RANZCP Queensland Branch

Pre-Budget Submission 2026-2027

February 2026

The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Queensland Branch

Acknowledgement of Country

The RANZCP Queensland Branch acknowledges the Turrbal People and Yuggera People, the Traditional Owners and Custodians of the land. We honour and respect the Elders past and present, who weave their wisdom into all realms of life.

Acknowledgement of Lived Experience

We recognise those with lived and living experience of a mental health condition, including community members, RANZCP members and RANZCP staff. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness, and advises governments on mental healthcare.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand. It has over 9,000 members, including more than 6,500 qualified psychiatrists (Fellows and Affiliates of the College) and more than 2,500 members who are training to qualify as psychiatrists (Trainees). The RANZCP Queensland Branch currently represents 1,174 Fellows and 503 Trainees.

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Chair's Introduction

Queenslanders deserve better mental health outcomes

In the lead-up to the Queensland 2026-2027 State Budget, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch is calling for significant investment in the psychiatry and community mental health workforce, and more psychiatric beds in public hospitals and community services.

This investment needs to be underpinned by a meaningful and comprehensive analysis of the gaps in the mental health system, rigorous whole-system planning, and transparency around funding.

Successive Queensland governments have failed to provide the mental healthcare services Queenslanders need. Improvements have been made, and we thank the current Government for the progress in several areas.

But it's not enough. There are not enough mental health beds. There are not enough psychiatrists and other critical mental health workers. There are not enough mental health services provided in the community, and not enough resources for the Acute (crisis) and Continuing Care Teams – those that do the heavy lifting.

This systemic undersupply across the system fuels already overcrowded emergency departments and hospital bed block. Queensland's rapidly increasing population, coupled with an increase in the percentage of Queenslanders experiencing serious mental health issues, will see an exponential growth in the system's gaps.

Ultimately, Queenslanders bear the brunt of the system's shortfalls. And with potentially devastating consequences – last year, the Police Union warned that more people with mental health issues might inadvertently be shot by police unless there is greater mental health support.

Despite the significant amount that was expected to be raised from the mental health levy over five years from 2022 and allocated to the initiatives of the Better Care Together plan, improvements have been piecemeal. They have lacked the clear strategic and systematic direction and commitment that is needed to future-proof our mental health system.

In an important step, and following the RANZCP Queensland Branch's call for a comprehensive workforce gap analysis, the Government in January 2026 released the Workforce Profile for psychiatry.

We now call on the Government to proceed to the next step and develop a comprehensive mental health workforce plan, including a detailed gap analysis, and immediately fund the most critical gaps in the mental healthcare system.

And we are asking the Government to prioritise, fully fund, and align its planning with the National Mental Health Workforce Strategy 2022–2032, which highlights that we must address critical workforce shortages to attract, train and retain a robust mental health workforce.

Only with a substantial effort to increase beds and community mental health services - and the workforce to staff them - will we be able to address the crisis in mental healthcare.

Queenslanders deserve no less.

Yours sincerely

Professor Brett Emmerson AM
Chair, RANZCP Queensland Branch Committee

Context

Too many Queenslanders present to hospital emergency departments (EDs) because there is nowhere else to go. Too many become stuck in EDs because there is nowhere else to go in the community. Or they get stuck in inpatient units because there is nowhere to safely discharge them to.

The root causes of the problem are systemic and will remain, unless overall capacity and care models are reformed to bring about better system integration and more effective prevention. The systemic factors underpinning the problem include:

- A severe shortage of psychiatrists and other mental healthcare workers
- A lack of specialised community services
- The increased clinical complexity of mental health presentations.

The solutions require more funding and better planning.

We are now four years into the five-year Better Care Together plan and the mental health levy, introduced in response to the findings of the inquiry into mental health of 2022. The levy was initially expected to raise some $1.64 billion, but State Budget papers have since revealed that it will actually raise $2.3 billion in the five years since its inception in 2022.

And yet, it is not clear where this money is being spent. Large service gaps remain in the mental healthcare delivered across Queensland, whether it be in our public hospitals or in our community services.

Based on rising costs of mental healthcare, we estimate that we would now need an additional $600 million over and above the mental health levy.

Queenslanders deserve transparency around how their tax dollars are being spent, and a clear and data-driven plan to fill the system gaps. They deserve high quality and accessible mental healthcare wherever they live.

We look forward to the results of the Audit into the management of the mental health levy and to continuing to work with the Government on improving the mental healthcare system in Queensland.

Recommendations

The RANZCP Queensland Branch has three priorities for Government action.

Implementing these priorities needs to be informed by the results of the current Audit into the management of the mental health levy and underpinned by:

- an additional $600 million
- transparent allocation of all current and future funding across all mental healthcare service delivery settings
- commitment to, and alignment with, the National Mental Health Workforce Strategy
- development of a new five-year Better Care Together plan.

Priority 1:

Grow the psychiatry workforce through a comprehensive plan

- Continue work on a clear, comprehensive plan to grow the psychiatry workforce
- This plan needs to include clear strategies to:
  - Attract doctors to a career in psychiatry
  - Train psychiatrists
  - Retain psychiatrists.

Priority 2:

Grow the community-based mental health workforce

- Commit immediately to funding 2000 more community mental health staff over the next three years so that community-based mental health services can operate seven days a week.

Priority 3:

Deliver and staff new psychiatric inpatient beds and refurbish existing beds

- Deliver 350 new acute psychiatric inpatient beds over the next three years
- Refurbish 250 existing psychiatric inpatient beds
- Ensure all new and refurbished beds are fully staffed by psychiatrists, nurses and allied health staff.

Priority 1:

Grow the psychiatry workforce through a comprehensive plan

The shortfall

Mental and substance use disorders are responsible for almost 16% of the total burden of disease in Australia, second only to cancer. And yet, spending on mental health accounts for only 7% of total government spend by disease group.[1]

Across the country, demand for mental healthcare services far outstrips supply and continues to rise. The mental health burden of disease is growing. Between 2003 and 2024, Australia has seen a 31% increase in the total burden of disease for mental health and substance use disorders. Contrastingly, there has been an 11% decrease in the total burden across all disease groups. The rise in prevalence, and clinical and social complexity of mental health challenges, runs against the tide of the total health 'burden of disease'.[2]

At the same time, the country is in the midst of a psychiatry and mental health workforce crisis.

Psychiatrists occupy a unique role in the mental health system as the only medical doctors trained in the diagnosis and management of complex mental illness. They play a key role in multi-disciplinary teams within hospitals and in community mental services,[3] and psychiatry shortages are a critical constraint on the mental health system.

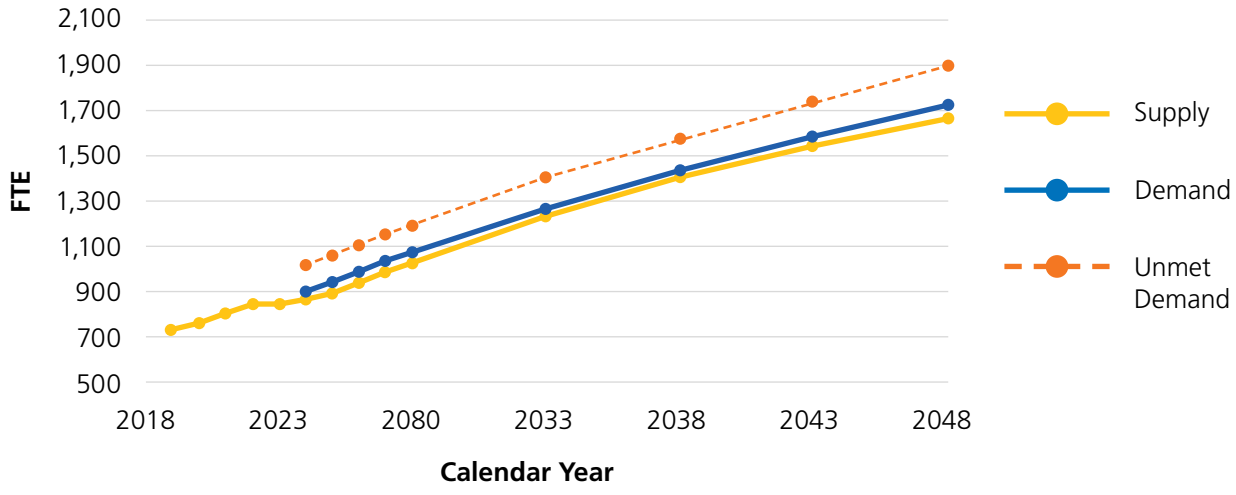
Hospital mental health beds cannot be safely opened or utilised without enough psychiatrists to staff them. Crisis and continuing care teams cannot operate without them. Psychiatry workforce shortages across all clinical settings directly limit hospital bed availability and treatment in the community, and prolong ED stays.

Urgent Government action is needed to address this undersupply, with its serious and unsustainable effects on:

- EDs, where timely psychiatric assessment is required to admit and discharge patients
- inpatient units, where staffing levels determine how many beds can operate, and discharge planning
- acute (crisis) and continuing crisis care teams
- specialist community mental health services.

Federal modelling released in June 2025 (and updated in November 2025) demonstrates the severe undersupply. Queensland needs an additional 138.2 full-time equivalent (FTE) psychiatrists to meet 2024 unmet demand, with this shortfall projected to increase to 172.3 FTE by 2033 and to 229.4 FTE by 2048 – a 66% increase in just over 20 years. The unmet demand cannot be met without sustained recruitment. The current undersupply is second only to NSW.[4]

Figure 1: Psychiatry Workforce & Projections – Queensland[5]



The significant gap between the demand for psychiatric care and the availability of psychiatrists to provide it continues to grow, and this is particularly prevalent in the public system. Increasing the psychiatry (and with it, the broader mental health) workforce is one of the most effective strategies to reduce mental health access and exit blocks in public hospitals.

Workforce Planning

The RANZCP Queensland Branch calls on the Government to develop and implement a comprehensive psychiatry workforce plan, including a rigorous gap analysis. It is this work that needs to underpin a new five-year Better Care Together plan.

While the Workforce Profile is a good start, we expect a thorough gap analysis will explore the capacity to expand training opportunities in Queensland, including partnering with the medical specialist colleges to increase accredited medical specialist training.

It is critical that developing a workforce plan aligns with the federally-led strategies detailed in the National Mental Health Workforce Strategy, which emphasises that we must:

- attract and train the mental health workforce
- maximise, distribute and connect its reach and capacity
- support and retain people by creating positive workplace cultures
- improve workforce governance through better data, planning, evaluation and technology.

Within the context of developing a comprehensive, transparent and costed psychiatry workforce plan to attract, train and retain psychiatrists, the Branch submits that the plan needs to include the following critical components: increasing psychiatry rotations for junior medical officers, and attracting and retaining psychiatrists in the public hospital system.

Increasing the psychiatry workforce requires bolstering the psychiatry training pipeline. One of the best ways to do so is to expose as many junior doctors as possible to psychiatry. Currently, only around 40% of junior doctors have a psychiatry rotation.

We urge the Government to increase the numbers of junior doctors completing a rotation in psychiatry, to enable the majority of doctors to have a clinical psychiatry term.

Not only will psychiatry rotations improve the training pipeline, but it has the added benefit of exposing those who may not pursue the psychiatry training path to dealing with mental health patients. It will destigmatise psychiatry and those with mental health conditions, and better prepare the future medical workforce.

Workforce attrition needs to be addressed. Retaining senior psychiatry positions is key to improving the numbers of trainees, and future-proofing the training pipeline. We need to recruit and retain additional consultant psychiatrists to increase supervision capacity for psychiatry trainees. Lack of supervision capacity and protected education time are significant barriers to growing the workforce. With psychiatry qualifications requiring a minimum of five years of training, it is crucial to begin increasing the number of trained professionals as soon as possible.

Providing inpatient mental health facilities that meet contemporary standards in fit-out and staffing models to ensure safety is necessary to attract psychiatrists to those settings and to stem their exodus.

The RANZCP Queensland Branch notes that the Government has discontinued a previous workforce attraction scheme to attract medical workforce to Queensland and particularly rural areas.[6] We advocate for new, targeted incentive schemes to attract psychiatrists to – and retain them in - rural and regional areas of Queensland in particular.

The RANZCP Queensland Branch calls on the Government to:

- Continue work on a clear, comprehensive plan to grow the psychiatry workforce
- This plan needs to include clear strategies to:
  - » Attract doctors to a career in psychiatry
  - » Train psychiatrists
  - » Retain psychiatrists.

Priority 2:

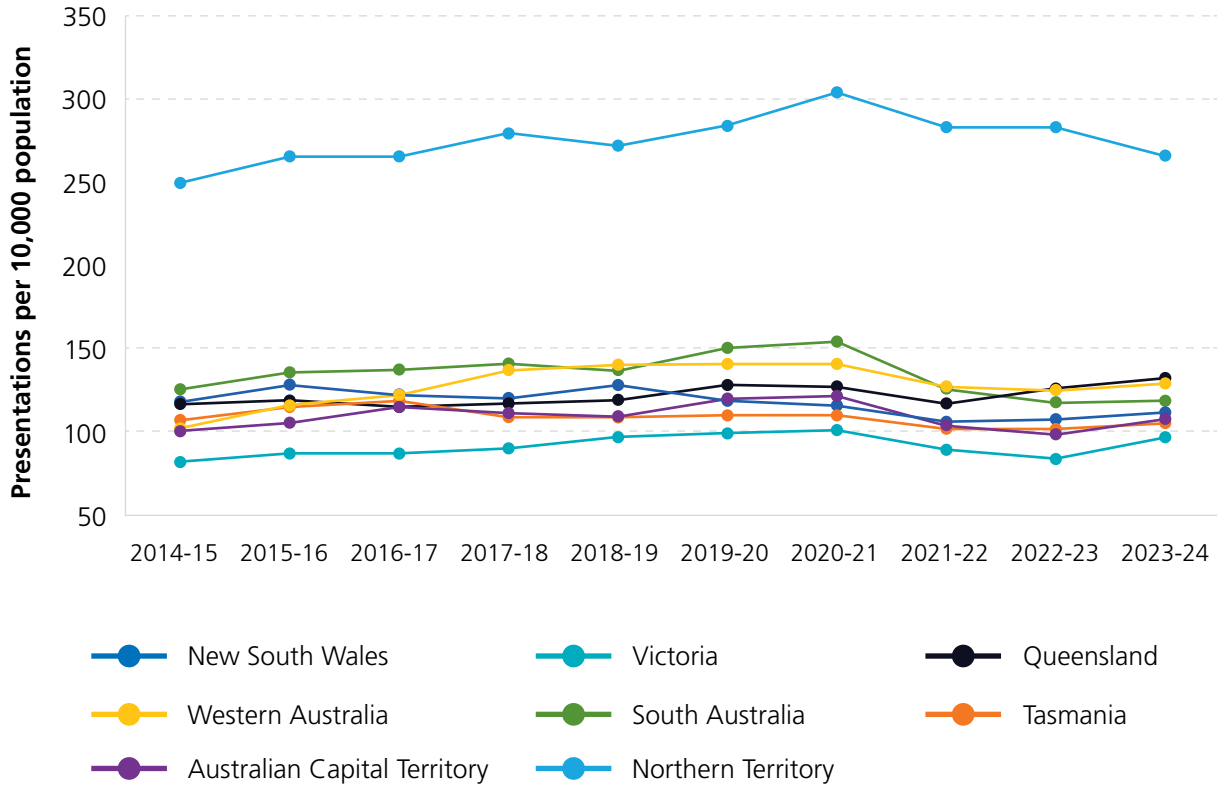
Grow the community-based mental health workforce

For many Queenslanders, mental healthcare is too costly or not available where they live. For Queenslanders living rurally, access to mental healthcare is even more challenging. Our vision is for a mental health system that meets the needs of all Queenslanders regardless of postcode, and care that is delivered primarily within their local community.

Accessible community-based mental healthcare is critical to ease the pressures on public hospital emergency departments and mental health units across Queensland. But currently, the needs of individuals with moderate to complex mental health conditions (including schizophrenia, post-traumatic stress disorder, major depression and anxiety and eating disorders) cannot be adequately met within the community. Too often, these people are assessed as 'not unwell enough' for admission to hospital, but they are 'too unwell' to be managed by primary care. They are the 'missing middle'.

When there are no community mental health services, those people present to ED. In 2023 -2024, Queensland EDs had 130 metal health presentations per 10,000 people, sharing second place with WA, and behind only the Northern Territory.[7]

Figure 2: Mental health ED presentations by state and territory[8]



Community mental health services play a critical role in keeping Queenslanders out of hospital. But they also play an equally important role in enabling patient flow through inpatient units in our public hospitals.

The '24-hour rule', announced in June 2025 and applied to all Queensland hospitals, whereby patients must be either admitted or discharged within 24 hours, is problematic for mental health patients when there is nowhere else to go. When community teams are under-resourced, people who are clinically ready for discharge remain in hospital beds, directly contributing to exit block.

The Government needs to adequately resource specialist community-based mental health services to reduce the complexity and severity of illness of those Queenslanders. Only then will we reduce the risk of suicidality and the burden on our public health system. And we can only do this with a substantial investment in community mental health staff.

Community model of care

It is now some time ago – in its submission to the Parliamentary Inquiry into mental health, that Queensland Health estimated that the state needed 1300 community-based mental health staff.

But we need more than that.

Mental health presentations are not only increasing in numbers – they are also increasing in clinical complexity. We have an ageing population with more chronic conditions, including trauma. At the same time, the number of young people presenting at risk of suicide and self-harm is also increasing: the highest rate of hospitalization for intentional self-harm is in the 15-19 year group. Patterns of alcohol and drug use are changing. Queensland has the second highest rate of ED presentations due to psychoactive substance use.

The lack of specialised community services for people with complex conditions who do not require hospitalisation is a key systemic factor underpinning prolonged bed occupancy. Without these services, inpatient beds cannot turn over, regardless of ED demand. Community mental health services need to be able to provide comprehensive psychiatric assessments to determine whether a hospital stay is required.

Mental health conditions are not confined to business hours. And yet, the operating model of community mental health services has not changed in decades. Services largely operate during the day, Monday to Friday, with only skeleton staff available outside of those times. Our workforce recommendations are based on calculating that community mental health services should provide a minimum of 18 hours per day (representing two full shifts) with an increase of overnight and weekend shifts.

In the 2025-26 Budget, the Government announced investment in some 4500 health workers, including doctors, nurses and paramedics. This is a good start, but we need stable and continuing investment into growing the number of mental health workers.

We are asking the Government to commit to funding the total of 2000 community-based mental health staff over the next three years. This would enable services to be staffed for seven days a week, and we need more funding to take into account penalty rates for overtime and weekend shift work.

Providing mental healthcare in the community will ensure people with mild to moderate conditions can access timely treatment close to home. This will prevent conditions from deteriorating, becoming more complex to treat and more costly, and ultimately contributing to access block in our public hospitals. And we need to ensure that those with more complex conditions can continue treatment in the community. Only then will we be able to safely discharge people from hospital and maintain bed availability.

The RANZCP Queensland Branch calls on the Queensland Government to:

Commit immediately to funding 2000 more community mental health staff over the next three years so that community-based mental health services can operate seven days a week.

Priority 3:

Deliver and staff new psychiatric in-patient beds and refurbish existing beds

New hospital in-patient beds

Queensland has 24 public mental health beds per 100,000 people, below the national average of 27. The rate of residential mental health service beds (supported accommodation), at 7 per 100,000, is also lower than the national average of 10 beds per 100,000.

Also, the number of mental beds has been falling consistently, and Queensland has had the largest drop of all states - from 52 beds per 100,000 in 1992-93 to 31 beds per 100,000 in 2022-23.[9]

At the same time, population growth and its concurrent increase in mental health presentations, increased clinical complexity, and pressure from private hospital closures exacerbate demand.

Taking into account the Government's figures, the RANZCP Queensland Branch now estimates we need funding for an additional 350 new inpatient beds, along with the mental health workforce to staff them.

Pressure on our public hospitals will only increase – in the next decade alone, Queensland's population is expected to grow by a million people[10] and its population growth rate of 1.8% is the second highest in the country.[11]

Private hospitals continue to be under pressure across the country, and we are likely to see further closures such as that of the Toowong Private Hospital. When the 58-bed facility with 154 staff closed in June last year, it left around 3000 patients per year having nowhere to turn except EDs in the already overstretched public system.[12]

Private hospitals provide nearly one-third of Australia's acute mental health beds. While the problems that beset them are complex, with the Federal Government holding many of the policy levers to ensure their viability, when they close, that pressure lands squarely on State public hospitals and mental health units that are already at breaking point.[13]

Targeted investments

The RANZCP Queensland Branch looks forward to the delivery of the 30 perinatal mental health beds across Queensland that the Government has committed to as per the Minister's advice to Parliament. But we also need specialised alcohol and other drug rehabilitation and withdrawal in-patient beds, to support vulnerable Queenslanders in crisis.

Targeted investments address critical areas of need, but do not substitute for broader expansion of general psychiatric inpatient capacity required to relieve ED congestion.

Refurbishment of beds

Many existing inpatient units are more than 25 years old and do not meet contemporary safety or therapeutic standards. Outdated beds, together with staffing shortages, present a threat to staff and patient safety. At Cairns Hospital, in particular, problems with the hospital's mental health unit have included patient violence, drug use and the treatment of Lotus Glen prisoners alongside children, presenting major challenges to patient care and safety within the ward.

The RANZCP Queensland Branch estimates that 250 existing beds require urgent refurbishment. Refurbishment of main wards is also required, particularly at the Royal Brisbane and Women's Hospital, Caboolture Hospital, the Princess Alexandra Hospital, Logan Hospital and The Prince Charles Hospital.

The Prince Charles Hospital wards deserve particular mention. In August, the Coroner is expected to hand down findings into the cluster inquest of three patient suicides (between May and December 2023) inside The Prince Charles Hospital. A previous investigation of the wards found that they were 'no longer fit for purpose' and posed safety risks. The two wards were 'not in keeping with contemporary guidelines for mental health facilities'.[14]

We understand that Metro North had committed to addressing and implementing all 22 recommendations – relating to models of care, capacity and demand, governance and structure, workforce, and infrastructure and environment - and we urge that this be completed as a priority.[15]

Bed expansion and refurbishment alone will not resolve the lack of access to mental healthcare in our hospitals unless they are fully staffed. Workforce investment must accompany bed expansion to ensure new capacity is usable. But investment in expansion and refurbishment of inpatient facilities to create safe and contemporary workplaces will go a long way to attract and retain that workforce.

The RANZCP Queensland Branch calls on the Queensland Government to:

- Deliver 350 new acute psychiatric inpatient beds over the next three years
- Refurbish 250 existing psychiatric inpatient beds
- Ensure all new and refurbished beds are fully staffed by psychiatrists, nurses and allied health staff.

References

1 Australian Institute of Health and Welfare, Prevalence and impact of mental illness - Mental health - AIHW, May 2025, accessed 14 January 2026.

2 Australian Institute of Health and Welfare, Burden of disease - Mental health - AIHW , August 2025, accessed 14 January 2026.

3 The role of the psychiatrist in Australia and Aotearoa New Zealand | RANZCP 2025.

4 Department of Health, Disability and Ageing, Psychiatry Supply and Demand Compendium Report , November 2025, page 17.

5 Department of Health, Disability and Ageing, Psychiatry Supply and Demand Compendium Report, November 2025.

6 Under the workforce attraction incentive scheme, health workers from other states/territories were able to receive up to $20,000 to work in Queensland, and in some cases up to $70,000, to work rurally.

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