

December 2021

The RANZCP Victorian Branch

Submission for 2022-23 Victorian State Budget Priorities



The Royal
Australian &
New Zealand
College of
Psychiatrists



Victorian Branch

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 health care. 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 and Pacific regions.

The RANZCP Victorian Branch has more than 1600 members including around 1200 qualified psychiatrists and over 450 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 people in their journey of recovery.

Executive summary

The RANZCP Victorian Branch welcomes the opportunity to provide the Victorian Department of Treasury and Finance with recommendations for investment to meet the priority mental health and wellbeing needs of the Victorian community while addressing the recommendations of the [Royal Commission into Victoria's Mental Health System \(RCVMHS\)](#). The RANZCP Victorian Branch further recommends to also address the long-term [mental health concerns from the COVID-19 pandemic](#).

Astha Tomar

Dr Astha Tomar

Chair, RANZCP Victorian Branch Committee

The RANZCP Victorian Branch's priority recommendations are for the Victorian Government to:



Address current and future delivery of therapeutic, specialist, and trauma-informed care.



Ensure safe, sensitive, and responsive spaces for consumers, carers, and workforce.



Support the wellbeing and training needs of Fellowship and specialist psychiatry trainees and specialist international medical graduates (SIMGs).



Grow the psychiatry workforce to meet the mental health and wellbeing needs of rural and regional Victorian communities.

Address current and future delivery of therapeutic, specialist, and trauma-informed care within the Victorian mental health and wellbeing system.

As a priority, the RANZCP Victorian Branch supports the RCVMHS recommendation for the development of comprehensive and equitable treatment, care, and support within the new mental health and wellbeing system. Mental health and wellbeing services require early support through funding that increases the available skilled workforce to provide specialist, and trauma-informed mental health care. This includes one-on-one and group support programs, with priority for those with serious mental illness. Programs must be available across health services and be co-designed, delivered and supervised by those with a lived experience of mental health concerns together with specialist clinicians.

There are significant gaps in access to specialist psychiatrists in the current system, which is of particular concern in rural and regional settings. Succession planning and support for increasing specialist psychiatry trainee positions is essential to meet the care needs of Victorians. The reduced number of positions available within the public health sector for specialists is of concern and results in trainees leaving the public system. The recent [Mental Health Productivity Commission Inquiry Report](#) confirms the significant shortage and, notably, the maldistribution of psychiatrists across Australia. The [Victorian Psychiatry Workforce report delivered in 2017](#) indicated that just 23–25% of the psychiatry workforce worked exclusively in the public sector and numbers were noted to be

decreasing within the public system. This is of particular concern as the mental health and wellbeing system is setting up to expand with the implementation of the RCVMHS recommendations.

To address the urgent workforce gaps needed to meet treatment, care, and support needs of Victorians, the RANZCP Victorian Branch recommends immediate funding for:

- Appointing an additional 1.0 FTE psychiatrist psychotherapist and an additional 1.0 FTE psychiatric registrar position at each Victorian Area Mental Health Service in order to address the gap in access to psychotherapy.
- Appointing an additional 0.3 FTE supervisor for clinical professional development of therapeutic and trauma-informed specialist mental health care at each Victorian Area Mental Health Service.
- Appointing 70 FTE addiction medicine specialists across the Victorian mental health service.
- Establishing [consultation-liaison services](#) for consumers admitted outside of designated inpatient mental health services enabling the delivery of specialist mental health care.
- Developing leadership and training programs that upskill the mental health and wellbeing workforce to deliver specialist mental health care including trauma-informed practice, and care that is responsive to diversity and is culturally informed.
- Ensuring 10% of FTE is protected time for professional development and training of the mental health and wellbeing workforce.
- Engaging private psychiatrists on a sessional basis to provide support through face to face and telehealth consultation in rural and regional areas, for youth, for forensics, and for those areas experiencing disadvantage.

The RANZCP Victorian Branch recommends that the Victorian Department of Health, in collaboration with the RANZCP Victorian Branch, undertake a project that:

- Maps the current workforce distribution using quantitative and qualitative methodologies, to identify contributions and gaps for psychiatrists, specialist psychiatrists, Fellowship trainees, and specialist international medical graduates (SIMGs) across the public and private Victorian mental health system.
- Assesses and analyses the role, impact, and contribution of private practice psychiatry to the wider mental health and wellbeing system.
- Considers the current inconsistencies of working conditions, career pathways and succession planning that may be impacting workforce and contributing to gaps in the Victorian public mental health and wellbeing system including between:
 - » metropolitan vs rural and regional settings
 - » public vs private settings
 - » Victoria and other States and Territories.
- Explores incentives to recruit and retain psychiatrists to the public mental health and wellbeing system including improved working conditions and career pathways.
- Considers the current and projected impact of the mental health and wellbeing system redesign and the COVID-19 pandemic.

There is broad and deep support amongst psychiatrists for the application of supported decision making (SDM) and recovery orientated practices as part of routine practice. The RANZCP Victorian Branch, funded by the Department of Health, co-produced a range of educational materials regarding SDM including a [position paper](#), an [e-learning module](#), and comprehensive workshop materials. However, more needs to be done as consumers are not getting access to adequate levels of support that help them exercise their rights and have their needs and preferences respected.

The RANZCP Victorian Branch agrees that many consumers are not aware of, nor have access to knowledge about their rights, or rights upholding these mechanisms, and therefore recommends immediate funding for:

- Establishing pathways and support systems that educate about illness and treatment with the aim of capacity building, thus supporting informed decisions about treatment.
- Providing regular training on principles of SDM and recovery-orientated practices for service providers, consumers, and carers.
- Supporting timely second psychiatric opinions where the psychiatrist needed should not be diverted from existing services that are already struggling.
- Prioritising support for consumers who do not have carer supports available.

The RANZCP Victorian Branch recommends assessing the administrative needs of the mental health and wellbeing workforce, particularly where these impact on the delivery of treatment, care, and support.

Administration support is a significant resource consistently overlooked in terms of its impact on the delivery of good quality treatment, care, and support. There are wide administrative responsibilities throughout the mental health and wellbeing system, including managing compliance and reporting required by legislation. It is therefore essential to understand the impact of administration in enabling or disabling the mental health and wellbeing workforce to prioritise care for consumers and carers.



Ensure safe, sensitive, and responsive spaces for consumers, carers, and the workforce within the Victorian mental health and wellbeing system.

Highlighted within the RCVMHS report as critical for positive mental health and wellbeing outcomes, is the ability of services to provide therapeutic environments. Spaces must ensure safety, sensitivity, and responsiveness to users' diverse needs and their journey, many of which involve trauma. Significant numbers of those with experiences of trauma report adverse experiences and outcomes when engaging with mental health services.

The RANZCP is committed to reducing, and where possible eliminating, the use of seclusion and restraint in a way that supports good clinical practice and provides safe and improved care for consumers, as further outlined in the [RANZCP position statement 61](#). Underpinning and supporting this is the need to ensure availability of activities that enable practitioners to deepen their clinical knowledge and competencies, which in turn builds accountability for their practice, assists closing the theory-practice gap, and improves care outcomes.

To ensure safe, sensitive, and responsive spaces the RANZCP Victorian Branch recommends priority funding for programs that support services to:

- Design spaces and delivery of care utilising co-design methodologies inclusive of those with a lived experience of mental health conditions and the mental health and wellbeing workforce.
- Deliver trauma-informed care and practices that meets the needs of those who have experienced trauma or violence.
- Support the needs of those with intersecting or co-occurring and complex presentations of care. This includes consideration for those who present with care needs outside designated mental health and wellbeing services (e.g., emergency departments, custodial health, and the forensic systems).
- Flexibly respond to consumers and carers from diverse backgrounds.
- Meet the needs of Aboriginal and Torres Strait Islander peoples.
- Ensure all mental health services have appropriate policies, resources, and frameworks aimed at minimising and working towards eliminating the use of seclusion and restraint and that these are developed with people with a lived experience of mental health conditions.



As identified by [WorkSafe Victoria](#), unacceptably, up to 95% of health care workers have experienced an assault. Safety, and the good health and wellbeing of our workforce is of paramount importance and correlates with reductions in distress, workplace burnout, violence, and for consumers, compulsory treatment, and risks of self-harm and suicide. It also impacts the health and wellbeing of consumers and carers. A RANZCP submission to the [draft National Medical Framework](#) highlighted the need for improvement to communicating the responsibilities and expectations of the workforce, also known to directly impact the quality of care.

The Branch advises resourcing and support for change across the wider mental health workforce to include ongoing education and training opportunities, as well as formal clinical supervision. This opportunity is critical to long-term successful change.

To support recommendation 59 of the RCMHS, the RANZCP Victorian Branch recommends priority funding for:

- Programs that ensure the mental health and wellbeing workforce are skilled to authentically utilise co-design methodologies.
- Programs that address immediate workforce wellbeing at the service level including:
 - » Methods for screening and addressing workforce burnout.
 - » Strategies that monitor and reduce workplace violence.
 - » Targeted means to address personal and professional isolation in rural and regional areas.
- Programs and leadership roles that support the skills needed for managing change and adjusting to the demands of the COVID-19 pandemic, including clinical supervision.



Support the wellbeing and training needs of fellowship and specialist psychiatry trainees, and specialist international medical graduates (SIMGs).

Those in psychiatry training programs are at the frontline of clinical service delivery and frequently the first point of contact for consumers and carers. Their support needs are often varied due to the complexity of services and parallel commitments to training and exam processes.

Director of Training positions (DoT) and Directors of Advanced Training (DoAT) provide the primary support for psychiatric trainees and SIMGs and are also responsible for accreditation activities and reporting. These roles are overdue for adequate resourcing with priority for increased FTE, administrative support, and leadership training. Psychiatry trainee programs require assured ongoing funding for trainee positions and trainee supports to meet the current and future care needs of the Victorian public, as well as for health service accreditation and incremental increases in remuneration.

To address the immediate needs, the RANZCP Victorian Branch recommends the Victorian Department of Health ensure funding for:

- 1.0 FTE for Director of Training positions (DoT) with 1.0 FTE for administration across psychiatry Fellowship training and the Victorian SIMG program.

- 1.0 FTE for Director of Advanced Training (DoAT) with 1.0 FTE for administration across specialist psychiatry training programs.
- An FTE increase for senior registrar positions across services to meet current consumer and carer needs, to support trainee wellbeing, and for trainee supervisory purposes.
- An increase in trainee psychiatry positions by 30 across the mental health and wellbeing system in response to meeting current consumer and carer needs and demand for placements.
- 12 additional child and adolescent psychiatry trainee positions to assist more trainees to progress to Fellowship.

In 2021, the number of training positions fell short as 35 more trainees applied for fellowship training than positions available. In addition, while Victorian health services support around 46 psychiatry SIMGs every year, there is currently only limited and temporary support for this program. It is important to note that rural and regional mental health services are often reliant on psychiatry SIMGs.



To address future needs, it is recommended the Victorian Department of Health, in collaboration with the RANZCP Victorian Branch, undertake a project to:

- Measure and analyse the consumer and carer workload of psychiatry trainees, in addition to assessing administrative and supervisory requirements, after hours and leave cover, and issues of health and safety.
- Measure and analyse the consumer and carer workload of Junior Medical Officers (JMO), in addition to assessing administrative and supervisory requirements, after hours and leave cover, and issues of health and safety. This should include an analysis of expressions of interest in psychiatry as a career and rotations undertaken.
- Review SIMG, fellowship and specialist psychiatry trainee numbers and develop recommendations for increasing positions and associated support such as DoTs, DoATs, clinical supervisory positions, administration, and wellbeing frameworks.
- Examine the potential for the objectives and role of SIMG DoTs to be in line with RANZCP expectations of current DoTs with the potential to work with similar governance.
- Review and provide recommendations for well-being needs of psychiatry trainees.
- Develop auditing and benchmarking frameworks for ongoing monitoring.



Grow the psychiatry workforce to meet the mental health and wellbeing needs of rural and regional Victorian communities.

The RANZCP Victorian Branch recommends the Victorian Department of Health commits to undertaking the Victorian Rural Psychiatry Training Pathway in collaboration with the RANZCP Victorian Branch, as envisioned by the national RANZCP Rural Psychiatry Training Pathway (RPTP) Roadmap.

[Rural communities](#) experience greater mental health mortality and morbidity and are more vulnerable to mental health problems as a result of natural disasters, financial hardship, lack of or inaccessibility to health services, and geographical and social isolation. The mental health and wellbeing workforce in rural and regional communities also face a lack of professional development and personal support, as mental health and wellbeing services are disproportionately concentrated in metropolitan areas. This trend is expected to grow, unless the Government acts now.

Rural areas are also often reliant on trainees, including SIMGs, to provide mental health and wellbeing treatment, care, and support, yet many trainees return to metropolitan areas once their training is complete. The shortage of specialist support experienced in rural and regional areas is an equity issue and one of great concern. Investing in rural training and developing incentives for attracting and retaining psychiatrists is key to producing positive mental health and wellbeing outcomes for rural and regional communities, and ultimately ensures equitable care.

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