2nd place Winner of 2024 PIF Australian Essay Competition

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Essay topic - 'Addressing equity in psychiatric care' – including but not limited to improving mental health care of culturally and linguistically diverse individuals, and in rural and remote areas.

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A Fair Go for All

Equity in psychiatric care is critical in Australia, reflecting broader challenges of promoting human flourishing and ensuring fair access to services. Debates on diversity, inclusion and equity (DEI) frameworks often challenge the collective illusion of equality of outcome, which paradoxically creates systems that prioritise facades of fairness whilst erasing individuality, responsibility, freedom and resilience (Dworkin, 2000). Although the RANZCP has recently embraced DEI to address historical and systemic inequities, such strategies can inadvertently erode personal freedom and unified diversity (Nozick, 1974).

This essay will redefine equity in psychiatry as equality of opportunity, ensuring all individuals have fair access to psychiatric services and impartial opportunities in academia and training (Marmot and Bell, 2012). It examines how policies and frameworks that prioritise symbolic gestures over practical measures perpetuate dependency and hopelessness. Concurrently, the importance of respecting individual autonomy and diversity whilst avoiding stereotypes, will be highlighted. Finally, concrete strategies will be proposed including addressing social determinants of health, expanding telepsychiatry, improving language accessibility and reforming psychiatric training, work and hiring policies to foster genuine diversity, equity and inclusion.

Irresponsible Government Failures

Noel Pearson, founder of the Cape York Partnership, has criticised the 'soft bigotry of low expectations'(Pearson, 2016) where the earnest desire to avoid 'blaming the victim' perpetuates disempowering narratives of systemic oppression for Indigenous Australians, whilst preventing a clear understanding of the true factors that cause and maintain disadvantage. This often manifests in policies that emphasise historical injustices, colonisation and systemic oppression, without properly addressing tangible barriers to human flourishing and self-sufficiency. Despite the **$480 billion spent on** 'Closing the Gap' initiatives over the past 16 years, Indigenous Australians continue to experience worsening social and emotional wellbeing with suicide rates climbing between 2018 and 2022, indicating that these policies have failed to resolve the underlying causes of these issues. (Productivity Commission, 2024; Australian National Audit Office, 2019; Dudgeon *et al.*, 2014; Dudgeon, Milroy and Walker, 2014). Well-intentioned policies, if primarily centred on **equalising results** rather than **expanding opportunities**, often fail to address the structural factors that sustain inequity.

Governments have a critical role in perpetuating or challenging these narratives. Whilst acknowledging historical events is important (Reynolds, 1981), an overemphasis on structural barriers can overshadow individual self-determination, agency and resilience, and further demoralise communities (Dudgeon *et al.*, 2014; Pearson, 2016). After the 2023 Australian Indigenous Voice referendum, Yardhura Walani reported a 5.4% increase in Aboriginal and Torres Strait Islander adults experiencing high or very high psychological distress (Thurber *et al.*, 2024). Shifting responsibility to abstract notions of systemic oppression allows governments and organisations to evade accountability for tangible failures such as inadequate housing, education, and healthcare resources. This approach not only absolves them of responsibility but also fosters unhealthy dependency among communities (Amos, 2015).

Research has shown that culturally tailored psychiatric services developed alongside community leaders have demonstrated improved treatment adherence and patient satisfaction (Dudgeon, Milroy and

Walker, 2014). Governments and organisations must lead by example, avoiding purely symbolic gestures - such as costly sensationalist awareness campaigns and facile cultural training programs that lack actionable outcomes (Shepherd, 2019) - and instead, divert resources to prioritise practical solutions including investment in psychiatric services, community-led strategies, increasing employment opportunities and facilitating housing and food security. These initiatives promote individual responsibility and provide communities with tangible resources that foster long-term resilience and flourishing (VanderWeele, 2017; VanderWeele, McNeely and Koh, 2019).

Responsible Freedom and Unified Diversity

A similar risk arises for culturally and linguistically diverse (CALD) populations where grouping migrants from different countries into a single category overlooks major linguistic, cultural, historical and socioeconomic differences. Additionally, modern attempts to homogenise Indigenous Australians wilfully ignore differences between communities such as those in the Torres Strait and Western Australia, whilst erasing unique tribal traditions, history and rivalries (Blainey, 2016; Cane, 2013). The Productivity Commission notes that recognising such diversity is vital in enhancing patient autonomy in order to improve therapeutic engagement, responsible freedom and better health equity (Productivity Commission, 2020). These values, foundational to Western civilisation (Holland, 2019), prevent stereotyping groups based on race, gender, or other characteristics. By valuing individual agency and moral accountability, policymakers can encourage systems where care is personalised and empowers patients to make informed decisions.

The Step Forward: Practical Policymaking

Contemporary policies that prioritise superficial political stagecraft over realistic, practical and financially sustainable frameworks erode trust and perpetuate resource mismanagement and organisational inefficiencies. Evidence-based policies, rather than romantic notions of equality of outcome, lead to perceptible dividends that are more likely to yield sustainable improvements.

Addressing Social Determinants of Health

Social determinants such as housing instability, unemployment, and food insecurity play a significant role in mental health outcomes. In Melbourne's western suburbs, affordable housing initiatives correlated with a 50% drop in mental health-related hospital admissions within the first year. Similarly, supported employment services for individuals with mental health conditions have shown to increase job retention rates and improve mental well-being (Baum *et al.*, 2024). The Productivity Commission estimates the annual cost of mental illness in Australia at up to $180 billion, highlighting the scale of potential savings through well-designed policies addressing fundamental social needs (Productivity Commission, 2020). By aligning reforms with flourishing objectives (VanderWeele, 2017), governments and organisations can limit unproductive expenditure.

Telepsychiatry for Rural and Remote Communities

Telepsychiatry has transformed psychiatric service delivery in rural and remote areas, where an estimated 7 million Australians reside (Bradford, Caffery and Smith, 2016; Amos, 2024; Amos *et al.*, 2023). Programs in rural Queensland by the Royal Flying Doctor Service reported a 40% reduction in wait times and a 30% decrease in emergency hospital admissions for mental health crises following telepsychiatry implementation. Furthermore, patient satisfaction exceeded 90% thus demonstrating measurable successes in its efficacy and acceptability. Thus, expanding telepsychiatry with increased Medicare funding, clinician training and reliable internet subsidies like Starlink, remains crucial. By extending these services, policymakers can directly address a major barrier to psychiatric equity: geographic isolation (Amos and Coleman, 2023; Amos *et al.*, 2023).

Language Accessibility for CALD Populations

Language barriers often discourage individuals from CALD communities from seeking psychiatric care (Kalibatseva and Leong, 2014). Employing professional interpreters and developing multilingual resources are essential to ensure equitable care. Initiatives in Western Sydney introduced interpreter-assisted therapy in Arabic, Vietnamese, and Mandarin, which led to improved therapy engagement and reported patient satisfaction (Kalibatseva and Leong, 2014). Additionally, AI-powered translation tools, as implemented in Sweden, enable real-time translations during telehealth consultations, significantly improving communication and accessibility for non-English speaking patients (Silove, Ventevogel and Rees, 2017). Community partnerships can further enhance these efforts by collaborating with local cultural organisations to destigmatise mental illness and facilitate early intervention (Kalibatseva and Leong, 2014).

Equity in Psychiatric Academia and Training

In academic psychiatry, fostering equity involves broadening opportunities without imposing quotas as equality of outcome policies often require extensive interventions that undermine personal autonomy and reinforces harmful generalisations. After the introduction of well-intentioned affirmative action programs, 30% of women felt that they “had to prove themselves more” to colleagues (Heilman, 2012), whilst 62% believed that DEI hiring strategies reinforced stereotypical assumptions and distracted attention from improving institutional culture (Blackmore, 2011). This led to higher turnover rates whilst wasting limited time and resources. Instead, retention rates of women improved by 18% when institutions focused on structural mentoring and flexible work arrangements (Posporelis *et al.*, 2014) - with 78% of female academic clinicians preferring contextual supports such as part-time roles, remote options, or job-sharing, over demographics-based hiring (Mayer *et al.*, 2014). This enables parents, caregivers, and others with unique responsibilities to thrive professionally without sacrificing personal commitments (Fingerhood, Wright and Chisolm, 2018; Templeton *et al.*, 2019).

Furthermore, Dobbin and Kalev noted that organisations opting for data-driven accountability through transparent promotion criteria and open recruiting achieved higher representation of women and minority professionals in senior-level roles. Contrastingly, institutions with mandatory diversity training and DEI hiring practices saw little to no improvement in actual inclusion metrics (Kalev, Dobbin and Kelly, 2006) whilst sacrificing merit-based promotions, increasing workplace tension and lowering morale (Harrison *et al.*, 2006; Dobbin and Kalev, 2018). For example, standardised assessments in psychiatric training such as Objective Structured Clinical Examinations (OSCEs) have been recently removed despite the lack of evidence that these measures would increase training fairness and improve patient outcomes. However, research has shown that when administered uniformly, OSCEs enable equitable benchmarks for competence, maintains professional standards, reduces subjective bias and ensures clinicians are selected based on skill and contextual expertise (Amos, Weightman and Miller, 2024).

Thus, consistent flexible workplace policies, competence-based assessments and structured mentorship offer a more sustainable framework for advancing professional excellence, improving retention rates and fostering genuine equity in psychiatric academia and training.

Conclusion

Rejecting the idealistic pursuit of equality of outcome and embracing equality of opportunity, offers a path toward genuine equity and human flourishing in psychiatric care. Government departments and leading institutions must serve as models by a) embracing technology to broaden access to care in remote locations; b) redirecting strategies and policies towards housing, employment and food security, rather than out-of-touch symbolic gestures; c) ensuring quality psychiatric care through merit-based promotions; d) encouraging responsible freedom through positive deviants within communities. The path to equity and human flourishing in psychiatry lies not in erasing differences, but in celebrating true diversity and providing a fair go for all

Bibliography

Amos, A. (2015) 'The determinants of change for indigenous mental health', *Australasian Psychiatry,* 23(6), pp. 607-608.

Amos, A. (2024) 'Health, mental health, and hearing indigenous voices', *Australasian Psychiatry,* 32(3), pp. 201-203.

Amos, A. and Coleman, M. (2023) 'Battling the tyranny of distance: Mental health in regional, rural, and remote Australia', *Australasian Psychiatry,* 31(1), pp. 5-7.

Amos, A., Coleman, M., Spring Walsh, B. and Gardiner, F. W. (2023) 'Remoteness and socioeconomic status reduce access to specialist mental health care across Australia', *Australasian Psychiatry,* 31(1), pp. 19-26.

Amos, A., Weightman, M. and Miller, E. (2024) 'Merit, equity, and administrative competence in the retirement of the objective structured clinical exam', *Australas Psychiatry,* 32(3), pp. 262.

Australian National Audit Office (2019) *Evaluating Aboriginal and Torres Strait Islander Programs*.

Baum, F., Raven, M., Jureidini, J., Fisher, M. and van den Berg, M. (2024) 'Challenges in addressing youth mental health', *The Lancet Psychiatry,* 11(12), pp. 957-958.

Blackmore, J. (2011) 'Bureaucratic, Corporate/market and Network Governance: Shifting Spaces for Gender Equity in Education', *Gender, Work & Organization,* 18(5), pp. 443-466.

Blainey, G. (2016) *The Rise and Fall of Ancient Australia.* Penguin Books Australia.

Bradford, N., Caffery, L. and Smith, A. (2016) 'Telehealth services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability', *Rural and Remote Health*.

Cane, S. (2013) *First Footprints.* Allen & Unwin Book Publishers.

Dobbin, F. and Kalev, A. (2018) 'Why Doesn't Diversity Training Work? The Challenge for Industry and Academia', *Anthropology Now,* 10(2), pp. 48-55.

Dudgeon, Pat, Walker, Roz, Scrine, Clair, Shepherd, Carrington, Calma, Tom, Ring and Ian (2014) *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*, Canberra: AIHW. Available at: https://www.aihw.gov.au/reports/indigenous-australians/strategies-to-strengthen-mental-health-wellbeing.

Dudgeon, P., Milroy, H. and Walker, R. (2014) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.* 2nd edn. Canberra: Commonwealth of Australia.

Dworkin, R. (2000) *Sovereign Virtue : The Theory and Practice of Equality* Cambridge, Mass: Harvard University Press.

Fingerhood, M., Wright, S. M. and Chisolm, M. S. (2018) 'Influencing Career Choice and So Much More: The Role Model Clinician in 2018', *J Grad Med Educ,* 10(2), pp. 155-156.

Harrison, D. A., Kravitz, D. A., Mayer, D. M., Leslie, L. M. and Lev-Arey, D. (2006) 'Understanding attitudes toward affirmative action programs in employment: Summary and meta-analysis of 35 years of research', *Journal of Applied Psychology,* 91(5), pp. 1013-1036.

Heilman, M. E. (2012) 'Gender stereotypes and workplace bias', *Research in Organizational Behavior,* 32, pp. 113-135.

Holland, T. (2019) *Dominion: The Making of the Western Mind - How the Christian Revolution Remade the World.* Basic Books, p. 624.

Kalev, A., Dobbin, F. and Kelly, E. (2006) 'Best Practices or Best Guesses? Assessing the Efficacy of Corporate Affirmative Action and Diversity Policies', *American Sociological Review,* 71(4), pp. 589-617.

Kalibatseva, Z. and Leong, F. T. L. (2014) 'A critical review of culturally sensitive treatments for depression: Recommendations for intervention and research', *Psychological Services,* 11(4), pp. 433-450.

Marmot, M. and Bell, R. (2012) 'Fair society, healthy lives', *Public Health,* 126, pp. S4-S10.

Mayer, A. P., Blair, J. E., Ko, M. G., Patel, S. I. and Files, J. A. (2014) 'Long-term follow-up of a facilitated peer mentoring program', *Medical Teacher,* 36(3), pp. 260-266.

Nozick, R. (1974) *Anarchy, State, and Utopia.* Basic Books.

Pearson, N. (2016) *Noel Pearson: The Soft Bigotry Of Low Expectations*. Cairns, QLD: Cape York Partnership Web Page. Available at: https://capeyorkpartnership.org.au/noel-pearson-the-soft-bigotry-of-low-expectations/ 2024).

Posporelis, S., Sawa, A., Smith, G. S., Stitzer, M. L., Lyketsos, C. G. and Chisolm, M. S. (2014) 'Promoting Careers in Academic Research to Psychiatry Residents', *Academic Psychiatry,* 38(2), pp. 185-190.

Productivity Commission (2020) *Mental Health Inquiry Report*: The Productivity Commission.

Productivity Commission (2024) *Closing the Gap: Annual Data Compilation Report*, Canberra.

Reynolds, H. (1981) *The Other Side of the Frontier.* James Cook University.

Shepherd, S. M. (2019) 'Cultural awareness workshops: limitations and practical consequences', *BMC Medical Education,* 19(1).

Silove, D., Ventevogel, P. and Rees, S. (2017) 'The contemporary refugee crisis: an overview of mental health challenges', *World Psychiatry,* 16(2), pp. 130-139.

Templeton, K., Bernstein, C. A., Sukhera, J., Nora, L. M., Newman, C., Burstin, H., Guille, C., Lynn, L., Schwarze, M. L., Sen, S. and Busis, N. (2019) 'Gender-Based Differences in Burnout: Issues Faced by Women Physicians', *NAM Perspectives*.

Thurber, K. A., Wilkes, B., Hasan, M., Thandrayen, J., Sedgwick, M., McKay, C., Colonna, E., Evans, O., Montgomery, S. and Lovett, R. (2024) *Report 6–Monitoring Aboriginal and Torres Strait Islander mental health and wellbeing around the Voice to Parliament Referendum*.

VanderWeele, T. J. (2017) 'On the promotion of human flourishing', *Proceedings of the National Academy of Sciences of the United States of America,* 114(31), pp. 8148-8156.

VanderWeele, T. J., McNeely, E. and Koh, H. K. (2019) 'Reimagining Health-Flourishing', *The Journal of the American Medical Association,* 321(17), pp. 1667-1668.