



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

Your  
Health  
in Mind

Western Australian Branch

# RANZCP Western Australia Branch 2026-2027 WA State Budget Submission

*System transformation to improve  
mental health outcomes*

# Acknowledgement of Country

We acknowledge and respect Aboriginal peoples as the state's first peoples and nations and recognise them as traditional owners and occupants of land and waters in Western Australia.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal peoples come from their traditional lands and waters, that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the state.

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

This submission was developed on Noongar Whadjuk Boodja.

# 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 responsible for training and maintaining professional standards of medical specialists in the field of psychiatry in Australia.

Its roles include support and enhancement of clinical practice, advocacy for people affected by mental illness and it plays a key advisory role to governments on mental healthcare.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has over 8500 members, including more than 740 psychiatrists and those training to qualify as psychiatrists in Western Australia.

The RANZCP Western Australia Branch Committee (RANZCP WA Branch) partners with people with lived experience, including through an active partnership on our Branch Committee.

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# Contact

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# Chair's Foreword

## *Staying the Course: Safeguarding the Ambitions of Mental Health Reform*

Western Australians deserve a mental health system where they have access to adequate and timely treatment, care and support, no matter where they live. But our public mental health system remains crisis-driven, precarious, and fragmented.

The WA Branch of the RANZCP notes that the WA Government has boosted bed capacity and invested in specialised services, particularly for children and adolescents, and in virtual emergency services that aim to prevent unnecessary Emergency Department presentations.

However, these measures have failed to reduce access blocks across hospitals. Patients remain 'stuck' in emergency departments; ambulance ramping hours have soared, and a growing number of people with complex mental health challenges cannot access the treatment or care they need.

In 2021, the Government signed off on the **National Mental Health Workforce Strategy 2022-2032, National Medical Workforce Strategy 2021-2031**, and the Sustainable Health Review's Strategy 2 recommendations, including the commitment to grow the psychiatric workforce. Since 2024, the RANZCP has worked collaboratively with the Department of Health to rebuild psychiatry training pathways and raise the system's training capacity. Such collaboration has led to positive outcomes, but more is needed.

In this submission to the 2026-2027 State Budget, the WA Branch proposes effective measures to assist with system transformation, informed by psychiatrists' unique expertise in delivering complex mental healthcare.

It is now time for the Government to:

- Staff every mental health bed by funding additional training posts and recruiting enough consultant supervisors to sustain the required workforce growth over time.
- Address service gaps for the 'missing middle' by committing new funding to public, specialised statewide community services that enable access across the treatment, care and support continuum.

Our proposals, if implemented:

- Help keep Western Australians out of hospitals
- Reduce the need for ambulance and emergency presentations
- Provide cost-effectiveness for the state's bottom line.

The WA Branch stands ready to work with the Government and sector stakeholders to fix the system and end the crisis.



A handwritten signature in black ink, appearing to read 'Murugesh'.

**Dr Murugesh Nidyananda**  
WA Branch Chair

# Current state of WA: mental health system is crisis-driven, precarious, and fragmented

The State Auditor-General noted in the landmark 2019 report, prior to the pandemic-related disruptions in international workforce recruitment and service delivery, that 'just 10% of [adults using public mental health services] used 90% of hospital care and almost 50% of emergency and community treatment services'.<sup>1</sup>

While the Auditor-General's report is dated, evidence suggests that the situation has not changed much since 2019. The recent report by the Australian College of Emergency Medicine (ACEM) provides strong evidence in data trends for mental health presentations to Emergency Departments, from 2016-2017 and 2023-2024, that reveal:

- Rising demand particularly among Aboriginal and Torres Strait Islander people and older adults over 65
- Greater complexity and acuity
- Excessively long waits for admission.<sup>2</sup>

Mental health consumers with severe and acute mental health challenges are still 'stuck' in emergency departments because they cannot access specialised community mental health services and hospital beds when they need them, just as they were in 2020.<sup>3</sup>

Access block and exit block are but the most demonstrable symptoms of a system in crisis. The long-term trend in ambulance ramping hours shows a decade-long increase that surged in 2022, and cannot be explained away by seasonal infections or lack of aged-care beds:<sup>4</sup>

In 2023-2024, the WA median of 47 minutes waiting time in ED for mental health issues was the highest in the country, compared to the national median of 21 minutes.<sup>5</sup>

WA had the second-highest rate of ED mental health presentations at 130 per 10,000 people compared to the national rate of 115 per 10,000 people, as shown in Figure 3.<sup>6</sup>

Figure 1: Total ramped hours trend, 2016-2025

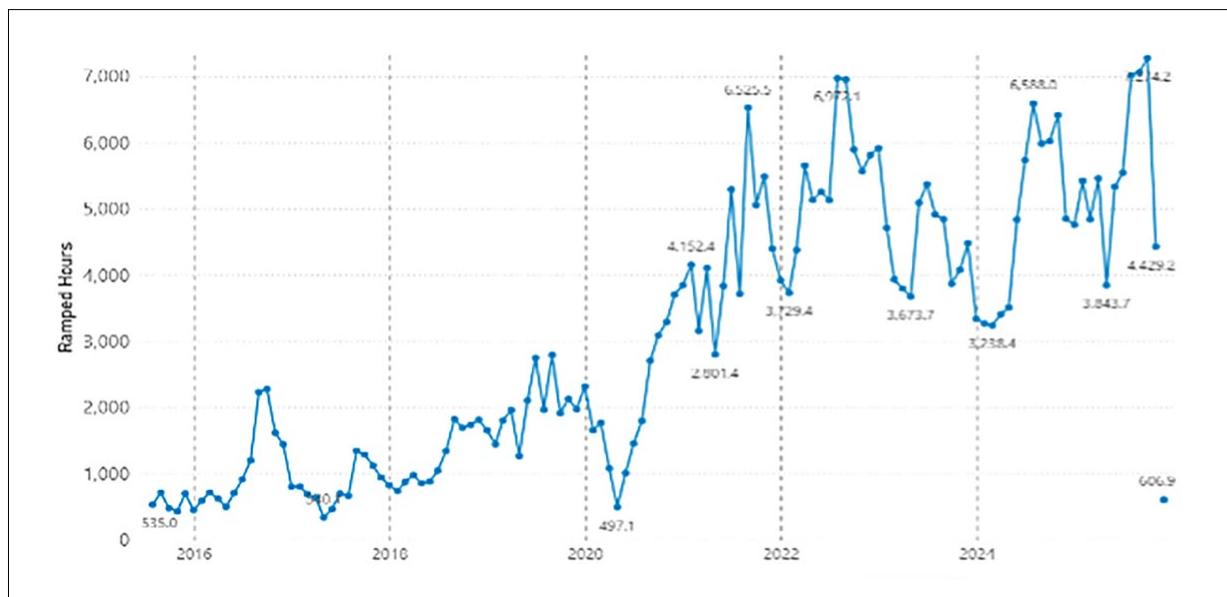


Figure 2: Mental health ED presentations seen on time, 2023-2024<sup>7</sup>

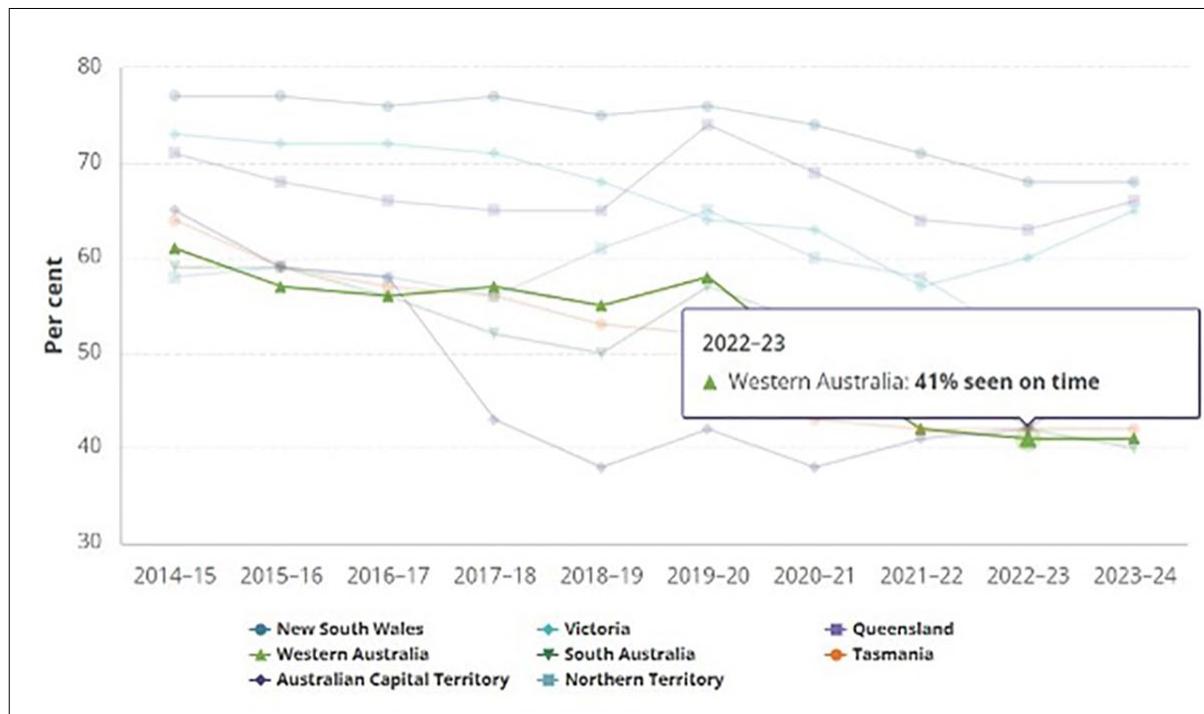
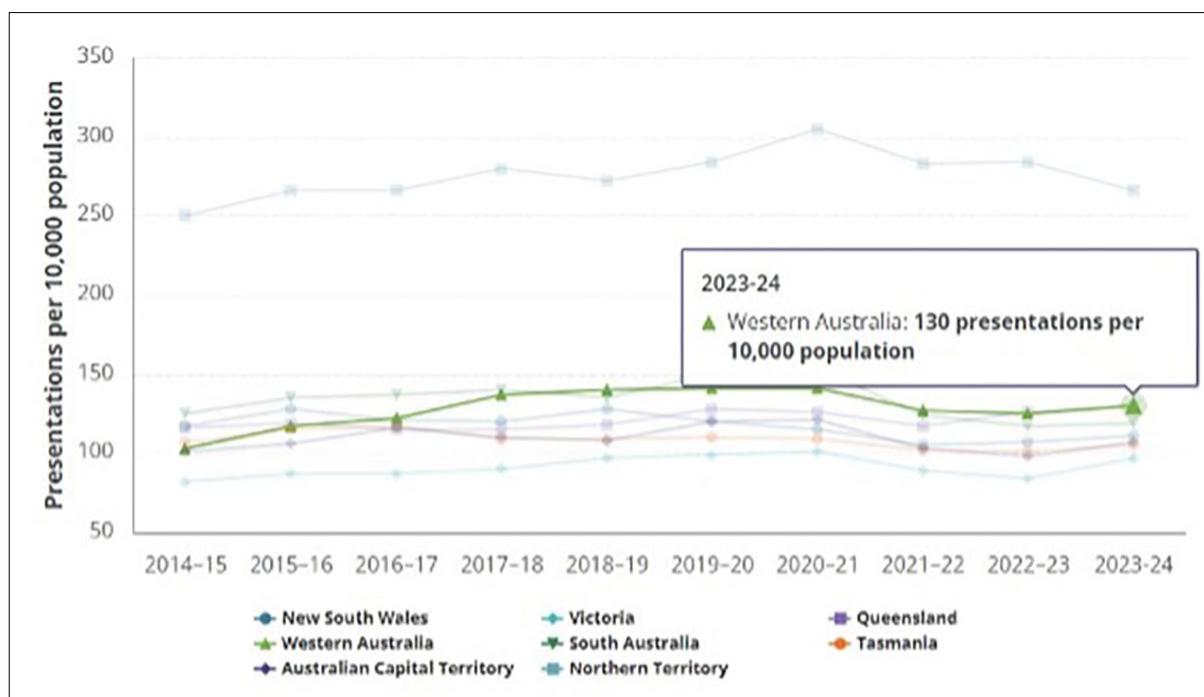


Figure 3: Rate of mental health ED presentations, WA, 2023-2024



The rise in prevalence, and clinical and social complexity of mental health challenges, runs against the tide of the total health ‘burden of disease’. There has been a 31% increase in the total burden of disease for mental health and substance use disorders between 2003 and 2024 in Australia. Contrastingly, there has been a 11% decrease in the total burden of disease.<sup>8</sup>

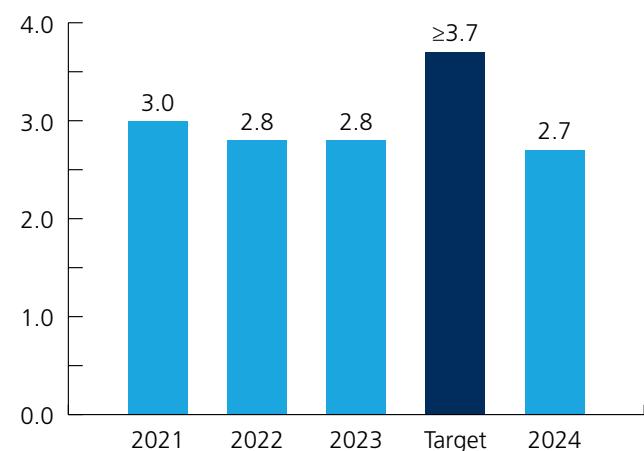
This change has not been met with balanced investment. Total WA Government expenditure on public mental health services increased by only 21% over the ten years from 2013-2014 to 2022-2023, in constant price per capita.<sup>9</sup>

Over 63,000 Western Australians receive public specialised inpatient and/or community mental healthcare annually. About 9,000 (or 14%) of this number are First Nations people, highlighting their over-representation in the public system relative to the size of the population.<sup>10</sup>

***Most individuals in this cohort are vulnerable and most will seek treatment, care and support from a public psychiatrist at some stage of their recovery journey.***

But the proportion of the population with access to public clinical mental healthcare continues to fall behind, failing to meet the target of over 3.7%, which is the estimated WA population requiring access to these services, as shown in Figure 4.

**Figure 4: Proportion of the population receiving public clinical mental healthcare or alcohol and other drugs treatment vs target, WA, 2024<sup>11</sup>**



The Branch welcomes the increased hospital capacity in the most recent Government announcement of specific mental health emergency departments and additional beds to the public system.<sup>12</sup>

But EDs and beds will require significant expansion of staffing capacity, specifically psychiatrists and trainees, to respond to surges in demand, improve treatment times and clinical outcomes, and eliminate access block.<sup>13</sup> The root causes of the ED crisis are systemic and will remain unless overall workforce capacity and care models are reformed to bring about better system integration and more effective prevention.<sup>14</sup>

## **Solutions are readily available to solve these problems**

The State Budget 2026-2027 is an opportunity to invest in the psychiatric workforce and integrated mental health services, which will, over the longer term, increase public healthcare savings and reduce the mental health burden of disease.

Some interventions, such as alternatives to ED, may temporarily reduce some of the symptoms of access block and be suitable for a specific cohort, primarily patients who do not require hospital admission.<sup>15</sup> These should be complemented by reform which raises the capacity of the public mental health system to provide complex wrap-around treatment, care and support to people who require it.

At the microeconomic level, individuals with complex mental health challenges can and do recover when they can access integrated treatment, care and support. Access to services empowers and enables people to participate in education, employment, and community life. It also means that public mental health services have increased capacity to support more people.<sup>16</sup>

At the macroeconomic level, the benefits of a more productive mental health sector and of increased labour supply and increased productivity, have wide flow-on impacts across sectors, increasing investment, wages and income, and government taxation revenue.<sup>17</sup>

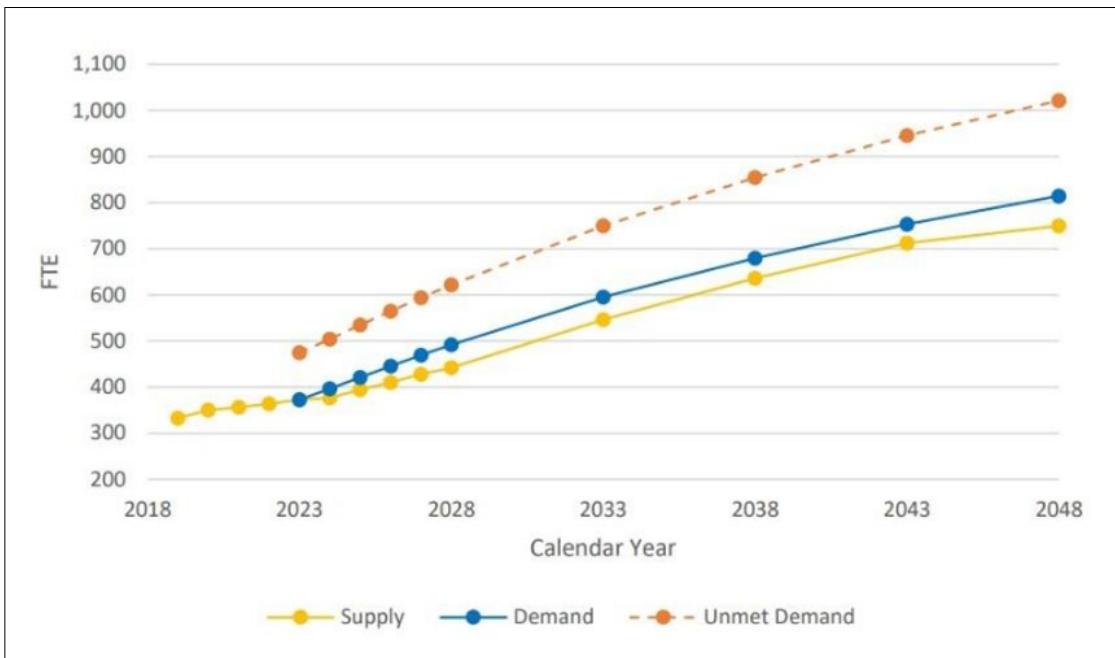
# Government policy direction: secure self-sustaining psychiatric workforce to staff every bed

Psychiatry is an identified priority area of severe workforce undersupply in the **National Mental Health Workforce Strategy 2022-2032**<sup>18</sup> and the **National Medical Workforce Strategy 2021-2031**.<sup>19</sup>

The recent Department of Health, Disability and Ageing's **Psychiatry Supply and Demand Study**<sup>20</sup> demonstrated that lack of access to specialised community services is underpinned by a severe psychiatry workforce shortage.<sup>21</sup>

We know that WA requires an additional 140.2 FTE psychiatrists to meet the unmet demand in 2025, projected to increase to 207.3 FTE by 2033, as shown in Figure 5.

Figure 5: Psychiatry supply vs demand, FTE, WA, 2018-2048<sup>22</sup>



## Government action: fund additional training posts in the WA psychiatry training programs

With psychiatry qualifications requiring a minimum five years of training following completion of a medical degree, it is crucial to begin increasing the number of training posts as soon as possible. We are fortunate that psychiatric training programs in WA have no difficulties attracting suitable trainees. But we do need to do more to increase trainee numbers by providing more training posts, as well as support their training journey in order to retain them.

More trainees deliver more capacity to staff every bed in the mental health system.

It is urgent that the Government acts now, with measured growth that can be sustained in the current system.

### *Addressing the immediate service gap requires:*

- 5 additional funded posts in the metropolitan program for Stage 1 in 2027.
- 2 additional funded posts in the rural program spread over the two intakes in 2027, with subsequent equal intake in each year to 2031.

## Government action: recruit additional consultants to improve training and service delivery

Psychiatrists are unique in the mental health workforce for their grounding in the bio-psycho-social framework of mental health. Equally, psychiatrists are unique among medical specialists for their expertise in psychotherapy and psychological approaches.<sup>23</sup> Psychiatry is the only medical profession able to offer treatment, care and support across modalities and to people with both physical and mental health issues.

Training doctors to become psychiatrists requires supervisors. Current blockages in the training pipeline exist due to shortfalls in supervision capacity, with detrimental effects on service delivery and consumer outcomes.

Employing additional consultants able to supervise registrars will clear the blockages in the training pipeline and transform the delivery of a self-sustaining psychiatric workforce.

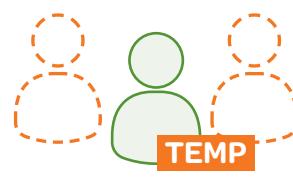
*Recruitment of consultants will ensure trainees are retained in the public mental health system to help meet the community's mental healthcare needs.*

## Growing the workforce pipeline saves money

An excellent example of a return on investment is the Rural Psychiatry Training Pathway WA (RPTPWA). Since 2023, when the RPTPWA began, the WA Country Health Service has seen the following benefits:<sup>24</sup>



**An increase of 4.3 FTE**  
in permanent psychiatric consultants.



**Reduced dependence on locum staff by 36%;**  
prior to the roll-out of the RPTPWA,  
44% of all psychiatric staff were locums, down to 8% in 2024.



**Decreased salary bill**  
by approximately \$360,000 a year,  
while growing a permanent and self-sufficient rural workforce.

# Government policy direction: address service gaps for the missing middle

The cohort commonly referred to as the 'missing middle' encompasses people who are too unwell for primary care but are unable to access specialised services they need, while not generally requiring hospitalisation.<sup>25</sup> They resort to using emergency departments to access care. It is worth noting that Lived Experience Australia reports similar barriers in the private mental health sector.<sup>26</sup>

Mental health consumers with personality disorders<sup>27</sup> and with coexisting developmental conditions and intellectual disabilities,<sup>28</sup> are key groups who repeatedly try to access treatment through emergency departments. These groups are best served by specialised community treatment services, not least because ED settings are unsafe for the clinical complexity of presentations, placing both the patients and the staff at risk.

A better integrated service system will:

- Reduce inappropriate and lengthy ED presentations
- Ease the excessive demand for acute hospital beds
- Enable improved treatment, care and support.

While WA has made progress in building capacity for eating disorders treatment, for example, personality disorders and neuropsychiatric services have been awaiting implementation since the Mental Health and Alcohol and Other Drugs Plan 2015-2025.

The WA Eating Disorders and Outreach Service (WAEDOCS) provides an effective, evidence-based 'hub-and-spoke' model that can be applied to neuropsychiatric and personality disorder services.

WAEDOCS, established in 2016, was the winner of the Mental Health Commissioner's Award at the 2019 WA Health Excellence Awards. It is an enduring model of mental health workforce capacity-building in the public sector.

## It is cost effective to treat more people with mental ill-health

The cost effectiveness of community treatment services for people with severe, complex or enduring mental ill-health can be measured:



Early intervention services for people with acute mental health challenges reduce the costs of care and rates of suicide and self-harm, while improving social participation.

**For every \$1 invested, the resultant saving is \$15.**



The collaborative care models built around the patient show a return on investment of **\$3 for every \$1 invested.**



Multidisciplinary treatment services for people with complex mental health issues result in savings amounting to millions of dollars across the economy and **reduce the costs of future health service provision by 30%.**

The following proposals address all the elements of the Sustainable Health Review's Recommendation 6 for more integrated, connected and visible services commencing with vulnerable groups.<sup>29</sup>

## Government action: fund the statewide neuropsychiatric liaison service

Between 30% and 50% of people with intellectual and developmental disabilities have severe and enduring mental health challenges, a rate substantially higher than the general population.<sup>30</sup> Despite 'dual diagnoses' being a recognised field nationally and internationally, WA is the only state in Australia without a public specialised community treatment service for people with intellectual and developmental disability.

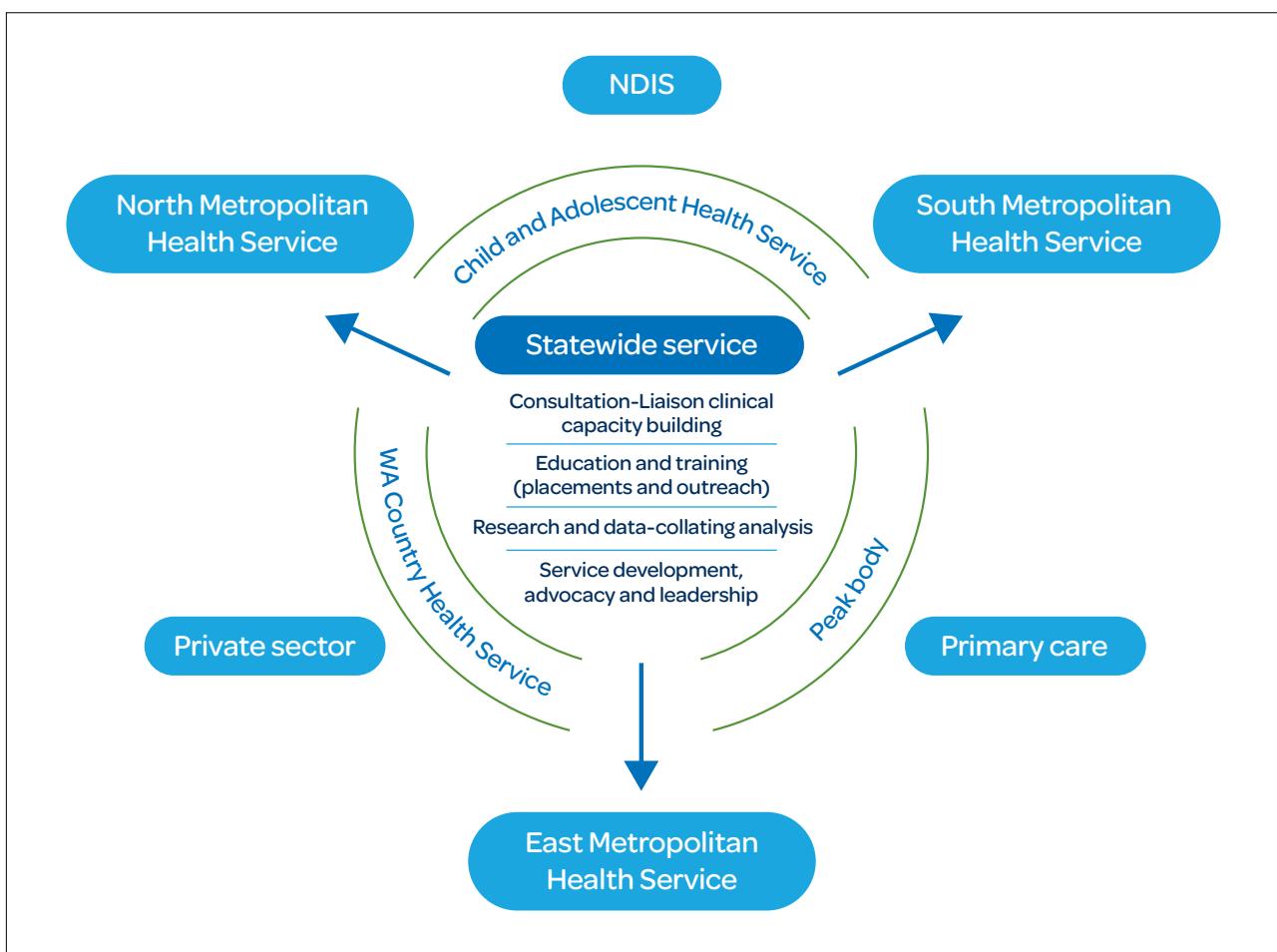
Co-occurring mental health issues, along with cognitive impairment, acquired brain injury and neurodevelopmental conditions, are poorly managed by public services. The pressure usually falls on Consultation-Liaison teams in general hospitals to provide care, but they are neither trained nor supported in the role to meet the complexity of symptoms. The proposed neuropsychiatric liaison service would fill this need.

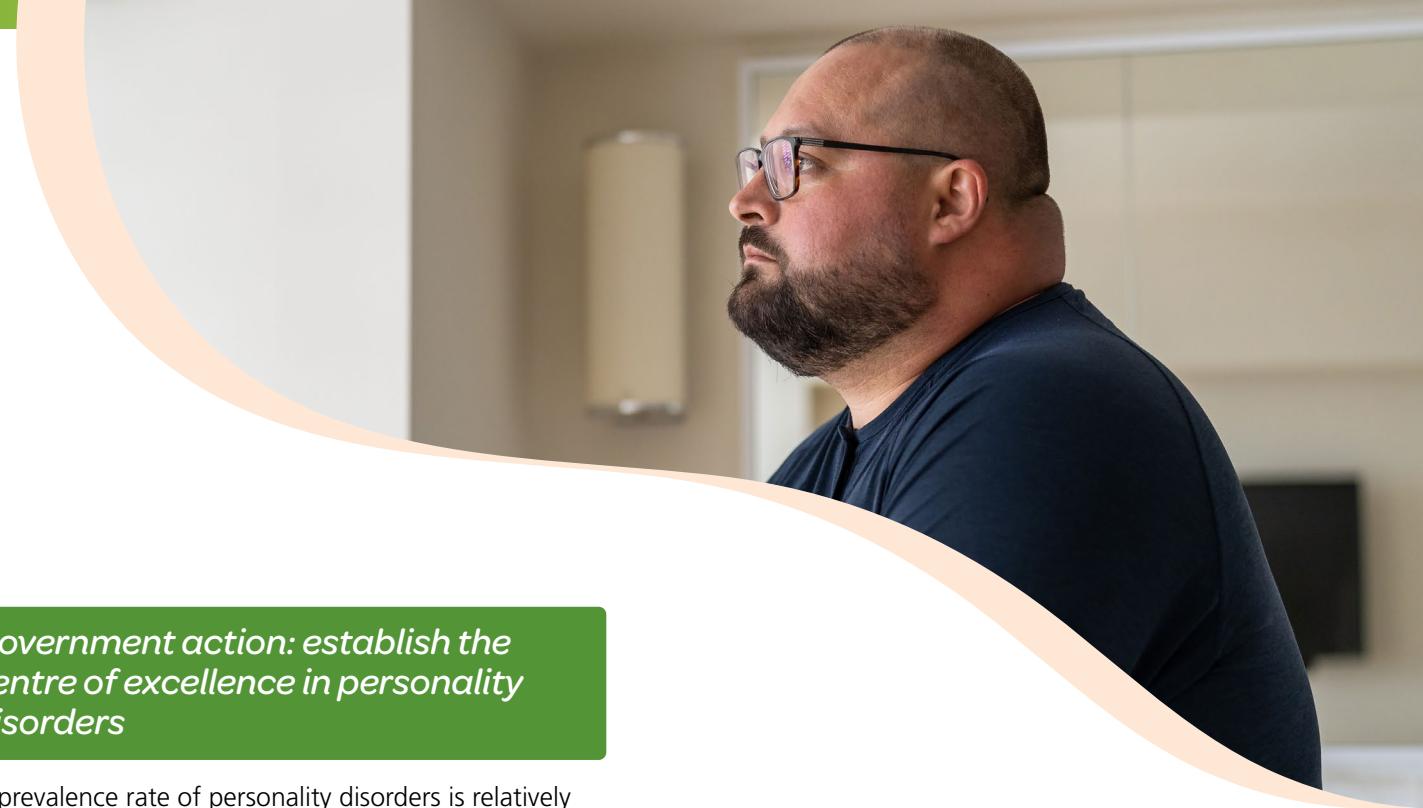
The public neuropsychiatric liaison service would work with YouthLink, a Tier 4 service in the North Metropolitan Health Service, to develop a pilot treatment for young people with dual diagnoses. The Branch proposes a phased-in model of service development in the delivery of neuropsychiatric mental healthcare, with the liaison service and the pilot as the first step.

The proposed service model is based on WAEDOCS, working across the clinical and community services, both private and public, to raise capacity of clinicians who provide mental healthcare to people with dual diagnosis, as shown in Figure 6.

The investment for the liaison service and the YouthLink pilot required totals \$2m. The delivery of this service would fulfil an important recommendation of the **Disability Royal Commission**.<sup>31</sup>

Figure 6: proposed model for the neuropsychiatric dual diagnosis service





### ***Government action: establish the centre of excellence in personality disorders***

The prevalence rate of personality disorders is relatively low at between 1 and 4% of the population. Yet people with personality disorders are frequent service users and are more likely to present to acute health services. The suicide rate for people with personality disorders is 45 times higher than the general population.<sup>32</sup>

Evidence-based, effective treatments exist but access to them is limited: the results show that treatment reduces emergency presentations among people with personality disorders.<sup>33</sup>

In 2019, the Mental Health Commission funded the development of the Statewide Model of Care for Personality Disorders, co-designed with people with Lived Experience, who reported their unsatisfactory experiences when presenting in crisis at emergency departments.<sup>34</sup>

The centre of excellence will deliver:

- System leadership and cultural change to counter stigma and exclusion, and provide advocacy and peer support to people with personality disorders
- Well-understood and accepted philosophy, principles and practices of care to guide how services support people in their recovery
- A system-wide competency framework for personality disorders to guide system integration
- Increased capacity informed by Lived Experience and a multi-disciplinary approach.

The establishment of a centre of excellence in personality disorders would fulfil a long-standing Government priority. It would drive and support the systemic change needed to respond to consumers more effectively.

WAEDOCS provides an award-winning model for the centre. Its cost would repay itself many times over. The total initial investment required is approximately \$1m.

## **Government action: expand women's mental health programs across the lifespan**

The Branch recognises significant Government investment in perinatal and infant mental healthcare, sexual assault services, and the new Women's Mental Health Unit at Cockburn.

Now, WA has the opportunity to provide comprehensive mental healthcare for women who are disproportionately impacted by mental health disorders but receive limited specialist mental healthcare beyond the perinatal period.<sup>35</sup> The recent **Senate Inquiry into Perimenopause and Menopause**<sup>36</sup> and the Victorian Inquiry into Women's Pain,<sup>37</sup> provide significant evidence of the gender-specific mental health issues faced by women and girls in our community.

The Australian Government supports the recommendation 21 of the Senate Inquiry into Menopause and Perimenopause to work with state governments to **implement or leverage existing women's health facilities, including in the public health system, to better support women during the menopause transition.**<sup>38</sup>

WA should respond proactively to national and international trends.

Our Statewide Perinatal and Infant Mental Health Program (SPIMHP) assists with the training of clinicians in mental health during the perinatal period.

An opportunity exists to build on this success by providing a hub of specialist expertise to support capacity development in primary care and the non-government sector, focused on emotional wellbeing of women, girls, and their families across the lifespan.

WA Women and Newborn Health Service is ideally placed to drive the system change in women's mental healthcare. Funding expansion of SPIMHP will drive the following outcomes:

- Comprehensive knowledge and awareness of mental health issues for women and girls
- Excellence of national and international significance in research and teaching in women's mental health
- System planning of clinical services in the neglected areas of women's mental healthcare.

The proposed expansion of the program requires additional funding of \$1m, allowing the Women and Newborn Health Service to double the current workforce and support women's mental healthcare across the lifespan.



## References

- 1 WA State Auditor-General, [Access to State-Managed Adult Mental Health Services](#), report 4, 2019, p.8.
- 2 ACEM, Still Waiting: Trends in Mental Health Presentations to Australian Emergency Departments, November 2025.
- 3 Maria Duggan, Ben Harris, Wai-Kwan Chislett, Rosemary Calder, [Nowhere Else to Go: Why Australia's health system results in people with mental illness getting 'stuck' in emergency departments](#), Mitchell Institute commissioned report for Australian College of Emergency Medicine, Victoria University, 2020.
- 4 St John Ambulance WA, [Total ramped hours trend](#), accessed 4 November 2025.
- 5 AIHW, [State and Territory mental health related emergency department services](#), August 2025, accessed 11 October 2025.
- 6 AIHW, [State and Territory mental health related emergency department services](#), August 2025, accessed 16 October 2025; AIHW, [Mental health services provided in emergency departments](#), August 2025, accessed 16 October 2025.
- 7 AIHW, [State and Territory mental health related emergency department services](#), August 2025, accessed 11 October 2025.
- 8 AIHW, [Mental illness burden of disease](#), updated 19 August 2025, accessed 8 October 2025.
- 9 AIHW, [Expenditure on mental health services](#), updated February 2025, accessed 10 November 2025.
- 10 Office of the Chief Psychiatrist, [Annual report 2023-2024](#), p.27.
- 11 Mental Health Commission, [Annual Report 2024-2025](#), p.125.
- 12 WA Government, [Three new major hospital projects will expand patient care](#), 6 November 2025
- 13 AMA, [Public hospital report card – Mental health edition 2025](#), November 2025.
- 14 Duggan et al, Nowhere else to go.
- 15 Frommer M., Marjanovic S., [Access block: a review of potential solutions](#), report commissioned by the Australian College of Emergency Medicine, Sax Institute, 2022.
- 16 Martin Knapp and Gloria Wong, [Economics and mental health: the current scenario](#), World Psychiatry, 19(1), 2020
- 17 Mental Health Australia and KPMG, Investing to Save: The economic benefits for Australia of investment in mental health reform, Sydney, 2018
- 18 Department of Health and Aged Care, [National Mental Health Workforce Strategy 2022-2032](#), p.25.
- 19 Department of Health and Aged Care, [National Medical Workforce Strategy 2021-2031](#), p.34.
- 20 Department of Health, Disability and Ageing, [Psychiatry Supply and Demand Study Compendium Report](#), June 2025.
- 21 RANZCP, [Government data confirms severe psychiatry workforce shortages](#), 19 June 2025; see original analysis by Keane Burke, with comment by AMA WA, ['Why WA may have to shift its focus to making ambulance ramping safer'](#), ABC News, 3 August 2025;
- 22 [Psychiatry Supply and Demand Study Compendium Report](#), p.17.
- 23 Potash JB et al, ['The Future of the Psychiatrist'](#), Psychiatric Research and Clinical Practice, vol.7, no.2, 2025.
- 24 Presentation by Assoc Prof Mat Coleman, to the WA Branch Committee, May 2024, available on request.
- 25 Orygen, [Defining the Missing Middle: Policy report](#), Melbourne, 2020.
- 26 Lived Experience Australia, [Missing Middle Research Reports](#), 2021.
- 27 Broadbear J.H et al, ['Ambulance attendances involving personality disorder – investigation of crisis-driven re-attendances for mental health, alcohol and other drug, and suicide-related events'](#), Journal of Affective Disorders Reports, vol., 20, April 2025, 100882
- 28 Pollack H.A. et al, 'Neuropsychiatric Disorders Among Adult Emergency Department Patients with Intellectual and Developmental Disabilities', Psychiatric Services, September 2025, <https://doi.org/10.1176/appi.ps.20240604>
- 29 Sustainable Health Review, [Final Report to the Western Australian Government](#), Department of Health, 2019.
- 30 Totsika V. et al, 'Mental health problems in children with intellectual disability', The Lancet Child and Adolescent Health, vol.6, no.6, 2022, 432-444
- 31 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, [Final report – Volume 6, Enabling autonomy and access](#), September 2023.
- 32 Broadbear J.H. et al, ['Coroners' investigations of suicide in Australia: the hidden toll of borderline personality disorders'](#), Journal of Psychiatric Research, vol.129, 2020
- 33 Gilbey D et al, 'The effectiveness of a day hospital mentalisation-based therapy program for adolescents with borderline personality traits: findings from Touchstone – Child and Adolescent Mental Health Service', Clinical Psychology and Psychotherapy, 30, 2023, 1303-1312
- 34 WA Association for Mental Health, [The Statewide Model of Care for Personality Disorders](#), Mental Health Commission, Perth, November 2020
- 35 AIHW, The Health of Australia's Females, June 2023, accessed 21 October 2025
- 36 Senate Standing Committee on Community Affairs, Issues Related to Menopause and Perimenopause, Canberra, September 2024.
- 37 Department of Health Victoria, Inquiry into Women's Pain, 2024.
- 38 Australian Government, [Response to the Senate Community Affairs References Committee report: Issues related to menopause and perimenopause](#), Canberra, February 2025.

