



The Royal
Australian &
New Zealand
College of
Psychiatrists



Victorian Branch

March 2023

The RANZCP Victorian Branch

Victorian State Pre-Budget Submission 2023-24

Meeting the Victorian community's
clinical needs within the public Mental
Health and Wellbeing System.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the traditional custodians of the lands and waters now known as Australia, and Maori as tangata whenua in Aotearoa, also known as New Zealand. We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and Maori. We 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.

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 over 7900 psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia and Pacific regions.

The RANZCP Victorian Branch has more than 1900 members including around 1300 qualified psychiatrists and over 500 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 people in their journey of recovery.

Executive summary

The RANZCP [Victorian Branch](#) (the Branch) welcomes the opportunity to provide the Victorian Department of Treasury and Finance with recommendations for investment to meet the priority mental health and wellbeing needs of the Victorian community while addressing the recommendations of the [Royal Commission into Victoria's Mental Health System](#) (RCVMHS) with March 2023 marking the second year of the release of the final report.

[One in five Victorians](#) across the state will experience a mental health condition every year with 45 per cent experiencing one during their lifetime. The RCVMHS acknowledged that a poorly funded and broken system too often impaired the ability of the workforce to deliver evidence based holistic treatment and care options. Two years on from the handing down of the RCVMHS Final Report (whilst admittedly hindered by the pandemic); the picture in Victoria remains largely unchanged. The chronic shortage of experienced and specialist clinicians, including psychiatrists, impedes the delivery of treatment and care options, including early intervention and specialist care. It remains an obstacle to the successful implementation of the RCVMHS recommendations.

The Victorian community requires timely and equitable access to the best available mental health and wellbeing treatment, care, and support; delivered within the public mental health and wellbeing system. This includes providing services that are evidence-based, specialist, culturally safe, diverse, trauma informed and available where they live. The access to services must not be limited by mental health or co-existing conditions, nor social, financial or postcode inequity.

In approaching this submission, Branch members have discussed the essential contribution to the reform of the clinical workforce, including psychiatrists; to ensure evidence-based specialist mental health and wellbeing needs of the Victorian community are being met within the public system, where they live. The Branch therefore provides four key recommendations for continuous improvement of the mental health and wellbeing of the Victorian community.

Astha Tomar

Dr Astha Tomar

Chair, RANZCP Victorian Branch Committee

Key Recommendations

1. Safety - Ensure safety of all Victorian Area Mental Health Services through a review of their ability to provide safe, sensitive and therapeutic environments and deliver continuity of care for Victorian's seeking support at all points of contact. The review should highlight any improvements required and ensure equitable distribution of infrastructure investment across Victorian mental health and wellbeing services.
2. Access - Fund innovative solutions that enable equitable access to the best possible treatment, care and support across the public mental health and wellbeing system to meet consumer and carer specialist needs and surges in demand. This will include funding models of care and services that provide early intervention, are trauma informed and gender sensitive, whilst supporting consumer choice and connection to the local community. The Branch recommends consideration of the potential interim contribution private practice may offer the public mental health and wellbeing system through evidence-based services either limited or not currently available.
3. Quality - Prioritise the delivery of high-quality treatment, care and support by funding an in-depth analysis of the Victorian mental health and wellbeing workforce in the context of the RCVMHS. Utilise the information to align service delivery with the diverse needs and preferences of local Victorian communities by funding the development and implementation of clinical guidelines and models of care, in addition to the recruitment and retention of a diverse, experienced and skilled workforce. The Branch further recommends priority for frontline acute services and the analysis and planning is undertaken in collaboration with key stakeholders, including the Branch.
4. Outcomes - Progress support for best possible outcomes for consumers and carers by funding joint clinical research and academic psychiatry roles established via a co-leadership model, linking clinical services with local lived experience members and workforce; and to local academic institutions. These roles would provide leadership for the implementation and generation of best available evidence-based treatment, care and support – in addition to facilitating the development of cultures of continual improvement, capacity and specialist skills.

1. Safety

Ensure safe, sensitive and responsive environments.

The RCVMHS Final Report emphasised the need for a fundamental system re-design that included gender safe, culturally responsive and trauma and violence informed services co-designed by those with a lived experience. The provision of safe, sensitive and responsive environments is inextricably linked to the provision of good mental health care, and correlates with reductions in trauma, compulsory treatment and risks of self-harm and suicide for consumers - whilst promoting community resilience. For the workforce this contributes to decreases in distress, workplace burnout and violence.

According to the [RCVMHS final report volume 2](#), the public mental health system was not able to identify or provide for the mental health and recovery needs of all consumers affected by trauma. In too many cases, those consumers did not receive access to support until they moved into crisis. The [role of psychiatrists](#) in addressing trauma includes the provision of holistic assessment and care, Psychiatrists have as part of a multidisciplinary team. Psychiatrists undertake medical training which, when complemented by the biopsychosocial perspective on mental health, facilitates a holistic approach to mental health care. The RANZCP position statement [Psychotherapy conducted by psychiatrists](#) highlights the value offered by psychiatrists who are involved in designing and planning treatment programs in the context of the local system for delivery in collaboration with other mental health professionals.

Sexual safety is the recognition, respect and maintenance of physical and psychological boundaries between people. Incidents of sexual violence experienced by women as inpatients in the mental health [inpatient setting are a significant issue](#) across Australia. The [2018 report The Right to be Safe](#) from the Mental Health Complaints Commission, reported high rates of sexual assault and sexual harassment within Victorian acute mental health inpatient units (which are predominantly mixed gender). Around 80% of those raising concerns about sexual safety are women. The Branch welcomes the Victorian Governments commitment to WPARC in Melbourne's western suburbs and would support implementation across Victoria. Building on this work, the Branch recommends ensuring timely implementation of [RCVMHS recommendation 13: Addressing gender-](#)

based violence in mental health facilities and [RCVMHS recommendation 18: Supporting the mental health and wellbeing of prospective and new parents](#).

There is also a notable [growing evidence-base](#) highlighting the crucial role of architectural design in service users' experience of mental health services. In too many cases, public mental health and wellbeing services across Victoria are non-therapeutic environments, or unsafe for consumers, carers and the workforce. In the context of reform, it is of paramount importance that equitable distribution of infrastructure investment is prioritised to ensure optimal and consistent, design, service provision and environments for ideal standards of care across services. Ideal standards include services refurbished to a standard that support the delivery of specialist care in safe, sensitive and therapeutic spaces that are responsive to the needs and preferences of local carers and consumers.

Important also, is the need to examine and resolve areas in services where an increase in workforce supply will require additional resourcing to facilitate delivery of evidence-based, high-quality care, and that these resources can develop flexibly as the reform progresses. As a priority, acute inpatient services within the public system must be redesigned with consideration and planning for how the workforce is accommodated to consult carers and consumers whilst maintaining safety and privacy. This is in addition to fit-for-purpose spaces to attend administrative demands and support workforce wellbeing, planning, education and development activities.

The RANZCP [response to the National Skills Commission](#) emphasised that a core part of addressing workforce staffing levels, is to ensure that the health and wellbeing of workers is prioritised by monitoring staffing levels and screening for burnout in the workplace. Further, the RANZCP submission to the national [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. This action further supports [recommendation 59 1.a identify, monitor and address existing physical safety and wellbeing risks as well as those that may emerge throughout the reform process](#).

Recommendations:

- 1.1 Assess and ensure all Area Mental Health and Wellbeing Services ability to provide safe and therapeutic environments and continuity of care for Victorians seeking support at all points of contact. This includes emergency departments, community care and inpatient services with priority for acute mental health inpatient units.
- 1.2 Prioritise [RCVMHS recommendation 24](#) a new approach to addressing trauma with funding to include 1.0 FTE psychiatric psychotherapist and psychiatric registrar position at each of the 22 Adult and Older Adult Area Mental Health and Wellbeing Services and each of the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services. Psychiatrists training and expertise are positioned to address the gap in access to provision of psychotherapy in the public sector as well as provide a supervisory role for clinical professional development of therapeutic and trauma-informed specialist mental health care.
- 1.3 Progress [RCVMHS recommendation 13](#): *Addressing gender-based violence in mental health facilities* with priority for 13.2 ensure that existing high dependency units in inpatient facilities allow for gender-based separation. This is supported by the new [Mental Health and Wellbeing Act 2022](#), notably the emphasis on gender safety and identity within the principles, and recognition of diversity and gender-based violence. Support is also found within the [Chief Psychiatrist's guideline Promoting sexual safety, responding to sexual activity, and managing allegations of sexual assault in adult acute inpatient units](#).
- 1.4 Building on RCVMHS [recommendation 13](#) and addressing [recommendation 18](#): *Supporting the mental health and wellbeing of prospective and new parents*; ensure all Area Mental Health and Wellbeing Services provides Women's Prevention and Recovery Care centre's (WPARC) at approximately \$8-\$12m per centre, depending on the needs of the local community. The WPARC care model supports sexual safety, maintains family unity and community connection whilst reducing pressure on hospital beds.
- 1.5 Undertake a price and funding review for mental health services including an assessment of funding distribution across Area Mental Health and Wellbeing Services with the aim to establish equitable infrastructure investment across services. This will provide surety for safe, optimal and consistent service provision and environments for all Victorians accessing the mental health and wellbeing system.
- 1.6 Analyse and redesign as necessary, workspace environments of frontline services for their ability to support the workforce to deliver best possible treatment, care, and support. This project would give consideration and planning for how the workforce is accommodated with fit-for-purpose spaces to consult carers and consumers whilst maintaining privacy as well as attend administrative demands. In addition, appropriate spaces to support workforce well-being, planning, education and development activities.

2. Access

Provide equitable access to treatment, care and support.

[Equitable access to quality care in the mental health system is critical](#). Urgently required are innovative solutions that ensure Victorians are afforded equitable access to evidence-based treatment, care and support across the public mental health and wellbeing system with priority for frontline acute and specialist services.

Equitable service options are required within community settings, including increased availability of Prevention and Recovery Care centre's (PARC) in each catchment. This includes PARCs for Adults, Women, Extended Stay, and Youth. PARC centres provide care for people within their community, by providing early intervention care for those who are becoming unwell or may no longer need hospital treatment. This collaborative model of care is in alignment with several recommendations of the [RCVMHS final report](#). PARCs support early intervention, community connection and choice for consumers, respect for diversity and reduces pressure on hospital beds.

Evident within the public mental health and wellbeing system are significant gaps in multiple sub-specialties including child and adolescent, consultation-liaison, forensic, psychotherapy, and addiction psychiatry, as highlighted in the [Victorian Branch Pre-Budget Submission \(2019-20\)](#). Further required is an increase in availability within the public system of sub-specialist clinical care for patients with neurodevelopmental disorders and the confluence of mental and physical illnesses.

The Branch additionally urges support for interim measures. This includes working collaboratively with the private health system to meet consumer and carer needs caused by a surge in demand or, to address unmet needs. The private health system offers a range of evidence-based services with limited or no availability in the public health system. Psychotherapy, for example, is a recommended key component of every psychiatric treatment plan as it is the first-line evidence-based treatment for many psychiatric presentations, notably trauma-related symptoms. As highlighted in the [Branch's formal submission to RCVMHS](#) there is limited access to psychotherapy within the public mental health system.

Recommendations:

- 2.1 Prioritise funding for community PARCs for Adults, Extended Stay and Youth approximately \$12m per centre for all Area Mental Health and Wellbeing Services, depending on the needs of the local community. This action further supports [RCVMHS recommendation 21.2a redesigning bed-based services for young people](#).
- 2.2 Implement [RCVMHS recommendations 14](#) in consultation with RANZCP to ensure access to consultation-liaison services in general settings and community settings; and support access to specialist services. This will improve clinical care for patients with sub-specialist needs such as neurodevelopmental disorders, addictions or confluence of mental and physical illnesses. The Branch recommend the Vic DH work proactively with services and RANZCP to develop region-wide subspeciality services that are not usually part of traditional Area Mental Health Services. This may include working with private providers for implementation.
- 2.3 Collaborate with private practice to identify evidence-based opportunities for interim measures that support the public mental health and wellbeing system through services either limited or not currently available, to meet consumer and carer unmet needs. This may include access to sub-speciality beds, novel treatments and group therapy programs.

3. Quality

Deliver best available treatment, care and support – here and now.

The [RCVMHS final report](#) identified multiple issues facing the mental health workforce with critical interdependencies to their impact on the broader reform of the mental health and wellbeing system. The Branch welcomed the opportunity to contribute to the development of the [Mental Health and Wellbeing Workforce Strategy 2021-24](#) and the [Victorian Mental Health and Wellbeing Capability Framework](#). The [Branch submission](#) highlighted and made recommendations to address a number of challenges, which continue to be experienced in frontline acute services including emergency departments, inpatient and community mental health and wellbeing services. Action is required to enable the delivery of best available treatment, care and support through appropriate clinical guidelines and models of care, in addition to an experienced workforce capability, with priority for frontline acute services.

The RANZCP [Care Workforce Labour Market Study](#) submission recommends the priority development of clinical guidelines that also clarify the roles and responsibilities of the mental health and wellbeing workforce. Support for the growing workforce is required including the development of collaborative relationships with key training and education organisations such as the RANZCP who are positioned to provide expert advice and leadership on workforce education and training. In line with this, an important consideration for expansion of the mental health and wellbeing workforce includes ensuring those with suitable clinical expertise and leadership capabilities are available in each service to support the local needs of consumers and carers and workforce development.

The Branch submits that delivery of safe, effective, person-centred and evidence-based care requires [psychiatrists who are specialist medical doctors](#) to assess and provide clinical care. Delivery is undertaken [in collaboration](#) with general practitioners and the wider mental health and wellbeing workforce, using a range of therapies including medication, psychotherapy, and other trauma informed psychosocial supports. The Australian Medical Association (AMA) [position statement](#) supports leadership provided by medical practitioners. As clinical experts in mental health, psychiatrists are well-placed to provide leadership in both clinical and academic settings as well as in resource allocation, safe working environments and the purchasing of services for the

provision of patient care. According to the AMA, the greater involvement of doctors contributes positively to better health outcomes for patients.

Recommendations:

- 3.1 Fund and undertake an in-depth analysis of the Victorian mental health and wellbeing workforce in the context of service redesign. This project would engage with stakeholders including the Branch to identify existing system-wide and service-specific mental health workforce gaps. This information would be further utilised to develop a strategic plan addressing workforce recruitment, retention and distribution.
- 3.2 Assess all Area Mental Health and Wellbeing Services with a focus on the availability of services that meet local treatment, care and support needs of consumers and carers within the public system. This would be undertaken utilising the expertise of key stakeholders, including the Branch with funding aligned to the detail of the assessment.
- 3.3 Progress support for RCVMHS [recommendations 39, 40 and 47](#) which prioritise workforce and system design planning to support the mental health and wellbeing of people in rural and remote communities. This includes increasing access to psychiatrists by providing incentives for recruitment and retention, as identified in the [RANZCP Rural Psychiatry Roadmap 2021-31](#).
- 3.4 Create flexible funding and innovative options to support the frontline clinical mental health and wellbeing workforce, including psychiatrists, to provide leadership for system reform; and ensure the inclusion of the frontline clinical expertise in the co-design process.
- 3.5 Develop “capability frameworks for programs/ services” to ensure they are adequately resourced to deliver minimum standards. This can be undertaken in collaboration with specialist colleges of mental health practitioners and the lived experience workforce.

4. Outcomes

Support best possible outcomes for consumers and carers.

The RCVMHS highlighted the critical need for system reforms that harness the collective strengths of the workforce. Psychiatrists value the opportunity to contribute within a multidisciplinary team to share expertise and ultimately to achieve integrated care. This is highlighted in the RANZCP position statement [Psychiatrists as team members](#) which also recognises that effective mental health care requires collaboration between consumers, carers, mental health professionals, general practitioners, non-government and government agencies. The RANZCP position statements [Partnering with people with a lived experience](#) and [PS76 Partnering with carers in mental healthcare](#) affirms the importance and value of respectful and cooperative partnerships between psychiatrists consumers and carers.

The Victorian public healthcare system includes both centralised and local funding of services for people with serious and common mental illnesses. This provides a potentially global competitive advantage for the development of mental health and wellbeing clinical research and academia to support the provision of evidence-based treatment, care and support that meets the local needs and preferences of Victorians. As the peak body in psychiatry education, training, quality practice standards and continuing professional development, the Branch welcomed the [Victorian Collaborative Centre](#) which aims to boost the foundations for an adaptive mental health and wellbeing system, and close the gaps between translational research and frontline treatment, care, and support.

As the implementation of the RCVMHS recommendations proceeds, the Branch note the necessity of safeguarding joint clinical and academic positions – in addition to specialist knowledge, skills and expertise of those clinicians working on the frontline. The Branch recommends this highlighted as an integrated feature of the new system to support best possible outcomes for consumers and carers. Clinical research and academic psychiatry, when conducted in collaboration with lived experience expertise and integrated into a range of local settings; positively supports best possible outcomes for consumers and carers in addition to the development of cultures of continual improvement - as envisioned by the RCVMHS.

Developing roles that cross the clinical, academic and research domains, supports retention of psychiatrists and

other specialist clinicians within the public mental health and wellbeing system. These roles ensure leadership for the developing mental health and wellbeing workforce, including through training and education; and support assurance for research and evaluation components to be built into all levels of mental health and wellbeing services.

Recommendations:

- 4.1 Deliver funding models to ensure multidisciplinary and translational research and evaluation components are built into all levels of mental health and wellbeing services. This will enable and support psychiatrists and other specialists within the mental health and wellbeing workforce to undertake initiatives related to the consultation and implementation of the RCVMHS recommendations and best practice. This includes:
 - 4.1.1 Funding 1.0 FTE per 100,000 population joint clinical and academic psychiatry positions in Area Mental Health and Wellbeing Services with an affiliated university to further develop training, research, evidence-based treatment, care and support capabilities.
 - 4.1.2 Develop relationship with Universities to offer honorary clinical academic appointments to psychiatrists, mental health and lived experience discipline leads to enable integration of training, evaluation and research into clinical work. Quarantining 0.2 FTE per 1 FTE to support honorary clinical academic roles above.
 - 4.1.3 Providing 1.0 FTE project officer per 5 clinical academic positions for all Area Mental Health and Wellbeing services and key professional bodies such as the Branch.
- 4.2 Ensure the growing mental health and wellbeing workforce includes those with suitable clinical expertise and leadership capabilities to support consumers and carers in collaboration with key education and training organisations such as RANZCP.
- 4.3 Invest in the Victorian Rural Psychiatry Training Pathway in collaboration with the RANZCP Victorian Branch, as envisioned by the national [RANZCP Rural Psychiatry Training Pathway \(RPTP\) Roadmap](#).

Notes about this submission

The recommendations contained within this submission are based on consultations within the RANZCP Victorian Branch (the Branch) membership. The RANZCP acknowledges that language, and the way we use it, can affect how people think about different issues. We acknowledge the need to give due consideration to the words we choose when communicating with and about people with a lived experience of mental illness. We recognise there are a variety of terms people prefer to use, such as 'client', 'consumer', 'patient', 'peer', and 'expert by experience'.

Resources

[RANZCP Victorian Branch 2022 Victorian State Election Priorities: Improving the Mental Health and Wellbeing of the Victorian Community](#)

[RANZCP Victorian Branch](#)

[RANZCP 2022-2025 Strategic Plan](#)

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