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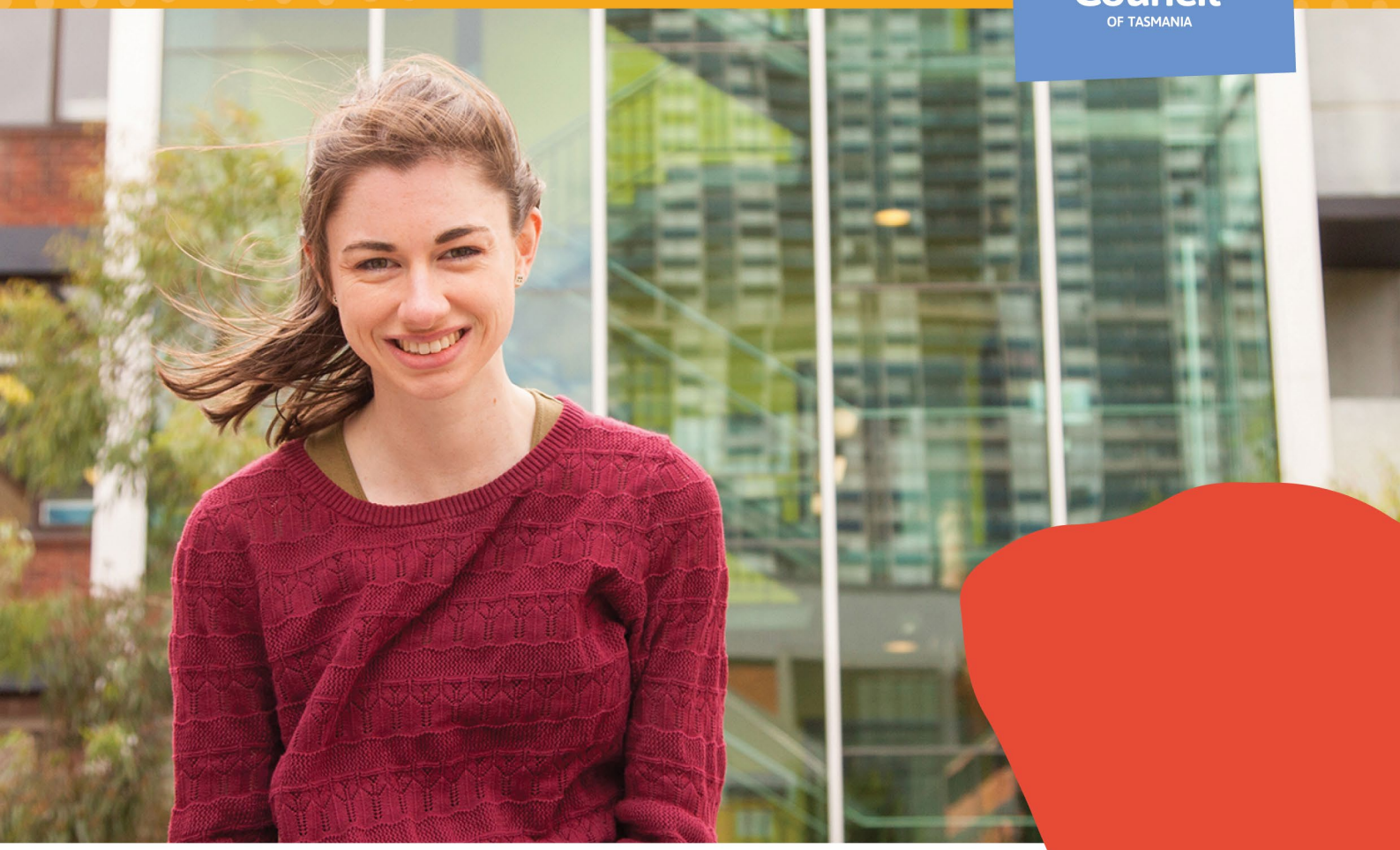
Mental Health Council OF TASMANIA



National Mental Health Workforce Strategy 2021-2031

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About Us

The Mental Health Council of Tasmania (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Background

In 2020 the Australian government appointed an independent Taskforce to oversee the development of a ten-year National Mental Health Workforce Strategy (the Strategy). This strategy aims to 'consider the quality, supply, distribution and structure of the mental health workforce; and identify practical approaches that could be implemented by Australian governments to attract, train and retain the workforce required to meet the demands of the mental health system in the future'.[1]

The Strategy is being jointly developed by the Department of Health and the National Mental Health Commission, with the Taskforce made up of representatives from across the mental health sector. In December 2020, the Taskforce provided initial recommendations and priority actions to government. A draft National Strategy was subsequently prepared and released for public consultation in August 2021. Following public consultation, a final strategy will be prepared and provided to Government in late 2021.

Notably, this work is occurring alongside other national reform in relation to mental health. In response to the Productivity Commission's inquiry into Mental Health, the National Reform Council agreed in December 2020 to 'collaborate on systemic, whole-of-governments reform to deliver a comprehensive, coordinated, consumer-focussed and compassionate mental health and suicide prevention system to benefit all Australians'.[2] This will be accomplished through a new *National Agreement on Mental Health and Suicide Prevention,* due to be released by end November 2021.

Response to consultation questions

The Taskforce has provided a Consultation draft Strategy, along with a Background Paper summarising the evidence used to inform the draft. Public submissions responding to the draft Strategy are required to address 10 key questions. The Mental Health Council of Tasmania's responses to the 10 questions are provided below.

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

- MHCT believes the draft Strategy addresses several key challenges facing community managed mental health services in Tasmania. These include workforce shortages, issues attracting and retaining staff, a lack of education opportunities and career pathways, lack of data collection and availability, and the need to support the development of a peer workforce.

- Tasmania is unique in that, in line with the Australian Bureau of Statistics ASGC Remoteness Classification[3], the entire state of Tasmania is considered rural and remote. It follows that MHCT welcomes the specific needs of rural and remote areas highlighted throughout the draft Strategy.

- A key challenge in Tasmania, not comprehensively addressed in the draft Strategy is the lack of mental health education and training programs available within the state, which impacts on the ability to attract, train and retain an appropriately sized workforce within Tasmania. For more on this see our response to question 8.

- The draft Strategy currently has a limited focus on employers within the community, public, private and primary health sectors. As per the background document, employment conditions (including remuneration and employment stability) and related challenges vary considerably across different employers/settings in the mental health sector. MHCT suggests the Strategy would benefit from identifying and defining the varied employers and settings in the mental health workforce definition.

Question 2: To what extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?

- MHCT supports the overall aim and objectives of the draft Strategy and believes they provide an appropriate strategic framework. Importantly, they respond to the clear need for an integrated, appropriately skilled workforce that provides person-centred care that meets the needs of all Australians.

- The Strategy would benefit from providing clear definitions of each of the listed occupations, in particular 'psychosocial support workers'.

- The draft Strategy does not make explicit how the NDIS workforce fits within the Strategy aim and objectives. (For example, there is no mention of NDIS within Figure 1.2). It is important that this Strategy is aligned with any similar reform work underway in relation to the NDIS workforce.

- The Strategy would benefit from greater consideration to the varied experiences across different settings and employers, particularly in relation to workforce retention issues. As per the Strategy background document, employment conditions vary significantly across settings and employers and are multi-faceted. See our response under question 6 for more on workforce retention issues specific to the community sector.

Question 3: Are there any additional priority areas that should be included?

- MHCT recommends that investment in prevention and early intervention is recognised as a key factor in reducing the burden on the mental health workforce. MHCT suggests a mental health literacy approach is adopted to address this which includes provision of mental health literacy education to the workforce. This approach also has the capacity to reduce stigma associated with working in mental health and therefore contribute to Priority Area 1.3. Further information on such an approach is highlighted in MHCT's submission to the Premiers Economic and Social Recovery Advisory Council (PESRAC)

- MHCT suggests that consideration to the different settings and employers should be included within each objective and related priority actions. As it currently stands, objectives 1, 4, 5 and 6 currently break down action and priorities into specific settings/roles to some degree, however this is not the case for objectives 2 or 3.

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

- MHCT supports ensuring that the Strategy coordinates with and responds to existing reform agendas and plans within the states and territories, including Tasmania's Rethink 2020 Reform Agenda and associated Implementation Plan. MHCT recognises that the draft Strategy links well with the Tasmanian Rethink 2020 Reform Direction 9 – Supporting and developing our workforce – which includes the development of a joint workforce development strategy within Tasmania.

- MHCT recommends that the Strategy is aligned to the new *National Agreement on Mental Health and Suicide Prevention* due to be released by end November 2021.

- MHCT believes that the coordination and delineation between national and state priorities/actions and how this will occur could be made clearer within the Strategy. For example, Action 4.4.1 refers to the development of a central online information source with details of existing training and professional development opportunities. It is not clear, however, how this information would be sourced from states and then maintained at a national level.

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

- MHCT supports the focus on improving the attractiveness of mental health careers and recommends a particular focus on rural and remote career pathways.

- In Tasmania, it should be noted that sufficient University and TAFE courses must be in place before implementation of the recommended approaches for increasing career attractiveness are able to occur.

- As per our response to question 3, a focus on mental health literacy would contribute to a reduction in stigma that surrounds working within the mental health sector and links well with the implementation activity, 'Implement a nationally coordinated campaign that promotes mental health as a career'.

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

- MHCT is aware that the community sector, both within Tasmania and nationally, is particularly impacted by mental health workforce retention issues. As noted in a recent report in NSW on the community managed organisation workforce, short funding cycles result in short term (contract/casual) employment agreements which contributes to instability and may undermine recruitment ambitions[4]. Further, MHCT have received reports from our Tasmanian members of staff being trained up within the community sector only to move into private practice as it is considered more lucrative. MHCT would welcome an increased focus within the Strategy on how to address workforce retention within the community sector specifically.

- MHCT also notes that year-on-year and short-term funding of mental health programs in the community sector can be problematic for workforce development. This approach to funding community sector organisations can negatively impact on an organisation's capacity to invest in training and/or professional development for staff, which in turn impacts on staff retention and overall investment in a skilled community mental health workforce.

- MHCT supports the focus on ensuring and supporting adequate high-quality supervision. This is an identified challenge in the Tasmanian community mental health sector due to a lack of resourcing and funding. This issue would benefit from further investigation into potential solutions such as, for example, supported partnerships between organisations to share supervisory resources.

- MHCT additionally notes that there are limited opportunities for psychology graduates to complete their internship program, this is often due to a reduced capacity in the community sector to provide the level of supervision required for graduates to register as a psychologist under the Psychology Board of Australia. This not only impacts on the community sector's workforce, but also limits the pool of practicing psychologists who can provide services under the *Better Access to Mental Health Service Scheme*, consequently limiting the number of Psychologists who are able to offer subsidised services and creating inequitable access for people who are unable to afford private psychology fees.

- MHCT recommends that the Strategy also includes actions related to supporting the wellbeing of mental health staff. This could include supporting organisations to provide flexible working arrangements and wellbeing initiatives. Research has indicated that mental health practitioners have reported higher levels of workplace stress during the COVID-19 pandemic, which has had a negative impact on their physical and mental health.[5] This has implications for workforce retention and highlights the need to promote and fund appropriate staff training and wellbeing initiatives. In a recent survey of community mental health organisation staff conducted by MHCT, 36 of 54 (67%) respondents reported that the pandemic has had a negative impact on their wellbeing. The most commonly reported negative impacts included significantly increased workloads, lack of time for self-care, uncertainty around the future and increased social isolation. When asked what strategies had supported their mental wellbeing in the workplace in the past 15 months, the most popular answers amongst 56 respondents were - being kept well informed on COVID related changes by their organisation (61%), flexible working arrangements (59%), healthy lifestyle changes (e.g. exercise, mindfulness) (50%), peer to peer support (43%) and implementing work boundaries (43%). Enabling ongoing flexible working arrangements was also identified by the

majority of respondents (59.2%) as a key way to support staff wellbeing through future changes related to the pandemic.

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

- MHCT recommends that the Initial Assessment and Referral framework (IAR) is promoted as best-practice to support integration of care and multidisciplinary approaches through appropriate assessment and referral. MHCT suggests that the IAR framework is utilised as a basis in the implementation of objective 3 within the draft strategy. MHCT suggests that initially work should be undertaken to ensure that services are mapped against the appropriate levels of care in the IAR framework and subsequently components of care can be identified, along with scopes of practice developed to fulfill the functions of services.

- MHCT recommends that a professional peak body is established for peer workers (as per Action 16.5 of the Productivity Commission Inquiry Report), as well as for 'psychosocial support workers'.

- MHCT suggests that consideration should be made the establishment of a national-level body to oversee the coordination of mental health occupations, professional development along with workforce attraction and retention.

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

- MHCT supports developing a training strategy for a rural and remote mental health workforce. The development of this strategy should prioritise integrated health workforce planning that involves all settings, including community, public, primary, NDIS and private. Such an approach should consider and identify the current gaps and future health needs of Australians in rural and remote locations with a coordinated strategy developed and agreed to by all relevant stakeholders.
  Briefly, MHCT recommends a full suite of options for community sector organisations in rural or remote areas should include:
  - greater collaboration with universities in the provision of placements in regional areas

  - mixed mode training that combines online and intensive face to face practical training
  - support to service providers in supervision of graduates
  - suitable opportunities for people in rural communities to complete postgraduate studies
  - incentives for skilled workforce to live and work in rural communities including Post graduate scholarship programs that require several years of work in regional parts of Tasmania, salary incentives and lifestyle incentives including access to childcare and community integration programs.

- A focus on the rural and remote healthcare workforce is of particular importance given the impact of COVID-19. The ability for service providers to provide health care in rural locations has been further compromised during the pandemic due to the smaller size of the remote workforce, restrictions on travel and an increasing demand for services.[6]

- MHCT recommends a review of MHCT's submission to the Tasmanian Government's inquiry into rural health for more detailed information and a full set of recommendations relevant to enabling local integrated responses in rural and remote communities.

- Further information and recommendations related to workforce distribution needs are also provided in MHCT's recent submission to the Tasmanian 'Our Healthcare Future' consultation.

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

- MHCT supports the focus on new and innovative service delivery models (in particular peer workers), the associated incentives for employers and the requirement for all service level agreements for provision of mental health services to include specific funding for peer roles.

- MHCT is currently implementing a Peer Workforce Development Strategy within Tasmania. This process will involve the development of a cross-sector youth peer worker model to provide additional, early intervention, awareness raising and support to young people experiencing situational distress. This model could be relevant across other states and jurisdictions.

- The limited capacity of the current mental health workforce to meet the varying levels of need in the community indicates a need to explore more holistic approaches to providing mental health support. This is particularly relevant in the current climate as the COVID-19 pandemic has led to a significant increase in people experiencing situational distress, this form of distress requires wrap around supports to address the situation/s impacting on a person's mental wellbeing combined with lower intensity mental health supports. Such an approach would involve upskilling the community service sector workforce in mental health education/awareness to enable provision of early intervention supports that can address the situational components of a person's distress. Additionally, such an approach requires consultation with the sector to redefine the skills and qualifications needed to provide lower intensity mental health supports and how these 'new' roles may be recognised. At the same time, there is a need to upskill the community service sector workforce to enable them to provide support to persons who are experiencing mental ill-health and waiting to receive more formal support.

- To support the above recommendation, MHCT recommends structured upskilling programs are developed with flexible delivery options to increase their accessibility.

- As per our responses to Question 7, MHCT also suggests the adoption of the IAR framework to support implementation of objective 3 of the draft strategy. Additionally, MHCT suggest the establishment of a national co-ordinating body for the mental health workforce.

Question 10: Is there anything else you would like to add about the Consultation draft?

- MHCT supports the inclusion of objective 2, 'Data underpins workforce planning' and recognises this as a priority for the community sector. We would recommend that certain data sets are prioritised under this objective, including those within community managed organisations.

- MHCT suggests that provision of workforce data could be made a reporting requirement across the community sector to enable the collection of significant relevant data.

- MHCT recommends that the Strategy ensures that data for occupations who work across multiple sectors (e.g. nurses, speech pathologists etc) is disaggregated to identify work undertaken within the mental health sector specifically.

- MCHT recommends an overarching governance structure is put in place to drive implementation of the *National Mental Health Workforce Data Strategy*.

- MHCT supports actions under objective 4 that seek to support priority cohorts to undertake training and to co-design training modules (including in cultural safety and trauma informed care). MHCT supports the prioritisation of ATSI communities and peer workers and would suggest that specific mention of other priority cohorts is also included, namely culturally and linguistically diverse (CALD) communities and LGBTQI+ communities.

- MHCT recognises that telehealth has a useful place in meeting some workforce needs and allowing greater agility and flexibility in the mental health system, particularly in the use at a low intensity level of care, however, it must not be considered a substitute for in person services.

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