27 August 2021

Committee Secretary
Select Committee on Mental Health and Suicide Prevention

By email to: mhsp.reps@aph.gov.au

Dear Committee Secretary

Re: Responses to questions on notice – Inquiry into Mental Health and Suicide Prevention

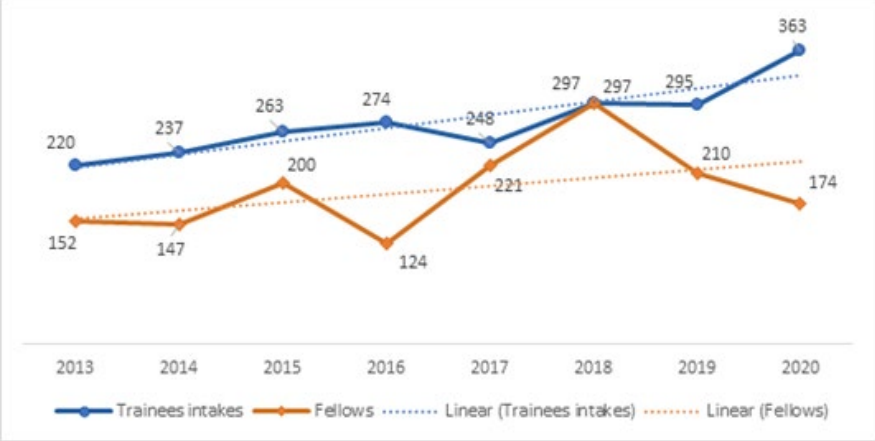
Thank you for providing me with the opportunity to present at the Select Committee on Mental Health and Suicide Prevention public hearing on Friday 6 August. I took a few questions on notice and I thank you for the opportunity to respond here.

1. How many training positions are there in Australia for psychiatrists per year?

In August 2021, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) had 1567 accredited psychiatry training posts in Australia totalling 1947 full-time equivalent (FTE). Please note:

- Some posts have the ability to facilitate more than 1.00 FTE trainees which is why the FTE is greater than the total number of posts.
- Specialist International Medical Graduate (SIMG) positions are not included in this number, this is only accredited positions for trainees.
- There is no set number of positions that the College has each year, this number fluctuates with posts being considered throughout the year by Branch Training Committees and post accreditation expiring and possibly not being renewed.
- Not all positions will be filled at all times. Mandatory rotation requirements will impact the number of trainees which can be accepted each year.

The below graph shows the intake of trainees since 2013 and the increasing trajectory:



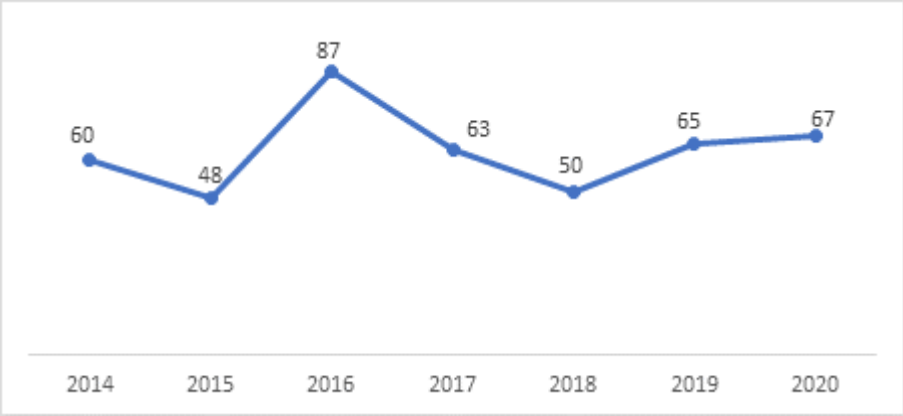
Note: this data is generated from the RANZCP InTrain database. Please note that there may be local post information that has not been reflected on the system yet.

309 La Trobe Street, Melbourne VIC 3000 Australia
T +61 3 9640 0646 F +61 3 9642 5652
ranzcp@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

From the data and reporting capacity that we currently have within the time constraints of this response, it is not possible to plot training positions for the last few years in the same way.
The following factors can all impact on post accreditation:

- Funding for training positions from the relevant state departments of health.
- Availability of RANZCP Fellows who are able to provide supervision. This can impact positions in rural locations.
- The capacity for the position to be able to meet RANZCP accreditation standards.
- The requirements and decisions of the service (including the service having mental health services and capacity to facilitate trainees).

The graph below shows SIMG program enrolment by year:



2. Recent data from your members around whether waiting lists have grown in the last couple of years or what impacts natural disasters have on waiting lists in a specific area.

The RANZCP is unable to provide a specific estimate of the waiting lists to see a psychiatrist because this is variable. During the pandemic, there has been an increase in the use of Medicare Benefits Schedule (MBS) mental health items. In the 4 weeks to 25 April 2021, there was a 17.8% increase from the same period in 2019[i]. Feedback from RANZCP members states that waiting lists have also grown significantly during the pandemic, particularly for child psychiatrists, with some waiting lists at 6–9 months.

For information prior to the pandemic:

- A 2020 Australian study found the average wait time to see a child psychiatrist was 41 days.[ii] The data was collected prior to the pandemic.
- Australian Institute of Health and Welfare data shows that 68% of mental health presentations were seen on time in emergency departments according to their assessed triage status, compared to 74% of all ED presentations[iii].

3. Will it improve patient care and reduce the risk for patients, in terms of quality of care, if we incentivise case consultations through the MBS or if we improve and incentivise and provide more opportunities for multidisciplinary collaboration, particularly in the private sector?

Any multidisciplinary workforce model will need to consider how the workforce will be reimbursed for the time spent on case consultations and other multidisciplinary tasks. The MBS can incentivise multidisciplinary collaboration. The RANZCP submission to the Productivity Commission commends the Commission's recommendation that the

Government introduce an MBS item for psychiatrists to provide advice to GPs or paediatricians over the phone or by telehealth. The RANZCP pre-budget submission 2021-22 requested that the Government commit to funding such an MBS item number. More support from specialists will ensure best-practice care. However, any new service would have to be affordable whilst avoiding excessive demands on the relatively small psychiatrist workforce.

The Taskforce Endorsed Report from the Psychiatry Clinical Committee which was released by the MBS Review Taskforce endorses a recommendation to align MBS items 855 to 866 with best practice – case conferencing. Items 855–866 provide rebates for case conferences involving a psychiatrist within a multidisciplinary team. The recommendation is for all consultant specialists within a multidisciplinary team, including allied health professionals, to be able to access these items.

The Taskforce also endorsed the creation of new items for case conferences of less than 15 minutes duration to ensure no barriers to health professionals forming and working in multidisciplinary teams to coordinate patient care.

With regard to patient care, there is evidence that psychosocial supports/multidisciplinary treatment support better outcomes as seen in cancer treatment, including:

- Victorian State Government, Department of Health. Multidisciplinary care.
- Cancer Council Australia: Clinical guidelines. What is the role of psychological support and interventions in the treatment of lung cancer?
- Cancer Australia: Clinical practice guidelines for the psychosocial care of adults with cancer

I also undertook to provide the Committee with more information about nurse practitioner incentives:

The Mental Health Nurse Incentive Program (MHNIP), established in the 2006 COAG Mental Health Package, provided an incentive payment to community-based general medical practices, private psychiatrist services and other appropriate organisations who engage mental health nurses to assist in the delivery of clinical care for people with severe mental health conditions. It was reviewed in 2010 which found that 'overall there was wide acceptance of the program and feedback from all stakeholders was extremely positive'. In 2016–17, MHNIP funding was transitioned to the PHN primary mental health flexible funding pool. Since that funding move, it has been incredibly difficult for private psychiatrists to secure funding from the program to employ a nurse to support them in practice.

In December 2020 the MBS Review Taskforce released the report from the Nurse Practitioner Reference Group, where the introduction of MBS funding for nurse practitioners was not supported. This was disappointing given it could have delivered a clear avenue of funding for mental health nurses within private practice.

This model could also be used to encourage other allied health practitioners to engage in multidisciplinary collaboration.

Clinical registries

I also undertook to provide the Committee with more information about clinical registries. In Australia, there are established clinical registries in other specialties but no national psychiatry registry. The Australian Commission on Safety and Quality in Health Care evaluated the economic impact of five clinical quality registries and found they delivered

significant value for money when correctly implemented and sufficiently mature. I have listed this report and others on overseas psychiatry registries for your information:

- The Australian Commission on Safety and Quality in Health Care. Economic evaluation of clinical quality registries: Final report. Sydney: ACSQHC; 2016.
- Mors O, Perto GP, Mortensen PB. The Danish Psychiatric Central Research Register. Scand *J Public Health*. 2011 Jul; 39(7 Suppl):54-7. doi: 10.1177/1403494810395825
- Staudt Hansen P, Frahm Laursen M, Grøntved S, Puggard Vogt Straszek S, Licht RW, Nielsen RE. Increasing mortality gap for patients diagnosed with bipolar disorder—A nationwide study with 20 years of follow-up. *Bipolar Disord*. 2019; 21:270–275. doi.org/10.1111/bdi.12684 (attached).

If you would like to discuss any of the issues raised here or in the RANZCP's submission to the inquiry, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships at rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely

Associate Professor Vinay Lakra
President

Ref: 2427

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[i] Australian Institute of Health and Welfare 2021. Mental health services in Australia. Canberra: AIHW. Viewed 26 August 2021, www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia

[ii] Mulraney M, Lee C, Freed G, Sawyer M, Coghill D, Sciberras E, Efron D and Hiscock H. (2021) How long and how much? Wait times and costs for initial private child mental health appointments. *J Paediatr Child Health*, 57: 526-532. doi.org/10.1111/jpc.15253

[iii] AIHW (Australian Institute of Health and Welfare) AIHW 2021a. Emergency department care 2019-20. Canberra: AIHW. Viewed 9 March 2021.