



25 November 2022

Hon Dr Sally Talbot MLC
Chair
Select Committee into child development services
Legislative Council

By email to: sccds@parliament.wa.gov.au

Dear Dr Talbot

Re: Inquiry into child development services

Thank you for your email of 30 September 2022, inviting the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to provide our views to the inquiry. The RANZCP is responsible for training, educating, and representing psychiatrists on policy issues and is guided on policy matters by a range of expert committees including members of the Faculty of Child and Adolescent Psychiatry (FCAP) Committee. The RANZCP has over 7700 members, including more than 5600 qualified psychiatrists and over 2100 members who are training to qualify as psychiatrists. The Western Australia RANZCP Branch has 585 members including 444 specialist psychiatrists.

Child Development Services

Mental illness in childhood can have enduring consequences and is a strong predictor of morbidity in adult life ([RANZCP](#)). The results of psychological distress and mental illness in young people are considerable and include poor mental health into adulthood, low school engagement and performance, high welfare dependency and involvement with the child protection system, criminal activity, insecure housing, drug and alcohol dependency, and premature death.

Our members have raised the important role of child development services on a child's overall development health and well being, and express concern about the gaps in service in WA. Currently, where a child presents with emotional and/or behavioural issues that may have some neurodevelopmental foundations (including the presence of mental health disorder and/or the sequelae of interpersonal trauma) there is little to no capacity for this child to be seen in the public or private sectors by a child psychiatrist (nor increasingly, by appropriately trained psychologists and other allied health professionals). This compounds the lack of capacity in public sector child development services, arising as a result of increased referrals and difficulties with throughput. One member noted:

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The lack of attention by current and successive past governments to the physical, developmental and mental health needs of our children is creating a circumstance where WA's children have provided for them a third world psychological and social care system. Significant investment and resource building in all fields of child health (and that includes mental health) is urgently required.

Another member also expressed concern about gaps in services and estimated that 50% of their public clients could benefit from a paediatrician assessment and/or allied health for neurodevelopmental, developmental and/or medical concerns. One quarter of these, including some children with very high needs and acuity, are severely impacted by the delays, which maintains or is worsening their mental health trajectory. This member noted that most families lack the financial need for private services and need access to public services. Additionally, until the child is assessed, they are excluded from funding for school supports, which are based on having a diagnosis, and NDIS supports.

As noted by the RANZCP ([Position Statement 59](#)) and [Productivity Commission](#), certain children, such as those in care and with experience of abuse/neglect, are at particular risk of experiencing mental ill-health. Conversely, prevention and early-intervention has been [noted](#) as key to improving lifelong mental health and wellbeing outcomes. Early responses improve children's well being and are a cost-effective approach to improving life-long outcomes for people.

Collaboration among medical specialities and allied health care professionals is required to ensure that children and adolescents receive equitable, accessible, affordable, and high-quality mental health care. Child and Adolescent Psychiatrists are uniquely positioned to provide guidance to governments on clinical care models to support young people with mental health conditions. We note that the [Australian ADHD Professionals Association](#) has now released the final Australian evidence-based clinical practice guideline for the assessment and treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Workforce

The RANZCP acknowledges the key challenges facing the mental health sector in establishing sufficient workforce pathways, including workforce shortages. There are more significant shortages within some specialisations, including child and adolescent psychiatry. Workforce maldistribution continues to be a significant concern as rural and remote regions of Australia are faced with significant workforce shortages.

While infants, children, and adolescents comprise nearly 25% of the population, in 2019, Child and Adolescent Psychiatrists (CAPs) represent only 10% of the psychiatry workforce (1.6 full time equivalent (FTE) per 100,000 population) (see [FCAP Workforce discussion paper](#)). Consistent with Action 16.2 of the Productivity Commission report, the national number of CAPs in clinical practice must be increased to address the shortfall within the sector. This must be done in collaboration with the RANZCP, and form part of the broader government medical workforce strategy. To meet service

demand, the RANZCP recommends in the first instance increasing the national number of CAPs to 2.5-4.5 FTE per 100,000 total population in line with recommended models from the United Kingdom. As reported in modelling from the [National Mental Health Service Planning Framework \(NMHSPF\)](#), the RANZCP also supports increased staffing of community mental health services for children and adolescents to 80% of NMHSPF recommendations by 2024.

The College has positioned itself to advocate for the establishment of sufficient workforce pathways with a particular focus on maldistribution and under supply. The Psychiatry Interest Forum (PIF) brings together medical practitioners and students with an interest in mental health and provides members with free benefits including access to educational events, career guidance and access to e-learning resourcing. The PIF not only increases interest in psychiatry but also acts as a proven pipeline to enter the RANZCP training programme. The success of PIF is underpinned by collegiate relationships between medical colleges, universities and training hubs.

Achieved through strong advocacy, initiatives such as the Specialist Training Program and the Psychiatry Workforce Program are effective tools to support specialist medical training experiences in settings beyond traditional public teaching hospitals. These training posts are available across regional, rural and remote Australia including public and private health facilities, and non-hospital settings such as aged care, community health and Aboriginal Medical Services.

Thank you for the opportunity to contribute to the Inquiry. Should you have any queries, please do not hesitate to contact me via our Senior Advisor, Policy, Advocacy and Educational Development, Gillie Anderson on gillie.anderson@ranzcp.org or 08 6458 7802.

Yours sincerely

Dr Michael Verheggen
Chair, RANZCP Western Australia Branch