



The Royal
Australian &
New Zealand
College of
Psychiatrists



RANZCP

Federal Pre-Budget Submission 2025-2026

Foreword



Every year, thousands of Australians reach out for mental health support. But too many are met with a system pushed to its breaking point.

The National Mental Health Workforce Strategy 2022–2032 made a clear case: a strong, sustainable workforce is critical to addressing Australia's mental health crisis. Its release, supported by all governments, was a promising step forward.

Our pre-budget submission last year was anchored to its recommendations, emphasising the urgent need to attract, train and retain more mental health workers. Yet, nearly a year later, little progress has been made. The system continues to buckle under chronic underinvestment, with devastating consequences for those left without care and the people around them.

The demand for mental health care has never been greater. It is now the number one reason Australians visit their GP. Yet, there is a severe shortage of trained professionals to meet this need. In 2023–24, 4 in 10 people who needed a psychiatrist either delayed their appointment or did not see one.

Public hospitals are overwhelmed. Mental health presentations in emergency departments and overnight admissions have surged, pushing the system beyond capacity. Patients are arriving in crisis, their conditions more acute than ever, and wait times for admissions stretching beyond 31 hours in some states.

Meanwhile, at least six private hospitals providing critical psychiatric care closed their doors in 2024, leaving even fewer options for those in desperate need.

Too many people are falling through the cracks of a mental health system in crisis. They're traveling far from the comfort of their homes and loved ones, waiting months for care that delays their recovery and puts them at greater risk, or missing out on treatment altogether.

The mental health workforce, despite its dedication to the community, is burning out under unrelenting demand, facing moral injury and rising stress.

The status quo cannot hold—and without federal action, the situation will continue to deteriorate.

Mental ill health affects everyone: the person experiencing it, their carers, their families, and their communities. It costs lives. It costs livelihoods. It costs our economy billions every year.

Workforce is our biggest barrier, yet our greatest opportunity. Without it, efforts to innovate, expand services, or deliver care to those who need it most will fall short.

Investment in mental health is not optional. It is essential to build a system designed and resourced to care for people. Only then can we help Australians recover well, stay well and live well.

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Investment in Mental Health: A Necessity for Australia's Future

Mental healthcare is a critical investment for Australia, integral to the nation's economic and social wellbeing. Mental ill health costs the country over \$220 billion annually, with the federal government

bearing up to \$70 billion of that burden. [5] Australians face significant out of pocket costs, with approximately 25,000 individuals spending \$1,300 each year on psychiatric appointments.[6]

Negative marginal impact of depression on labour productivity

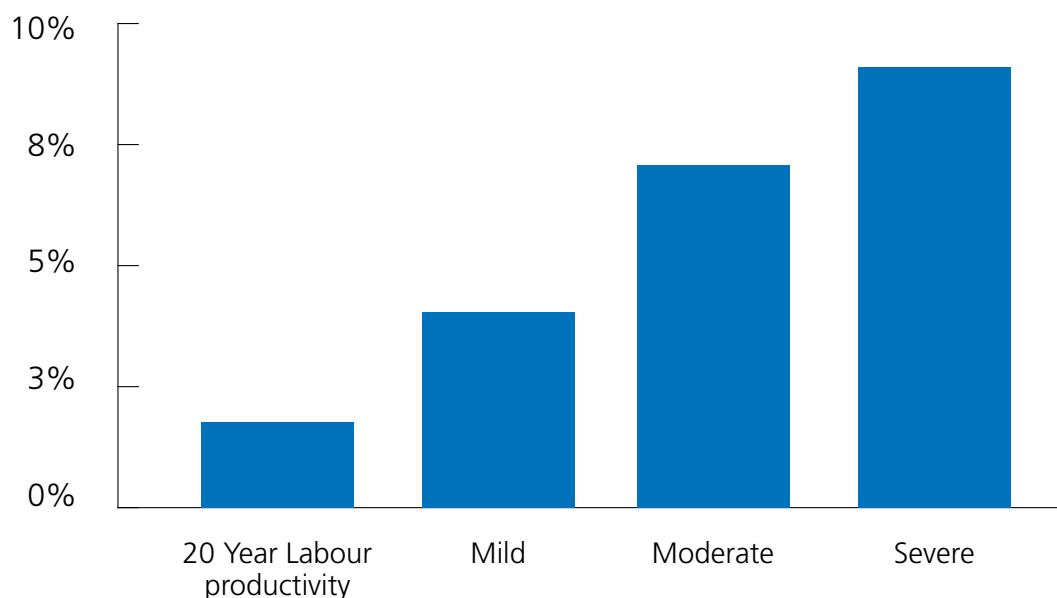


Figure 1: Negative marginal impact of depression on labour productivity. Retrieved from the Mental Health Australia and KPMG report [Investing to Save: the Economic Benefits for Australia of Investment in Mental Health Reform](#).

The economic impact of mental ill health is further evident in its effect on productivity. Absenteeism alone costs the Australian economy \$12.8 billion each year, with targeted interventions potentially saving \$4.5 billion each year.[7] Mental health is not an optional expense, it is essential for the long-term health and productivity of our nation.

Investing in the prevention and early intervention of mental health conditions will improve health outcomes and strengthen the economy.

Mental health and substance use disorders account for 15% of Australia's total disease burden, second only to cancer.[8] To truly support the Australian community, healthcare funding for mental health needs must reflect its significant impact on the nation's wellbeing.

Australia's Mental Health Workforce Crisis

Australia is grappling with a critical shortage of mental health professionals, which is impeding access to essential services. As demand for mental health care increases [figure 2], the shortage of qualified professionals—particularly psychiatrists, who meet just 56% of the demand—creates significant barriers to timely, effective treatment.[9]

Prevalence and Impact of Mental Illness

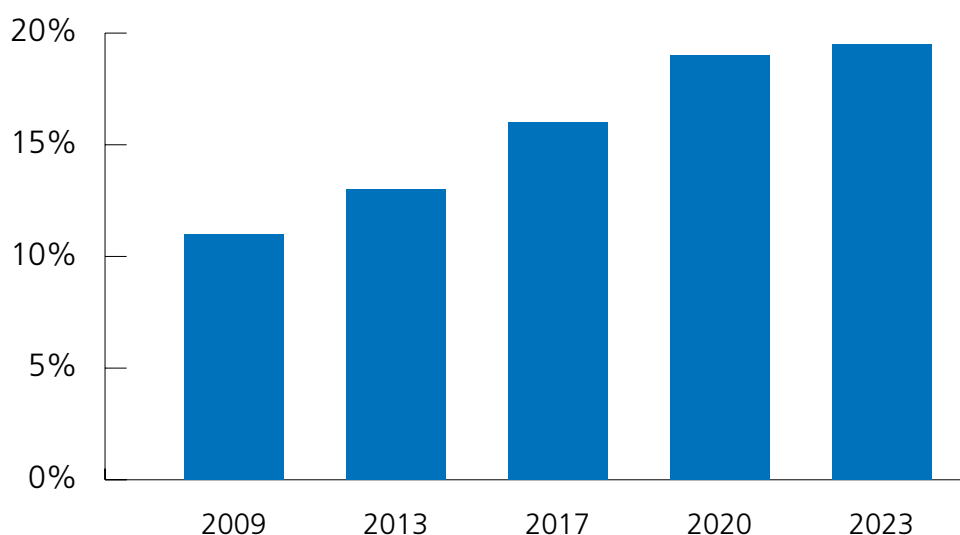


Figure 2: Indicates the increase in prevalence of serious mental illness among Australians. Retrieved from the AIHW [Prevalence and Impact of Mental Illness](#).

“It is unacceptable that people need to wait until their illnesses reach the point of hospitalisation before our mental health services can help them. It is the equivalent of telling a patient with diabetes to wait until their kidneys are failing before they are eligible for care.”

Dr Pramudie Gunaratne

Every Australian deserves equitable access to mental health services, yet barriers such as geographic location, socioeconomic circumstances, and limited availability prevent many from receiving care. The Productivity Commission's [Mental Health Inquiry Report](#) highlights a shortage of psychiatrists in Australia, especially in rural, remote and First Nations communities, where unique challenges like intergenerational trauma and deprivation exist.[5] To address this, investment in workforce planning is needed to attract, train and retain mental health professionals, ensuring timely care for those in need.[10]

Government Actions to Invest in Mental Health

Make it Work

- 1 Increase the MBS rebate for psychiatry services to 100% of the schedule fee from the current 85% (75% for inpatients) and increase the MBS billing provision for psychiatry trainees, so they can bill at 60% of the consultant psychiatrist rate.
- 2 Invest \$225,000 over three years to support Directors of Training and Administration Staff to ensure additional training posts have adequate oversight and support.
- 3 Commit to funding and supporting the implementation of existing programs and strategies that the psychiatry and mental health workforce rely on:
 - i. [National Mental Health Workforce Strategy](#)
 - ii. [National Medical Workforce Strategy](#)
- 4 Support psychiatry led clinical community mental health services that coordinate with housing and multidisciplinary psychosocial support services.
- 5 Enhance Child and Adolescent Mental Health Services (CAMHS) by introducing a specific MBS item for multidisciplinary case conferences and psychiatry report writing to improve collaboration across child health and social services.

"Our call to Minister Butler and the federal government is clear — help us help you in providing accessible, affordable and the best possible mental health care to every Australian, regardless of their background or postcode."

Dr Elizabeth Moore

- 6 Fund programs to ensure continuity of care for children interacting with CAMHS.
- 7 Revise the Medicare Benefits Schedule (MBS) and its item numbers by:
 - i. Introducing a new psychiatry MBS 'complex care' item for assessment, support, and management of people with complex mental health needs.
 - ii. Creating a new MBS billing item for private practice psychiatry registrars to bill for services provided to consumers without a referral.
 - iii. Aligning MBS rebates for psychiatry services with the Australian Medical Associations fee schedule.

2. Throughout this submission, actions from the NMHWS are quoted and numbered as they appear in that document.



Attract

- 8** Invest \$7.06 million to extend the [Psychiatry Interest Forum program](#) until 2032 to attract future psychiatry trainees.

Train

- 9** Fund existing programs for psychiatry and the mental health workforce by:
- i. Investing \$70.1 million to fund 70 trainee, supervisor and administration costs from 2026 to 2029
 - ii. Investing \$135.4 million to increase the number of psychiatry specialists.
 - iii. Investing \$7.1 million to extend the Military and Veteran Psychiatry Training Program from 2025 to 2028

- 10** Provide an additional \$6 million to expand the Psychiatry Workforce Program through the Rural Psychiatry Roadmap.

- 11** Commit \$1.5 million to fund an Australian Private Practice Psychiatry Training Program based on the [National Consistent Payment](#) (NCP) Framework.

- 12** Collaborate with the RANZCP to develop and implement a 'psychiatry focused' adaptation of the Approved Private Emergency Department (APED) program.

Retain

- 13** Support private hospitals with more psychiatry registrar and supervisor placements to prevent empty beds due to workforce shortages.

- 14** Invest an initial \$1 million to subsidise 100 GPs and medical practitioners for the Certificate of Postgraduate Training in Clinical Psychiatry, enhancing their ability to manage mental health conditions.

- 15** Introduce a new MBS item for practitioners with the Certificate of Postgraduate Training in Clinical Psychiatry to ensure appropriate remuneration that reflects their enhanced capacity to provide mental health care.

Make it Work



Access to mental health care in Australia is under strain, with rising cost of living pressures, workforce shortages, and a fragmented service system leaving many without the support they need. Financial barriers are especially pronounced, with increasing out-of-pocket costs and difficulties accessing services, particularly in rural and remote areas. The mental health workforce is struggling to keep up with growing demand, leading to burnout and reduced service quality. Coordinated government action to address these challenges is essential. The proposed measures outlined in this submission seek to ease the financial strain on families by lowering out-of-pocket expenses and improving access to mental health services, delivering a more accessible and effective mental health system for all Australians.

"Mental illness touches the lives of every Australian, whether directly through personal experience or indirectly as family, friends, and carers. It's a national issue that requires our collective effort and compassion."

A/Prof Simon Stafrace

Reduce Financial Barriers to Mental Health Care

Increasing cost-of-living pressures and high out-of-pocket expenses are leaving many Australians unable to afford the vital mental health care they need.[11] This is pronounced for people living in rural and remote parts of the country where access to care is severely restricted.

A survey by the [Australian Patients Association](#) found that nearly 3 in 4 Australians skip or delay healthcare due to financial reasons, and 76% reported that accessing no-fee bulk billing has become harder. The Australian Bureau of Statistics [Patient Experiences Report](#) revealed that 42.4% of people who needed to see a psychiatrist delayed or did not see one, and 27.8% delayed or did not see one due to cost.[12]

Government Action

- 1 Increase the MBS rebate for psychiatry services to 100% of the schedule fee from the current 85% (75% for inpatients) and increase the MBS billing provision for psychiatry trainees, so they can bill at 60% of the consultant psychiatrist rate.

Mental health care must be accessible and affordable for every Australian regardless of their income or postcode. The Medicare rebates serve consumers, and increasing them directly reduces out-of-pocket costs.

The RANZCP calls on the federal government to support Australians by raising the MBS rebate to 100% of the schedule fee, enabling more psychiatrists to bulk bill, and significantly reducing out-of-pocket expenses.

"In a country like ours, it's a national shame that access to mental health care often depends on where you live and how deep your pockets are. We have to do better."

Dr Astha Tomar

Address Workforce Shortages

Australia's mental health needs are diverse, complex, and expanding. To meet these challenges, it is crucial to increase the number of trained psychiatrists, strategically deploy them to areas with the highest demand, and ensure they possess the skills and experience required to provide high-quality care.

Government Action

- 2 Invest \$225,000 over three years to support Directors of Training and Administration Staff to ensure additional training posts have adequate oversight and support.

"Without an available workforce, hospitals and clinics are just empty buildings and rooms. It's the people inside who make the real difference."

A/Prof Brett Emmerson AM

The Current and Future Workforce

Access to mental health support and the quality of experience for Australians seeking mental health care is hindered by the availability of a skilled workforce. Workforce shortages are driving burnout among clinicians at alarming rates, threatening community access to vital service. In the RANZCP Workforce Snapshot Report, 70% of psychiatrists experienced burnout, 80% identified workforce shortages as the primary cause, and 90% said these shortages negatively affected consumer care.[1]

Burnt-out doctors are twice as likely to be involved in safety incidents and four times more likely to be dissatisfied with their work.[16] There are associated increased cost-of-service delivery and negative impacts on the delivery of training.[16] These challenges lead to higher service delivery costs and impact training outcomes. The National Medical Workforce Strategy (NMWS) highlights that burnout contributes to costly turnover, consumer dissatisfaction, and increased medico-legal risks.[17]

"For a workforce who cares deeply about helping people, it is incredibly demoralising to feel like you can't do the best for your patients, and treat the whole person and not just a label."

Dr David Chapman

Meeting Australia's growing mental health needs requires training enough skilled practitioners and retaining the current workforce by addressing burnout. This effort demands comprehensive national data to identify where and when resources are most needed.

The domestic training pipeline also faces bottlenecks that hinder the supply of psychiatrists. To address this, the RANZCP requires adequate funding to support supervisors in training the next generation of mental health professionals.

Mental Health Demand and Workforce Gaps

The prevalence of mental illness continues to rise as other health burdens decrease. The [Australian Institute of Health and Welfare \(AIHW\)](#) reports that 43% of Australians aged 16-85 have experienced a mental disorder. Serious mental illness has increased significantly from 2009 to 2021.[13]

At the same time, Australia faces a critical shortage of psychiatrists. The current workforce meets only 56% of demand, and 43% of psychiatrists plan to retire within the next decade. To meet future needs, Australia requires over 2,232 full-time equivalent (FTE) psychiatrists, as outlined in the 2019 National Mental Health Services Planning Framework.[14]

The federal government can address this gap by funding training models, expanding the domestic training pipeline, and making psychiatry more appealing to clinicians. The [Kruk review](#) highlights the need for cross-government and cross-profession solutions to improve workforce collaboration and efficiency.

"Our mental health system is stretched to breaking point – with many retiring, others burning out under excess demand, and little support for private psychiatry. If we don't act now to support and grow our workforce, the people who rely on us for care will fall through the cracks."

Prof Richard Harvey

Build a Unified Mental Health System

Consumers must have access to quality mental healthcare whenever and wherever needed, with seamless service delivery across both public and private sectors. However, the [Productivity Commission Mental Health Inquiry report](#) highlights frustrations caused by a fragmented system, driven by siloed funding models. Workforce shortages further limit access to care, and expanding the private hospital workforce can help bridge this gap. The public and private mental health systems are two pillars of an interdependent model. The collapse of one pillar will result in devastating demand on the other. The effectiveness of the public health system relies on the strength of the private health sector.

The RANZCP urges the federal government to fund and support training models that create more placements, supervisor roles, and rotation opportunities in private clinics and hospitals.

"Working in the private sector offers a wonderful and challenging opportunity to provide continuity of care that isn't available elsewhere in the system. It's remarkable work, but the sector is in crisis and it's putting further strain on public hospitals, GPs and emergency departments."

Dr Angelo Virgona

Leverage Existing Strategies

The federal government must take proactive steps to address mental health workforce shortages, as they are crucial to ensuring the quality, accessibility, effectiveness, and sustainability of Australia's mental health care system.[4] The RANZCP urges the government to support the struggling workforce by funding and implementing existing strategies.

Several key strategies have already been published that aim to support the development of the mental health workforce. The RANZCP highlights these strategies due to their focus on workforce development and the significant impact workforce challenges have on access to services. Now is the time to commit to the actions that will secure Australia's mental health future.

Government Action

3 Commit to funding and supporting the implementation of existing programs and strategies that the psychiatry and mental health workforce rely on:

i. [National Mental Health Workforce Strategy](#)

The National Mental Health Workforce Strategy highlights challenges in recruiting and retaining a skilled workforce, such as stigma around mental health careers and unclear career pathways. To address these issues, a targeted recruitment strategy is needed to promote psychiatry as a rewarding career, provide clear training opportunities, reduce barriers, and support underrepresented groups, including First Nations people, individuals with disabilities, and those from CALD and LGBTIQ+ communities. It also calls for tackling the maldistribution of services in rural and remote areas and stresses the importance of integrated, up-to-date data to identify workforce gaps and inform evidence-based solutions.

ii. [National Medical Workforce Strategy 2021-2031](#)

The National Medical Workforce Strategy 2021-2031 outlines priorities for building a sustainable mental health and psychiatry workforce in response to growing demand for services. It calls for targeted workforce planning to address gaps, expanding training opportunities for psychiatrists, and fostering interdisciplinary approaches to mental health care. The strategy also emphasizes integrating mental health services within primary and community-based care to improve continuity for consumers and strengthening the workforce's capacity to provide culturally sensitive care.

By committing to the priorities of both strategies, the federal government can ensure a more sustainable and effective mental health workforce that meets the increasing demand for services and delivers high-quality care across Australia.

Expand Community Mental Health Services

Community mental health services (CMHS) play a vital role in supporting individuals with complex mental health needs that cannot be adequately addressed in standard primary care settings. These services, often psychiatrist-led, are crucial in bridging gaps in care, especially for individuals who fall into the "Missing Middle" — those with severe to moderate mental health conditions who are not suited for inpatient care but do not receive the necessary support in existing community services. This group is broad, diverse and lacks proper definition, causing a roadblock to service improvement.[20]

The federal government must commit to expanding and funding CMHS, ensuring they are integrated, recovery-oriented, and person-centred to address the full spectrum of mental health needs across the lifespan.

Government Action

4 Support psychiatry led clinical community mental health services that coordinate with housing and multidisciplinary psychosocial support services.

Investing in and scaling CMHS will reduce the severity of mental illness, prevent hospitalisations, and ease the long-term strain on the health system, ultimately improving health outcomes and reducing costs.

The CMHS model must shift to an integrated, recovery-oriented, and person-centred approach that addresses both clinical and social needs, with strong coordination across primary, secondary, and tertiary care providers.

CMHS need to consider and address social determinants of health (SDH) in their design. SDH are non-medical factors such as education, unemployment, or housing security, that influence health outcomes.[2] SDH have significant impact on mental health, and addressing them can help improve treatment outcomes.

As emphasised in the [National Mental Health and Suicide Prevention Agreement](#), collaborative care models are key to providing consumer-centred, holistic treatment for individuals with complex mental health needs. Ensuring that psychiatrists can access the necessary support for cross-agency coordination—whether working with geriatricians, psychologists, GPs, or other healthcare professionals—is vital to improving consumer outcomes.

The federal government must leverage policy, strategy, and funding to increase the capacity and availability of CMHS across Australian communities. Adequate resources are essential to enhance specialist services, reduce the complexity of mental health issues, mitigate suicidality risk, and lessen the burden on the health system and economy.

Address Mental Ill Health from Childhood

There has been an alarming increase in the rate of young Australians experiencing mental ill health, with nearly half (48%) of all mental health issues emerging before 18 years.[21] During the COVID-19 pandemic, hospital admissions for deliberate self-harm and eating disorders increased by 80% and 75%, respectively, highlighting the urgent need for early intervention.[22]

Child and adolescent psychiatrists play a crucial role in addressing these complex mental health presentations. They are essential members of multidisciplinary teams, bringing expertise in assessing and managing the biological, psychological, and environmental factors that affect young people's mental health, and delivering tailored, effective care. However, current Child and Adolescent Mental Health Services (CAMHS) are under-resourced and struggle to meet the needs of families, infants, and young children who are experiencing, or at risk of, social, emotional, or mental health difficulties due to a shortage of child and adolescent psychiatrists.

"Three in four children with severe mental health disorders are missing out on vital care, and the longer we wait, the harder it gets for them to recover. Early mental health support can change the course of a child's life, giving them the chance to grow up healthy, safe, and ready to thrive."

Prof Valsa Eapen

Government Action

5 Enhance Child and Adolescent Mental Health Services (CAMHS) by introducing a specific MBS item for multidisciplinary case conferences and psychiatry report writing to improve collaboration across child health and social services.

6 Fund programs to ensure continuity of care for children interacting with CAMHS.

The [National Children's Mental Health and Wellbeing Strategy](#) stresses the importance of prevention and early intervention, with evidence showing that every dollar invested in early childhood services can return up to \$8.60.[19] Growing the child and adolescent psychiatry

workforce is key to ensuring young Australians receive the specialised care they need, ultimately improving mental health outcomes across the country.

To support the effective implementation of the strategy, the Integrated Continuum of Connect and Care model, developed by the RANZCP Faculty of Child and Adolescent Psychiatry, offers a tiered approach tailored to the needs of children and adolescents at every stage. Implementation of this model in consultation with the RANZCP will improve service delivery and ensure that children in the first five years of life receive the necessary support to grow up safe, healthy, and well equipped to thrive.

Ensure the Sustainability of Private Practice

The current private practice psychiatry model is unsustainable, and its collapse would place immense strain on public services, with devastating consequences for mental health care nationwide. The resulting reduction in access to care would significantly impact both private and public sectors, particularly public Emergency Departments (EDs). Currently, 58% of consumers newly referred to private hospitals present with severe mental health conditions, many of which could lead to ED visits if private hospital beds were unavailable.[26]

"The growing gap in Medicare rebates is leaving patients to cover more of the cost of care, making private practice psychiatry harder to afford and sustain. This is about a system that hasn't kept up with the needs of its people, forcing many to dig too deep into their pockets or go without the care altogether."

Dr Michelle Atchison

Private psychiatrists play a crucial role in managing common, lower-acuity mental health issues through outpatient care, easing the strain on primary care services. However, inpatient psychiatric services, which are vital to the overall mental health system, are struggling to meet growing demand. A reduction in access to private care would strain both the private and public sectors, with public EDs bearing the burden of more complex cases.

The current funding model, characterised by low rebates and increasingly complex and limiting private health insurance agreements, is contributing to workforce shortages and further stressing both the private and public mental health systems. This has already led to noticeable declines in patient outcomes. (Figure 3).

Percentage of individuals admitted with mental health concerns who saw a significant improvement due to public hospital care

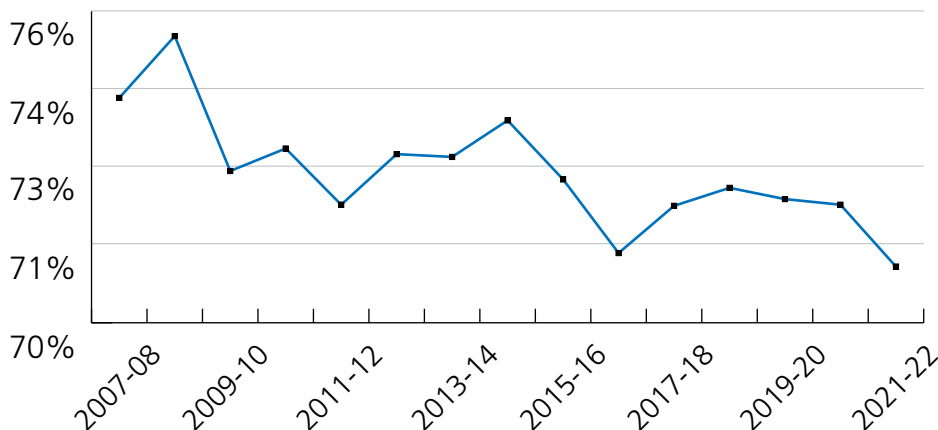


Figure 3: The percentage of individuals admitted with mental health concerns who saw a significant improvement due to public hospital care. Retrieved from the Australian Medical Association's [2024 Public Hospital Report Card](#)

Challenges exist for both inpatient and outpatient private psychiatry, where workforce shortages and high costs are impeding access to services. Existing Medicare Benefits Schedule (MBS) items do not fully account for the scope of modern psychiatric practice, particularly when factoring in cross-agency collaboration and administrative duties. Adjusting MBS items to better reflect the realities of psychiatric care could help mitigate these challenges, ensuring that private hospitals and practices remain a viable and effective option for delivering mental health services. Such changes would not only strengthen the mental health workforce but also improve access to care for consumers nationwide.

Private practices also face challenges in training the next generation of psychiatrists. Financial and administrative support for supervision is limited, and time for training is constrained by a national workforce shortage. Reduced billing rates for services provided by trainees also undermine the financial viability of these training opportunities. Aligning private inpatient reimbursement with outpatient practice rates would help address this issue, ensuring both the sustainability of private services and the continuation of vital training programs.

Government Action

7 Revise the Medicare Benefits Schedule (MBS) and its item numbers by:

- i. Introducing a new psychiatry MBS 'complex care' item for assessment, support, and management of people with complex mental health needs.
- ii. Creating a new MBS billing item for private practice psychiatry registrars to bill for services provided to consumers without a referral.
- iii. Aligning MBS rebates for psychiatry services with the Australian Medical Associations fee schedule.

Ensuring the viability of private psychiatry is critical for maintaining a robust and accessible mental health care system. Addressing the challenges of inadequate funding, workforce shortages, and the increasing demand for services will help prevent further strain on both private and public sectors. By updating the MBS, the federal government can alleviate pressure on both private and public sectors, ensuring better access to care and improved patient outcomes.

"Mental health care should be based on what people need and what we know works. But right now, in far too many situations, treatment plans are impacted by funding and insurance arrangements and our patients deserve better."

Dr Gary Galambos

Attract

To ensure all Australians have access to necessary mental health services, it is essential to develop a robust domestic training pipeline for psychiatrists.

Promoting psychiatry as a career choice for medical students and young doctors will strengthen this pipeline, creating a more sustainable workforce.



The Psychiatry Interest Forum

The Psychiatry Interest Forum (PIF) is a long-term, successful recruitment initiative funded by the Australian federal government since 2013.

Over the past decade, the PIF program has built an extensive network and provided valuable educational opportunities for medical students and junior doctors to explore psychiatry and learn about the RANZCP Fellowship program beyond their clinical placements.

To date over 7,900 medical students, postgraduates and other medical practitioners have participated in the PIF, including over 155 First Nations members. Since 2019 nearly 900 medical doctors and students have joined PIF on average annually, and in 2022 and 2023, 76% of all new Australian trainees who joined the RANZCP Fellowship pathway were former PIF members.

Currently funded through to June 2026, the PIF's continued success depends on sustained investment. A further \$7.06 million will extend the program until 2032, aligning with the National Mental Health Workforce Strategy, and providing a lasting and effective recruitment pathway for psychiatry trainees.

Government Action

- 8** Invest \$7.06 million to extend the [Psychiatry Interest Forum program](#) until 2032 to attract future psychiatry trainees

This investment will support several objectives of the National Mental Health Workforce Strategy, including:

- Enhancing awareness of career pathways into psychiatry, subspeciality options, and Fellowship applications (Action 1.3.1)
- Tackling stigma associated with psychiatry at the earliest stages of medical education (Actions 1.3.2 and 1.3.3); and
- Promoting rural, regional and remote psychiatry training opportunities and encouraging participation in the RANZCP Rural Training Pathway (Actions 1.4.1 and 1.4.2)

Insights from PIF Participants

In 2023, the Psychiatry Interest Forum (PIF) made significant strides in engaging medical students and doctors, with 904 new members joining, including 21 First Nations participants. Notably, 83% of new RANZCP trainees were former PIF members. The program hosted 8 events across five states and territories, supported 24 external activities—including 4 in rural areas—and engaged over 400 members in PIF and RANZCP conferences, alongside 20 student-led university events.

PIF continues to make a significant impact on medical students and doctors, particularly through its support of the RANZCP Rural Training Pathway. Testimonials from participants in PIF-supported events and activities highlight their personal growth and deepened interest in psychiatry:



“The Adult Psychiatry Conference was an eye-opening experience that deepened my understanding and appreciation for the field. The passionate speakers and valuable networking opportunities reinforced my desire to pursue psychiatry, providing insights I will carry into my future practice.”

Shen Rui Yap

Medical student at University of Notre Dame Sydney



“Attending the RANZCP Congress with the PIF opened my eyes to various psychiatry career paths and subspecialties. The experience inspired me and clarified my passion for mental health, motivating me to pursue a career in this field.”

Alexander Diaz

Postgraduate Year 2 Doctor, Melbourne Clinic, Victoria



“The PIF Retreat gave me a deeper understanding of psychiatry that goes beyond the medical curriculum. The engaging talks and personal stories of psychiatrists reinforced my interest and provided valuable perspectives for my future in psychiatry.”

Bec Almond

Medical Student at University of Queensland

Train

To respond to the growing complexity and prevalence of Australia’s mental health needs, training more psychiatrists and mental health professionals must be prioritised. Developing a robust domestic training pipeline is essential to supply the workforce needed in the coming decades. Investing in this area now will yield long-term benefits.



Psychiatry Workforce Program

The Psychiatry Workforce Program (PWP) is a RANZCP led initiative which aims to improve access to high quality mental health care for all Australians, with a particular focus on people in rural and remote areas. The program funds new training posts in places that provide services to First Nations Peoples, offer consultation-liaison psychiatry, child and adolescent psychiatry, and serve rural communities. The PWP is a vital component of the domestic training pipeline, helping to build the capacity of the mental health workforce across Australia.

Government Action

9 Fund existing programs for psychiatry and the mental health workforce by:

- i. Investing \$70.1 million to fund 70 trainee, supervisor, and administration costs from 2026 to 2029.

This investment will support the development of a rural psychiatry training pathway, enhance interest in psychiatry, and drive recruitment. It will also increase access to psychiatrists and other mental health services for First Nations People.

“The community needs to be confident that the system supports a workforce which enables access to care whenever its needed. Gaps in workforce have an immediate and significant impact on the people needing acute mental health care, leading to detrimental outcomes. We need a fair system that supports all Australians.”

Hamza Vayani, Community Collaboration Committee community member

Invest in the Specialist Training Program

The Specialist Training Program (STP) is an existing Australian Government initiative that provides funding to health organisations to support specialist medical training experiences in settings beyond traditional public teaching hospitals. By leveraging the STP, the federal government can address workforce shortages and train more psychiatry specialists.

"As trainees, we're determined to do our best. But every day, we see a system driven by crisis that is failing its people. We need more than patchwork fixes – training more mental health workers can help people with mental illness live healthier, happier, and more productive lives."

Dr Ava Carter

Expand the Military and Veteran Psychiatry Training Program

To strengthen the psychiatry workforce's ability to support military personnel and veterans, the Military and Veteran Psychiatry Training Program (MVPTP) offers critical hands-on training and specialised experience. This program focuses on the unique aspects of military culture, equipping trainees to provide tailored care for consumers from veteran and military backgrounds. Expanding the MVPTP will increase workforce capacity and improve workforce distribution.

"For our veterans, the mental health system is fragmented and lacks continuity of care. Too often, they get lost in a maze trying to find the help they need. Expanding their access to culturally informed mental health care is crucial – not only to address their unique needs but to also ensure ongoing support to rebuild their lives."

Dr Peggy Brown AO

Government Action

9 Fund existing programs for psychiatry and the mental health workforce by:

ii. Investing \$135.4 million to increase the number of psychiatry specialists.

Investing \$135.4 million will:

- Support existing training positions from rotation 1 in 2026 to the end of rotation 2 in 2029
- Add 15 new private-sector positions from rotation 1 in 2026 to the end of rotation 2 in 2029.
- Fund the Tasmanian Formal Education Course for four years, with an investment of \$320,000.

This investment will help ensure a sustainable and well-trained psychiatry workforce to meet Australia's growing mental health needs.

Government Action

9 Fund existing programs for psychiatry and the mental health workforce by:

iii. Investing \$7.1 million to extend the Military and Veteran Psychiatry Training Program from 2025 to 2028

This funding will:

- Support 10 training positions from Rotation 1 in 2026 to the end of Rotation 2 in 2029.
- Cover associated administrative and training costs.

Develop Rural Generalists' Mental Health Expertise

Rural Generalists are medical practitioners specially trained to meet the healthcare needs of rural and remote communities, providing general practice, emergency care, and specialised medical services in both hospital and community settings.

In rural Australia, residents are less likely to access MBS-funded primary mental health care services compared to their urban counterparts. They are more likely to present to emergency departments with mental health concerns and, in more remote areas, face higher rates of hospital admission for mental health issues. When rural Australians do seek hospital-based mental health care, they often encounter barriers such as distance, cost, and limited access to specialised psychiatric services.

Government Action

10 Provide an additional \$6 million to expand the Psychiatry Workforce Program through the Rural Psychiatry Roadmap

To improve access to high-quality mental health care in regional, rural, and remote areas, the federal government, must work alongside the RANZCP to enhance the mental health expertise of rural generalists. This collaboration will help ensure more effective and accessible care for communities that need it most.

"Rural Australians deserve the same access to mental health care as anyone in the city – it's about equity, dignity, and the right to get help close to home."

A/Prof Mathew Coleman

"Aboriginal and Torres Strait Islander communities are disproportionately affected by the mental health crisis, yet their access to culturally safe and therapeutic mental health care remains limited. This is a gap we must urgently address so no one is left behind."

A/Prof Melanie Turner





Enhance Training to Strengthen Private Practice

A significant gap in care stems from a shortage of private practice psychiatrists. There is a critical need for more training placements and supervisors to support trainee psychiatrists who wish to specialise in private practice and address the unique needs of the populations served in these settings.

The National Consistent Payments Framework

The [National Consistent Payments \(NCP\) Framework](#) supports trainees in programs such as the Australian General Practice Training Program, led by RACGP and ACRRM. It ensures consistent remuneration for doctors, supervisors, and practices, with adjustments for rural areas. NCP programs report high registrar satisfaction, and help introduce 1,500 new GPs annually.[27]

Government Action

11 Commit \$1.5 million to fund an Australian Private Practice Psychiatry Training Program based on the National Consistent Payment Framework.

The RANZCP calls on the federal government to adapt the NCP to expand training for psychiatrists, with costs ranging from \$100,000 to \$150,000 per GP for a 6-month term. A similar model for psychiatry could train 10 additional psychiatrists in rural areas for an investment of \$1-1.5 million.

The Approved Private Emergency Department Program

The [Approved Private Emergency Department \(APED\) Program](#) enables registrars in approved private emergency departments to receive higher MBS remuneration, supporting sustainable placements and providing experience across various psychiatry services, including consultation rooms.

Government Action

12 Collaborate with the RANZCP to develop and implement a 'psychiatry focused' adaptation of the Approved Private Emergency Department Program.

The RANZCP advocates for adapting the APED program to focus on private hospital placements, with remuneration for supervisors and 30% of the trainee's FTE spent in adjacent outpatient consultations. This adaptation would expand training capacity in private hospitals, offer new registrars broader psychiatry training, and improve service access for Australians.

Training more psychiatrists to manage the complex mental health issues seen in private hospitals and the diverse community needs in private outpatient clinics will significantly increase the nation's capacity to care for Australians. Investing in the training of private practice psychiatrists is a crucial step toward strengthening the mental health care system and ensuring better outcomes for Australians in need of treatment.

Retain

Mental health professionals face significant challenges in their work, including heightened stress, burnout, and an increased risk of mental health issues. The demanding nature of their roles, combined with exposure to trauma, personal harm, and high physical and emotional tolls [4], makes prioritising their wellbeing essential. To ensure these professionals can continue delivering high-quality care, it's critical to provide them with the right tools, supportive work environments, and opportunities for collaboration. This will not only help sustain their effectiveness but also safeguard their ability to serve Australians in need of mental health support.



Support Private Mental Health to Enhance Care Access

Workforce shortages are limiting access to private psychiatric care, resulting in underutilised beds, unmet demand, and a strained workforce. Expanding the private psychiatry workforce is crucial to ensure that private hospitals can fully staff their beds and meet the growing need for mental health services.

Government Action

13 Support private hospitals with more psychiatry registrar and supervisor placements to prevent empty beds due to workforce shortages.

Addressing workforce challenges in private hospitals is crucial for improving care access and supporting mental health professionals. Federal government support in private psychiatry will prevent underutilised beds and ensure timely mental health care, while also enhancing the wellbeing of professionals and optimising available resources for Australians in need.

Improve Mental Health Care in Primary and Emergency Medicine

An emerging barrier for the health workforce is the ability to practice fully within their scope. Primary care service providers such as general practitioners (GPs) can be equipped to support Australians at the first point of contact with the health system.[3]

The RACGP's 2024 [Health of the Nation report](#) identifies psychological issues among the top three reasons for consumer visits, while the [Australian Bureau of Statistics reported](#) that over a third of individuals seeking mental health treatment between 2020-2022 consulted their GP.

In emergency departments (ED), mental health presentations are increasing by 2.8% annually, resulting in over 300,000 ED mental health visits between 2020 and 2021.[23]

For those without access to specialist mental health care due to availability or cost, EDs are often the only available choice. However, patients with acute mental health conditions tend to face longer wait times compared to those with physical conditions of a similar severity. This issue has a disproportionate impact on Aboriginal and Torres Strait Islander peoples.[24]

Certificate of Postgraduate Training in Clinical Psychiatry

In 2023, the RANZCP worked with the Department of Health and Aged Care (DoHAC) to develop the Certificate of Postgraduate Training in Clinical Psychiatry. This Certificate enhances the knowledge and skills of medical practitioners interested in psychiatry and mental healthcare. Supporting more medical practitioners in completing the Certificate will ease the burden on the medical workforce and deliver high-quality mental health care.

Government Action

14 Invest an initial \$1 million to subsidise 100 GPs and medical practitioners for the Certificate of Postgraduate Training in Clinical Psychiatry, enhancing their ability to manage mental health conditions.

15 Introduce a new MBS item for practitioners with the Certificate of Postgraduate Training in Clinical Psychiatry to ensure appropriate remuneration that reflects their enhanced capacity to provide mental health care.

Given the growing prevalence of mental health conditions, it is essential that primary care providers and emergency clinicians are fully equipped to respond effectively. Upskilling these professionals will enable them to manage mental health issues at the first point of contact, reducing the need for specialist referrals, shortening wait times, improving service access, and easing the burden on the specialist workforce. Enhancing mental health training for emergency medicine clinicians will ensure more timely and effective care for individuals in crisis.

Ensuring Equitable Access to Mental Health Care: A Call for Action

Mental health care is essential and not an optional expense. The critical barrier to equitable access across Australia is a shortage of mental health professionals, with significant gaps in service provision. Targeted, sustained funding is urgently needed to support the psychiatry workforce and ensure the financial sustainability of the private sector. Federal government action on these measures will pave the way for improved mental health services, ensuring that all Australians receive the care they need when they need it.

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Some of the quotes used throughout this submission are extracts from the [RANZCP private practice psychiatry survey: Challenges, opportunities and frontline insights](#) - Publication date TBA



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