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Feedback to the draft National Mental Health Workforce paper

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGOs) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness. The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community-managed services in supporting peoples' recovery
- To ensure MHCC ACT is well-governed, ethical and has good employment practices.

Questions for the MH WF consultation

1. To what extent does the aim of the draft Strategy address the key challenges facing Australia's mental health

Although the draft Strategy looks at the effects of the mental health workforce across Australia, there is a lack of inclusion of the community mental health workforce, including the peer support workforce. It would seem there is a lack of knowledge and understanding of the community mental health sector altogether, which could be the main reason for the exclusion of the community sector. There is a significant absence of data due to variability in collection methods and criteria related to the fragmented funding models with different reporting requirements. The local and regional differences also make it challenging to define the sector, which means it is invisible to policymakers and government agencies. Mental Health Community Coalition ACT (MHCC ACT) calls on the Strategy to endeavour to capture the community mental health workforce as a comprehensive part of the mental health workforce. The latest available data on community-managed organisations (CMO)mental health workforce dates back to 2010 (National Health Workforce Planning and Research Collaboration [NHWPRC], 2011). Unfortunately, only one-third of the mental health sector was able to be surveyed. Throughout the sector, it is clear there is a huge gap regarding this sector and its workforce. However, given the significant role, the community mental health sector plays in early intervention and prevention of ill mental health, this Strategy's success is closely tied to the ability to put the community mental health workforce on the map.

There is a long-held belief from within the sector that the lack of understanding of the nature of the mental health workforce is problematic. The tasks performed by the community mental health workers are diverse, and a wide range of skills are required. For example, recovery workers often provide support to people with complex mental health issues. This particular section of the community mental health workforce requires a high skill set, bordering on therapeutic and clinical intervention.

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

The Mental Health Community Coalition ACT (MHCC ACT) supports the attempt for a holistic approach to mental health support, including acknowledging the socio-economic determinants of mental health and the importance of educating mainstream workers on helping people with mental ill-health. The Strategy outlines multiple sectors and stakeholders working together, with the main focus on the clinical sectors. The mental health community sector, which plays a significant role in prevention and early intervention, is poorly defined in the Strategy. The community mental health sector and its workers are just as diverse as the clinical sector, requiring a wide range of skills. In some instances, they support a broader range of

the Australian community's access to mental health services. This Strategy is a golden opportunity to ensure more work is done to identify the community mental health sector workers in more detail and include them into the National mental health workforce development strategy. MHCC ACT supports the Strategy's focus of using data to develop a fit for purpose mental health workforce. This will be vital to ensure appropriate systems are designed to enable relevant data collection that is practical, easy to collate and use, and meets all relevant objectives. Some jurisdictions have already started this process; for example, the NSW Workforce Survey report 2020 attempts to differentiate between 18 types of mental health services delivered by the community mental health sector. MHCC ACT would recommend those developing the Strategy look at the NSW Workforce Survey report as a starting point to ensure inclusion of the community mental health workforce.

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

MHCC ACT observes that Priority area one reads like a list of statements of intention rather than actions.

The mental health workforce does not function in a vacuum. Various government policies and other factors have an impact on the availability and the quality of the workforce

We notice there is little focus on the availability of qualified educators in the Strategy. It is our opinion that one of the main reasons for the shortage is a high number of people leave the sector prior to developing the experience and qualifications to be an educator with an RTO. Cuts to the TAFE system across many jurisdictions have contributed to this education level being ill-equipped to meet training demand to develop a highly-skilled mental health workforce. Privatisation has led to a devaluing of certificate and diploma levels of education. Many providers offer fast-track, low-quality courses that don't provide for the high quality of education required of a professional workforce.

The Strategy cannot go past the enormous impact of the NDIS on the mental health workforce. The NDIS pricing framework continues to cause problems in the provision of psychosocial disability supports. It is driving an increased casualisation of the workforce and a downward pressure on qualifications and wages. The Strategy should address how it will work alongside the NDIS workforce.

To make sure the community mental health workforce is a core part of the Strategy MHCC ACT would like to suggest making it a separate priority area. Due to the lack of understanding and visibility of this workforce, additional effort is needed to ensure

the community mental health sector is included and capture the need for the growing demand for psychosocial services and the diversity of skill sets needed.

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 daft Strategy achieve an appropriate balance?

The draft Strategy has little inclusion of the community mental health workforce, which continues to belittle and degrade that workforce.

To ensure the community mental health sector, including its workforce, is valued and better able to support consumers, better funding models need to be developed. These models should include a clear delineation of the level of responsibility across all levels of government. Ensuring the funding model is more inclusive for the community sector will also enable the workforce to be better supported.

Further, there needs to be a consistent approach to the mental health workforce, with as much focus on the community sector as is placed on the clinical sector. This Strategy is the opportunity to ensure this is the case. By placing the same emphasis on the community sector mental health workforce as is currently placed on the clinical sector workforce there will eventually be less need for acute services and more wrap-around support for the Australian community.

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?

The current draft Strategy may highlight a high-level roadmap to improve the attractiveness of careers in the clinical mental health workforce but offer few options for attracting workers to the community mental health sector. To enhance the attractiveness in the community mental health sector, governments need to provide substantial and long term investment into the sector, which will in turn develop trust in the workforce. The introduction of the NDIS had a large impact on the community mental health sector, leading to a loss of some well established psychosocial support services in the ACT and an exodus of skilled staff. MHCC ACT published a report on the effect of the NDIS in the ACT on the community mental health sector, When the NDIS came to the ACT. The report was published in 2019 and work has been done to improve the inclusion of people with psychosocial disability in the NDIS. However, some of its findings are still relevant today, especially regarding the workforce.

"*Since 2007, MHCC ACT in partnership with the ACT Government have developed the community mental health support workforce through initiatives aimed at increasing staf qualifications. This*

resulted in most staf at the beginning of the ACT NDIS trial having at least a Certifcate IV in Mental Health, with many more having other qualifications, including social work or nursing degrees.

The introduction of the NDIS, however, effectively places downward pressure on qualifications because the relatively low prices for support services set by the NDIS framework has, in turn translated into lower wages. Across the NFP community sector, this has led to a workforce that is less skilled and more casualised, making it difficult to deliver the full range of quality recovery-oriented services required to support people with psychosocial disability. This is especially the case for those people with the greatest need."

The draft Strategy provides a useful approach to building the clinical mental health sector, but more needs to be outlined in the Strategy to address the community mental health workforce. Due to the significant lack of funding in the community mental health sector, attracting and retaining staff is difficult. Addressing the funding gaps for service providers and the devaluing of workers in the community sector will provide more opportunities to pay workers appropriately and insist on a more qualified and skilled workforce.

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?

MHCC ACT agrees that one of the main issues facing the community mental health sector is attracting and maintaining a skilled and qualified workforce. There are many factors which cause this, including a lack of appropriate remuneration for staff. Service providers can't offer higher wages due to underfunding and inappropriate funding models. Current price settings driven primarily, but not exclusively, by the NDIS do not allow service providers to pay a professional wage according to the skill sets required.

There needs to be more investment in training and professional development to upskill the community mental health workforce, including more support for on-site placements for the sector.

MHCC ACT would like to refer to their submission provided to the NDIS Joint Standing Committee in April 2020 on the NDIS workforce. The issues raised in the submission are still relevant today. Outlined below are the main points raised and those which are still relevant:

- Service providers are not able, based on the current market settings, to provide the terms and conditions that would attract and retain staff with the experience and qualifications needed to meet participants goals in a recovery focussed framework

    - To be financially viable under the current market settings service providers can only offer lower paid positions to direct support workers, often on a limited contract or casual basis.
    - The casualisation of the workforce is compromising the quality of service delivery and limiting the choices of a person with a disability
- There has been a lack of investment in TAFEs and universities to develop a qualified disability workforce.
- From the perspective of psychosocial disability, one cannot view the NDIS workforce separately to the wider disability and psychosocial supports workforce. Many providers service both NDIS and non-NDIS people with PSD and the issues are either similar or complementary; similarly, staff work with both participants with other disabilities as well as participants with PSD.
- There is a dire need for national standardised and detailed data collection of the PSD (and wider disability) workforce to improve understanding of and guide investment in this workforce.

Although the points raised above relate to the NDIS workforce, the same is relevant in the community mental health workforce.

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?

As noted by this question, the Productivity Commission has identified many issues which are yet to be acknowledged, mostly though there needs to be more support for the community mental health sector. Acknowledging the vital role of the community mental health sector as an integral part of the mental health sector will ensure a workforce that can better support the Australian community in their mental health journey.

The mental health workforce is vital for the recovery of people with lived experience. Community mental health services provide the support to keep people with mental health issues out of the emergency departments and hospitals. It assists in the early intervention and prevention of the development of acute mental illness. The sector offers a cost-effective system that provides a better quality of life for people with lived experience and their carers.

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?

One of the major issues in ongoing workforce shortages is the current funding model. Living in a major capital city gives you a larger selection of support choices for an individual's mental health journey. Living in a regional, rural or remote community limits the access and availability of choice and control of the types of care people can access. To ensure that equity is reached between metropolitan, regional, rural and remote communities requires equitable access to funding.

In order to create a more sustainable workforce there must be truly flexible work and remuneration conditions which create a decent living wage. It is also important that the funding model does not create inequality between regions and that a flexible pricing model is created to address local differences. An example of this could be to include provisions in service contract funding that would allow providers to offer potential workers mortgage and rental support, moving bonuses, and access to free plane tickets or other transport options.

Additionally, more investment in infrastructure in regional, rural and remote areas will allow a higher standard of living. This means building schools, medical centres, and more affordable and supportive housing options would create more job opportunities. The development of additional training and development opportunities in regional, rural and remote areas will allow locals to obtain the skills to support the mental health and wellbeing of their communities and encourage them to do so.

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?

To ensure the Strategy includes the entirety of the mental health workforce it must recognise the vital role of the community mental health workforce.

This would include not only the clinical model of mental health but a stronger focus on the social inclusion of people with lived experience. This shift will lead to a better service model, which will keep people mentally well and integrated with their community. It is also a cost-effective approach, given the cost associated to support the community mental health sector is generally lower than the cost of hospitalisation and/or institutionalisation.

MHCC ACT agrees there needs to be a broad definition of the mental health workforce, including the diversity of roles such as peer support workforce, psychosocial support workers, lived experience workforce, recovery-focused workforce and certificate level workforce. In addition, MHCC ACT wants to stress the need to look at the possibility of introducing traineeships into the community mental health sector.

10. Is there anything else you would like to add about the Consultation Draft (1,000 word limit)?

MHCC ACT welcomes this draft mental health workforce strategy and sees it as a significant initial step in addressing the misalignment and shortages in the mental health workforce. However, if the draft Strategy does not include the community mental health sector, it will hamper any attempt to improve the mental health workforce in Australia.

The draft Strategy currently mainly focuses on the clinical mental health sector, therefore missing a large part of the national workforce. MHCC ACT is calling on the Strategy to recognise the considerable role community mental health organisations play in the prevention and early intervention of mental illness. There could be many reasons why the community mental health sector is barely mentioned in the Strategy, but one may be a poor understanding of the community mental health sector. More needs to be done in the Strategy to capture this sector and its workforce

The draft Strategy has a high-level plan to encourage the mental health workforce across the more clinical sector. Still, it is essential to include the community sector to provide wrap-around services for the community. The inclusion of recovery workers, psychosocial support workers, peer workers and social workers in the Strategy will ensure that support for people with lived experience and their carers in managing their recovery in the community is well resourced and available. For many people with lived experience, recovery in the community is preferable to having to access the clinical system.

The Strategy has also excluded the NDIS mental health workforce. It is anecdotally known that the NDIS mental health workforce often works across the community mental health sector as well as the aged care sector, which adds additional pressure to all sectors. Additionally, parts of the NDIS workforce, such as support coordinators and recovery coaches, are not recognised in other sectors but do use the same skill sets across numerous mental health sectors. Not including both the community mental health workforce and the NDIS workforce reduces the opportunity to build a holistic workforce able to respond to the needs of a modern mental health system. It will mean diminished opportunity to build these workforces and enable workers to have more meaningful careers.

MHCC ACT is calling on the Strategy to include proper funding and investment in education and training opportunities and better remuneration and career prospects. To ensure underemployment and poor wages aren't a barrier to improving the mental health workforce, there needs to be a review of the funding model for the sector. Having transparent governance and improved funding arrangements between all levels of government ensures a holistic approach. MHCC ACT would also like to see all sectors aligned, so there is less discrepancy and competition between the

community, NDIS and clinical mental health workforces, which ensures the community has the wrap-around services where and when they need them.

The Strategy provides a further opportunity to ensure the casualisation and poor wages, which are standard practice across the mental health workforce, are addressed. This makes working in the mental health sector unattractive and hazardous and disproportionately affects women, contributing to the gender wage gap and creating social barriers.

The Strategy absolutely must focus on the mental health workforce; however, building the workforce will not happen without addressing the current funding model for the mental health sector. The community mental health sector needs a large workforce to deliver services in line with the community's needs. Our mental health system will only work if all parts of the sector have the skilled workforce needed to provide the wide range of mental health support services required to give people with lived experience the support they need and deserve.

In closing, MHCC ACT would like to highlight some areas that should be included in the Strategy to address issues relating to the community mental health workforce. Those are:

- Address the current funding model to ensure that the mental health sector is adequately funded to support a fit-for-purpose workforce.
- Appropriate funding to enable professional development and supervision for the entire workforce (not just clinical)
- Funding contracts should not limit the workforce to tertiary professions – allow for localisation and use of broader workforce
- Improve training, career development and role definition for the broader mental health workforce, including counselling, recovery and support workers

Finally, MHCC ACT would request that there be a better opportunity to provide feedback on the draft Strategy. The format provided for this round of feedback does not allow for concise, fundamental feedback on the Strategy.

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