The Royal Australian & New Zealand College of Psychiatrists

RANZCP **Advocacy Strategy** 2026 – 2030



Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the traditional custodians of the lands and waters now known as Australia, and Māori as tāngata whenua in Aotearoa, also known as New Zealand.

We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and Māori.

We honour and respect the Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

Recognition of Lived and Living Experience

We recognise those with lived and living experience of mental health challenges and distress, their chosen families, whānau, carers and kin.

Their contributions, diverse perspectives, insight, and courage keep us grounded and inclusive, and focused on humanity, healing, and hope.

We strive to work in genuine partnership in all that we do, honouring their voices by centring their experiences and expertise.



The RANZCP artwork was created by Jordan Lovegrove, of the Ngarrindjeri people of the lower Murray River. The two meeting places, concentric circles, are shown as neurons communicating with each other, representing healthy brain functionality. The yellow stars represent wellbeing and positive thoughts transmitting throughout the mind. This artwork is reproduced with the artist's permission.

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President's Foreword

Psychiatry sits at the intersection of medicine, science, human experience and some of the most complex challenges facing our health and social systems. As psychiatrists, we see both what good care can achieve and the consequences when people cannot access the care and support they need.

Advocacy is therefore an important part of our responsibility as a College.

The RANZCP Advocacy Strategy 2026–2030 sets out how we will use our collective expertise and voice to contribute to better mental health systems across Australia and Aotearoa New Zealand. It provides a framework for advocacy that is focused, evidence-informed and grounded in the experiences of our members and the people, families, whānau, carers and communities we serve.

Over the coming years, our mental health systems will continue to face significant challenges: growing and changing community need, workforce shortages and maldistribution, inequitable access to care, fragmented systems, and increasing pressure on services. At the same time, developments in science, technology, models of care and our understanding of mental illness create important opportunities to improve how care is delivered.

In this environment, the College has a particular responsibility to ensure that people living with severe, complex and enduring mental illness are not left behind. We must advocate for systems that provide timely access to high-quality psychiatric care while also supporting prevention, early intervention, recovery and better mental health across our communities.

A strong and sustainable psychiatry workforce is fundamental to achieving this. Supporting psychiatrists and trainees, strengthening the future workforce and ensuring psychiatric expertise is available where it is most needed are not ends in themselves; they are essential to providing safe, equitable and high-quality care.

Our advocacy must also be shaped by partnership. This means working alongside people with lived and living experience, families, whānau and carers; respecting and supporting Aboriginal and Torres Strait Islander and Māori leadership and self-determination; and collaborating with governments, other health professions, services, researchers and communities. Different perspectives will not always align, but meaningful reform requires us to listen carefully, remain grounded in evidence and human rights, and find constructive ways forward.

Advocacy also requires courage and independence. As a medical specialist college, we have a responsibility to provide governments, decision-makers and the community with advice that is clinically informed, scientifically rigorous and focused on the public interest even when the issues are difficult or contested.

This Strategy gives us a clearer framework for doing that. It will help us focus our efforts where the College can make a distinctive contribution, strengthen coordination across our membership and jurisdictions, and increasingly measure our advocacy not simply by what we say or do, but by the change we help achieve.

Ultimately, our purpose is straightforward: to contribute to mental health systems in which people are treated with dignity, can access high-quality care when and where they need it, and where psychiatrists are supported to provide the best care they can.

I thank our members, people with lived and living experience, families, whānau, carers, communities and partners who continue to contribute their expertise and perspectives to this work. I look forward to working together to turn these priorities into meaningful and sustained change.



Dr Astha Tomar
President

Our advocacy at a glance

Vision

Leading the transformation of how mental illness is understood, experienced and treated.

Purpose

The RANZCP uses psychiatric expertise and professional standing to influence systems, policy and public attitudes - improving mental health outcomes, reducing stigma and promoting equity for individuals and communities.

Our advocacy priorities

Five connected priorities, guided by shared commitments and focused on impact



How annual objectives are prioritised

Impact · Equity · Relevance · Urgency · Evidence · Influence · Feasibility · Distinctive contribution

Focused advocacy • Coordinated action • Measurable influence

Purpose

The RANZCP Advocacy Strategy 2026–30 sets out how the College will use its expertise, relationships and collective voice to influence the future of psychiatry and mental health care across Australia and Aotearoa New Zealand.

It brings together the issues that matter most to members and the communities they serve, drawing on the insights of Fellows, Affiliates and trainees, College Faculties, Sections, Networks, jurisdictions and committees, policy work, government engagement, and the lived realities of people affected by mental illness.

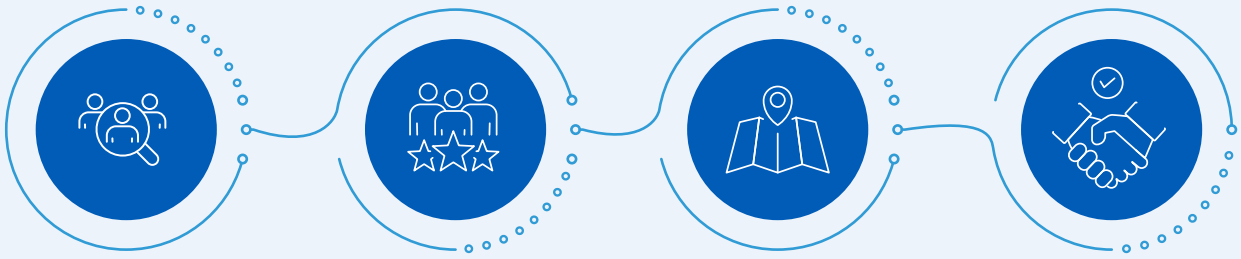
Through this Strategy, the College will focus its advocacy on the changes needed to strengthen the psychiatry workforce, improve access to high-quality and culturally safe care, reduce stigma and inequity, and support mental health systems that are person-centred, evidence-informed and sustainable.

The Strategy will help the College to:

- speak with clarity and consistency on priority issues for psychiatry and mental health reform,
- connect member expertise with opportunities to shape policy, funding, legislation and service design,
- coordinate advocacy across jurisdictions and College bodies so effort is focused, timely and aligned, and
- demonstrate the value and impact of the College's advocacy to members, stakeholders, partners and decision-makers.

The five priority areas are the College's enduring advocacy framework for 2026–30. Within this framework, a smaller number of specific advocacy and policy objectives will be agreed each year to keep effort focused, proactive and responsive to emerging risks and opportunities across Australia and Aotearoa New Zealand. The Strategy is designed to strengthen the College's influence over time by making advocacy more deliberate, better connected to member expertise, and more clearly focused on outcomes for psychiatrists, patients, carers, whānau and communities.

How the college advocates



Uses credible evidence and psychiatric expertise to shape policy and public debate

Works with governments and health systems for sound, sustainable reform

Advocates locally, jurisdictionally and bi-nationally for systemic change

Partners with medical colleges, the mental health sector and lived and living experience

Advocacy tools



Policy submissions and formal responses

Position statements and guidance

Media and public campaigns

Influencing governments

Coalition work and partnership

Outcome: A clinically sound, rights-based, person-centred, culturally safe and future-focused mental health system for all.

Our advocacy priority areas

RANZCP's advocacy is strongest when it is focused, coordinated and clearly connected to the College's vision: leading the transformation of how mental illness is understood, experienced and treated. As the peak body for psychiatry in Australia and Aotearoa New Zealand, the College brings clinical expertise, leadership, research, evidence and professional authority to policy debates, service reform and public conversations about mental health. Our priorities provide a shared framework for this work, helping the College decide where it should lead public advocacy and where it can have the greatest impact.

These five priority areas reflect the issues where psychiatrists and the College can make a distinct and meaningful contribution. Across all five, our advocacy will be grounded in human rights and dignity, evidence-informed policy, social justice and equity, partnership with people with lived and living experience and carers, and culturally safe care. Aboriginal and Torres Strait Islander and Māori leadership, self-determination and genuine partnership are cross-cutting commitments that will shape how priorities are developed, advanced and evaluated. By organising advocacy around endorsed priorities, RANZCP can move beyond reactive activity and build a more proactive, consistent and visible advocacy program that supports members, strengthens relationships with decision-makers and delivers sustained influence over time.



Annual advocacy objectives will be prioritised using transparent criteria, including the likely impact on people and communities; equity implications; relevance to psychiatry and the College's purpose; urgency; strength of evidence; opportunity for influence; feasibility; and where RANZCP can make a distinctive contribution. These criteria will support disciplined choices and help ensure that not every issue within the framework becomes an immediate priority.

Together, these priority areas set the direction for practical advocacy action, including policy submissions, government engagement, parliamentary briefings, research commissioning, stakeholder partnerships, public campaigns, media commentary and member-led advocacy. They also support clearer planning, better coordination across National Offices, Branches, Faculties, Sections, Networks, committees and College staff, and more consistent reporting on the College's advocacy activity and impact.

Priority area 1:
Mental healthcare system reform

RANZCP's advocacy for mental healthcare system reform centres on building a better connected, adequately resourced system that is less reliant on responding to crises. This means addressing the structural weaknesses that drive long waits, emergency department pressure, bed-block, fragmented care pathways and gaps in community-based support.

When specialist psychiatric capacity is limited, people are more likely to experience delayed care, escalation of illness, reliance on emergency departments and poor continuity of care after discharge.

A stronger system would build up specialist mental health and hospital services and integrate them with primary care, community supports, disability, justice, housing and social care. The RANZCP calls for funding models, including funding to address gaps in research, that reflect the level and complexity of community need, and for reform that finally delivers the services promised by governments at all levels, so people can move between services without falling through the gaps.

In practice, this would support shared care planning and clearer links between hospital, community, primary care and specialist psychiatric services.



Examples:

- National mental health and suicide prevention agreements and intergovernmental reform
- Mental health strategy development and long-term system planning
- Psychiatry-led and multidisciplinary models of care
- Primary care and specialist funding reform, including the Medicare Benefits Schedule (MBS)
- Child, youth and family mental health system reform
- Mental health, justice and forensic system reform
- Private health insurance, managed care and funding arrangements
- Digital mental health, virtual care and service integration
- Community-based mental health services and stepped-care models

Priority area 2:
Skilled, supported and distributed workforce

Psychiatric workforce shortages remain one of the most significant barriers to safe, timely and equitable mental health care. RANZCP has consistently called for action to grow, support and better distribute the psychiatry workforce, particularly in rural, regional and underserved communities.

The central tenet is that workforce shortage is not a standalone issue: it drives long waits, reduced access, pressure on emergency departments, inequity for rural and disadvantaged communities, and poorer outcomes for priority populations. It represents a clinical risk at unacceptable levels which results in extreme events when unmitigated or left unmanaged.

Advocacy includes expanding training places, strengthening supervision, modernising training pathways and improving recruitment and retention. It also requires attention to psychiatrist wellbeing, manageable workloads, multidisciplinary team-based care and the professional supports needed to sustain the workforce over time. And it involves an understanding of gaps and their solutions through research.

Strengthening local psychiatric capacity would help people receive specialist assessment and treatment closer to home, without long waits or the need to travel long distances.



Examples:

- Remote, rural and regional
- Psychiatry training posts and supervisor capacity
- Psychiatry workforce (volume, placement, flexibility)
- Psychiatry leadership and mental health system stewardship
- Psychiatry professional supports
- Private hospitals training pathways and shared care

Priority area 3: Evidence-informed psychiatric care, treatment and clinical leadership

RANZCP advocates for access to high-quality, evidence-informed psychiatric care across assessment, diagnosis, treatment, clinical governance and complex care. This includes psychotherapy, medicines, biological and emerging treatments, and the translation of evidence and clinical standards into safe, effective practice.

This priority reinforces psychiatry's clinical and institutional leadership. The College will ensure that reform is informed by psychiatric expertise, clinical evidence, quality and safety standards, and the realities of service delivery, with particular focus on people living with severe, complex and enduring mental illness, including psychotic disorders, mood disorders and eating disorders.

The focus is on ensuring psychiatric expertise is available where clinical decisions are complex, risk is high and where continuity of care is essential.

Ready access to psychiatric input would improve diagnosis, medicines management, risk assessment and coordinated care planning for people with severe or complex mental illness.



Examples:

- Severe, complex and enduring mental illness, including psychotic disorders, neurodevelopmental disorders, mood disorders and eating disorders
- Physical health inequity and premature mortality
- Addictions, alcohol and other drug use, and co-occurring mental illness and substance use
- Prevention and early intervention across the continuum of care
- Psychotherapy, medicines, biological, novel and emerging treatments
- Digital mental health, artificial intelligence and emerging technologies
- Clinical standards, quality and safety, and evidence translation
- Mental health legislation, supported decision-making, involuntary treatment and restrictive practices

Priority area 4:
Population-wide equity in mental health care

Equity is a central theme in RANZCP's advocacy, with the College calling for action to reduce the structural barriers that prevent people from receiving timely, affordable and culturally safe specialist care.

This priority is strongly connected to workforce and system reform. RANZCP positions inequitable access, long wait times and cost barriers as consequences of a system in which demand exceeds available specialist capacity and funding does not match need.

These barriers include geography, cost, underserved communities, workforce maldistribution and system design. RANZCP's work in this area spans affordable psychiatric care, stronger community-based services, improved rural and remote access, culturally safe services for Aboriginal and Torres Strait Islander, Māori and Pasifika people, better youth mental health supports and safeguards for people with psychosocial disability affected by broader system changes.

The aim is to make mental health and specialist psychiatric care more locally available, culturally safe and accessible for people facing barriers related to distance, cost, stigma or service availability.



Examples:

- Regional, rural and remote communities
- Child, adolescent and youth
- First Nations and Māori and Pasifika
- Women (medical misogyny, menopause, pregnancy, sexual harms)
- Men (under-diagnosis, high suicide rate)
- Older people
- Veteran and military psychiatry
- LGBTIQ+
- Refugees and asylum seekers
- Social determinants of mental health

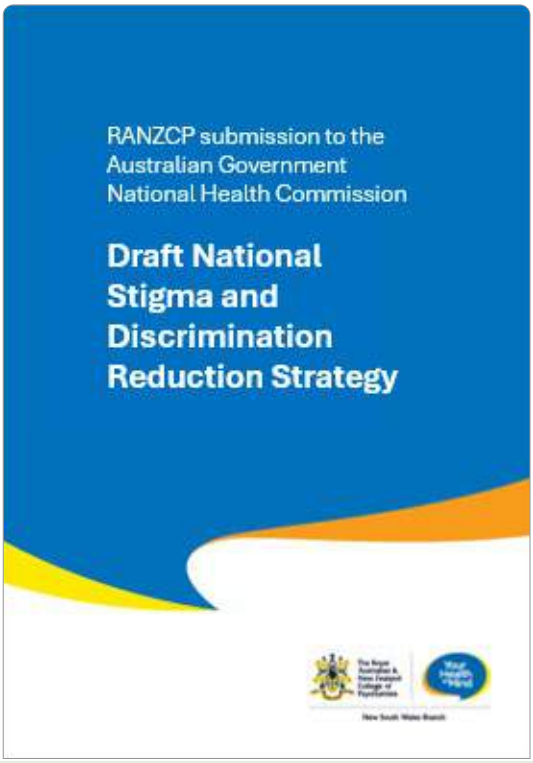
Priority area 5:
Person-centred care and stigma reduction

RANZCP advocates for mental health care that is person-centred, culturally safe, trauma-informed and shaped by the voices of people with lived and living experience.

The College's advocacy links person-centred care to broader system performance and equity. When services are fragmented, crisis-driven or difficult to access, people may delay seeking support or disengage from care.

This approach emphasises dignity, respect, choice and care that responds to the whole person rather than only to diagnosis or treatment. It includes reducing stigma, embedding lived and living experience leadership, strengthening trauma-informed responses to violence, supporting culturally safe design, and promoting health-led approaches in justice and disability settings. A rights-based approach will also guide advocacy on mental health legislation, supported decision-making, involuntary treatment, restrictive practices and access to person-centred care.

Service redesign should include Aboriginal and Torres Strait Islander and Māori leadership, lived and living experience representatives and clinicians from the outset, helping create models of care that are trusted, non-stigmatising and responsive to real-world needs.



Examples:

- Lived and living experience
- Role of families, carers, whānau
- Voluntary assisted dying
- Family violence
- Stigma and discrimination reduction for those with moderate to severe mental health conditions

How we advocate

RANZCP advocates through sustained engagement with decision-makers and partners. This includes working with ministers, ministerial advisers, departments, statutory bodies, parliamentary committees, crossbench and opposition representatives, as well as collaborating with other medical colleges, peak bodies, professional associations, lived and living experience organisations, and community groups.

The identified priority areas can be translated into practical action through policy submissions, formal responses to government inquiries, position statements, budget asks, parliamentary briefings, targeted stakeholder meetings, campaign activity and research acquisition and translation.

Evidence based

Effective advocacy also means influencing the research agenda where gaps in studies, data and evidence limit understanding or impede better policy and practice. The RANZCP will identify priority evidence gaps and advocate for targeted research, data collection and evaluation that strengthens mental health policy, services and outcomes across Australia and Aotearoa New Zealand.

Member informed

Members are central to the College's advocacy influence. Fellows, Affiliates and trainees across Faculties, National Offices, Branches, Sections, Networks and committees bring direct clinical experience, local knowledge and trusted professional voices that can strengthen advocacy at national, jurisdictional and local levels.

Media and digital presence

In parallel, proactive media and digital activity helps RANZCP shape the public narrative rather than only responding to events. This includes forward media planning aligned to policy cycles, expert commentary, opinion pieces, public campaigns, lived and living experience storytelling where appropriate, stronger website visibility, coordinated social media and use of channels such as podcasts, short-form video and paid campaigns to broaden reach.

Collaboration and partnership with other medical colleges, universities, and key mental health stakeholders

The College also advocates by building purposeful alliances with organisations that share our commitment to improving mental health care and the wellbeing of the communities we serve. By working with medical colleges, professional bodies, consumer and carer peaks, lived experience leaders, health services, and broader health sector partners, the RANZCP can strengthen its influence, amplify the voice of psychiatrists, and present clear, credible and united proposals for reform. This means identifying shared priorities, building consensus around practical solutions, coordinating messages, and using evidence, clinical expertise and member insights to shape advice to government and decision-makers.

Our partnership approach also enables us to respond more effectively to emerging issues, contribute to joint submissions and consultations, support sector-wide campaigns, and advocate for reforms that require coordinated action across the health and mental health systems. This recognises that many of our advocacy priorities, such as workforce sustainability, Medicare reform, integrated and person-centred care, equitable access to psychiatry, and safe and effective digital mental health, are best advanced through sustained, collaborative and system-wide advocacy.

Embedding lived and living experience in advocacy

Lived and living experience must be central to the College's advocacy because effective mental health reform depends on the expertise of the people, families, whānau, carers and supporters most affected by the policies, services and systems it seeks to influence. Embedding lived and living experience strengthens the legitimacy, relevance and impact of the College's advocacy by ensuring that policy positions are grounded not only in clinical evidence and psychiatric expertise, but also in the realities of people's lives, rights, preferences and experiences of care.

This approach aligns with the College's commitment to partnership, co-design and co-production, recognising that people with lived and living experience provide essential insight into how psychiatric care and mental health systems can become more equitable, choice-based, compassionate and person-centred. It also supports stronger advocacy by helping to identify unintended consequences, challenge stigma, surface barriers to access, and ensure reform proposals reflect what matters most to consumers, carers, whānau and communities.

In practice, the College will seek to embed lived and living experience across the advocacy cycle: from setting priorities and shaping policy positions, to developing submissions, engaging with governments and stakeholders, and evaluating the impact of our advocacy. This should include early and meaningful engagement, clear feedback loops, appropriate recognition and remuneration, and culturally safe approaches that reflect the diversity of consumer, carer, family, whānau and community perspectives across Australia and Aotearoa New Zealand.

By embedding lived and living experience as a core advocacy capability, the College can advocate with greater authority and integrity for mental health systems that are responsive, rights-based, trauma-informed and recovery-oriented. This will help build trust in psychiatry, strengthen partnerships with communities and decision-makers, and support reforms that improve outcomes for people experiencing mental health conditions and those who support them.


Lives at risk as psychiatrist shortage fuels Australia's worsening mental health crisis

Advocacy impact, monitoring and reporting

To strengthen accountability, organisational learning and member confidence, the College will establish a structured approach to monitoring and reporting advocacy activity, influence and outcomes. While advocacy impact can be difficult to attribute directly, a consistent reporting framework will help demonstrate progress against agreed priorities, identify where approaches are working, and support evidence-informed decision-making.

The framework will distinguish between activity and outputs, reach and engagement, influence, and outcomes and impact. This will allow the College to track not only what advocacy work was undertaken, but who it reached, what changed in response, and whether it contributed to improvements in policy, funding, legislation, services or outcomes.



Outcomes and impact: changes to policy, funding, legislation, regulation, service design, clinical practice or population outcomes that advance equitable, rights-based and person-centred mental health care.



Influence: evidence that College advice is reflected in policy debate, government or sector positions, consultation outcomes, commitments, agendas or public narratives.



Reach and engagement: participation by members and lived and living experience representatives, stakeholder relationships, audience reach, media visibility and engagement with College priorities.



Activity and outputs: meetings, briefings, submissions, position statements, policy papers, campaigns, media activity and other advocacy products.

Reporting will be embedded into advocacy governance, with a six-monthly advocacy impact report for members and key stakeholders to be published on the College's website. Internal learning reviews should accompany reporting to assess what has influenced change, where advocacy effort should be adjusted, and how member and stakeholder engagement can be strengthened. Over time, this approach should build a clearer evidence base for advocacy, improve transparency, and enable the College to better articulate its value and impact.

The Royal Australian & New Zealand College of Psychiatrists

www.ranzcp.org