The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Australian Government

Development of the National Mental Health Workforce Strategy 2021-2031

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Improve the mental health of communities

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Royal Australian and New Zealand College of Psychiatrists submission

Development of the National Mental Health Workforce Strategy 2021-2031

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 7300 members including more than 5300 qualified psychiatrists and over 2000 members who are 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.

Introduction

The RANZCP welcomes the opportunity to contribute to The Australian Government's development of the National Mental Health Workforce Strategy 2021-2031.The recommendations contained within this submission are based on extensive consultation with the relevant RANZCP committees which is made up of (community members and) psychiatrists with direct experience working in Workforce related issues. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

As the peak body representing psychiatrists in Australia and New Zealand, the RANZCP is in a unique position to comment on mental health.

Key Findings

The RANZCP highlights:

- The mental health workforce needs significant investment to ensure all staff are appropriately trained, adequately resourced, sufficiently staffed and remunerated.
- The representation of Aboriginal and Torres Strait Islander peoples is an area which needs additional investment to uphold high standards of cultural safety and cultural competency which reflects indigenous identities.
- The evaluation of existing service delivery models across the mental health workforce would improve the health outcomes of at-risk groups and ensure the workforce is utilised to meet the needs of the wider patient population.
- The workforce shortfall in rural and remote areas is a significant challenge where change is needed to address existing inequalities in service provision that exist between metropolitan and rural areas.
- The mental health workforce would benefit from a prioritisation of academic clinical psychiatry to address education and training challenges within the workforce.
- The mental health impacts of the COVID-19 pandemic on the population, particularly those experiencing socio-economic disadvantage. There is a need for the Strategy to consider the implications of the pandemic to prevent an overwhelmed mental health workforce.

1) To what extent does the aim of the Draft Strategy address the key challenges facing Australia's mental health workforce?

The RANZCP supports the draft Strategy's aim for the 'development of an appropriately skilled mental health workforce of sufficient size that is suitably deployed to help Australians be mentally well by meeting their support and treatment requirements in a way that best meets their needs'.

The RANZCP acknowledges the key challenges facing the mental health sector highlighted in the Draft Strategy (page 1), including the acknowledgement of:

- Workforce shortages, including more significant shortages within some specialisations, including child and adolescent psychiatry.
- Workforce maldistribution, including significant workforce shortages faced in rural and remote regions of Australia.
- Upskilling required within the mental health workforce.

The draft Strategy's call for occupations' scopes of practice to reflect the components of care and the education, training and experience required is supported by the RANZCP. We suggest The Strategy prioritises the importance of a workforce which represents the needs of the community it serves. The RANZCP's submission to the National Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 highlights the underrepresentation of Aboriginal and Torres Strait Islander persons in the mental health workforce. There is an opportunity for the government to emphasise the need to prioritise cultural safety and increase Aboriginal and Torres Strait Islander representation in the workforce, including clinicians, nurses and mental health workers.

The RANZCP recommends the Strategy considers the recruitment and retention of psychiatrists, particularly in rural, regional and remote areas, and in sub-specialties such as child and adolescent, addiction, consultation-liaison, intellectual disability and old age psychiatry as a key challenge facing Australia's mental health workforce.

The draft Strategy's emphasis on the importance of developing a workforce which is responsive to consumer and carer needs, which delivers support and treatment efficiently with the best resources, is welcomed by the RANZCP. We recommend the government considers how academic clinical psychiatry is utilised to address these challenges facing Australia's mental health workforce. These challenges are perpetuated by a paucity of academic clinical psychiatry positions for consultants and trainees across the university and healthcare sector. This causes a lack of capacity to adequately train the next generation of both academic and clinical psychiatrists, the critical self-perpetuating bottleneck.

2) To what extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?

The draft Strategy's goal to develop an appropriately skilled mental health workforce of sufficient size that is suitably deployed to help Australians be mentally well by meeting their support and treatment requirements at the time and in the way that best meets their needs is supported by the RANZCP.

The Strategy should not miss the opportunity to emphasise the importance of a mental health workforce that has the capacity to treat groups with specific needs. Vulnerable populations, including military veterans, asylum seekers and refugees, individuals experiencing substance use disorders and individuals detained in justice facilities, require tailored and appropriately resourced mental health services.

The RANZCP is supportive of careers in mental health being recognised as attractive as outlined in The Strategy. We recommend the Strategy highlights the importance of utilising psychiatrists as an integral part of service delivery and planning, and research and training in creating a more attractive workforce. As experts in mental health, psychiatrists are well-placed to provide clinical leadership in both clinical and academic settings.

The draft Strategy's acknowledgement of the importance of data to underpin workforce planning is supported by the RANZCP. We acknowledge data-driven initiatives as important, however acknowledge the difficulties with data due to multiple data sources. The Strategy should refer to the development of a tool such as the HeaDS UPP tool as a single source of data for workforce planning that is nationally and locally accepted. The RANZCP advocates for psychiatry data to be prioritised. As highlighted in our submission to the Productivity Commission Inquiry into Mental Health, health planning agencies should aim to openly share workforce data and information to enable effective planning, including providing access to the National Mental Health Services Planning Framework. Additional data for planning is urgently required for the most under-resourced specialities, notably child and adolescent psychiatry.

As outlined in our Pre-budget submission, we suggest the Strategy recognises the need for rapid, readily accessible data on mental health and suicides and the establishment of clinical registries that would provide the potential to improve our understanding of the factors that contribute to quality care. Data regarding the community's mental health is vital to ensure workforce planning is meeting the demands of the system.

The RANZCP welcomes an objective in the draft Strategy acknowledging the importance of utilising the entire mental health workforce. Private practice psychiatry plays a crucial role in the wider healthcare system. Private practice is a key part of the whole Australian health system and a key part of the solution.

There is an opportunity to highlight the importance of providing services for populations with higher needs and planning the workforce accordingly within the Strategy. We recommend there is consideration given to the need for service model reform, prioritising the most at risk groups and utilising the workforce optimally to reflect the patient population.

The draft Strategy's acknowledgement of the importance of an appropriately skilled mental health workforce is welcomed by the RANZCP. We recommend The Strategy considers factors which restrict General Practitioners in their capacity to care for individuals experiencing mental health problems, as highlighted in our Policy on mental health services. Private psychiatrists also have financial constraints in providing consultation services directly to primary health care providers. As discussed in our submission to the Australian Government's Primary Health Reform Draft Recommendations Consultation, the introduction of a new MBS item for psychiatrist guidance to a GP or another mental health professional over the phone, can bolster the capacity of GPs and other care providers to support patients living with a mental illness. The RANZCP notes there is an opportunity to create new item numbers to be available for both the psychiatrist and the GP/other clinician.

3) Are there any additional priority areas that should be included?

The opportunity to provide additional funding for new academic psychiatry positions for trainees and fellows should be referenced within the Strategy. This will have multiple benefits for both patients and the Australian healthcare system. The RANZCP notes there is evidence that academic health centres (that is a health service that has funded and embedded academics alongside clinicians), have improved health outcomes for patients.

The nature of the Australian public healthcare system, with its central funding and care for people with both serious and common mental illnesses provides a global competitive advantage in mental health research.

To maintain this edge, the RANZCP recommends the next generation of Australian psychiatric academics must continue to grow. This can be achieved through the funding of academic registrar positions to both teach medical students and conduct clinically relevant translational psychiatric research, and the funding of academic consultant psychiatric positions to supervise and mentor this research and training.

There is an opportunity for the Strategy to highlight the importance of a system which engages universities and hospitals to collaboratively conduct research and translate findings into public health and mental health education programs. As highlighted in the RANZCP's submission to the Draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-23 a focus on this area would help grow a professional mental health workforce and a learning healthcare system.

The RANZCP suggests there is a gap in the draft Strategy regarding how systems and services should be designed based on evidence and delivered with trauma-informed care and include supported decision-making at the heart of the system.

The draft Strategy's acknowledgement of digital infrastructure is welcomed by the RANZCP. We recommend the government addresses how digital infrastructure can be used to maximise the workforce, as referenced in our Primary Health Reform Draft Recommendations consultation. We recommend the Strategy considers telehealth and where it can improve access to psychiatry services for people in rural and remote areas, in situations where a digital interface is preferred, or face-to-face consultations are not practicable or possible.

Our Primary Health Reform Draft Recommendations consultation emphasises that preventative care entails both support targeting prevention across the entire lifespan as well as support that fosters health in the perinatal period and a child's early life. The first 1000 days of a child's life, from conception to two years of age, is an important foundational period which shapes a person's long-term development and wellbeing. We recommend The Strategy addresses the importance of funding and support for the perinatal and child mental health workforce.

As highlighted in our 2021-2022 Pre-budget submission, the RANZCP proposes a number of recommendations which aim to improve the mental health workforce. We recommend the government considers investing in strategies to increase the number of specialist mental health nurses, which would bridge critical gaps in mental health care, particularly in community settings. Mental health nurses provide broad support for individuals with mental health conditions and their clinical skills are complementary to psychiatric care and contribute to a team-based approach in the private sector. We recommend the Strategy considers assigning mental health nursing funding to Primary Health Networks (PHNs) to allow time for other workforce initiatives to be trialled and implemented, as well as funding to implement further initiatives to increase the number of specialist mental health nurses.

The Draft Strategy's acknowledgement of the importance of retaining the mental health workforce is welcomed by the RANZCP. We recommend the Strategy prioritises that those planning mental health services should provide adequate resources and support to providers to allow them to continue functioning in the most effective way and with a manageable caseload.

The RANZCP suggests the Strategy acknowledges the necessity of distributing the mental health workforce appropriately. We recommend the Strategy addresses the specific need to increase the number of psychiatrists, particularly in regional, rural and remote areas, and in sub-specialities including child, adolescent, consultation-liaison, intellectual disability and old age psychiatry.

4) The Draft Strategy seeks to balance the need for nationally consistent approaches that support the reform agenda. To what extent does the Draft Strategy achieve this?

The RANZCP highlights that the Strategy will be a key document that the National Mental Health and Suicide Prevention Agreement uses to clarify responsibilities for mental health service delivery, funding, monitoring, reporting and evaluation. The Agreement should incorporate the Strategy into its plans to reform and transform mental health care in Australia. This includes embedding multidisciplinary teams, care coordination, consistent intake and assessment tools, greater data collection and continuous evaluation into the system to ensure it is joined up, easy to navigate and, most importantly, patient focused. As emphasised in the RANZCP's Care Workforce Labour Market Study submission, the mental health needs of the community requires the development of appropriate policies that clarify the roles and responsibilities of mental health services with additional training for staff and access to expert advice and opinion. The RANZCP submission on the draft National Medical Framework addressing the mental health and wellbeing of doctors and medical students, highlights the importance of providing clarity to clinicians in understanding responsibilities. The Strategy should therefore focus on improving role clarity for all mental health professional groups to support nationally consistent approaches.

As highlighted in the Primary Health Reform Draft Recommendations submission, the RANZCP emphasises that strong leadership is necessary to ensure funding is commensurate with need. It is important to have experts in leadership positions within health services, given hospital studies suggest an association between the best performing institutions and practitioners in leadership positions.

We recommend as emphasised in our position statement on Policy on mental health services, that governance and funding models need to support and incentivise integrated patient-centred care, rather than creating competition for funding amongst different services. We suggest the Strategy refers to the need for a mental health system with strong governance to produce structures and systems which assure the safety and quality of mental health services and focus on continual improvement.

5) To what extent does the Draft Strategy provide a useful approach to addressing issues that impact on the attractiveness of the sector?

The draft Strategy's recognition of the importance of developing an attractive sector to combat mental health workforce shortages is welcomed by the RANZCP.

Our Policy on mental health services position statement emphasises that for careers in mental health to remain attractive, the mental health workforce should be distributed appropriately to meet community needs, be adequately remunerated, have an available career path and be adequately resourced.

The RANZCP recommends the Strategy acknowledges how remuneration arrangements and conditions of employment assist in attracting and retaining the mental health workforce. Currently psychiatrists are remunerated less compared to other specialists, including in full-time roles, resulting in psychiatry appearing a less attractive option. The RANZCP recommends the government consider extending long term effective funding models to include supervisor and administration funding, and for this to be done in partnership with key stakeholders and align with intake calendars.

The RANZCP additionally supports the need to increase the awareness of pathways into and within mental health, as outlined in approach 2 of the draft Strategy. Greater awareness is essential in highlighting the attractiveness of the sector, we suggest this can be achieved via utilising academic clinical pathways effectively. The Strategy should prioritise long-term funding for the Psychiatry Interest Forum (PIF) as the program has a proven track record of successfully increasing the number of medical students and medical postgraduates into the psychiatry training program. As outlined in the 2020 Productivity Commission Inquiry into Mental Health the PIF program is one of the most effective ways in addressing identified projected shortfall of trained psychiatrists in the Australian medical workforce. There is an opportunity for the Strategy to highlight the need for an increase of the psychiatry component of medical school curricula, which will position trainees to experience a richer understanding in community and private settings as well as

hospitals. The RANZCP suggests the Strategy also acknowledges the importance of growing academic clinical psychiatry positions.

We recommend the Strategy considers supporting a change to the National Framework for Medical Internship, to ensure that mental health is made an explicit requirement for all prevocational doctors so that they all experience psychiatry in the first 2 postgraduate years. The community need for medical practitioners equipped to deal with the increasing burden of mental health problems and increasing mental health patients requires specific attention at all stages of medical training in psychiatry. Therefore, the RANZCP continues to advocate for a dedicated term in mental health to be included as a requirement, rather than an option, of the proposed pre-vocational framework.

This would ensure that all medical doctors in Australia, regardless of specialty, are better equipped with skills and experience in mental health, and as a result will value the sector as a more attractive career pathway. The RANZCP supports clinical placements for interns in a more representative mix of settings, including community mental health services, the private sector, rural placements, and settings other than inpatient units to help develop that richer experience. A richer mental health experience in clinical placements is essential to creating a more attractive mental health sector which will aid addressing workforce issues.

The draft Strategy's acknowledgement regarding the importance of addressing stigma and negative perceptions associated with working in mental health is welcomed by the RANZCP. Reducing stigma and negative perceptions, whilst creating a supportive working environment is essential to creating a more attractive sector. The RANZCP suggests the Strategy should acknowledge the evidence that psychiatry workforce shortages can be addressed through ensuring Junior Medical Officers (JMOs) are exposed to positive psychiatry experiences, making them more likely to choose psychiatry as a speciality. Positive experiences can be achieved for JMOs within psychiatry rotations by prioritising goals and competencies which support the development of clinical mental health skills, understanding the lived experience of consumers, families and carers and the communications and collaborative techniques that support positive outcomes.

The RANZCP highlights the need for flexible, family friendly career paths and working conditions in order to utilise the entire workforce. Access to flexible working conditions and paid parental leave are key to making careers in mental health accessible and more attractive.[1]

The RANZCP suggests there is a gap in the draft Strategy regarding creating mental health careers as attractive to culturally and linguistically diverse groups. We urge the Strategy ensures the mental health workforce is representative of the community it serves. It is vital the Strategy acknowledges the need for careers in mental health to be attractive for Aboriginal and Torres Strait Islander people, as they provide valuable skills and knowledge to the practice of psychiatry. We recommend, as emphasised in our Aboriginal and Torres Strait Islander Mental Health Workers Position Statement, that it is important Aboriginal and Torres Strait Islander people are involved in the development of job descriptions, recruitment and retention strategies for Aboriginal and Torres Strait Islander mental health workers.

We recommend the Strategy refer to targeted initiatives and increasingly visible Aboriginal and Torres Strait Islander leadership which highlight mental health careers as attractive. This is vital to ensure recruitment and retention goals are realistic and deliverable as emphasised in the National Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031. The RANZCP highlights the opportunity to increase representation of Aboriginal and Torres Strait Islander people, targeted initiatives need to start early on to help recruitment as current numbers display a disparity in Aboriginal and Torres Strait Islander people entering medicine.

The RANZCP welcomes the draft Strategy's funding for a Diploma of Psychiatry, as noted in the 2021-2022 Pre-budget submission. The funding for a RANZCP Diploma of Psychiatry will work towards ensuring doctors with greater mental health skills can support patients, communities and support the psychiatry

workforce. We recommend the government prioritises supporting the Diploma through initiatives and incentivisation for the Diploma of Psychiatry to be most successful.

6) To what extent does the Draft Strategy capture the key actions to improve retention of the mental health workforce?

The draft Strategy's acknowledgement of the importance of retention in the mental health workforce is welcomed by the RANZCP. We recommend The Strategy pays greater attention to the impact of maldistribution on workplace retention. A major contributor to retention issues in the workforce is geographic and demographic maldistribution. Existing data demonstrates major maldistribution of psychiatrists. The Rural Psychiatry Roadmap 2021-31 highlights only 10% of the FTE psychiatric workforce works in regional areas, highlighting the workforce shortages in rural psychiatry. Workforce shortages in rural communities can place workload pressures on psychiatrists, trainees, Specialist International Medical Graduates (SIMGs) and health services, exacerbating workforce retention issues.

In our response to the National Skills Commission, we emphasised a core part of addressing shortfall challenges, is to ensure that the health and wellbeing of workers is prioritised by monitoring staffing levels and screening for burnout in the workplace. The RANZCP recommends the government ensures the mental health workforce is well-trained, adequately remunerated and sufficiently staffed.

As highlighted in the Rural Psychiatry Roadmap 2021-31, we recommend the Strategy utilises the Roadmap as a framework to improve maldistribution, which will have a positive impact on workforce retention. One of the key focuses of the Rural Psychiatry Roadmap is the implementation of the Rural Psychiatry Training Pathway (RPTP) which will play a key role in growing the rural generalist psychiatrist workforce and expanding services for rural communities.

The RANZCP additionally highlights that careers appear to be considered 'linear' within the draft Strategy, which is not reflective for many individuals, particularly women. The draft Strategy does not appear to have considered causes of poor retention beyond workplace related issues. Personal, family, and caring reasons may often be the cause of individuals leaving the workforce or reducing their working hours. In Australia, women provide the majority of unpaid care work which acts as a barrier to workforce participation. This also contributes to the gender pay gap (currently at 13.4%).[1]

The current status of the mental health workforce is predominantly women, these factors are vital when considering retention.[2] The RANZCP has highlighted solutions in the previous section regarding the need for flexible, family friendly career paths and working conditions. We further emphasise that affordable childcare options are critical in encouraging workforce participation. 1 in 3 women in Australia have claimed childcare as a barrier to workforce participation.[3] Victorian evidence also shows mothers in the workforce experiencing discrimination during pregnancy, on parental leave, and re-entering the workforce.[4]

7) Are there further examples on how best to achieve integration of care and multidisciplinary approaches?

The draft Strategy's acknowledgement of the importance of education and training initiatives to achieve integrated care and improved multidisciplinary approaches is welcomed by the RANZCP. The importance of integration of care and multidisciplinary approaches is highlighted in our position statement on Psychiatrists as team members where it is emphasised that effective mental health care requires collaboration between consumers, carers, mental health professionals (including psychiatrists), general practitioners, non-government and government agencies.

The RANZCP recommends the Strategy acknowledges psychiatrists as an essential contributor to care, working alongside professionals from other disciplines such as clinical psychology, social work, nursing and occupational therapy. We emphasise the importance of utilising psychiatrists within a multidisciplinary team to share expertise, to achieve integrated care within the mental health workforce.

As highlighted in the Productivity Commission Inquiry into Mental Health the RANZCP recommends the Strategy should focus on the importance of governance and funding models to support and incentivise integrated care, rather than creating competition for funding amongst different services.

8) To what extent does the Strategy address the issues and supports required to improve workforce distribution?

The draft Strategy's recognition of the need to improve distribution in the mental health workforce is welcomed. The Rural Psychiatry Roadmap 2021-31, highlights how the Rural Psychiatry Training Pathway (RPTP) will play a key role in growing the rural generalist psychiatrist workforce and expanding services for rural communities. The RPTP will enhance the quality of generalist psychiatry training and open up greater opportunities for trainees to achieve RANZCP Fellowship in rural locations.

As highlighted in the Rural Psychiatry Roadmap 2021-31 investing in rural training will be key to producing positive outcomes in the quality of the training, in student results and in positive benefits for rural communities. We recommend the government prioritise funding for additional rural supervisors and support – including dedicated time for supervision – is essential if training opportunities are to be expanded in rural areas. The RANZCP's 2021-2022 Pre-budget submission highlighted how the COVID-19 pandemic has led to challenges for supervisors of trainees and SIMGs, with greater challenges for supervisors in rural and remote areas. Supervisor's report there are increasing demands on them for service delivery which increasingly impacts on their capacity to provide appropriate and adequate supervision. This is having significant flow-on effects on the mental health and resilience of supervisors as well as their capacity to undertake training to enhance their supervision. The RANZCP suggests the Strategy should acknowledge the impact COVID-19 has had on workforce distribution challenges and address them.

The draft Strategy's emphasis on the importance of careers in mental health being deemed attractive is acknowledged by the RANZCP. We welcome the inclusion of increasing awareness of the training pathways that lead to careers in mental health. There is an opportunity to establish a rural pipeline that provides end-to-end training (basic medical training, pre-vocational and vocational generalist, and specialist psychiatry experience) in remote locations that will support the increase in rural psychiatrists and improve workforce distribution as highlighted in the Rural Psychiatry Roadmap 2021-31.

One of the obstacles which prevents trainee psychiatrists training in a remote location is a lack of support to undertake training. We recommend incentive programs be extended to trainees to support them to remain in rural locations upon completing the Fellowship pathway to improve maldistribution issues via addressing attractiveness and retention problems.

Another suggestion which may help overcome geographic maldistribution is the utilisation of telehealth systems. As noted in our Benefits of e-mental health treatments and intervention Position Statement there is a need to recognise telehealth and other technology-based services as important in providing choice for people in regional, rural and remote areas seeking to access mental health services, and can help address workforce shortage issues related to maldistribution. However, the RANZCP maintains that the focus should ultimately be placed on supporting local services in regional areas.

The Strategy's recognition of significant workforce shortfall across psychiatry specialties including child and adolescent, forensic and addiction is acknowledged by the RANZCP.

With regard to child and adolescent psychiatry, the failure to address early mental illness effectively could have implications across multiple sectors, highlighting the importance of investing in the mental health of young people. A key part of this is the need to increase numbers of child and adolescent psychiatrists as emphasised in the RANZCP's Child and adolescent psychiatry: meeting future workforce needs discussion paper. There are too few child and adolescent psychiatrists to meet the direct mental health needs of young people. Infants, children and adolescents comprise nearly 25% of the population in Australia and New Zealand whilst child and adolescent psychiatrists represent only 10% of the psychiatry workforce. This long–standing disparity is compounded by maldistribution.

The draft Strategy's acknowledgement of shortages of forensic psychiatrists is welcomed by the RANZCP. As highlighted in our submission to the Productivity Commission, we would support strengthening community health services by establishing local forensic specialist treatment teams which are integrated with community menta health teams which will enable greater outreach to vulnerable individuals.

The RANZCP notes the draft Strategy's focus on increasing the specialist addiction psychiatry workforce. Substance use disorders are a core concern for psychiatrists considering the complex interrelationship between addictive behaviours and other mental health disorders. The underinvestment of specialised addiction services has a significant impact on individuals, families, and the broader community. The Strategy should focus on increasing the number of training positions for psychiatry sub-specialities like addiction psychiatry, to tackle the growing problem of drug and alcohol addiction as highlighted in our submission to the Productivity Commission.

The Strategy should not miss the opportunity to address the importance of well distributed specialist perinatal mental health services, as highlighted in the RANZCP position statement on Mothers, babies and psychiatric inpatient treatment. Evidence demonstrates improved outcomes for families who are able to access these specialist services. The RANZCP, therefore additionally advocates for an appropriately distributed perinatal mental health workforce, as this will increase services and have a positive effect on the wider community.

9) How can the Strategy encourage innovation in service delivery models and workforce optimisation approaches?

The draft Strategy's recognition regarding the importance of adopting innovative approaches to service delivery, as highlighted in Action 5.3.2 is welcomed by the RANZCP.

The opportunity to consider workforce optimisation approaches through utilising all workforces should not be missed within the Strategy. The RANZCP emphasises in the Position Statement on Policy on mental health services, workers in other sectors, such as police and teachers, can assist in the identification and referral of people with mental health and substance use problems and mental disorders and can participate in their management. These workers need to be adequately informed and resourced to enable them to perform this role appropriately.

As highlighted in our Policy on mental health services position statement the effectiveness of primary care workers in dealing with people with mental health problems, substance use and mental disorders is improved when they have access to specialist mental health professionals. This is a particularly important issue in rural and remote areas where the scarcity of specialised substance use and mental health services has meant that primary care workers have had a greater role in the treatment and care of people with mental health problems and mental disorders.

The RANZCP recommends the strategy prioritises an integrated service delivery model, which spans health and non-health sectors, and facilitates patient-centred care as noted in our Policy on mental health services. This extends to sectors related to the social determinants of health including housing, family

violence, justice, employment and education sectors. The service delivery model will need to consider how the mental health, physical health and alcohol and other drug (AOD) workforce can be better integrated in order to create the holistic system so desired.

10) Is there anything else you would like to add about the Consultation Draft?

The Strategy's acknowledgement of the importance of a mental health workforce which represents Aboriginal and Torres Strait Islander people is recognised by the RANZCP. However, we recommend the Draft Strategy provides specific examples of initiatives that can be utilised to increase Aboriginal and Torres Strait Islander representation in the mental health workforce. Multiple factors need to be addressed to improve representation for the indigenous workforce. These factors include recruitment, retention, upskilling, investing in staff, as well as greater exposure to opportunities such as higher education and leadership roles.

As stated in our Aboriginal and Torres Strait Islander mental health workers position statement we recommend the government acknowledge the importance of cultural supervision in developing a mental health workforce which represents the indigenous community. There should be appropriate mentoring, debriefing and supervision made available to Aboriginal and Torres Strait Islander mental health workers on an ongoing basis. This should include opportunities for clinical and cultural supervision.

The Strategy should not miss the opportunity to give greater consideration towards incorporating lived experience and trauma-informed practice within the mental health workforce. This is essential in creating an environment which champions cultural safety and cultural competency, as well as providing a workforce which reflects indigenous identities. The RANZCP suggests principles relevant to trauma-informed practice are adopted by all members of multi-disciplinary teams, with consideration given to the impact of trauma in working with indigenous peoples. The mental health workforce should have access to relevant training, education and support, and health professionals need to be aware that family and care workers may also have their own experience of trauma.

As highlighted in our position statement on Aboriginal and Torres Strait Islander mental health workers the RANZCP suggest there is a gap in the draft Strategy regarding utilising training courses to help achieve a mental health workforce which represents the community it serves. Training courses offered by tertiary institutions, governmental organisations, and community-controlled organisations for Aboriginal and Torres Strait Islander mental health workers are extremely valuable. The diversity of courses reflects the diversity of community expectations about the roles of Aboriginal and Torres Strait Islander mental health workers, while emphasising core clinical knowledge. Aboriginal and Torres Strait Islander mental health workers who have engaged in these types of courses should be appropriately remunerated and given appropriate responsibility for their level of training.

We urge the Australian Government to build a deeper understanding of the unique needs for indigenous people and create a mental health workforce which is representative of those needs. We highlight the importance of operationalising indigenous knowledge to create a mental health workforce which supports and represents indigenous people.

The RANZCP notes there is an opportunity for the Strategy to focus on how the mental health sector interacts with the National Disability Insurance Scheme (NDIS). The RANZCP recommends the Strategy acknowledges the importance of an integrated mental health workforce. We have ongoing concerns to the blurring of health and disability related areas and the impact this has on people with disability. The management of challenging or complex behaviours is an area where there is confusion over sector responsibility. We suggest the government provide an integrated approach between health and disability services with clear accountability and governance arrangements. The Strategy should ensure the mental

health workforce has the training required for an understanding and knowledge of psychosocial and physical disability and with understanding of the strong correlation between the two.

The draft Strategy's acknowledgement of a need to invest in training initiatives to support the development of mental health skills in the aged care workforce is welcomed by the RANZCP. We note there is a gap in the draft Strategy regarding how the aged care workforce challenges will be addressed. We recommend, as highlighted in the 2021-2022 Pre-budget submission the government prioritise funding towards upskilling the aged care mental health workforce and ensuring appropriate services are available for people with the behavioural and psychological symptoms of dementia. The RANZCP suggests the Strategy should focus on developing a medical workforce, including general practitioners, psychiatrists and other medical specialists, to meet the complex health needs of the growing group of older people in Australia.

The RANZCP suggests the Strategy needs to pay further attention to the implementation and evaluation of the mental health workforce recommendations. The Productivity Commission Inquiry into Mental Health highlights addressing the current workforce imbalance will take time and considerable investment from Governments.

We suggest the Strategy highlights the importance of State-based planning processes being linked to local planning where workforce issues are more likely to be felt and understood. We recommend the government prioritises embedding subject matter experts within the highest levels of the governance structures (at governmental and local levels). Experts should be either clinical leaders and/or those with lived experience leadership expertise. This means psychiatrists, must be included in conversations at high levels within mental health services to help determine how safe and high-quality services can be provided. We strongly recommend workforce implementation and evaluation to be undertaken in collaboration with the RANZCP to identify and provide advice on trainee numbers and workforce needs.

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