



The Royal
Australian &
New Zealand
College of
Psychiatrists



Tasmanian Branch

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The RANZCP Tasmanian Branch

Tasmanian State Government Pre-Budget Submission 2024–25

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.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college, has strong ties with associations in the Asia-Pacific region. The RANZCP has more than 8,000 members, including more than 5,800 qualified psychiatrists and almost 2,200 members who are training to qualify as psychiatrists.

The Tasmanian Branch currently has 105 qualified psychiatrists and 38 members training to qualify as psychiatrists.

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.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the Traditional Owners and 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 the Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

Acknowledgement of Lived Experience

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

Chair's Introduction

Mental health is an essential component of a person's health and wellbeing. Mental illness continues to be one of the largest burdens of disease in Tasmania.[1] In 2020–22, 52.9% of Tasmanians aged 16–85 reported experiencing a mental health condition in their lifetime.[2] This is higher than the national average of 42.9%.[2]

We commend the Government for the significant work it has already done to provide better access to mental health care for Tasmanians in need, no matter where they live. We acknowledge in particular the ongoing state-wide reforms to improve Child and Adolescent Mental Health Services (CAMHS); the developments of an Eating Disorder Service and a mental health service for people with an intellectual disability; and the additional perinatal services in the north and north-west. The establishment of the Tasmanian Centre for Mental Health Service Innovation is a welcome initiative. We also look forward to the 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, there remain inadequacies in the Tasmanian mental health system. To meet community demand requires further considerable investment and reform, with a continuing focus on better access to quality mental health care, irrespective of geographical location.

The future success of the Government's reforms depends on action now.

The *National Mental Health Workforce Strategy* 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 believe the Government needs 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 community.
- **Rural and regional mental health** – invest in mental health services that focus on the provision of quality mental health services in Tasmania's north and north-west.
- **Specialty mental health services** – provide adequate capacity for mental health services for people with intellectual disabilities and forensic patients, to avoid overflow stresses to the entire mental health system.

We look forward to working with the Government to improve mental health care outcomes for all Tasmanians.



Dr Ben Elijah

Chair, RANZCP Tasmanian Branch

Recommendations

The [National Mental Health Workforce Strategy 2022–23](#) outlines a plan to attract, train and retain a highly skilled, diverse and well-distributed mental health workforce.

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

Tasmania's psychiatry workforce is reliant on two main workforce sources:

1. The small number of doctors and psychiatrists who train in the Tasmanian system and who choose to remain local once they finish training.
2. Those who have trained as psychiatrists overseas, and work in the local setting for a period to have their qualifications recognised locally (Specialist International Medical Graduates or SIMGs).

Based on the actions and recommendations outlined in the National Mental Health Workforce Strategy, and considering Tasmania's unique circumstances and particular challenges, we ask the Government to:

Attract

1. Invest in making a career in psychiatry in Tasmania a viable opportunity.
 - a. It is increasingly difficult to fill psychiatry vacancies, especially in the north-west, which has led to an overreliance on locums.[4] Increasing incentives and information regarding undertaking a long-term career in psychiatry in Tasmania will help to increase the number of psychiatrists in the Tasmanian health system.
 - b. The reliance on locum and temporary staff to keep services running affects continuity of care and fragments training experiences, potentially leading to fewer training places because of uncertain supervisor availability.
2. Increase opportunities for psychiatry rotations for junior medical officers working in the Tasmanian health system.
 - a. 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 manner in which it is taught, play a role in the selection of psychiatry training by medical students.[5]

Train

3. Maintain funding for the Director of Training position and associated administrative staff to enable more training opportunities, and expedite contracts for trainees.
 - a. We acknowledge the increased remuneration for trainees, and the positive impact this has had on the number of trainees.
 - b. However, Directors of Training and appropriate administrative support are essential to the success of running local registrar programs.
 - c. Some of the impacts on training and trainees are intrinsically linked to the number of staff who are locums or employed on a short-term basis. This leads to a fragmented training experience, and, in some cases, restricts the availability of posts due to the lack of guaranteed supervision.
 - d. The Branch notes that the length of time it currently takes to prepare contracts results in losing trainees from mainland Australia. Without a contract in place in a timely fashion, and the resulting uncertainty of tenure, a trainee is unlikely to relocate to Tasmania.
4. Increase opportunities for private practice placements in training.
 - a. The Productivity Commission identified fragmentation between the public and private sectors as a significant barrier in the mental health care system.[4] Broadening placement opportunities and allowing trainees to complete part of their training in private settings creates a better understanding between psychiatrists working in the public and private sectors. This improves patient outcomes through better shared care, transfer of care, and referrals between systems.
 - b. Most training placements currently take place in the public setting. The community and workforce benefit from greater training opportunities in private practice; as private psychiatrists provide care to the majority of people with low-acuity, high-relevance disorders, trainees would be exposed to a broader range of mental health conditions.

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.
 - a. The Branch and College 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. The Branch is encouraged that reforms are now extending to the north and north-west including state-wide programs for youth, eating disorders and perinatal services.
 - b. We encourage the Government to maintain budgetary support for these important initiatives and the reform including new builds in St Johns Park, and mental health precincts in the north and north-west.
6. Develop and deliver Medicare Benefits Schedule (MBS) loadings for psychiatrists working in rural and remote areas, in collaboration with the Federal Government.
 - a. The Branch urges the Tasmanian Government to advocate to the Federal Government to develop further MBS loadings for psychiatrists working in regional, rural and remote areas. The Branch notes that MBS Item 294 provides a 50% loading for bulk-billed telehealth services provided to rural patients, but advocates for equivalent loading options to provide equitable access to in-person services for regional, rural and remote consumers.
7. Increase access to Transcranial Magnetic Stimulation (TMS) treatment through the public system.
 - a. Access to TMS treatment is currently only available through private health. TMS is used to treat treatment-resistant depression, which is a high burden and a significant drain on the Tasmanian economy at present.
 - b. There are also concerns about the continued provision of TMS in the private sector with the loss of the St Helens Healthscope hospital this year. This hospital was the main provider of not only TMS but also mother-baby unit services.

Retain

To grow the current workforce in Tasmania, we need to retain the current workforce. Tasmania struggles to retain specialists, with a high number of short-term and locum staff that are used to keep services running. The impact on training is noted above.

8. Ensure pay parity for Tasmanian psychiatrists with their colleagues on the mainland.
 - a. Tasmania loses candidates due to a lack of competitive wages. We call on the Government to increase wages or provide appropriate market allowances and to act on the need to review the wage structure for consultants. Disparity in pay with the mainland, and between the private and public sectors, is demoralising and leads to burnout and attrition.
 - b. We ask the Government to consider 4+1 working contracts with four clinical days and one for research/teaching for all doctors. By offering all doctors the chance to engage in research, while also working in a clinical practice, the Tasmanian health service will be a more attractive career path for early career psychiatrists.
 - c. The Branch notes that the Centre for Service Excellence is working to facilitate research at all levels.
 - d. 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.
9. Fund further mental health nursing positions to support the broader mental health system.
 - a. In line with national trends, Tasmania is also facing a looming shortage of mental health nurses.[4] Mental health nurses are an integral part of multidisciplinary mental health care teams and provide crucial support to psychiatrists. Funding, training and retaining mental health nurses must be a priority for the Tasmanian Government.

Plan and Prepare

10. Develop a forensic mental health service and urgently review workforce requirements to service Tasmania's current and future needs, in line with accepted benchmarks.
 - a. Tasmania is the only Australian jurisdiction which does not have an integrated prison mental health service.
 - b. As noted 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.
 - c. Prisoners experience mental health issues at a disproportionately higher rate than people in the community. [6]. People with mental illness in correctional facilities are entitled to mental health care that is equivalent to that provided in the community (as described in the [Guiding Principles for Corrections in Australia](#)).
 - d. 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.
 - e. Incarceration rates in Tasmania have increased significantly (from close to 600 prisoners in June 2017 to more than 800 prisoners in November 2023, projected to increase to 900 in 2024), without development of service capacity to meet current and future needs. 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](#).
 - f. Without a forensic mental health service that has sufficient capacity, forensic patients must be accommodated within general adult mental health beds. This overflow contributes to a lack of availability of mental health beds for the wider community.
11. Commit to the sustainable funding and growth of the mental health service for people with intellectual disabilities (ID).
 - a. People with ID face particular challenges in accessing appropriate mental health care – see our [Position statement 109: Addressing the mental health needs of people with ID](#). We commend the Government's recognition of these significant challenges and unmet mental health needs for people with ID.
 - b. However, 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.
 - c. Currently, services in Tasmania operate with no administrative support and a limited medical presence, primarily in concert with an NGO. An effective service would require, at minimum, a full-time psychiatrist, a full-time registrar and 3–4 case managers with administrative support across the state.

Conclusion

The Tasmanian Branch of the RANZCP commends the Tasmanian Government on its significant reforms to the state's mental health service delivery, and in particular the much-needed CAMHS, perinatal and dating 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 ask the Government to commit to strategies to attract, train and retain psychiatrists and stem the decrease in the number of psychiatrists practicing here.

We also note that the mental health workforce consists of more than psychiatrists. Mental health nurses, in particular, need support. The workforce is a collaborative space driven by multidisciplinary teams, and funding and support to maintain and grow these relationships is crucial. Resources to support the Tasmanian mental health workforce must include ongoing collaborative relationships with key training and education organisations and stakeholders.

Psychiatry Workforce Shortage

There is a growing Australia-wide shortage in the psychiatrist workforce, impacting effective service provision.[7] As a result, people are waiting too long or missing out on mental health care, and people living in regional, rural and remote areas are disproportionately impacted.

Psychiatrists have expertise in diagnosing and treating people with mental illness, and a deep understanding of both physical and mental health. They collaborate with general practitioners and other health practitioners such as psychologists, occupational therapists, chaplains, social workers and psychiatric nurses to achieve the best care for patients.[8]

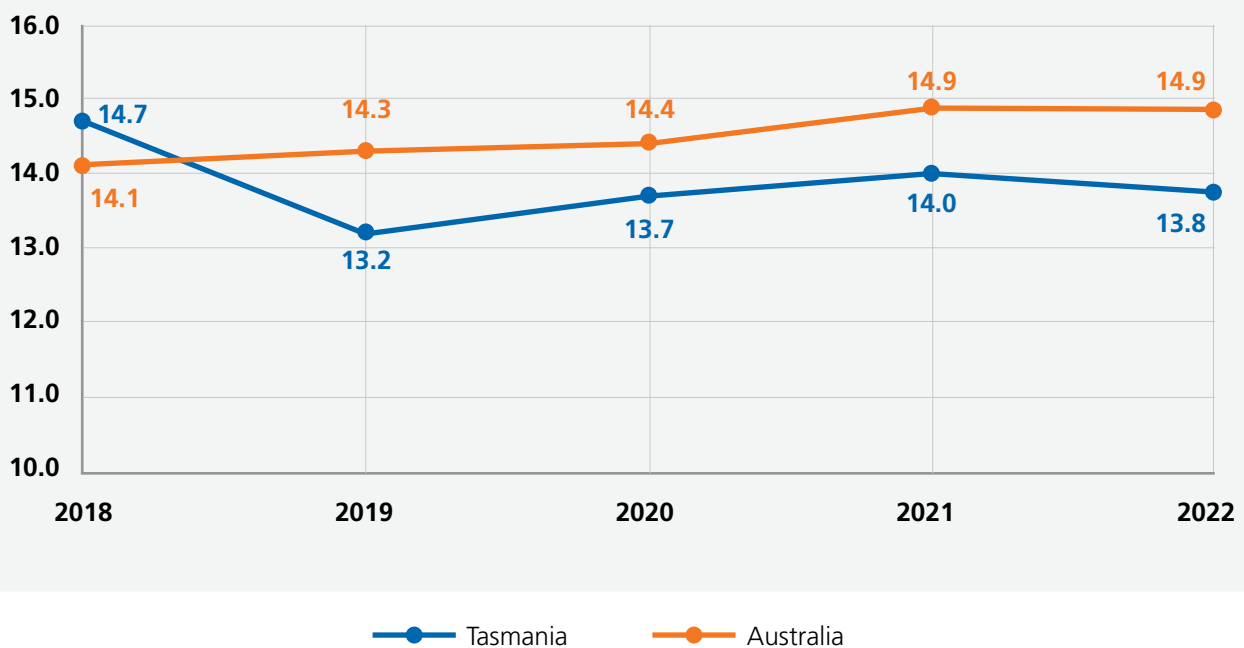
The psychiatry workforce needs to become more sustainable to accommodate the demand for mental health services, which is projected to continue to grow.

Australia is projected to encounter a gross undersupply of psychiatrists over the next decade, which will require not only more training positions but also an increase in the number of trainees.[9, 10] The demand for psychiatrists exceeds supply, leading to a critical shortage that is preventing us from providing adequate care to Australians in need.

There are fewer psychiatrists per capita in Tasmania than the national average, and the number is decreasing.

Between 2021 and 2022, the psychiatry workforce in Tasmania decreased from 14 full-time psychiatrists per 100,000 people to 13.8 full-time psychiatrists.[11]

FTE per 100,000 population of psychiatrists workforce from 2018 to 2022



Regional, Rural and Remote Mental Health in Tasmania

Psychiatrists in Tasmania are unevenly distributed. It has been reported that there are four full-time psychiatrists per 100,000 in outer regional Tasmania compared to the national average of 15 psychiatrists per 100,000 people.[12, 13] The figures worsen for those in remote and very remote Tasmania, where there are no psychiatrists reported.

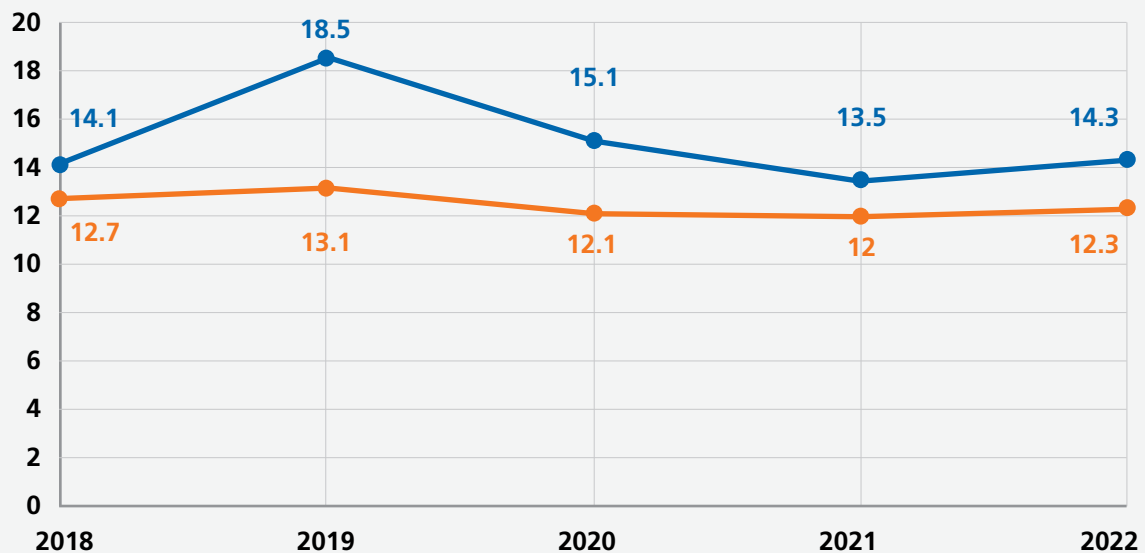
Many Tasmanians living in rural and remote areas face significant barriers to accessing mental health care, such as long wait times, lack of transportation and limited mental health services. The limited public mental health facilities available across Tasmania are largely concentrated in the south, with the north and north-west facing a particular lack of resourcing.

Under-resourcing continues to have cascading effects on patients as well as those working in the mental health system, including psychiatrists. Psychiatrists and other mental health professionals are often subject to system constraints, impacting quality of care, leading to distress for both clinicians and consumers.[14]

Around one in five Australians will experience a mental health condition, but in rural areas, the rates of suicide, self-harm and emergency admissions for mental illness increase with how remotely you live.[2] Australians living in remote and very remote parts of the country are about twice as likely to die by suicide than those in major cities.

The rate of suicide also remains high in Tasmania compared to the national average, as seen in the table below.[15]

Age-standardised suicide rate (per 100,000) in Tasmania and Australia from 2018 to 2022



—●— Tasmania —●— Australia

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