively be denied access to funded treatment for the duration of their lives after this. These restrictions have major limitations on successful use. Please see the RANZCP response to the MSAC for further information.
Equity

The public must have timely access to person-centred and culturally safe specialist services, regardless of their mental health condition, personal circumstances, or socioeconomic background. The following actions support equitable access to quality care from the mental health system:

**Action:** Allocate funds to design and deliver rural readiness programs for trainees, Specialist International Medical Graduates (SIMGs) and early career psychiatrists - $400,000

Only 14% of Australian psychiatrists work rurally, but 29% of the population (around 7,000,000 people) live in regional, rural and remote areas.[15] Most training programs are run in, and support mostly, metropolitan locations. Stakeholder consultations highlight barriers faced by junior doctors, SIMGs and early career psychiatrists who wish to train in psychiatry in rural areas, including difficulty finding information about rural training, accessing job opportunities and sufficient remuneration.[15] SIMGs in particular are more likely to experience professional and social isolation than their Australian-trained peers.[15] To recruit and retain such workforces, intuitive funding is required to design and deliver rural readiness programs that support and incentivise these groups to continue practising rurally.

**Action:** Implement National Strategic Roadmap to increase Aboriginal and Torres Strait Islander representation in the mental health workforce - $1,228,000

Aboriginal and Torres Strait Islander adults are 2.7 times more likely to experience high or very high levels of psychological distress than other Australians, whilst those under 24 are up to 14 times more likely to die by suicide than other Australian youth.[16] To adhere to the National Agreement on Closing the Gap, system-wide recognition of the role of culture and community in the healing process is essential. This is partly achieved through coordinated and consistent investment in the culturally safe recruitment and retainment of Aboriginal Mental Health workers, who bring a unique cultural lens to the workplace. A strategic roadmap is required to lead the development of this workforce.

**Action:** Fund Mother Baby Units (MBUs) in collaboration with State and Territory governments - $5,000,000 each unit per year/$90,000,000 over three years

Women are at greater risk of developing a mental health condition following childbirth than at any other time, and the effects of post-natal mental illness can be devastating.[17] Universal access to publicly funded MBUs is best practice for women who require admission for mental health conditions in late pregnancy and up to 12 months postpartum.[17] Women requiring inpatient treatment have improved outcomes if accompanied by their babies and admitting both mother and baby to hospital is well demonstrated to be effective in treating perinatal illness.[18] Despite this, there are few publicly funded MBUs for inpatient mental health treatment that offer a full inpatient service.[19] The Federal government must work with state and territory governments to introduce public mental health MBUs in all Australian state and territories, equating to one eight-bedded unit for every 15,000 deliveries at a cost of $90,000,000 over three years.[20] This is a cost-effective solution considering the $87,000,000 estimated annual health, economic and wellbeing costs of perinatal mental ill-health.[7]

**Action:** Fund the development of a new National Framework for Action on Dementia

Dementia is the second leading cause of total burden of disease and injury among people aged 65 years and over.[21] As the National Framework for Action on Dementia (2015-2019), providing high-level priorities of dementia care and guiding policy development, has lapsed, there is a pressing need for an updated framework. This should be informed by psychiatry expertise due to the common psychiatric complications of dementia.[22]
Affordability

Affordability is a key tenet of a strong mental health system. However, the median out-of-pocket payment for a psychiatrist ($274) one of the highest across specialties and given this expense, about 18% of adult Australians needing to see a psychiatrist report missing the service due to cost.[23-25] To ameliorate the financial burden of quality mental health care, the RANZCP provides the following actions:

**Action: Increase the MBS rebate for psychiatry services to 100% of the schedule fee from the current 85% and increase MBS billing provision for psychiatry trainees, so that they can bill at 60% of the consultant psychiatrist rate**

Many RANZCP members have raised that MBS rebates for psychiatry services are too low to meet the costs associated with delivering services, meaning they struggle to provide affordable services to their patients. Increasing the bulk billing incentive to 100% (that of general practice) will improve the affordability of psychiatry services by increasing the number of bulk-billed patients. Allowing trainees to access item numbers that offer a higher rebate will also improve affordability through lower out-of-pocket fees.

**Action: Reinstate Medical Benefits Schedule (MBS) Item 288 (50% Rural Loading)**

MBS Item 288 provided a 50% loading for consultations delivered via videoconference to telehealth eligible areas in Australia (RA2–5), which allowed psychiatrists to bulk bill people in these areas. Its removal, contrary to the MBS Review Taskforce’s Telehealth Recommendations (that changes should be implemented alongside transition arrangements), has compounded existing economic inequalities by burdening patients with unaffordable gap-fees and/or out-of-pocket costs. The RANZCP welcomes the Labor Party’s pre-election pledge to reinstate the item, and reiterates the urgent need to do so to address the financial barriers to accessing mental health care for people facing both geographic and financial disadvantage.

**Action: Fund longer group therapy sessions for psychiatric consultations**

As noted by the Productivity Commission, group therapy can ameliorate cost barriers and improve access to therapy by reducing the minimum number of participants.[7] The RANZCP also supports the recent changes to the Better Access Scheme to encourage greater uptake of group therapy by allowing allied health professionals to be compensated for their time delivering longer group therapy sessions of at least 90 minutes. Psychiatrists can only bill for group psychotherapy sessions up to an hour, a length of time deemed insufficient by the Productivity Commission. Changes to the Better Access Scheme should be extended to psychiatrists to improve affordability for those seeking group psychiatric treatment.

**Action: Reinstate expired MBS Telephone Items**

Multiple MBS Items for telephone-based consultations with a psychiatrist expired on 1 July 2022. With telephone items more commonly used by people facing economic disadvantage,[26-28] the lack of MBS items deprives those unable to afford a full-cost treatment access to a longer consultation with a psychiatrist. The RANZCP notes the Strengthening Medicare Taskforce’s commitment to “providing universal health care and access for all through health care that is inclusive and reduces disadvantage”. To achieve this inclusivity, telephone items must be reinstated to ensure affordable access to a variety of consultations.

**Action: Provide affordable medications through listing on the Pharmaceutical Benefits Scheme (PBS)**

- Bupropion, atomoxetine, agomelatine and vortioxetine, in appropriate dosages, for treatment of ADHD.
- Aripiprazole (doses of 5mg or 2.5mg) for treatment of behavioural and psychological symptoms of dementia
- Lurasidone for treatment of bipolar depression
- Lamotrigine as an adjunct for bipolar depression or treatment resistant depression.
**Action:** Develop bulk billing incentives for clinicians to bulk bill those on a disability pension

When accessing medical treatment, people with mental illnesses are at a significant financial disadvantage compared with the general population.[29] They have lower than average incomes, largely due to the difficulties obtaining and maintaining employment while managing mental illness, and higher than average healthcare needs. Bulk billing incentives improve clinicians’ ability to support disabled patients with affordable care.

**Quality**

Harnessing the expertise of psychiatrists and other stakeholders across specialities and sectors strengthens the mental health system’s ability to improve quality of care and patient outcomes. The following actions support the delivery of quality mental health care:

**Action:** Establish clinical registries for mental health and suicide prevention

There is a lack of accessible and reliable national data to inform clinical planning and decisions on policy, programs and funding. Clinical registries allow for the collection of wider demographic information and key risk factors for suicide. This improves our understanding of quality care, informing and driving change in policy and practice to improve patient outcomes.

**Action:** Implement and report on all actions from the Equally Well Consensus Statement

The RANZCP urge all actions within the Equally Well Consensus Statement be implemented and reported on to account for the physical health needs of people living with mental illness, and their significantly lower life expectancy.[30-32]

**Action:** Fund the development of mental health patient outcome measures

The Select Committee on Mental Health and Suicide Prevention recommendation 5 is to ‘review available digital technologies to identify and promote best practice options for mental health and suicide prevention professionals to track outcomes of care to ensure that the right care is being offered’. [12 p.xxiv] Funding to support collaboration between services and the Government is required to develop clinically appropriate patient outcome measures captured at intervals of one, six and twelve months. Data on these outcome measures at varying intervals can provide a comprehensive overview of readmissions and relapses.

**Action:** Invest in MBS Item numbers to support psychiatrists engaging in multidisciplinary co-operation, and forge connections between mental health, general health and community services

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.[7,33-35] MBS Items numbers are required to support psychiatrists engaging in the processes of cross-agency services:

- case discussions, case conferences and phone advice - geriatricians, paediatricians, psychologists, GPs
- report-writing for psychosocial disability for the National Disability Insurance Scheme
- report-writing and providing evidence of psychosocial disability for the Disability Support Pension
References


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11 October 2022

Hon Jim Chalmers MP
Treasurer

By email to: jim.chalmers.mp@aph.gov.au

Dear Treasurer

Re: 2022-23 (October) Federal Budget – RANZCP Pre-Budget Submission

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation and peak body representing psychiatrists, with over 7700 members including more than 5500 qualified psychiatrists and almost 2100 members training to qualify as psychiatrists.

Australians must have timely access to person-centred and culturally safe mental health services, regardless of their mental health condition, personal circumstances, or socioeconomic background. It is essential that effective support is given to those with, or caring for someone with, a mental health condition. Now is the time to act to develop a coordinated, seamless mental health care system, delivering timely access to quality care through a range of affordable services.

To achieve this the RANZCP provides our latest pre-budget submission, developed in consultation with RANZCP members from a range of expert committees, comprising of psychiatrists, trainees and community members with lived experience.

Priorities for definitive reform to the mental health system focus on access, equity, affordability and quality. Through a dedicated child and adolescent psychiatry section, the submission also outlines a range of critical reforms that aim to address the deteriorating mental health of children and adolescents.

It is the RANZCP’s aim to work collaboratively with the new Federal Government, and we offer our continued support to address the priority actions identified in our pre-budget submission.

If you have any queries, please feel free to contact me via email at president@ranzcp.org.

Yours sincerely

Associate Professor Vinay Lakra
President

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