



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Tasmanian Branch

# **RANZCP Tasmania Branch Tasmanian State Budget 2026-27 Pre-Budget Submission Better mental health outcomes for Tasmanians**



# 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. 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.

The RANZCP has over 9,036 members, including 6,465 qualified psychiatrists (consisting of both Fellows and Affiliates of the College) and over 2,550 members who are training to qualify as psychiatrists (referred to as Associate members or trainees). As of November 2025, the Tasmania membership includes 111 qualified psychiatrists and 45 members training to be psychiatrists.

The RANZCP Tasmania Branch Pre-Budget Submission has been prepared in consultation with the Tasmania Branch Chair, Branch Committee and wider Tasmanian membership. We would like to thank everyone who contributed to this submission.

## 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. We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and honour and respect their Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

## Acknowledgement of Lived and Living Experience

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

## Contact

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# Chair's Foreword

28 November 2025

The Hon Eric Abetz MP  
Treasurer, Tasmanian Government

Dear Treasurer,

## Re: 2026-27 Tasmanian Budget Consultation

Mental health is an essential component of a person's health and wellbeing, yet mental illness remains one of the leading contributors to the burden of disease in Tasmania.<sup>1</sup> This is despite significant budgetary investment from the State Government toward health and mental health.

Tasmania's demographic challenges drive increasing demand, including the state's higher proportion of people aged over 65 and higher rates of chronic and co-morbid mental health conditions, compared to the national averages (52% vs 42.9%)<sup>2,3</sup>, poor health literacy, and increasingly limited access to private healthcare. These factors contribute to long wait times for GPs and psychiatrists and other medical specialists, hospital access and exit blocks, and long emergency department stay times.<sup>4</sup>

We acknowledge the Government's ongoing commitment to improve mental healthcare access for Tasmanians. Proactive steps have been taken to invest in health and mental health infrastructure upgrades, reformed models of service delivery, and initiatives that support equitable access to mental health services state-wide, including:

- Ongoing state-wide reforms to improve Child and Adolescent Mental Health Services.
- The development and investment in Eating Disorder Services in Hobart and Launceston.
- The upcoming capital works in the north and north-west, and to the St John's site in the south.

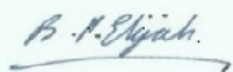
While we appreciate the significant progress that has been made, critical gaps and inadequacies remain in Tasmania's mental health system. Meeting the population's health needs requires a continuing focus on equitable access to quality mental health care and on a geographically well-distributed workforce and services.

The [National Mental Health Workforce Strategy 2022-2032](#) emphasises that the mental health workforce is integral to the quality, accessibility, effectiveness and sustainability of the entire mental health care system.[3] We need to ensure a viable and sustainable psychiatry and broader mental health workforce in Tasmania – including psychiatrists, psychologists, mental health nurses, peer workers, pharmacists and various allied health workers.

We urge the Government to focus on the following priority areas:

- **Workforce** – continue planning for and investing in a mental health workforce that is sustainable and meets the current and projected needs of the population.
- **Integration of multidisciplinary sub-specialised mental health services** – resource and integrate community based and acute mental health services for **forensic patients**, and people with **intellectual disabilities**, to avoid overflow stresses on the system and improve population health outcomes.

Yours sincerely,



**A/Prof Ben Elijah**  
Chair, RANZCP Tasmanian Branch

# Psychiatry workforce

Australia is facing a growing shortage of psychiatrists, with Tasmania particularly affected. As a result, people are waiting too long or missing out on mental healthcare, with a disproportionate impact on rural and remote communities.

We need to grow our workforce by attracting more doctors to a career in psychiatry in Tasmania and training more doctors to become psychiatrists. Trainee psychiatrists need supervisors, so we need to retain our current workforce. As Tasmania struggles to retain specialists, we lack supervisors and there is a dependence on a high number of short term and locum staff to keep services running.<sup>[5]</sup>

## Supply and distribution of the psychiatry workforce across Tasmania

While the number of psychiatrists in Tasmania aligns with the national average, the geographically dispersed, aging population, with a higher proportion of complex needs, means increasing the number of psychiatrists in the system is critical to addressing the significant demand on mental health system. An increase in both the number of trainee and supervisor positions is needed. The gaps in unmet need are significant:

- The baseline demand gap for psychiatrists was 6.7 full-time equivalent (FTE) in 2024 and is projected to rise to 16.5 FTE by 2033. <sup>[6]</sup>
- Including unmet need demand, the shortfall is significantly higher, sitting at 26.1 FTE in 2024 and projected to increase to 44.0 FTE by 2033. This means 32.5% of need is not being met in 2024, with the expectation of this to rise to 44.7% by 2033. <sup>[6]</sup>

There is also a maldistribution of the workforce between north and south (of the 41 registrars statewide, 32 are in the south). Further, there are only 4 full-time psychiatrists per 100,000 in outer regional Tasmania and no psychiatrists in remote and very remote Tasmania. This shortfall reflects a national trend.<sup>[6]</sup>

The geographically dispersed and largely rural layout of the state means that many Tasmanians living in rural and remote areas face significant barriers to accessing mental healthcare. Further, the limited public and private mental health facilities across Tasmania are largely concentrated in the South.

Investment in the attraction, distribution and connection, training, and retention of the psychiatry workforce must remain a priority for the Tasmanian Government, in alignment with the strategic priorities of the [National Medical Workforce Strategy 2021–2031](#) and [National Mental Health Workforce Strategy 2022-2033](#). Both strategies emphasise the need for a skilled, diverse, and well-distributed mental health workforce. We also strongly support the Tasmanian Government’s directive under [Tasmania’s Health Workforce 2040](#), which complements national workforce planning across the public, private, and community sectors.

Attract	Train, Support, and Retain	Maximise, Distribute, Connect
Inspire the next generation of doctors to choose a career in mental health and proactively recruit to reflect the Tasmanian community’s diverse cultural, social, and geographical distribution.	<p>Provide the necessary training to grow, strengthen, and support enough culturally safe and skilled psychiatrists to meet the needs of the Tasmanian community.</p> <p>Support and nurture the current mental health workforce in Tasmania to prevent burnout, moral injury, and defection.</p>	Support the current mental health workforce to operate at the highest standards and provide equitable access to all Tasmanians.





## Attract

### 1. Invest in making a career in psychiatry in Tasmania a viable opportunity.

- It is increasingly difficult to fill psychiatry vacancies, especially in the north-west, which has led to an over-reliance on locums.<sup>[5]</sup> The reliance on locum and temporary staff to keep services running affects continuity of care and fragments training experiences, risking the loss of viable and essential training placements due to uncertain supervisor availability.

### 2. Increase opportunities for psychiatry rotations for junior medical officers working in the Tasmanian health system.

- Rotations in psychiatry would attract more medical professionals to the psychiatry field. It has been shown that the development of a positive attitude to psychiatry through direct involvement in psychiatric patient care, and the way it is taught, plays a role in the selection of the psychiatry training by medical students.<sup>[7,8]</sup>

## Key Ask

That the Tasmanian Government further increases incentives, including relocation allowances and career pathways in psychiatry in remote regions in Tasmania, which will help to increase the number of psychiatrists in the Tasmanian health system

## Train and Support

### 3. Secure a State to Federal Government agreement to protect Tasmania's Psychiatry Workforce and Training Program

- There has been a growth in the number of psychiatrists from 79 (FTE: 72.5) in 2019 to 103 (FTE 88.9) in 2023. This increase from 13.2 per 100,000 in 2019 to 15.5 in 2023.<sup>[9]</sup> This reflects the national trend, though still represents a workforce shortage as the OECD average is 18 per 100,000.<sup>[10]</sup>
- The growth and improved distribution of the workforce in Tasmania has been bolstered by federally funded Specialist Training Program (STP), which has provided funding for training posts, supervisors, and state delivered Formal Education Course (FEC) (a mandatory component of training).
- The STP program has been the subject of a review in 2024, and we await the outcome of this. As an interim measure, much of the funding was continued through 2026 with anticipation of changes to take effect in 2027.
- Unfortunately, funding for the FEC was not supported in 2026 although negotiations between the RANZCP and the Federal Government have occurred with a view to continue support through 2026 to allow a transition to alternative funding in 2027.
- Tasmania's delivery of the FEC is critical to ensure an ongoing training pathway to support the psychiatric workforce as well as providing an option for medical graduates to remain in Tasmania. A vibrant program and culture of learning contribute to the attraction and retention of psychiatrists in Tasmania.
- Transition to a state-based solution beyond 2026 is required to prevent an avoidable loss of regional and rural trainees, as trainees would need to access a much more expensive interstate FEC, or relocate to the mainland to continue their training.
- Importantly, investing in the FEC represents a good return on investment as it significantly contributes to the graduation and retention of permanent psychiatrists. This reduces the State's dependence on locums and ultimately provides a more stable and locally committed workforce.
- Over the past five years, proactive collaboration between the Tasmanian health service and the RANZCP to reform and modernise the program has rebuilt confidence in the training program facilitated by our Director of Training:
  - Access to the funding to support this consistent planning and delivery has translated into the largest retention of local graduates since the beginning of the training program.
  - Trainee numbers have doubled over this period, with applications for the 2026 intake reaching 86.
  - As many as seven will graduate this year, significantly reducing our need for locum psychiatrists and providing a more stable workforce.
- Further to its strategic value, in 2024 the Tasmanian Training Program and the FEC were granted five years of unconditional accreditation with the RANZCP (up to May 2029).

### Key Ask

That the Tasmanian Government protect the psychiatry training pipeline, by committing to a shared funding model.

- The RANZCP is eager to work with the Tasmanian Government to develop a sustainable funding model.
- The Federal Government will cover the FEC in 2026 through a transitional funding amount totalling \$150,000 which includes the provision of an FEC Coordinator.
- For 2027 and beyond we can reduce the investment needed from the State government to \$120,000 per annum. through implementing efficiencies and the addition of contributions from trainees. The State government contribution required is inclusive of:
  - FEC resourcing \$50,000
  - 0.8 FTE FEC Coordinator and oncosts \$70,000

## Retain

### 4. Ensure parity of working conditions for Tasmanian psychiatrists with their colleagues on the mainland.

There is a disparity between the advanced training places and available career positions for early career psychiatrists in Tasmania. Psychiatrists who are willing to enter the Tasmanian public health service often seek employment elsewhere due to a lack of suitable job prospects for their subspecialty. Conversely, many vacancies are not filled due to the lack of support for training positions in their specific subspecialty – such as forensic psychiatry.

- By offering psychiatrists the chance to engage in research, while also working in a clinical practice in a sub-specialised area of need, the Tasmanian health service will be a more attractive career path for early career psychiatrists.

### Key Ask

- That the Tasmanian Government considers 4+1 working contracts with 4 clinical days and one for research/teaching for all doctors.







## Maximise, Distribute, Connect

### 5. Continue to progress the Mental Health Reform in Southern Tasmania and the planned extension of the reform to the north and north-west of the state.

- The Branch and the RANZCP are heartened by the Government's commitment through [Rethink 2020](#) and its mental health reforms to bring alternative responsive and evidence-based models of service delivery across the state.

#### Key Ask

- That the Tasmanian Government maintains budgetary support for these important initiatives extending to the north and north west, including state-wide programs for Youth, Eating disorders and Perinatal Services, and the new builds in St Johns Park.

### 6. Advocate to the Federal Government to develop and implement rural and remote Medicare Benefits Schedule (MBS) loadings for in person psychiatric care.

- The Branch notes that MBS Item 294 provides a 50% loading for bulk-billed telehealth services provided to regional and rural patients.
- The Branch supports equivalent MBS loadings to attract psychiatrists to working in outer regional and rural areas.

#### Key Ask

- That the Tasmanian Government works closely with the Federal Government to develop the equivalent loading option for in-person psychiatric consultations to provide equitable access to people in outer regional and rural areas.



# Integrated system of care: multidisciplinary sub-specialised mental health services

Demand for services in the community is so great that many people are waiting months before they receive support, which can lead to mental illness escalating to requiring hospital treatment. Recovery can then be longer, more difficult, and more costly. To address this critical gap, there is an urgent need in the state to develop multidisciplinary teams with integration across community-based service delivery into acute and emergency-based care.

Investment in targeted multidisciplinary teams will enable more effective responses to the complex biopsychosocial needs of priority populations (i.e., those with Intellectual disabilities, and those in contact with the justice system), reduce avoidable hospitalisations, improve outcomes in the justice system, lessen pressure on public hospitals and reduce the number of mental health presentations to Emergency Departments. Establishing pathways that offer integrated system navigation will need to involve existing services (including Head-to-Health and Headspace services) to streamline patient flow and provide a more comprehensive model of care.

## Intellectual Disability Mental Health Services

People with ID face particular challenges in accessing appropriate mental health care - see the RANZCP [Position statement 109: Addressing the mental health needs of people with ID](#). There remains a need for more specialist ID mental health, inpatient and community services, along with improved integration and collaboration between physical and mental health and disability services.

### Address fragmentation and increase integration of multidisciplinary services for ID

Tasmania has the highest rate of intellectual disability (ID) in Australia<sup>[1,11]</sup>, and individuals with ID are significantly overrepresented in priority population groups, particularly among those experiencing homelessness, poverty, and in contact with the criminal justice system<sup>[12]</sup>. Despite this

population having complex needs, people with ID and co-occurring mental health conditions often fall through the cracks of a fragmented service system that lacks tailored, specialist and multidisciplinary care pathways as detailed in the [Final Report](#) of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023).

- Currently, services in Tasmania operate with no administrative support and a limited locum specialist medical presence. It is necessary for this vulnerable patient group to have appropriate medical coverage, allied health, and administrative support.
- We acknowledge that roles have been advertised for 1 FTE Psychiatrist, 1 FTE Career Medical Officer, and 0.5 FTE Administrative Officer. However, a multidisciplinary care team is necessary to address the complex and interconnected nature of physical and mental health comorbidities in this group.
- For an effective service this requires a specialist inpatient facility for those with ID in hospitals statewide.

### Key Ask

That the Tasmanian Government:

- Commits to dedicated ongoing funding for a statewide multidisciplinary Dual Diagnosis Liaison Service for people with ID.
- Provides adequate and dedicated funding for an effective and integrated specialist mental health care service for individuals with ID and comorbid serious mental health issues. This requires, at a minimum, 1 FTE psychiatrist, 1 FTE Registrar, and 4 FTE case managers with administrative support across the state.
- This community based multidisciplinary service requires the ability to provide in-reach liaison pathways to hospitals statewide for it to effectively provide care for Tasmanians with these complex needs.

# Forensic Mental Health Services

People in contact with the justice system experience mental health issues at a disproportionately higher rate than those in the community.<sup>[13]</sup> Those with mental illness in correctional facilities are entitled to mental healthcare that is equivalent to that provided in the community (as described in the [Guiding Principles for Corrections in Australia](#)). Moreover, Tasmanian prisoners are not excluded from the rights and protections of the Mental Health Act 2013 (Tas) and have the right to receive treatment in accordance with the mental health service delivery principles (s15A).

- Address critical gaps in mental health services for those in contact with the justice system
- There is an urgent need for reform of Tasmania's forensic mental health services. The exclusion from mental health reforms under [Rethink 2020](#) has created a pressing need for targeted investment to establish clear pathways of integration across Statewide Mental Health Services, AOD services, and the availability of step-down pathways through lower levels of therapeutic security.
- Tasmania currently operates a parallel model of forensic mental health care, and reforms would address fragmentation in care, improve continuity, and outcomes for people with mental illness in contact with the criminal justice system, and those moving between the community, secure mental health, and custodial environments.
- There is no formalised mechanism in Tasmania for diversion to mental health care of acutely unwell defendants in the pre-remand stage. So many individuals with acute illness enter the justice system custodial system without clinically appropriate intervention and acute unmet needs. Once remanded, the Wilfred Lopes Centre (WLC) currently is the only viable pathway to access inpatient mental health care, but there are significant impediments to access and flow through WLC.
- WLC currently provides 20 funded forensic beds, which include eight high dependency unit (HDU) beds, and 12 extended care unit (ECU) beds. The HDU

includes a swing unit for acute high-risk patients, which can safely admit these patients. The swing unit frequently accommodates individual high-risk patients, which creates bottlenecks for new admissions. Long-term planning for the reconfiguration of this unit to accommodate two patients would facilitate better patient flow.

- Optimisation and better integration of care pathways is also required for patients being discharged from the Wilfred Lopes Centre to support community reintegration, and their eventual graduation from community forensic supervision under the Community and eventual reintegration back into mainstream mental health services.
- As highlighted by the Productivity Commission in its [Inquiry report - Mental Health](#), forensic mental health care is effective in improving mental health outcomes, as well as reducing reoffending, and improving social cohesion and productivity.

## Prison-based forensic mental health services

- As reported by the Australian Bureau of Statistics, incarceration rates in Tasmania have increased significantly from close to 600 people in prison in June 2017 to more than 800 people as of June 2024.<sup>[14]</sup> Without development of service capacity to meet current and future needs. The current incarceration rates indicate that Tasmania will reach the prisons current designed capacity by November 2028.<sup>[15]</sup>
- The issue of prison population growth outstripping health service capacity has been highlighted repeatedly by the [Tasmanian Custodial Inspector Annual Reports](#) since 2018 and was the subject of recommendations by the [Tasmanian Prisoner Mental Health Taskforce 2019](#).
- At any given time, approximately 15-20% of Tasmania's prison population (around 150 of the current 850 people in custody) require active psychiatric input. However, the prison population



is also highly transient with a high rate of new and highly acute mental health presentations. This threatens the sustainability of forensic service provision and the ability to meet the standard the duty of care for prisoners without adequate resourcing.

- The Productivity Commission notes the Sainsbury Centre for Mental Health's estimate that for forensic mental healthcare to be equivalent to community services, 11 FTE specialist mental health staff per 550 male prisoners are needed, and an additional 3.2 FTE to provide a substance use service.
- Based on AIHW reporting, staffing of forensic specialised psychiatrists across Australia is equivalent to 0.7 FTE per 100 people in prison.<sup>[13]</sup> However, Tasmania has consistently reported understaffing with only one FTE psychiatrist in the prison system.<sup>[16]</sup>
- Previous State Budget funding provided only enough capacity to operate the prison health service at a basic level. The previous budget supported the provision of 1.0 FTE Psychiatrist, 1.0 FTE Clinical Nurse Consultant (Team Leader), and 3.0 FTE Registered Nurses, which has enabled core service delivery. This does not cover the resourcing requirements for proactive case management, outreach services to Launceston Remand or Hobart Remand, or the proper development and implementation of release planning.
- An appropriately resourced forensic mental health service will increase social inclusion and improve health and mental health outcomes for those with mental health issues, thereby improving community safety, lessening the burden on public services, and increasing productivity.

## Key Ask

That the Tasmanian Government Department of Health increases the multidisciplinary FTE for 2026-27 to appropriately resource the prison medical and mental health unit.

- To meet Tasmania's current and projected demand the FTE required is inclusive of maintaining previous budget allocations
- Based on the national average ratio (0.7 FTE Forensic Psychiatrists per 100 prisoners), a minimum staffing level of 6 FTE psychiatrists as part of a multidisciplinary team are needed for safe coverage of the reported average of 800+ people in Tasmania's prison system. Based on the Sainsbury estimates, the FTE required for the multidisciplinary team is provided below.
- The minimum 16.36 FTE forensic specialist mental health care team requires:
  - › 6 FTE Forensic Psychiatrists
  - › 1 FTE Clinical Nurse Consultant (clinical lead)
  - › 3.36 FTE Registered Nurses (Community Liaison Officers)
  - › 1 FTE Nurse Unit Manager
  - › 3 FTE Court Liaison Officers
  - › 1 FTE Admin
  - › 1 FTE Project Manager



# Summary

The Tasmanian Branch of the RANZCP commends the Tasmanian Government on its significant reforms to the state's mental health service delivery, and the much-needed CAMHS, Perinatal and Eating Disorder initiatives. Progressing the full potential of the commitments made by the Government requires prioritising investment in maintaining and expanding the Tasmanian mental health workforce.

We look forward to working with the Tasmanian Government to realise the potential of existing commitments and provide guidance toward areas requiring urgent funding in alignment with key Government strategies.



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