Prioritising our investment in mental health
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 government on mental health care. 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.

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. It comprises over 6,700 members, including more than 5,000 qualified psychiatrists (Fellows) and around 1,600 members who are training to qualify as psychiatrists (trainees). The South Australian Branch (RANZCP SA Branch) comprises over 450 Fellows and 100 trainees. Its members hold positions in public and private psychiatry, or both, and specialise in a range of sub-specialties.
Prioritising mental health services

Increased efficiency in the system

- Establish the proposed Mental Health Crisis Support Telephone and web-based service.
- Establish proof of concept crisis intervention alternatives to emergency departments such as Safe Haven Cafés and Crisis Retreat Centres, with consideration given to the merits of co-locating these services with the pending Urgent Mental Health Care Centre.
- Provide funding to extend the Mental Health Co-Response program, or an equivalent, beyond June 2020.

Supporting people at increased risk

- Implement the proposed initiatives in the Mental Health Services Plan to support perinatal, infants, children and families’ mental health, while ensuring that CAMHS is given adequate resources to support their provision without compromising existing services, and resourcing additional psychiatry training rotations.
- Develop a State-wide model to ensure that people with Developmental Disabilities have access to sufficient mental health services, including psychiatric services.
- Fund and establish an Aboriginal Social and Emotional Wellbeing Centre, emphasising locally based and culturally-safe clinical services, and commit to ongoing funding of the existing CAMHS mental health services to the APY Lands communities.
- Address the shortfalls in the forensic mental health system via the expansion and redevelopment of James Nash House and provision of a prison mental health service.

Fair and equitable access to mental health services

- Establish ADHD assessment and management programs within public mental health services, including the provision of adult ADHD services through Local Health Networks.
- Prioritise support for regional and rural mental health services, via increased resources for community health teams, expanded telemedicine and outreach capacity, and greater support for children and adolescents.
- Provide additional resources for the provision of specialist psychotherapy services via Local Health Networks.
Foreword

It has become increasingly clear that mental health systems across Australia require fundamental reform and need to be a priority for both the Australian Government and State and Territory Governments, including South Australia.

Not only do we have a responsibility to support the one in five Australians who experience mental health issues in any given year, investing in our mental health system makes good economic sense. The recent Productivity Commission Draft Report into Mental Health has made that clear, with its estimate of mental ill-health’s direct cost to the Australian economy of $43 to $51 billion per year, with an additional $130 billion associated with diminished health and reduced life expectancy.

To its credit, the South Australian Government has recognised many of the issues facing our existing mental health system and has allocated funds in previous Budgets to address areas of shortfall. The recently released Mental Health Services Plan 2020-2025 has also done a good job of outlining many of the challenges we face, as well as identifying a number of initiatives which we believe could have a positive impact on mental health provision in this State.

As psychiatrists, our aims are 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.

However, while we call upon government to prioritise mental health and provide the funding necessary to deliver such a system, we also recognise that resources are always limited and decisions must be made based on those areas most in need, or where the largest impact can be achieved for its investment.

As such, the recommendations contained within this submission are based on those two principles – providing support for those people who are currently ‘falling through the cracks’ in our existing system and are either unable to access adequate mental health services or can do so only with difficulty, as well as advocating for those initiatives which we believe have the best potential to reduce pressures on the system as whole.

The RANZCP looks forward to working with the South Australian Government to help build a more accessible, efficient and inclusive mental health system for all South Australians.

Dr Sally Trenenza
Chair, Royal Australian and New Zealand College of Psychiatrists, South Australian Branch
Increased efficiency in the system

The RANZCP SA Branch (the RANZCP) broadly agrees with the concerns identified by the Mental Health Services Plan 2020-2025 (MHSP) regarding inefficiencies within the mental health system. We agree that improving mental health services will not necessarily be achieved by increasing hospital beds. Greater emphasis on improving community mental health services and finding alternate models of care for those requiring support should ultimately increase the efficiency of the system and reduce the demand for beds.

Workforce resourcing

The South Australian Government has indicated its support for the MHSP as the blueprint for mental health services over the next five years. However the RANZCP is concerned the plan does not mention the role of psychiatrists in the mental health system, nor make any specific comment regarding the need for increased public psychiatric resources.

The RANZCP is very supportive of the MHSP’s priorities for increasing the mental health system’s workforce capacity in non-medical staff, and in areas such as mental health nursing, peer workers and allied health. However, it is also important to recognise the role of psychiatrists in providing leadership, particularly when identifying risk, diagnosis, and biopsychosocial management plans.

New or expanded peer workforce programs will allow many people to receive appropriate levels of mental health support. It is also likely that extra peer support or screening will identify people who are at risk or suffering from mental disorders, who will then need specialist mental health review. Adequate resourcing and capacity for assessment and management through trained professionals is a vital component of our mental health system.

Psychiatrists are the experts in mental health and disorders, and the South Australian Coroner has made numerous comments about the importance of psychiatrist involvement in managing high risk cases.

Broadly, the RANZCP’s view would be that psychiatrists are already working to capacity in the existing mental health system, and there would be little capacity to expand psychiatric work unless more psychiatrists are employed.
Effective allocation of resources

The MHSP identifies many potential initiatives and services which could help improve our mental health system. The RANZCP would like to express its support for most of these initiatives, which are strongly focused on alternative crisis services and community services provide early intervention.

The RANZCP would advocate for all these initiatives to receive resources and funding, however also recognises the South Australian Government may need to choose some of these for immediate funding, while others may need to wait until additional resources are available.

To that end, the RANZCP would like to highlight three areas we believe have the best potential to alleviate the pressure that mental health presentations bring to the overall health system, as well as achieving positive outcomes for those supported by that system.

Recommendations

Establish the proposed Mental Health Crisis Support Telephone and web-based service

Replacing the existing triage model with a dedicated and comprehensive mental health crisis support service has the potential to greatly streamline and improve the existing model, if implemented well.

This could not only improve the efficiency of the health system, but also provide a greatly improved experience for people with mental health issues who interact with that system. The proposed ‘Air Traffic Control’ model, where a sole operator is responsible for providing therapy, support and tracking of an individual’s progress has the potential to be very effective.

Establish proof of concept crisis intervention alternatives to emergency departments such as Safe Haven Cafés and Crisis Retreat Centres, with consideration given to the merits of co-locating these services with the pending Urgent Mental Health Care Centre.

Long waits in Emergency Departments and ‘ramping’ are a well-known issue in South Australian hospitals, of which mental health presentations are a contributing factor. Initiatives which have the potential to divert people towards alternatives which could avoid presentations to EDs, as well as being able to provide dedicated mental health support in an appropriate environment, are worth exploring.

It should be noted that the proposed initiatives contain some overlap in the services they would provide, with the Safe Haven Cafés and Crisis Retreat Centres sharing similarities with the pending Urgent Mental Health Care Centre. The RANZCP also has concerns these services could potentially lose effectiveness when being provided in isolation.

Both of these issues could be addressed by co-locating all three services. A person in need of urgent or crisis support would be able to attend a single location, where varying levels of care would be available depending on their specific needs.

From a system efficiency perspective, this provides a much simpler and more integrated triage process for operators, ambulance services and mobile crisis teams, the ability for all three services to work in close collaboration, communication and mutual support; and may potentially be able to take advantage of economies of scale for their infrastructure needs.

Provide funding to extend the Mental Health Co-Response program past June 2020 or replace it with a more extensive program.

The RANZCP is very supportive of plans for mobile crisis response and home-based treatment teams. These initiatives will need support from existing mental health services around more difficult and complex presentations.

We support the proposed crisis teams comprising a peer worker supporting a trained mental health professional, while noting there needs to be careful consideration of appropriate training for the peer workforce, and ongoing support and supervision.

The RANZCP welcomes the South Australian Government’s extension of funding for the existing and successful Mental Health Co-Response program (MH CORE) until June 2020 and calls for either that funding to be extended to allow the program to continue, or for it to be expanded or replaced by a more comprehensive mobile crisis team initiative.
Supporting people at increased risk

Addressing mental health early

The RANZCP SA Branch (the RANZCP) fully supports the Mental Health Services Plan 2020-2025 (MHSP) focus on mental health services and support for perinatal, infants, children and families as key priorities.

Mental health problems during early years can have enduring consequences if left unresolved not only by placing individuals at increased risk of difficulties in adult life, but also by placing increased pressure on limited community service resources.

It is estimated that 14% of children and adolescents experience mental health problems, and early identification of those at risk of poor mental health is crucial. Early therapeutic intervention can be highly effective at limiting the severity or progression of illness.

Efforts to maximise a child's mental health and reduce the burden of mental illness require a wide-reaching and whole-of-community approach. This includes coordination between all medical practitioners involved in supporting development, as well as parents, guardians, families, professional care providers, teachers, school counsellors and social workers.

Recommendations

Implement the proposed initiatives in the Mental Health Services Plan 2020-2025 to support perinatal, infants, children and families' mental health, while ensuring that Child and Adolescent Mental Health Services (CAMHS) is given adequate resources so as not to compromise existing services.

The RANZCP considers all the proposed initiatives contained in Outcome 2 of the MHSP to be broad reaching, integrated and an appropriate use of State government resources. However when implementing these initiatives we must ensure that existing services provided by CAMHS are not compromised. Significant, national shortages of child and adolescent psychiatrists in the public sector is an ongoing problem, and those currently employed by CAMHS are already working to capacity. The goals of the MHSP are entirely appropriate, however will result in increased demand for mental health services (e.g. improved perinatal screening will inevitably result in an associated increase in demand for perinatal psychiatric and other mental health services). This will require increased resourcing from government, including an increase in child and adolescent psychiatrist positions and training capacity.

As part of this implementation, resource additional psychiatry training rotations for registrars and ongoing consultant positions in the perinatal, infant, child and family mental health fields.

Additional specialist clinicians, including psychiatrists, will be needed if these plans are to be successful. In order to provide these specialists, consultant psychiatrists in the public health system need to be made available to oversee and mentor trainees. The Women’s and Children’s Health Network faces a reduction in child and adolescent psychiatry positions due to a restricted funding environment, at a time when more of these posts should be created. Rotations in the child and adolescent fields are mandatory for all trainees, so shortages of registrar positions represent a potential ‘bottleneck’ for the entirety of the mental health system.

While not specifically mentioned in the MHSP, the RANZCP would also like to highlight the low levels of psychiatric support available to the LGBTQI+ population, with mental health issues surrounding this population often onset before age 18. The current wait to see a gender dysphoria psychiatry specialist is approximately 12 months.
Appropriate support for people with developmental disabilities

The RANZCP SA Branch is concerned that compared to the general population, South Australians with intellectual and developmental disabilities (IDD) are not afforded the same opportunity to access services, nor have a choice of relevant services appropriate to their needs.

People with neurodevelopmental disorders make up about 2 to 3 per cent of the population and often have poorer health, experience higher mortality rates, and have a poorer quality of life. They also experience higher rates of mental ill health, difficulties in diagnosis and management, decreased capacity for self-advocacy and representation, high levels of stigma and discrimination, and a lack of training and expertise on the part of health services.

This vulnerable group experience unique obstacles in accessing health care, and in South Australia there is limited specialised health care to meet their needs.

In the public health system, there is only one 0.5 FTE IDD psychiatrist working within Child and Adolescent Mental Health Services (CAMHS). While the State Government currently has a position available for an adult IDD psychiatrist, it has been vacant for some time and is experiencing difficulty finding a candidate, due to being siloed away from other mental health services, with a lack of support from colleagues and other trained mental health staff. There are no resourced positions for IDD psychiatrists working in Mental Health Services for Older People.

Instead of attempting an overarching solution covering all adults with IDD, having dedicated psychiatric expertise available in each area would provide the best outcomes.

Adding to the issues in this area, South Australia’s private psychiatrists with an interest in this field are often unable to take on new clients.

The result is that when people with intellectual and developmental disabilities need to access specialist psychiatric care, they are often unable to do so.

The lack of existing IDD psychiatrists in the public system also contributes to the ongoing supply problem, as it results in a lack of opportunity for trainee psychiatrists to gain practical experience and exposure to the field.

Recommendations

Develop and fund a model to ensure that people with intellectual and developmental disabilities have access to sufficient mental health services, including psychiatric services. Careful consideration should be given to having expertise available in specific fields, rather than a singular State-wide service.

As part of that model, disability psychiatrists should be employed across each of the Local Health Networks, under the Mental Health Services portfolio.

Attracting psychiatrists and other mental health professionals into these positions is complicated under the current system of governance, due to a professional separation from the rest of the mental health community.
Social and emotional wellbeing in Aboriginal communities

The RANZCP SA Branch considers better support for South Australia’s Aboriginal population to be a key priority.

Aboriginal people face higher rates of hospitalisation for severe mental illness, are less likely to access primary mental health care and receive early help, and have higher suicide rates. Poor access to care is compounded by the shortfall in appropriate rural and regional health care, as outlined elsewhere in this submission.

Providing culturally-safe services is vitally important, without which we see reduced health and life threatening outcomes for Aboriginal people.9

The RANZCP is supportive of the various initiatives and measures outlined in the MHSP to improve the experience and outcomes of mental health services for Aboriginal people.

Recommendations

Fund and establish an Aboriginal Social and Emotional Wellbeing Centre, emphasising local and culturally-safe clinical services.

This is effectively the “Aboriginal Mental Health and Wellbeing Centre” proposed by the MHSP, however recognising the generally preferred term by Aboriginal people in reference to mental health of “social and emotional wellbeing”.10

An immediate mechanism to increase culturally-safe clinical services on the ground could comprise increased funding for the existing Social and Emotional Wellbeing Teams. These teams are already run by local Aboriginal Community Controlled Health Organisations and could be expanded to be truly multidisciplinary, with clinical governance models similar to existing public community mental health services, including locally based psychiatrists.

This would increase service capacity in a way that is community-determined and controlled, and in keeping with the principles of the MHSP and newly accepted best practice for Aboriginal services in general.

The proposed Aboriginal Social and Emotional Wellbeing Centre should be established as soon as possible to coordinate the above, as well as to develop other initiatives in this area.

Commit to ongoing funding of the existing CAMHS mental health services to the APY Lands communities.

As per the recommendation in the MHSP, secure and ongoing funding for the existing CAMHS service to the Anangu, Pitjantjatjara and Yankunytjatjara (APY) Lands is a matter of priority, as the current funding arrangement is due to expire.

As noted in the plan, the uncertainty surrounding this service has resulted in additional complications and stressors for both the communities and staff involved, resulting in compromised outcomes.
Preventing recidivism

The RANZCP SA Branch fully supports the focus in the Mental Health Services Plan 2020-2025 on expanding South Australia’s ability to address mental health issues in a forensic setting.

The over-representation of people with mental health issues in prisons is well established. It should also be noted that South Australia has a high proportion of persons declared liable to supervision by the Minister after a finding of Not Guilty By Reason of Mental Impairment or mentally Unfit to Stand Trial (known as “Forensic Patients”) compared to other jurisdictions.

The RANZCP recognises the South Australian Government’s prior commitment, with an additional $24 million allocated in the 2019-20 State Budget for additional mental health beds, resourcing and diversionary measures.

It is important that South Australia continue our investment in forensic mental health. This is not only a matter of ensuring that people in need of support are able to access services, it assists in decreasing recidivism.

Allocate funding to ensure that forensic mental health bed capacity is expanded appropriately, with the number to be informed by the success of diversion and community programs.

The MHSP has estimated that 80 forensic beds will be needed in the mental health system, assuming that forensic court diversion and community forensic mental health care will decrease the demand for beds, however a proper analysis of the capacity required to meet current and projected demand is not available.

It is recommended that government undertake a detailed analysis of forensic bed capacity and needs, not only to meet the needs of patients committed to detention in the care of the Minister, but also to meet the increasing demand for inpatient mental health care for remandees and sentenced prisoners.

Fund the rebuilding of James Nash House.

The RANZCP agrees with the MHSP that, “The current main building of James Nash House which caters for 30 consumers is dated, not conducive to contemporary care, and needs to be demolished and replaced” and calls for a funding commitment to rectify this situation.

Resource a Prison Mental Health Service to provide equitable access to mental health care.

Unlike other States and Territories, South Australia does not have a multi-disciplinary prison-based mental health team. This means that prisoners do not have access to the full range of mental health care provided to those in the community, and therefore SA is not meeting the National Statement of Principles for Forensic Mental Health, i.e. that offenders “have the same rights to availability, access and quality of mental health care as the general population”.

Expanding our forensic mental health services to include such a team would help to address this issue, reduce the demand for forensic inpatient beds, facilitate earlier discharge from secure care, reduce readmissions, and improve linkages with community mental health services for mentally ill prisoners released from custody.
Fair and equitable access to mental health services

Supporting people with ADHD

Attention deficit hyperactivity disorder (ADHD) affects over 800,000 people in Australia and is recognised as the most common neurodevelopmental disorder in children and adolescents.\(^1\(^3\)\)

The prevalence of ADHD is estimated to be 4.2% in children and 4% in adults\(^1\(^3\)\) - or approximately 68,000 people in South Australia.

Across Australia, the total social and economic costs of ADHD in 2019 were estimated to be $20.42 billion.\(^1\(^3\)\) People with ADHD have an increased risk of premature death, suicide and an increased rate of motor vehicle accidents.

There is strong evidence that treatment of ADHD produces tangible short-term benefits, and that people who receive treatment have improved long-term outcomes compared to those who do not.\(^1\(^4\)\)

Unfortunately, this area is seriously underserviced in South Australia. In general, adults who suffer from ADHD without comorbid disorders are specifically excluded from receiving treatment for their condition from Adult Community Mental Health services within all metropolitan areas.

Recommendations

Establish ADHD assessment and management programs within community mental health services, including the provision of adult ADHD services through Local Health Networks (LHNs).

Optimally, all people with ADHD should be able to access whatever level of support they require via the public health system. However, given the constant demands on limited resources, ADHD clinics to provide services to those with complex mental health needs could be established in the first instance.

These could provide teaching, training and practical experience opportunities for trainees, increasing the pool of those able to provide care in this area.

It is often impossible for adults who require psychiatric treatment for ADHD to access support.

To further complicate this issue, our trainees regularly express concern about the lack of opportunities to gain clinical experience treating patients with ADHD in public mental health rotations - which leads to a lack of confidence in assessing and managing the condition when they have graduated as psychiatrists.

The RANZCP is pleased to see the inclusion of ADHD measures in the Mental Health Services Plan 2020-2025 (MHSP). However, while the MHSP does note the importance of improving access and support for those with this disorder, it contains little detail on specific initiatives to be undertaken.

The RANZCP SA Branch (the RANZCP) receives regular and ongoing complaints from the public regarding access to ADHD services.

The private sector has reached capacity, with limited private psychiatrists able to take on additional ADHD patients.

It is often impossible for those adults who require psychiatric treatment for ADHD to access support.

Royal Australian and New Zealand College of Psychiatrists, South Australian Branch
Better support for regional and rural areas

Repeated reports and plans have highlighted the crisis in mental health services in rural and remote Australia. Adverse outcomes for mental health, such as rates of suicide and self-harm, are significantly higher in rural and remote areas.16

While there is no single measure which can solve this issue, a shortage of psychiatrists working in rural and remote regions is a definite contributing factor. In major cities, there are around 15 psychiatrists per 100,000 people, with that rate dropping to only 1.4 in some remote areas.17

The challenges of rural practice are also well known, including professional isolation, social and family factors (including difficulties with spouses obtaining employment), limited career and research opportunities, large size of patient base, burden of travel to outreach services, lack of specialist positions at regional hospitals, and remuneration.18,19,20

The RANZCP supports the use of telepsychiatry in augmenting the delivery of local mental health services and reaching people in rural and remote areas, as a supplement to a planned and coordinated approach built on an appropriate foundation of local services and providers.

From a South Australian perspective, the MHSP appropriately identifies the need for its recommendations to be implemented on a Statewide basis, including the establishment of better clinical pathways and providing better incentives and support for those working in rural and regional settings.

South Australia is a small state without large regional centres. The RANZCP supports the current Integrated Mental Health Inpatient Units, however if people living in regional areas are to receive proper mental health support, additional resources are needed.

Recommendations

Increase the psychiatric resources available to Community Mental Health Teams.

Community mental health services are provided by thirteen Community Mental Health Teams across regional South Australia. Providing these teams with additional consultant psychiatrists and registrar training positions would allow these teams to provide face-to-face outpatient services, which could be further supported by telepsychiatry.

Expand the capacity for CAMHS to provide mental health support for children and adolescents living in rural and remote South Australia.

CAMHS is currently resourced for only two FTE psychiatry positions to service all country areas, and one registrar position. Given the key focus in the MHSP of ensuring that mental health issues are identified and addressed in early life, additional funding should be provided to further support this important area.
Access to psychotherapy

The costs of mental health disorders and associated childhood trauma in terms of mental health, physical health and to society are immense. The economic burden of Adverse Childhood Experiences (ACE) includes health care costs, productivity losses, child welfare costs, violence, crime and forensic costs, special education costs, suicide deaths and both the quality and length of a person’s life.

In Australia, the annual budgetary cost of unresolved childhood trauma is estimated to be as high as $24 billion.\(^{21}\)

People with personality disorders are among the most chronically impaired groups, are unemployed for longer periods, and have more drug problems, suicide attempts, criminal behaviour, child abuse, and heavy use of general and mental health care - all of which have significant societal costs.\(^ {22}\)

As noted in the MHSP, the ability to access treatment options which allow people to avoid or minimise the use of medication was a key theme when receiving feedback about what South Australians want from their mental health system.

Psychotherapy has been shown to be both clinically effective and cost-effective for people with personality disorders, depression, anxiety disorders (including PTSD, panic, phobic, obsessive-compulsive, and generalised anxiety disorders), substance misuse and substance use disorders, schizophrenia, as well as for children and adolescents with learning disorders and severe psychiatric disorders.\(^ {22}\)

In particular, intensive appropriate psychotherapy for those with Borderline Personality Disorder results in reduced clinical need for medications, reduced prescriptions\(^ {23}\) and an associated reduction in PBS costs. Beyond the improved quality of life for those treated, providing specialist, long term, evidence-based approaches for treating BPD has been shown to have significant cost benefits, in particular due to decreased hospital stays and presentations to hospital.\(^ {24,25}\) The cost/benefit ratio for the treatment of BPD has been estimated to be 1.52 - meaning that for each dollar invested, $1.52 can be generated within a year.\(^ {26}\)

The South Australian government recognised this need in the 2018-19 Budget with its funding of BPD Co, which focuses on upskilling general mental health staff in LHNs, in addition to offering direct therapy, and commenced operation in June 2019.

Since its establishment, the demand for this service has been overwhelming, clearly demonstrating the desire and need for such psychotherapy services.

In line with the government’s “Towards Zero Suicides” initiative, the RANZCP would also like to highlight a particular need for suicide prevention planning to take into consideration the needs of people with BPD, given the higher suicide rate in this population. In particular, the importance of developing suicide prevention initiatives which are aimed at reduction in isolation and building community support networks with a trauma informed lens.

### Recommendations

**Provide additional resources for the provision of specialist psychotherapy services via Local Health Networks, including:**

- An evaluation of the current demand for BPD Co’s services and consideration of accelerating the expansion of its existing services, planned expansion activities, or both - providing additional funding to do so if necessary.
- Consideration of funding additional psychotherapy services using a similar model to BPD Co in areas which also have strong evidence for their effectiveness.

**Provide increased resourcing for Community Mental Health Teams to provide psychotherapy services.**

Beyond services which target specific conditions such as BPD Co, people often have great difficulty in accessing psychotherapies via Community Mental Health Teams, with waiting lists for some services up to several years long.

Additional resourcing for these teams would greatly benefit those currently unable to access evidence-based psychotherapy services.
References


Contact

Policy & Advocacy
Royal Australian and New Zealand College of Psychiatrists
South Australian Branch
E: ranzcp.sa@ranzcp.org
T: +61 (0)8 431 5042
W: www.ranzcp.org
PO Box 103
Fullarton LPO SA 5063