The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Productivity Commission Inquiry into Mental Health

Response to questions taken on notice at Productivity Commission Public Hearings

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Improve the mental health of communities

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Royal Australian and New Zealand College of Psychiatrists submission

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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.

In Australia, the RANZCP has almost 6700 members including around 5000 qualified psychiatrists and more than 1600 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.

Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) appreciates the opportunity provided by the Productivity Commission to give evidence at public hearings around Australia for the Inquiry into Mental Health, including New South Wales, Victoria and South Australia (Nov 2019-Feb 2020). The RANZCP sees this inquiry as a once-in-a-generation opportunity to critically evaluate and influence definitive reform of the mental health sector.

In order to supplement the evidence provided by the RANZCP representatives at the public hearings, questions taken on notice have been compiled below with responses developed in consultation with a range of RANZCP committees and members.

Subsequent to the public hearings, the RANZCP made a submission to the Commission on 7 February 2020 which addressed many of the questions on notice. For the Commissioners' convenience, the relevant excerpts from our submission are provided below, along with supplementary information, to address the questions on notice.

1. Workforce, Recruitment and Retention

Everyone deserves access to expert care at the right time, in the right place. In 2016, the Australian Department of Health Psychiatry Workforce Report (1) confirmed that a national shortfall in psychiatrists is expected nationally by 2030.

In 2019, the National Medical Workforce Strategy Scoping Framework (2) re-emphasised a current and projected shortage in psychiatry specialists, despite increases in the number of training positions. The RANZCP would encourage the Commission to consider the importance of working conditions when designing a sustainable future workforce strategy.

State-based planning processes must be linked to local level planning where workforce issues are more likely to be felt and understood. To ensure all issues are identified and proper strategies developed it needs to be a 'bottom up' process as much as a 'top down' one.

The RANZCP would see Regional Commissioning Authorities (RCAs) as playing an important role in workforce planning. The current inconsistencies in working conditions between states and territories, and how this is contributing to gaps in the psychiatry workforce also needs to be considered.

Health planning agencies must openly share workforce data to enable effective planning like the National Mental Health Services Planning Framework. The RANZCP would welcome the opportunity to access workforce data to assist in the development of policy and expert advice.

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Recruitment and retention in private and public psychiatry

The initial RANZCP submission made on 4 April 2019 recommends the Productivity Commission consider the importance of the private sector (see response to *Information Request 7.1* and *Draft Recommendation 11.2*). The RANZCP considers it essential that both public and private psychiatrists are adequately supported, remunerated and have access to ongoing training and education.

As this question was raised at the Melbourne public hearings on 19 November 2019, some Victorian specific information has been included. The Victorian Psychiatry Workforce Report shows that psychiatrists are **leaving the public sector at alarming rates**. Between 2011 and 2014, the proportion of psychiatrists who worked in both the public and private sectors declined from 43% to 31%. It appears that a number of psychiatrists who were once working in both sectors, are now working solely in private practice.

Between 2011 and 2014, the proportion of psychiatrists working solely in private practice increased from 34% to 45% (3). Anecdotal reports from psychiatrists suggest this trend is continuing and requires urgent consideration by State, Territory and Federal governments. The RANZCP would welcome the opportunity to discuss in detail the reforms required to manage this issue.

The RANZCP Submission also encourages the Commission to consider an additional recommendation to improve access and affordability of psychiatry services. At present, advanced trainees do not have access to the same MBS items as consultant psychiatrists. The RANZCP would like to see advanced psychiatry trainees be given access to the same MBS items as consultant psychiatrists, at 65% of the rebate available to consultants. This will improve patient access and support the provision of accredited training posts in the private sector.

Another measure to address current issues will be the funding of additional subspecialty training positions, so that the workforce has the expertise to care for a diverse population with specific needs (see response to *Draft Recommendation 11.2* in the RANZCP's February 2020 submission)

The Commission should recommend Federal and State Governments provide incentives and supports to build a critical mass of psychiatrists (including private psychiatrists) in **regional and rural** areas where access to basic mental health care lags significantly behind urban areas. To encourage trainees to remain in rural and remote areas this should include funding for new rural and remote supervisor positions.

The RANZCP is encouraged by the priority to address geographic maldistribution and welcomes the clearly recognised need to redress the undersupply of psychiatrists. There is strong demand for a dedicated strategy to increase the number of psychiatrists, along with other mental health specialists.

The RANZCP is supportive of the Commission's recommendation that the updated National Mental Health Workforce Strategy should align health workforce skills, availability, and location with the need for mental health services.

The release of the National Medical Workforce Strategy Scoping Framework also has the potential to influence the geographical disparity in the medical workforce between metropolitan and rural and remote areas. This includes the lack of accredited speciality training positions in non-metropolitan settings (2). Funding for new psychiatry supervisor positions in rural areas would also encourage a greater dispersion of psychiatrists across geographical locations.

One area the report is silent is the benchmarking of psychiatry numbers (FTE), mental health beds (public and private) and community mental health clinicians per 100,000 population. We must determine the number of clinical and non-clinical roles required to deliver psychiatric care across the mental health system. We encourage the Commission to collaborate with the RANZCP to direct the undertaking of this work.

Training Programs

Several training initiatives are currently underway to address the undersupply and maldistribution of the psychiatry workforce in Australia. Expansion of these programs has the potential to improve the training pipeline, quality of training and psychiatry workforce capacity across the public and private sectors.

Specialist Training Program

The Specialist Training Program (STP) supports specialist medical training outside the traditional public teaching hospital setting, including in rural areas. Incentivising and supporting trainees to train in rural and remote areas is critical to ensuring the workforce is more evenly distributed and not concentrated in metropolitan areas.

Under the present STP funding agreement, the RANZCP has a target of 71 full time equivalent (FTE) to fill for private settings. In 2019, the RANZCP contracts with approximately 71 FTE to meet this target. In 2020 the RANZCP will contract with approximately 78 FTE to meet this target.

Funding for new psychiatry supervisor positions in regional, rural and remote areas, similar to the Training More Specialist Doctors in Tasmania (TMSD) 'Tasmanian Project' would be a step towards increasing current workforce capacity in non-metropolitan area.

Currently many trainees must reside in metropolitan areas to undertake specialist training. Further investment in STP would provide opportunities for those residing in non-metropolitan areas to remain in their communities.

Providing additional funding for supervisory positions in regional, rural and remote areas (particularly the Northern Territory) would be a positive step in correcting the maldistribution of psychiatrists.

To optimise the success of the STP, the RANZCP acknowledges (4) that the provision of the program is not only dependent on the provision of supervisors but also requires commensurate increases in state and territory mental health services.

Psychiatry Interest Forum

The RANZCP Psychiatry Interest Forum (PIF) is a highly effective *recruitment into psychiatry introductory program* to create and foster the interest of medical students and junior doctors in pursuing psychiatry as their specialty career. PIF is specifically designed to address the current and projected undersupply of trained psychiatrists in the Australian medical workforce (2).

The PIF program has a proven track record of successfully increasing the number of medical students and medical postgraduates into the RANZCP psychiatry training program:

- Since 2014, 4,042 medical students and doctors have joined the PIF Program, with 661 of those members choosing to enter the RANZCP psychiatry training program.
- In a recent survey of former PIF members who transitioned to the RANZCP training program, 51% indicated that the program influenced their decision to choose psychiatry as their specialisation.
- In 2018, 79% of all new psychiatry trainees who commenced the RANZCP training program transitioned from the PIF program.

Long-term funding for the PIF program beyond 2020 is one of the most effective ways to address the identified projected shortfall of trained psychiatrists in the Australian medical workforce.

Expansion of the PIF program will boost the number of rural and regional psychiatry trainees will aim to increase the number of Aboriginal and Torres Strait Islander medical students and graduates in the psychiatry fellowship training program.

Funding of a Psychiatry Diploma

Generalists play a primary role in delivering healthcare particularly in rural and remote areas. The creation of a diploma in psychiatry would provide the opportunity for generalists, particularly those working in rural and remote areas, to seek further training in mental health and psychiatry.

With the funding announcement in 2019-20 by the Australian Government for the National Rural Generalist Pathway over four years, specialist training in mental health remains an option for those wishing to provide more support for mental health conditions (5). Incentives to undertake training in mental health could also be utilised to encourage generalists working in rural and remote areas to undertake a Diploma of Psychiatry particularly as mental health is a leading cause for seeking medical advice (5).

As reported by the Productivity Commission (2019) the benefits of creating a diploma in psychiatry to upskill Generalists in providing mental health care would assist in providing further training in mental health across the health system (5-7). As medical staff have significant exposure to people presenting with complex and acute mental health conditions, providing funding for a diploma in psychiatry would be highly beneficial to professionals, patients and the community.

Regional Psychiatric Workforce Translation Group (RPWTG)

The knowledge and experience of RANZCP members, regional and rural training directors and relevant academics must lead the development and implementation of models of care which collaborate across state-wide and national networks. These individuals could work in collaboration with the Medical Workforce Reform Advisory Committee, particularly around data access and analysis.

The RANZCP proposes the establishment of a group to address these shortages, coordinating those who have experience working in regional, rural and remote areas. The RPTWG would organise and drive policy implementation of the many possible strategies and establish a strategic map. This could compare workforce, training resources and service demands, identify high priority workforce development sites and implement pilot interventions at priority sites across regional, rural and remote Australia.

The development of the RPWTG would also align with the Australian Government's Long Term National Health Plan (8), addressing the maldistribution of medical professionals across Australia using local knowledge and expertise.

Ensuring adequate supervision for psychiatry trainees

The RANZCP acknowledges that increasing the number of psychiatrists in metropolitan, rural and remote areas will require an increase in the number of training positions and a commensurate increase in the number of supervisors.

The RANZCP welcomes the recommendation in the Commission's Draft Report for the development of a national workforce plan to address current and pending shortages in psychiatry particularly in regional and rural areas and subspecialties such as child and adolescent psychiatry. It is suggested that a holistic approach to ensuring adequate numbers of supervisors is incorporated into this national workforce plan, developed in consultation with all key stakeholders in the sector. As part of this, modelling should be undertaken to consider current and future demand for psychiatry supervisors, as well consideration of the appropriate training and education supports required for the effective supervision of the psychiatry trainee cohort.

Enhancing trainee experiences in public hospitals and the private sector

The RANZCP would like to see greater consideration of trainees in mental health system design and reform, with a focus on adequate supervision and support. Trainees are an essential part of the psychiatry workforce, and are often on the frontline of services, as well as the first point of contact for families and carers. There has been increasing concern about trainees being overworked in under-resourced environments, with staff shortages increasing the likelihood of burnout.

Many inpatient units are operating with a minimal level of staff, meaning if one staff member takes leave a huge burden is created, leaving remaining staff with a higher clinical load. What suffers under these circumstances is the ability for trainees to receive adequate supervision and support. Overworking and overreliance on trainees impacts negatively on the quality of training, as well as their wellbeing. There is also potential for greater access to psychotherapy positions for registrars, including improved access to psychotherapy teaching, reflective process groups and clinical experiences as part of development of a trauma-informed care and practice model. The RANZCP urges consideration of such training issues in plans to increase the number of psychiatrists.

As a general principle, the RANZCP is supportive of trainees undertaking placements in private practice, should a feasible model be available. Much of the training for psychiatrists takes place in public hospitals and community settings due to funding support and teaching capacity across the tertiary health services. The Victorian Psychiatry Workforce Report highlighted the benefits to trainees of undertaking placements in the private sector, with private sector placements are available to varying degrees across Australia. The RANZCP WA Branch has also established training partnerships with hospitals and clinics at eight locations, and in New South Wales 13 positions in private settings are funded via the Specialist Training Program.

2. Culturally and Linguistically Diverse Populations

The RANZCP notes there is evidence to suggest that specific, targeted services are needed for certain at-risk populations, including people with culturally and linguistically diverse backgrounds (CALD). Language barriers and a lack of understanding of services, means that people with a CALD background underutilise mental health services (9, 10). Planning and delivering mental health services for people with a CALD background must include consideration of factors such as culture, ethnicity, identity and the migration experience (11). This includes training for staff in the mental health sector to ensure cultural competency which is responsive, as well as improving access to interpreters, bilingual allied health professionals or translated materials for individuals with a CALD background (10).

Funding will need to be made available for delivery of such training, as well as translated materials, and to account for the use of interpreters. Processes should be put in place which make clear the steps necessary to access interpreters for CALD individuals seeking access to mental health services.

The RANZCP acknowledges the Commission has asked for further information about supported online treatment for culturally and linguistically diverse people. It is important to note that literature on the effectiveness of online treatment for CALD groups is limited, so it is difficult to comment on this information request in detail. More resources, planning, and services are required for many vulnerable groups, and it is essential that cost-effectiveness is balanced with consumer outcomes. Further research and oversight are needed to ensure e-mental health tools are evaluated and employed based on the best available evidence.

Whilst e-mental health tools and resources have the potential to fill gaps in service provision and reach hard-to-access consumers, quality, supervision and the lack of evidence remain issues to address (12).

On this basis, the RANZCP supports e-mental health tools as a complement, rather than a substitute, for face-to-face care, especially in the diagnosis and treatment of severe mental health conditions.

3. Governance arrangements for Regional Commissioning Authorities

The Commissioners queried how public, private and non-government organisations can work together to guide and oversee the Regional Commissioning Authorities.

The RANZCP supports pooling funds and the notion of RCAs (see response to *Information Request 23.1, Information Request 24.1*), but there should be consideration of the other major players in the sector (with operational expertise), such as Primary Health Networks, and the private health sector. The RANZCP also supports a commitment to piloting different models. Mental health service delivery has become increasingly fragmented and inefficient over time, so it is essential any new funding and governance models are appropriately piloted and evaluated to ensure they are efficient and effective. In addition, there must be increased transparency in the planning and development of funding models.

A rebuild represents a great opportunity for exploration of how partnerships between public, private and non-government organisations can be formed to create innovative service models. These models could enhance care for consumers, increase the accessibility of care and integrate usually disparate systems. Governance arrangements should create strong links with state-based mental health services, as these generally provide care to the most acutely unwell consumers. Consideration should also be given to determining what the RCA will actually deliver, and to whom. Funding should be determined by the capacity of the RCA to deliver their areas of the responsibility to the population they are responsible for.

The RANZCP would ultimately like to see a united mental health system which has a clear pathway for consumer care and strengthened partnerships between different levels of care.
In addition, the integration of mental health and alcohol and other drug services must be considered as part of any redesign of Australia's mental health system. It would be useful to undertake a more detailed evaluation of the current barriers to services and funding integration, as well as how to preserve existing structures in States and Territories which may already be operating efficiently. This integration of AOD and mental health services should also include service provision to people in correctional facilities.

The RANZCP would like to offer the expertise of our members to the Commission and contribute to development of the rebuild model, including discussions on how a strong set of reforms could be implemented.

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