

# Community- managed mental health workforce



## Community-managed mental health workforce

The community managed organisations (CMO) workforce makes up one-quarter of the entire mental health workforce in NSW,<sup>63</sup> and is growing significantly, increasing by nearly 13% in the two years between 2019 and 2021.

However, **further increases in workforce numbers with higher levels of skills and competencies is required to meet the projected future demand.**<sup>63</sup> **There is a need to invest in the workforce both now and into the future.**



## Overview of the community-managed workforce

The CMO workforce is primarily comprised of Mental Health Support Workers (55%), Support Coordinators (12%) and Peer Workers (14%).<sup>63</sup> This composition has changed since 2019, with a significant increase in the numbers of Support Coordinators and Peer Workers over the period.<sup>63</sup>

The diversity of the sector is recognised as a strength given that 71.7% of CMOs have a

female CEO, the majority of the workforce is female, and half of the organisations had policies in place to support the employment of Aboriginal and Torres Strait Islander as well as culturally and linguistically diverse (CALD) staff.<sup>63</sup> Overall, the CMO workforce is better qualified than the general Australian workforce, with the predominant qualification being a Bachelor degree or higher, Certificate III or Certificate IV.<sup>63</sup>

## Increasing demand for workers

The CMO workforce in NSW requires significant investment to reach projected demand for CMO services. The workforce is under represented in NSW datasets around mental health services which contributes to the gap in investment.

Over 60% of respondents in Mental Health Coordinating Council's 2021 *Mental Health Workforce Profile* indicated they had vacant funded positions in the last six months.<sup>63</sup> There are a growing number of 'difficult to fill' vacancies identified (207) by CMOs surveyed and some specific workforce categories are of concern, with high vacancy rates among Peer Workers (15%).<sup>63</sup> There is a high-level of workers employed on temporary or casual basis (48%) in the sector, indicating the need for job security to ensure retention in the workforce.<sup>63</sup>

Reasons for difficulty filling vacancies:

- limitations of fixed term contracts
- the new NDIS Worker Screening causing delays with recruitment
- workers leaving to perform independent NDIS work for higher remuneration and flexibility,
- shortages of psychologists in regional areas.<sup>63</sup>

There is a significant shortage of services in rural and remote NSW, signalling a significant future demand for mental health workforce in these areas. The recent Productivity Commission report stated that *“People residing in lower socioeconomic areas have greater usage of mental health services compared to people residing in higher socioeconomic areas and people in outer regional, remote and very remote areas have greater usage compared to other areas”*.<sup>57</sup> This is compounded by the fact that population growth is increasing at a high rate for regional NSW. However, this population growth is largely in the 65 and over age group, with very low population growth projected in the below 64-year-old age group which creates greater pressure on workforce capacity in these areas.<sup>58</sup>

### Attracting, retaining and training the CMO workforce

There are a set of common challenges faced across the mental health sector which also impact the CMO workforce in NSW. This includes the awareness of mental health as an attractive career due to a lack of advertisement and stigma.<sup>65</sup>

There is a significant **limitation in the data available** on the mental health and specifically CMO workforce which limits the Government’s ability to effectively undertake workforce planning and development.<sup>65</sup>

Similarly, there are no links between local, state and national workforce planning processes which limits the understanding of workforce patterns across the system.<sup>65</sup>

The changing **needs of the sector are currently outpacing the skills and training** of the workforce. In order to meet these needs, courses are required that upskill Aboriginal and Torres Strait Islander health and mental health workers, lived experience workers and psychosocial support workers, all of which are significant occupation categories in the CMO sector.<sup>65</sup>

Workforce retention has been impacted by **negative perceptions of the sector**, varying employment conditions, limited professional development opportunities, fatigue in the workforce due to the nature of the work and short funding cycles which limits job security.<sup>65</sup> All of these factors contribute to a sector that experiences difficulties in attracting, training and retaining a workforce that will meet the needs of the mental health system in Australia.

#### Challenges limiting workforce growth



**Many CMOs have reported difficulty in retaining and recruiting staff due to limited career pathways into the sector and uncertainty about low levels of funding.<sup>63</sup>**

This indicates the need for longer-term funding models and contracts as well as defined career pathways into the sector. There is also reported difficulty amongst some organisations to ensure their workforce has access to professional development due to the costs associated with back-fill and the lack of training to meet needs.<sup>63</sup> Around two in three organisations require supplementation from government to cover the Equal Remuneration Order required for the workforce, indicating that remuneration is a great burden on organisations to meet expectations of the workforce.<sup>65</sup> These factors all contribute to the difficulty of the CMO workforce to meet the increase in demand expected in NSW.

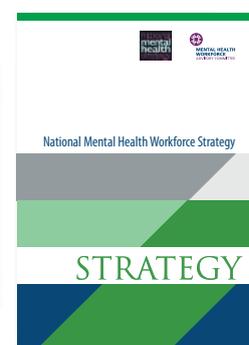
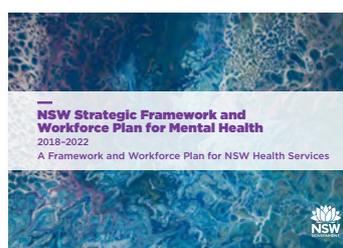
**Training and professional development**

There is currently a range of training and professional development available for the mental health workforce, including training provided by MHCC.<sup>59</sup> MHCC's training is specific to the CMO sector and provides recovery-oriented and trauma-informed practice principles as well as peer workforce training options. There is recognition that the CMO workforce requires capacity building training in order to meet the needs of diverse cohorts who have mental illness, including refugees, migrant communities and people from CALD backgrounds.<sup>63</sup> The NSW Workforce Plan called for a mental health training needs analysis to be conducted for the CMO workforce to identify further gaps in skills that could help to create a workforce that would meet the needs of the community.<sup>69</sup>

**Current Workforce Plans and Strategies**

All jurisdictions currently have an overarching mental health workforce plan with varying focuses but with commonalities being that they are holistic, person-centred, and utilise a trauma-informed recovery-oriented approach that is strengths-based and culturally safe. The NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 provides the strategic action for NSW Health to take across the sector up until the present year.<sup>60</sup> The Framework set out to achieve three goals of holistic, person-centred care; safe, high-quality care; and connected care. The Workforce Plan aimed to stabilise the foundations, build blocks and ensure the right people, right skills, right place.<sup>69</sup> The Plan sought to address shortages in workforce planning and development in NSW and to meet projected demand by developing emerging workforces, partnering with adjacent sectors and strengthening mental health leadership in the sector.<sup>69</sup>

Along with the NSW Strategic Framework and Workforce Plan, there is also the National Mental Health Workforce Strategy 2021-2031 which provides a 10-year strategy to attract, train and retain the workforce needed to meet the needs of the mental health system in Australia.<sup>61</sup>





### Snapshot: The Peer Workforce in NSW

People who experience mental health challenges have an employment rate as low as 26% due to barriers faced seeking and maintaining employment.<sup>62</sup> In recent years, there has been increasing recognition of the role people can play through utilisation of their peer or lived experience of mental health recovery. The peer workforce can provide greater support to people accessing services by providing recovery-oriented and multidisciplinary support through their unique experiences of navigating the mental health service system.<sup>72</sup>

There has been historic investment into developing the mental health peer workforce in NSW. This includes the creation of a state-wide Mental Health Peer Workforce Coordinator position, funding of 28 new LHD/SHN mental health peer worker full time equivalent (FTE) and awarding scholarships for the Certificate IV Mental Health Peer Work certification.<sup>72</sup> There is an emerging body of evidence that shows the positive influence on outcomes that the peer workforce has on the sector as a whole, and on those they work with experiencing mental health and behavioural conditions, including reduced readmission rates, increased discharge rates and longer time spent in the community.<sup>72</sup> As this workforce continues to grow and be invested in, it is important that workplaces continue to support this workforce through flexible service models that recognise their differing needs to the clinical workforce.<sup>72</sup>

Although there is limited data on the CMO mental health workforce, data on the public mental health workforce indicates that NSW has achieved significant progress with the investment it has made in the peer workforce. In 2018-2019, NSW increased its peer workforce in public mental health facilities to 37 consumer peer workers per 10,000 FTE clinical mental health care staff, this compared to the national level of approximately 70 consumer peer workers per 10,000 FTE clinical mental health care staff.<sup>63</sup> Although there is still a way to go in terms of peer worker numbers, this has significantly improved compared to the carer workforce which has decreased significantly compared to the national average since 2018-2019, with 4.0 carer workers per 10,000 FTE mental health care staff in 2019-2020 compared to the national average of 25.4.

Despite considerable investment in growing the peer workforce in NSW, there are also deficiencies in equity for this workforce. At the moment, **peer workers rarely have the same opportunities for career development pathways and support on the job.** Peer support is integral to ensure the peer workforce can continue to be fostered and developed in NSW.

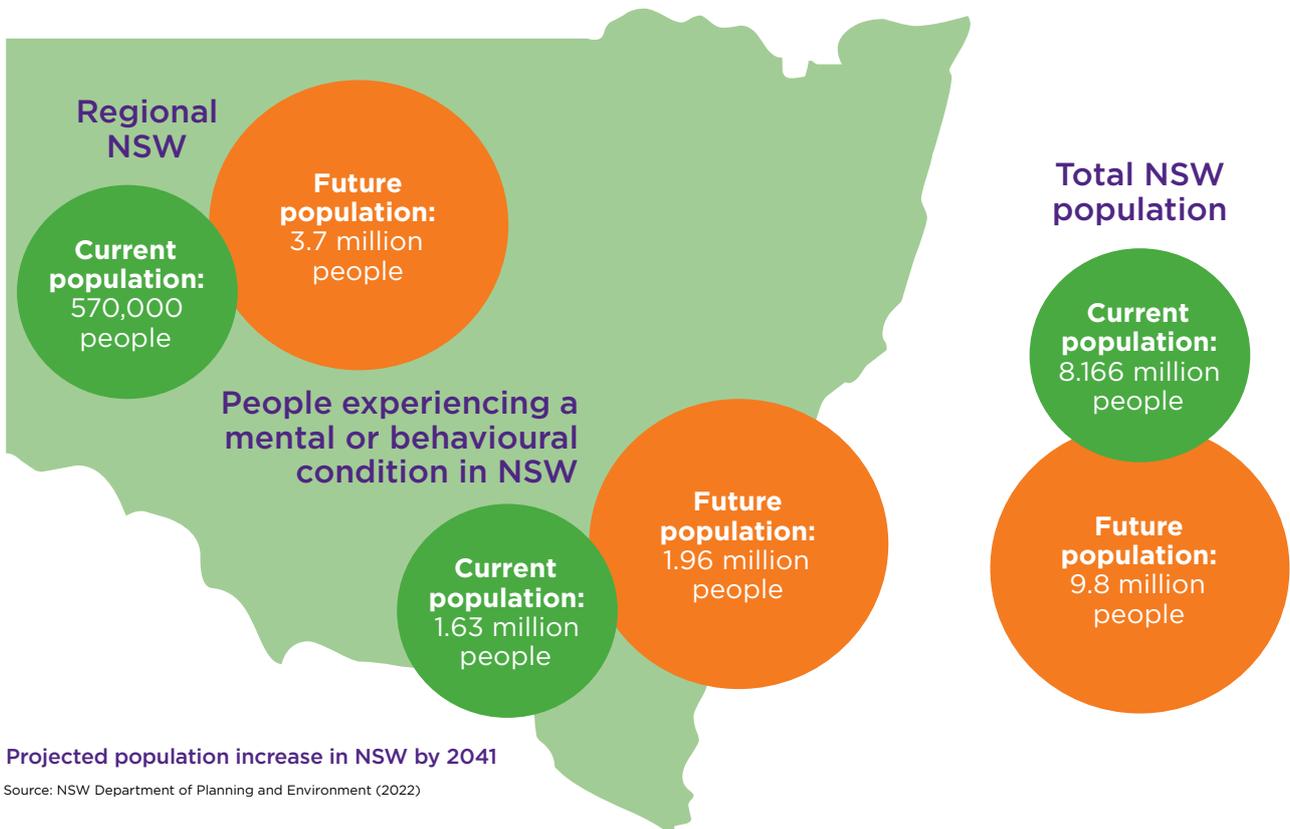
### Projected workforce investment needed

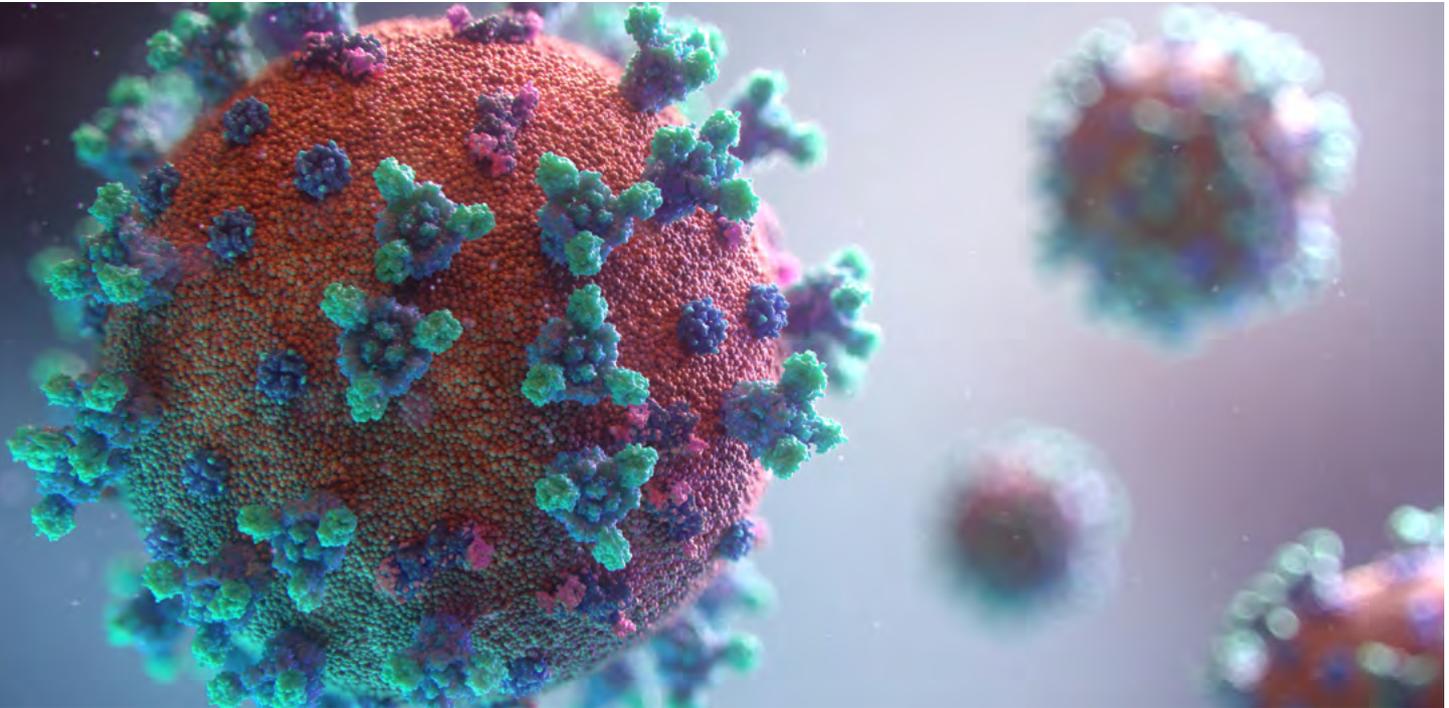
Amongst CMOs in the sector, there is a growing concern that recognition of the significant need to increase workforce numbers, particularly a higher-skilled workforce, is necessary in order to meet the future demand in the sector.<sup>63</sup> **Between 59% and 69% of organisations identified that demand for skilled workers was the most important priority to address.**<sup>63</sup> These CMOs believe that this will be driven by increased funding levels to recruit staff, the commissioning of mental health services by primary health networks and contestable tendering and funding environments.<sup>63</sup> Furthermore, the mental health reforms occurring across NSW and Australia will likely

increase the demand for a workforce as the system is transformed.<sup>65</sup>

There is a **significant projected population increase in NSW** which is expected to grow, on average, by over 85,000 people each year until 2041 where it will reach approximately 9.8 million people (over a million more people than currently live in NSW).<sup>64</sup> This will be particularly significant for regional NSW which is expected to increase by 570,000 to 3.7 million in 2041.<sup>65</sup>

**Based on the current statistics of one in five people in NSW experiencing a mental or behavioural condition, there will be 1.96 million people experiencing a mental or behavioural health condition by 2041, an increase from the current 1.63 million people at present.**





### Impact of COVID-19

The COVID-19 pandemic has placed increased pressure on the mental health workforce in Australia, with a significant increase in the number of people seeking support and services.<sup>9</sup> There was a 15% increase in the number of Medicare-subsidised mental health services delivered across Australia in March to October 2020.<sup>9</sup> **The CMO workforce needs to both recover from the effects the pandemic on the sector, initiate natural growth as well as build capacity in order to meet any unexpected surges in demand in the future.**<sup>65</sup>

This is an increasing requirement given the recent increase in unexpected natural disasters occurring within NSW, including the 2019 bushfires and immense flooding that has taken place across 2021-2022. These pressures on the mental health system need to be addressed by a sufficient capacity build to reduce the burden and pressure these events place on the workforce.

All these factors indicate a significant future demand for the CMO workforce in NSW and

highlight the importance of understanding the significant barriers to meet this demand. This will require strategic investment both now and, in the future, to ensure sustainability of the workforce. Although the CMO workforce has grown significantly, the increase of the relative vacancy rate between 2019 and 2021 could undermine growth in future, especially in priority categories with high vacancies such as peer workers.<sup>65</sup> This will require significant investment in training, attracting and retaining a CMO workforce in NSW that is adequately skilled.

There are **new and emerging workforce types** that will require support to grow and develop such as mental health service navigators. Navigators will play an important role in the system to help people access and navigate the complex nature of their mental health and accessing support.<sup>66</sup> There is a need to ensure workforce sufficiency and diversity of role and skills available in the community managed mental health sector. This will ensure that the services available will meet the needs of the people requiring them.

## Successful workforce projects

There are innovative workforce initiatives currently operating around the country that seek to address the gaps in attracting, recruiting, training and retaining the mental health workforce.

### Regional mental health workforce incentives<sup>67</sup>

The Regional Mental Health Workforce Incentives program seeks to address significant mental health workforce shortages in regional Victoria by a suite of incentives for workforce to relocate and integrate into rural and regional Victoria. The Victorian Government has invested \$13.7 million into this program to roll out the incentives.

These incentives include **workforce relocation and incentive grants to encourage workers to settle and remain in regional and rural areas**. These grants are targeted at skilled workers that match with hard-to-fill positions in regional and rural areas. Another incentive includes **new navigator roles being established to ensure candidates are supported during their settlement and integration** into communities with these roles being rolled out in late 2022. Finally, there will be a roll out of **specialised support to organisations in these areas to promote and advertise job opportunities to attract workers from metropolitan areas, interstate and overseas**. This grant program will be administered by Rural Workforce Agency Victoria (RWAV) and will be for state funded mental health and alcohol and drug services based in MM2 – MM6 regions in Victoria.

### Suicide prevention and workforce in NSW<sup>68</sup>

NSW Government has made strategic investment to improve services and supports in line with suicide prevention efforts, aiming to bolster the workforce ability both in the mental health sector as well as adjacent sectors to support suicide prevention efforts. This has included **specific suicide prevention training for the clinical workforce** as well as providing **additional support to clinicians and first responders**. Training includes both face to face and online modules that is ongoing and embedded into the service system. These efforts have been particularly focused on front line staff such as emergency department staff, drug and alcohol and maternal health nurses. NSW government is also exploring an increase in the peer support workforce in the mental health system specialised in suicide prevention to support these efforts.

### Lived and Living Experience Workforces (LLEWs)<sup>69</sup>

The Victorian Government has made a concerted effort to invest and support the lived and living experience workforce within the state. The Department of Health works with several different organisations to provide development opportunities to ensure these workforces are supported and valued in their roles. As part of this, the Department has engaged with these workforces to **co-design the lived and living experience workforce strategies**. Along with this, the Department has **significantly invested in a leadership pathways and development package for specialist mental health services to enable the expansion of peer support roles and create peer supervisor roles**. This package supports the professional development, project management and co-design capability of lived experience workers. As of 2021, all Victorian specialist mental health services have been resourced to implement the Leadership pathways and development package over a three-year period.

### The way forward

The NSW Government should recommit to a mental health workforce strategy that develops a deep understanding of the projected demand for mental health services and professionals within the state as well as identify the key skills that will be required as part of the strategy. **This would allow the government to invest strategically in ways that would urgently address the significant shortages in the workforce as well as anticipate the needs for the future mental health system.** The NSW Government needs to significantly improve the data available about the community-managed sector to inform its policy and workforce development, including that the National Best Endeavours Data Set is implemented in NSW to contribute towards national implementation.

There should be particular attention paid to disparities in CMO workforce shortages that further disadvantage communities such as those in rural, regional and remote parts of

NSW. The NSW Government should prioritise equity of workforce capacity across rural and remote areas to ensure access to adequate services for all communities. The NSW Government should also prioritise workforce roles such as Navigators that support people navigate the mental health system to get connected to the services they need in the community.

The government's **strategy should touch on all the key areas of the workforce cycle, including attraction, orientation training, retention and upskilling**, to cultivate a highly skilled and sustainable workforce. The strategy should encourage people to consider the mental health sector an attractive place in which to build a career, as well as better advertise career pathways and opportunities to help fill difficult vacancies. This would include the NSW Government committing to supporting longer-term funding cycles in line with the Productivity Commission's recommended action around extending the length of funding cycles to a minimum of

five years.\* Longer funding cycles would support continuity of care and sustainability for organisations operating in the sector. The strategy should also include identifying key skill gaps in the CMO workforce and budget for investment to fill these skill gaps through training and professional development. The strategy, where possible, should align with the principles of the National Mental Health Workforce Strategy.

The Government should also continue to invest in the development of the peer workforce and ensure the right organisational structures are in place to support and sustain this workforce. This should include establishing equal opportunity and career pathways for people with lived experience as well as peer support roles that ensure support, supervision, learning, development and career growth for the lived experience workforce. This workforce requires intense support to ensure the outcomes intended are met.

**MHCC recognise the NSW Government has taken action to build capacity of the sector's workforce, however a much greater and ongoing funding program needs to be put in place to create capacity and sustainability for the community mental health sector.**

\* Action 17.1: As contracts come up for renewal, commissioning agencies should extend the length of the funding cycle for psychosocial supports from a one-year term to a minimum of five years. Commissioning agencies should ensure that the outcome for each subsequent funding cycle is known by providers at least six months prior to the end of the previous cycle.

## KEY RECOMMENDATION

Strengthen workforce planning to better forecast projected demand for the mental health workforce in the community-managed sector. Increase investment in a workforce development program to address current shortages and a future sustainable workforce, including the development of a peer workforce.