NSW: Beginning the process of change

NSW Branch of the Royal Australian and New Zealand College of Psychiatrists
2024-25 Pre-budget submission

The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

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1. Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the Traditional Owners and Custodians of the lands and waters now known as Australia. We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and honour and respect the Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

1.1 Acknowledgement of Lived Experience

We recognise those with lived and living experience of a mental health condition, including community members and RANZCP members. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

2. About the Royal Australian New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrist (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand providing access to Fellowship of the College to medical practitioners. The RANZCP has approximately 8000 members bi-nationally. The NSW Branch represents over 2000 members, including over 1400 qualified psychiatrists.

The NSW Branch offers a substantial resource of distinguished experts – academics, researchers, clinicians, and leaders dedicated to developing expertise in understanding the risk factors of mental disorders, treating individuals and families, developing models of care and promoting public health measures that will reduce the personal suffering, loss of potential and huge economic costs caused by mental disorders in our community.

3. Message from the Chair

NSW is home to a third of the population of Australia and is languishing in mental health investment and reform. Despite targeted investment during the last Parliament (in part triggered by responses to Covid), in Perinatal, Child and Adolescent and Youth mental health (MH), we remain behind national averages across a range of KPI's, and well short of the other eastern seaboard States.

There is much to be done to address this and we understand it will take time, further advocacy efforts and good will across the sector. There are no single budget solutions. We commend the Government on listening to the College and the NSW Mental Health Alliance (MHA) and committing to a gap analysis of State MH services this year, which will define the shortfalls in service capacity and delivery and give clarity to the size and type of investment required to bring NSW to the forefront of providing effective and accessible mental health care to those who most need it.

But we also need action at the coalface, now, and propose targeted solutions. Continuing with our focus on the lifecycle, the College re-presents our recommendation for urgent and significant investment in community MH services for older people. We also propose continued investment in successful programs which have had time-limited funding: the Brain Injury Outreach Service and Headspace.

Headspace was turbocharged during Covid to increase access for youth and improve the clinical capacity of the services to deal with more, and more complex, presentations. It saw a more rapid scaling up of service delivery than the State can provide, and it has been a successful partnership of Commonwealth and State funding. It also serves as an example Commonwealth/State MH service and funding integration. Headspace services can't afford to lose the extra clinical capacity this project delivered, and NSW cannot afford to lose the momentum from this innovative program.

We also propose a scoping project for the post Gap Analysis period. We might get the numbers right in the Analysis, but we must also get the structure right. We propose scoping for a district-wide multidisciplinary triage and assessment service, integrating the myriad of 'intakes' and pathways that plague the sector, bringing expert clinical assessment services to people when they need it, whether referred via GP, health or community service, or self. It would subsume some current Commonwealth programs, use the National triage tool and build on integration efforts of primary health networks (PHNs) and local health districts (LHDs). Getting the right assessment, from the right people, as early in someone's MH trajectory as possible has enormous prevention, health, societal and financial benefits. Again, this is in the bailiwick of State/Commonwealth service agreements, but, we contend, would be best driven at the State level.

Workforce is on everyone's agenda, a perfect storm of multiple factors (which we detail), although we have seen it coming for some time. One of the factors is that psychiatry training in NSW is not popular, with lower application rates than interstate. It is not just a matter pay and conditions, but also very limited exposure opportunities in NSW for psychiatry rotations as a PGY 1 or 2. We know that, having such an experience, is the single most important determinant in those deciding on a career in psychiatry.

There are many challenges, but we look forward to continuing to work with Government and the sector to improve mental health care for the most vulnerable people in the State.

Dr Angelo Virgona
Chair
RANZCP NSW Branch Committee

4. Executive Summary

This 2024-2025 Pre-Budget Submission (the Submission) was developed in consultation with members of the NSW Faculty and Section Subcommittees, members of the NSW Branch Committee, and other stakeholders.

This submission highlights and summarises the state of mental health service delivery in this State in a snapshot. We acknowledge the need for reform of, and investment in, the sector, and see this as a body of work, during this parliament, that commences with the Gap Analysis, which is underway. But we also highlight areas that need urgent attention and initiatives that must continue.

The RANZCP proposes the following spending priorities for the next Budget.

New initiatives:

1. Investment in community mental health services for older persons: **$17.7 million**
2. Scoping and investment in State-wide trauma service, providing education, training and tertiary clinical services, focussed on improved awareness of and skills in assisting those suffering trauma-related disorders and well as capacity building of Health and sector staff: **$6 million, over 3 years**
3. Scoping for integrated district-wide triage and assessment services: **$200,000**

Continuing successful programs:

4. NSW Statewide Brain Injury Telepsychiatry Service: **$932,000 over 3 years**
5. NSW Rural Psychiatry Project: **$100,000 annually, recurrent**
6. Headspace: NSW Recovery Project: **$2 million recurrent**

Workforce:

7. Workforce: expansion of PGY 1 & 2 rotations in psychiatry: increasing by 50 places per annum over the next 3 years, to 150 places: **$6 million, year 1; $12 million year 2; then $18 million recurrent**
8. Rural Directors of Training (x4) and support: **$1.04 million recurrent**

4.1 In a snapshot

Mental illness is more prevalent in NSW now than ever before. Between 2020-2022, 40% or 2.5 million NSW residents had a lifetime mental disorder, and 20% or 1.2 million NSW residents had a 12-month mental disorder (1). These statistics correlate with an exponential increase in both mental health related presentations to emergency departments (EDs) and mortality by suicide (2). The sharp increase in ED presentations is symptomatic of a failure to properly fund community mental health services.

In rural areas, the rates of suicide, self-harm and emergency admissions for mental illness increase depending on how remotely you live (3). Australians living in remote and very remote parts of the country are about twice as likely to die by suicide than those in major cities.

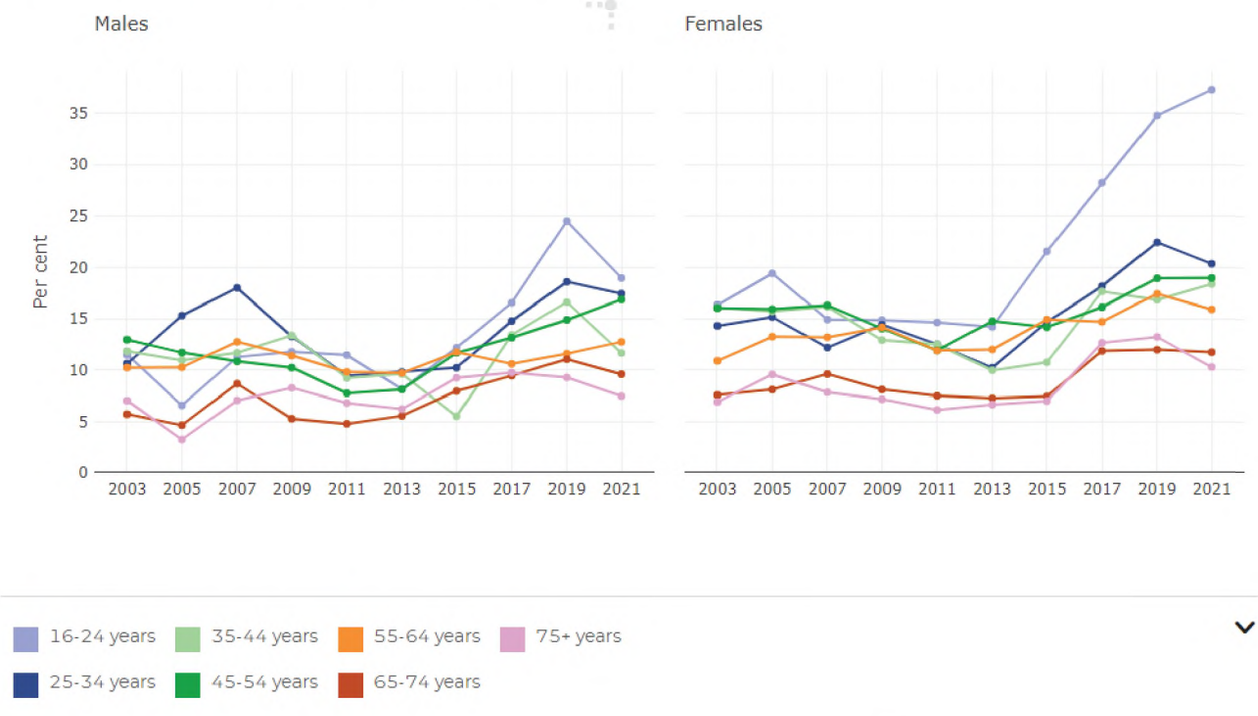


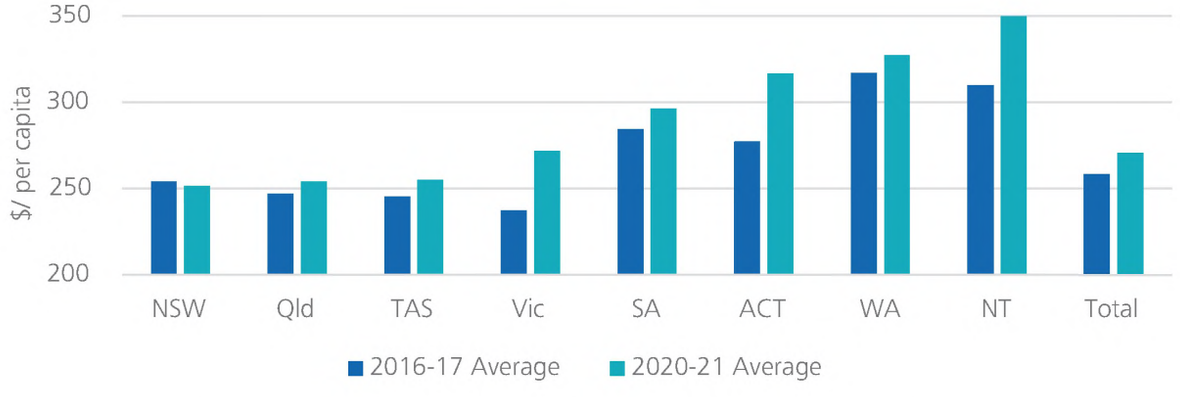
Figure 1: High or very high psychological distress in adults. HealthStats NSW (2021).

Yet despite mental health problems being on the rise in NSW and the clear evidence of comorbidity with physical conditions, the proportion of the health budget attributed to mental health hasn't risen in decades (4).

Only 7% of NSW's total health budget goes to mental health despite mental health representing 13% of NSW's total burden of disease[1]. As Table 1 demonstrates, recurrent spending on mental health services has been decreasing since 2016-17 and NSW is well behind other states.

Table 1

Total State and Territory recurrent expenditure on specialised mental health services



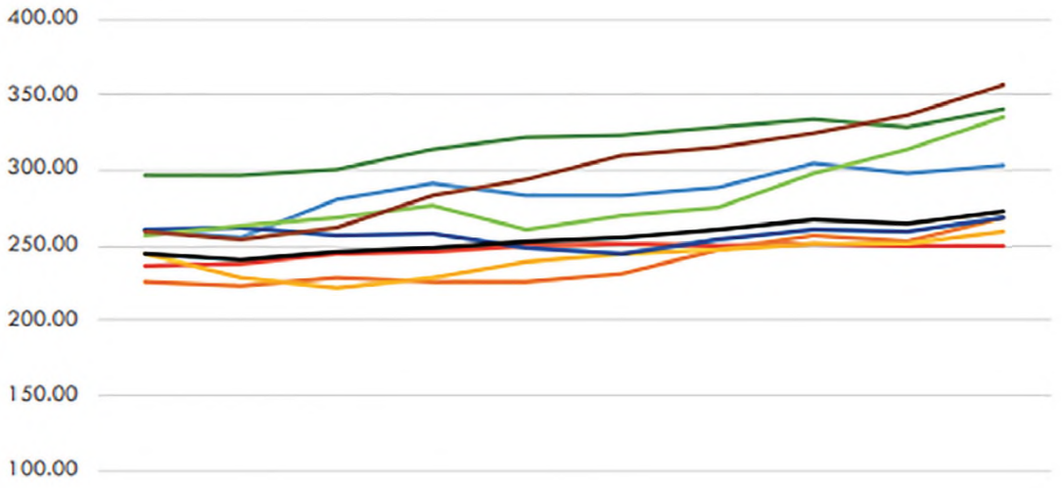
Due to failures by successive governments to plan and invest in mental health in NSW:

- per-capita spending on all mental health services in NSW is the lowest in the country - lower than all the other states and territories
- per-capita expenditure on community mental health services in NSW is at the same level as it was in 2016-17 and Table 1 shows that spending has barely increased since 2011-12
- NSW spends $50 less per person on community mental health services than WA, the highest spending state (5)
- between 2011-12 and 2020-21 the number of specialised mental health hospital beds has reduced from 36.5 to 33.3 per 100,000 population and residential mental health service beds have reduced from 2.4 to 0.4 per 100,000 population (6)
- there is a notable growth gender disparity, with females seeking mental health consultations more frequently than males (1).

[1] Australian Institute of Health and Welfare. (2021).

Table 2

State and Territory Mental Health Per Capita Spending 2011-2021



Not only is NSW way behind other states in investment on mental health generally, but the investment decisions that are made are often poorly planned and targeted, lacking in consultation, only provided on a short-term basis without a recurrent funding model to rely on, and they are seldom informed by local need and knowledge.

There are also systemic problems at the interface between Commonwealth funded primary health services and State funded community mental health services. We know that many General Practitioners (GPs) would like to do more to provide early intervention support for their patients, but the Medical Benefits Scheme (MBS) undervalues these consultations. The subsidy for consultations discourages GPs from spending too long with patients. Consequently there is not enough time to identify risks, diagnose conditions, and most importantly, to connect people with the appropriate service to support their condition (7). It is often when a GP refers a patient onto clinical services that the true inequities in NSW Government funded community mental health become apparent.

Underlying most of the problems in mental health is a shrinking workforce and how it is affecting the care given to people with the most severe and disabling mental health disorders. Australia has a critical shortage of psychiatrists. The current psychiatry workforce only meets 56% of the national demand for psychiatrists in mental health services (8). This undersupply is exacerbated by approximately 43% of psychiatrists intending to retire in the next decade (9). As bad as the situation is nationally, it is even worse in NSW. The number of full-time equivalent psychiatrists employed in NSW is lower than the national rate by 1.4 FTE per 100,000 population (10).

The NSW mental health workforce perseveres despite the stress and burnout from overworking in an underfunded system (4). But this can't continue unabated. Mental health workforce surveys for the last decade or more have consistently forecast employee attrition either by retirement or fatigue, but there has never been a follow-up succession strategy to make sure we have specialists who can step in and fill those positions at scale. This succession strategy has now become urgent.

Some of the initiatives contained in this submission are to bring about immediate relief and others are long-term solutions with a view to sustainability. Our recommendations are directed at these priority areas.

5. Targeted Investment

5.1 New Initiatives

5.1.1 Improving mental health services for older persons

In NSW, the number of people aged over 65 is expected to increase to 2.1 million people by 2036, growing at nearly three times the rate of the general NSW population (11). In 2020, NSW had the third highest proportion of people aged over 85 (after South Australia and Tasmania) and two NSW regions – the Hunter Valley and the Mid North Coast - had the highest median ages in the nation, 63 and 61.2 respectively (12).

While it's true that the number of people who experience high or very high levels of psychological distress decreases slightly with age, ageing is also the catalyst for the onset of numerous health issues that can compound the risk of mental illness and dementia. In 2015, people aged 65 and over, represented 15% of the population but experienced 33% of the burden of ill health, most likely because of the increased prevalence of dementia. And suicide among older people in NSW, in particular people aged over 75, is much higher than other age groups. Suicide rates for males aged 65–69 has increased from 12.6 per 100,000 population in 2005 to 19.9 per 100,000 in 2022. For males over 85, the suicide rate among males was 32.7 per population in 2022 (13).

Psychiatry plays a critical role in the management of neuropsychiatric symptoms in dementia, particularly where symptoms are severe (14). As is the case with community health services across the sector and the state, NSW OPMH teams are unable to keep up with the demand. Consequently, people in need are unable to access much needed services.

5.1.2 Impact of reforms to the aged care system

The Federal Government has announced significant Aged Care Reforms, based on Recommendations from the Federal Royal Commission into Aged Care Quality and Safety (The Royal Commission) (15), beginning with a single assessment system from 1 July 2024 in preparation for the new 'Support at Home" model due to commence on 1 July 2025. Staffing requirements, funding reforms and compliance expectations will change the way services are delivered to older people including elderly people with mental health needs (16). The Government claims older people will have better access to primary and specialised healthcare services and there will be greater emphasis on keeping people in their homes.

The consumer driven approach to service delivery is a departure from the provider focused model. For many older Australians the changes will make a significant and hopefully positive difference to their lives especially those people who would otherwise be living in a residential aged care facility away from their families and loved ones.

However, RANZCP shares the concerns that some providers and advocacy groups have for people who may be more cognitively challenged, have comorbidities, rapidly changing needs, are alone or lack advocacy. There are too few psychiatrists now, and this new funding model has the potential to increase demand even more as funding packages are rolled out and participants in the scheme are empowered to make their own choices (17).

We also have concerns for people who may lack advocacy or not meet the criteria for mental health support in their aged care funding packages and require state funded mental health services. State governments removed much of their funding after the National Disability Insurance Scheme (NDIS) was rolled out leaving many people with disability without any support. We don't want to see the same thing happen to older people.

Mental healthcare for older people should not be subsumed into a broader 'adult mental health' or ageless services, it should reflect the distinct needs of older people who require care from appropriately trained clinicians with specialised skills (18). Dementia alone has significant behavioural and psychological symptoms including aggression, apathy, agitation, disinhibition, and psychosis that require specialist experience and care.

The NSW Mental Health Commissions' Living Well in Focus 2020-2024 recommends a joined-up or integrated system where Older Person Mental Health (OPMH) Teams are working closely with GPs, hospital based health services, and disability and social care providers to provide specialist mental health clinical care to older people who have mental health disorders or issues including suicidality and self-harm. There is also a need to provide support to families and carers, and expert consultation to partner services such as aged health and aged care services.

The RANZCP in recognising the importance of psychiatry services for older people and supporting the move to a new 'Support at Home" aged care model, calls for additional funding to increase the number of old age consultant psychiatrists and trainees, and nursing and allied health professionals in the NSW Older People's Mental Health (OPMH) teams.

5.1.3 The solution - OPMH Model for investment

The proposed enhancement will expand these services, increase outreach, strengthen clinical and strategic OPMH leadership in districts, grow workforce capacity in adult mental health and partner services, and support evaluation and quality improvement in OPMH (19).

The Model proposes 60 FTE OPMH community clinicians in 2024-25 providing specialist mental health services to older people with moderate to severe mental health issues and their families/carers, and expert advice to aged care, aged health, and other service partners.

Core components include:

1. WORKFORCE: Additional specialist clinical workforce positions

- 7 FTE old age psychiatrists (Consultants)
- 17 FTE psychiatry registrars (Trainees)
- 19 FTE senior nurses or senior allied health professionals
- 17 FTE junior nurses or allied health professionals.

2. OUTREACH SERVICES: Expanded specialist OPMH outreach services

- Outreach to consumers in homes and residential aged care
- In-reach to consumers in hospital-based services including Emergency Departments (EDs) and inpatient services
- Face-to-face and telehealth services
- Expert consultation for partner service providers (e.g. aged health and aged care providers, GPs).

3. LEADERSHIP: Strengthened OPMH leadership in districts

- Old age psychiatry positions will provide OPMH clinical leadership
- Senior nursing or allied health positions will provide an OPMH Service Coordination role – establishing this role in districts currently without a service coordinator/ manager role and contributing to local strategic leadership in districts with an existing service coordination role. The OPMH service coordination role will also be central in implementing aftercare pathways and partnering with a training and education institution to develop and implement training (see 4 Capacity Building and Quality Improvement).

4. CAPACITY BUILDING and QUALITY IMPROVEMENT: Workforce development and quality improvement

- Capacity building: Engagement of a training and education institution, eg. The Health Education and Training Institute (HETI) to partner with districts, consumers, carers and other stakeholders to develop a state-wide training module for adult mental health and other partner workforces to enhance their capacity to respond to the mental health needs of older people including implementing a trauma informed care approach.
- Implementation and evaluation of the state-wide training module
- Evaluation and quality improvement activities for community OPMH
- Local supervision and support for implementing trauma informed psychological care.

5. OUTCOMES

This is model for investment is quick to implement and will be quick to deliver services to the community. More specialist mental health services for older people, including responsive outreach to homes and residential aged care homes, and more hospital in-reach and aftercare services will:

- Result in improved consumer access to specialist mental health advice and old age psychiatry consultation including for people in residential care
- Enhance integration of OPMH with other service partners
- Divert demand from EDs and inpatient beds
- Support transition planning from consumers in inpatient services to community
- Build on established robust OPMH model and evidence-based interventions, telehealth models and district infrastructure
- Provide supported, attractive training places which will build the old age psychiatry workforce.

Budget: $17.7 million in 2024-25 and recurrent

5.1.4 Complex Trauma Centre of Excellence

The RANZCP affirms the importance of trauma informed care and recognises the diversity in trauma presentation, appreciating the unique experiences of communities, and practicing in a manner that supports recovery and limits risks of re-traumatisation. Trauma informed care can support recovery and prevent downstream impacts on other parts of the health system.

Trauma-informed care is another area of service delivery where NSW has fallen behind compared to other states. Victoria has a state-wide service focussed on clinic research, workforce development and clinical services for borderline personality disorder and complex trauma (Spectrum, budget >$4 million annual) and is the base for the National Centre of Excellence in Post Traumatic Health at Phoenix. The Victorian Government, in response to Recommendation 23 of its Royal Commission into Mental Health, is now establishing a Mental Health Statewide Trauma Service, via a consortium led by Phoenix.

NSW has Project Air, the borderline personality disorder (BPD) centre, based at Wollongong, which has, by comparison, modest funding (approximately $1.3 million annually), limiting capacity to deliver beyond workforce capacity building and leading the Gold Card project, yet to penetrate all LHD's. Most NSW Health services will advertise that they are 'trauma-informed' but there is no formal staff development in complex trauma and capacity to deliver specific evidence-based therapies to those experiencing these disorders - within the NSW MH system, this is very limited. These are serious mental disorders, with tragic trajectories for many, significant morbidity and mortality, and those suffering are frequently engaged with community services in crisis and emergency services.

Building the workforce capacity (education, training, supervision) is critical if services are going to respond appropriately to those suffering these disorders. Tertiary level service provision is also an important part of such a centre, providing expert leadership in dealing with the most complex clinical problems.

A NSW Centre of Excellence in Trauma-Related Disorders, with the broad aims of education, training and supervision of Health and sector staff, as well as tertiary level clinical service provision for people with the most severe trauma-related disorders, will be an important foundation in building capacity in the sector and improving health and related outcomes for those suffering.

Budget: $5.35 million over 3 years
2024/5: $150,000: scoping, consortium development
2025/6: $2.5 million
2026/7: $3 million

5.1.5. Improving access through integrated Commonwealth and NSW Government services

The arguments for system and funding integration in mental health have been well-articulated. Everybody agrees that providing the right mental health care at the right time for all NSW citizens will require coordinated reform efforts at both State and Federal levels. The National Mental Health and Suicide Prevention Strategy and the National Mental Health Workforce Strategy provide frameworks for collaboration between State and Federal jurisdictions.

The NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 declared the Ministry's commitment to prioritising a truly integrated care model despite the complexities involved in funding healthcare in Australia and the challenges it represents for consumers, carers and service providers (20).

And the NSW Ministry of Health's Future Health report 2022-2032 as part of its strategy to deliver integrated care services also identified the need to improve the continuum of care for patients who are moving across settings from primary to community based care (21).

Respondents to the RANZCP 'On the brink' report regarded PHN commissioned services as among the most equitable and accessible for consumers. Unfortunately, services commissioned by PHNs are insufficient or too poorly targeted to make inroads on the needs of the 'missing middle' and even though many GPs would like to do more for their patients with a mental health condition, consultations for GPs are significantly undervalued and changes to the Medical Benefits Scheme (MBS) are needed to make them more accessible.

We see the future beyond the gap analysis as critical. It cannot be business as usual, because, if the lack of integration is not addressed, confusion, access difficulties and siloing will continue. We commend the previous government's investment in headspace (see below) and see it as a model to build on the Commonwealth/State funding cooperation and integration.

We propose a next step in that process, with a focus on **access** and **assessment**. Increasing discussion is occurring around the importance of more centralised specialised triage and assessment services, to improve access, minimise duplication, reduce long waiting periods, and to ensure the most comprehensive assessments of those in most need, at the earliest time in their journey. This was discussed at length at the Productivity Commission hearings, and models have been proposed for the child and adolescent sector and also across the Commonwealth funded sector (22) (23).

We see integration of services as key to solving the access problem. This would involve State and Commonwealth funded triage and assessment services integrating at a district level. We see the State as being in the best position to influence and drive such a development, but the proposal requires expert scoping and consultation, driven by the State.

Budget for scoping, consultation, options paper: $200,000

5.2 Continuing successful programs

5.2.1 NSW Statewide Brain Injury Telepsychiatry Service

Traumatic brain injury (TBI) affects 1 in 45 NSW residents, or about 180,000 people, and is the leading acquired cause of severe disability. Among people suffering these injuries, those living with socioeconomic disadvantage and people from rural and remote areas are disproportionately represented. It often leads to young adults being inappropriately accommodated in nursing homes, most commonly due to severe behavioural and psychiatric consequences of the TBI. TBI is also commonly associated with homelessness, mental health and substance use disorders and aggression.

Timely psychiatric intervention is difficult to arrange for two reasons: (1) the very small number of psychiatrists experienced in this area; and (2) the concentration of specialist services in Sydney and other large metropolitan areas. A statewide telepsychiatry program that is readily accessed addresses both these problems,

In March 2023, funding was obtained from the NSW State Government and icare for an eighteen month pilot project to provide timely telehealth psychiatry services for people with a history of severe traumatic brain injury (TBI) experiencing psychiatric and/or behavioural difficulties. This provided for a half-time registrar and 0.3 FTE consultant time as well as a small amount of administrative support.

This followed a three-year period of consultation with stakeholders (consumers, carers and clinicians) from across the State during an earlier icare-funded project had demonstrated high need and very limited specialist availability.

During the first nine months of operation the program has assessed 45 individuals with TBI and urgent clinical needs, some repeatedly, and communicated with referring clinicians and families. The service has been very well received by all parties and has made important contributions to diagnosis, management and care for these participants.

Referrals have been received and seen from eight LHDs across the state.

Referral Source							
Northern NSW LHD	Western LHD	South Western LHD	Hunter New England LHD	Nepean Blue Mountains LHD	Illawarra Shoalhaven LHD	Southern LHD	Mid North Coast LHD
17	11	5	5	2	1	1	1

There has been no marketing budget, so knowledge of the service has been by direct email and word of mouth. A close pre-existing relationship with Northern NSW LHS is reflected in the relatively larger number of referrals from that area. In the next phase of the project we plan to additionally target rural LHDs that have not yet referred to our service (Far West, Mid North Coast, Murrumbidgee, Northern and Western) and double the number of referrals seen in the next twelve months.

The pilot project funding runs out in August 2024. To improve recruitment and retention during the present crisis in public psychiatry staffing we seek three years' recurrent funding:

Projected budget
1.0 FTE senior registrar + on costs $170,000
0.4 FTE staff specialist psychiatrist + on costs $127,000
0.2 FTE clerical assistant + on costs $16,000

Annualised budget
Year one $293,000
Year two (assume 6% increase pa) $310,000
Year three (assume 6% increase pa) $329,000

Total projected budget $932,000

5.2.2 Rural Psychiatry Project

In 2021, the NSW Government commissioned the College to run a program to support rural trainees and psychiatrists, supporting their work in the bush, with the aim of retention but also making rural training and work more attractive. Supporting rural trainees is critical in ensuring the success of rural training pathways. Increasingly, regional centres are developing the capacity to have trainees complete all their training requirements in the bush, negating the need for travel to the metropolitan areas. This is a major development for the State.

The College has focussed on trainees in the first year, the program has built momentum and initiatives have been well-received. The cohort feel well-supported and have been enthusiastic about the program. The previous iteration of this program was similarly successful but funding ran out in 2016, and the momentum gained from that investment stalled. With the ever-increasing issues around workforce in rural and regional areas, it is a must that competent programs such as this receive ongoing funding.

Budget: $100,000 annual, recurrent

5.2.3 Headspace

Initiated by the RANZCP NSW Branch in partnership with headspace National, the $20m program was commissioned over two years and funded by the NSW Ministry of Health as part of the broader NSW COVID Recovery Package. The funding was commissioned directly to headspace National to allow for a Statewide approach to increasing access to Psychiatry, General Practitioner and students/graduates of Psychology, Social Work and Occupational Therapy. The program commenced in 2022 and was extended in June 2023 for a further 12 months. Thirty-eight headspace centres from across metropolitan, regional and rural NSW are participating, with headspace National managing the program.

Activities are delivered under three program streams:

A. Enhancing Psychiatry

Centres are supported to engage a psychiatrist through one of three workforce models:

1. direct engagement of a psychiatrist (up to 0.2FTE)
2. engagement with the Local Health District for provision of psychiatry (up to 0.3FTE)
3. access through the headspace National Telepsychiatry Program In addition to working directly with young people, psychiatrists engaged via these models work with centres' clinical teams to build capacity in providing care for young people with complex presentations.

B. GP capacity

Is strengthened in centres through targeted recruitment and retention activities.

C. Student Placement and Graduate Program

Under this stream, allied health students are supported to undertake supervised clinical placements in a headspace centre; and graduates are employed by headspace National to complete two 12-month placements at headspace services.

The NSWR program provides funding for a part time (0.4 FTE) Clinical Educator in participating headspace centres to provide field and clinical supervision, as well as undertake local implementation activities.

Key Achievements

Young people in NSW, through the delivery of this program, now have greater access to medical services provided by Psychiatrists and GPs in headspace centres; particularly evident for young people with more complex needs, with improved access and reduced waiting times, providing care at an early stage when reaching out for mental health supports. This also means that fewer young people are needing to be transferred to LHD tertiary services for ongoing care, a key benefit for young people, and the broader system.

As well as direct improvements to care, the program is delivering on new workforce models to grow the future NSW mental health workforce.

- Through the development of new partnerships between headspace in NSW and 14 Universities, allied health students and graduate placements are being coordinated across NSW in supportive team-based environments.
- We have seen already the transition of 20 students into employed clinical roles within NSW headspace centres.
- Key to improving access to psychiatry has been the development and implementation of the three Enhancing Psychiatry workforce models, co-designed between headspace National and the NSW RANZCP Branch.
- A new Community of Practice has been established to support and sustain the growing NSW headspace Psychiatrist workforce, as well as new Communities of Practice for the growing allied health clinical disciplines.

Budget: $3 million annual from 2026

5.3 Workforce

5.3.1 Approach - Attract, train and retain

There is a workforce crisis in psychiatry and across the mental health sector.

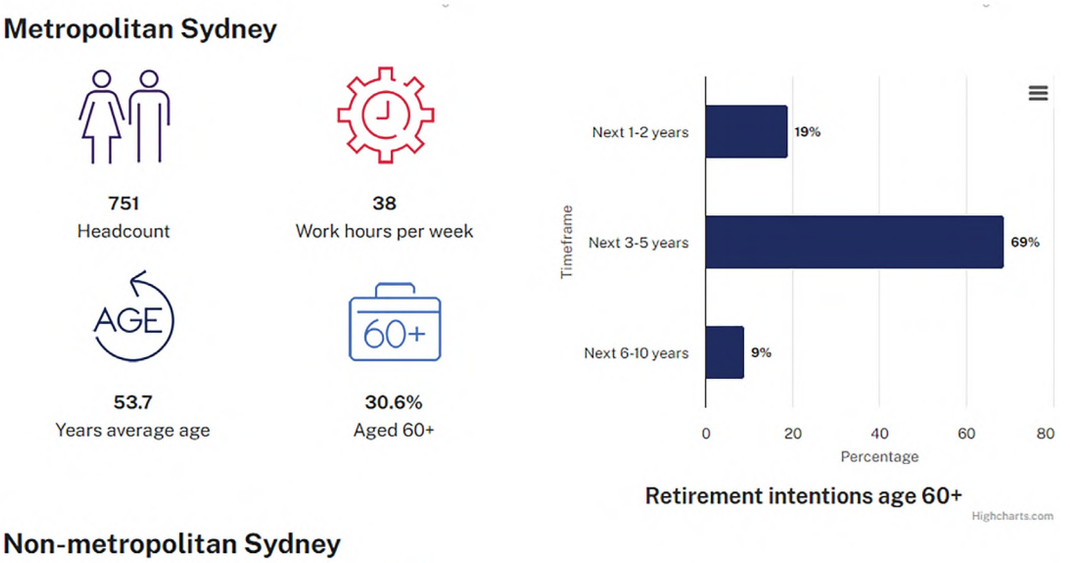
The NSW snapshot:

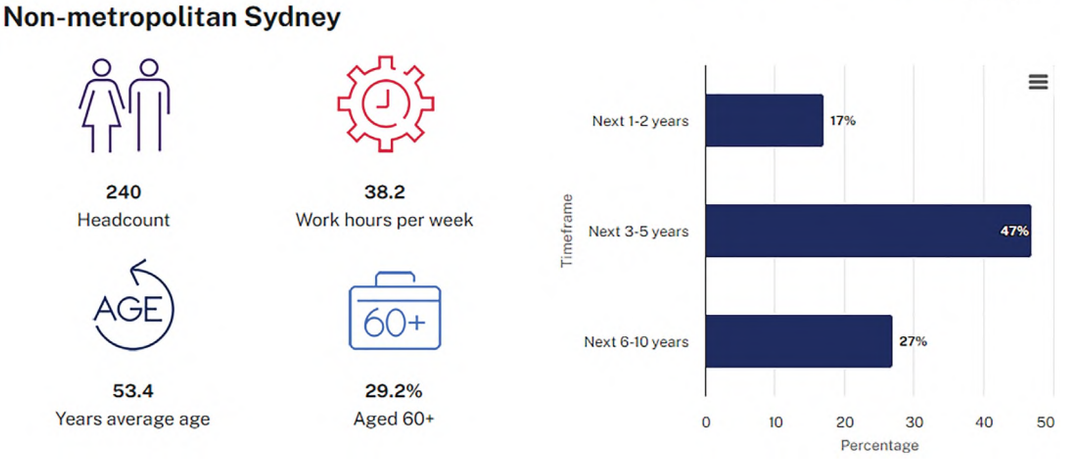
Full time equivalent (FTE) psychiatrists per 100,000 in NSW

- **The rate in NSW is 13.5 in 2022. It is lower than national rate by 1.4 FTE per 100,000 population.**
- **It has increased by 1.1 FTE per 100,000 compared to 12.4 in 2013 but it has never been higher than the national level.**

In both metropolitan and non-metropolitan areas, the average age is above 53 years old and approximately 30% of the psychiatry workforce is aged 60 or over (30.6% in metropolitan areas and 29.2% in non-metropolitan areas). Of those psychiatrists aged 60 or over, in metropolitan areas 69% are expected to retire in the next 3-5 years and in non-metropolitan areas 47% are expected to retire in the next 3-5 years.

We know from RANZCP workforce surveys of NSW psychiatrists (2014, 2015, 2019 and 2023) that, in addition to the number of projected retirees, many in the workforce are leaving because of burn out, citing over-work in under-staffed and demoralised services.





NSW Health published a Psychiatry Workforce Plan for NSW in 2019, which has not stemmed the tide.

We have advised the Department of the workforce crisis affecting the sector. There are many variables but the facts are:

- Over 60 staff specialist vacancies in NSW (actually higher specialist position vacancies as many unfillable staff specialists positions have been converted to VMO positions in recent years, which are now also becoming unfillable); huge dependence on locum workforce; bidding wars between LHD's/locum agencies driving up locum and VMO rates, and significant budget blow-outs
- Lowest remuneration for senior and junior medical staff in Australia (staff specialists approx. 25% lower than Vic, Qld)
- Burn-out: RANZCP December 23 Survey: 94% of NSW psychiatrists said the workforce shortage negatively impacts patient care; 75% of NSW of psychiatrists reported experiencing symptoms of burnout in the past three years; over 80% of NSW psychiatrists: said workforce shortages and inadequate staffing contributing to burnout; felt reduced work satisfaction and loss of motivation to work in the past three years; felt exhausted and drained all the time; and observed an increase in the symptoms of burnout amongst colleagues in the past three years; 30% considering leaving the profession in the next 5 years, 20% were not sure.
- Trainees paid as residents not registrars in the most expensive state in the country
- Poor take up of training positions, half the interest in psychiatric careers compared with Victoria
- On-call demands are crippling and a major factor in burn-out
- Low numbers of PGY1 &2 rotations in psychiatry, negatively impacting psychiatry as career choice
- Lack of workforce data informing the system

Many interventions at a State and Federal level are required to address the workforce issues, and the National Mental Health Workforce Strategy signed up to by all governments, is designed to address it.

RANZCP Approach – attract, train, and retain.

Workforce is a major focus of the RANZCP nationally and solutions are considered under the following themes: attract, train and retain.

5.3.2 – Attract

The NSW RANZCP sees the most important investment is in PGY 1&2 rotations in psychiatry. We know that exposure to a psychiatry rotation pre-vocationally is the most significant factor in people choosing a career in psychiatry. NSW has patchy rotations, some services with historically relatively high numbers of positions and some with none. We acknowledge 15 new positions funded for 2024 after our advocacy, but this is too small a number statewide to have much influence.

In 2021, the Victorian Government mandated that all PGY 1 & 2's would complete a psychiatry rotation. The initiative is being rolled out and is bearing fruit. We know that Victoria had substantially more applications for psychiatry trainee positions in 2023 (200 applications versus 135 for NSW).

Solution

Major increase in PGY 1 & 2 rotations across NSW mental health services.

Budget:
Year 1: 50 positions: $6 million
Year 2: 100 positions: $12 million
Year 3: 150 positions: $18 million recurrent

5.3.3 - Train

The Commonwealth's Flexible Approach to Training in Expanded Settings (FATES) purpose is to support specialist medical college (College) projects that address priority areas and actions identified in the National Medical Workforce Strategy (NMWS), and other Australian Government priorities. These include a focus on addressing maldistribution and undersupply issues, as well as meeting community need by increasing support for building capacity in the rural, remote and Aboriginal and Torres Strait Islander specialist medical workforce.

In 2021, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) launched a visionary strategic document Rural Psychiatry Roadmap 2021-31: A pathway to equitable and sustainable rural mental health services (Roadmap). The Roadmap emphasises building the rural psychiatry workforce with the development of a dedicated Rural Psychiatry Training Pathway (RPTP). Its focus is on expanding opportunities for aspiring psychiatrists to live, train and practice in regional, rural and remote settings ('Rural'). This will see the establishment of dedicated and sustainable Rural training pathways to Fellowship.

The RANZCP was successful in its application for funding under the FATES program administered by the DoH to assist with addressing the workforce shortage in regional, rural and remote Australia

In 2022, Northern NSW LHD was successful in receiving time limited Commonwealth funding for a Rural Director of Training, in line with the Rural Psychiatry Roadmap, which has as its goal trainees completing all their training in the bush. This funding was aimed at providing support for trainees to live, work and train in regional areas, following a strong evidence base that this is the best method of producing medical practitioners to continue to practice in regional and rural areas.

NNSWLHD appointed a Rural Director of Training at the end of 2022 in a 0.45 role, with 0.3 ESO support. This funding will expire in June 2024. It was anticipated by the Commonwealth that States assume ongoing funding of these position.

The appointment has been extremely successful in providing substantial support and improvement in the experience of local trainees and has resulted in a significant increase in the number of psychiatry trainees living, working and training in NNSW.

At the time of appointment, there were 7 local trainees within the district, in 23 training positions. The rest of the positions were either filled by 10 Syndey metropolitan trainees on secondment, and the rest were vacant

Over the course of the appointment, the Director of Training has strengthened the quality of the training programme, the support to trainees, the identification of recruitment pathways, local training plans for each trainee, sources of funds for rural based training and a range of other initiatives that have enhanced the experience of trainees in the region

Currently, there are 20 local based trainees intending to complete training in the region. There are only two vacancies in the junior medical workforce, with plans to fill each of those places in the upcoming months. There is also a clear plan for each trainee to complete all mandatory training in the region. It is also anticipated that a number of trainees due to complete training will remain working for the LHD.

We recommend NSW Health support continued and increased investment in local psychiatry rural training pathways, as an evidenced based intervention that increases recruitment and retention in rural settings

Solution

NSW Health provide funding for four Rural Director of Training positions to cover the State.

Cost:
0.5 Rural Director of Training: $200,000 x 4 $800,000 recurrent
0.5 Education Support Officer $60,000 x 4 $240,000 recurrent

Total: $1,040,000 recurrent

5.3.4 - Retain

To support the retention of trainees and psychiatrists the focus must be on immediate reform of the awards and their application, particularly Staff Specialists Award and VMO Determination, to reach at least parity with other eastern seaboard States. This is being currently discussed with Government and solutions will not be addressed further in this submission.

6. Contact

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