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WA Workforce Strategy

Questionnaire

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Please select which industry you would like to share insights on:

You are welcome to share your insights on multiple industries if applicable

Care

You are invited to provide your views or the views of the organisation or entity you represent on the below questions:

Clean energy

Building and construction

Advanced manufacturing

Tourism and hospitality

Care

What are the challenges and risks in securing the workforce needed for the care sector over the next 5 to 10 years?

The RANZCP WA Branch welcomes the development of the Workforce Strategy and the Government's prioritisation of mental healthcare and hospital access as key Health priorities for 2025-2029.

The Workforce Strategy presents an opportunity to improve the outcomes for people with mental health challenges by providing better access to services and intervening earlier. This will prevent the inevitable increase in complex presentations with worsening psychosocial disability and more complicated treatment requirements.

The causes of the access block in our hospital and mental health system are complicated and multifactorial. Unfortunately, this results in consumers and their carers spending extended periods of time in emergency departments, without integrated, appropriate pathways for community-based care.

The shortage of psychiatrists in the public system should be considered separately to shortages affecting

other medical specialists. This is in part due to the unique nature of psychiatry as a branch of medicine: psychiatrists are the only medical profession dedicated to mental health, with legislated powers regulated under the Mental Health Act.

Psychiatry is central to managing risk in mental health care. Without adequate psychiatry workforce, risk is displaced with pressure shifting to emergency departments, ambulance services, police, justice and custodial systems and forcing primary care to operate beyond scope. Investment in psychiatry training is therefore a risk mitigation strategy for the broader public sector, not solely the health system.

Psychiatrists are also unique when considering the broader mental health workforce due to their extensive training in medicine, psychology and social frameworks. Psychiatry is the only profession able to offer comprehensive assessment, treatment, and support across the biopsychosocial model and to people with both physical and mental health issues. Psychiatrists also have a broad view of the entire mental health system due to their training pathway that mandates experience of multiple sectors of health care provision from primary care, tertiary settings, community-based services in the public, non-government and potentially private settings. Psychiatrists have a unique view of a consumer's journey and as such can make comprehensive and integrated formulations to guide care.

The current state of Western Australian psychiatric workforce is invariably described as an existential threat to public psychiatry. A succession of reports highlights the crisis in psychiatric workforce supply and demand:

- In 2025, the Department of Health, Disability and Aged Care published the Psychiatry Supply and Demand Study, noting the acute workforce shortages across all jurisdictions, with WA having the third highest unmet demand gap in the country.
- Both the National Mental Health Workforce Strategy 2022-2032 and the National Medical Workforce Strategy 2021-2031 identified psychiatry as a key shortage warranting immediate measures including new training posts across the service system.
- The Productivity Commission's 2020 Report of the Inquiry into Mental Health recommended that the state governments work with the RANZCP in investing in self-sufficient home-grown workforce pathways.

Psychiatry was second to General Practice to commence the expedited specialist registration pathway for overseas practitioners to work in Australia. To date, only 38 psychiatrists have been registered under the scheme Australia-wide since December 2024, making it unlikely to make a significant difference to the deficit of almost 1,000 FTE required nationally in 2026.

In WA alone, the unmet need for psychiatric care and treatment requires an additional 154.6 FTE psychiatrists in 2026. This represents significant risk to cross sector organisations, other mental health clinicians, consumers and their families.

Unfortunately, the scope and role of psychiatry in the public sector has been eroded to the point that psychiatrists carry all the risk, without the resources or influence to make the necessary changes that improve the care for their patients. Large caseloads, increasing bureaucracy and fragmented systems make work in the public sector stressful and unsatisfying. There is very real moral injury in the workforce. Without time to teach, participate in research or invest in professional development, the public sector is an unattractive place to work, and so new fellows are transitioning to private practice, and the senior clinicians are retiring or moving from the public service early.

With 40% of psychiatric workforce set to retire by 2034, the attrition of senior clinicians threatens training and the future workforce capability and capacity. Without supporting the senior clinicians, there is little point investing more in training, as psychiatry is an apprenticeship model and relies heavily on skilled supervision and close working relationships.

The current psychiatric leadership governance is the most fragmented in the country which leaves front line psychiatrists feeling unsupported and devalued. This further reinforces the demoralisation of the workforce.

What are the most significant levers overall for the care sector to secure the required workforce capabilities and capacity?

The Branch welcomes increased hospital capacity announced ahead of the 2026-2027 State Budget.

However, beds require staff and a safe mental health system requires psychiatry.

The Branch acknowledges that the current unmet need in psychiatric workforce will not be quickly remediated and that other solutions should be explored, including service model improvements and better use of technology to support and extend the capacity of frontline clinicians. These initiatives could be implemented immediately and should complement the development of a detailed mental health workforce strategy, which includes clear recruitment targets in psychiatry.

Retention of psychiatrists in the public mental health system should be the priority. Some of the policy levers that achieve that are cost-neutral and address broader systemic issues in the public health sector, notably the poor workplace culture identified by the Sustainable Health Review in 2017. (We provide specific recommendations below.)

The promotion of psychiatry in public sector services needs to take priority. There needs to be a clear governance structure in the Department of Health for psychiatry enabling psychiatry-informed strategy and support for the mental health system and acknowledging the central role of psychiatry in managing risk.

Other measures, such as funding additional training posts, require investment. All these create financial returns to the State multiple times over, while improving access to mental healthcare. Unlike in some other states, psychiatry training in WA attracts many applicants each year, up to three times the number of eligible applicants than what can be accommodated across the two training zones. They constitute readily available workforce only requiring further Government support. The Branch urges the State Government to maintain the mental health system transformation program and support it with adequate workforce investment.

The Branch recommends that the State Government works with the Australian Government to future-proof the Australian Government Funded Training Programs, including the rural, regional and remote posts under the Specialist Training Program. Private training posts under these programs are also in high demand and foundational to the prospective expansion of psychiatry training into the private sector.

How can your organisation and the broader industry contribute to the growth of the WA care workforce?

In 2024, the RANZCP and the Department of Health signed the Statement of Intent as a mutual commitment to addressing the psychiatry workforce pathways in WA. Since then, the collaborative approach has led to a redesign of the psychiatry training model in the metropolitan training zone, increased training and education support for registrars, and training governance reform. These efforts contributed to the WA metropolitan training program gaining its accreditation for the next 5 years.

The RANZCP and the Branch are strongly committed to continuing to work with the Department of Health in achieving the Statement objectives:

- Developing workforce strategies that seek to address psychiatry workforce shortages and demands on services
- Work towards practicable, feasible and safe solutions that enhance workforce pathways for overseas psychiatric practitioners in the public health system
- Consider and implement mechanisms that promote the streamlining of accreditation procedures and supports to increase workforce capacity
- Share data and information on workforce to enable planning
- Review and improve the training environment for current and future trainees.

The RANZCP strives to deliver excellence in education and training of psychiatric workforce. The New Fellowship Program is currently in development and will contain contemporary psychiatric curriculum designed to address mental health challenges in a changing and challenging policy context. The program intends to equip psychiatrists with future-focused capabilities, including digital and AI literacy, and the ability to understand how health systems connect to deliver safe, effective and personalised mental healthcare.

How can the State Government, working in partnership with industry and other stakeholders, ensure Western Australia is successful in building and sustaining the required workforce for the care sector?

The Branch urges the Government to end the State's overreliance on overseas-trained workforce and supply pathways already severely disrupted by the pandemic. This is critical in a global environment where uncertainty is the norm, and instability can cause further unforeseeable disruptions.

In the immediate term, the Branch recommends that the Government and the Department of Health:

- Develop a comprehensive mental health workforce plan, including psychiatric workforce, for the next 5 years.
- Prioritise retention of consultant psychiatrists in the public mental health system by:
 - o Addressing burnout and moral injury
 - o Investing in clinical leadership
 - o Increasing opportunities for research and professional development.
- Increase home-grown workforce capacity by funding additional psychiatric training posts across the public mental health sector.

In the short to medium term, the Branch recommends that the Government and the Department of Health:

- Work with the RANZCP to engage the private sector in training and education of psychiatric registrars.
- Invest in psychiatric liaison services which build capacity across the sectors in meeting the demand for complex mental health support, as per the WA Branch Budget Submission 2026-2027.
- Integrate the mental health service system so that primary care can alleviate the pressures on specialised psychiatric services and can be supported in doing so.
- Use digital technology and telehealth more effectively, particularly in supporting supervision in rural and remote areas and improving service delivery.

In the longer term to 2030, the Branch recommends that the Government should support the Department of Health to:

- Collect and use data more effectively to monitor workforce capacity, manage demand and predict future shortages.

The RANZCP, through the Branch, stands ready to work with the State Government in rebuilding the public psychiatric workforce and supporting health system transformation.