

24 March 2021

Dr Fiona Martin MP Chair Select Committee on Mental Health and Suicide Prevention

Submitted using: Online portal

Dear Dr Martin

Re: Mental health and suicide prevention

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback to the Select Committee on Mental Health and Suicide Prevention (the Inquiry). The RANZCP sees the culmination of these strategies and frameworks as a once-in-a-generation opportunity to critically evaluate and influence reform of the mental health sector.

The 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 also partners with people with lived experience, through the Community Collaboration Committee.

The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 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 a person in their journey of recovery.

The RANZCP is committed to reducing rates of suicide in Australia. Acknowledging mental illness as a key factor in suicide, the RANZCP continues to urge for an evidence-based approach to planning suicide prevention programs and interventions, as well as the importance of evaluation.

We agree with the Productivity Commission's comment that wider systemic problems, including fragmentation of care, are leading to poor consumer outcomes. [2] The RANZCP is supportive of a more integrated funding and governance model, which spans health and non-health sectors, and facilitates holistic and person-centred care. However, this funding and governance model will need to consider how mental health, physical health and AOD services, funding and workforce can be better integrated in order to create the holistic system so desired.



The RANZCP has provided submissions to numerous related national consultations, many over the past 12 months, which impact on suicide and mental health and which contain information relevant to this Inquiry including:

- RANZCP initial submission to Productivity Commission Inquiry into Mental Health
- <u>2021-2022 Pre-budget submission</u>
- Victoria Branch's submission to the Royal Commission into Mental Health
- Potential service model for Adult Mental Health Centres consultation
- <u>RANZCP response to the Final Report by the Productivity Commission Inquiry into</u> <u>Mental Health</u>
- <u>National Commissioner for Defence and Veteran Suicide Prevention Bill 2020</u>
- Draft Veteran Mental Health and Wellbeing Strategy and Action Plan 2020-23
- Draft National Children's Mental Health and Wellbeing Strategy
- <u>Review of the NDIS Act and the new NDIS Participant Service Guarantee</u>
- Draft Discussion Paper on the National Disability Strategy, beyond 2020

In addition, the RANZCP has several position statements which are relevant to the Inquiry including:

- Suicide prevention the role of psychiatry
- <u>Trauma-informed practice</u>
- Rural psychiatry
- The mental health of veterans and defence force service members
- Psychiatry services for older people

There also continues to be policy reforms which will impact on the outcomes of the Inquiry such as current <u>proposed reforms</u> to private health insurance that will affect access to private psychiatric care and must be considered by the Committee.

Telehealth can play an important role in delivering safe and high-quality care in Australia, particularly for those in rural and remote areas. It is critical that all avenues are explored to ensuring people in these areas are able to access mental health care including through digital and online mental health service methods.

The RANZCP would like to emphasise that it is important to involve those with lived experience in reform while recommending that co-designed service provision be undertaken within an evidence-based framework. We recommend that those consulted come from diverse backgrounds, including Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, as well as persons who live in rural and remote areas. Additionally, it is important to consult with medical professionals who navigate the system with their patients and understand the gaps in relation to funding, sector integration and governance.



While we appreciate the opportunity to provide feedback to the Select Committee which is looking to finally bring all recommendations together to develop a coordinated, seamless system, we do urge that efforts do not get caught up on investigation. There are already many strategies, frameworks and evidence focused on mental health, it is now important that action occur.

The RANZCP would welcome the opportunity for further engagement with the Select Committee on Mental Health and Suicide Prevention including attending a public hearing. For further consultation or to arrange a RANZCP representative to attend a public hearing, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely

Associate Professor John Allan President

Ref: 2194

References

- 1. Australian Institute of Health and Welfare. Suicide and self-harm monitoring Canberra: AIHW; 2020 [Available from: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/suicide-deaths-over-time.
- 2. Productivity Commission. Productivity Commission Draft Report on Mental Health: Overview and Recommendations. 2019.
- 3. Krieg A. The experience of collective trauma in Australian Indigenous communities. Australasian Psychiatry. 2009;17:A28-S32.
- 4. Australian Bureau of Statistics. 3303.0 Causes of Death, Australia, 2018 In: Australian Bureau of Statistics, editor. Canberra: Australian Government; 2019.