

31 January 2025

Dr Cynthia Honan
Project Lead
Australasian Society for the Study of Brain Impairment
By email: cynthia.honan@utas.edu.au

Dear Dr Honan,

Re: Public consultation: Australian Clinical Practice Guideline for the Management of Psychosocial Difficulties in Adults with moderate-to-Severe Traumatic Brain Injury

I am writing to you on behalf of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) regarding the Australasian Society for the Study of Brain Impairment's (ASSBI) *Australian Clinical Practice Guideline for the Management of Psychosocial Difficulties in Adults with moderate-to-Severe Traumatic Brain Injury (the Guideline)*.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP has more than 8500 members, including around 5900 qualified psychiatrists. As a peak mental health body, the RANZCP recognises the importance of evidence-based care in traumatic brain injury (TBI) and is grateful for the ASSBI's engagement in this area.

Your consideration of the comments below is appreciated.

1. The RANZCP recognises it essential that guidelines take critical account of the communities and health services they intend to support. This is critical for maintaining individual dignity and culturally safe practices irrespective of a person's cultural or linguistic background, values, beliefs, age, sexual orientation or gender identity ([RANZCP Position Statement 105: Cultural Safety](#)). The RANZCP appreciates the development of supplementary chapters for First Nations care and cultural and linguistic diversity.
2. The RANZCP acknowledges that the Guideline is not intended for children and adolescents living with a TBI. Noting this, the development of a TBI or contributing aetiological factors may pre-date adulthood. The RANZCP welcomes further consideration of these issues and recognises it important that those transitioning to adult care are appropriately supported.
3. The RANZCP welcomes the Guideline's emphasise on the roles and needs of carers, family members and close others in supporting those living with a TBI. The RANZCP views mental illness and recovery as a biopsychosocial process that can benefit significantly from the effective integration and support of family, whānau, and friends ([RANZCP Position Statement 80: The role of the psychiatrist in Australia and New Zealand](#), [RANZCP Position Statement 76: Partnering with carers in mental healthcare](#)).
4. The RANZCP notes that pharmacological interventions are listed among potential inclusions for future iterations of the Guideline ('Avenues for future guideline

iterations', pg.83). The RANZCP views this as a promising area to strengthen the scope and application of the Guideline. The RANZCP encourages all mental health professionals to maintain a holistic approach to care, including an awareness of a person's current treatment medications and circumstances where specialist referral and review are appropriate.

The RANZCP commends the project team's advocacy for evidence based TBI care and welcomes the ASSBI's future engagement and consultation in this area.

For further discussion of any issues raised above, please contact Nicola Wright, Executive Manager, Policy, Practice and Research via policy@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Dr Elizabeth Moore
President

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