



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



RANZCP

# Federal Pre-Budget Submission 2026-2027

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# Investing in Australia's mental health

## From the President

Every year, one in five Australians will experience a mental health condition. Almost half of us will face mental ill-health at some point in our lives. These are not just statistics, they are stories of distress, resilience, and recovery. They are reminders that mental health is not a niche issue, but a national priority.

As President of the Royal Australian and New Zealand College of Psychiatrists, I am proud to present our 2026–27 Federal Pre-Budget Submission. This document reflects the collective expertise of our members and the lived experience of those we serve. It outlines a clear and achievable roadmap to strengthen psychiatric care, address workforce shortages, and improve access for all Australians.

Mental health care is people care. Without psychiatrists, there is no mental health system. Yet our profession is facing unprecedented strain, burnout and a looming retirement cliff that threatens to destabilise services across the country. These are symptoms of pressures in Australia's broader mental health system. A system that is buckling under relentless demand, where chronic underinvestment and lack of resources are tying the hands of mental health professionals as they care for many of our nation's most vulnerable people.

This submission calls for targeted investment to attract, train, retain, and support psychiatrists. It proposes reforms to funding structures, training pathways and models of care that will enable psychiatrists to work to their full scope, particularly in rural and underserved communities. It also champions the inclusion of lived experience in policy and service design, recognising that meaningful reform must be co-created with the people the mental health system is meant to serve.

We know that mental health investment delivers strong returns, economically, socially, and personally. We also know that the cost of inaction is far greater. The proposals in this submission are not aspirational, they are essential.

We thank the Australian Government for its ongoing commitment to mental health reform and urge it to act decisively on the recommendations outlined here. Together, we can build a system that is equitable, effective, and enduring.



**Dr Astha Tomar**  
President



Australia currently has just  
**16 psychiatrists**  
per 100,000  
population

- AIHW



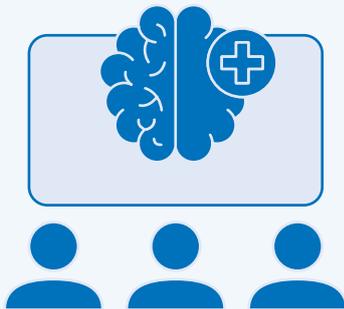
Community demand for psychiatric services will far outstrip supply over the next 25 years, with a  
**projected 20.7% undersupply of psychiatrists by 2048**

- DoHDA



**\$27 billion is lost annually**  
due to the economic impact of health challenges in rural communities

- NRHA



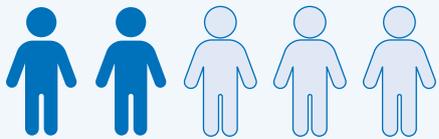
Mental health presentations to emergency departments  
**increased by 11 per cent**  
between 2016 and 2024

- ACEM

**Every \$1 invested**  
in prevention and early intervention delivers  
**up to \$4**  
in economic return

- NMHC



**2 in 5**  
**Australians**   
will experience a mental health condition in their lifetime.

- DoHDA

# Proposals

## Mental health workforce reform

1

Expand federally funded psychiatry training places, including a targeted investment of \$22,976,000 over two years to support up to 70 rural psychiatry posts, supervision, and digital infrastructure.

2

Invest \$2.14 million to extend the Psychiatry Interest Forum program to June 2028 to provide a critical linkage, build a sustainable workforce pipeline, and strengthen rural access to care.

3

Develop and deliver a 2–3-year pilot of the NCP and APED frameworks for psychiatry, enabling funded trainee and supervisor positions within private hospitals and community clinics to grow national training capacity and improve access to mental health care.

4

Introduce a new MBS item for medical practitioners who have completed the Certificate of Postgraduate Training in Clinical Psychiatry to support expanded models of care and improve rural access to mental health services.

## Mental health system reform

5

Commit \$6–24 million annually to embed psychiatrist positions within Medicare Mental Health Kids Hubs to provide complex assessment and clinical governance, supported by investment in a shared data and outcomes framework to monitor access, service use, and impact for children and young people.

# Introduction

Australia's mental health system is at a critical juncture. With increasing demand for services, the existing workforce facing unprecedented strain and, without urgent reform, gaps in access, equity and service delivery will continue to widen. Key issues such as workforce shortages, systemic inequities and barriers to care are converging to create a perfect storm.

The time to act is now. A robust, well-supported psychiatry workforce is the foundation of a responsive,

compassionate mental health system. With targeted investments, we can shift the system towards early intervention, integrated care and culturally safe practices that benefit all Australians. From strengthening rural mental health services to expanding youth mental health programs and embedding lived experience in decision-making, the path forward is clear.

However, achieving lasting change will require sustained commitment and comprehensive reform.

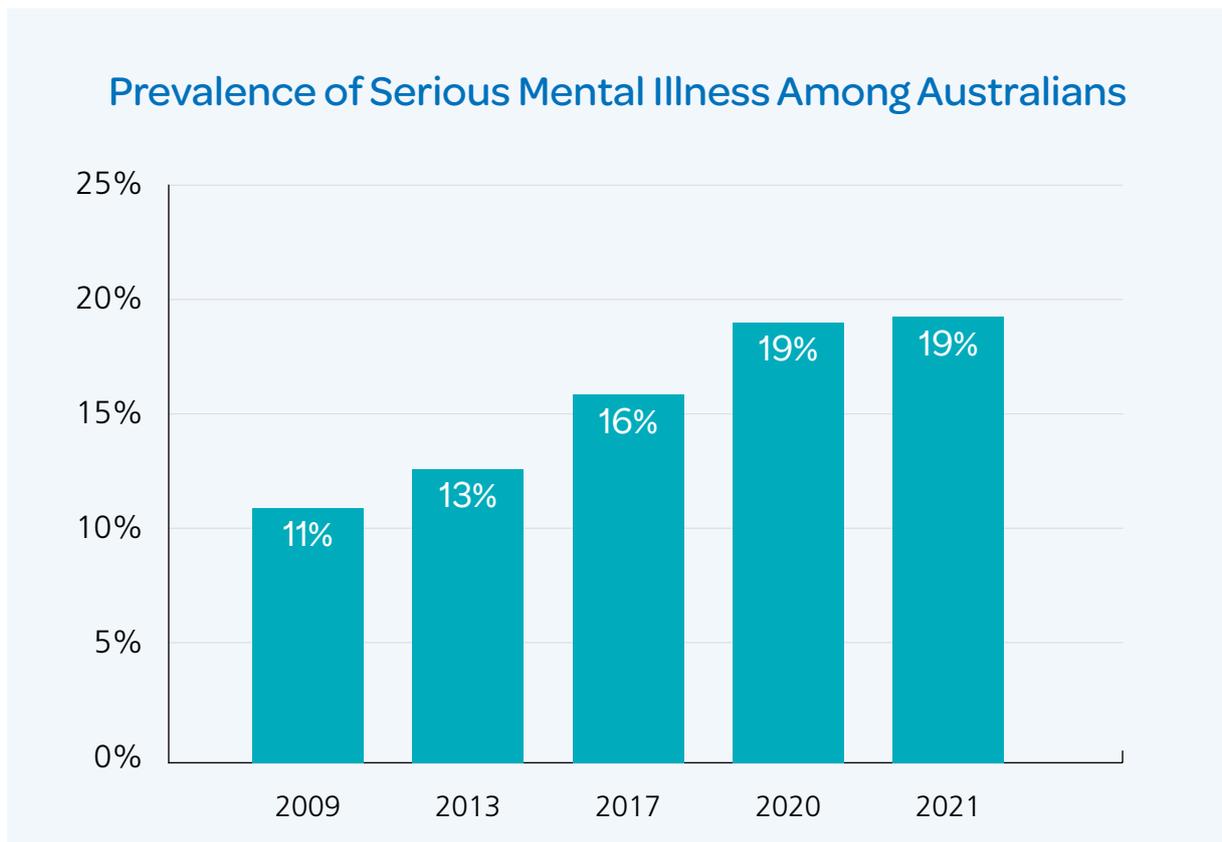


Figure 1: Indicates the increase in prevalence of serious mental illness among Australians. Retrieved from the [AIHW Prevalence and Impact of Mental Illness Report](#).

# Mental health workforce reform

The psychiatry workforce is in crisis. Demand for specialist mental health care continues to grow, yet the supply of psychiatrists has failed to keep pace. Australia currently has just 16 psychiatrists per 100,000 population. [1]

Workforce modelling predicts that shortages will peak in 2033 at 24.7%, stabilising at around 21% until 2048. [1] Psychiatrists represent the oldest group of health professionals working in the mental health sector, with an average age of 55, 22% over 65, and nearly one-third considering leaving the profession within three years due to burnout, excessive on-call duties, and moral injury. [2]

The impact of shortages is felt most acutely in the public system and in rural and remote communities, where access is consistently limited. Aboriginal and Torres Strait Islander peoples and individuals from culturally and linguistically diverse (CALD) backgrounds face disproportionately high barriers to accessing mental health care. [3-5]

Without urgent, coordinated Federal and State investment in workforce expansion, supervision, retention and psychiatry training, along with safeguards to ensure State-funded training posts are not reduced as Federal places increase, the mental health system will be undermined, despite strong interest from prospective trainees.

The collaboration of federal and state governments is essential to address existing workforce shortages. Federal government must ensure that additional federally funded training places do not simply replace state funded training places through legislative agreement and conditional funding arrangements. It is vital that state funded training places persist and are bolstered by an increase in federally funded places.

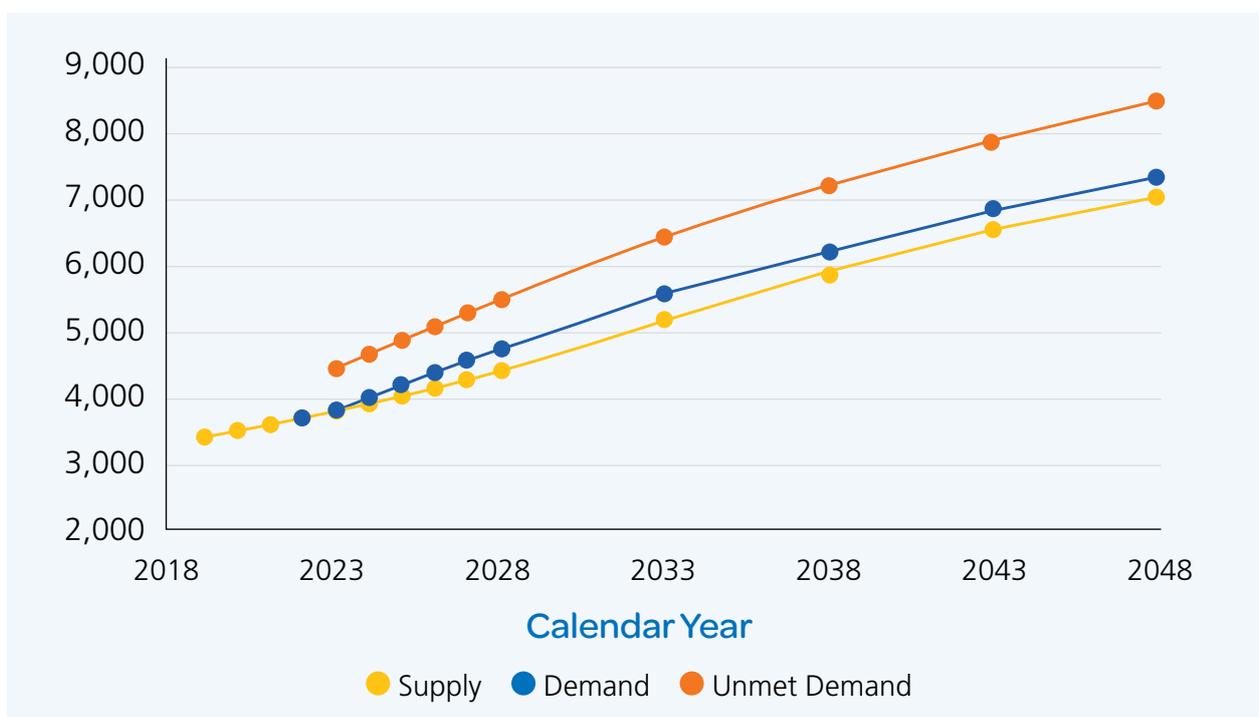


Figure 2: National supply versus demand, 2018-2048, FTE. Retrieved from the DoHDA Psychiatry supply and demand report.

## A fiscally neutral investment delivering long-term productivity gains – the case for investing in mental health and its workforce

Modelling by the National Mental Health Commission shows that every \$1 invested in prevention and early intervention delivers up to \$4 in economic return through reduced absenteeism, healthcare costs, and productivity loss. Mental ill health costs the Australian economy around \$56 billion annually [3], yet modelling consistently demonstrates that targeted investment pays for itself. [6, 7] Federal investment in prevention, early intervention and workplace mental health is not only sound health policy but a fiscally responsible strategy that reduces pressure on health, welfare and justice systems while strengthening workforce participation and national productivity.

Even where direct economic data is limited, investment in mental health is expected to deliver measurable benefits across multiple domains. These include improved consumer health outcomes, more efficient and coordinated service delivery, and greater equity of access, particularly in rural and remote areas where practitioners can be supported to work to their full scope.

Australia’s psychiatry workforce is at tipping point. Without urgent and sustained investment in training, supervision, and retention, shortages will continue to undermine every part of the mental health system, from early intervention to acute care.

Strengthening psychiatry is a high-value, long-term investment: every new psychiatrist increases capacity, reduces hospitalisations, and supports better mental health outcomes across generations. Expanding training programs, retaining senior clinicians, and building rural and culturally safe workforce pathways will secure the expertise needed to meet growing demand and deliver equitable care for all Australians.

### Example: High-ROI Psychiatry Training Expansion

Year	Number of new rural trainees (FTEs)	Cumulative number of trainees	Cost per trainee to completion (~7 years)	Year on year spend (STP + Rural support)	Cumulative annual investment
1	25	25	\$980,000	\$3.5m	\$3.5m
2	25	50	\$980,000	\$3.5m	\$7.0m
3	25	75	\$980,000	\$3.5m	\$10.5m
4	25	100	\$980,000	\$3.5m	\$14.0m

1 [Specialist Training Program](#)  
2 [Psychiatry Workforce Program](#)

## Federally funded positions

Federally funded training programs, including the Specialist Training Program (STP)<sup>1</sup> and Psychiatry Workforce Program (PWP)<sup>2</sup>, play a crucial role in addressing distribution challenges. These programs support specialist training beyond metropolitan teaching hospitals, providing exposure to diverse clinical environments, and helping to equip future psychiatrists to work to their full scope of practice within their communities. However, both programs are currently under review and have not yet secured extensions, creating uncertainty regarding future training capacity.

A key priority is to scale up rural and academic psychiatry training capacity through additional federally funded specialist training places, alongside increased investment in the administrative and supervisory infrastructure that underpins successful rural and remote training.

The Commonwealth currently contributes \$110,619.24 (GST exclusive) per STP place per FTE per year, or roughly \$980,000 per psychiatrist over a 7-year training period. To make rural placements sustainable, additional support is required for supervision, continuing professional development (CPD), relocation, digital infrastructure, and trainee incentives.

The table below illustrates how rural training places can be steadily expanded over several years, spreading costs incrementally while building a reliable workforce pipeline:

- Incremental investment builds the workforce steadily and avoids sharp budget increases
- Each training place produces a fully qualified psychiatrist who contributes decades of specialist service
- Better workforce distribution reduces emergency presentations, supports earlier treatment, and boosts economic participation in rural communities.

## Strengthen rural and remote mental health services

Rural and remote communities face significant health and economic challenges. The National Rural Health Alliance (NRHA) [reports](#) that over \$27 billion is lost annually due to the economic impact of health challenges in rural communities, much of which could be alleviated through targeted investment in rural mental health services. A large proportion of this loss can be mitigated through investing in the mental health of rural populations.

Rural populations also experience the highest rates of emergency department presentations, highlighting the need for early intervention and preventative care to reduce reliance on acute services.

Workforce maldistribution compounds these challenges with 88% of psychiatrists employed in major cities. [8] Access to psychiatrists in rural and remote Australia is limited, forcing many patients to rely on emergency departments (EDs) for acute care [9].

The [RANZCP Rural Psychiatry Roadmap](#) outlines evidence-based strategies to improve equity, including supported rural placements, dedicated supervisors, and rural Directors of Training (DoT). These measures are critical to ensuring equitable access to mental health care across both geographic and cultural groups. Investment should prioritise Aboriginal and Torres Strait Islander psychiatrists and trainees, supported by culturally safe supervision and partnerships with Aboriginal Community Controlled Health Organisations.

The Rural Psychiatry Roadmap has achieved 27.3% of deliverables completed, including:

- Establishment of Rural Directors of Training, now funded through state and territory governments.
- Development of the Remote Supervision option for trainees in rural locations.
- Development of Alternate Rural Pathways for Child and Adolescent Psychiatry and Consultation-Liaison Psychiatry mandatory rotations for rural trainees.
- Development of prioritisation criteria which enable applicants for admission to training who are from a rural origin/background or who are Aboriginal and or Torres Strait Islander to move straight to interview if they have met all key eligibility criteria for admission.

Further deliverables are in progress or continuing, such as rural readiness workshops, exam support programs, remote supervision regulations, and development of comprehensive support packages for trainees and supervisors. However, 25% of deliverables are scheduled for later years, underscoring the need for sustained investment to accelerate implementation. Training specialists in rural communities not only addresses immediate service gaps, but also fosters a sustainable workforce, embedding practitioners for lifelong local practice. [10, 11]

Extending the Rural Psychiatry Training Program (RPTP) and supporting the Rural Psychiatry Roadmap for an additional 2 years will:

- Deliver on the RANZCP Rural Psychiatry Roadmap 2021–2031, including;
  - expand rural training opportunities,
  - increase rural supervisor capacity, and
  - build pathways for subspecialist rotations.
- Align with the National Mental Health Workforce Strategy 2022–2032.
- Reduce reliance on EDs and improve mental health outcomes in rural communities.
- Support sustainable workforce development of up to 70 positions and economic productivity.

	Cost
Base Training Cost	\$18,200,000
Governance and Support (10%)	\$1,820,000
Relocation Incentives	\$2,100,000
Rural Psychiatry Roadmap Implementation	\$856,000
<b>Total Estimated Cost</b>	<b>\$22,976,000</b>

## Proposal

Expand federally funded psychiatry training places, including a targeted investment of \$22,976,000 over two years to support rural psychiatry posts, supervision, and digital infrastructure. This initiative will capitalise on increased interest in psychiatry training while enabling earlier intervention, reducing costly emergency department presentations, and mitigating productivity losses.

## Strengthening pathways into psychiatry through early engagement

The specialist mental health workforce that will support Australians in the next decade, is being built by and in today's mental health system. Psychiatry training takes a minimum of 5-7 years after medical school, meaning that today's funding decisions shape the workforce available in the next decade. [1] Building the future psychiatry workforce requires immediate and sustained investment.

The RANZCP's [Psychiatry Interest Forum \(PIF\)](#) is a dedicated and effective pathway program for medical students and junior doctors into psychiatry. Since 2013, over 8,900 medical students and doctors Australia-wide have joined the PIF program.

Offering high accessibility and scalability, PIF provides a critical linkage to the RANZCP Fellowship Training Program, with 86% of new trainees who commenced specialist psychiatry training in 2024 having prior PIF membership. The program is highly adaptable and can be leveraged and aligned with Australian specialist workforce recruitment future directions, offering rural and training-program readiness skills and experiences, directly supporting Strategic Pillar 1 (Attract and train) of the National Mental Health Workforce Strategy (2022-2032).

PIF generates fresh enthusiasm and interest in psychiatry careers including rural psychiatry, addresses stigmas about psychiatry from the earliest stages of medical education, and focuses on educational opportunities that set up tomorrow's trainees to be ready to apply for the RANZCP

Fellowship Training Program. Annually, the PIF Program delivers eight (8) dedicated psychiatry careers events, supports over 25 external events, hosted by 36 university medical student and psychiatry societies, and partners with Australian Medical Students' Association (AMSA) and Australian Indigenous Doctors' Association (AIDA).

PIF activities can be aligned with Federal priorities. Focus on rural and First Nation pathways will increase rural training appetite, support First Nation medical students and junior doctors, and continue to be a robust pathway for trainee psychiatrists.

A \$2.14m direct investment in the PIF Program, providing funding until June 2028, will provide a low-cost and effective platform to strengthen the pathway to psychiatry, increase interest in psychiatry as a profession, and boost applications for the RANZCP Fellowship Training Program including the rural training pathway.

### Proposal

Invest \$2.14 million to extend the Psychiatry Interest Forum program to June 2028 to provide a critical linkage, build a sustainable workforce pipeline, and strengthen rural access to care.

# Insights from PIF Program Participants



Image: PIF Program Participants at 2025 RANZCP Congress



“The PIF program was incredibly welcoming and encouraging. It was thoughtfully designed to ensure that we were introduced to all aspects of psychiatry and gave us the platform to network and ask questions. I spoke to consultants and registrars, discussing the intricacies of public and private practice, and how to tackle the day-to-day of being a psychiatrist.

It was wonderful to be in a supportive environment where everyone from senior psychiatrists to fellow students, were eager to share their experiences and provide advice. Since attending the Congress, I have made like-minded friends who I will hopefully have the privilege of calling my colleagues in the near future.”

- 3rd year NSW medical student, 2025 PIF Program at the annual RANZCP Congress



“This regional placement also highlighted for me the necessity of multidisciplinary models of care and the pivotal role rural generalists and psychiatrists play in integrating medical, psychological, and social dimensions of treatment. The knowledge and skills gained through this rural experience will be invaluable as I pursue a career committed to improving mental health outcomes in underserved populations.”

- Final year medical student from University of Melbourne, recipient of a 2025 PIF Rural Psychiatry Placement Bursary coordinated via AMSA



“I used to picture myself in metropolitan psychiatry, but now I can see the value and the satisfaction of working rurally. The work feels impactful, and the learning environment was both supportive and challenging in the best way. Overall, this placement confirmed my passion for psychiatry and gave me a deeper appreciation of rural health.”

- Final year medical student from Flinders University (SA), recipient of a 2025 PIF Rural Psychiatry Placement Bursary coordinated via AMSA



“This experience has truly solidified my passion for the field. My earlier exposure to mental health during placements sparked this interest, but attending Congress has deepened it and confirmed that psychiatry is the path I want to pursue.”

- 3rd year QLD medical student, 2025 PIF Program at the annual RANZCP Congress



## Strengthen private psychiatry

Private practice psychiatry represents a large component of Australia's mental health sector, home to some of the most experienced and expert mental health clinicians in the country. Yet, financial and administrative support for supervision is limited, and time for training is constrained by the national workforce shortage.

To build a sustainable psychiatry workforce and strengthen the training pipeline, the Federal Government should expand support for training within private practice settings. Enhanced private-sector involvement would:

- Support the delivery of Priority 3 of the [National Medical Workforce Strategy](#) to reform training pathways.
- Provide trainees with exposure to lower acuity patients, allowing learning to occur in safe, structured, and less pressured environments. [13]
- Expand training pathways with increased flexibility, aligning with priority three of the National Medical Workforce Strategy. [14]
- Enhance trainees' understanding of the real-world service mix and improve readiness for independent practice.
- Increase the overall training capacity of existing private psychiatry practices.
- Relieve supervision pressure in the public sector, helping reduce supervisor burnout.
- Strengthen rural and regional capacity by incentivising participation of private practitioners in underserved areas.
- Distribute training capacity more evenly across the mental health system, reducing the burden on already stretched public services. Distribute training capacity more evenly across the mental health system, reducing the burden on already stretched public services.

## National Consistent Payments Framework

The National Consistent Payments (NCP) Framework provides transparent, standardised remuneration for general practice training—covering registrars, supervisors, and accredited practices, with rural loadings via the Modified Monash Model. This approach has improved training satisfaction, increased capacity, and supported the development of more than 1,500 new GPs each year. Adapting the NCP framework to psychiatry would ensure equitable funding for trainees and supervisors across private hospitals, outpatient services, and community clinics.

Structured payments could:

- Offset supervision and administrative costs in private settings.
- Support rural loadings to improve distribution in areas of need.
- Enable innovative placement models, including telepsychiatry, outreach services, consultation-liaison roles, and mixed-setting rotations.

## Approved Private Emergency Department Program

The APED Program provides approved private hospitals with higher MBS rebates for registrar delivered care, ensuring placements remain financially viable.

The RANZCP proposes adapting this model to psychiatry by establishing an Approved Private Hospital Psychiatry Training Program, which would:

- Provide direct, structured payments to supervisors.
- Allow up to 30% of training time to be recognised for outpatient or consultation liaison activities.
- Tie remuneration to training standards, maintaining quality and consistency across sites.

A combined pilot applying both the NCP and APED models to psychiatry would demonstrate how private practice can sustainably expand the national training pipeline.

By enabling funded trainee and supervisor positions within private hospitals and community clinics, this pilot could:

- Significantly increase national psychiatry training capacity.
- Allow nearly half of existing mental health services to deliver more sessions and take on trainees.
- Improve access to care across metropolitan, regional, and rural Australia.
- Reduce unmet demand by accelerating workforce supply.

## Proposal

Develop and deliver a 2–3-year pilot of the NCP and APED frameworks for psychiatry, enabling funded trainee and supervisor positions within private hospitals and community clinics to grow national training capacity and improve access to mental health care.

## Support expanded scope of practice

Addressing the mental health needs of rural and regional Australians will require making full use of the existing workforce by supporting clinicians to work to the top of their scope. In 2023, the RANZCP partnered with the Department of Health and Aged Care (DoHAC) to develop the Certificate of Postgraduate Training in Clinical Psychiatry (the Certificate) to enhance the knowledge and skills of medical practitioners interested in psychiatry and mental health care.

While these clinicians are no replacement for the unique expertise of psychiatrists, particularly for complex and enduring mental health issues, clinicians with an enhanced capacity to treat mental health will be better equipped to deliver early intervention and identify where specialist referral is required, reducing costly ED presentations.

The Government's commitment to subsidise 200 GPs to undertake the Certificate is a commendable step toward strengthening primary care responses to complex mental health presentations, particularly in areas where psychiatrists are scarce. However, a key barrier to uptake and completion remains the absence of a dedicated MBS for services delivered under this expanded scope. Without a billable item, GPs face financial disincentives to apply their enhanced skills in practice, which has been reported by potential participants.

As outlined in the Unleashing the Potential of Our Workforce Report, enabling clinicians to practise to their full scope is critical to closing service gaps and improving access in rural and remote areas.

Supporting GPs who complete the Certificate with a dedicated MBS item would incentivise participation, ensure sustainability, and increase service availability for Australians with complex mental health needs.

GPs reported psychological issues are the leading reason for patient presentations. [12] Clinicians now have a pathway to expand their mental health skills; they require appropriate funding mechanisms to apply them sustainably in practice.

## Proposal

Introduce a new enhanced MBS loading item for medical practitioners who have completed the Certificate of Postgraduate Training in Clinical Psychiatry, to support expanded models of care and strengthen access to mental health services in rural and remote communities.

# Mental health system reform

## The case for action

Australia's next generation is growing up in a mental health system that is fragmented, overstretched, and ill-equipped to meet rising demand. Half of all lifetime mental illnesses emerge before age 14, yet specialist services remain severely limited and unevenly distributed.

Without decisive investment, we risk entrenching a cycle of crisis-driven care and preventable harm. Strengthening early intervention, expanding youth psychiatry training, and improving continuity between health, education, and social systems will deliver lifelong benefits, improving educational outcomes, workforce participation, and community wellbeing.

Every dollar invested in youth mental health delivers a social and economic return many times over.

## Child, adolescent, and youth mental health

Mental health conditions often emerge early in life, with half of all lifetime mental disorders developing before the age of 14. [15] Targeted investment in prevention, early intervention, and family-based care offers the greatest opportunity to improve long-term outcomes, reduce distress, and lessen demand on acute and crisis services. [16, 17]

Currently, Australia spends \$15.2 billion on late intervention such as crisis services and high-intensity care for preventable issues.

## Expansion of Medicare Mental Health Centres for children

Expansion of Medicare Mental Health Kids Hubs (Formerly Head to Health) and Medicare Mental Health Centres provides an opportunity to close service gaps for children, families, and young people who fall between primary care and specialist services. [18]

Embedding consultant psychiatrists within these models will strengthen multidisciplinary assessment and triage, improve management of complex presentations, and support continuity of care across the system. Psychiatrists also play a crucial linking role across community services, general practitioners, and paediatricians, enabling clinical oversight, timely escalation, and safe transitions to specialist care.

Australia's persistent psychiatrist workforce shortage—driven by long-term undersupply and increasing unmet demand across all states and territories—reinforces the need to focus psychiatrists on roles where their specialist expertise delivers the greatest system-wide value: managing clinical complexity and providing clinical governance rather than routine care.

Psychiatrists bring essential expertise in diagnostic clarification, risk formulation, medication initiation and review, and oversight of multidisciplinary practice. Their involvement strengthens case conferencing, improves clinical decision-making, and enhances service safety, particularly for children and young people with co-occurring, neurodevelopmental, or trauma-related needs.

Psychiatrist FTE per centre	Annual cost per centre (AUD)	National annual cost (AUD)
0.2	\$80,000	\$4,880,000
0.4	\$160,000	\$9,760,000
0.6	\$240,000	\$14,640,000
1.0	\$400,000	\$24,400,000

## Proposal

Commit \$6-24 million annually to embed psychiatrist positions in Medicare Mental Health Kids Hubs to support complex assessment and clinical governance and invest in a shared data and outcomes framework to track access, service use, and impact for children and young people.



# The path forward

Securing the future of mental health care in Australia requires bold, sustained investment in both the psychiatry workforce and the systems that enable it to thrive. Targeted action to expand training pathways, strengthen retention, and establish sustainable funding models will be critical to meeting the nation's growing mental health needs.

Reform efforts must ensure that services are accessible, culturally safe, and responsive to the needs of children, rural and remote communities, and people with complex or comorbid conditions. Equally, embedding lived and living experience leadership across policy, governance, and service delivery will help ensure reforms remain grounded in real-world outcomes.

By committing to these reforms, the Federal Government can create a more equitable, resilient and person-centred mental health system that delivers better care for individuals, and stronger wellbeing for the nation.

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# Appendix A – Issue - Ask - Benefit Alignment Table

## Mental Health Workforce Reform

Issue	Proposal	Benefit	Policy Alignment	Indicative Funding Type & Cost Horizon
1. Communities in rural and remote Australia face limited access to psychiatric services. Only 14% of Australian psychiatrists work rurally, but 29% of the population – around 7 million people – live in regional, rural and remote areas. Data from 2023 shows dramatic inequities between metropolitan and regional rural and remote areas. Numbers of psychiatrists per 100,000 of population in regional areas are almost half that of metropolitan areas.	Expand federally funded psychiatry training places, including a targeted investment of \$22,976,000 over two years to support up to 70 rural psychiatry posts, supervision, and digital infrastructure.	Over \$27 billion is lost annually due to the economic impact of health challenges in rural communities, much of which could be alleviated through targeted investment in rural mental health services. Funding for rural psychiatrist posts would improve mental health outcomes for rural and remote Australians by providing up to 70 new psychiatrists.	<a href="#">Supports the Australian Government's Stronger Rural Health Strategy and promotes equitable access and service distribution.</a>  <a href="#">Supports the National Mental Health Workforce Strategy 2022-2032 and training expansion</a>	Operational Expenditure (OPEX), 2 - 5 year forward estimates.
2. Need to attract medical students and graduates to undertake training in psychiatry. Since its launch in 2013, over 7,900 medical students and doctors have joined the Psychiatry Interest Forum - a dedicated and effective pathway program into psychiatry for medical students and junior doctors.	Invest \$2.14 million to extend the Psychiatry Interest Forum program to June 2028 to provide a critical linkage, build a sustainable workforce pipeline, and strengthen rural access to care.	<p>This investment will bring approximately 600 trainee psychiatrists into the system.</p> <p>83% of all new Australian RANZCP trainees in 2023 were former PIF members, demonstrating its strong track record in converting early interest into qualified psychiatrists.</p>	<a href="#">Supports the National Mental Health Workforce Strategy 2022-2032 (with particular alignment to Strategic Pillar 1: Attract and Train) and promotes equitable access and service distribution.</a>	OPEX, 2 year forward estimate.
3. Private practice psychiatry represents a large component of Australia's mental health sector, home to some of the most experienced and expert mental health clinicians in the country. Yet, financial and administrative support for supervision is limited	Develop and deliver a 2-3-year pilot of the NCP and APED frameworks for psychiatry, enabling funded trainee and supervisor positions within private hospitals and community clinics to grow national training capacity and improve access to mental health care.	<p>A private hospital training model for psychiatrists could help fix Australia's mental health staffing pipeline.</p> <p>This would expand training capacity in private hospitals, offer new registrars broader psychiatry training, and improve service access for Australians by funding trainee and supervisor positions, strengthening the training pipeline, and reducing public system strain.</p>	Supports the National Mental Health Workforce Strategy 2022-2032 and training expansion goals. Supports the equity and access objectives in the NCP and APED frameworks.	OPEX, 2-5 year pilot with evaluation.
4. A barrier to GPs completing the psychiatry Certificate is the lack of a dedicated billable item.	Introduce a new MBS item for medical practitioners who have completed the Certificate of Postgraduate Training in Clinical Psychiatry to support expanded models of care and improve rural access to mental health services.	More GPs completing the Certificate means more appointments for patients who are experiencing mental health problems. The MBS item would expand service availability, support integrated care, and strengthen primary care responses to complex mental health presentations.	Supports the <i>Unleashing the Potential of Our Workforce Review and the National Mental Health Workforce Strategy 2022-2032</i> , and promotes equitable access and service distribution.	OPEX integrated within MBS reform, recurrent.

## Mental Health System Reform

Issue	Proposal	Benefit	Policy Alignment	Indicative Funding Type & Cost Horizon
<p>5. Half of all lifetime mental illnesses emerge before age 14. Children with complex needs lack specialist psychiatric oversight in existing multidisciplinary hubs.</p>	<p>Commit \$6-24 million annually to embed psychiatrist positions within Medicare Mental Health Kids Hubs to provide complex assessment and clinical governance, supported by investment in a shared data and outcomes framework to monitor access, service use, and impact for children and young people.</p>	<p>Embedding psychiatrists within these models will strengthen multidisciplinary assessment, enhance complex case management, and ensure continuity of care with GPs and paediatricians.</p>	<p>Supports the <i>National Children's Mental Health and Wellbeing Strategy</i>, Medicare Mental Health Centres, and Priority Area 4 of the <i>Strengthening Medicare</i> measures: Encouraging multidisciplinary team-based care.</p>	<p>OPEX, recurrent.</p>



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