



THE ROYAL  
AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF PSYCHIATRISTS

## **RANZCP Submission to the Inquiry into the Mental Health Services in Australia**

### **Introduction**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for the training, examining and awarding the qualification of Fellowship to medical practitioners. There are approximately 2700 fellows of the RANZCP who account for approximately eighty-five per cent of all practicing psychiatrists in Australia and over fifty per cent of psychiatrists in New Zealand. There are branches of the RANZCP in each state of Australia, the ACT and New Zealand.

Through its various structures, the RANZCP accredits training programs and administers the examination process for qualification as a consultant psychiatrist; supports continuing medical education activities at a regional level; holds an annual scientific congress and various sectional conferences throughout the year; publishes a range of journals, statements and other policy documents; and liaises with government, allied professionals and community groups in the interests of psychiatrists, patients and the general community.

### **Introduction**

This brief submission highlights the areas the RANZCP believe should be addressed as part of the Senate Inquiry into Mental Health Services in Australia.

The RANZCP have previously called for significant reforms of Australia's mental health system to improve services to consumers and reduce the burden of mental illness on the community. The investment by the Australian Government of \$1.9b is welcome and has underpinned a range of positive initiatives within the mental health sector. However states and territories have committed variable amounts and we understand much is already committed expenditure linked to incremental growth rather than new financial investment. Whilst we cannot fully quantify the total amounts involved, we acknowledge the benefits of increasing investment in this area.

In this submission, we continue to stress the need for action in the following areas:

- Mental Health workforce needs and issues;
- Improved service integration;
- Increased accountability; and
- Increased research opportunities.

We look forward to the opportunity to attend a hearing with the Senate Standing Committee on Community Affairs to speak to this submission and provide further information regarding mental health reform in Australia.

## **Key areas for consideration**

### ***1. The extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy***

#### **1.1 The new approach to mental health**

The RANZCP strongly supports the whole of government approach with which the National Mental Health Strategy and Action Plan have been written. However, in order for the plan to be implemented across public and private sectors, the federal and state levels of government, and non-government organisations, require meaningful integration.

Currently, there are no standardised service models within the mental health service system within Australia, with levels of care varying significantly across the country. The different governance structures further complicates service delivery issues and would be improved with the development of a single integrated health system, the removal of structural barriers at the State and Australian Government levels, and with substantial reform in both.

The RANZCP continues to raise its concerns relating to the roll out of initiatives and the need to encourage high level consultation with state jurisdictions to ensure that there is minimal duplication of services and to ensure that consumers and carers do not experience additional barriers in accessing appropriate services and supports.

The additional funding that has been invested by governments has provided a significant boost to the mental health system however we believe that overall investment in the mental health service system remains inadequate and does not reflect the burden of disease in the community.

### ***2. The overall contribution of the action plan to the development of a coordinated infrastructure to support community based care***

#### **2.1. Adequate resourcing of services to meet the high level of need**

##### **2.1.1. Mental Health workforce**

As outlined in the plan there are serious workforce shortages across all mental health professional groups.

The examples provided in the plan are seen as the beginning of a long-term process to address these workforce needs. The RANZCP is working closely with the Department of Health and Ageing on a number of initiatives to improve the psychiatric workforce and supports consultancy models for psychiatrists, to better capitalise on their specialist expertise. Psychiatrists are well placed to provide high-level consultancy, leadership and management to support other mental health professionals in delivering quality mental health care. However, this must not be brought about by reducing the treatment role of psychiatrists for those individuals needing expert care.

The COAG *Better Access* initiative has significantly increased access to the mental health workforce by funding of Medicare items that allow patients to be referred to psychologists, social workers and occupational therapists. The RANZCP supports this approach and is working closely with these groups in developing education and training to ensure patients receive the most appropriate support required. We believe that ongoing education, training and support networks will be the key to ensuring that the aims and objectives of the strategy are met.

While there are criticisms of this investment by some groups regarding its lack of impact on workforce maldistribution and costs to patients, we do not believe that it is possible at this early stage to make any specific judgements on these matters.

The Alcohol and Other Drugs sector is a key area of concern in the plan as it focuses solely on non-government organisations, minimising access to clinical expertise and leadership. The plan also does not address workforce needs relating to best clinical practice within the sector and the lack of mental health expertise and clinical leadership currently available. The psychiatry profession should play a major role in reforming this sector with respect to dual diagnosis and co-morbidity, and in ensuring high-quality care for consumers.

### **3. Improved service integration**

The RANZCP agrees that collaborative approaches that integrate service delivery into a seamless system of diagnosis, treatment and community support is urgently required to allow patients to readily move between systems. The RANZCP believes that the initiatives as outlined in the section titled Coordinating Care, will create opportunities to improve the care system if the initiatives' focus remains better coordinated care in collaboration with building workforce capacity.

While the plan acknowledges the need for coordinated care, integration of sectors and improved linkages between the range of mental health services, it fails to address in detail, the ways in which service coordination across mental health services, integration, interagency partnership, and community care will be realised.

Specifically, the plan should highlight initiatives that will facilitate the development of a single integrated system of care for people with mental illness and how the close cooperation of State/Territory and Commonwealth governments on all aspects of mental health care will be coordinated. Without such a system, optimum care cannot be provided and people with mental illness slip through the cracks as opportunities for early intervention and effective treatment are lost.

The plan indicates that increased integration will be achieved by increasing linkages between employment services, the disability sector, the alcohol and other drugs sector and other services within mental health care. However, the RANZCP is concerned regarding the impact this may have upon the existing limited capacity of specialists within the context of workforce shortages. Increased integration between primary health care and specialist services will also need to be identified as an action area in order to improve the efficiency and effectiveness of clinical mental health services.

The RANZCP supports the plan's focus on treating and supporting Australians with mental health problems back into the workforce. This will require multiple strategies and an upfront investment by government, as returning those with mental health problems to employment will produce major benefits for individuals, families and for the whole community.

Recovery and rehabilitation are consistently identified by consumers as areas of key importance, however these are not addressed in sufficient detail within the plan. Psychosocial and vocational rehabilitation, in addition to improving quality of life for those with a psychiatric disability are identified in the National Mental Health policy and it is concerning that rehabilitation is only referred to in the context of promoting recovery after acute episodes.

The RANZCP supports the common investment in clinical rehabilitation services however believes that clinical rehabilitation is a complex area that is critical in the prevention of relapse of illnesses and in the reduction of the severity of any future episodes, and needs further clarification and comprehensive action areas. Although an action item is “*increasing housing options and support in accommodation for people with a mental illness*”, this also needs to be further articulated, as there is a demonstrated need for both long term and transitional supported accommodation options in the community.

Finally, the plan needs to better coordinate and connect other relevant community supported services needed by patients with severe mental illness and complex needs with their clinical care (e.g. general health care, financial support, housing, substance abuse, rehabilitation etc).

### **3. Increased accountability**

The RANZCP supports the development of a rigorous and ongoing monitoring and evaluation of mental health services across Australia and the impact of the implemented initiatives, which should involve significant consumer and carer consultation. The independent evaluation needs to be conducted annually to ensure the plan is on track and to allow the flexibility to develop new initiatives to actively address new areas of concern.

The RANZCP supports the incorporation of expert professional representation in each jurisdiction’s COAG Mental Health Group and is willing to assist in recruiting specialists for these groups to assist in achieving seamless coordination.

The RANZCP acknowledges the plan’s attempt to begin to tackle the substantial disadvantage of the health status of Aboriginal and Torres Strait Islander peoples compared to the health status of the rest of the Australian community. We would support the principle that all governments and services be held accountable for redressing this inequality and promoting better access to services and culturally secure systems of care as a matter of priority.

### **4. Increased research opportunities**

The RANZCP supports the plan’s action area of expanding mental health research through research centres or bodies, universities and various bodies including Beyondblue: the national depression initiative. As the professional body supporting psychiatrists throughout Australia and New Zealand, the RANZCP welcomes the opportunity to also contribute to and inform this process.

The RANZCP believes that the funding currently going into mental health research is too low and that it is preventing the development and uptake of best practice models of mental health care in the community. The RANZCP believes that to better inform practical policies there should be an emphasis on applied and consumer and carer driven research on interventions and performance measurement of service delivery outcomes. The RANZCP supports an increase in the funding for mental health research from \$15 million to \$50 million a year.