



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Queensland Branch

November 2023

# The RANZCP Queensland Branch

## Queensland State Government 2024/25 Pre-Budget Submission

Better mental health outcomes  
for Queenslanders

# Acknowledgement of Country

The RANZCP Queensland Branch acknowledges the Turrbal People and Yuggera People, the Traditional Owners and Custodians of the land. We honour and respect the Elders past and present, who weave their wisdom into all realms of life.

# Acknowledgement of Lived Experience

We acknowledge the significant contribution of all people with lived experience of mental illness, and the people who care and support them, to the development and delivery of safe, high-quality mental health services.

# 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 over 8000 members, including more than 5800 qualified psychiatrists (Fellows) and more than 2280 members who are training to qualify as psychiatrists (trainees). The RANZCP Queensland Branch represents 1038 Fellows and 461 trainees.

The RANZCP Queensland Branch submission has been prepared in consultation with the Queensland Branch Chair and Committee, as well as other members of special interest groups. The RANZCP Queensland Branch would like to thank everyone that contributed to this submission.

# Executive summary

The Queensland Government has provided limited details of how it plans to spend the \$1.64 billion investment in mental health announced in the 2022-23 state budget.[1][2]

In our submission to the Parliamentary Inquiry into Mental Health Services in Queensland (February 2022), we called for recurrent annual funding of up to \$750 million per year (total new expenditure required) in the longer term. This would match Victorian Government funding for mental health, following the Royal Commission into Victoria's Mental Health System (of \$3.8 billion, or a \$950 million increase per year for Victorian mental health services), and keep pace with mental health funding in other States and Territories across Australia.[3]



The \$418 million announced by the Queensland Government in 2022 is \$332 million short of the \$750 million investment sought by the RANZCP Queensland Branch. The Branch submits that the new mental health plan funding, of \$418 million annual recurrent funding, provides the Queensland community with approximately 60% of the resources required for Queensland health services to achieve better mental health outcomes for the community. That is why the Queensland Branch is advocating to the State Government that an additional funding investment of \$150 million is needed in the sixth year of the Government's mental health plan, and \$150 million investment stretched out to a seventh year.

We operate in a climate which is lacking data, to inform us of the scope and specific nature of the problems Queensland Health faces. Queensland Health keeps no 'live' data on vacancy rates, nature of visiting medical officer (VMO) contracts (short-term or contracts lasting for a period of say five years), or locum utilisation.

Ahead of the Queensland Election next year in October, we advocate for:

- A comprehensive and transparent workforce data gap analysis
- A state-wide health workforce plan, aimed at closing the gaps, and particularly focused on integration of Commonwealth and state-funded mental health streams.

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 health care system.[4]

## Invest to attract, train and retain the mental health workforce in Queensland

We are aware that we are currently a year into the *Better Care* and *Achieving Balance* plans, but the Queensland Branch advocates that neither of these two documents provides a clear path forward and commitment to funding workforce initiatives.

As a result, the Queensland Branch is advocating for a state-wide workforce plan, underpinned by an analysis of where the gaps in services are. This would enable Queensland Health to negotiate with the medical colleges, universities and tertiary institutions to ensure a dynamic and responsive workforce is developed and is available to meet the changing needs of Queenslanders. The first step in such a plan is to identify where the gaps in service delivery and workforce are.

We note significant moves in other states toward comprehensive planning for better mental health services: NSW has committed to a gap analysis of community mental health services across the state. In South Australia, work is under way on both a Ten-Year South Australia Mental Health Workforce Strategy and development of a Psychiatry Workforce Plan. The Government of Western Australia is currently working on a draft Psychiatry Workforce Action Plan 2023-2028.

We ask that the Queensland Government similarly commit to comprehensive planning for our future needs. To meet the current and growing mental health needs of Queenslanders, we need to attract clinicians to a career in mental health, train enough high-quality practitioners, and retain the current workforce by preventing against burnout. This state-wide workforce plan must be underpinned by high quality national data that tells us how many clinicians are needed, where, when and in what capacity.

## Commit to providing increased psychiatric hospital beds

Queensland has the lowest number of acute psychiatric beds per capita of all the states and territories in Australia.[5] The current *Better Care Together* plan is allocating 126 new beds. The Queensland Branch previously advocated for 500 new psychiatric beds, but since 126 new beds were announced, we are now advocating for an additional 374 beds, plus refurbishment of 250 beds. This includes acute beds, extended inpatient beds (sub-acute and non-acute beds), psycho-geriatric beds, long-stay psycho-geriatric beds, step-up, step-down beds and medium-secure beds (Secure Mental Health Rehabilitation Unit).

We need clear direction from the Queensland Government on how many psychiatric beds are planned to be delivered over the next five years, noting our call for 374 new psychiatric beds, along with the staffing that they require.

The Queensland Branch also advocates for state-funded inpatient beds for new alcohol and other drug rehabilitation and withdrawal beds, to support vulnerable Queenslanders in crisis.

## Guarantee increased investment in community mental health services

Page 27 of the Queensland Health submission to the Parliamentary Inquiry projected that 1,300 community mental health staff were needed across Queensland.[6] Using this submission as a frame of reference, the Queensland Branch estimates that community mental health teams across Queensland require a 50 per cent increase in staffing levels, or around 3,000 additional staff across the state, to enable staff to work seven days a week, and take into account penalty rates for overtime and weekend shift work. Only then will community mental health teams be able to manage vulnerable people in the community living with mental illness, with manageable caseloads of under 20 cases per clinician.

The Queensland Branch argues that an additional 3,000 community addiction and mental health medical doctors and other allied mental health professionals working in the treatment of mental health, alcohol and other drugs addiction are required, as well as a specific mental health workforce unit.

The Queensland Branch seeks to be involved in future consultations with the Queensland Government on how funding will be delivered.

Yours sincerely



Professor Brett Emmerson AM  
**Chair, RANZCP Queensland Branch Committee**

<sup>1</sup> In our submission, we have asked for roughly double the estimated figure of 1,300, or 3,000 equivalent FTEs to cover overtime and weekend shift work. Usual working hours for community staff are Mon to Friday – 0.2 x 5 days per week (x1 FTE); Sat (double time) – 0.4; and Sunday (double time and a half) – 0.5.

# Recommendations

## Invest funding and resources to attract, train and retain the mental health workforce in Queensland

A number of professions make up the mental health workforce, including psychiatrists, psychologists, mental health nurses, peer workers, pharmacists, dietitians, exercise physiologists and various allied health workers. In particular, the number of peer support workers in Queensland needs to be expanded and supported.

In the current state system, the chronic shortage of skilled, experienced and specialist clinicians, including psychiatrists, is a continued impediment to delivery of optimal treatment, care and support to Queenslanders.

Investment in mental health workforce recruitment, training and retention must be a priority for the Queensland Government in 2024/25, particularly to address psychiatric workforce shortages in regional, rural and remote areas of Queensland, where many First Nations communities reside.

The *National Mental Health Workforce Strategy* outlines a plan to attract, train and retain a highly skilled, diverse, well-distributed and sustainable mental health workforce.[4]

Attract	Train	Retain
Inspire the next generation of psychiatrists to choose a career in mental health and proactively recruit to reflect the Queensland 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 Queensland community.	Support and nurture the current mental health workforce in Queensland to prevent burnout, moral injury, and defection.
<b>Data</b>		
Source, develop and maintain high quality data to understand, predict and plan the nation's workforce needs.		

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 health care system.

The current Queensland medical workforce is short staffed by about 1,500 doctors. The Queensland Branch has previously called on the State Government to uphold its promise to grow the doctor workforce by 1,500 doctors.[3][7] Our members tell us that too many Queenslanders are waiting too long to access the mental health care that they need, or missing out on care altogether. People living in regional, rural and remote areas of the state, as well as First Nations people, are particularly impacted by medical workforce shortages.

This past year, the Queensland Branch has been advocating for new medical graduates (PGY1 & PGY2) to undertake a mandatory psychiatry term in the first two years after graduating to provide these graduates with training in psychiatry.

Furthermore, there are roughly 80 – 90 registrars that will complete their psychiatry training each year in 2024 and 2025 (PGY7 & PGY8), which is around 160 registrars total. We look forward to the Government implementing its commitment that Queensland Health would work with the College to develop a package to retain as many of these psychiatrists as possible in the Queensland public mental health sector, after they attain Fellowship.

We estimate that Queensland will need to attract, train and retain about 40 of these psychiatrists in the public hospital sector by 2024 to meet this shortfall.

The Queensland Branch advocates that resources to support the Queensland mental health workforce must include ongoing collaborative relationships with key training and education organisations, such as the RANZCP Queensland Branch that can advise on, or provide, additional workforce education and training, as well as provide expert advice and opinion.

To support the expansion of the mental health and wellbeing workforce in Queensland, Queensland Health must ensure that practitioners with suitable clinical expertise and leadership capabilities are available in each health service to support the local needs of consumers and carers and workforce development. While the Federal Government has been increasing training places, state funding for Director of Training and administrative support positions has not kept pace. Health service delivery is compromised if comparable state funding is not provided for these important positions across Queensland Health services.

It is also important that peer workers are integrated into service delivery across the state. A number of workers working in the NGO or community mental health setting have lived experience of mental illness and such roles are highly valued by mental health consumers. When peer workers are involved in care planning, there is a reported reduction in hospital admission rates, improved social inclusion, reduction in stigma, and an increased sense of hope for individuals, carers and their families.[8]

The State Government outlined a five-year health workforce strategy "*Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*".[2] The plan adopted many of the Queensland Branch's recommendations to the Parliamentary Inquiry, including support for re-establishing a central mental health workforce unit.

Priority five of this plan is to improve workforce capability and sustainability to attract, recruit and retain a strong mental health and alcohol and other drugs (MHAOD) workforce in Queensland.

The Queensland Branch recognises that Queensland needs a highly skilled, competent, and sustainable alcohol and other substance use workforce to effectively prevent and respond to problematic drug and alcohol use and related harms within Queensland. Furthermore, we advocate that the Queensland Government develop and fund in 2024/25 a central alcohol and other drugs workforce unit.

We are calling on the Queensland Government to commit to a central mental health and alcohol and other drugs workforce unit, and a strategy and workforce plan moving forward to ensure that at the end of the five years, we have the necessary workforce to provide the much-needed services.

**The RANZCP Queensland Branch calls on the Queensland Government to develop a five-to-seven year workforce plan, where the funding increases each year are known, to enable Queensland Health to negotiate with specialist medical colleges, universities and tertiary institutions and ensure a dynamic and responsive workforce is available to meet the mental health needs of Queenslanders.**

## Commit to providing 374 new psychiatric hospital beds

Queensland hospitals have reached the tipping point of high bed occupancy and extended emergency department (ED) waiting times.[9]

Queensland psychiatric inpatient units continue to operate at over 100 per cent occupancy.

The Queensland Branch advocates for more psychiatric inpatient beds in Queensland public hospitals, to allow inpatient units to operate at the more conventional 85 per cent occupancy.[10]

Without comprehensive state data, we can only estimate how many beds are needed across Queensland. The Branch estimates that state-wide, Queensland needs roughly an additional 374 new inpatient beds, across state public hospital mental health units.

A significant number of mental health wards across Queensland were built over 20 years ago and many mental health beds are not contemporary. The Queensland Branch estimates that 250 of the existing beds need urgent refurbishment.

The Queensland Branch also advocates for new alcohol and other drug rehabilitation and withdrawal beds across the state, to support vulnerable Queenslanders at crisis point.

The RANZCP Queensland Branch calls on the Queensland Government to:

- provide for an additional **374 new inpatient beds specifically for psychiatric patient admissions** across state public hospital mental health units, with the required staffing
- **urgently refurbish 250 beds** of the existing (roughly) 1,500 public hospital beds (ward to be closed and completely rebuilt/redesigned and modernised)
- **establish a 25-bed inpatient unit for highly complex, high-risk persons** at “The Park”, at Wacol, to reduce the incidence of serving prisoners being admitted to general adult mental health inpatient units across Queensland’s public hospitals
- provide an **additional 30 mother-baby beds** (given the new Mater centre *Catherine’s House for Mothers, Babies and Families* opened eight (8) public in-patient mother-baby beds in March 2023)[11]
- **invest in medium-secure beds**
- **invest in high-secure beds in North Queensland**
- **invest in more acute psycho-geriatric beds across the state**
- **provide at least three (3) long-stay psycho-geriatric units across the state (as, at present, such beds only exist in nursing homes)**
- **provide additional step-up and step-down beds**
- **invest in beds for persons with eating disorders**
- **provide gender segregated psychiatric inpatient beds (women-only inpatient psychiatric beds)<sup>2</sup>**
- **provide state-funded inpatient beds for mental health and addiction to alcohol and other drugs treatment.**

<sup>2</sup> Progress the Royal Commission into Victoria’s Mental Health System recommendation 13: Addressing gender-based violence in mental health facilities - ensure that existing high dependency units in inpatient facilities allow for gender-based separation. This is supported by the 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.

## Guarantee increased investment in community mental health services

Queenslanders deserve timely and equitable access to the best available mental health and wellbeing treatment, care, and support within the public mental health system. This includes services that are evidence-based, specialist, culturally safe, diverse, trauma-informed and available to Queenslanders where they live. In support of best possible mental health outcomes, access must not be limited by mental health or co-existing conditions, or social, financial or postcode inequity.[12] Most of these services should be community-based, to meet current and future demand.

The Organisation for Economic Co-Operation and Development (OECD) has warned that Australia's low psychiatric bed numbers increase the risks of worsening symptoms before acute admission.[13] These patient risks depend on the "tricky balance" between inpatient care, community services, primary mental health care, and social capital including cooperative networks of carers, extended families and neighbourhoods.

More needs to be done to enable persons in the community to avoid crises altogether, or to help support recovery and be empowered to stay well in the community.

According to the *National Mental Health Service Planning Framework*, community mental health teams require a 50 per cent increase in staffing levels.[6]

We estimate, based on what our members tell us, that currently Queensland has roughly 2,000 community mental health staff across the state. The Queensland Branch estimates that Queensland requires approximately an additional 3,000 community mental health staff, to enable staff to work seven days a week, and take into account penalty rates for overtime and weekend shift work. We need significant additional staff in community settings, to enable these teams to manage vulnerable people in the community living with mental illness, with manageable caseloads of under 20 cases per clinician. In the alternative, people living with mental illness in the community have little elsewhere to go, between their general practitioner and presenting to a hospital emergency department, for treatment and support.

The RANZCP Queensland Branch calls on the Queensland Government to:

- provide an additional **3,000 community mental health professionals, including addiction and mental health medical doctors and other allied health professionals working in the mental health and other drugs space**
- provide sufficient **residential care** to accommodate demand from those with mental illness, as an alternative to admitting people into, and/or retaining them in hospital acute care.



# Conclusion

It is not possible to achieve the goal of providing better mental health outcomes for Queenslanders without investing in the mental health workforce. The mental health workforce in Queensland is currently significantly under-resourced. The mental health workforce required to properly support state mental health services is not sufficient. A commitment by the Queensland Government to the recruitment, training and retention of an adequate mental health workforce in Queensland is crucial, to meet growing demand for mental health services across our state. Overall, we estimate we need 3,000 additional community-based staff, including addiction and mental health medical doctors and other allied health staff working in the mental health and alcohol and other drugs space. The Queensland Branch advocates for 374 new psychiatric hospital beds across the state. This includes state-funded inpatient beds for new alcohol and other drug rehabilitation and withdrawal beds, to support Queenslanders struggling with substance abuse and addiction and in mental health crisis.

# References

1. State of Queensland (Queensland Health). Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027. October 2022. Available from: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0032/1178744/BetterCareTogether\\_HR.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0032/1178744/BetterCareTogether_HR.pdf)
2. Queensland Mental Health Commission. Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027. September 2022. Available from: <https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>
3. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch. Queensland Government Parliamentary Inquiry into Mental Health Services in Queensland. February 2022. Available from: <https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000140.pdf>
4. Australian Government Department of Health and Aged Care. National Mental Health Workforce Strategy 2022-2032. Available from: <https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy-2022-2032>
5. The Australian Medical Association (AMA) Queensland, 'Overloaded hospitals are a ticking time bomb', 27 April 2021. Available from: <https://www.ama.com.au/sites/default/files/2022-11/amaq-media-release-overloaded-hospitals-are-a-ticking-time-bomb.pdf>
6. Queensland Health, Queensland Government Parliamentary Inquiry into Mental Health Services in Queensland. February 2022. Available from: <https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000150.pdf>
7. Queensland Labor. Labor will hire 9,475 frontline health staff for Queensland. Available from: <https://www.facebook.com/annastaciamp/photos/a.523591701005345/3600215533342931/?type=3>
8. Queensland Health Mental Health Framework Peer Workforce Support & Development. 2019. Available from: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0039/929667/peer-workforce-support-framework.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0039/929667/peer-workforce-support-framework.pdf)
9. The State of Queensland. Ministerial Media Statement: Record-breaking ED activity revealed in latest Hospital Performance Data. 29 July 2022. Available from: <https://statements.qld.gov.au/statements/95874>
10. National Association of Practicing Psychiatrists. 2 June 2018. "The Australian Mental Health Crisis: A system failure in need of treatment." Available from: <https://napp.org.au/2018/06/the-australian-mental-health-crisis-a-system-failure-in-need-of-treatment/>
11. Mater News. Media Statement: New Mater centre marks milestone for mothers in crisis. 23 March 2023. Available from: <https://www.mater.org.au/group/news/mater-news/march-2023/new-mater-centre-marks-milestone-for-mothers-in-cr>
12. The Royal Australian and New Zealand College of Psychiatrists (RANZCP). Position Statement 37: Principles for Mental Health Systems. December 2021. Available from: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/principles-for-mental-health-systems>
13. The Organisation for Economic Co-Operation and Development, Australia at the forefront of mental health care innovation but should remain attentive to population needs, says OECD. 2014. Available from: <https://www.oecd.org/els/health-systems/MMHC-Country-Press-Note-Australia.pdf>



## Contact

**Nada Martinovic**

Policy and Advocacy Advisor, Queensland Branch Office

Royal Australian and New Zealand College of Psychiatrists  
Queensland Branch

T: (07) 3426 2200

E: [ranzcp.qld@ranzcp.org](mailto:ranzcp.qld@ranzcp.org)  
[nada.martinovic@ranzcp.org](mailto:nada.martinovic@ranzcp.org)

W: [www.ranzcp.org](http://www.ranzcp.org)

PO Box 261, RBH Post Office QLD 4029