27 September 2021

Submission to the National Mental Health Workforce Strategy 2021-2031

The Australian Government engaged ACIL Allen to support an independent Taskforce to develop a ten-year National Mental Health Workforce Strategy. The Strategy will consider the quality, supply, distribution and structure of the mental health workforce; and will identify practical approaches that could be implemented by Australian governments to attract, train and retain the workforce required to meet the demands of the mental health system in the future.

A Consultation Draft Strategy was developed, supported by a Background Paper that summarises the evidence on which the Consultation Draft Strategy is based. (Links to these papers are available at the end of this document). The Taskforce invited the public including consumers, carers and the mental health sector to comment on the Consultation Draft Strategy.

MHCC provided the following feedback to the questions asked in an online submission. This document has been made available to inform members of the responses that MHCC provided. We acknowledge and thank member organisations that provided input into the submission.

Submission Questions:

1. To what extent does the aim of the draft Strategy address the key challenges facing Australia's mental health workforce?

MHCC supports the aim of the Strategy, particularly the approach of viewing mental health through a social and emotional wellbeing lens.

The aim of the Strategy could be enhanced by incorporating the importance of the workforce understanding and being supported to implement a trauma-informed recovery-oriented practice approach and referencing the National Framework for Recovery-Oriented Mental Health Services.

2. What extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?

The aims and objectives provide an appropriate strategic framework that will underpin the development of the mental health workforce that Australia needs. However, the draft Strategy would benefit from referencing other relevant workforce plans such as the NDIS National Workforce Plan:2021 – 2025.

As the consultation paper recognises, the Strategy will need to be supported by an implementation plan which should be developed collaboratively by the Commonwealth, state and territory governments and other stakeholders. MHCC is concerned that the replacement of COAG with the National Federation Reform Council does not provide the appropriate Commonwealth/state/territory architecture to take forward the implementation of a genuinely national workforce strategy. The development of an effective national governance structure to oversee the implementation of the Strategy will be essential and it must ensure the genuine engagement and collaboration of all key stakeholders.

3. Are there additional priority areas that should be included?

Additional investment will also be needed to achieve the aims and objectives of the Strategy. The development of the new National Mental Health and Suicide Prevention Agreement recommended by the Productivity Commission should reference the need to implement the Strategy to support integrated health workforce and service planning.

4. The draft Strategy seeks to balance the need for nationally consistent approaches that support the reform agenda with sufficient flexibility for states, territories and service providers to pursue priorities that reflect their specific contexts and challenges across occupations and settings (public, private and community-based). To what extent does the draft Strategy achieve an appropriate balance?

The fact that this strategy does not discuss its relationship to the NDIS workforce strategy is unfortunate. How these two workforces, often utilising the same practice principles and the same people needs to be explored. How the two strategies will work together is an important question for community-based services especially in relation to funding and wages.

5. The draft Strategy provides a high-level roadmap to improve the attractiveness of careers in mental health, with implementation approaches differing across occupations and locations. To what extent does the draft Strategy provide a useful approach to addressing issues that impact on the attractiveness of the sector?

The Strategy provides a useful approach, particularly in identifying the strong need to market mental health as an attractive career choice, including to secondary school students. The greater awareness, understanding and experience of mental distress as a result of COVID 19 may provide a valuable opportunity to promote the crucial role of the mental health workforce, and its significance as part of the broader service system.

Workforce recruitment is a significant issue for community-managed organisations (CMOs) delivering metal health and psychosocial support services. In 2019 MHCC initiated a CMO workforce employer survey to better understand the size and nature of the CMO workforce in NSW. The survey was repeated this year and shows the workforce grew by 12.9% between 2019 and 2021. Most of the surveyed CMOs feel that a further increase in workforce numbers with higher skill levels will be required in the future.

Service providers regularly report challenges in recruiting an appropriate workforce particularly in regional and rural NSW. Just over 60% of respondent organisations to the 2021 survey indicate they had vacant positions in the last 6 months and half of these indicated that at least some of their vacant positions have been difficult to fill. The most common reasons given by survey respondents for vacancies are “insufficient numbers of workers with relevant qualifications” (52%), “difficult to attract workers to service location of the position” (43%) and “unable to offer a competitive salary” (22%).

Action 1.3.2 outlines the need to ensure mental health trainees undertake clinical placements across a mix of settings including community, private and public settings. It is important to recognise the opportunities the community managed or non-government sector settings provide for positive experiences for mental health trainees.

6. A key issue for the mental health workforce is maintaining existing highly qualified and experienced workers. To what extent does the draft Strategy capture the key actions to retain workers?

The CMO workforce is a relatively young workforce with 64% of the workforce under the age of 45. The sector is seen as an entry level to the mental health workforce both for VET and degree qualified workers and the relative youth of the workforce may be the result of turnover as experienced workers seek higher remunerated and/or stable employment in other sectors. Retaining workers for longer poses a genuine challenge for community-managed mental health service providers.

Several actions in the draft strategy may assist; particularly Action 5.1.1 “Develop longer minimum service contract lengths for commissioned mental health services, including in rural and remote areas.” The impact of uncertain and tenuous contracts on service provision, recruitment and consumer and staff wellbeing delivery is clear and the Productivity Commission Mental Health Inquiry Final Report (2020) recommended minimum five-year contracts for providers with clear and early renewal advice.

A five-year contract provides certainty for staffing and investment decisions. It allows business risk to be managed with minimal impact on consumer care and provides for greater stability in consumer/provider relationships. Importantly it also reduces the need to engage in expensive and disruptive tendering processes. Providing an option to renew the contract based on having met the contractual conditions and demonstrated appropriate corporate governance would further enhance these benefits.

Priority Area 5.3 includes a range of actions to improve workplace health and safety and wellbeing. MHCC supports these but notes that some tenders are not funded adequately to be able to offer sufficient remuneration to attract appropriately trained and experienced staff, given the complexity of the client cohort. Funding for services delivered by CMOs also rarely provides adequate resources to upskill and build the capacity of the community-based workforce. The sector needs to be able to accommodate different levels of complexity with new and innovative training and professional development including ongoing professional supervision (as opposed to line-management supervision).

In an environment characteristically funded based on hours of direct service delivery provided, allocations need to recognise the additional funds required to cover supervision and mentoring costs to both develop the workforce and maintain the health and safety of wellbeing of employees so services can provide sufficient coverage and ensure risk is minimised.

7. The Productivity Commission and other inquiries have identified the importance of improving integration of care and supporting multidisciplinary approaches. How can the Strategy best support this objective?

Objective 4 “The entire workforce is utilised”, Objective 5 “The mental health workforce is appropriately skilled” and Objective 7 “The mental health workforce is distributed to deliver support and treatment when and where consumers need it” all contribute to improving integration of care and supporting multidisciplinary approaches.

MHCC broadly support the priority areas for action outlined in these three objectives. We note in Action 3.2.1 Psychosocial Support Workers and Lived Experience (Peer) Workers are identified as occupations where nationally consistent scopes of practice should be developed.

MHCC agrees that a nationally consistent scope of practice for these occupations could provide greater clarity about roles, assist in the standardisation of training and development and more transferable skills. However, not all psychosocial supports are the same. There are differences between providers in implementation (often based on models of care provided at tender stage) and the community managed mental health sector must have room for further innovation and development of the psychosocial support worker role. MHCC requests further consultation with the community managed mental health sector on the development of national consistent scopes of practice for these occupations. It should also be noted that the National Mental Health Commission is leading the development of Lived Experience (Peer) Workforce Development Guidelines.

The related action 3.4.1 to "Review regulatory arrangements to ensure the appropriate regulatory approach is in place to manage the risks to consumers and carers, with the arrangements aligned to scopes of practice" causes greater concern for MHCC. We strongly support the delivery of quality and safe services that are trauma-informed and recovery oriented; however, any system of regulatory arrangements aligned to scopes of practice for psychosocial support workers requires careful consideration.

There is a multiplicity of standards that apply to services delivered by the community managed mental health sector with the aim of improving the quality of mental health service provision and protecting service users from harm. These include the NDIS Practice Standards; The National Mental Health Service Standards, The National Practice Standards for the Mental Health Workforce, and the Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed the National Safety and Quality Digital Mental Health Standards and is currently developing National Safety and Quality Mental Health Standards for Community Managed Organisations. Whilst the standards developed by the ACSQHC are not mandated, MHCC is concerned that a further layer of regulation aimed at the individual worker could be both expensive and have a significant impact on workforce supply.

8. There are recognised shortages across the mental health workforce, including maldistribution across metropolitan/regional locations and settings. To what extent does the Strategy address the issues and supports required to improve workforce distribution?

The strategy does not adequately address the issue of distribution, access or equity across the country. We know that in remote areas there are difficulties in accessing both clinical and community trained mental health workers who can work with people with complex mental health and psychosocial support needs.

9. A broad definition of the mental health workforce provides a platform for innovation to ensure all occupations are able to work effectively. How can the Strategy encourage innovation in service delivery models and workforce optimisation approaches?

Innovation requires training, sector development, and translational research into practice and evaluation. That needs to be built into the service system and requires funding.

The following consultation documents are provided:

- Consultation Draft: National Mental Health Workforce Strategy 2021-2031
- Background Paper: National Mental Health Workforce Strategy 2021-2031