A Real Career

A Workforce Development Strategy for the Community Mental Health Sector of the ACT

mental health
community coalition ACT

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Publication Inquiries:
Mental Health Community Coalition of the ACT
Room 1.06, Level 1, Griffin Centre
20 Genge Street, Canberra City, ACT 2601.

Tel 02 6249 7756
Fax 02 6249 7801
Email admin@mhccact.org.au

ACT Government
Health

ACT Government Health is acknowledged as the principal funder of this project. This Strategy represents a significant implementation recommendation of the *Mental Health Community Sector Reform* process, in developing an available and appropriately skilled workforce that supports the building of a sustainable provision of community based mental health care.

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Message from the Chair of the Mental Health Community Coalition of the ACT

The community mental health sector is a major player in the delivery of services to people living with mental illness and those who care for people living with mental illness in the ACT.

Today, there are over 30 non-government agencies operating in this field in the ACT alone employing over 200 care workers. This number is even larger when volunteers are factored in.

As the devolution of responsibility for caring for people in the community continues to shift to the community sector, our responsibility to provide the best, most professional services to our clients increases.

The following Workforce Development Strategy is the first step in building a cohesive, well qualified sector committed to continuous learning. We also want workers in the sector to have a definite career path and to enjoy job satisfaction while providing the highest standard care possible to our clients.

We see the community sector as a viable employment choice in its own right, not just something to do until a 'real job' comes along.

I would like to thank all who contributed to the development of this document including the boards and executive officers of our member organisations, workers, consumers and carers. They have all shown a strong commitment to the direction set by this document and their personal commitment, enthusiasm and advice has been greatly appreciated.

A would finally like to acknowledge the ACT Mental Health Directorate without whose support the creation of this strategy would not have been possible.

I commend the strategy to you,

Angie Ingram
Chair
Mental Health Community Coalition of the ACT
August 2012

Why we need a Workforce Development Strategy

Over the last ten years, mental health service delivery in Australia has changed dramatically with the community sector taking on a much larger role in service provision (Commonwealth of Australia, 2010). This shift in focus was emphasised in 2006 when the Council of Australian Governments produced a National Action Plan on Mental Health highlighting the important role of the non-government sector in the provision of a better integrated regime of care for people living with mental illness (COAG, 2006). In May 2011, the Australian Government delivered a $1.5 billion package in the Budget to fund national mental health reform (Australian Government, 2011). This package once again stressed the importance of a collaborative approach to the provision of support for people living with mental illness.

At a local level, the ACT Government was a signatory to the original COAG National Action Plan. The Government's approach to guiding the provision of mental health services is detailed in a comprehensive document entitled, *Mental Health Services Plan 2009–14*. The vision articulated in this plan is as follows – *"In the ACT in 2020 the mental health system will be consumer oriented and driven and focus on recovery and rehabilitation. Consumers and carers will have seamless access to a coordinated and interconnected network of services provided by the consumer, community, public and private sectors and designed to meet the mental health and psychosocial needs for individual health and wellbeing".* (ACT Health, 2009)

Extensive work has been conducted and is underway concurrently at a national, state and territory level on community mental health sector workforce development. This work includes;

- *The National Mental Health Workforce Strategy and Plan* – **Mental Health Workforce Advisory Committee**
- *Landscape and Workforce surveys* – **Health Workforce Australia**
- *Mental Health Recovery Philosophy into Practice: A workforce development guide* – **Mental Health Coordinating Council (NSW)**
- *Community Mental Health Workforce Strategy* – **Health and Community Services Workforce Council (Workforce Council) and the Queensland Alliance for Mental Health**
- *Workforce Development in Community Mental Health Services* – **VICSERVE**
- Workforce Development Strategy – **Mental Health Council of Tasmania**
- *Workforce development in the community mental health sector (non-government)* – **SA Health & Community Services Skills Board**
- *Workforce Development Plan for the Western Australian Health Industry* – **Community Services, Health & Education Training Council WA.**

An examination of these documents together with the direction of policy across the nation confirms that the trend at all levels of Government is clearly towards an even greater role for the community sector in the recovery process.

This increases pressure on the sector to 'professionalise' in order to;

- Deliver on the expectations of governments at all levels
- Ensure the consumer receives services of a high standard from professionally qualified workers
- Attract and retain skilled staff, and
- Broaden the range of services it is capable of delivering.

The ACT has become one of the leading jurisdictions in Australia in acknowledging the sector as a crucial component of the mental health care system in the ACT (ACT Health, 2003; ACT Health 2006(a); ACT Health 2006(b); ACT Health, 2009; ACT Health, 2011) and in funding the sector to perform its functions (ACT Health, 2011). As a result, the community sector is now a deliverer of services to people living in the community with a mental illness in the ACT. The sector has expanded to meet the obligations generated by this shift in service provision focus, but the expansion has occurred in a largely organic, unplanned and non-strategic fashion (ACT Health, 2011).

How this Strategy has Evolved

The need for a workforce development strategy has been on the radar in the ACT for some time. It was originally flagged in a Mental Health Community Coalition ACT (MHCC ACT) report on requirements for building capacity in the community mental health sector (MHCC ACT, 2007). Further impetus was provided in a study into the viability of the ACT community sector conducted by the ACT Council of Social Service (ACTCOSS, 2008). This report highlighted;

- The importance of sector wide workforce development strategies
- The establishment of training regimes
- The extension of traineeship options to include viable career pathways for consumers, carers and volunteers
- A review and redevelopment of formal training options and matching them to industry and workforce need, and
- The need for systemic attention to be paid to wages and conditions.

In 2008, MHCC ACT conducted a Workforce Development Survey which was designed to identify the training and development needs and key characteristics of the mental health community workforce in the ACT. The intention was to use the data to inform future workforce development planning and delivery of training. The findings were published in 2009 (MHCC ACT, 2009).

In 2010, MHCC ACT received funding from ACT Health to support workforce development initiatives and work commenced on the creation of a workforce development strategy.

There are two additional points that must be kept in mind when reading the following strategy.

The strategy attempts to anticipate some of the directions of a future national plan. This will make it easier to integrate with a future national strategy. Secondly, MHCC ACT is developing a Qualification Strategy (QS). There is substantial cross-over between the QS and Workforce Development and the following strategy attempts to integrate the QS as far as possible.

Who we have Consulted in the Process

As previously indicated, the project effectively commenced in 2007. The sector was consulted broadly for the first time in 2008 with the first Workforce Development Survey. Follow-up one-on-one interviews were conducted with senior officers of member organisations between 14 October 2010 and March 2011. A new on-line workforce development survey was conducted in August 2011 to measure any shifts that may have occurred. The results were analysed and suggested strategic directions were presented to a Workforce Development Forum in September 2011 attended by key representatives from member organisations, the ACT Government, consumers and carers. The results and suggested directions were workshopped by attendees. The strategic directions were refined and in some cases expanded as a result of input from the Forum, leading to the development of a draft Workforce Development Strategy and draft career structure. The draft career structure was presented to a number of key stakeholders for initial comment and their suggestions incorporated in the final draft document.

The Current State of the ACT Community Mental Health Sector

A survey conducted by MHCC ACT in 2008 provided some indication of the characteristics and training needs of the ACT mental health community workforce, however the reliability of the data is questionable due to a very low response rate. Therefore, it was decided to conduct a new survey using similar questions and adding new questions designed to encourage better qualitative information. The original survey was conducted by mail, and included managers and team leaders. The 2011 version was conducted on-line using Survey Monkey and it targeted senior managers only. The response rate was substantially better in 2011 which in turn improves the reliability of the data gathered (see Table 1).

Population	2008	2011
N surveyed	40	29
N valid responses	8 (20%)	15 (52%)

(Table 1.)

Characteristics of the Sector

A table comparing the raw data from 2008 and 2011 can be found in Appendix 1, however the key findings are summarised here.

Managers

The average age of CEOs/EOs in the community mental health sector of the ACT is 40–49. This has remained unchanged from 2008 to 2011. These individuals have an average 5.5 years' experience in the sector and their highest qualification is a Master's degree. The most frequently occurring qualification among managers is a Bachelor degree, generally in the Social Sciences or Community Management/Development.

Organisation

In 2011, the sector appeared to be polarised between large organisations employing over 100 full time equivalent staff (**38.9%**) and smaller organisations employing up to 10 staff (**27.8%**). However, smaller organisations reported a greater proportion of staff employed in the delivery of mental health related services (**50%** as opposed to **22.2%**). Smaller organisations more frequently reported people working with them on a volunteer basis than larger organisations (**77.8%** as opposed to **16.7%**).

The 2011 survey also sought information on the classifications of staff delivering mental health services. This data was not collected in the 2008 survey. According to the responses received, four workers identified as Aboriginal and Torres Strait Islanders, 21 as Culturally and Linguistically Diverse and 39 workers in Consumer/Carer identified roles.

Around **67%** of staff had a tertiary qualification and **41%** a mental health qualification. This compares with **60%** and **29%** in 2008. Around **5%** of staff in the sector are reported as having a Certificate IV in Mental Health.

The focus on staff training appears to have improved significantly between surveys. In 2008, **36%** of respondents reported their staff attending training in the previous 12 months. This number had increased to **56%** in 2011. Mental Health First Aid is still by far the most popular training program (**77.8%**)**,** followed by Mental Health Recovery (**55.6%**), Suicide Interventions (**55.6%**) and Cultural and Linguistic Diversity(**55.6%**)

The 2011 survey also found that respondents looked to MHCC ACT to provide a mix of accredited and non-accredited training for the sector.

The main barrier to staff training and development in 2008 was listed as lack of budget and cost of training in terms of course fees and backfilling. This remained the case in 2011.

Around 80% of respondents to the 2011 survey reported difficulty in recruiting staff in the past 12 months. The most frequently identified reasons were listed as Lack of relevant skills (**71.4%**), uncompetitive remuneration (**63.4%**), lack of career pathway (**50%**) and perception of the sector as unattractive (**50%**).

Staff retention was also identified as an issue and the reasons nominated by respondents were uncompetitive remuneration (**66.7%**), lack of career pathway (**66.7%**) and perception of the sector as unattractive (**53.3%**).

71% of respondents indicated they would be prepared to employ a trainee. Only **21%** reported employing a trainee but this is still an improvement on the last survey.

Summary

A comparison of the survey results from 2008 and 2011 has produced the following snapshot of the community mental health sector:

- **Leadership and staff are more highly qualified in 2011**
- **Only 5% of staff have Certificate IV in Mental Health**
- **Focus on staff training has improved**
- **Mental Health First Aid is the most popular training course**
- **The main barrier to staff training and development is lack of budget and cost of training in terms of course fees and back filling, and**
- **Staff recruitment and retention is a problem with lack of skills, comparatively poor remuneration and lack of career pathway listed as reasons.**

Strengths, Weaknesses, Opportunities and Threats (SWOT)

The following **SWOT** analysis was prepared using a comparison of data from both surveys, and qualitative information gleaned from face-to-face consultations with a variety of key senior stakeholders.

Strengths

- In general, the community mental health sector is staffed by highly committed and motivated workers
- Both leadership and staff are typically highly qualified but not necessarily in mental health (strength and weakness)
- Appreciation of the importance of staff training is strong but organisations often have budgetary restrictions (strength and weakness)
- The sector offers a highly flexible working environment
- Smaller jurisdiction makes implementing change relatively easier
- Rewarding work
- Shared ideas, values and beliefs.

Weaknesses

- Only 5% of staff has Cert IV in mental health
- No clear career pathway for staff
- No formal career pathway for peers
- Limited management roles
- Lack of career advancement options other than management
- Lack of formalised succession planning
- Uncompetitive pay rates
- Sector seen as 'less attractive' employment option
- Lack of skilled applicants for jobs
- Scarcity of suitable volunteers
- No sector-wide induction program
- Lack of diversity in funding (weakness and threat)
- Lack of recognition of the role of bilingual workers
- Lack of formal succession planning.

Opportunities

- Become a model sector for Australia
- Development of a sector-wide employment structure offering multiple entry points and potential career paths
- Professionalisation of the sector
- Full integration of peer workforce
- Development of multiple sources of recruitment
- Embedding core qualification and creating a culture of continuous learning in the sector
- 'Lived experience' is acknowledged & valued
- Make better use of the cultural diversity that exists in the community to deliver targeted services
- Encourage the involvement of bilingual workers in the sector.

Threats

- Do nothing
- Continuous loss of staff to better paid positions with larger organisations e.g.; governments
- Ageing workforce.

The Vision

The vision that drives the following strategy is for a qualified and professional ACT Community Mental Health sector that values all workers for the unique experiences they bring to the task of supporting consumers & carers in achieving the best possible outcomes through the recovery process. We also envision a sector that is committed to continuous learning and one that provides a fulfilling, flexible and attractive employment environment for workers of all ages and life experiences.

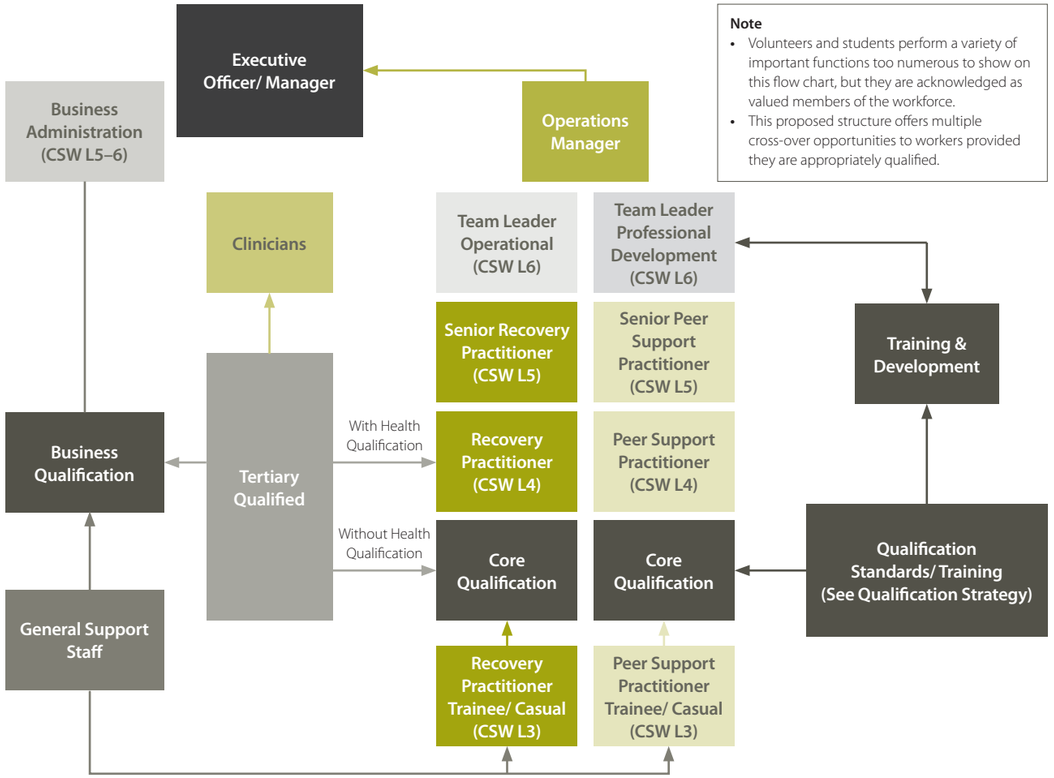
The Strategy

The following strategy is presented in two complementary components – a new sector-wide career structure and a development strategy. These two components have in turn been designed to link with a Qualification Strategy which is being developed concurrently by MHCCACT. The progressive adoption of a new career structure and the Qualification Strategy will assist the implementation of actions identified in the workforce strategy and vice-versa.

The Career Structure – Objectives

- To provide a common approach to workforce development across the entire community mental health sector
- To provide a variety of pathways to enter the sector based on the qualifications and personal aspirations of individual workers
- To provide a clear career path for workers while providing cross-over opportunities to accommodate personal aspirations
- To build in a relevant qualification standard depending on the aspirations of workers
- To build a framework for developing a well-trained and supported peer workforce that recognises the unique skills of peer workers and give them an equal opportunity to build a meaningful career
- To make continuous learning a part of the culture in the community mental health sector
- To position the sector to present itself as a cohesive, professional sector with a definite career path which in turn improves the prospect of attracting and retaining talented staff.

The Structure



The Structure Explained

The concept of a uniform career structure in the community mental health sector of the ACT is intended to correct one of the most frequently occurring issues raised in feedback from the sector during the formation of this workforce development strategy – that the sector currently does not provide workers with a clear career path.
In practice, organisations may have more or fewer levels, but implementation of this structure as the model across the sector will provide clearer entry paths into the sector, enhance clarity about career paths, for all workers other than clinical staff, and facilitate staff movements across the sector.

The adoption of a uniform career structure will also help the sector in other important ways including;

- Assisting in attracting and retaining staff
- Recognising the contribution of peer workers
- Succession planning, and
- Making continuous learning systemic.

Renaming Positions

Under the current ACT Community Sector Multiple Enterprise Agreement, workers in the sector are classified by level from 1 to 8. One of the other identified challenges facing the sector is a perception that it is not an attractive employment option. The opportunity exists to rebrand position identifications to reflect the nature of the work being undertaken and to increase the marketability of the sector. Therefore, it is suggested workers in the two operational streams be classified as Recovery Practitioners and Peer Support Practitioners.

Multiple Entry Points

The structure provides four different pathways into the sector; a general support pathway for newcomers such as volunteers, trainees and students, a pathway for university qualified individuals (including clinicians), a recovery practitioner pathway and a peer support practitioner pathway. The proposed structure offers multiple cross-over opportunities to new recruits provided they are appropriately qualified.

General administration – A general support recruit will be able to remain in general support, but depending on their aspirations, they will be able to progress to management through the business administration stream, or if they choose, they can also enter the recovery practitioner stream.

University qualified staff – Depending on their qualification, the suggested structure provides three career pathways – business administration, recovery practitioner and clinician. Those without a health qualification must undertake a Certificate IV in mental health to become a recovery practitioner at level 4, while those with a health qualification can be appointed directly as recovery practitioners. Those with a clinical qualification, such as psychologists, can practice in their discipline. The final option is to progress to management through the business administration stream.

Recovery practitioners – recruits can enter the sector in two ways; as recovery practitioner trainees or as appropriately qualified graduates. If a recruit enters as a trainee, they will be required to undertake a Certificate IV in Mental Health to become a recovery practitioner. Recovery practitioners can aspire to become senior recover practitioners at a higher income point and then a team leader if they aspire to management. But if they don't wish to become managers, but still want career progression, they can become a different kind of team leader; a team leader of professional development. As well as handling a case load of their own, workers in this position would act as mentors for other recovery workers and co-ordinate ongoing training for recovery staff.

Peer support practitioners – recruits in this stream should be regarded in the same way and have the same career progression options as recovery practitioners with the difference being these positions are held by peer workers.

Management options – in the proposed structure, four general streams converge into two pathways into senior management. In other words, workers can take the business administration or operations pathways to management depending on their skill set and individual aspirations. On the operational side, recovery practitioners and peer support practitioners can aspire to become team leaders operational, then operations manager and ultimately executive officer. But if they don't aspire to senior management but would like more operational responsibility, they can become team leader in charge of professional development. This position provides a senior mentoring role and training coordination to other recovery and peer workers in the organisation.

On the administration side, workers can aim to become business administrators and then executive officer.

Training and development – MHCCACT is currently working on a complimentary Qualifications Strategy which will be geared to supporting organisations to adopt core qualifications. The proposed structure outlined here incorporates core qualification training and ongoing professional development. On the operational side, the core qualification will be Certificate IV in Mental Health to be outlined in the Qualification Strategy. In the admin stream, the recommended core qualification will be a Business Cert IV. While they are not mandatory, organisations are strongly encouraged to adopt the core qualification philosophy in the interest of delivering the best, most competent services to their clients.

Remuneration – The current Community Sector Service levels have been overlayed in the proposed career structure as a guide except in the case of clincians and senior management. Clinicians are remunerated on a separate scale, while senior managers negotiate their remuneration packages with their respective boards.

Actions

The second component of this Strategy proposes a series of actions designed to address the weaknesses in the sector identified in the preceding SWOT analysis. The actions are directed at dealing with challenges such as;

- Establishing a sector-wide mentoring scheme
- Developing a well-trained and supported peer workforce
- Embedding cultural diversity training, and
- Developing a sector qualification strategy.

Some of the following recommended actions can be progressed through relatively simple measures while others will take significant planning and development. Implementing the identified actions will move the ACT community mental health sector towards ultimately addressing current weaknesses and achieving the overall vision of this Strategy.

For more complex actions, such as the development of the peer workforce, separate implementation strategies will need to be created. It is envisioned that the development of these actions will be guided by a lead agency with a special interest in the activity. Devolving ownership of these projects will ensure that all areas of the sector have an equal interest in implementing the outcomes of this strategy and that each project receives the close attention to detail that it deserves to ensure an effective outcome.

The proposed actions have been initially arranged to reflect outcomes over 1, 3 and 5 years, but it is acknowledged that some of the actions may require a significantly longer lead time. This strategy should be considered a fluid document which can be adapted to suit the capacity of the sector to deliver.

Proposed Workforce Development Actions

Weakness	Short Term – 1 Year	Medium Term – 3 Years	Long Term – 5 Years
No clear career pathway for staff	Establish a sector-wide working group to work towards implementing the career structure outlined above.	Ongoing	Fostering a sector-wide approach to career planning and progression
Establish peer workforce and create career pathway for peers	Establish a peer work information and resource site Establish mutual support networks for peer workers and managers	Develop resources for peer workers and organisations Ensure availability of Peer Worker training (i.e. Cert IV) and training for managers Develop a peer work session for induction	Requirement for peer workers in funding agreements Implement peer traineeship program
Limited management roles		Establish new sector-wide career structure which expands management roles	
Lack of career advancement options other than management		Establish new sector-wide career structure which expands alternative career advancement choices	
Lack of recognition of the role of bilingual workers and Aboriginal and Torres Strait Islander communities	Provide cultural diversity training for all staff Devise and provide training for potential recruits on how the Australian mental health system works	Evaluate effectiveness of cultural diversity training Investigate partnerships with English language training orgs to attract suitable workers to the sector	Incorporate training as part of section induction
Learning & Development	Work to develop a sector-wide approach to on-going professional training for workers in the sector with dedicated budget Develop a Qualification Strategy for the sector Develop short courses/ workshops in partnership with educational institutions Investigate joint induction process for the sector involving consumers and carers in delivery	Embed on-going training into all individual work plans in the sector Implement Qualification Strategy	Review & evaluate Qualification Strategy
Only 5% of staff has Cert IV in Mental Health	In conjunction with above L&D measures, embed Cert IV Mental Health as a requirement of career progression Establish course structure and choose trainer	Provide training	Ongoing
Lack of skilled applicants for jobs	Establish a generic recruitment portal for the sector. Investigate best practice examples of a sector-wide graduate program	Develop a marketing/ advertising plan aimed at graduates in social sciences/ health and community studies/ volunteers/ men Pilot graduate program	Centralised industry recruitment in partnership with sector/ recruitment agency Roll-out sector-wide graduate program

Weakness	Short Term – 1 Year	Medium Term – 3 Years	Long Term – 5 Years
Scarcity of suitable volunteers	Examine the potential of a variety of sources of temps and volunteers. These may include; • seniors and retirees • business philanthropy • students Examine the potential of a partnership with Volunteering ACT and COTA	Ongoing	Ongoing
Lack of sector-wide induction program	Form project group to devise a formal sector-wide induction program	Introduce regular induction training	Refine program as required
Lack of diversity in funding	Develop a strategic approach to communicating sector needs to governments and political organisations and other relevant stakeholders	Ongoing – revise as appropriate	Ongoing – revise as appropriate
Succession planning	Encourage the development of succession plans Provide succession planning training Plan establishment of a 'future leaders' mentoring system Investigate establishment of a secondment system where community sector staff work with government agencies and vice versa	Succession planning part of all organisational business plans in the sector Establish 'future leaders' mentoring system Pilot secondment system	Establish secondment system

WDS Implementation Matrix Year 1

Action	Implementation	Time-line
Establish sector-wide working group to advise on new career structure	Refer to EOs group for advice on how to proceed	20012–13 Commence early May
Embed sector-wide commitment to L&D including Cert IV as minimum QS Establish sector training requirements Partner with educational suppliers to provide training	Refer to QWS strategy group for advice Source supplier Develop curriculum Make curriculum available Survey members to establish training requirements supply Make training available to sector	2012–13 Partially underway
Succession planning training	Source supplier Advertise availability Consider adding to supported training pgm	2012–13 Commence early May
Induction training/ establish recruitment portal	Ian to raise with ACTOSS to determine whether these two initiatives should be community sector-wide or mental health sector specific	Commence early May

Action	Implementation	Time-line
Examine potential source of temps and volunteers	Initiate discussions with stakeholders such as Volunteering ACT , Council On The Ageing, ACT Chamber of Commerce and Industry, UCAN, ANU	2012–13 Commence mid-May
Establish a peer work information and resource site/ support network	Refer to Peer group for advice on how to proceed	2012–13 Commence early May
Cultural diversity training Training for people from a non-English speaking background on how the Australian mental health system works	Consult Cultural Conversations Team on best way to proceed	2012–13 Commence late May
Mentoring program/ work exchange scheme	Refer to EOs group for advice on how to proceed	2012–13 Commence early May
Establish community mental health grad pgm	Investigate best practice grad pgms and devise proposal	2012–13

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