

March 2024

Prioritising South Australia's mental health



The Royal
Australian &
New Zealand
College of
Psychiatrists



South Australian Branch



Acknowledgement of Country

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

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

We honour and respect their Elders past, present and emerging, 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 health care for all people.

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation responsible for training and maintaining professional standards of medical specialists in the field of psychiatry in Australia.

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

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has over 8000 members, including more than 500 psychiatrists and those training to qualify as psychiatrists in South Australia.

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

A mental health system that works



South Australians deserve a mental health system where everyone has access to affordable, accessible and effective help when they need it. Unfortunately, right now people need more help than the system can provide.

Every year, one in five Australians will experience a mental health condition, and almost half of all Australians will experience mental ill-health in their lifetime. Put another way, almost everyone will either need help themselves, or have a family member or friend who does.[1]

Mental health is now finally viewed as a vital part of people's overall health and Australia's public health policy and economic prosperity.

Our vision is for SA policymakers not to ask, 'Is it worth investing in mental health?' but instead, 'How can we improve the system?'

To its credit, the South Australian Government has taken action to begin addressing some of the deficiencies in our mental health system with a number of initiatives, most notably the commitment of an additional 98 adult mental health beds in the State Budget 2022-23, and crucially, long-term workforce planning.

That's a great start, but if we are going to ensure the future success of the mental health system, we need to continue to address its shortages, gaps and unmet need.

Beds need a workforce and so do all other services and supports – from community mental health services, to private hospitals and people operating private practices, to walk-in crisis centres, psychosocial support services and so on.

The pending 10-year SA Mental Health Workforce Strategy and SA Psychiatry Workforce Plan will help shape broader system reform, but in the interim we believe there are actions the Government can take now to set South Australia up for success, including:

- **Supporting neurodiversity** by establishing a state-wide SA Neurodiversity Centre of Excellence to meet the significant and growing unmet need within the community.
- **Building for the future** by increasing psychiatry training capacity to accommodate an intake of 30 trainees.
- **Ensuring fair access to services** by committing resources to implement recommendations from the Review of Rural Mental Health Services in South Australia.

Optimal mental health systems are person-centred, responsive to community need and operate under a range of principles which work together to achieve the best possible outcomes for consumers and the wider community.[2]

We cannot achieve that system overnight, but we can begin to build for the future, and the RANZCP looks forward to working with SA policymakers to improve mental health care outcomes for all South Australians.

A handwritten signature in black ink, appearing to read 'Patrick Clarke', written in a cursive style.

Dr Patrick Clarke

Chair

RANZCP South Australian Branch

Supporting neurodiversity: South Australia should lead the way

All South Australians should have fair and equitable access to mental health services, regardless of their age or circumstances.

The additional adult mental health beds and capacity under construction should significantly improve access to the mental health system in general and reduce flow-on effects such as emergency department access block and ambulance ramping.

However dedicated services will still be needed to provide support to priority populations and those with limited access to our mental health system.

National Cabinet, in response to the [Independent Review into the National Disability Insurance Scheme](#), has clearly signalled an intent to re-prioritise the National Disability Insurance Scheme (NDIS) for those with significant and permanent disabilities. Those with milder conditions will instead be supported by collaboration between state and federal governments via 'foundational disability supports'.^[4]

The announcement of an Australia-wide \$10 billion investment to establish a new scheme to treat children with mild autism and early developmental disorders is certainly both welcome and needed.^[5] Any health professional would agree that early diagnosis and treatment is vitally important.

We believe South Australia should be looking to go further, treating neurodiversity for what it is – something which requires support over a person's entire lifespan, not just until they turn 18.

**'My ambition is
that South Australia is
the national leader when
it comes to people who
are from the neurodiverse
community'**

**– Peter Malinauskas,
Premier of South
Australia ^[3]**



Where is the gap?

Neurodevelopmental disorders cover a range of conditions, all of which exist on a wide spectrum of severity. They include intellectual disabilities, motor and communication disorders, attention-deficit, hyperactivity disorder (ADHD), autism spectrum disorder (Autism), learning disorders and so on.

Many people with neurodiversity find themselves falling through the gaps in our public health system. Those with milder conditions do not qualify for support under the NDIS. The South Australian Intellectual Disability Health Service (SAIDHS) only provides support for people with diagnosed intellectual disability and complex needs. Community Mental Health Services do not provide support for those with less severe neurodevelopmental disorders, unless they also qualify for support for other mental health conditions.

This has created a structural deficit of support for a large number of people over a long period of time.

To put the extent of the need in context, based on prevalence rates and using low estimates, approximately 14,500 South Australians would have Autism, 65,600 have ADHD (12,500 aged 0–14; 53,100 aged 15+) and up to 180,000 may have a learning disability.[6-9]

Better services do exist for children with neurodiversity, and efforts and resources within our education and health systems tend to focus in this area – as the recent NDIS review and announcement illustrates.

However, once those children turn 18 the level of support available to them falls off a cliff, when they ‘age out’ of Child and Adolescent Mental Health Services (CAMHS) and/or paediatric services.

For adults with neurodiversity who do not have their condition identified as children the situation is even worse – with many struggling to even access a diagnosis, let alone treatment and support.

Why is a new approach needed?

The RANZCP SA Branch strongly supports the establishment of a holistic, multidisciplinary centre of excellence covering all aspects of neurodiversity.

We believe the most significant gaps in the system and hence improvements to be made with the provision of such support are around ADHD and Autism.

ADHD

The November 2023 report of the Senate Community Affairs References Committee inquiry into [Assessment and support services for people with ADHD](#) was very clear that ADHD is a public health concern. Its findings include that:

- Given the high prevalence of ADHD across the country, Australians should expect that our health system has developed a comprehensive response to ADHD, including capabilities for diagnosing and ongoing treatment.[10 (9.14)]
- Provision of public health services for adults with ADHD alongside the expansion of paediatric services would greatly assist people to access the care that they need.[10 (9.29)]
- There is a need for greater state and territory support for schemes which test a range of models of care, to take account of the diverse needs of people with ADHD, and the diverse capabilities of clinicians treating and supporting people with ADHD.[10 (9.31)]
- There was clear support for the implementation of multidisciplinary teams and healthcare hubs to promote holistic care.[10 (9.20)]
- There are not enough health care professionals to provide ADHD-related services, resulting in high costs and long wait times for assessment, treatment and ongoing care. Increased support is needed to increase the mental health workforce, including psychiatrists, psychologists, GPs, nurse practitioners, occupational therapists and counsellors.[10 (9.79)]
- Poor training of health care professionals can result in the unhelpful treatment of patients, and the training provided for health care professions does not provide enough upskilling on meeting the needs of people with ADHD.[10 (9.82)]
- Improved training is needed relating to neurodiversity, the social model of disability and ADHD diagnosis and support, to ensure that assessment and support services for people with ADHD are timely and fit-for-purpose.[10 (9.81)]

Autism

The South Australian Government has clearly signalled its intent to be a national leader in this area with the establishment of an Assistant Minister for Autism and an Office for Autism.

Results from the recent [South Australia's First Autism Strategy Discussion Paper – Consultation Report 2023](#) included some particularly relevant themes in its findings on 'Diagnosis and access to services', including:

- Health and mental health services need to ensure they are addressing the needs of Autistic people across the lifespan.[11 (p23)]
- Costs to access a diagnosis and the length of current waitlists for an assessment are key barriers, and this delay can have a significant impact on access to services and support.[11 (p22)]
- A lack of understanding of autism and strategies for supporting Autistic patients is a barrier across health and mental health services.[11 (p22)]
- There is a need for further training in autism for all health services staff for recognising and working with Autistic patients.[11 (p23)]
- The need for resources, information and services which support family members of Autistic children, young people, and adults – together with the suggestion this should be provided via a centralised service.[11 (p5)]

The themes raised in the Autism Consultation Report echo those raised within the ADHD Senate Inquiry – which is unsurprising and expected, given that neurodiverse people face the same challenges and many must manage multiple conditions.

So what is the way forward?

Recommendation

Establish a state-wide SA Neurodiversity Centre of Excellence

The RANZCP SA Branch is calling for Government to resource the development and establishment of a state-wide SA Neurodiversity Centre of Excellence.

People with neurodiversity often respond very well to treatment. Unfortunately, they also tend to struggle with other mental health issues such as depression, anxiety, substance use, psychosis, trauma and personality disorders.

There is a clear need for public mental health services to be supported to integrate assessment and treatment of neurodiversity into their core business models and to train mental health professionals to do so.

This service should:

1. Operate alongside and in addition to SAIDHS and Community Mental Health Services, not replace the support they provide, and provide state-wide services in collaboration with all LHNs, education and other services.
2. Provide support for people across the age spectrum to address the fragmentation in this area.
3. Not only treat those with complex needs. There is a tendency for public services to focus only on high severity consumers, which is understandable – but the huge gap in services for people who have milder neurodiversity is the core issue this service would be seeking to solve.
4. Be multidisciplinary and holistic. A true centre of excellence would need strong involvement from all stakeholders, including psychiatry, general practice, paediatrics, psychology, nursing, occupational therapy, peer support workers and lived experience, and should include co-design with consumers and carers.
5. Include provision for training. Strong feedback from psychiatry registrars is they do not feel they receive adequate training and exposure to neurodevelopmental disorders. This results in a general lack of confidence and unwillingness to treat those people when becoming fully qualified and moving into the public health system or private practice, exacerbating the service gap.

In a comprehensive, multidisciplinary service most of the professions involved could benefit from the opportunity to include training rotations to increase their next generation of members' exposure to neurodevelopmental disorders – increasing both their ability to work with neurodiverse clients, but also their inclination to do so.

6. Include a research component to measure outcomes and guide quality improvement.

South Australia has already shown it is willing to address neglected aspects of our health system and do so exceptionally well. Our borderline personality disorder collaborative, [BPD.Co](#), was established with bipartisan support in response to the demonstrated need for enhanced, evidence-based BPD service development, tailored to the needs of consumers, carers and clinicians.

It is now a standout example of best practice in Australia. Delivered through a hub and spoke model, it offers outreach, consultation and liaison services, shared assessment and treatment planning, support and clinical supervision, integration with primary care and service partners, as well as a research function and collaboration with tertiary education partners to inform evidence-based practice and continuous service improvement.

It is time for the tens of thousands of neurodiverse South Australians to receive their own comprehensive health service.



Build for the future: Growing the pipeline of psychiatrists

Australia has a critical – and growing – shortage of psychiatrists. The current psychiatry workforce only meets 56% of the national demand for psychiatrists in mental health services.[12] This undersupply is exacerbated by approximately 43% of psychiatrists intending to retire in the next decade.[13]

Australia requires 2,232 full-time equivalent (FTE) of psychiatrists to meet the 2019 National Mental Health Services Planning Framework (NMHSPF) target.[12]¹ The [National Mental Health Workforce Strategy \(2022–2032\)](#) report highlights that substantially more psychiatrists than this will be required to meet the targets set out in the NMHSPF for 2030.

As a result of the shortage of psychiatrists, too many Australians are waiting too long or missing out on mental health care. People living in regional, rural and remote areas, as well as First Nations people, are particularly impacted. The National Mental Health Workforce Strategy (2022–2032) emphasises that the mental health workforce is integral to the quality, accessibility, effectiveness and sustainability of the entire mental health care system.[14]

From a South Australian perspective, we need to ensure a viable and sustainable psychiatry and broader mental health workforce.

Without proactive, targeted and sustainable investment in the workforce, South Australians will continue to miss out on life saving and essential mental health services.

As evidenced by the [Productivity Commission Inquiry into Mental Health Report](#), good mental health policy is good for the economy.[15] In the same way that people are the foundation of the economy, the workforce is the heart of the mental health care system.

To meet the current and growing mental health needs of South Australians, we need to:

- Attract people to a career in psychiatry
- Train enough high-quality practitioners
- Retain the current workforce by preventing burnout.

Work within SA Health is underway on workforce strategies and gap analyses, including a 10-year SA Mental Health Workforce Strategy and development of a SA Psychiatry Workforce Plan. The latter is intended to lead the way in Australia by taking a holistic view of both the public and private sectors, and finally quantifying the number of psychiatrists we need across both to serve South Australians' needs both now and in the future.

However, while those detailed assessments of future workforce needs are underway, there are immediate steps we can take to start addressing the psychiatrist shortage and build for the future.

¹ The latest [National Mental Health Workforce Strategy \(2022–2032\)](#) provides targets for the required number of FTE for mental health workers. However, specific target values for psychiatrists are not quoted. Data on the psychiatry workforce may be found in the University of Queensland (2021) Analysis of national mental health workforce demand and supply Final report, which is not publicly available. According to the 2020 Acil Allen Mental Health Workforce – Labour Market Analysis report, an additional FTE of 2,232 psychiatrists is required to meet the 2019 National Mental Health Services Planning Framework Target.

Recommendation

Increase South Australia's training capacity to accommodate an intake of 30 psychiatry trainees

The pending SA Psychiatry Workforce Plan, anticipated to be released in 2024, will provide a recommended number of psychiatrists needed to appropriately deliver mental health services across the state.

However, with psychiatry qualifications requiring a minimum five years of training, it is crucial to begin increasing the number of trained professionals as soon as possible.

An investment to fund seven additional training places, from 23 to 30 annually, is a 30% increase in South Australia's psychiatry training pipeline and can be accommodated within existing health networks.

Additional consultant supervisors and increases in both administrative and Director of Training time would also be needed to support new trainees.

This is a meaningful investment towards solving the workforce shortage across the state and would ultimately support the pending SA Psychiatry Workforce Plan recommendations.

New training places would specifically focus on Child and Adolescent Psychiatry and Consultation-Liaison posts, providing immediate relief in high-demand areas.

Immediate investment to increase the capacity of the psychiatry training system gives South Australia an opportunity to build for the future, without pre-empting other mental health plans and strategies.

Invest in the future and address shortages at the same time

More trainees also means more capacity in our public mental health system.

It means an immediate increase in the number of psychiatrists providing services and support both to South Australian children and adolescents, and to other medical services – such as providing psychiatric consultations and diagnoses in our overworked emergency departments.

No recruitment drive needed

SA's psychiatry training program is very highly regarded and competitive. Over the past five years all training places have been filled and only 36–58% of applicants who met the requirements were able to be offered a place in the program.

There is demand in the community for psychiatrists, and demand among doctors to become one – we just need to create the opportunity for them to do so.

Fair access to services: Need doesn't end at Adelaide's borders

Your postcode should never be what determines your mental health outcomes, but that is exactly what's happening. Rural South Australians deserve the same access to mental health care as people in Adelaide.

Inequitable access to mental health care has been highlighted in numerous reports, including in the Productivity Commission's Mental Health Inquiry Report.[15] The challenges and inequities faced by Australians who live rurally in accessing mental health services are longstanding, well-known and well-documented.[15-22]

In rural South Australia, being able to see a psychiatrist is more difficult than in any other rural area in the country. That was the damning finding of the recent [Review of Rural Mental Health Services in South Australia](#) commissioned by SA Health and tabled in September.

Rural South Australia has the lowest per capita number of psychiatrists in Australia (both rurally resident and rurally employed).[23] According to the report, rural South Australia is worse off than Mongolia in that regard.[23] However, there is not only a lack of psychiatrists in country South Australia, that shortage extends to mental health nurses and all other allied health service workers.

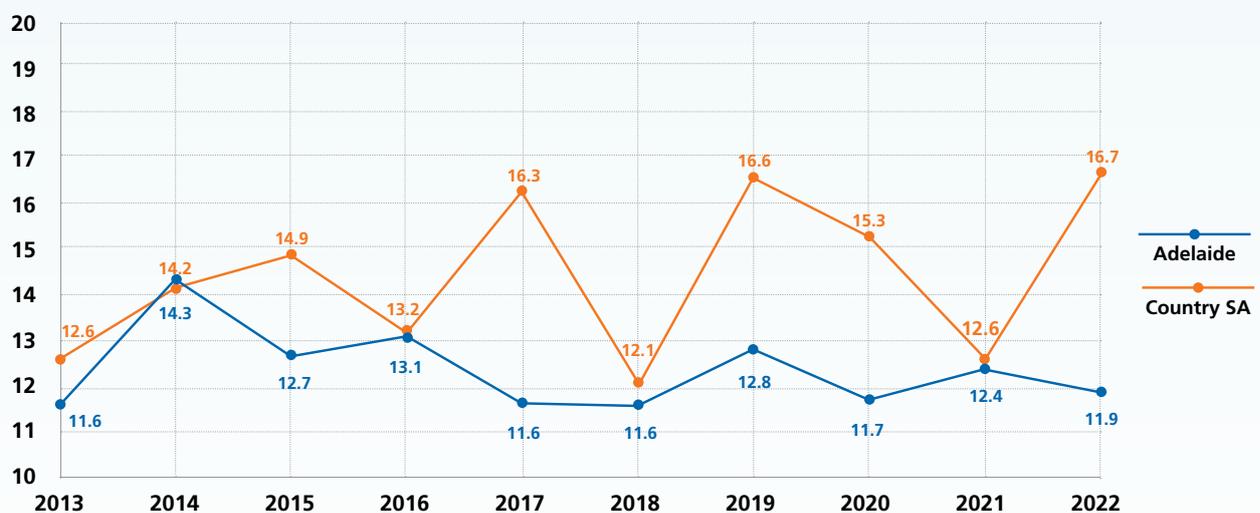
These shortages are causing significant pressure on rural GPs, who may be the only available health professional providing the first contact for mental health presentations. Service deficits, including lack of specialists and support services, impact significantly on access to support for both patient and the profession.[24]

The future impacts of climate change will only exacerbate the situation. As the social and emotional impacts of climate change impacts and extreme weather events will continue for years on present indications, sustained, local resources including community-based, sufficient and stable mental health services are needed. [25]

The SA Branch acknowledges the establishment of a central specialist rural psychiatry team is a step in the right direction, but numbers of psychiatrists in regional areas are still significantly lower than in metropolitan South Australia and lower than in other rural and remote areas of Australia.[23]

There is an alarming lack of investment in rural mental health services across the state. Rurally based South Australians make up 29% of our state's population – roughly 500,000 people – and they are struggling to access vital care. The suicide rate amongst rural South Australians is significantly higher than in Adelaide (16.7 per 100,000 compared to 11.9 per 100,000 in 2022).[26]

Age-standardised suicide rate (per 100,000) in Country SA (PHN) and Adelaide, 2013–2022





Recommendation

Commit resources to implement recommendations from the Review of Rural Mental Health Services in South Australia

The RANZCP SA Branch is calling on the State Government to immediately address the critical shortage of mental health care services for rural South Australians.

It is encouraging that SA Health has accepted 23 of the review's recommendations and of the seven it has not, it is fair to note that many are not entirely within the control of the Department.[27]

Accepting recommendations is a long way from achieving better mental health outcomes for rural South Australians. We now need the commitment of resources and finances to implement them.

Rural resourcing for mental health in South Australia is grossly insufficient and investment must be delivered urgently to address the lack of accessible mental health care for more than a quarter of South Australians who live in rural areas.

Our response should consist of both long-term reform to address structural issues across the entire system, but also short-term measures which can immediately alleviate pressure and begin to provide better access and services to these people.

Accordingly, we are calling for:

- 1) The development of a 10-year rural mental health service plan and workforce strategy, supported by a funded implementation plan and regular progress reporting to parliament.[23 (p34)]

This is the review's headline and overlays every other recommendation. The fragmentation in rural services needs to end if there is to be a coherent way forward.

- 2) Funding for each regional Local Health Network (LHN) to employ two FTE consultant psychiatrists, with the roles and functions of those positions determined by identified need.

This would immediately improve the community's access to mental health while longer term solutions are established.[23]

A key component of a 10-year rural mental health service plan and workforce strategy must include planning for a bespoke SA Rural Psychiatry Training Pathway.[23] We cannot improve the mental health care for rural South Australians if we do not have a workforce to provide it.

There is no 'one size fits all' solution to this issue, however a starting point should be the RANZCP's '[Rural Psychiatry Roadmap 2021–31: A pathway to equitable and sustainable rural mental health services](#)' which sets out a strategic direction and practical recommendations to establish dedicated and sustainable regional, rural and remote training pathways through Australia.[28]

South Australia should be leading and showing the rest of Australia the way forward in rural mental health, not lagging behind.

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