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Mental Health Workforce Profile

COMMUNITY-MANAGED ORGANISATIONS MENTAL HEALTH WORKFORCE REPORT 2023, NSW

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Report preparation

This report was prepared by Human Capital Alliance (International) Pty Ltd (HCA) for Mental Health Coordinating Council, New South Wales to report on the findings and analysis from the 2023 Mental Health Workforce Survey for Community Managed Organisations.

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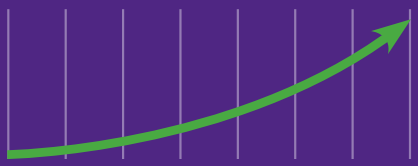
SNAPSHOT

The community-managed mental health workforce in 2023

25% of the total mental health workforce in NSW works at a community managed organisation

70% of the total workforce is less than 45 years of age



2-3% growth in the workforce each year

60% of direct support mental health workers are permanent employees (up from 52% in 2021)

80% fall in volunteers over four years

40% of direct support mental health workers are casual or contract employees

72% of all workers in the sector are female

19% of the workforce has lived experience of mental health, both in peer and non-peer roles

KEY FINDINGS

Workforce size

The paid community managed mental health workforce comprises 3,435 full-time equivalent workers. This number represents almost one quarter of the total mental health workforce in NSW (24.7%), including public sector and private sector employed workers. The estimated total size of the community-managed mental health workforce is 4,771 workers, encompassing paid workers across direct care, management, and administrative roles.

Workforce growth steady

The pattern over the last four years shows a long-term comparatively stable workforce of around 4,000 workers, growing at a moderate rate of approximately 2% to 3% each year. The release of this third workforce report since the first in 2019 has established this growth rate as a discernible trend.

Allied health and psychology workforce increasing

Growth in the allied health and psychology workforces has been sizable. Allied health workers almost doubled between 2021 and 2023 and the number of psychologists has expanded significantly. This trend confirms earlier predictions made by community organisations, highlighting the growing demand for a more skilled workforce.

Psychiatric workforce challenges

Going against the overall growth trend in the sector, there are significant challenges with the number of psychiatrists and other medical practitioners in the workforce. This category has dropped by more than 70%, to a concerning 36 psychiatrists or other medical practitioners in the workforces of our Survey respondents in 2023. Mental health community organisations have reported that recruiting psychiatrists to the sector is extremely challenging.

Changing composition

Significantly, this year has seen fewer Mental Health Support Workers employed, replaced in many cases by the hiring of Recovery Coaches. Support Workers remain the largest work category at approximately 37.5%, however this has fallen from 49% two years ago. Mental Health Peer Workers rank as the second-largest workforce category, comprising over 12% of the workforce. They are followed by Psychologists/Counsellors at just under 10%, Support Coordinators at just over 8%, and allied health professionals at around 7%.

Volunteers declining

The number of volunteers has seen a significant slide, dropping by more than 80% in the past four years. The cause is uncertain but likely to be related to ever-changing market conditions and the continuing impacts of the COVID-19 pandemic which saw large declines in volunteering across the community sector. In 2023, the 10 largest community mental health organisations (by workforce numbers) employed 71% of the total workforce yet utilised only 9% of the volunteer workforce.

Female dominated and young

The majority of the community managed mental health workforce is made up of women, with 72% of all workers identifying as female, a figure that has remained steady since 2021. One significant shift is the growing presence of individuals identifying with non-binary gender status, mirroring the evolving societal attitudes to gender identity. The workforce is increasingly skewed towards younger workers, with 70% of the total workforce aged less than 45 years. This compares to 64% below 45 years just two years ago.

Peer Workers second largest workforce

Identified Consumer Peer Workers are the second largest workforce in the community managed sector, representing 12.3% of all workers. There has been a noticeable uptick in the numbers of Identified Carer Peer Workers (1.9% of the total workforce). However, it is important to highlight that this growth has jumped from a relatively modest starting point.

Conditions of employment

Over 60% of direct support mental health workers now have permanent employment, up from 52% in 2021. This suggests a trend toward more stable job arrangements in the mental health workforce. However, 39% of workers still have temporary or casual contracts. Despite improved job security, part-time employment remains significant, with 54% of the workforce in part-time roles. This places the sector well above the national average (32%) for part-time work.

Job vacancies

Overall, job vacancies do not seem to be a significant issue. However, recruiting psychiatrists is extremely challenging and psychologists, counsellors, and allied health professionals pose serious challenges. On the other hand, hiring peer and mental health support workers present only moderate difficulties for most organisations.

CONCLUSIONS FROM THE SURVEY

The *Mental Health Workforce Profile 2023* reveals substantial trends within the community managed mental health workforce. While the anticipated growth in workforce size may not be as rapid as estimated two years ago, what it does reveal is a remarkable transformation taking place in the workforce composition.

Mental Health Support Workers remain the backbone of the community managed mental health sector, but significantly the category is reducing as a percentage of the overall workforce. Allied Health Workers, Psychologists, and Peer Workers are on the rise, both in terms of their numbers and their increasing contribution to the overall workforce. This evolving landscape is indeed a noteworthy development.

The data reveals a serious decline in the engagement of Psychiatrists, perhaps being replaced by increasing employment of Psychologists to bridge the gap for clients requiring professional counselling services and therapeutic interventions for mental health conditions. Allied Health professionals are extremely difficult to attract. The needs for other kinds of workers are being largely satisfied through current recruitment practices, and possibly based on a higher percentage of permanent positions now being offered to prospective recruits to the sector.

The forces of change operating on how services in the sector are delivered and how decisions about the workforce are influenced, appear to be promoting an increased demand for a more skilled workforce.

Despite the limitations of the method used in the employer survey for workforce research, the 2019, 2021 and now this 2023 Workforce Survey have delivered credible information. The data gathered provides evidence to guide appropriate workforce development strategies and interventions for building CMO workforce capacity to collect and use data relevant to its own workforce. Each new survey increasingly builds confidence in the data.

PERCEPTIONS OF THE FUTURE

Future workforce needs

Many organisations have recognised a pressing need for a future workforce characterised by an elevated skill set and a greater headcount. This anticipated surge in demand for high-skill professionals may further intensify the recruitment challenges already pinpointed. As organisations brace themselves for this shift, they are gearing up to confront not only the growing need for specialised talent but also the hurdles associated with securing and retaining these skilled individuals.

Driving demand

From the sector's perspective, the increasing need for a growing workforce will be driven primarily by two factors, the mental health reform agenda at national and state level and the impact of Primary Health Network's commissioning of mental health services. Mental health community organisations identified the National Disability Insurance Scheme (NDIS) environment as an ongoing influence in the future on workforce demand, but suggest it will diminish as the NDIS becomes more established.

Where next?

In response to the ever-evolving demands of the mental health workforce, organisations in the community sector have been strategically pivoting towards workforce solutions that not only address retention concerns but also embrace a broader spectrum of trends shaping the future of work. These solutions encompass initiatives aimed at fostering a more inclusive and diverse workforce, enhancing employee well-being and adapting to the growing prevalence of remote and flexible work arrangements. By aligning their strategies with these emerging trends, organisations are better positioned to not only retain their valuable talent but also thrive in an ever-changing professional landscape.

CONTENTS

INTRODUCTION

Past information on CMO sector mental health workforce

In New South Wales, and nationally, the mental health workforce in community managed organisations (CMOs) has increasingly been recognised as a significant component of the entire mental health workforce. While information about the size and composition of the CMO workforce has improved in recent years, not least because of work undertaken by the sector itself (WAAMH, 2017; Ridoutt and Cowles, 2019; Ridoutt, 2021; QAMH, 2021; Ridoutt, et al, 2023), there remain deficits in the data picture at both State, Territory and national levels.

Data on the sector is especially limited when compared to information available about the workforce providing public sector mental health services. Variability in the way that the sector is defined and classified, the different methods that have been employed to collect information about the sector, along with limited sporadic prioritisation of this information at a State or Territory level, have been significant contributors to the current paucity of information.

The most recent national assessment of the CMO mental health workforce was a survey of the mental health non-government organisation workforce conducted in 2009-2010 by National Health Workforce Planning and Research Collaboration (NHWPRC). Hopes that the Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS), which has been implemented as a trial in Western Australia and Queensland in recent years, would ultimately provide quality national level workforce data, is yet to be realised.

Mental Health Coordinating Council initiatives

Into this environment of data deficit, Mental Health Coordinating Council (MHCC) initiated their first employer workforce survey in 2019. The Survey and resulting Report gathered information about CMO organisations delivering mental health services in NSW to better understand and support decisions about the workforce. MHCC is the peak body representing not-for-profit mental health organisations responding to the needs of people affected by mental health conditions in NSW. MHCC's purpose is to support a strong and sustainable community-managed mental health sector that delivers effective health, psychosocial and wellbeing programs across the state.

The 2019 Mental Health Workforce Survey Report was published by MHCC (Ridoutt and Cowles, 2019). The Survey was subsequently repeated in 2021 with the results published in that same year (Ridoutt, 2021).

MHCC repeated the employer workforce survey for the third time in 2023 and is slowly developing impressive trend data (collected every two years) about the community-managed mental health workforce in NSW. This initiative provides useful information enabling services to construct appropriate workforce planning and development strategies. The analysis in this new Mental Health Workforce Profile details the findings from the 2023 Workforce Survey.

Method overview of 2023 Survey

The Survey was administered mainly to MHCC Member organisations but also included a small number of other non-members loosely affiliated CMOs and services. The Survey tool was modified only slightly from that used in the 2019 and 2021 surveys, to optimise consistency of data collection between surveys. Nevertheless, some crucial new questions were added on the advice of the Survey Project Advisory Group.

A total of 59 organisations responded to at least some of the questions in the 2023 Workforce Survey. Of these responses a total of 44 were 'viable' or 'effective' (that is, the question on 'number of workers' was answered) and 42 respondents completed the entire survey. The survey was administered to 65 member organisations and 10 associates. Most viable responses (41) were from MHCC full members with a further three responses from associate members. Based on MHCC members only, this represents a survey response rate of 63.1%, while for the total survey population the response rate was 58.7%. The overall response rate was considerably higher in 2023 than the 2019 Survey (41.0%[1]) and the 2021 Survey (52.5%).

For more details on the response rate and how the Survey data was collected and analysed see Appendix 1.

SURVEY FINDINGS

In the following sections results from the Survey data analysis are provided. For a concise description of the surveyed population, including the types of services that CMOs provide, see Appendix 2.

Workforce size

The total number of workers (head count) employed by the responding organisations for delivery of *direct care mental health services* was 3,294 (compared with 3,495 in 2019 and 3025 in 2021). Similar to previous surveys, **over half the workers (54.7%) employed by those CMOs that responded are employed by just five CMOs**. Over three quarters of the workforce (79.4%) are employed by 10 CMOs. Most of the remaining CMOs (52.3%, n = 44) employ 20 or fewer workers.

Some of the organisations that did not respond to the 2023 Workforce Survey had responded to earlier surveys including the 2021 Survey. During follow up phone calls to non-respondents, while not being able to elicit a formal survey response, conversations with those organisations were able to confirm that they are all still employers of mental health staff and that worker numbers have not changed significantly.

By using their data from the 2021 Survey as a proxy for CMOs that did not respond, a further 414 workers could be identified.

A more accurate estimate of workforce headcount for the community managed mental health workforce is likely not 3,294, but rather 3,294 plus 414, taking the total to 3,708 workers. Previous attempts to extrapolate a truer estimate of the workforce size from the survey data in 2019 and 2021, in addition to the inclusion of worker numbers for missing respondents, an expert review of the Survey respondent population was undertaken. In both 2019 and 2021 the expert assessment was that the significant bulk of CMO services with mental health staff had been captured in the survey respondent population, and that the total number (to extrapolate to the entire CMO services population) could be increased by 10%. This additional factor could be applied again given some potentially large CMOs did not respond or were not surveyed (non-members). If that factor is applied, then the workforce size estimate is 4,079.

This direct care workforce head count size estimate compares with previous estimates of the NSW CMO mental health workforce shown in Table 1.

Table 1: Comparison of the 2023 CMO Direct Care Mental Health Workforce size with previous estimates

Estimate source	NHWPRC (2011)	Ridoutt and Cowles (2019)	Ridoutt (2021)	Ridoutt, et.al. (2023)
Extrapolated number adjusting for non-responses	4,100*	3,495	4,307	3,708
Extrapolated number adjusting for sector not covered by MHCC		3,845	4,740	4,079
Estimated FTE		2,806.9	3,175.8	2,936.9

*Midpoint of NHWPRC range estimates

Assisted by the three to four data points now contributing to a trend analysis, it appears probable that the CMO direct care mental health workforce has totalled around 4,000 over the last decade. It is unlikely that the workforce grew from just under 4,000 in 2019 to 4,700 in 2021, and then back to 4,000 in 2023. It seems more likely that the optimistic perceptions of growth in CMO mental health workforce size that derived from the 2021 survey results have been moderated in 2023. What appears evident now is that a more relative growth in the direct care workforce size is occurring, somewhere between 2 and 3% growth per annum. This would be consistent with other parts of the health and welfare workforce.

The raw head count from the survey responses translates into 2403.06 FTE staffing. This provides an average FTE conversion factor of 0.73 (derived from the calculation FTE [2403.06] / Head count [3,294])[2]. This is slightly lower than the FTE conversion factor in 2019 (0.73) but higher than for 2021 (0.67). As a comparison, the registered working Psychologist population has an FTE conversion factor of 0.85, the total Mental Health Nurse workforce has an FTE conversion factor of 0.95, and the working Psychiatrist workforce has an FTE conversion factor of 0.97[3].

Given the nature of the work in the CMO sector, a higher proportion of the workforce working part-time is anticipated, but why the amount of part-time employment of the workforce might have increased in 2021 is open to conjecture. Given this information was gathered during the COVID-19 period it could be hypothesised that the workforce size was enhanced during that period by more casual and possibly temporary employment as part of a COVID 19 response. Using the above conversion factor of 0.72 and applying that to the extrapolated headcount estimate of 4,079, the estimated direct support workforce FTE for 2023 is 2,936.9, which is not that much below the 2021 figure of 3,175.8.

As well as direct care staff, the respondent CMOs identified that 559 workers were working in non-direct support roles including 226 in management roles, 281 in administrative support roles (e.g., finance, marketing, training) and 52 in technical support (including IT). If the same extrapolation rules adopted above to the direct care workforce are applied, then the total estimated non-direct support workforce would be 692. A summary of the extrapolated workforce details from above is provided in Table 2.

Table 2: Estimated total number of workers employed in direct and non-direct support roles (n=37)

Direct support role	Number of estimated workers (headcount)
Direct support workforce	4,079
Non-Direct support roles	**Number of estimated workers (headcount)**
Management[4]	280
Administrative support staff	348
Technical support staff (e.g., IT)	64
Total non-direct workforce	**692**

In addition to the paid workforce, 22 of the organisations responding to the survey (51.2%, n = 43) have volunteer staff. In total there were 650[5] volunteers (head count) contributing to delivery of mental health services, which using the above extrapolation approach again, translated into 805[6]. This translated into an estimated 63.3 FTE (extrapolated to 78.4). By headcount, volunteers account for an estimated 14.4% of the total CMO workforce, but by FTE that proportion reduces to just 2.2%. Both the number of volunteers and the proportion of the total CMO mental health workforce made up of volunteers seems to have dropped dramatically since 2021, when the number was 2208 and made up a headcount contribution of just over 40%. This decline in volunteer numbers maintains a trend since 2019 when there were 4,160.

The total number of persons estimated to be working to deliver mental health services in the NSW CMO sector is therefore an estimated 4,771 paid workers and 805 volunteer workers. In terms of the paid workforce, this translates into an FTE of 3,435.1 workers and for all workers (paid and unpaid) 3,513.5 FTE.

To consider this in perspective, the FTE number of workers employed in the specialised mental health workforce, as defined by the Australian Institute of Health and Welfare (AIHW) in the National Mental Health Establishments Database and Private Health Establishments Collection, in NSW in 2016-2017 was 10,728.4 FTE. This figure effectively includes nearly all[7] of the mental health workforce not working in the CMO sector (including public and private hospitals, residential care services and public community mental health services). Therefore, based on these figures, the community managed organisations' mental health workforce accounts for just under one-quarter (24.7%) of the total mental health workforce in NSW.

Workforce composition

A particular challenge to attaining the most sophisticated picture of the workforce composition of the community managed organisations delivering services in the mental health sector is the limitation of the data collected on employees.

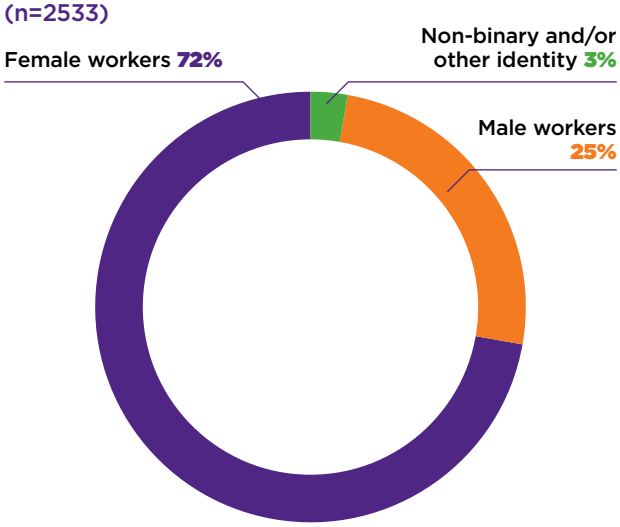
Most of the survey respondent organisations (68%, n = 44) indicated that they have no human resources information system (HRISs) or the system they have is limited in the level of detail able to be extracted. This may be because they have chosen not to collect or store particular types of data, especially regarding personal details. Common reasons given for not seeking or recording data on 'personal' themes is concern for people's privacy.

> ***"We don't discriminate by asking any of these questions."***
>
> ***"Staff who have acknowledged lived mental health experience generally prefer that this is not recorded."***
>
> ***"Available data is based on each staff member's comfort to disclose."***

Gender distribution

Most of the survey responding organisations (39 of the 42 fully completed surveys) collect gender data covering approximately 77% of the surveyed population workforce. A significant majority (72.2%) of workers in the community managed mental health sector are female (see Figure 1), 25.2% male and 2.6% identified as non-binary. Of interest is the number of people now identifying as a gender other than male or female, a significant increase on the figure of around 1% found for 2021.

Figure 1: Gender identity of respondent workforce (n=2533)



Age distribution

Most of the organisations responding to the Survey (35 of the 42 fully completed Surveys) collect data on the age of their workforce. The age distribution of the CMO workforce remains skewed towards a younger age profile, with **nearly 70% of workers under the age of 45 years** (see Table 3). This is an increase from the 2021 figure of 64% suggesting the total workforce is getting younger either because more young people are being recruited or older workers are leaving the sector, or both. Only 14% of the CMO workforce is over the age of 56 years.

Table 3: Number of workers by age group (n = 35)

Age groups	Number of workers	Proportion (%) of total workforce
18-25	251	9.8
26-35	894	34.8
36-45	605	23.6
46-55	453	17.7
56-65	312	12.1
66+	51	2
Total	**2566**	**100**

Distribution of the workforce by worker category

Most (42 of 44 completed surveys) organisations were able to detail the type of workers they had employed. Of the CMO staff working in direct care roles in mental health, **by far the largest worker category are the mental health support workers who make up around 37.5% of this workforce** (see Table 4).

Table 4: Number of workers by type of direct support roles

Type of worker/occupation	Headcount	Proportion of total workforce (%)	FTE	Proportion of FTE workforce (%)
Identified Consumer Peer Worker	406	12.3	309.2	12.9
Identified Carer Peer Worker	51	1.5	37.4	1.6
Recovery Coach	23	0.7	16.4	0.7
Mental Health Support Worker	1236	37.5	945.3	39.3
Support Coordinator	273	8.3	240.1	10.0
Nurse	57	1.7	38.2	1.6
Psychiatrist	13	0.4	5.5	0.2
Psychologist/counsellor	315	9.6	137.8	5.7
Other medical practitioner	23	0.7	5	0.2
Allied Health	233	7.1	157.9	6.6
Other	663	20.1	512.1	21.3
Total	**3293**	**99.9**	**2404.9**	**100.1**

Table 5: Comparison between 2021 and 2023 survey populations in terms of occupational distribution (% of the total workforce) by FTE

Type of mental health occupation	Proportion of the total workforce (%)		Difference between 2021 & 2023
	2021	2023	
Identified Consumer Peer Worker	14.3	12.9	-1.6
Identified Carer Peer Worker	0.03	1.6	+1.6
Recovery Coach	0.9	16.4	+15.5
Mental Health Support Worker	54.9	39.3	-15.6
Support Coordinator	11.5	10.0	-1.5
Nurse	0.8	1.6	+0.8
Psychiatrist/other medical practitioner	4.0	0.4	-3.6
Psychologist/counsellor	Not counted	5.7	
Allied Health	6.1	6.6	0.5
Other	21.7	21.3	-0.4

The percentage of mental health support workers is down somewhat from a figure of 49% in 2021. The second largest category is represented by mental health peer workers at 12.3%, followed by psychologists/counsellors at just under 9.6%, support coordinators at 8.3%, and allied health professionals at around 7%. The occupational composition of the current workforce shows some large differences to that which applied in 2021 as shown in Table 5.

There have been some seemingly sizeable changes. **The most notable is the reduction in employment of mental health support workers, apparently in favour of the employment of recovery coaches**.

There has also been an increase in the psychologist component of the workforce. While it is difficult to assess properly, since the number of psychologists was not collected separately in 2021 (we assume they were counted within the 'allied health' category), there appears to have been an uptake of psychologists. Psychiatrists, who were difficult to employ in 2021 now seem to be working in CMO mental health services at an even more reduced level. Both psychiatrists (0.42 FTE conversion factor) and psychologists (0.43 FTE conversion factor) are employed on a very casual, part-time basis.

A range of other roles (assuming 21.3% of the workforce), additional to those listed in table 4, were also mentioned with direct care roles in mental health, including:

- Project worker, e.g., youth engagement, community development
- Assessment and intake worker
- Liaison officer, e.g., Aboriginal, community engagement
- Case workers, e.g., child protection, prison transition
- Employment consultants
- Social and emotional wellbeing worker
- Parenting and child support
- Diversional therapist
- NDIS navigator
- Mental health worker trainers
- Suicide prevention workers
- Youth workers
- Art therapist

There is considerable variation in the FTE conversion factor between different types of direct care mental health workers. As noted above, psychiatrists, medical practitioners and psychologists have quite low FTE conversion factors). A high percentage of other health professional staff (nurses 0.67 FTE conversion factor) and allied health professionals (0.68 FTE conversion factor) are employed in the CMO sector on a comparatively casualised basis. Non-professional personnel such as peer workers, mental health support workers, and support coordinators work more full-time.

The overall numbers and FTE of the carer peer worker category has greatly increased in the past two years, albeit from a very small base, indicating this relatively new worker category in the sector is beginning to grow.

Conditions of employment

A total of 39 of 44 (mostly) complete survey respondents provided data on the conditions of employment. Just over 60.4% of direct care staff in mental health are employed on a permanent basis (Table 6), with just over half of these permanent employees employed full-time. **This indicates an increase in permanent employment in the sector from 52% in 2021**. Approximately 24% of staff are employed on fixed contracts (either full or part-time), and around 15% are employed on a casual basis on an hourly rate. The rate of casual employment remains similar to the rates recorded for 2019 and 2021.

Just over half of the workforce works part-time or on a casual basis. By way of comparison, the part-time 'Share of Employment' in the total Australian workforce in August 2019 was 32% and the proportion of persons working part-time in the 'Health care and social assistance' industry was 44.3% [8]. This continues to place the CMO sector mental health workforce high in the rankings of part-time employment, confirming this status from earlier surveys.

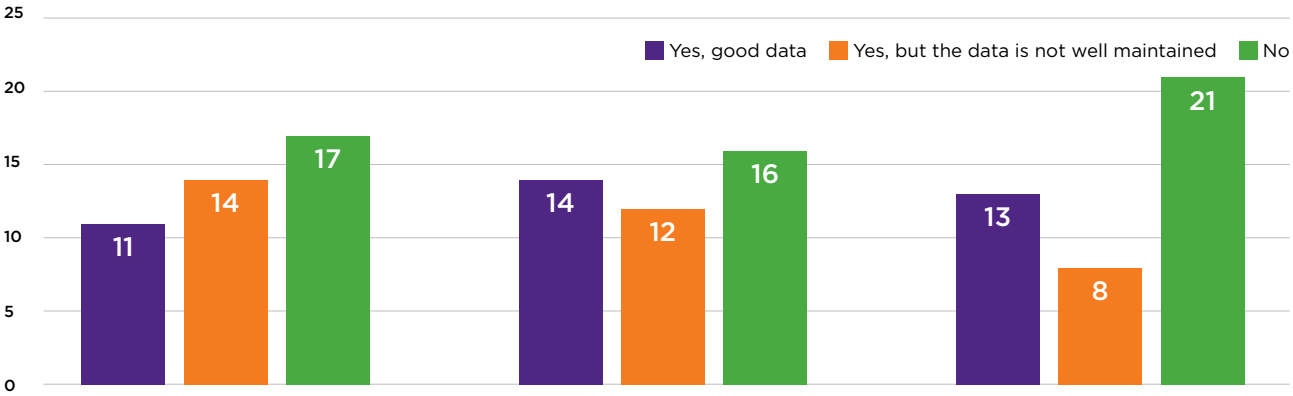
Table 6: Distribution of CMO mental health workforce workers by employment status (n = 36)

Employment status	Number of workers	Proportion (%) of total workforce
Permanent full time	833	30.8
Permanent part time	799	29.6
Contract full time	390	14.4
Contract part time	269	10.0
Casual (hourly remunerated)	412	15.2
Total	**2703**	**100**

Workplace diversity

From the survey respondents that attempted to answer all the survey questions (n = 42), the question on staff diversity was the most poorly answered. As can be seen from Figure 2, 40.5% (n=42) of surveyed organisations don't collect data on the cultural background of their staff, 38.1% do not identify staff gender in their data, and 50% do not collect data on whether staff have lived experience of mental health conditions.

Figure 2: Distribution of surveyed organisations that attempted to respond to all survey questions by quality of data to respond to diversity question



From those organisations that provided data on cultural background it could be estimated that 2.5% of their total direct care workers are **Aboriginal and Torres Strait Islander** and 7.3% are **Culturally and Linguistically Diverse**. In addition, only 0.6% of these organisations have employed **workers living with a disability** and 7.6% of **persons from a LGBTQIASB+** identity. Only the proportion of LGBTQIASB+ workers in the workforce has increased since 2021.

A total of 33 organisations provided data on their workers with lived experience of mental health conditions. The proportion of these organisation's direct care workforce with lived experience was as follows:

	Number of workers	% of total direct care workforce employed by responding organisations (3294)
Persons with lived experience of mental health, both in peer and non-peer roles	633	19.2%
Persons with lived experience as a carer, both in peer and non-peer roles	202	6.1%

These proportions have increased since the last survey in 2021 from 17% (Persons with lived experience of mental health conditions) and 1.6% (Persons with lived experience as a carer).

Volunteers

Roughly half of CMO mental health program providers include volunteers in their workforces (22 of 43 respondents). Most volunteers in these organisations are part-time. It was noted earlier that there was an estimated headcount of 805 volunteers which translates into an estimated 78.4 FTE.

Volunteer numbers have been decreasing since the first survey from 4,160 in 2019, to 2208 in 2021 and to 805 in 2023. The cause of this is unknown but it could be related to the ramifications of volunteer impacts during the COVID-19 pandemic, combined with the ongoing concentration of the CMO mental health workforce into a smaller number of organisations with large organisations evolving.

These organisations tend not to be significant users of volunteers. In 2023 while the 10 largest CMOs (by workforce numbers) employed 2347 workers, 71% of the total workforce, they used only 59 volunteers, just 9% of the volunteer workforce.

The most common roles of volunteers are:

- Non-direct consumer support (e.g., catering, transport)
- Direct care (e.g., counselling, home visits)
- Fundraising and events
- Administration and IT
- Board membership and governance

Most organisations that employ volunteers (13 of 22 respondents) set minimum training requirements for their volunteers, and this requirement exists at least for some volunteer categories and specific roles such as counselling. Others provide on-boarding and in-house training for any necessary upskilling and capacity building required.

However, it was pointed out that many volunteers undertake routine tasks to free up paid staff for other activities where trained workers are required. This is understandable in a context where most volunteers are working part-time, and many less than a day per week.

Perspectives on current workforce adequacy

Just over half (58%) of respondent organisations (n=43) indicated they have had vacant direct care mental health positions in the past six months, a similar figure to 2021. Of these, 15, or 34.9%, reported experiencing 'difficult to fill' positions. These positions were reported at a total of 152 difficult to fill positions, which provides a medium-term vacancy rate estimate of 4.6% (based on the estimated workforce size[9]). This finding is similar to the 2019 and 2021 Workforce Survey results but does not suggest there is a significant current recruitment difficulty for workforce in the CMO mental health sector.

The most difficult to fill vacancies ('very or extremely difficult to fill'), even if they are comparatively small in number, are for psychiatrists (83.3% of such vacancies) followed by psychologists and counsellors (46.7% of such vacancies). Vacancies for Peer workers, Carer peer workers, and Mental health support or rehabilitation workers are generally not difficult or only moderately difficult to fill (Table 7).

Table 7: Proportion of CMOs employing mental health worker types reporting difficulty filling positions by level of difficulty*

Role	Not or only somewhat difficult	Moderately difficult	Very or extremely difficult
Peer worker	50%	50%	0
Carer peer worker	55.6%	44.4%	0
Mental health support or rehabilitation worker	57.1%	35.7%	7.1%
Support coordinator	40%	20%	40%
Psychiatrist & other medical practitioner	0	16.7%	83.3%
Psychologist or counsellor	26.7%	26.7%	46.7%
Allied health professional	9.1%	54.5%	36.4%

*Note that the proportions only apply to CMOs employing the worker category type.

Of those CMOs experiencing recruitment difficulties (n = 24) the main reasons they perceived were:

- Insufficient workers with relevant qualifications - 45.8%
- Insufficient workers with appropriate professional association membership - 25%
- Difficult to attract workers to the CMO mental health sector – 33.3%
- Difficult to attract workers to rural, regional and remote areas – 50%
- Can only offer short term contracts – 29.2%
- Unable to offer competitive salaries – 45.8%

Other reasons given for difficulty in recruitment

"Difficult to fill 'Aboriginal Identified' roles."

"High demand for specific staff such as First Nations, trained peer workers".

"Lack of affordable accommodation in the area. Candidates accept the role and then have to withdraw because they cannot find (affordable) housing."

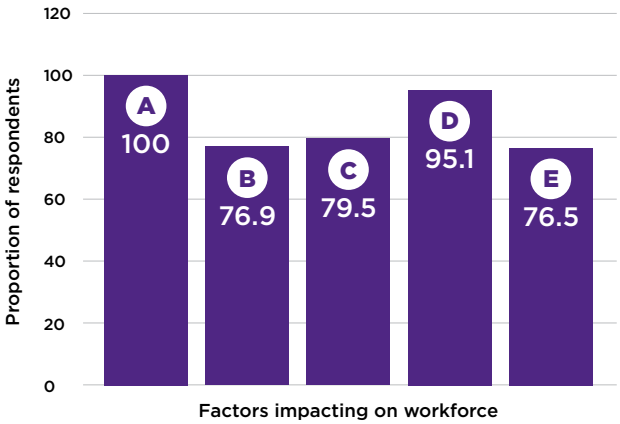
"We would like to recruit males with lived experience which is difficult."

Drivers of current and future workforce demand

Of the CMOs that provided the 42 viable (mostly) completed responses, 40 provided a response to questions in Section 4: *Future workforce needs* of the Survey. Between 76% and 100% of the respondents to this section (proportion varies by factor, see Figure 3), indicated that the selected factors posed will have an impact on workforce demand.

The mental health reform agenda at national and state level, e.g., Bilateral Agreement and Standards was identified by all organisations as being a driver for workforce demand. The next most cited factor impacting workforce demand was related to the NDIS environment and Primary Health Network commissioning (95.1% of CMOs, n = 40).

Figure 3: Proportion of CMOs identifying selected factors that will influence mental health workforce demand in the CMO sector over the next five years (n = 40)



Key: factors impacting workforce demand

A Mental health reform agenda at national and state level, e.g., Bilateral Agreement, Standards, Accreditation

B Uncertainty about NDIS and other funding arrangements

C Contestable tendering

D PHN commissioning of mental health services

E Funding levels to recruit the required numbers of staff

The findings in Figure 3 are similar to those in the 2019 and 2021 Surveys, in so far as they ascribe significant influence on all five factors; but there are some differences in the relative influence of different factors. In earlier Surveys, 'Funding levels to recruit appropriate staff to meet service demand' and 'Contestable tendering and funding environment' were perceived as having higher influence than the 'Mental health reform agenda at national and state level'.

Future influence of the selected factors is strongly considered to be likely to ***increase*** demand for a more skilled workforce (see Table 8) although this is not universally the case. All five factors are perceived to have that influence, with the 'Mental health reform agenda at national and state level' and 'PHN commissioning of mental health services' factors predicted to have the strongest influence on higher skills demand. Paradoxically most factors are also expected to increase demand also for less skilled workers, although this influence is much weaker. The Survey did not allow exploration of the nuance of this issue; however one might surmise that these factors will have a different direction of influence on different worker categories.

Table 8: CMO perceptions (% of CMOs) on the direction of influence of different factors (n = 40)

Influencing factor	Direction of influence			
	Increase demand for skilled workers	Increase demand for less skilled workers	Reduce demand for skilled workers	Reduce demand for less skilled workers
Mental health reform agenda at national and state level. E.g., Bilateral Agreement, Standards	86.11%	27.78%	0.00%	0.00%
Uncertainty in NDIS & other funding arrangements	63.64%	27.27%	21.21%	6.06%
Contestable tendering	69.70%	24.24%	21.21%	3.03%
PHN commissioning of mental health services	88.89%	19.44%	5.56%	0.00%
Funding levels to recruit required amount of staff	67.50%	22.50%	25.00%	2.50%

Insights provided by organisations on workforce demand factors:

"Anything supressing wages or making employment uncertain makes it more difficult to attract and retain skilled workers, reducing demand for them and increasing the need and incentive to employ fewer and less skilled workers out of choice and necessity."

"Available funding, indexation keeping pace with CPI (and wage) growth, funding of superannuation guarantee increases, continued expansion of the peer workforce, greater focus on incorporation of the clinical/allied health workforce alongside traditional non-clinical workers".

"Next five years I see NDIS dissolved, other healing modalities integrated away from the medical models, less government intervention, more local healing and support groups and big changes to how we see, identify and improve mental health by adopting a mental health and wellbeing approach."

"We anticipate that ongoing mental health reform and the commissioning of new specialist services will increase demand for both skilled and unskilled staff. Current funding levels and the lack of CPI increases mean that it is harder to recruit and retain skilled staff due to wages not being competitive."

A search for human resource solutions

A newly introduced question to the 2023 survey asked respondents to consider and rate the importance of a range of possible solutions to CMO mental health workforce issues. A total of 41 CMOs answered this question. The results are in Table 9.

Table 9: Perceived importance (by priority rating) of possible HR solutions to CMO mental health workforce issues by proportion of responding CMOs (n = 41)

Proposed workforce solutions	Level of priority allocated (% of CMOs)		
	Low & very low priority	Medium priority	High & very high priority
Rolling five-year funding contracts	12.2%	14.6%	73.2%
Contracts that include workforce capacity building and sustainability, e.g., training, practice supervision, mentoring, resources	4.9%	7.3%	87.8%
Equitable indexation that responds to inflation on services and salaries for CMOs	7.5%	15.0%	77.5%
Contractual obligations that reduce red tape and minimise administrative costs	4.9%	21.9%	73.2%
Consistent employment conditions and insurance requirements	12.2%	26.8%	60.9%
Sufficient funding that mirrors competitive salaries across the service sector	7.3%	2.4%	90.2%
Attractive career pathways that incentivise workforce sustainability	2.4%	12.2%5	85.4%
Support and resources for the lived experience workforce, creating employment pathways and workplace readiness	10.0%	17.5%	72.5%
Industrial protections for the lived experience workforce	12.5%	37.5%	50.0%
Funding that provides for a sustainable workforce with adequate back-fill	7.3%	19.5%	73.2%

Proposed workforce solutions	Level of priority allocated (% of CMOs)		
	Low & very low priority	Medium priority	High & very high priority
Strategies to support growth and sustainability of First Nations mental health workers	2.50%	27.5%	70.0%
Rationalisation of standards and accreditation requirements	10.0%	47.5%	42.5%
Standards that reflect trauma-informed recovery-oriented practice	5.0%	15.0%	80.0%
Improved legislative clarity in relation to fixed term contract obligations	12.5%	15.0%	80.0%
Introduction of a pay roll levy in NSW to fund growth and sustainability of mental health CMOs	25.6%	25.6%	48.7%

Almost all the proposed solutions are rated by a majority (>50%) of CMO respondents as a high (or very high) priority to be advocated and actioned.

Standout workforce solutions identified as being a high or very high priority:

- Sufficient funding that mirrors competitive salaries across the service sector (90%)
- Contracts that include workforce capacity building and sustainability, e.g., training, practice supervision, mentoring, resources (88%)
- Attractive career pathways that incentivise workforce sustainability (85%)
- Standards that reflect trauma-informed recovery-oriented practice (80%)

These results offer valuable insights to MHCC, guiding the way forward with a clear path for advocacy and concrete action in support of tailored workforce solutions within the sector. The data underscores the pressing need for strategic initiatives and targeted interventions that can effectively bolster the mental health workforce, ultimately improving the quality of care and services provided to the community. By leveraging this newfound understanding, MHCC is better equipped to spearhead meaningful change, facilitating a more robust and sustainable workforce for the mental health sector.

DISCUSSION

Limitations of employer surveys

Employer surveys are a commonly used means of collecting workforce data. Nevertheless, they are an imperfect means of undertaking workforce research (HCA, 2013) and ideally used only where no other option is available (e.g., when a workforce is unregistered). This was and has always been the case to gain an understanding of the CMO mental health workforce, both in NSW and anywhere in Australia. Ideally an on-going workforce data collection (for instance through mandatory reporting on salary and wage positions by registered organisations annually such as through the *Mental health non-government organisation establishments National Best Endeavours Data Set* could be set up in a way similar to the data collection process for Aboriginal Community Controlled Health Organisations (AIHW, 2010).

The primary concern with an employer survey method relates to estimating key workforce variables, such as workforce size, that are highly sensitive to population sampling (*'have all possible employers been included in the survey administration?' and 'did all surveyed employers respond'*). The response rate is important particularly because:

- there is often concern that the non-respondent population is different to the respondent population
- which then means that it is difficult to extrapolate the findings to the entire population. In an earlier section of this report considerable effort was required to develop an acceptable estimate of workforce size that extrapolated from the actual survey count after considering, many factors.

Growing acceptance of Survey

Every attempt was made to optimise the response rate achieved for this project. A response rate of 63.1% of MHCC membership is high by most survey standards and an increase on the response rate from previous Surveys. It is possible the MHCC membership is slowly beginning to acknowledge the importance of the Survey and this resulting Report. The consistency with which it has been administered (every two years) is likely important in generating a level of acceptance. The response rate amongst the non-MHCC member CMOs in the sector remains low and continues to provide a challenge to extrapolating the survey data to the entire sector. Nevertheless, the comparatively high response rate and the fact that the bulk of the non-respondent CMOs are small and not employing, or employing few workers, offers confidence that the Survey findings provide strong support to the validity of the data.

Why so young?

The composition of the community managed mental health workforce remains female dominated (like much of the rest of the health workforce) and comparatively young when compared with other mental health sector workforces. The cause of the comparative youth of the workforce, and the fact it is becoming increasingly young, was not explored through the Survey but it could be hypothesised that the CMO mental health sector is seen as an appropriate entry level to the mental health workforce, both for VET and degree qualified workers (Ridoutt, et.al., 2023). The relative youth of the workforce is then maintained through turnover as experienced workers seek higher remunerated or more stable employment in other sectors. Retaining workers for longer in the sector poses a genuine challenge.

Greater confidence in trends

Findings from this Survey to support a workforce size estimate suggests that either workforce growth has moderated compared to growth between 2019 and 2021, or growth was always only moderate (at around 2-3% per annum). Having three data points in a trend analysis (rather than only two from the previous two surveys) provides greater confidence in the trend direction estimates, so it is more likely that calculations in 2021 were optimistic. Having said that, the 2021 survey was undertaken in the middle of the COVID 19 pandemic and workforce numbers could have reflected the unusualness of the times.

One quarter of the workforce

The three Surveys confirm that the community managed mental health workforce in NSW is significant and contributes close to one quarter of total mental health workforce resources available to the people of NSW.

Most CMOs suggest that the current workforce growth rate will be at least sustained by a range of factors driving workforce demand. Chief amongst these factors will be the mental health reform agenda at national and state level and the PHN commissioning of mental health services. The impact of the NDIS environment, while still a factor, is perceived to be less influential than in past surveys, especially when compared to 2019 findings. Most of the surveyed organisations feel that any growth in workforce numbers will be for workers with higher skill levels.

Growth in demand for skilled workers

This Report has identified a slight trend towards greater employment of professional clinical workers (psychologists and allied health workers) in preference to mental health support workers. This emerging trend gives support to organisations' perceptions that a higher skilled workforce is required. Vacancy data suggests that attracting a more highly skilled workforce could be increasingly challenging.

Should organisations' perceptions be prescient, and a larger (and more skilled) workforce is required in the future, then recruitment ambitions might be undermined by the unstable or temporary nature of employment (contract and casual) of almost half the sector workforce. The highest priority workforce solutions identified by the surveyed organisations have focused on these types of disincentives to recruitment but also focused on the need to improve worker retention outcomes.

Looking to solutions

The Workforce survey is an important initiative which provides Mental Health Coordinating Council with valuable evidence necessary to advocate on behalf of the community managed organisation sector for its workforce needs and conditions.

It is Mental Health Coordinating Council's intention to follow this Report with a workforce solutions paper which goes to the issues raised by the data. The solutions paper will look to provide recommendations that can be advocated for to address the workforce challenges the community managed mental health sector faces now and into the future.

REFERENCES

Australian Bureau of Statistics (2019) Labour Force (trend and annual averages of original data); ABS, Education and Work; Department of Jobs and Small Business, Employment Projections.

Australian Institute of Health and Welfare (2010) *National best practice guidelines for collecting Indigenous status in health data sets*. Cat. no. IHW 29. Canberra: AIHW.

Australian Institute of Health and Welfare (2019) *Mental health services in Australia*.

Human Capital Alliance (2013) *Pharmacy Workforce Planning Study*. Pharmacy Guild of Australia, Canberra

National Health Workforce Planning and Research Collaboration (2011) *Mental Health Non-Government Organisation Workforce Project Final Report*. Health Workforce Australia: Adelaide.

NSW Mental Health Commission (2014) *Living Well: A Strategic Plan for Mental Health in NSW.* NSW MHC, Sydney

Queensland Alliance for Mental Health (QAMH), (2021). *The Community Mental Health Workforce Project.* QAMH, Brisbane.

Ridoutt, L. and Mental Health Coordinating Council (MHCC), (2021). *Mental Health Workforce Profile: Community Managed Organisations Report 2021*. MHCC, Sydney.

Ridoutt, L. and Cowles, C. (2019). *The NSW CMO Mental Health Workforce: Findings from the 2019 MHCC Workforce Survey*. MHCC: Sydney.

Ridoutt, L., Curry, R., Prince, S., Dobson, C. and Lawrence, J. (2023). *ACT community-managed mental health workforce profile 2023*. Mental Health Community Coalition ACT, Canberra

Western Australian Association for Mental Health (WAAMH), (2017). *Workforce Development in Community Mental Health Project Report*. WAAMH, Perth

ACRONYMS & ABBREVIATIONS

ACCHS	Aboriginal Community Controlled Health Services
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
CMO	Community managed organisation
FTE	Full time equivalent
HR	Human Resources
HRIS	Human resources information systems
HCA	Human Capital Alliance
LGBTQIASB+	Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, sistergirl and sisterboy
MH NGOE NBEDS	Mental health non-government organisation establishments National Best Endeavours Data Set
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NHWPRC	National Health Workforce Planning and Research Collaboration
NSW	New South Wales
PHN	Primary Health Networks
VET	Vocational Education and Training

APPENDIX 1: METHOD

Survey design

The Survey comprised a total of 29 questions of both fixed and open response style. The Workforce Survey was intended to be completed by Service Managers, HR Managers or CEOs of MHCC member organisations (the person best placed within the organisation to provide workforce information). The questions were designed to flow into each other, with relevant questions grouped by sections so that respondents could exit the survey and return to where they left with relative ease.

The initial Survey draft was developed from the 2021 CMO Mental Health Workforce Survey and was subsequently modified in collaboration with the Advisory Group to ensure it could be optimally completed by CMOs. The draft version of the survey was piloted online using SurveyMonkey with members of the Advisory Group. The aim of pilot testing was to assess language and terminology, relevance of the questions, and the accessibility of the survey. The survey was then further revised and finalised based on feedback from the Mental Health Coordinating Council, Australian Capital Territory (ACT) and the Advisory Group. The final version of the Survey as it was administered is provided as Appendix 3.

Process

As much as possible the 2023 Survey design remained consistent with the 2019 and 2021 Surveys to allow comparative analysis. There were some modifications, such as the removal of questions attempting to ascertain the education levels of staff. These questions were removed due to inadequate responses in the previous survey. Additionally, a question was added intending to probe possible solutions to current workforce issues. This was seen as an important question to add to the survey due to the myriad of issues affecting the sector today.

The Survey was administered to 75 CMOs, 65 of which were MHCC members and a further 10 were associate members. This sample population was considered representative of the majority, if not all, CMOs delivering mental health services in NSW. A range of initiatives was implemented to optimise the response and a response rate of 58% was obtained from the MHCC surveyed population.

For some of the 29 questions, especially those that explored more detailed elements of a CMO's staffing, only estimates (or non-responses) were provided by some CMOs. This was expected due to similar estimates being provided in the previous surveys. As such, follow up questions to headcounts asking whether the information being provided was estimated or actual data were added.

The sample population

The Survey was sent to all MHCC member and associate member organisations.

Promotion and administration of the survey

Creating awareness of the Survey and encouraging engagement to complete was carried out across multiple channels in the weeks leading up to and during the Survey.

Promotion

- The survey was promoted through MHCC's engagement channels as well as through targeted email communications to MHCC member organisations.

Administration

- The Survey was sent out to all identified organisations in September, with an initial deadline of 29 September 2023.

Follow up

- Email reminders were sent to organisations one and two weeks after the initial distribution.
- Follow up calls were conducted by members of the evaluation team to further incentivise filling out the survey.
- The Survey deadline was extended until 6 October 2023 to allow time for organisations to complete the survey.

Data analysis

Fixed survey responses were quantitatively analysed using simple frequency distributions and where appropriate cross tabulations, to provide a total workforce size, workforce composition, insights into areas of shortage, identification of any gaps in skills and subsequent identification of future sector workforce requirements.

Open response questions were analysed through thematic analysis to identify common themes, and differences and similarities across the responding the organisations.

APPENDIX 2: RESPONDING PROVIDERS DESCRIPTION

In terms of service functions and focus in the mental health sector, respondent organisations represent a mixed range of service provision. More than half of the organisations described their service functions as including mental health services as well as other program services (32 of 59, or 54%). Just under one quarter of the responding organisations (22%, n = 59) indicated that they provided support to mental health consumers, but not specific mental health programs or services. Another 12 (20%) provided only psychosocial and clinical services for mental health consumers, and two (4%) organisations focused on providing mental health services to diversity-specific groups in the community.

For the previous surveys the *Mental health non-government organisation establishments National Best Endeavours Data Set* (MH NGOE NBEDS) was adopted. The MHNGOE NBEDS identifies 18 service type options. For the 2023 survey however, a decision was made to alter the service type options slightly, and to add an 'other' option. The alterations were mainly to the wording of the service types to increase readability. The survey results indicated that respondents were providing a wide range of mental health services.

Table 10: Types of mental health services delivered by respondent CMOs (n = 59)

Mental health services provided by CMOs	Number of CMOs	Proportion of total CMOs
Counselling face-to-face	31	52.5
Counselling and support – telephone and/or online	33	55.9
Information and referral – telephone and/or online	41	69.5
Intake, assessment, triage for referral to other services	30	50.8
Group support activities - face-to-face and/or online	36	61
Mutual support and self-help	28	47.5
Staffed residential services, including refuges	14	23.7
Personalised support, including support to accommodation/ housing, education, employment, legal and other	29	49.2
Family and carer support	26	44.1
Care coordination	24	40.7
Education, training and professional development	27	45.8

Mental health services provided by CMOs	Number of CMOs	Proportion of total CMOs
Systemic reform and advocacy	21	35.6
Mental health promotion and health literacy	31	52.5
Mental illness prevention and early intervention	23	39
Alcohol and other drugs services	19	32.2
Trauma specific services	19	32.2
Rehabilitation	4	6.8
Clinical services	22	37.3
Other, please provide details	12	20.3

Twelve survey respondents nominated other mental health services being delivered, not from the 18 listed above. These included:

- Assistance with access to NDIS
- Acute and complex MH nursing services
- Disability Employment, Justice diversion, Suicide prevention
- Employment Support
- Psychosocial programs
- Social connections, social services (case management, food and other practical supports)
- Strengths based programs, youth advocacy, arts programs, cultural support
- Train and certify psychiatric assistance dogs
- Women's drop in for practical assistance - Low barrier for mental health support

APPENDIX 3: SURVEY TOOL

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

Mental Health Coordinating Council

Thank you for taking time to be part of the **2023 Mental Health Workforce Survey: Community Managed Organisations.**

Your contribution will help the community mental health sector better understand workforce trends in New South Wales. Results will inform future workforce decisions and guide appropriate strategies and interventions for building workforce capacity.

Information about the Survey

Mental Health Coordinating Council acknowledges the Survey includes questions that your organisation may not keep on record. Where exact data is not available, we ask that you provide a best estimate. Include data for News South Wales mental health operations only.

Abbreviations

CMO: Community Managed Organisation
FTE: Full Time Equivalent
HRIS: Human Resource Information System
NDIS: National Disability Insurance Scheme

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO
Section 1: About your organisation

1. This information is collected for the administration of the survey only and will not be included in the data or survey report.

Name of person completing the survey	
Role of person completing the survey	
Organisation	
Email address	
Phone number	

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

Section 2: About your service provision

These questions will help us gain an understanding of the range of services provided by mental health CMOs in NSW.

2. Which of the following definitions best describes your organisation's operations in NSW. Select the one that fits best.

Our organisation provides...

- ◯ Mental health psychosocial and clinical services only, including NDIS psychosocial support and physical health programs
- ◯ Mental health services and other programs, e.g., aged care, disability, information and advocacy
- ◯ Support but not specific mental health programs and services
- ◯ Diversity specific mental health services, for e.g., First Nations, LGBTQIA+

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

3. Select the mental health services your organisation provides in NSW. Please select all that apply.

- ☐ Counselling face-to-face
- ☐ Counselling and support – telephone and/or online
- ☐ Information and referral – telephone and/or online
- ☐ Intake, assessment, triage for referral to other services
- ☐ Group support activities - face-to-face and/or online
- ☐ Mutual support and self-help
- ☐ Staffed residential services, including refuges
- ☐ Personalised support, including support to accommodation/housing, education, employment, legal and other
- ☐ Family and carer support
- ☐ Other, please provide details

- ☐ Care coordination
- ☐ Education, training and professional development
- ☐ Systemic reform and advocacy
- ☐ Mental health promotion and health literacy
- ☐ Mental illness prevention and early intervention
- ☐ Alcohol and other drugs services
- ☐ Trauma specific services
- ☐ Rehabilitation
- ☐ Clinical services

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

Section 3. About your current employees

This section relates to your workforce in more detail. Reminder: where exact data is unavailable, please estimate.

4. Please provide the total number of all your paid direct support staff working in mental health in NSW. Include full time, part time and casual in the total headcount.

5. Considering the total number of staff provided above, what is the total Full Time Equivalent (FTE) for these employees? The FTE can be calculated by adding up all hours worked and dividing by 38.

6. To help us interpret the data, is your information in the two questions above derived from:

- ◯ HRIS data
- ◯ Estimates

7. We now want to break down the figures by roles. Please indicate the total number currently employed by your organisation in NSW for each position listed. If you employ no workers in a particular category respond with a '0'.

Peer Worker	
Carer Peer Worker	
Recovery Coach or Mentor	
Mental Health Support or Rehabilitation Worker	
Support Coordinator	
Nurse	
Psychiatrist	
Psychologist or Counsellor	
Other medical practitioner	
Allied health professional	
Other (please specify)	

8. If you provided a number for 'Other' roles, please specify what these roles are.

9. Please indicate the total FTE currently employed by your organisation in NSW for each position listed. Only provide if this information is available. Again, if you employ no workers in a particular category respond with a '0'.

Peer Worker	
Carer Peer Worker	
Recovery Coaches or Mentor	
Mental Health Support or Rehabilitation Worker	
Support Coordinator	
Nurse	
Psychiatrist	
Psychologist or Counsellor	
Other Medical Practitioner	
Allied health professional	
Other (please specify)	

10. To determine the employment type of your **direct support** mental health workers, please indicate the total number of employees for each of the below categories.

Permanent, full time	
Permanent, part time	
Fixed contract, full time	
Fixed contract, part time	
Casual/Hourly remunerated	

11. Please provide the total number of all paid **non-direct** support workers employed by your organisation to work in mental health programs in NSW. Include full time, part time and casual employees.

Management	
Administrative support staff (e.g. finance, marketing, training)	
Technical support (including IT)	

12. Returning to **direct support** staff, please provide the total number working in mental health in NSW who identify with the following gender categories.

Male	
Female	
Non-binary and/or other gender	

13. Please indicate the total number of **direct support** staff working in mental health in NSW by age.

18-25 years	
26-35 years	
36-45 years	
46-55 years	
56-65 years	
66+ years	

14. Does your organisation collect data on the following for its staff:

	Yes, good data is maintained	Yes, but the data is not well maintained	No
Cultural background	◯	◯	◯
Gender identity	◯	◯	◯
Lived experience	◯	◯	◯

Would you like to comment on your response?

15. Please provide the number of workers at your organisation for the following:

Persons with lived experience of mental health, both in peer and non-peer roles

Persons with lived experience as a carer, both in peer and non-peer roles

Persons with lived experience, but not in identified peer roles

16. Is the information for the above question...

◯ Actual data

◯ An estimate

Other (please specify)

17. Please provide the number of workers at your organisation who are...

Aboriginal and Torres Strait Islander	
Culturally and Linguistically Diverse	
LGBTQIASB+	
People living with a disability	

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

18. Do volunteers work in your mental health programs?

- ◯ Yes
- ◯ No

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

19. How many volunteers, by head count and FTE does your organisation have. Reminder, estimates are okay where data is not available.

Number of volunteers (Head count) ☐

FTE estimate for volunteer workforce ☐

20. From the list below select all the areas of activity your volunteers perform. Select all that apply.

- ☐ Consumer support service and non-direct support (e.g. catering, transport and social inclusion)
- ☐ Direct care (e.g. individual counselling, groups, home visits)
- ☐ Telephone crisis and support lines
- ☐ Outreach patrols
- ☐ Personal care (e.g. cleaning, food delivery)
- ☐ Consumer capacity building (e.g. tutoring, digital skills, etc.)
- ☐ Other (please specify)

☐

- ☐ Fundraising and events
- ☐ Systemic advocacy
- ☐ Individual advocacy
- ☐ Administration and IT
- ☐ Board membership, governance and management roles
- ☐ Practice supervision and mentoring

21. Does your organisation set minimum training or education requirements for your volunteers?

- ◯ Yes
- ◯ No

If you would like to provide more details, please comment here:

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

Section 4: Workforce shortages

This section explores current vacancy rates for mental health specific services and programs in your organisation's NSW operations.

22. Has your organisation had any vacancies in funded direct support mental health positions in the last six months?

- ◯ Yes
- ◯ No

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

23. Would you classify any of the vacant positions in Question 21 as '**difficult to fill**'?

- ◯ No
- ◯ Yes (Please provide the number in the box below)

Please provide the number of vacancies you would classify as 'difficult to fill' in the last six months?

24. From a recruitment perspective, please rate the level of difficulty in filling the following roles

	Not difficult	Somewhat difficult	Moderately difficult	Very difficult	Extremely difficult	Not applicable
Peer Worker	◯	◯	◯	◯	◯	◯
Carer Peer Worker	◯	◯	◯	◯	◯	◯
Mental Health Support or Rehabilitation Worker	◯	◯	◯	◯	◯	◯
Support Coordinator	◯	◯	◯	◯	◯	◯
Nurse	◯	◯	◯	◯	◯	◯
Psychiatrist	◯	◯	◯	◯	◯	◯
Psychologist or Counsellor	◯	◯	◯	◯	◯	◯
Other medical practitioner	◯	◯	◯	◯	◯	◯
Allied health professional	◯	◯	◯	◯	◯	◯
Other (please specify in the box below)	◯	◯	◯	◯	◯	◯

Other (please specify)

25. Please indicate the main factors contributing to recruitment difficulties and vacancies. Select all that apply.

- ☐ Insufficient workers with relevant qualifications
- ☐ Insufficient workers with appropriate professional association membership
- ☐ Difficult to attract workers to the CMO mental health sector
- ☐ Other, please provide more information
- ☐ Difficult to attract workers to rural, regional and remote areas
- ☐ Can only offer short term contracts
- ☐ Unable to offer competitive salaries

2023 MENTAL HEALTH WORKFORCE SURVEY: CMO

SECTION 5: Future workforce needs

In this section we are looking at what you believe will be future mental health workforce needs and what some of the solutions to these issues may look like.

26. From the following list, please select any of the factors you believe will have an influence **over the next five years** on the mental health workforce in your organisation in NSW.

	Increase demand for skilled workers	Increase demand for less skilled workers	Reduce demand for skilled workers	Reduce demand for less skilled workers
Mental health reform agenda at national and state level. E.g. Bilateral Agreement, Standards	☐	☐	☐	☐
Uncertainty in NDIS & other funding arrangements	☐	☐	☐	☐
Contestable tendering	☐	☐	☐	☐
PHN commissioning of mental health services	☐	☐	☐	☐
Funding levels to recruit required amount of staff	☐	☐	☐	☐

Please comment on these factors, or others, likely to influence the workforce into the future

27. Below is a list of possible solutions to workforce issues. Please rate the degree to which each solution would benefit your organisation's ability to attract and retain workforce.

	Very low priority	Low priority	Medium priority	High priority	Very high priority
Rolling five year funding contracts	◯	◯	◯	◯	◯
Contracts that include workforce capacity building and sustainability, e.g. training, practice supervision, mentoring, resources,	◯	◯	◯	◯	◯
Equitable indexation that responds to inflation on services and salaries for CMOs	◯	◯	◯	◯	◯
Contractual obligations that reduce red tape and minimise administrative costs	◯	◯	◯	◯	◯
Consistent employment conditions and insurance requirements	◯	◯	◯	◯	◯
Sufficient funding that mirrors competitive salaries across the service sector	◯	◯	◯	◯	◯
Attractive career pathways that incentivise workforce sustainability	◯	◯	◯	◯	◯
Support and resources for the lived experience workforce, creating employment pathways and workplace readiness	◯	◯	◯	◯	◯

Industrial protections for the lived experience workforce	◯	◯	◯	◯	◯
Funding that provides for a sustainable workforce with adequate back-fill	◯	◯	◯	◯	◯
Strategies to support growth and sustainability of First Nations mental health workers	◯	◯	◯	◯	◯
Rationalisation of standards and accreditation requirements	◯	◯	◯	◯	◯
Standards that reflect trauma-informed recovery oriented practice	◯	◯	◯	◯	◯
Improved legislative clarity in relation to fixed term contract obligations	◯	◯	◯	◯	◯
Introduction of a pay roll levy in NSW to fund growth and sustainability of mental health CMOs	◯	◯	◯	◯	◯

Please comment on what other solutions would support your organisation to recruit and retain a mental health workforce.

28. Are there any initiatives in your organisation or elsewhere already producing positive workforce outcomes? Please comment.

29. Do you have further thoughts about current or future workforce issues and solutions for the community mental health sector in NSW? Please comment.

ENDNOTES

1 The 2019 survey population included many more non-members from which the response rate was particularly poor. The response rate from surveyed members was 61.8%.

2 A conversion factor closer to 1.0 indicates a higher proportion of the workforce working fulltime

3 Data obtained from AIHW (2017): https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-workforce

4 This does not include workers who have both management and direct support roles. For example, survey respondents identified 'team leaders', 'coordinators', etc. who had dual roles.

5 This does not include workers who have both management and direct support roles. For example, survey respondents identified 'team leaders', 'coordinators', etc. who had dual roles.

6 This figure does not include carers or people with lived experience 'working' in self-help groups.

7 Missing workforce elements are mental health practitioners working in private community practice and in services commissioned by the PHNs.

8 ABS Labour Market Information Portal, Available: http://lmip.gov.au/default.aspx?LMIP/GainInsights/IndustryInformation

9 A vacancy rate of 5% or lower is considered normal.

Mental Health Coordinating Council

Ground Floor, Building 125
Corner Church and Glover Streets
Lilyfield NSW 2040

PO Box 668, Rozelle NSW 2039

T 02 9060 9627
E info@mhcc.org.au
W mhcc.org.au