



The Royal
Australian &
New Zealand
College of
Psychiatrists



April 2024

RANZCP Victorian Branch

2024/25 Agenda for Reform

*Providing the best possible mental health
and wellbeing care for every Victorian*

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 Māori 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 Māori. 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 and Living Experience

We recognise those with lived and living experience of a mental health condition or psychological distress, including community members, RANZCP members and staff. 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 8400 members 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](#) supports 2087 members across the state, including 1442 qualified psychiatrists and 634 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

Every Victorian deserves access to the best possible mental health and wellbeing services. This means that treatment, care and support is available, affordable and effective.

As a state, Victoria has made critical steps to achieve this since the Royal Commission into Victoria's Mental Health System completed its work in 2021. The Royal Commission outlined a vision for a connected, coordinated and thriving system that has the capacity and ability to help people when they need it. Victorian psychiatrists and the state's entire mental health and wellbeing workforce share this vision.

The Victorian Branch welcomes the Government's continued support of mental health and wellbeing reform, including investing in services, developing the clinical and peer workforce, and establishing foundational bodies such as the Victorian Collaborative Centre for Mental Health and Wellbeing and the Mental Health and Wellbeing Commission.

Victoria is moving in the right direction. However, our state's mental health system still falls short of meeting the growing mental health care needs of the community, particularly for those with serious and complex mental illness and psychological distress. The next stage of reform must consolidate this investment and the foundational elements of reform, while continuing to address rising demand.

There are three areas the Victorian Branch sees as critical areas for investment:

1. Prioritising integrated crisis, rehabilitation and recovery services for Victorians with the most serious and complex mental illness and psychological distress
2. Addressing the chronic and critical workforce shortages
3. Creating a statewide mental health and wellbeing clinical service and research strategy – to future proof mental health and wellbeing investment based on evidence and population needs.

Alongside all our recommendations, we strongly advocate for the deep integration of lived experience leadership in mental health and wellbeing services, with emphasis on co-design and co-production. We must consolidate the place of consumers and significant others at the centre of care, promote choice and control, protect human rights, deliver effective treatment, care and support. We must promote positive and safe experiences for those with a lived and living experience of mental health challenges and the workforce.

We welcome the opportunity to continue to work with the Victorian Government towards building a safe, equitable, and effective mental health and wellbeing system.

Yours sincerely,



A/Prof Simon Stafrace

Chair, RANZCP Victorian Branch Committee

Priority 1

Expand community services to deliver integrated crisis, rehabilitation and recovery treatment and services for people living with serious and complex mental illness and psychological distress.

Over [200,000 Victorians](#) live with serious and complex mental illness. These are people faced with chronically unmet mental health care needs. Through an absence of appropriate alternatives, these Victorians rely on ill-equipped frontline emergency and tertiary bed-based services within the public mental health and wellbeing system.

This results in:

- Crisis-driven care with little scope to [meaningfully recover](#) from, or manage, serious mental illness.
- The erosion of [trauma-informed and led practice](#), and [increased chances](#) of re-traumatisation within the health system.
- An undermined ability to address and care for co-occurring concerns including [increasingly complex physical](#) and psychosocial disability, substance misuse, homelessness and housing insecurity frequently experienced by people with persistent and serious mental illness.

Limited access to the best available treatment and care and support, or confusing systems, can lead to deferred help-seeking, worsening health outcomes, and increased carer burden.

The Victorian Branch emphasises that poorer outcomes for serious and complex mental illness is a failure of the system rather than an inevitability of personal circumstances. The [evidence](#) shows [recovery-oriented practices](#), including psychotherapy, have transformative potential for individuals. These practices emphasise hope, social inclusion,

community participation, personal goal setting, and self-management.

The Royal Commission into Victoria's Mental Health System (RCVMHS) envisioned a significant transformation to the way decisions about mental health services are made through the formation of [Regional Mental Health and Wellbeing Boards](#) inclusive of those with a lived experience and carers. To support the best mental health and wellbeing outcomes for Victorians living with serious and complex mental illness, [it is crucial](#) that primary, secondary, and tertiary services [deliver safe, integrated, comprehensive](#), and therapeutic [recovery-oriented](#) treatment, care, and support.

Three years following the handing down of the [RCVMHS Final Report](#), this transformation is yet to be realised. Any further delay could exacerbate the consequences of serious and complex mental illness and psychological distress for the individual, their families, carers, and supporters.



Priority 1

Government Actions

1. Deliver urgent and crisis mental health care within the community

Our communities need funding and support for comprehensive mental health crisis care where they live. This must include a long-term strategy that considers and connects these services with the ongoing rehabilitation and recovery needs – and considers also the impact of trauma, social inequity, and human rights for service users and their families.

- Progress *RCVMHS Final Report recommendations 8, 9 & 10* to develop a health-led response for urgent and unmet needs, using co-design and co-production methods.
- Address alternatives within local communities to Emergency Departments for those in crisis with a lived and living experience of serious mental illness.
- Co-locate urgent care centres with area mental health and wellbeing services or mental health and wellbeing locals for seamless patient transition.
- Ensure the provision of adequate acute and hospital in the home beds in under-served areas, including the Eastern and South-Eastern metro regions.

2. Provide recovery, rehabilitation and psychotherapeutic support within the community

Victorians urgently need funding for co-designed and co-produced new models of care and expansion of community-based recovery and rehabilitation services, including supported housing and extended care models.

- Prioritise implementation of *RCVMHS Final Report recommendations 11 and 12*, for people living with serious and complex mental illness who require ongoing intensive treatment, care and support.
- Ensure all Area Mental Health and Wellbeing Services are enabled to meet local crisis, acute treatment and extended care demand through continued assessment of need and investment.
- Prioritise funding for Extended Care for adults and youth, designed to meet local community needs in all Area Mental Health and Wellbeing Services.

- Improve access to a specialist, experienced and well-resourced workforce with [recovery orientated care](#) capabilities, including 1.0 FTE psychiatric psychotherapist and psychiatric registrar position at each of the Adult and Older Adult Locals and Infant, Child and Youth Area Mental Health and Wellbeing Services.

3. Build clinical treatment capability for an integrated system of primary, secondary, and tertiary services

- Invest in integration, including empowering [Regional Mental Health and Wellbeing Boards](#) or Health Service Partnerships to:
 - Establish a co-commissioning approach to Commonwealth and state-funded mental health networks.
 - Ensure that GPs and psychiatrists in private practice are properly supported to work with public mental health services.
- Progress *RCVMHS recommendation 23 and 24* to
 - Support the mental health and wellbeing workforce in the delivery of trauma-informed care.
 - Facilitate access to trauma experts, and support continuous improvement.
- Invest in innovative Workforce and Service Initiatives that
 - Enable collaboration with the Commonwealth to invest in expanding the psychiatry trainee workforce.
 - Expand psychiatry training settings further by establishing new positions in private hospitals and specialist private practices.

4. Provide timely and appropriate housing

Providing timely and appropriate housing allows individuals to focus on other aspects of life. The [situation is critical](#) and deeply affects individuals' psychological and physical health outcomes.

We commend the Victorian Government's initiative for [2,000 supported homes](#) for those with mental illness and urge the Government to:

- Provide further funding to support equitable access to affordable and appropriate housing.
- Increase coordination for equitable access to affordable housing.



Priority 2

Attract, train and retain an adequate psychiatry workforce to meet the community's mental health needs.

Each year, 1 in 5 Victorians will experience a mental health condition. Almost half of Victorians will experience mental illness during their lives. The demand for specialised mental health care across the state is increasing after the pandemic - Victorians need more mental health support than ever, but the system is not keeping pace.

The state's mental health system is too complex, inaccessible, sometimes ineffective, and increasingly unequal. As the Royal Commission noted, the system operates largely in crisis mode — it tends to react to mental health crises rather than preventing them. Critical workforce shortages across the public and private sectors contribute heavily to this.

Not only is there a growing shortage of psychiatrists in the state, but they are also unevenly distributed. Rates of self-harm and suicide increase with remoteness, but [previous AIHW data](#) has shown that people in country Victoria have limited to no access to psychiatrists and other mental health workers.

For many Victorians, help is too far away, too long a wait, too expensive or, for people in the bush, simply unavailable. As a result, some of the most vulnerable people with acute mental illnesses are falling through the cracks.

The shortage is also impacting the workforce. A nationwide survey of 1269 psychiatrists conducted by RANZCP in December 2023 highlighted the pressures

mounting on psychiatrists working in Victoria's mental health system. It found that, of Victorian psychiatrists surveyed -

- 72 per cent reported experiencing multiple symptoms of burnout in the past three years.
- 80 per cent said workforce shortages and under-resourcing of the system are contributing to burnout amongst psychiatrists.
- 90 per cent said workforce shortages are negatively impacting patient care.

After many years of neglect, Victoria has started laying the groundwork for mental health reform by expanding essential mental health services and growing the workforce through funding new training positions and initiating the Victorian Psychiatry Training Partnership (VPTP). However, there is much more to be done to meet the mental health care needs of Victorians now and into the future.

The RCVMS emphasised the importance of a well-resourced and supported workforce in realising the reform agenda of Victoria's mental health system.

With enough psychiatrists and mental health and wellbeing workers in the state's mental health and wellbeing system, a skilled and diverse workforce can give Victorians the help they need, when they need it and where they need it. It can go a long way in prevention and early intervention into mental health and wellbeing conditions.

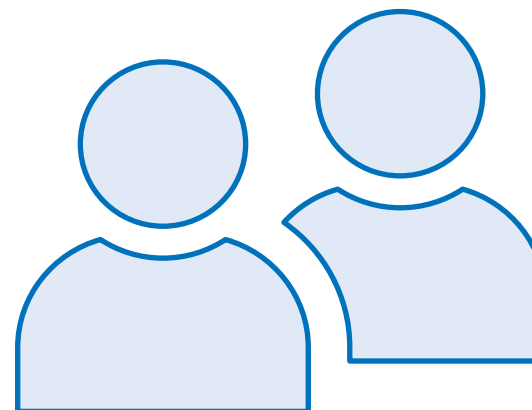
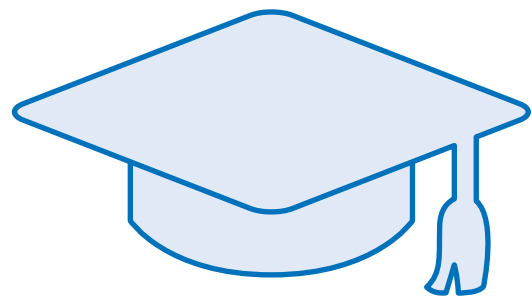
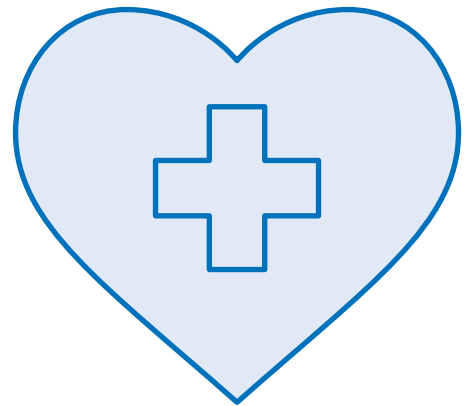
Priority 2 Government Actions:

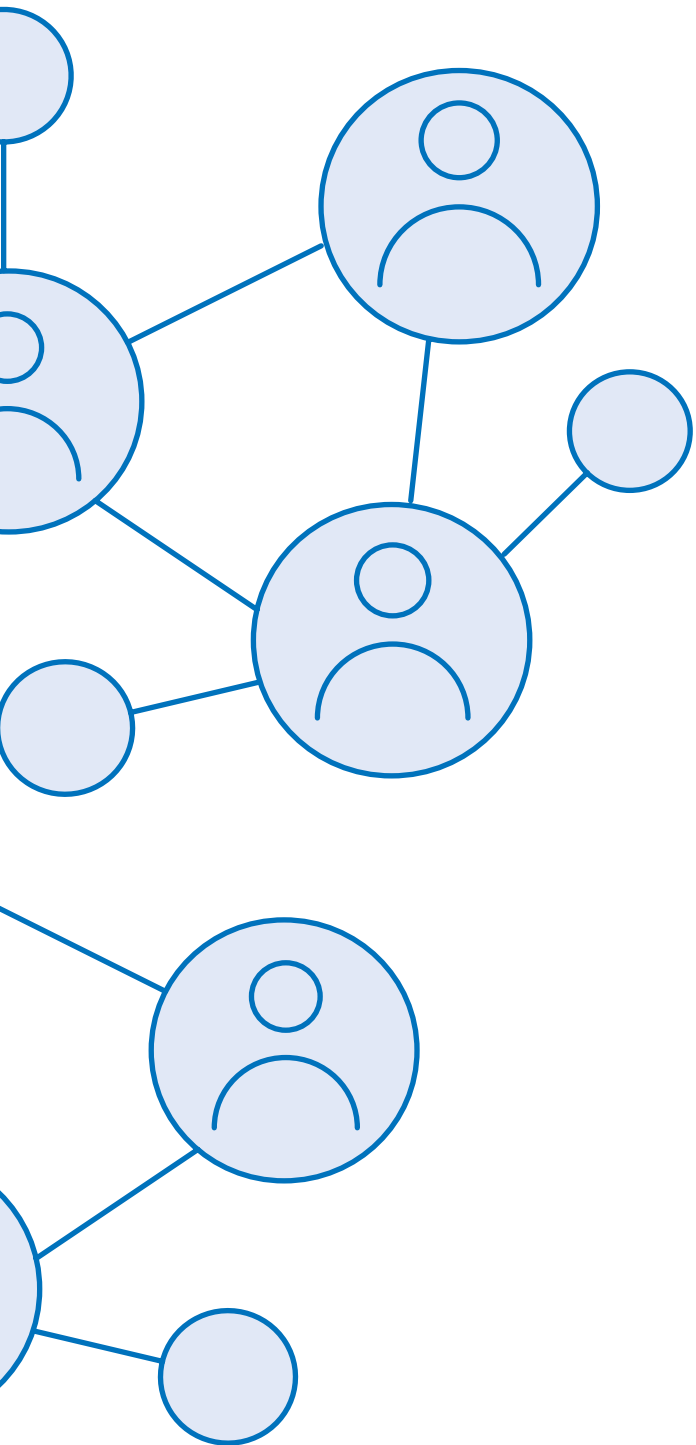
1. Attract and train the psychiatry workforce to meet the Victorian community's mental health and wellbeing needs

Psychiatry trainees need ongoing supervision from skilled supervisors, alongside greater administrative support. The RANZCP provides [minimum training requirements](#). Currently, many mental health units in hospitals are under severe strain due to high service demands, which compromises the availability of quality training opportunities and support from supervisors.

Flexible funding for training programs is crucial to allow for growth in training places. For example, the increased number of places for child and adolescent (CAP) psychiatry trainees is a welcome move, but the current CAP program is under-resourced and requires greater funding for essential training and support roles.

- Fund 0.96 FTE to support minimum [RANZCP training requirements](#), for a Director of Advanced Training position for CAP rotations, and 0.96 FTE administrative support to meet the needs of current numbers.
- Fund roles to support delivery of training and specialist skill development, including:
 - Directors of Training (Mental Health) to coordinate a robust orientation program for Junior Medical Officers (JMOs), reflective practice as well as psychiatry education sessions.
 - Support needed from supervisors, mentors, and the multidisciplinary team.





2. Continue the Victorian Psychiatry Training Partnership (VPTP)

The VPTP is a unique initiative developed in collaboration with key stakeholders across public and private Victorian services and the Commonwealth to coordinate and deliver specialist psychiatry training.

The VPTP Director role has proved crucial in fostering collaboration and information-sharing with key stakeholders to grow the psychiatry workforce. There is growing concern, however, that the VPTP Director role will not continue.

- Fund and integrate the VPTP Director role with the RANZCP Victorian Branch Training Chair through current arrangements, to continue to:
 - Strengthen governance.
 - Foster collaboration with key stakeholders across public and private Victorian services and the Commonwealth in delivering specialist psychiatry training.
 - Improve data collection, reporting, planning, allocation, and accreditation processes.
 - Clarify and coordinate roles between RANZCP, the Victorian Department of Health and the Commonwealth.

3. Retain and support the specialist workforce to prioritise early intervention and specialised care

Good mental health and wellbeing outcomes are contingent on a well-resourced and well-supported mental health and wellbeing workforce.

The over 200,000 Victorians living with serious and complex mental illnesses will benefit greatly from a mental health and wellbeing system that allows the workforce to identify their specialised needs and deliver evidence-based treatments and coordinated care.

Improved access to specialist services can also help prevent, intervene early, and effectively treat mental health illnesses in the community.

The specialist [mental health and wellbeing workforce](#), including psychiatrists, require adequate and well-distributed resources, clear career paths, suitable remuneration, professional and personal wellbeing support, and flexible working conditions to meet the growing mental health needs of Victorians.

- Develop funding models that enable data collection to clarify the diverse unmet mental health needs of the Victorian community.
- Implement targeted programs aimed at attracting, retaining and embracing a diverse mental health and wellbeing workforce.
- Explore systematically the barriers to retaining psychiatrists, as fundamental to a stable and sustainable specialist healthcare workforce.
- Provide funding models for workforce growth that:
 - Adjust and enable adequate placements with appropriate support to meet clinical demand.
 - Link health service requirements to meet accreditation standards such as assurance that the availability of workforce meets community unmet needs.
- Establish specialist services for people with complex mental illnesses, dual disability and dual diagnosis.

4. Victorian Psychiatry Leadership Program (VPLP)

A report submitted to the Victorian Department of Health in December 2023 outlined the delivery of the VPLP Framework, along with recommendations for pilot and implementation phases.

The Branch recommends funding the pilot program which aims to foster ongoing psychiatric leadership development, including developing and retaining mentors to extend program reach.

- Commit \$511,000 to the Department to support a 6-month VPLP pilot program for 20 early career psychiatrists from across Victorian mental health and wellbeing services.

5. Develop mental health and wellbeing skills across the Victorian Health System

The [RCVMHS Interim Report](#) recommended mandatory psychiatry rotations for all JMOs by 2023, to increase interest in specialist psychiatry training and improve wider mental health and wellbeing outcomes. The Branch endorses this measure.

A review by the Department of Health in 2023 reset the target to 70% of JMOs. Unfortunately, recent announcements of plans to reduce funding to health services has led to concerns about a decrease in available JMO positions in psychiatry rotations in 2024.

- Report produced annually by the Department on the proportion of junior doctors in PGY1 and PGY2 accessing psychiatry rotations, and on the numbers of junior doctors entering the postgraduate psychiatry training program as a means of reporting on the targets set by the Royal Commission.
- Monitor the impact of changes to the funding of the pre-vocational program on positions in psychiatry across the state.
- Embed key capabilities across the public health system through funding for the [Certificate of Postgraduate Training in Clinical Psychiatry](#).

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Priority 3

A statewide mental health and wellbeing clinical service and research strategy - to future-proof mental health and wellbeing investment based on best-evidence and population needs.

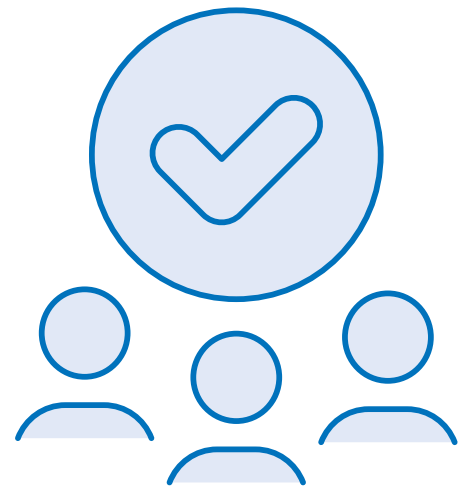
Best-evidence mental health and wellbeing treatment, care and support are most effective when people receive them at the right time and in the right place. Similarly, meaningful mental health and wellbeing reform is strategically targeted and sustainably delivered when and where the population needs it.

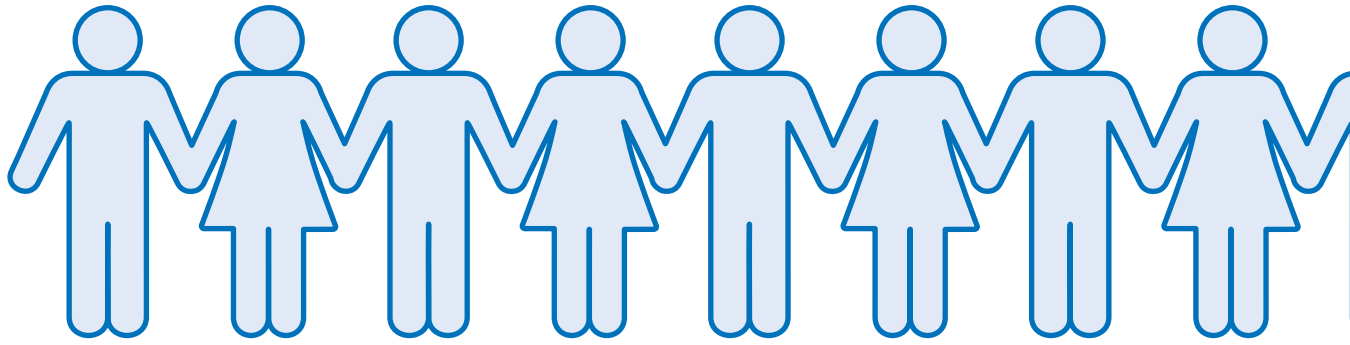
The RCMHS emphasised contemporary and adaptable services with a focus on research, innovation, and evaluation as critical to system reform. Three years after the Final Report, the system has yet to develop a strategy that supports these key features within and across clinical settings. This disproportionately impacts the over 200,000 Victorians living with serious and complex mental illness, who often have [unmet needs](#) and rely heavily on ill-equipped frontline emergency and tertiary services.

Inadequate mental health and wellbeing care will continue to exacerbate adverse outcomes for too many Victorians, significantly reducing their overall quality of life. This includes increased risk of social disconnection, disability, job loss, substance misuse, homelessness, involvement in the criminal justice system, and suicide.

A statewide mental health and wellbeing clinical service and research strategy should be established by the Victorian Department of Health (Vic DH) in collaboration with individuals with lived and living experience of mental ill health, clinicians, and peak bodies such as the RANZCP to optimise:

- Meeting the community's mental health and wellbeing clinical treatment, care and support needs.
- Research, innovation, evaluation, and data transparency.
- Clinical engagement and leadership.





Priority 3 Government Actions

1. Develop a clinical service and research strategy to address unmet mental health needs across Victoria

A suitably comprehensive strategy would ensure Victorians have equitable access to the best possible treatment, care and support, when and where they need it. The strategy should supplement or replace the current competitive approach to procurement. It could be led by the Department of Health or appropriately resourced Regional Boards, in collaboration with system stakeholders.

- Leverage collective workforce strengths to address unmet mental health needs, supported by adequate funding, best evidence, leadership, streamlined processes, and a positive workforce culture that prioritises continuous improvement.
- Establish metrics for population need, and resourcing gaps, including workforce capacity and distribution. Annual reporting should include clear plans to address these gaps.
- Fund support for networking of services across Victoria to enhance continuity of treatment, care, and support delivery. This includes developing shared frameworks for best practice recovery and rehabilitation, as well as continuous improvement efforts.

2. Promote innovation, research, evaluation, and data transparency

To support continued improvement of treatment, care and support, the Branch strongly advocates for funding of research through the Victorian Collaborative Centre to include academic clinics within the area mental health services.

These clinics aim to address unmet mental health needs in the public sector and build capacity for novel evidence-based treatments, care, and support. We envision these services as an extension of the successful CDAMS model for cognitive disorders in Victoria, fostering cross-service collaboration, teaching, and research.

Funding structures must provide robust support for innovation, co-design, infrastructure growth, and workforce development within clinical settings. They must be flexible to respond to a long-term vision and supportive of innovation, research, workforce development and teaching.

- Providing mixed activity-based models for funding with fixed infrastructure support for research, teaching, innovation, and workforce development.
- Investing in capacity building, developed in consultation with the clinical workforce, including psychiatrists and those with lived and living experience of mental illness.
- Progressing RCMHS recommendations [49](#), [63](#) and [65](#):
 - Generating data transparently to support continuous improvement and benchmarking, and ensuring the data is freely available.
 - Benchmarking to help identify opportunities for internal improvement in clinical decision-making and ways of working, and to expand and replicate services across Victoria.

Resources

[RANZCP Australian workforce survey report 2024](#)

[RANZCP Rural Psychiatry Roadmap 2021-31: A pathway to equitable and sustainable rural mental health services](#)

[RANZCP Strategic Plan 2022-2025](#)

[RANZCP Training Program Accreditation Standards 2023](#)

[RANZCP Victorian Branch Committee](#)

Notes about this submission

The recommendations contained within this submission are based on consultations within the RANZCP Victorian 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 and living 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'.

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