



The Royal
Australian &
New Zealand
College of
Psychiatrists



RANZCP Tasmanian Government
Pre-Budget Submission 2025-2026
**Better mental health
outcomes for Tasmanians**

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 healthcare.

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 8,000 members including more than 5,800 qualified psychiatrists and almost 2,200 members, who are training to qualify as psychiatrists.

The Tasmanian Branch currently has 105 qualified psychiatrists and 38 members training to qualify as psychiatrists.

Psychiatrists are clinical leaders in the provision of mental healthcare in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

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. We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and honour and respect their 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, including community members and RANZCP members and staff. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

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Chair's Foreword

Mental health is an essential component of a person's health and wellbeing. Mental illness continues to be one of the largest burdens of disease in Tasmania.[1] In 2020-2022, 52.9% of Tasmanians aged 16-85 have experienced a mental disorder in their lifetime.[2] This is higher than the national average of 42.9%.[2]

We commend the Government for the significant work it has already done to provide better access to mental healthcare for Tasmanians in need, no matter where they live. We acknowledge in particular the ongoing state wide reforms to improve Child and Adolescent Mental Health Services; the development of an Eating Disorder Service; and the additional parenting, perinatal and infant mental health services statewide. We also look forward to the capital works in the north and north-west, and to the St John's site in the south.

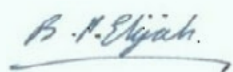
While we appreciate the significant progress that has been made, there remain inadequacies in the Tasmanian mental health system. To meet community demand requires further considerable investment and reform, with a continuing focus on better access to quality mental healthcare, irrespective of geographical location.

The *National Mental Health Workforce Strategy* emphasises that the mental health workforce is integral to the quality, accessibility, effectiveness and sustainability of the entire mental healthcare system.[3] We need to ensure a viable and sustainable psychiatry and broader mental health workforce in Tasmania – including psychiatrists, psychologists, mental health nurses, peer workers, pharmacists and various allied health workers.

The future success of the Government's reforms depends on action now. We believe the Government needs to focus on the following priority areas:

- **Workforce** – continue planning for and investing in a mental health workforce that is sustainable and meets the current and projected needs of the community.
- **Specialty mental health services** – provide adequate capacity for mental health services for forensic patients and people with intellectual disabilities, to avoid overflow stresses on the entire mental health system.
- **Private mental health** – continue to lobby the Federal Government to support the financial viability of private mental health service delivery.

We look forward to working with the Government to improve mental healthcare outcomes for all Tasmanians.



Dr Ben Elijah

Chair

RANZCP Tasmanian Branch

Workforce

The [National Mental Health Workforce Strategy 2022-2023](#) outlines a plan to attract, train and retain a highly skilled, diverse, and well-distributed mental health workforce.

Attract	Train	Retain
Inspire the next generation of psychiatrists to choose a career in mental health and proactively recruit to reflect the Tasmanian community's diverse cultural, social, and geographical distribution.	Provide the necessary training to grow, strengthen, and support enough culturally safe and skilled psychiatrists to meet the needs of the Tasmanian community.	Support and nurture the current mental health workforce in Tasmania to prevent burnout, moral injury, and defection.
Maximise, Distribute, Connect		
Support the current mental health workforce to operate at the highest standards and provide equitable access to all Tasmanians.		

Tasmania's psychiatry workforce is reliant on two main workforce sources:

- The small number of doctors and psychiatrists who train in the Tasmanian system and who choose to remain local once they finish training.
- Those who have trained as psychiatrists overseas, and work in the local setting for a period to have their qualifications recognised locally (Specialist International Medical Graduates or SIMGs).

We need to grow our workforce – we need to attract more doctors to a career in psychiatry in Tasmania and train more doctors to become psychiatrists. Trainee psychiatrists need supervisors, which is why we need to retain the current workforce. Tasmania struggles to retain specialists, with a high number of short term and locum staff that are used to keep services running.



Attract

- It is increasingly difficult to fill psychiatry vacancies, especially in the north-west, which has led to an over-reliance on locums.[4] Increasing incentives and information regarding undertaking a long-term career in psychiatry in Tasmania will help to increase the number of psychiatrists in the Tasmanian health system.
- The Child and Adolescent Mental Health Services Consultant Psychiatrist positions remain unfilled for an extended period, highlighting ongoing issues with workforce attraction and retention.
- The reliance on locum and temporary staff to keep services running affects continuity of care and fragments training experiences, potentially leading to fewer training places because of uncertain supervisor availability.
- Rotations in psychiatry would attract more medical professionals to the psychiatry field. It has been shown that the development of a positive attitude to psychiatry through direct involvement in psychiatric patient care, and the manner in which it is taught, play a role in the selection of psychiatry training by medical students.[5]

Government Action

Invest in making a career in psychiatry in Tasmania a viable opportunity.

Government Action

Increase opportunities for psychiatry rotations for junior medical officers working in the Tasmanian health system.

Train

- There has been an increase in the number of psychiatrists from 79 (full-time equivalent (FTE): 72.5) in 2019 to 103 (FTE 88.9) in 2023. This is an increase from 13.2 per 100,000 in 2019 to 15.5 in 2023.[6] However, this still represents a workforce shortage as the OECD average is 18 per 100,000.[7].`
- There is a lack of targeted investment to strengthen the mental health workforce (although there is targeted investment to recruit GPs and nurses).
- There is maldistribution of the workforce (41 registrars statewide, 32 in the south), with 4 full-time psychiatrists per 100,000 in outer regional Tasmania and no psychiatrists in remote and very remote Tasmania.
- The growth and improved distribution of the workforce has been bolstered by federally funded trainee posts and necessary supervisor positions.

Government Action

Consider bolstering and increasing supervisor numbers.

Lobby the Federal Government to secure ongoing funding for the [Federally funded specialist training positions](#) to maintain increases in workforce and address maldistribution. The risk and cost will otherwise need to be absorbed by the Tasmanian Government.

- We acknowledge the increased remuneration for trainees, and the positive impact this has had on the number of trainees.

Government Action

Maintain funding for the Director of Training position and associated administrative staff to enable more training opportunities and expedite contracts for trainees.

- The Productivity Commission identified fragmentation between the public and private sectors as a significant barrier in the mental healthcare system.[4] Broadening placement opportunities and allowing trainees to complete part of their training in private settings creates a better understanding between psychiatrists working in the public and private sectors. This improves patient outcomes through better shared care, transfer of care, and referrals between systems.
- Most training placements currently take place in the public setting. The community and workforce benefit from greater training opportunities in private practice: as private psychiatrists provide care to the majority of people with low acuity, high prevalence disorders, trainees would be exposed to a broader range of mental health conditions.

Government Action

increase opportunities for private practice training placements.

Retain

- We ask the Government to consider 4+1 working contracts with four clinical days and one for research/teaching for all doctors. By offering all doctors the chance to engage in research, while also working in a clinical practice, the Tasmanian health service will be a more attractive career path for early career psychiatrists.
- The Branch notes that the Centre for Service Excellence is working to facilitate research at all levels.
- There is a disparity between the advanced training places and available career positions for early career psychiatrists in Tasmania. Psychiatrists who are willing to enter the Tasmanian public health service often seek employment elsewhere due to a lack of suitable job prospects for their subspecialty. Conversely, many vacancies are not filled due to the lack of support for training positions in their specific subspecialty – such as forensic psychiatry.
- In line with national trends, Tasmania is also facing a shortage of mental health nurses.[4] Mental health nurses are an integral part of multi-disciplinary mental healthcare teams and provide crucial support to psychiatrists. Funding, training and retaining mental health nurses must be a priority for the Tasmanian Government.

Government Action

Ensure parity of working conditions for Tasmanian psychiatrists with their colleagues on the mainland.

Government Action

Fund further mental health nursing positions to support the broader mental health system.

Maximise, Distribute and Connect

- The Branch and the RANZCP are heartened by the Government's commitment through [Rethink 2020](#) and its mental health reforms to bring alternative responsive and evidence-based models of service delivery across the state. The Branch is encouraged that reforms are now extending to the north and north-west including state wide programs for Youth, Eating disorders and Perinatal Services.
- We encourage the Government to maintain budgetary support for these important initiatives and the reform including new builds in St Johns Park, and mental health precincts in the north and north-west.
- The Branch urges the Tasmanian Government to advocate to the Federal Government to develop further Medicare Benefits Schedule (MBS) loadings for psychiatrists working in regional, rural and remote areas. The Branch notes that MBS Item 294 provides a 50% loading for bulk-billed telehealth services provided to rural patients, but advocates for equivalent loading options to provide equitable access to in-person services for regional, rural and remote consumers.

Government Action

Continue to progress the mental health reform in Southern Tasmania and the planned extension of the reform to the north and north-west of the state.

Government Action

Develop and deliver Medicare Benefit Scheme loadings for psychiatrists working in rural and remote areas, in collaboration with the Federal Government.

Speciality Mental Health Services

Forensic Mental Health

Prisoners experience mental health issues at a disproportionately higher rate than those in the community.[8]. People with mental illness in correctional facilities are entitled to mental healthcare that is equivalent to that provided in the community (as described in the [Guiding Principles for Corrections in Australia](#)).

- Tasmania is the only Australian jurisdiction which does not have an integrated prison mental health service.
- As noted by the Productivity Commission in its [Inquiry report - Mental Health](#), forensic mental healthcare is effective in improving mental health outcomes, as well as reducing reoffending.
- The Productivity Commission notes the Sainsbury Centre for Mental Health's estimate that for forensic mental healthcare to be equivalent to community services, 11 FTE specialist mental health staff per 550 male prisoners are needed, and an additional 3.2 FTE to provide a substance use service.
- Incarceration rates in Tasmania have increased significantly (from close to 600 prisoners in June 2017 to more than 800 prisoners in November 2023, and increasing again in 2024, without development of service capacity to meet current and future needs. The issue of prison population growth outstripping health service capacity has been highlighted repeatedly by the [Tasmanian Custodial Inspector Annual Reports](#) since 2018 and was the subject of recommendations by the [Tasmanian Prisoner Mental Health Taskforce 2019](#).
- Without an appropriately resourced forensic mental health service there are gaps in service provision for forensic patients.

Government Action

Focus on improving the current forensic mental health service to better address population requirements to meet current and future needs, in line with accepted benchmarks.

Intellectual Disability Mental Health

People with Intellectual Disability (ID) face particular challenges in accessing appropriate mental healthcare - see the RANZCP [Position statement 109: Addressing the mental health needs of people with ID](#). There remains a need for more specialist ID mental health, inpatient and community services, along with improved integration and collaboration between physical and mental health and disability services.

- Currently, services in Tasmania operate with no administrative support and a limited locum specialist medical presence. It is necessary for this vulnerable patient group to have appropriate medical coverage, allied health, and administrative support.
- For an effective service this requires a specialist inpatient facility for those with ID in hospitals statewide.

Government Action

Provide adequate and dedicated funding for an effective and integrated specialist mental healthcare service for ID. This requires, at a minimum, 1 FTE psychiatrist, 1 FTE Registrar, and 3–4 case managers with administrative support across the state.



Private Mental Health

- Tasmania has 19 specialised mental health beds at public hospitals per 100,000 people, far below the Australian national median of 24.5. [9] The loss of 31 private mental health beds due to the closure of St Helens Hospital puts increased pressure on already stretched in-patient mental health services at public hospitals.
- Private hospitals and clinics, including the Hobart Clinic, are adjusting their psychiatry workforce models to reduce the number of permanent staff and increase the number of visiting medical officers (VMOs). A higher proportion of VMOs results in reduced continuity of care for mental health patients and more fragmented training for psychiatry registrars.

Government Action

Continue to lobby the Federal Government to improve the financial viability of mental healthcare in private hospitals and clinics and the sustainability of the psychiatry workforce. The Federal Government should:

- Adjust the Medicare Benefits Schedule (MBS) to increase rebates for relevant MBS items and add new MBS items or reinstate discontinued ones where necessary.
- Ensure private health insurers remunerate for the delivery of mental health treatments at appropriate rates.

In conclusion

The Tasmanian Branch of the RANZCP commends the Tasmanian Government on its significant reforms to the state's mental health service delivery, and in particular, the much-needed CAMHS, Perinatal and Eating Disorder initiatives. Progressing the full potential of the commitments made by the Government requires prioritising investment in maintaining – and expanding – the Tasmanian mental health workforce.

We ask the Government to commit to strategies to attract, train and retain psychiatrists.



Appendix

Psychiatry Workforce Shortage

There is a growing Australia-wide shortage in the psychiatrist workforce, impacting effective service provision. [10] As a result, people are waiting too long or missing out on mental healthcare and people living in regional, rural and remote areas are disproportionately impacted.

Psychiatrists have expertise in diagnosing and treating people with mental illness, and a deep understanding of both physical and mental health. They collaborate with general practitioners and other health practitioners such as psychologists, occupational therapists, chaplains, social workers and psychiatric nurses to achieve the best care for patients.[11]

The psychiatry workforce needs to become more sustainable to accommodate the demand for mental health services which is projected to continue to grow.

Australia is projected to encounter a gross undersupply of psychiatrists over the next decade, which will require not only more training positions but also an increase in the number of trainees.[12,13] The demand for psychiatrists exceeds supply, leading to a critical shortage that is preventing us from providing adequate care to Australians in need.

Regional, rural and remote mental health in Tasmania

Psychiatrists in Tasmania are unevenly distributed. It has been reported that there were 4 full-time psychiatrists per 100,000 in outer regional Tasmania compared to the national average of 15 psychiatrists per 100,000 people. [14,15] The figures worsen for those in remote and very remote Tasmania, where there are no psychiatrists reported.

Many Tasmanians living in rural and remote areas face significant barriers to accessing mental healthcare, such as long wait times, lack of transportation and

limited mental health services. The limited public mental health facilities available across Tasmania are largely concentrated in the South, with the North and North-West facing a particular lack of resourcing.

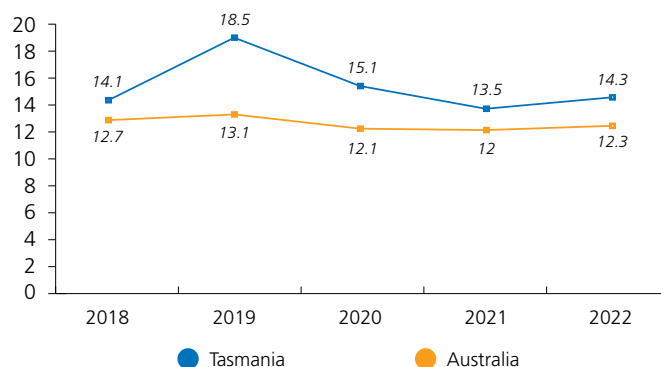
Under-resourcing continues to have cascading effects on patients as well as those working in the mental health system, including psychiatrists. Psychiatrists and other mental health professionals are often subject to system constraints, impacting quality of care, leading to distress for both clinicians and consumers.[16]

Around one in five Australians will experience a mental health condition, but in rural areas, the rates of suicide, self-harm and emergency admissions for mental illness increase with how remotely you live.[2] Australians living in remote and very remote parts of the country are about twice as likely to die by suicide than those in major cities.

The rate of suicide also remains high in Tasmania compared to the national average, as seen in the table below.[17]

We commend recent efforts by the Government to address this, including the announcement of safety barrier infrastructure upgrades.[11]

Age-standardised suicide rate (per 100,000) in Tasmania and Australia from 2018s to 2022



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