Mental health priorities for the 2021-22 Victorian State Budget
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 and Pacific regions.

The RANZCP Victorian Branch represents over 1600 members, including around 1200 qualified psychiatrists and just over 400 members who are currently training to qualify as psychiatrists. The RANZCP partners with people with lived experience, through the Community Collaboration Committee and our community member on the RANZCP Victorian Branch Committee. Carer and consumer representation is woven into the fabric of the RANZCP and helps to ensure the RANZCP considers the needs, values and views of the community throughout its work.

Acknowledgment of Country

In the spirit of reconciliation, the RANZCP Victorian Branch wishes to acknowledge the Traditional Custodians of Country throughout Victoria and their connection to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Introduction

For Victoria, 2021 will be a year unlike any other. The Royal Commission into Victoria’s Mental Health System (RCVMHS) will deliver its final report, which will lay out the architecture of Victoria’s mental health system for the foreseeable future. This is a once-in-a-lifetime opportunity to create a system which can meet the needs of Victorians.

Over the past year, the COVID-19 pandemic has highlighted gaps in mental healthcare in Victoria and shone a light on the strain within the system. Recent funding announcements, and forthcoming recommendations from the RCVMHS, will go some way to creating systemic change. However, this change cannot happen without a workforce to enact it. The RCVMHS has highlighted that positive outcomes for people living with mental illness, their families and carers, are related to the composition, values and skills of the workforce.[1]

Psychiatrists are medical doctors who are experts in mental health. It takes 11 years of training – usually more – to qualify as a psychiatrist. Given their expertise in diagnosing and treating people with mental illness, and their deep understanding of both physical and mental health, psychiatrists are an essential part of the multidisciplinary mental health team. Psychiatrists also work collaboratively to support consumers to participate in decisions about their treatment and care.

Concerningly, psychiatry is facing significant shortages both now and into the future.[2, 3] Data from the AIHW on the public and private psychiatry workforce indicates Victoria has 13.7 FTE psychiatrists per 100,000 population, with this falling sharply outside of metropolitan Melbourne.[4] The Victorian Psychiatry Attraction, Recruitment, and Retention Needs Analysis Report, finalised in 2017, clearly revealed the challenges besetting Victoria’s psychiatry workforce and provided over 50 detailed recommendations for improvement.[5] However, there has been little progress in addressing longstanding psychiatry workforce issues in Victoria since then.

This year, the RANZCP Victorian Branch has focused on workforce as the key priority area it believes needs to be addressed for Victorians to have access to effective, efficient and equitable mental healthcare. Whilst we are concerned about the state of the whole mental health workforce, as the representative body for psychiatrists we are best placed to provide advice about the psychiatric workforce.
1. Fund the development of a dedicated psychiatry workforce plan.

2. Urgently invest approximately $18 million to unblock the bottlenecks in the psychiatry training pathway and support expansion of the psychiatry workforce in Victoria.

3. Invest approximately $21 million to recurrently fund at least 51 additional consultant psychiatry positions in addiction, child and adolescent and psychotherapy specialties to be distributed equitably and with consideration to areas of need and under-resourcing.

4a. Invest in models which support trainees working in rural and regional settings, including linking of services, peer support, supervision and mentoring, access to continuing professional development, and support for relocation (including partners).

4b. Incentivise regional and rural work by providing competitive salary packages (and relocation costs), access to locum services, and career development including management and leadership opportunities.

5a. Fund a pilot program with 6-month leadership and management accredited training positions within key mental health bodies such as the Office of the Chief Psychiatrist and Mental Health Reform Victoria.

5b. Fund services to guarantee protected time for psychiatrists to undertake leadership activities, such as working with a senior leader, a sabbatical or position in the Office of the Chief Psychiatrist.

5c. Recurrently fund the Psychiatry Workforce Development Leadership grants (5 x $50,000 grants) at an estimated cost of $250,000 per annum.

Notes about this submission

The RANZCP Victorian Branch urges the Victorian Government to:

The recommendations made in this submission are based on information available at the time of release. An addendum with updated recommendations may be published based on the RCVMHS Final Report.
1. Map, gap, and plan to address the psychiatry shortage

Since the release of the *Victorian Psychiatry Attraction, Recruitment, and Retention Needs Analysis Report*, the RANZCP Victorian Branch has continued to raise significant concerns regarding the strain on the psychiatry workforce. This advocacy led to funding in the 2019-20 State Budget to establish additional Director of Training positions and psychiatry leadership scholarships. The most recent 2020-21 State Budget has also seen some funding allocated to psychiatry workforce activities. However, we are still unaware of a dedicated psychiatry workforce strategy which addresses these concerns and outlines a sustainable workforce plan.

There is a need to map workforce gaps across Victoria and develop a plan with measures to ensure a sustainable training pipeline to meet future need. Given the limited information held by health services on subspecialties of the mental health workforce, it is presently difficult to develop appropriate strategies for addressing gaps across Victoria. [6] A specific strategy should consider the unique challenges for the psychiatry training pathway and consider how to encourage progression of both part-time and full-time trainees. Any strategy should also contain measures to encourage health services to implement job-sharing and create positions dedicated for part-time trainees. The comprehensive model provided by the *National Mental Health Service Planning Framework* should also be utilised in workforce planning activities. [7]

In addition, measures to recruit and retain psychiatrists in the public sector must be addressed. The reasons for psychiatrists leaving the public sector are multifactorial, yet can also simply be attributed to the excessive demands being placed on them in an under-resourced sector. Our members tell us that the scarcity of resources has eroded funding for administrative support. This is creating additional burdens upon already time-poor psychiatrists and taking away valuable time spent with consumers or providing supervision to trainees.

We know the RCVMHHS has recommended collation and publication of a profile of the mental health workforce, as well as mechanisms for continued data collection and analysis of workforce gaps in order to project and map workforce needs. [1] However, the RANZCP Victorian Branch reiterates the need for dedicated measures which support the equitable expansion and development of the workforce.

With the shortage of psychiatrists expected to worsen over time, action which supports expansion and development of the workforce will be essential to address gaps. Without this, many may go without the help they need and the opportunity to keep people well will be missed.

**Recommendation:**

Fund the development of a dedicated psychiatry workforce plan. This should address priority issues, and include:

- a mapping and gapping exercise to understand training issues across the state, including geographical inequities.
- a plan to retain and recruit more psychiatrists to the public sector, such as protected time for activities and administrative support.
- a plan to create a sustainable rural and regional training pipeline.
- bespoke plans for metropolitan, regional and rural areas to account for geographic variation.
2. Address bottlenecks in the psychiatry training pathway

Trainees are an integral part of the psychiatry workforce. They are often on the front line of services, as well as being the first point of contact for families and carers. Our trainee psychiatrists are the future of the workforce and must be supported to complete their training. If there are not enough psychiatrists in training, the pipeline of psychiatrists will collapse, and existing shortages will be exacerbated. This prevents Victorians from being able to access the care they need.

Given the length of time it takes to become a consultant psychiatrist, it is essential any barriers to completion are promptly removed. In Victoria, bottlenecks in the training program result from a general lack of training positions, a specific lack of child and adolescent and consultation-liaison placements, inadequate director of training capacity to oversee the training program and inadequate supervisory capacity to teach and clinically support trainees.

The RANZCP Victorian Branch is supportive of the RCVMHS recommendation to mandate psychiatry rotations for junior medical officers. [1] To turn this potential increased interest in psychiatry training into actual psychiatrists, there will need to be additional recurrently funded psychiatry training positions in the public health system. For the last five years, there has been higher demand for psychiatry training than there are places available. On average, there has been more than 20 applicants who were selected each year but did not receive a position at a hospital. This represents a missed opportunity to expand the psychiatry workforce into the future.

All trainees require adequate supervision and support in order to become psychiatrists and attain RANZCP Fellowship. A boost in psychiatry training places must be accompanied by a commensurate increase in supervisory capacity within the workforce. The RANZCP Victorian Branch recommends a portion of funding for additional places be ring-fenced for Advanced Trainees.

Bottlenecks in training pipeline: child and adolescent and consultation-liaison psychiatry

To become a psychiatrist, a trainee needs to complete a six-month placement in child and adolescent psychiatry (CAP), and consultation-liaison (CL) psychiatry. Insufficient training places in these areas is creating a bottleneck of trainees and restricting the overall number of psychiatrists trained in Victoria. This was acknowledged by the Victorian government in the 2020-21 State Budget, which included funding for 10 additional CAP training places. Following these announcements, we estimated the system needs at least another 10 equitably distributed CAP training places to better meet demand within our mental health system. These CAP training places should include some positions within services providing support for children and adolescents with intellectual disability.

There has been an increased demand for specialty training in CL psychiatry in recent years. Further, COVID-19 has resulted in many more people being admitted to hospital who require CL psychiatry input, including medical and surgical admissions in the general hospital, and been called upon to provided frontline support to health workers wellbeing. This additional demand comes at a time when CL psychiatrists are already unable to see all patients. For example, members tell us in some places across the state there are up to 500 people waiting for a pre-transplant psychiatric assessment. Without access to psychiatric assessment, these individuals must wait for essential care. We estimate the system needs a further 10 CL training places to reduce the bottleneck and meet demand for specialty training.
Addiction Psychiatry

Addiction psychiatry is also facing a shortage, and there is a great need for more addiction specialists to meet the demands of people with alcohol and other drug (AOD) disorders. The workforce is in dire need of development, with trainees leaving the region to complete training, and those on the generalist psychiatry pathway unable to gain addiction psychiatry experience. More AOD training opportunities for all trainees will lead to a more addiction-competent psychiatry workforce. As addiction psychiatry involves training across mental health and medical settings, there would need to be a staggered introduction of training positions with a commensurate increase in addiction services. Positions in private services may also need to be considered. We understand there is an ongoing work by DHHS and Turning Point to develop a model for a future Victorian addiction medicine specialist workforce, and strongly encourage consideration of their recommendations.

Psychotherapy

There are also too few psychotherapy training positions within the Victorian public mental health system. This results in few consultant psychotherapists remaining in the public system, which has a profound effect on patient care and satisfaction, and staff morale. Psychotherapy treatments are best practice treatments for a number of mental illnesses. They are trauma-informed, person-centred and support patients, their carers and families. [8] Members tell us that many of those wishing to practice psychotherapy are moving to private practice, resulting in the public system being short of psychotherapy skills and supervisory capacity. When a mental health and psychiatric system is not psychotherapy-competent, it is not possible to provide accurate assessment, diagnosis and treatment of the patients, contributing to both patient and workforce dissatisfaction. There is both a need to increase the number of training positions available and retain supervisors within the public system in order to facilitate more psychiatrist psychotherapists within the public mental health system.

Support for RANZCP accredited training and growth

Growth of the psychiatry workforce requires accredited training positions and programs. Accredited trainees must be supervised by a psychiatrist working alongside them for 0.3 FTE, as well as 0.04 FTE Directors of Training (DoT), Directors of Advanced Training (DoAT) or DoT IMG (International Medical Graduates) time and administrative support. The DoAT coordinates the formal training program for trainees undertaking specialty certificates, leading to specialist psychiatry workforce development in areas such as Addiction Psychiatry, Psychiatry of Old Age or Child and Adolescent Psychiatry. These positions are pivotal to training and trainee progression. However, many DoATs are in honorary positions, and the remaining DoTs and DoATs currently have inadequate funding and administrative support to service the trainee population and meet RANZCP accredited standards. Recurrent funding for DoT and DoAT time must be increased in order to facilitate growth in the psychiatry workforce. In addition, for every additional position funded, there needs to be an additional increase in day-to-day clinical supervision time.
Recommendations:

Urgently invest approximately $18 million to unblock the bottlenecks in the psychiatry training pathway and support the equitable expansion of the psychiatry workforce in Victoria.

This includes:

- Fund at least 20 additional accredited psychiatry training positions at a recurrent cost of approximately $4.1 million per year to be equitably distributed across the state.
- Fund at least 10 additional Child and Adolescent Psychiatry trainee positions at a recurrent cost of approximately $2.1 million per year.
- Fund at least 10 additional Consultation-Liaison Psychiatry accredited training positions at a recurrent cost of approximately $2.1 million per year.
- Fund at least 15 additional Addiction Psychiatry accredited training positions across Victoria at an approximate cost of $3.1 million per year.
- Fund at least an additional 12 Psychotherapy accredited training positions across Victoria at an approximate cost of $2.5 million per year.
- To adequately support current trainees¹:
  - fund at least an additional 7.0 FTE Director of Training time at a recurrent cost of approximately $2.9 million per year to be distributed across the state as per RANZCP accreditation standards.
  - fund at least an additional 2.5 FTE Director of Advanced Training time at a recurrent cost of approximately $1 million per year, to be distributed across specialty training areas as per RANZCP accreditation standards.

¹ This figure will need to be revised if additional training positions and placements are funded. Additional consultant time for clinical supervision of additional trainees may also be required in some areas.
3. Create more Consultant Psychiatrist positions to meet demand for specialty services

The psychiatry workforce suffers from shortages across the whole sector, but there are some subspecialties facing acute shortages. These shortages should be addressed as a matter of urgency. These include addiction psychiatrists, child and adolescent psychiatrists, and psychotherapists. Victoria will only be able to staff the new beds recommended by the RCVMHS, meet the needs of the community, and supervise additional trainee psychiatrists if there are significant increases in the psychiatry workforce.

Across metropolitan and regional Victoria, there is a shortage of addiction psychiatrists, with only 3-4 publicly funded FTE positions across the whole state. Addiction psychiatrists are uniquely trained to focus on both the psychological and physical health of the person, as well as to understand the social context and public health approaches important in managing addiction. Individuals with a substance use disorder must be able to access quality alcohol and other drug (AOD) services, alongside mental health services where needed. To increase service capacity, there must be a commensurate increase in addiction psychiatry capacity in Victoria, including expansions in the number of public addiction psychiatry positions, so that trainees can be placed in jobs once qualified. Otherwise, Victoria risks losing addiction psychiatrists to other states and territories.

There are also too few child and adolescent psychiatrists to meet the direct needs of young people in Victoria. In Australia, one in seven children and adolescents (aged 4-17 years) experienced a mental disorder in a 12-month period. There is a notable treatment gap between demographic and epidemiological need and resources to meet that need, as well as a gap between demand and available resources. Child and adolescent psychiatrists have a crucial role in delivering services in public, private and the non-governmental sector. While the addition of two child and adolescent psychiatrist places in the 2020-21 State Budget will help to alleviate immediate demand, the number of child and adolescent psychiatrists in the public sector remains limited, meaning the ability to provide care to those who need it is restricted.

Psychotherapy is an evidence-based first-line treatment which is effective for many mental health conditions. However, there is currently a lack of availability, accessibility and integration of evidence-based psychotherapeutic or psychotherapy treatments within the public mental health system. Psychiatrists are leaving the public sector due to the lack of capacity to learn and practice psychotherapeutic skills, which also translates into lost supervisory capacity for training. Beyond the provision of psychotherapy treatments, psychiatrist psychotherapists hold multiple roles within the system including facilitating the development of essential psychotherapy competencies among psychiatric trainees and the multidisciplinary team. Psychiatrist psychotherapists can also work to meet the needs of complex patients who aren’t responding to other treatments.

**Recommendations:**

Invest approximately $21 million to recurrently fund at least 51 additional psychiatry positions in addiction, child and adolescent and psychotherapy specialties to be distributed equitably and with consideration to areas of need and under-resourcing. This includes:

- Recurrently fund at least 12 additional addiction psychiatry positions across Victoria at a recurrent cost of approximately $5 million per year.
- Recurrently fund at least 10 additional child and adolescent psychiatry positions across Victoria at a recurrent cost of approximately $4 million per year.
- Recurrently fund one at least one psychiatrist psychotherapist at each Approved Mental Health Service at an approximate cost of $11.8 million per year.
4. Create a sustainable regional and rural workforce

The shortages which are felt across the psychiatry sector are exacerbated in regional and rural areas, with

In inner regional areas, such as Ballarat and Bendigo, there are 5.1 psychiatrists per 100,000 population. In outer regional areas this falls to 1.2 psychiatrists per 100,000 population. In stark contrast, there are 16.9 psychiatrists per 100,000 population in Melbourne. [3]

anecdotal reports suggesting there has been little improvement since 2016. According to a public mental health workforce census carried out by the Chief Psychiatrist in 2019, across metropolitan Melbourne services there were between 4.5 and 8.8 senior doctors per 100,000 population. This dropped in regional areas, with the rate varying from 3.5 to 6 per 100,000 people. Further, the vacancy rate in regional areas was four times higher than in Melbourne. [6]

People living in regional areas should expect the same availability and options for care as those living in metropolitan areas. Whilst the prevalence of mental health conditions is similar across all geographic locations, some adverse outcomes for mental health, such as suicide and self-harm, are significantly higher in rural and remote areas, and increase with increasing remoteness. [13, 14]

Improving access to psychiatrists will enable provision of care which is critical to improving the mental health outcomes for those living in regional and rural communities. [14] The trend of workforce maldistribution is likely to continue into the future without significant intervention to incentivise and support regional and rural practice. Most trainee psychiatrists report a continuing inclination to practice in urban centres, and any solution to these issues must encompass family, social and economic needs. [15, 16]

Members tell us a lack of regional training opportunities may limit the opportunity for psychiatrists to train and remain in the area. Models which link together metropolitan, regional and rural services have the potential to allow collaborative arrangements for staffing and service delivery. These models would ensure joint accountability and governance, and dedicated time for trainees and consultant psychiatrists in regional/rural services. For example, we are aware of one metropolitan hospital that provides two training streams for first year intake, where trainees can apply for both metro and regional/rural posts or solely metropolitan. Around three-quarters of trainees applied for the stream which included both metropolitan and regional/rural posts. Formal linkage pathways to major tertiary centres to oversee supervision and training requirements may help to resolve some barriers to training in regional and rural areas.

Actions to address the shortage of psychiatrists in regional areas of Victoria remain a critical issue, and the following measures are recommended to address this concern.

Recommendations:

- Invest in models which support trainees working in rural and regional settings, including linking of services, peer support, supervision and mentoring, access to continuing professional development, and support for relocation (including partners).
- Incentivise regional and rural work by providing competitive salary packages (and relocation costs), access to locum services, and career development including management and leadership opportunities.
5. Invest in leadership opportunities

Amplifying workforce shortages is a lack of psychiatric clinical leadership positions and limited opportunities for psychiatrists to develop management and leadership skills. Members tell us that it is difficult to find psychiatrists in the public sector to step into leadership positions because there is insufficient prior exposure to leadership activities. At present, services are stretched too thin to provide appropriate time for psychiatrists to complete activities which contribute to their leadership and management skills. There needs to be protected time within public services for psychiatrists to develop these skills. If this issue isn’t addressed, Victoria will soon be without skilled leaders in the public sector.

The first few years after achieving RANZCP Fellowship are a critical time for a psychiatrist’s development, with new consultants expected to develop skills as a team manager, supervisor, and in quality improvement, as well as providing medical expertise as a clinician. The perceived lack of support from employers or opportunities for development in the public sector is affecting retention of new consultants.

Given their breadth of training and communication skills, psychiatrists are well-placed to use their expertise to create an environment which enables delivery of high-quality services and keeps the patient at the centre of decisions. [17, 18] Hospital studies suggest an association between the best performing institutions and doctors in leadership positions. [18] In addition, psychiatrists bring with them experience supporting patients and the community. [19] Despite the clear benefits of psychiatrists in leadership positions, there are few opportunities to formally learn or teach leadership skills within public mental health services in Victoria.

We are encouraged by the RCVMHS recommendation for a ‘mental health leadership network’ and by the DHHS funding of our requested Psychiatry Workforce Development Grants. [1] Anecdotal evidence from members suggests these grants provide a valuable opportunity to develop leadership skills. The RANZCP Victorian Branch would like to see further clinical leadership opportunities specific to the needs of psychiatrists, as a means of retention to the public sector. This could include scoping a broader formal leadership program delivered in the future.

Recommendations:

- Fund a pilot program with 6-month leadership and management accredited training positions within key mental health bodies such as the Office of the Chief Psychiatrist and Mental Health Reform Victoria.
- Fund services to guarantee protected time for psychiatrists to undertake leadership activities, such as working with a senior leader, a sabbatical or position in the Office of the Chief Psychiatrist.
- Recurrently fund the Psychiatry Workforce Development Leadership grants (5 x $50,000 grants) at an estimated cost of $250,000 per annum.

RANZCP accreditation standards require placements to have adequate supervision of three sessions per week. This must be in place for these placements to form part of a psychiatry trainees formal training.
References

8. Royal Australian and New Zealand College of Psychiatrists, Faculty of Psychotherapy (Victoria) *Submission to the Royal Commission into Victoria’s Mental Health System*. 2019.
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