



Draft National Mental Health Workforce Strategy

Mental Health Victoria's submission

September 2021

About Mental Health Victoria

Mental Health Victoria (MHV) is the peak body for the mental health sector in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, unions, local governments, and other bodies across the health and related sectors.

Our aim is to ensure that people living with mental illness can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.

About this submission

In preparing this submission, MHV has consulted with mental health organisations, our Lived Experience Advisory Network and a broad range of professional and peak bodies through the Victorian Mental Health Policy Network (VMHPN) - a network of over 40 peak and professional organisations from across the mental health and intersecting sectors.

Introduction

MHV welcomes the opportunity to provide input into the National Mental Health Workforce Taskforce's (the Taskforce's) draft National Mental Health Workforce Strategy (the Strategy).

MHV commends the Taskforce's commitment to strengthen and support an appropriately skilled, sustainable workforce that can provide Australians with recovery-oriented, culturally safe, trauma-informed and holistic mental health care. The Taskforce appropriately recognises the need to redefine how mental health support and treatment is delivered as well as who delivers it. To this end, MHV supports that the Strategy has the potential to bring about crucial change for countless Australians.

Now is a critical time for mental health as the COVID-19 pandemic and 2019-20 bushfires continue to have significant impact on the mental health and wellbeing of Australians. For Victorians living with mental ill health, the major reform underway following the Royal Commission into Victoria's Mental Health System will pave the way for significant change in how Victorian mental health services are designed and delivered and people's access to quality mental health care. It is essential that national reform agendas such as the National Mental Health Workforce Strategy complement such developments within individual states and territories.

MHV broadly supports the Strategy's overall vision and accompanying objectives, however, has concerns about several gaps in the Strategy. We propose the Taskforce addresses these gaps before the final report is presented to the Australian Government.

To achieve these objectives, and thus the Strategy's vision for Australia's mental health workforce, MHV puts forward the following recommendations:

1. Develop designated children's and older adult's mental health workforce plans to address significant workforce shortages in these specialities.
2. Establish national benchmarks for remuneration and employment conditions, including employment stability, that apply across all occupations and employers.
3. Establish a national association for peer workers.
4. Develop clear plans to implement initiatives for attracting and incentivising workers.
5. Incentivise higher education institutions to offer mental health-related training programs.
6. Establish a national incentives program to encourage mental health service providers to initiate and maintain student placements.
7. Provide further information on the National Mental Health Workforce Data Strategy development and implementation timelines.
8. Consider opportunities to improve data collection, monitoring and sharing ahead of development of the National Mental Health Workforce Data Strategy.
9. Consider how data collection and analysis can be expanded and improved for consumer populations where current data is particularly sparse.
10. Consider how to address the significant need for broad, comprehensive, readily available data that improves transparency regarding workforce supply and demand.
11. Establish ongoing collaboration and consultation mechanisms with consumers, carers, and key population groups with specific needs to identify and implement components of care.
12. Establish ongoing collaboration and consultation mechanisms with diverse representatives from broadly defined mental health workforce groups to oversee the review of scopes of practice.

13. Provide further detail on a comprehensive plan that ensures career pathways and education, training, supervision and placement opportunities are available across the full spectrum of mental health and wellbeing supports.
14. Clearly articulate the mental health service needs of populations with distinct needs and map the skills, experiences and qualifications that will be required in the workforce to address these.
15. Provide further detail on implementation plans for improving the sector's capacity for and use of multidisciplinary team-based approaches.
16. Provide further detail on initiatives to support staff wellbeing in the workplace.
17. Establish clear plans to integrate national with local mental health service and workforce planning.
18. Increase investment in initiatives that support collaboration, integration and innovation within and across workforces.
19. Develop a national digital mental health strategy for a permanent, sustainable, effective, and evidence-based model of telehealth.
20. Design and develop the national digital mental health strategy, including implementation plans for technology-based initiatives alongside local consumers, and family, friends, and supporters with lived experience.
21. Establish a plan to integrate and align actions across relevant state and national workforce strategies.
22. Develop a clear plan to accommodate surge capacity.

In this submission, MHV provides further context to our recommendations by aligning these against the relevant Strategy objectives and then our own additional proposed considerations.

Objective 1: Careers in mental health are, and are recognised as, attractive

MHV broadly supports Objective 1. MHV commends the Taskforce for addressing the need for improved awareness of pathways into and within the mental health workforce in the Strategy.

MHV strongly supports the Strategy's acknowledgement of the immediate action that is required to establish clear career pathways for peer workers (both consumer and family, friends, and supporters lived experience) and psychosocial support workers (as per Actions 1.2.1 and 3.3.1). This will be critical for successful implementation of the Victorian Royal Commission recommendations, which will likely include development of a substantial community mental health workforce.

MHV recommends establishing a national association for peer workers. These consumers, family, friends, and/or supporters with lived experience have insight, knowledge and expertise derived from a diverse array of experiences that is vital to improving the mental health system and ensuring it meets the needs of the communities it serves. Numerous studies have shown that improved access to peer workers can increase cost efficiency by reducing reliance on more costly acute and crisis care services. The Australian Government can cultivate this valuable component of the sector with funding to establish a national association.

However, the peer workforce requires considerable expansion to capitalise on its potential. For example, career progression and supervision arrangements are currently unclear for peer workers. It is also unclear how peer workers can integrate with tertiary health services and education settings. Establishing a national body for peer workers would support the development of the profession by improving access to resources, training opportunities and communities of practice, promoting and clarifying the role of peer workers throughout the

sector, and providing advocacy, support, and expert advice to support policy making and implementation.

MHV seeks further information on the Strategy's plans for ongoing strategic attraction initiatives (e.g., Action 6.1.1). To attract workers to all occupations, settings and employers in the mental health sector and thus enable more equal distributions of occupations, it is critical that the entire workforce is appropriately remunerated, feels valued, and employment conditions are improved. Where appropriate, workers should also be provided with tools required for their job, such as a car or mobile phone.

Training and development in professions related to mental health (e.g., generalist undergraduate programs such as medicine, professional development for dieticians), should include upskilling in mental health and mandatory mental health skillsets, as well as clear pathways into postgraduate specialisations in mental health and opportunities for integration (e.g., joint training, rotations between mental health and AOD sectors)

While the Strategy acknowledges that there are shortages of workers across most mental health-related occupations, MHV notes that the Strategy does not provide detail on areas of specialisation that are experiencing the most acute shortages. For example, workforces specialised in caring for children and young people as well as older adults are experiencing significant shortages. It is critical that the Strategy includes actions to address growing and developing these specialist mental health workforces.

Recommendations relating to Objective 1

1. **Develop designated children's and older adult's mental health workforce plans to address significant workforce shortages in these specialities.** These plans should include a lived experience and community mental health workforce and address rural and remote areas, Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD) and disability workforces.
2. **Establish national benchmarks for remuneration and employment conditions, including employment stability, that apply across all occupations and employers** in the mental health sector. This benchmarking will require commitment from the federal, state and territory governments to invest in services that receive government funding (e.g., NDIS, MBS), so all organisations can attract high quality providers.
3. **Establish a national association for peer workers.**
4. **Develop clear plans to implement initiatives for attracting and incentivising workers** to work in mental health, especially in rural and remote areas. These plans should include clear timelines and targets.
5. **Incentivise higher education institutions to offer mental health-related training programs** by increasing the number of Commonwealth-supported places and funding for qualifications in mental health.
6. **Establish a national incentives program to encourage mental health service providers to initiate and maintain student placements.**

Objective 2: Data underpins workforce planning

MHV broadly supports Objective 2, however identifies several gaps.

MHV commends the Taskforce for addressing the need for more transparent data to inform workforce planning, especially for occupations not regulated under the Australian Health Practitioners Registration Agency (AHPRA) and thus for whom workforce data on the size and distribution, including distribution by age, gender, geographic location, or area of expertise, is

not available. These occupations include peer workers, social workers and the psychosocial support workforce.

MHV emphasises that it is critical that data held by various data custodians at organisation, state, territory and national levels can be accessed and linked to provide comprehensive analysis and commentary. MHV seeks further information on how data accessibility will be improved, and in turn, how data governance issues will be resolved for these data linkages to be completed efficiently.

MHV recommends that the Strategy prioritises data collection and promotes research addressing specific populations where current data is too sparse to inform workforce planning. It is critical that the workforce is developed using a data-driven, epidemiological approach to ensure it meets the needs of these cohorts, which include people in the perinatal period, infants, children, older adults, Aboriginal and Torres Strait Islander people, people with a dual diagnosis, and people with a disability. For example, improved data and research surrounding the first thousand days of life is of significant value for prevention initiatives as it can improve understanding of the risk and protective factors for infants during this formative period that can influence their future mental health, development and wellbeing.

MHV seeks further information on how the [Health Demand and Supply Utilisation Patterns Planning \(HeaDS UPP\) Tool](#) data will be utilised as well as how this Tool will collect data on occupations, such as peer workers, who may not be captured in standard datasets (e.g. Medicare Benefits Schedule (MBS)).

MHV notes that the actions required to support Objective 2 rely on development and implementation of a National Mental Health Workforce Data Strategy. MHV seeks further information regarding how the Data Strategy will capture workforce data for occupations and services where there are currently no data sources (e.g., community-managed mental health services).

Recommendations relating to Objective 2

7. **Provide further information on the National Mental Health Workforce Data Strategy development and implementation timelines**, as well as how this Data Strategy will ensure data is collected consistently across states and territories and for occupations where there are currently no workforce data sources (e.g., peer workers and community-managed health services).
8. **Consider opportunities to improve data collection, monitoring and sharing ahead of development of the National Mental Health Workforce Data Strategy.** These critical data are required to support urgent interventions to address workforce shortages and maldistributions.
9. **Consider how data collection and analysis can be expanded and improved for consumer populations where current data is particularly sparse.** These populations include perinatal, infant, child and youth groups older adults, Aboriginal and Torres Strait Islander people, people with a dual diagnosis, and people with a disability and should be addressed as a priority in development of the National Mental Health Workforce Data Strategy due to significant current and projected workforce shortages.
10. **Consider how to address the significant need for broad, comprehensive, readily available data that improves transparency regarding workforce supply and demand** across Australia. These data should be available across all sector occupations, organisations and jurisdictions (including state, territory and federal funding streams) to support workforce planning.

Objective 3: The entire mental health workforce is utilised

MHV broadly supports Objective 3. MHV applauds the Taskforce for addressing the need to develop appropriate regulatory arrangements for occupations without these arrangements and who currently contribute significantly to the sector such as peer workers, social workers and psychosocial support workers. Developing appropriate regulatory schemes will allow these occupations to contribute more fully to the sector as well as improve the quality and safety of care.

As discussed above (see Objective 1), MHV strongly supports the Strategy's focus on clarifying the scope of practice and career paths for occupations who have less documented roles and tasks in different settings, especially for the peer workforce. Clearly defining roles and scopes of practice will improve quality and safety of care and support multidisciplinary team care models.

Recommendations relating to Objective 3

- 11. Establish ongoing collaboration and consultation mechanisms with consumers, carers, and key population groups to identify and implement components of care** that will meet their needs (see Action 3.1.1). A particular focus must be placed on regional, rural and remote areas.
- 12. Establish ongoing collaboration and consultation mechanisms with diverse representatives from broadly defined mental health workforce groups to oversee the review of scopes of practice.** This process should incorporate their practical experience, formal expertise and knowledge across diverse service settings (e.g., rural, regional, metropolitan, private, public, community; see Action 3.1.2).

Objective 4: The mental health workforce is appropriately skilled

MHV broadly supports Objective 4. MHV commends the Strategy for emphasising the need for the workforce to broadly have skills to provide sustainable, recovery oriented, trauma informed, person-centred and culturally safe support and treatment.

MHV applauds the Strategy for conveying the need to provide additional support to under-represented occupations and for these workers to access education and training (Action 4.3.1). MHV notes this work will need to await earlier actions (e.g., Actions 3.2.1; 3.2.2) in the Strategy to be completed, which involve developing occupational scope and ensuring the training opportunities and relevant educational qualifications address the workforce's scope of practice.

MHV emphasises that the workforce as an entirety must have the skill and capacity to provide a full spectrum of services that support mental health and wellbeing, including prevention and early intervention, in addition to responsive treatments and acute supports. The workforce must also have the skill and capacity to treat groups with specific needs. Particular populations, including veterans, asylum seekers and refugees, LGBTIQ+ people, individuals experiencing harmful alcohol and other drug (AOD) use and individuals detained in justice facilities require tailored mental health support and treatment. It is critical that the Strategy ensures that the specific needs of these groups are clearly articulated, and that corresponding education and training is accessible to ensure workers develop appropriate skills to meet their needs.

MHV commends the Strategy for articulating the need for more frequent adoption of multidisciplinary team-based approaches and for proposing the development of training modules to this end (Action 4.1.1). MHV seeks further information on how these training modules will be approached and implemented. Safe and effective treatment often requires a multidisciplinary workforce which includes people from diverse backgrounds and with a range of life experiences, professional qualifications, skills and capabilities. In many settings, multidisciplinary teams provide a critical mix of skills that can address individuals varied mental health needs.

MHV seeks further information on how the Strategy will improve how each workforce understands and connects with another's scope of practice. This is critical in adopting multidisciplinary team care models (Action 4.1.1) and in ensuring that the entire mental health system adopts a "no wrong door" approach, in which all workers have the capacity to identify how and where to refer an individual to access support and treatment appropriate to their needs. For example, MHV emphasises that a person's wellbeing and mental health can be influenced by and interact with a range of different factors and thus requires multidisciplinary input where appropriate. These factors may include:

- Physical health
- Disability
- Harmful alcohol and other drug use
- Gender identity and diversity
- Experiences of family violence
- Financial and housing status
- Interactions with the justice system
- Early childhood trauma
- Social isolation and loneliness

Recommendations relating to Objective 4

- 13. Provide further detail on a comprehensive plan that ensures career pathways and education, training, supervision and placement opportunities are available across the full spectrum of mental health and wellbeing supports** (i.e., from prevention through to complex, acute treatment), highlighting areas requiring increased subsidies such as education and training for peer workers and psychosocial support workers.
- 14. Clearly articulate the mental health service needs of populations with distinct needs and map the skills, experiences and qualifications that will be required in the workforce to address these.** Populations should include veterans, asylum seekers and refugees, LGBTIQ+ people, individuals detained in justice facilities and individuals experiencing harmful AOD use. This mapping should include the roles of each occupation in providing the tailored mental health supports.
- 15. Provide further detail on implementation plans for improving the sector's capacity for and use of multidisciplinary team-based approaches.**

Objective 5: The mental health workforce is retained in the sector

MHV applauds the Strategy for articulating the urgent need to more appropriately invest in workforce and infrastructure to improve workforce retention. Chronic under-resourcing of the mental health sector has resulted in a rationing of services, ageing infrastructure, failure to meet growing demand and excessive pressures on staff and services across all states and territories. An adequately funded service system is a precondition for the effective functioning of the workforce, otherwise resource pressures will continue to impede the capacity of workers to provide the care that they are trained to provide and to maintain their own good mental health and wellbeing necessary to keep them in what can be a challenging work environment. As such, MHV seeks further information on workplace initiatives to directly support and improve the wellbeing of staff.

As discussed above (see Objective 1), to improve the attractiveness of working across all occupations, settings and employers in the mental health sector it is critical that the entire workforce is appropriately remunerated. MHV seeks further information regarding how the Strategy will address considerable variation in the mental health sector in terms of remuneration.

As discussed above (see Objective 1), MHV strongly supports the Strategy's recommendations to address employment insecurity (Action 5.1.1), access to appropriate supervision (Action 5.2.1), and unclear career pathways (Action 5.4.1).

Recommendations relating to Objective 5

16. Provide further detail on initiatives to support staff wellbeing in the workplace.

These initiatives should be tailored to address diversity in the workforce and allow for staff supervision and support without placing extra financial burden on the organisation.

As recommended under Objective 1 above: **Establish national benchmarks for remuneration and employment conditions, including employment stability, that apply across all occupations and employers** in the mental health sector.

Objective 6: The mental health workforce is distributed to deliver support and treatment when and where consumers need it

MHV commends the Strategy for articulating the need for improved integration of national and local planning processes as well as flexible, innovative service and training models that build on local characteristics and service needs and support increased utilisation of peer workers, especially for rural and remote areas. MHV seeks further information regarding how the Strategy will approach integrating national with local service plans.

MHV commends the Strategy for acknowledging the need to encourage providers to apply service delivery models that utilise other workforces, however the Strategy does not address how integrated, coordinated care will be incentivised and supported (see Action 6.2.1). MHV emphasises that a comprehensive, integrated mental health system is one that responds to the social determinants of wellbeing in a holistic manner for every individual. The workforce of this effective system must have capacity and skill to achieve this. To this end, MHV encourages the Strategy to consider innovative approaches to improve workforce integration and coordination. This is a particularly important in the current setting, where the scarcity of mental health services has meant that workers may be required to practice outside of the scope of their education, experience or training.

MHV applauds the Strategy for addressing the need to increase the availability and appropriate utilisation of telehealth to supplement local capacity building. Telehealth and other technology-based initiatives are critical to improve access to mental health services for people in regional, rural and remote areas as well as for specific population groups across Australia who may be experiencing significant unmet service needs in their local area (e.g., those who may face challenges physically attending a facility or clinic, those requiring mental health care to be provided in a language other than English). It also allows for the full utilisation of available providers across Australia.

MHV emphasises that planning how technology-based services will be delivered should involve consultation with diverse population and age groups to ensure implementation meets the needs of all consumers and family, friends, and supporters with lived experience, including populations with specific needs that may impact their use of technology. This includes ensuring that the process of transforming services into digital infrastructure does not disadvantage groups that may not have access to the suitable technology.

Recommendations relating to Objective 6

- 17. Establish clear plans to integrate national with local mental health service and workforce planning.**
- 18. Increase investment in initiatives that support collaboration, integration and innovation within and across workforces**, for example, by introducing new MBS items for psychiatrists to provide advice to GPs or allied health providers over the telephone, where item numbers are available to all providers in the call.
- 19. Develop a national digital mental health strategy for a permanent, sustainable, effective, and evidence-based model of telehealth.** This should include supply and demand data and a detailed implementation plan. This plan should also include digital health infrastructure and virtual care facilities in regional, remote and rural areas as well as for specific population groups to ensure specific communities are not disadvantaged due to service deficits in technological readiness.
- 20. Design and develop the national digital mental health strategy, including implementation plans for technology-based initiatives alongside local consumers, and family, friends, and supporters with lived experience** to ensure they are appropriate for the communities they intend to service.

Integration and alignment of national and state workforce strategies

MHV highlights that it is critical that the Strategy actions and associated implementation plans are integrated and aligned with other workforce strategies and initiatives across individual states and territories. For example:

- National Disability Insurance Scheme's Workforce Plan
- (Victoria's) Mental Health Workforce Strategy
- (New South Wales's) Strategic Framework and Workforce Plan for Mental Health
- (Northern Territory's) Mental Health Strategic Plan
- (Victoria's) State Disability Plan
- (New South Wales's) Disability Inclusion Plan
- (Queensland's) Disability Services Plan
- (Western Australia's) State Disability Strategy
- National Children's Mental Health and Wellbeing Strategy

Recommendation

- 21. Establish a plan to integrate and align actions across relevant state and national workforce strategies** that relate to the mental health sector. This may include linking sectors across the health and human services portfolio through whole-of-government structures.

Ability to rapidly respond to surges in demand

The COVID-19 pandemic and 2019-20 bushfires have highlighted the impact that large scale traumatic events have on the mental health system. MHV emphasises that the Strategy and its associated implementation plan must ensure the broad mental health workforce has the capacity to respond to surges in demand without placing excessive additional pressure on staff or impact the provision of appropriate mental health support to the community. This will require successful, comprehensive implementation of the Strategy's actions as well as recommendations provided by MHV in this submission.

Recommendation

- 22. Develop a clear plan to accommodate surge capacity**, including through addressing significant staffing shortages and service maldistributions.

Conclusion

The Taskforce's draft Strategy presents an exciting opportunity to better the mental health of a multitude of Australians. MHV applauds the Taskforce on this essential piece of work.

For the Strategy to capitalise on this significant opportunity to reform the mental health workforce, it is critical that the Strategy's plans for implementation are clearly elucidated. These plans should include timelines as well as further consultation opportunities. MHV proposes the Taskforce broadly considers interim opportunities to reform the workforce in areas of urgent need, such as timely investment in telehealth infrastructure, improved remuneration and working conditions across the sector, critical data collection on supply and demand and innovative initiatives to urgently address workforce shortages and maldistributions.

For the Strategy to achieve its vision, it will need to be integrated with existing initiatives, frameworks and strategies and people will need to work together at all levels of government, service and community. MHV welcomes the opportunity to work collaboratively with the government to ensure the Strategy is implemented successfully in communities.

MHV again thanks the Taskforce for the opportunity to contribute to this vital piece of work. For further information on this submission, please do not hesitate to contact Hayley Warren, MHV Policy Advisor, at h.warren@mhvic.org.au