



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Community Services and Health Skills Council Environmental Scan 2011



The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

www.mhct.org

**Suite 5 Mayfair Plaza
236 Sandy Bay Road
Sandy Bay TAS 7005**

Phone: (03) 6224 9222

Fax: (03) 6224 8497

Email: ceo@mhct.org

**Contact: Michelle Swallow
Chief Executive Officer**

**Prepared by: Toni Law
Policy and Research Officer**

The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

The MHCT appreciates the opportunity to contribute to the Community Services & Health Industry Skills Council (CS&HISC) Environmental Scan (EScan) 2011.

The MHCT has consulted with its members regarding the following five key areas which the CS&HISC requires for its EScan 2011.

1. How has the demand for or nature of services changed

In Tasmania, there is a need for more collaboration between clinical and non-clinical services providing support to people experiencing mental health issues. The sector would benefit from a greater understanding of, and respect for, the range of roles played by different groups in sustaining the mental health of clients. The workforce needs to have a common language of mental health and mental illness. Additionally there is a need for work roles to provide for the integrated treatment of people experiencing co-occurring mental health, alcohol and/or other drug issues.

In the last decade, the community mental health sector in Tasmania has grown significantly and is now inclusive of commonwealth and state-funded initiatives that require high levels of organisational competency, staff competency, performance accountability and evidence-based practice. This model of practice across services varies but is based essentially on recovery and strengths-based practice, family-inclusive practice, peer support and evidence-based practice.

A decade ago, the mental health skills, knowledge and support requirements fell largely into two groups: clinical management; and community based practical and maintenance support. This tended to mean that 'clinical' expertise was retained by government services, while community (practical and maintenance) support to community services was outsourced. In the last five to ten years, this situation has changed and the community mental health sector now follows global and evidence-based practice that draws on recovery, family inclusion, promotion, prevention and early intervention and peer support principles. Practice and staffing requirements have also altered to reflect this set of developments.

Staff are now required to be competent in:

- Recovery focussed practice;
- Strengths based practice;
- Family inclusive practice;

- Individual (consumer) and other (family and carer) participation;
- Continuous improvement;
- Promotion, prevention and early intervention, inclusive of a population health approach to mental health and well being;
- Service collaboration;
- Care coordination and case management, including core processes of assessment, planning, and exit.

Into the future, core competencies, policy demands and service architecture will include:

- Increased Peer Support Worker positions;
- Facilitation of peer support networks;
- Increased need for promotion, prevention and early intervention competency and performance accountability;
- Industry-based minimum qualifications;
- Staff competence across multiple tasks – recovery support, information technology – reporting, quality assurance.

2. Workforce development challenges

A range of workforce development challenges currently face the community mental health sector in Tasmania. Perhaps the most obvious structural deficit is a general lack of capacity to implement necessary workforce development. This underlying problem compounds the specific issues outlined below. The community mental health sector organisations in Tasmania is also affected by the absence of an overarching workforce development strategy operating at either the state or national level.

Across Tasmania, there is a shortage of competent staff in the community mental health sector. We need to address the wage inequity between the community sector organisations (CSOs) and Government Services as this is likely to be one cause of the shortfall. Presently, there are insufficient numbers of personnel with appropriate qualifications and skills to satisfy the competencies required. The wage difference between the CSOs and Government Services, means that personnel who do fall into this category tend to be attracted by, and be attractive to, Government Services.

The low (or, in some cases, no) mandatory qualification or experience requirements that attach to CSOs positions is a real problem. The CSOs risks attracting people to positions that may not be committed to the stated and unstated goals of the sector or even be particularly interested in the roles on offer. Occupational shortages associated with the ageing population and the imminent retirement of the first cohort of baby boomers could exacerbate this issue. The industry risks becoming an 'open' or even a 'soft touch' employment option rather than a place where professional commitment to principles and good practice within the industry predominate.

In the area of workforce planning, the CSOs need to look at more structured pathways to employment such as traineeships. There is a need in Tasmania for a more clearly defined career pathway that would proceed from an agreed upon minimum mental health qualification at diploma level, for example. There also needs to be more focus on tertiary qualifications such as the social work degree. This

professionalisation of the sector needs to be accompanied by an increased promotion of the community mental health sector as an industry of choice for employees. An increase of options for casual employees to undertake accredited, suitably funded and/or subsidised training should be a fundamental part of this reform. Part-time work could also be offered to existing workers who are transitioning to retirement to ensure that skills shortages do not pose a threat to the integrity of the sector.

Finally, there is a need to increase the workplace knowledge of mental health, alcohol and other drug (AOD) issues and to up-skill staff to deal with people dealing with these problems.

3. Addressing workforce development challenges

Achieved:

- At a sector level, Certificate IV in Mental Health is generally acknowledged as a minimum standard, although this may not yet be a requirement due to the difficulties in recruiting staff and/or a lack of awareness around the pathways to and subsidies available for staff to obtain this qualification
- The RTO is currently providing the Certificate IV in Mental Health, although it may not be meeting the standard required by the sector
- The community mental health sector has been acknowledging workforce development as a priority for several years and continues to raise this in broad forums. The community mental health sector is not adequately resourced to develop this further
- Industry (mental health and other community services) continue to raise the pay inequity between CSOs and Government Services
- The MHCT has researched sector workforce development and continues to facilitate within the constraints of limited resources
- Commenced recovery based training to both CSOs and government workforce. This ensures a more consistent language and approach to supporting and sustaining people in the community experiencing mental health conditions.

What else needs to be done?

- Certificate IV mental health needs to be inclusive of recovery, family inclusive practice and professional conduct competencies
- Feedback from some employees indicates that Certificate IV in mental health is now not a sort after qualification for people who want a career in the mental health sector. People are requesting a diploma level qualification. A diploma in mental health needs to be provided in Tasmania
- Industry promotion at secondary school/college and university levels
- Wage parity with government services
- Continuation of recovery based training across CSO and government workforce.
- Development in motivational interviewing training would be of value in providing skills in working with people experiencing co-occurring mental health and AOD conditions.

4. The role of training packages

Generally there is increased access to Certificate IV in mental health and community services. Unfortunately employers are not satisfied with the level of competency or understanding of mental health and recovery.

Where Certificate IV is able to be offered internally, the service is assured of robust and accountable assessment processes.

Trainers need to be credible in what they are delivering.

Currently training is limited in Tasmania, as there is no qualification higher than Certificate IV.

At present, Certificate IV is seen as entry level but the qualification does not prepare graduates for the professional and career pathways they are pursuing. Furthermore, it does not deliver the competencies required by service providers. Certificate II – IV offer pathways to employment but provide little grounding in professional practice or knowledge. The curricula that serve these certificates don't do enough to inculcate a broad view of mental health, the community mental health sector and the mental health policy landscape. Equally, they do not necessarily articulate a coherent and comprehensive framework for practice. This kind of knowledge is increasingly sort after in the mental health sector.

There is a need to roll out a co-morbidity training package. This package could be aligned with the National guidelines on the management of co-occurring AOD and mental health conditions (Australian Government Department of Health and Ageing).

5. Responding to the new workforce development policy environment

In Tasmania, the most effective area of focus for workforce development policy is around wage parity between CSO and Government services.

Tasmania needs to promote the community mental health sector as an attractive employment and career choice. To achieve this goal we need to focus on competency-based training, refine and reconfigure position descriptions and provide more suitable ongoing staff support and performance monitoring. More training to support career development also needs to be made available.

There needs to be an improvement in collaborative CSO and government workforce development aimed at providing access to training at various levels.