

RANZCP WA Branch  
2021 State Election

# What's needed?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



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Western Australian Branch

# 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 and Pacific region. The RANZCP has more than 5500 members including more than 4000 qualified psychiatrists and around 1400 members who are training to qualify as psychiatrists.

The RANZCP WA Branch represents over 530 members including over 400 qualified 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.

# How this pre-election submission was developed

Our pre-election submission was developed in consultation with members of the WA Faculty and Section Subcommittees and members of the WA Branch Committee. It draws on their knowledge and expertise of the mental health-care system, in identifying issues affecting people living with mental health conditions and evidence-based solutions to improve their lives and the mental health-care system. For the most part, it relies on the views and concerns of the individual psychiatrists consulted for this pre-election submission, and where appropriate, quantitative data to validate key issues raised by them.

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## Message from the Chair – Professor Megan Galbally



It gives me great pleasure to present our 2020 Election Priorities to the WA Government on behalf of WA members of the Royal Australian and New Zealand College of Psychiatrists. The RANZCP WA Branch wants all Western Australians to have access to a high-quality mental health system which can provide a seamless continuum of care, from acute crisis care to ongoing recovery and rehabilitation services in the community. These services should be available for all ages and stages, from children to older adults. Furthermore, all Western Australians should have access to specialised inpatient and outpatient treatment for complex disorders such as eating disorders, forensics, and substance use disorders.

We see an emphasis on prevention and early intervention as the most cost-effective focus for health. Most mental disorders are very treatable. Generally, earlier access to services results in a greater likelihood of recovery, and the capacity to lead a fulfilling and engaged life.

This submission sets out a roadmap for the Western Australian government to bolster mental health services to meet the needs of the community and achieve positive outcomes for all those seeking mental health treatment and support. We have prioritised the key areas we believe need to be addressed for Western Australians to have access to effective, efficient and equitable mental health-care. In presenting this submission, I acknowledge the significant contribution of all people with lived experience of mental illness, and the people who care and support them, to the development and delivery of safe, high quality mental health services.



**Professor Megan Galbally**

Chair, RANZCP WA Branch Committee



# Recommendations

## 1. Prevent the imminent clinical workforce crisis and address the worsening psychiatry shortage

Act now to address the shortfall in the clinical and professional mental health workforce, including the predicted psychiatry shortage.

Fund the development of a psychiatry workforce and training plan, including measures to secure and implement a viable rural training pipeline, at an estimated cost of at least \$250,000.

## 2. Increase forensic beds before WA runs out

Urgent investment is required to avoid a crisis in WA in which we run out of forensic beds by 2021.

- Invest in a ward for 10-15 stable Custody Order patients to be diverted from the Frankland Centre. Investment must fund transfer costs and recurrent rehabilitative care.
- Plan and develop a new secure inpatient unit to meet projected demand by 2025, which includes a single-sex acute ward for women.
- Invest \$3.5M for a dedicated Forensic Child and Adolescent Mental Health service, and Aboriginal Forensic Liaison service.

### 3. Enhance community care across the State to prevent hospital admissions and provide an alternative to the ED

**Provide effective, community based mental health crisis, assessment and short-term treatment interventions as a first option, reducing demand for crisis mental health care in emergency departments across the State, including in rural and remote areas.**

Properly resourced community-based services should include:

- Crisis assessment and treatment teams (CATT) linked to every adult mental health service in WA.
- Adequately resourced continuing treatment teams able to offer evidence supported interventions for mental health disorders.

- Specialised services to support community mental health care treatment, including Drug and Alcohol officers, General Practice liaison and Aboriginal liaison.
- A focus on physical health outcomes with physical health nurse specialists and formal integration/access to general practitioners.

#### These services should be supported by:

- Community services and community residential services providing longer term treatment and psychosocial support for recovery and rehabilitation, through mobile support and treatment teams and community care units and other longer-term residential services.

### 4. Expand eating disorder services to address urgent unmet need

In the short term, urgently invest \$25 million over 4 years to establish structured eating disorder day programs for both youth and adults to provide step-up, step-down care in the community. There must be additional investment in outpatient treatments delivered by integrated multidisciplinary teams in each of the area health services.

Medium term, implement a comprehensive continuum model of care for individuals with eating disorders. This includes access to funded specialist inpatient beds within each area health service; the critical need for 40 inpatient beds by 2025 being identified in the WA Mental Health, Alcohol and Other Drug Services Plan.

### 5. Fund addiction psychiatry services to improve access to care

**Address the critical shortage of addiction psychiatrists and improve access to care for individuals with substance use disorders.**

Scope and implement a state-wide model to expand the addiction psychiatry workforce and in the first three years:

- Fund 3 FTE addiction psychiatry positions in public mental health services.
- Fund 3 FTE addiction psychiatry trainee positions in public mental health services.

# Workforce

## Prevent the imminent clinical workforce crisis and address the worsening psychiatry shortage

*'There is no better example of workforce problems than rural WA. Four out of seven regions with no Clinical Director, positions unfilled other than by FIFO locums in one region since 2014, unfilled training positions in rural placements and not to mention the terrible inequity of resourcing the further from West Perth you go.'*

– RANZCP WA Member

**Act now to scope and address the shortfall in the clinical and professional mental health workforce in order to avert the predicted psychiatry shortage and address gaps, particularly in rural and remote areas.**

**Fund the RANZCP to scope and develop a psychiatry workforce and training plan, including measures to secure and implement a viable rural training pipeline, at an estimated cost of at least \$250,000.**

### The plan should include:

- modelling of psychiatry future workforce
- safe staffing benchmarks across service types
- commitment to a sustainable training program to meet state-wide needs, including a rural training pipeline supported by regional training hubs that promote postgraduate specialisation in regional areas<sup>1</sup> and funded rural psychiatry supervisor positions<sup>2</sup> and other initiatives that support growth of psychiatrists
- costing and implementation plans agreed to with key stakeholders.

Many Western Australians are unable to access a psychiatrist when and where they need one. Our members tell us that demand for mental health care in WA has been increasing over time and is likely to continue increasing given the wellbeing effects of the COVID-19 pandemic. Our members are concerned this gap in treatment will continue to grow unless there is urgent action to redress the undersupply of psychiatrists in WA's public mental health system.

We need additional accredited training posts across the State to address the bottleneck in psychiatry training. These must be appropriately supervised and resourced to ensure trainees are well supported. Trainees must undertake mandatory rotations in consultation-liaison psychiatry and child and adolescent psychiatry as part of their training. The availability of these basic training posts is currently the most significant limiting factor on the capacity of the psychiatry training program. Unless this is resolved, the future supply of psychiatrists is at risk.

### Quick facts:

- WA has one of the lowest rates of employed psychiatrists in Australia, at just 12.2 psychiatrists per 100,000 population.<sup>3</sup>
- Psychiatry is facing significant shortages now and into the future,<sup>4,5</sup> and it is worse in rural and remote areas of WA.<sup>6</sup>
- Most trainee psychiatrists prefer to practice in urban centres so the regional shortage is likely to continue.<sup>5,7,8,9</sup>
- People living in regional, rural and remote areas do not have the same access to mental health services as people in metropolitan areas, further compounding any existing vulnerability to poorer health outcomes.<sup>2</sup>

# Forensic

## Increase forensic beds before WA runs out

Urgent investment is required to avoid a crisis in WA in which we run out of forensic beds by 2021:

- Invest in a ward for 10-15 stable Custody Order patients to be diverted from the Frankland Centre as a short-term solution. Investment must fund transfer costs and recurrent rehabilitative care.
- Plan and develop a new secure inpatient unit to meet projected demand by 2025, which includes a single-sex acute ward for women to ensure treatment can be provided which is safe, appropriate and recovery oriented. These services must have multidisciplinary input.
- Invest \$3.5M for a dedicated Forensic Child and Adolescent Mental Health Service, and Aboriginal Forensic Liaison Service:
  - » Forensic Child and Adolescent Mental Health Service at an estimated \$1.5M per annum (1 FTE psychiatrist, 1 FTE psychologist, 2 FTE mental health nurses).
  - » Aboriginal Forensic Liaison Service at an estimated \$1.75M per annum with a multidisciplinary team of 6 FTE Aboriginal Liaison Officers with appropriate supports.

Many prisoners suffer from some form of psychiatric condition and are often some of the most vulnerable in our community, even though mental illness is implicated in only a small proportion of serious offences.<sup>10,11</sup> People with a mental illness and disability must have appropriate access to treatment: to not do so is a breach of international human rights treaties. Western Australia's performance in this regard has been raised as a concern by organisations including Human Rights Watch.<sup>12</sup>





For offenders who require care and are referred on Hospital and Custody Orders, there is only one secure mental health facility in WA which can provide for their needs – the Frankland Centre – and it is predicted to run out of available beds in 2021. Further, our members understand that change to the *Criminal Law (Mentally Impaired Accused) Act 1996* may result in a greater number of prisoners being referred to the Frankland Centre, exacerbating existing shortages. A short-term solution could include transferring 10-15 stable Custody Order patients from the Frankland Centre to an appropriate ward elsewhere in the State. In addition, there is no legal barrier to some Hospital Order referrals from WA courts being diverted to civil authorised mental health facilities. If this were to occur immediately, it would potentially ease pressure on the Frankland Centre and improve access to care for acutely unwell prisoners.

There is also a great need for culturally sensitive and dedicated forensic services for Aboriginal and Torres Strait Islander people, given their disproportionate representation in the justice system.<sup>13,14</sup> These services should provide services to inpatients, prisoners through prison in-reach, plus services to courts and in the community.

The forensic mental health system in WA lacks several rehabilitative services for vulnerable demographic groups. Of great concern is the lack of service available for women, children and young people. Women who require an inpatient admission are treated in predominantly male, mixed-gender wards which brings with it risks to patient safety and recovery. A lack of proper infrastructure, supervision, and safe spaces in inpatient settings puts women at risk of gender-based violence, including sexual assault, as well as further traumatisation.<sup>15</sup>

## Quick facts:

- 1 in 4 prison entrants have a previous diagnosis of a mental health disorder, and almost half those released from prison report they have being told they have a mental health disorder.<sup>16</sup>
- Prisoners are 2 to 3 times more likely as those in the general community to have a mental illness and are 10 to 15 times more likely to have a psychotic disorder.<sup>17,18,19,20</sup>
- Specialist forensic mental health services also play an important role in enhancing the safety of the Western Australian community: patients who receive specialist forensic mental health care are less likely to reoffend post-release, with those receiving support from specialist community teams with forensic expertise also demonstrating better outcomes regarding recidivism.<sup>21,22,23</sup>
- Bed shortages create barriers to treatment and limit opportunities to address mental health issues, which may contribute to the chance of future reoffending.



# Community Mental Health Care

## Enhance community care across the State to prevent hospital admissions and provide an alternative to the ED

**Urgently fund universal access to community-based crisis assessment and treatment team (CATT) services and expand capacity of continuing care treatment mental health services to provide evidence-based treatment and links to psychosocial support, to keep people well in the community and divert pressure from emergency departments.**

**Provide effective, community-based mental health interventions as a first option, reducing demand for crisis mental health care in emergency departments across the State.**

**Properly resourced community-based services should include universal access and coverage across all jurisdictions in WA:**

- CATTs linked to every adult mental health service in WA.
- Adequately resourced continuing treatment teams able to offer evidence supported interventions for mental health disorders.

- Specialised services to support community mental health care treatment, including Drug and Alcohol officers, General Practice Liaison and Aboriginal Liaison.
- A focus on physical health outcomes with physical health nurse specialists and formal integration/ access to general practitioners.
- Services for all population groups (e.g. young people and older adults) available in all parts of the state.
- State-wide sub-specialist mental health services including for eating disorders, neuropsychiatry, forensics and perinatal mental health.

### **These services should be supported by:**

- Community services and community residential services providing longer term treatment and psychosocial support for recovery and rehabilitation, through mobile support and treatment teams and community care units and other longer-term residential services.

The Western Australian mental health system is costly and weighted towards inpatient care.<sup>24</sup> Many individuals presenting to emergency departments could be more appropriately cared for in the community, if offered timely access to crisis assessment and treatment, and expert multidisciplinary community care. Because WA

has a lack of crisis assessment and treatment care as well as continuing care treatment services in the community, there is an overreliance on hospital services; opportunities for prevention and early intervention are being lost.<sup>25</sup> Without access to treatment and crisis services in the community, emergency department presentations and demand for services will continue to increase. The lack of community-based care translates into patients receiving insufficient follow-up and treatment, and leads to higher likelihood of relapse, re-presentation to emergency department settings and hospitalisation.

Acute inpatient admissions are necessary for people with severe mental illness. Our members are not suggesting this area of mental health receive less funding, but there remains a huge need to invest in expanded community mental health care services in WA that include CATT, as well as increased capacity to offer continuing care that includes evidence supported interventions for mental disorders.

Community services should be available across the state as the first-line treatment for those who need it. There must be alternative options to the emergency department for people in crisis requiring mental health care. This means providing effective community-based interventions as a first option. Services should also be equitably distributed throughout the state. This means population-based funding models which consider the needs of rural and remote communities.

Effective community-based treatment must include access to 24-hour crisis assessment and treatment, specialist assessment and ongoing multi-disciplinary care and case management. Ongoing care should include assessment and treatment teams and community treatment teams, as well as specialised early intervention first episode psychosis services and intensive community outreach team services. Liaison roles, including drug and alcohol, general practice liaison and aboriginal liaison should also exist within community services. Appropriate attention should be given to physical well-being and, ideally, dedicated positions for physical health such as physical health nurses or nurse practitioners should also be available, with ready access to general practitioners.

Community services must also include more viable, less expensive community-based alternatives to hospitalisation for those with severe and chronic mental disorders, including appropriately supervised residential care such as continuing care units, and other longer-term residential units. Community treatment services should be well-integrated with primary care and should include specialist capacity to provide age-appropriate services.

## Quick facts:

- 27% of mental health inpatients could have been discharged if community services were available, according to a 2019 survey.<sup>26</sup>
- A 2018 study found nearly 60% of people charged with committing serious offences had been discharged from mental health care within 3 months of their offence or were considered 'lost to follow-up' by mental health services, while 41% were homeless at the time of the offence.<sup>27</sup> This suggests investment in community treatment services that can assertively follow up and treat may also reduce the demand on forensic system.
- Government-funded specialised clinical community mental health care in WA was about 12% below the national benchmark in 2017, according to a 2019 report.<sup>28</sup>
- WA has the second lowest number of treatment days per patient in Australia, next only to the Northern Territory.<sup>29</sup>
- The proportion of funding for community treatment services has remained the same since 2015, with funding for prevention and community support decreasing.<sup>30</sup>

Effectively, this means Western Australians are receiving very little in the way of services, especially in the community, despite WA having one of the highest-costing mental health services in the country.<sup>24</sup>



# Eating Disorders

Expand eating disorder services to address urgent unmet need.

Build and support the specialised services needed by people with Eating Disorders, with a focus on increasing expertise, providing treatment, and enhancing capacity across WA's mental health sector.

In the short term, urgently invest \$25 million over 4 years to establish structured eating disorder day programs for both youth and adults to provide step-up, step-down care in the community. There must be additional investment in outpatient treatments delivered by integrated multidisciplinary teams in each of the area health services.

Medium-term, develop and implement a comprehensive continuum model of care for individuals with eating disorders which includes access to funded specialist inpatient beds within each area health service; the critical need for 40 inpatient beds by 2025 being identified in the WA Mental Health, Alcohol and Other Drug Services Plan and in keeping with the National Eating Disorder Collaboration (NEDC) framework.

## Quick facts:

- Approximately 9% of Australians have an eating disorder,<sup>31,32</sup> including over 200,000 Western Australians.<sup>33</sup>
- Eating disorders are serious and complex, with onset usually during adolescence.<sup>32</sup>
- The mortality rate for people with eating disorders is significantly higher than the general population, particularly for people with anorexia nervosa at up to five times higher, due to the impact it has on physical health or through suicide.<sup>32,34</sup>
- Many people with eating disorders also have a comorbid psychiatric condition.<sup>34</sup>
- *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan) updated modelling indicated a need for 34 specialised state-wide eating disorder beds by 2020, and 40 beds by 2025, as well as community-based specialised state-wide services for eating disorders.<sup>35</sup> The recent Plan update shows the actual number of beds is still zero, and little progress has been made towards expanding community services.

Western Australia has a concerning lack of services for individuals with eating disorders. Our members tell us that demand for eating disorder services far outstrips what is available. At present, there are no public adult inpatient beds available across WA, limited services in the community, and long waitlists, which leaves individuals at risk of deteriorating while they wait. Historically in WA, individuals known to the public health system with an eating disorder have died without an inpatient stay in a public hospital.<sup>36</sup> There is no access to step-up, step-down services for eating disorders, including public specialist day programs or timely access to evidence-based psychological treatments. Research suggests COVID-19 has particular relevance for people living with an eating disorder,<sup>37,38</sup> with further anecdotal evidence suggesting a sharp spike in eating disorder presentations in 2020. The response to COVID-19 has placed increased demand on services which are already stretched.

Given the high morbidity and mortality rate in individuals with eating disorders, it is essential there is access to adequate services in WA now and into the future, to prevent unnecessary deaths from this complex illness.<sup>39</sup> Eating disorder services in WA must be expanded to provide greater services for all ages and stages. This must include greater access to outpatient services in the community, as well as access to specialist eating disorder inpatient care. There must be access to a range of psychological therapies within eating disorder services which are suitable to the cohort being treated and provided by appropriately trained staff. These services must be located near or ideally within a tertiary hospital and specialist medical services, to ensure proper pathways between the medical care and psychiatric care provided.

Evidence suggests early weight-gain accompanying family-based therapy is predictive of eventual recovery for adolescents<sup>40,41</sup> and the chance of recovery is increased if treatment is provided within two to three years of onset.<sup>32</sup> The RANZCP clinical guideline for the treatment of eating disorders recommends treatment as an outpatient or day patient in most instances, with specialised eating disorder unit hospital admission for those most at risk of medical and/or psychological compromise.<sup>42</sup> Access to specialist eating disorder beds for individuals with severe eating disorders is recommended by the RANZCP, the NEDC and the Royal College of Psychiatrists UK.<sup>31,42,43</sup> Establishing day programs would facilitate another level of care for individuals to step down into from hospital and step up into when requiring more intensive care.

We are strongly supportive of the implementation of a comprehensive eating disorder model, in line with the framework proposed by the NEDC.<sup>31,44</sup> The RANZCP WA Branch also reiterates that the Mental Health Commission's Plan clearly highlights the need for specialised inpatient and community services for eating disorders,<sup>35</sup> and we encourage the WA Government to urgently progress investment and implementation towards meeting these recommendations.



# Alcohol and Other Drugs

## Fund addiction psychiatry services to improve access to care

Address the critical shortage of addiction psychiatrists in alcohol and other drug services to improve access to care for individuals with substance use disorders.

**Scope and implement a state-wide model to expand the addiction psychiatry workforce which in the first three years:**

- Funds 3 FTE addiction psychiatry positions in public mental health services
- Funds 3 FTE addiction psychiatry trainee positions in public mental health services.

To provide services to those requiring specialist treatment, there is a need for significant expansion of addiction services. This includes increasing the number of Addiction Psychiatry positions in public sector alcohol and other drug services and strengthening the addiction psychiatry training pipeline. Addiction psychiatrists play a crucial role in managing addiction, as they are uniquely trained in understanding the psychological and physical health impacts of addiction, as well as the social context and public health approaches.

The RANZCP WA Branch urges the Western Australian government to apply a coordinated, multidisciplinary and long-term approach to addressing the harmful impacts of methamphetamine use, along with improving access to addiction services for those requiring treatment for substance use disorders.

### Quick facts:

- Unintentional drug-induced deaths in WA have risen significantly over the last few years, from 6.4 per 100,000 in 2012 to 8.8 per 100,000 in 2018.<sup>45</sup>
- Although there was a decline in the use of methamphetamines in the ten years to 2016, the rate of methamphetamine use in 2016 was above the national average, at 2.7% in WA compared to 1.4% nationally.<sup>46</sup>
- Neither mental health nor alcohol and other drug services are adequately resourced to respond to the complex and challenging presentations associated with methamphetamine use.<sup>47,48</sup>
- Methamphetamine use across Australia is higher in rural areas compared to metropolitan areas – a problem compounded by the limited access to addiction services in rural areas.<sup>49</sup>
- In WA there is a serious shortfall in access to services for people with a substance use disorder, with long waiting lists for those voluntarily seeking support.
- There are also many regions of WA – particularly remote areas – which are simply out of reach of any addiction specialists. There are no publicly funded addiction psychiatry positions in alcohol and other drugs services in the WA, and the training pathway for addiction psychiatry in WA has collapsed.

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*The RANZCP Western Australian Branch  
acknowledges the Traditional Owners of  
this nation and pays its respect to their  
elders both past and present.*

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