



The Royal
Australian &
New Zealand
College of
Psychiatrists



Australian Capital Territory Branch



RANZCP ACT Branch 2026/27 Pre-Budget Submission

A strong and equitable mental
healthcare system for the ACT

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 healthcare. 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-Pacific region.

The RANZCP has over 9,036 members, including 6,465 qualified psychiatrists (consisting of both Fellows and Affiliates of the College) and over 2,550 members who are training to qualify as psychiatrists (referred to as Associate members or trainees). As of October 2025, the RANZCP Australian Capital Territory (ACT) Branch represents 96 Fellows and 43 doctors training to become psychiatrists.

The RANZCP ACT Branch Pre-Budget Submission has been prepared in consultation with the ACT Branch Chair, Committee and wider ACT membership. The RANZCP ACT Branch would like to thank everyone who contributed to this submission.

Acknowledgement of Country

We acknowledge the Ngunnawal (Nun-ah-wal), the original custodians this land we meet today. We pay respects to Elders past and present and recognise their ongoing connection to the land and culture. We also acknowledge any other families or people with connections to these lands.

Acknowledgement of Lived Experience

We acknowledge the significant contribution of all people with lived experience of mental illness, and the people who care and support them, to the development and delivery of safe, high-quality mental health services. We recognise those with lived and living experience of a mental health condition, including community members and College members. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

Contact

Monique Hodson-Smith

Policy & Advocacy Advisor

RANZCP ACT Branch

E: monique.hodson-smith@ranzcp.org

T: +61 3 9236 9140

W: www.ranzcp.org

18 December 2025

Mr Andrew Barr MLA
Treasurer, ACT Government

Dear Treasurer,

Re: 2026-27 ACT Budget Consultation

It is with great pleasure that I present this ACT Pre-Budget Submission 2026-27 on behalf of the ACT Branch of the RANZCP. The Branch commend the ACT Government on the commitment it made in January 2025 to inject additional funding into the public health system and ensuring efficient and sustainable delivery of care.

Canberrans are fortunate that our public mental health services are of a high standard. Yet there are still gaps. It is critical for the Government to prioritise access to robust community based and social support services that address the social determinants of mental health.

We must also make sure that we have the right mental health services to meet the needs of all Canberrans, including individuals requiring care during the perinatal period, those in contact with the justice system, as well as those who would benefit from extended inpatient care.

This submission addresses our priorities regarding the psychiatry workforce and mental health service delivery in the ACT, focusing on three priority areas:

- **Supported psychiatry workforce** – continue to invest in improving working conditions and wellbeing.
- **Community based integration of social services and specialist mental healthcare** – Investment in comprehensive integrated services for children and youth with complex social care as well as mental health needs where there are risks about offending behaviours and family/placement breakdown.
- **Clinician input into mental health infrastructure and service developments** – ensure service developments meet population specific needs in the ACT, including acute perinatal mental health services, and capital investment toward secure forensic care and extended inpatient care.

We urge the Government to continue to improve workplace conditions for psychiatrists through increased administrative assistance. This will help the Government meet its own ongoing commitment to ensuring “high workplace satisfaction and retention rates within the mental health workforce”.^[1] We look forward to working with you to contribute to improving the mental healthcare and outcomes in the ACT.



Yours sincerely,

A handwritten signature in black ink, appearing to read 'Denise Riordan'.

A/Prof Denise Riordan
Chair, RANZCP ACT Branch



Priority Area 1:

Psychiatry Workforce retention and support – improving working conditions

Australia is facing a growing shortage of psychiatrists. As a result, people are waiting too long or missing out on mental health care, with a disproportionate impact on a regional jurisdiction.

Supply, demand, and unmet need in the ACT

The ACT has a slightly higher number of psychiatrists at 16.3 full time equivalent (FTE) per 100,000 people, compared to the national average of 15.3.^[1] In order to address significant and increasing demand, the retention of staff as well as an increase in both the number of trainee and supervisor positions is critical. Currently, demand exceeds supply, leading to increasing gaps in unmet need:

- The baseline demand gap was 2.8 FTE psychiatrists in 2024 and is projected to increase to 12.8 FTE by 2033.^[2]
- The unmet demand gap was 10.4 FTE in 2024 and is projected to increase to 24.5 FTE by 2033.^[2]

1. Pathways to support psychological wellbeing of trainee psychiatrists

- The ACT consistently attracts enough doctors who want to train to become psychiatrists, and we have enough FTE psychiatry positions allocated across the public mental health system.
- Investments into supporting doctors within the ACT is essential to maintain high-quality patient care and a sustainable health system.
- With increasing levels of burnout and exhaustion it is increasing the risks of psychosocial impacts when working in psychiatry, with 1 in 4 serious claims for mental health conditions in the last five years from the healthcare and social assistance industry.^{[3][4]}
- The [National Mental Health Workforce Strategy 2022-2032](#) (NMHWS) outlines the shared responsibility of states and territories in supporting the implementation of evidence-based self-care and recovery promotion for the mental health workforce.^[1]
- [ACT's Mental Health Workforce Strategy 2023-2033, Framework for Change: the ACT Mental Health Workforce Strategy](#) and [Framework for Action 2023-2026](#)^[5] indicate very few past, current, and future investments in the mental wellbeing of psychiatrists and other mental health professionals in ACT. We urge the government to address this gap.
- In alignment with the NMHWS, members have indicated that unsuitable physical infrastructure can limit the quality of support and treatment for patients. It is essential to have viable spaces for psychiatrists to complete the necessary non-clinical work.
- Additional administrative support for psychiatrists would mean staff can focus more on delivering clinical care and so work to top of their scope of practice, rather than spending long periods of time dealing with administrative matters that can be appropriately delegated to others.

- We acknowledge the [ACT's Health Infrastructure Plan's](#)^[6] significant investment in improving health facilities, particularly mental health spaces, across the territory.
- Within the current [ACT Health Infrastructure Plan Update](#)^[6] of the already funded investments in mental health building infrastructure, two expansions are currently underway: the Watson Precinct and Northside Hospital.

Key Ask

The system can be further strengthened by providing psychiatrists with:

- Embed-formalised mental health pathways and clearly accessible services for doctors under Action 10 in the ACT Mental Health Workforce Strategy 2023-2033.
- Leverage pre-existing infrastructure expansion investments in Watson Health Precinct and Northside Hospital to include clinical spaces for psychiatrists to conduct non-clinical work.
 - Beyond these two hospitals, audit underutilised rooms in hospitals and health centres across ACT to retrofit as additional non-clinical workspace for clinicians.

2. Administrative support to address the administrative load that falls on psychiatrists

- Despite budget pressures, the ACT Government's \$227.3 million investment in 2025 presents an opportunity to strengthen the health system.^[6] We encourage the Government to prioritise retaining essential administrative roles, which are vital for supporting frontline mental health services and ensuring the success of this investment.
- Investing in administrative capacity is an effective way to support frontline mental healthcare in the ACT.
- In a RANZCP survey, 73% of respondent psychiatrists in the ACT said support with paperwork would help decrease burnout and increase job satisfaction.^[7]
- This will help to retain existing psychiatrists and improve quality and efficiency in mental healthcare delivery.
- We acknowledge the Government's commitment to reducing the reliance on agency locums in the ACT public health system.
- By investing in improved working conditions However, the ACT will benefit from more permanent positions being filled to meet the projections in demand and further reducing the reliance on locums over time.

Key Ask

- Retain funding for administrative staff and protect administrative support for psychiatrists.
 - The recommended ratio for CHS is 1.0 FTE admin to 5.0 FTE psychiatrists.

Priority Area 2:

Feasibility study for multidisciplinary services for children and youth in care and protection services and in contact with the justice system

The Government's merger of ACT Health and the Community Services Directorate present opportunities to address the social and environmental factors that impact people's mental health.

We also welcome political leadership on this in the ACT and investment in Community-based youth mental health services.

The ACT Government's decision to raise the age of criminal responsibility to 14 is a significant and commendable step forward in youth justice reform. However, this important change must be accompanied by robust systems and services that support vulnerable children.

- We are concerned there is a lack of a comprehensive model integrating medical, social supports, and mental healthcare accessible to children in out-of-home care or in contact with the justice system.
- We recommend enhanced, and where appropriate, intensive community supports and diversion programs that prioritise addressing social determinants of health, with a focus on family support, suitable accommodation and flexible education options to ensure youth have opportunities to engage in socially inclusive activities.
- Children and young people with co-occurring conditions or experiencing challenging life circumstances adds complexity for service delivery, particularly in navigating consent, and when justice or family protection services may be factors. These young people are at significant risk of missing out on services

and escalating to have much more significant social and mental health needs.

- Similar challenges were highlighted in the ACT Health and Mental Health Insights Report by Canberra Health Network^[8]. Recommendations provided in the report, in addition to those raised during CHN consultations, include improving care and referral pathways between services, and providing case management for these children and young people.

Referral and assessment of vulnerable children and young people

- The recently established Therapeutic Support Panel (TSP) now oversees high-needs young people in out-of-home care (OOHC). Currently, the TSP faces challenges in accessing therapeutic supports, as ACT Children, Youth, and Families (CYF) has historically relied on funding private practitioners.
- We also acknowledge there is a paediatrician on the Therapeutic Services Panel, though there is a gap in specialist mental health input to determine whether there is a need for specialist mental health supports.
- To ensure the most effective use of resources and improved outcomes for vulnerable children, we recommend commissioning a feasibility study to assess the potential benefits and cost-effectiveness of establishing a multidisciplinary and trauma informed service to fill the gap in services delivered for these children in the ACT.

- This study should examine current expenditure by CYF and ACT Health on private practitioners and evaluate whether a dedicated clinic model could deliver better value and enhanced support for children in need.

Key Ask

We recommend the ACT Government commission a feasibility study to assess the benefits and cost-effectiveness of a multidisciplinary service for children in contact with the justice, and care and protection services.

The feasibility study should consider:

- A jointly commissioned service that brings together social care, health, mental health, and education.
- A proposed multidisciplinary staffing model:
- 4.0 FTE nurses, psychologists, speech pathologist, occupational therapist
 - 0.5 FTE Paediatrician
 - 1.0 FTE Clinical Nurse Consultant (Team Lead)
 - 0.5 FTE Child and Adolescent Psychiatrist
 - 1.0 FTE Psychiatry Registrar (Stage 3)
- Estimated investment: \$1.3 million per annum

The study should also review current spending on private practitioners and whether a dedicated clinic model would provide better value and outcomes for vulnerable children.



Priority Area 3:

Prioritise the availability of key services, and equitable access to mental health services across the ACT

Psychiatrists provide important insights into the planning of clinical mental health facilities based on their experience of working in these settings.

We look forward to continuing to provide clinical input into the landscape of mental health services at the new North Canberra Hospital. Mental health services that are working in the south of the city at Canberra Hospital need to be replicated in the north to ensure equity in service delivery.

We acknowledge the funding pressures with the recent Federal Government announcement to reduce funding amounts under the National Health Reform Agreements, so are eager to support efficient and cost-effective infrastructure and service developments.

1. North Canberra Emergency Department *Mental Health Act (2015)* approval

- The Emergency Department at North Canberra is not gazetted under the *Mental Health Act (2015)*. This means patients who require care under the Act are transferred to The Canberra Hospital.
- We ask the Government to support this action so that people can access services equitably across the Territory and receive the care they require closer to where they live.

Key Ask

Commit to funding for the required resources for the emergency department at the existing North Canberra Hospital to allow for involuntary mental health treatment and admissions.

2. Parent Infant Mental Health Unit (PIMHU)

- Specialist perinatal mental health services are well recognised in helping treat mothers as well as supporting infant wellbeing and the relationship between mother and baby.
- In line with the [RANZCP Position Statement on Perinatal Mental Health Services](#) our advocacy is for the implementation of a mental health treatment in an inpatient setting for birthing parents facing a severe mental health crisis to be accompanied by their babies from late pregnancy until 12 months postpartum.
- Currently in the ACT, parents with acute mental health needs must be separated from their babies to receive inpatient care.^[10] In cases where mothers are experiencing severe and complex mental health issues, a mother and baby unit (MBU) would help prevent unnecessary separation, which disrupts the development of healthy relationships. MBUs are critical for the health and wellbeing of primary caregivers, infants, and wider families, and reduce the risk for ongoing demand for healthcare.^[10]



- We note that during the 2024 ACT election, ACT Labor promised to deliver a new 6-bed MBU to provide perinatal and infant mental healthcare.^[9] We urge the Government to follow through on this promise to improve mental healthcare for Canberran parents.
- Not all women and birth parents are able to access a parent-infant mental health unit (PIMHU), for example single parents with multiple children to care for at home, or parents with a sick child in the NICU.
- We further advocate for expansion of the multidisciplinary specialised perinatal mental health workforce to be able to provide flexible and stepped care for those parents with a perinatal mental illness who are not able to access a PIMHU.
 - This increased specialised workforce will also support implementation of points 5.3 and 21.4 of the Maternity in Focus First Action Plan 2022-2025: improving referral pathways from primary to specialist care for perinatal mental health, and tiered training for the broader maternity workforce in perinatal mental health.

Key Ask

Support the development of the planned acute parent-infant mental health unit, supported by a project management plan for 2026 and commitment to ongoing funding.

3. Long-Stay Mental Health Unit

- To better meet the needs of consumers with complex and enduring mental illness, the ACT needs a secure Long Stay Mental Health Unit (LSMHU). While the existing Adult Mental Health Unit (AMHU) and the Adult Mental Health Rehabilitation Unit (AMHRU) sometimes provide long-term care, they are not designed for this.
- The LSMHU should be designed and dedicated to providing care to acute patients, including those admitted under involuntary treatment orders, who need extended care over a period of two months or more. This would free up beds at the AMHU and the AMHRU to be used for their intended purpose of providing inpatient care for short periods of time.

Key Ask

Plan and build a secure long stay mental health unit.

References

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10. Royal Australian and New Zealand College of Psychiatrists. Position statement 57: perinatal mental health services. 2021. [Perinatal mental health services | RANZCP](https://www.ranzcp.org/health-services)

