mental health
community coalition ACT

WORKFORCE DEVELOPMENT
2009 SURVEY REPORT

APRIL 2009

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THE WORKFORCE DEVELOPMENT SURVEY IN CONTEXT

INTRODUCTION

The MHCC ACT Workforce Development Survey was designed to identify the training and development needs and key characteristics of the mental health community sector workforce in the ACT. Its purpose was to provide the ACT Mental Health Community Coalition (MHCC ACT) and its member agencies with information to guide future workforce development planning and the delivery of training.

The survey was conducted in November 2008 and was targeted to all MHCC ACT member agencies for completion by senior management.

The sector works in partnership with public and private mental health services, primary health care services and other community agencies to deliver a broad range of recovery focused services providing:

- prevention and early intervention;

- mental health promotion;

- relapse prevention and crisis intervention;

- peer support and consumer and carer advocacy and representation;

- family and carer support and respite; and

- psychosocial day and rehabilitation programs.

While many agencies solely or primarily provide mental health services, others have a different primary focus, and some are generic family and community support agencies. Figure 1 illustrates the range of service types that has emerged in the ACT.

Mental Health Community Coalition ACT seeks to promote and develop the ACT's mental health community sector through activities which support:

- organisational and service capacity building;

- workforce development, education and training;

- research and policy development;

- promotion of service partnerships and community care coordination;

- engagement with and promotion of sector interests to ACT, interstate and national stakeholders;

- information sharing; and

- consumer and carer participation.

This project was partly funded by a Mental Health Council of Australia NGO Capacity Building grant and of an ACT Adult Community Education grant.

Figure 1 Community mental health service types in the ACT
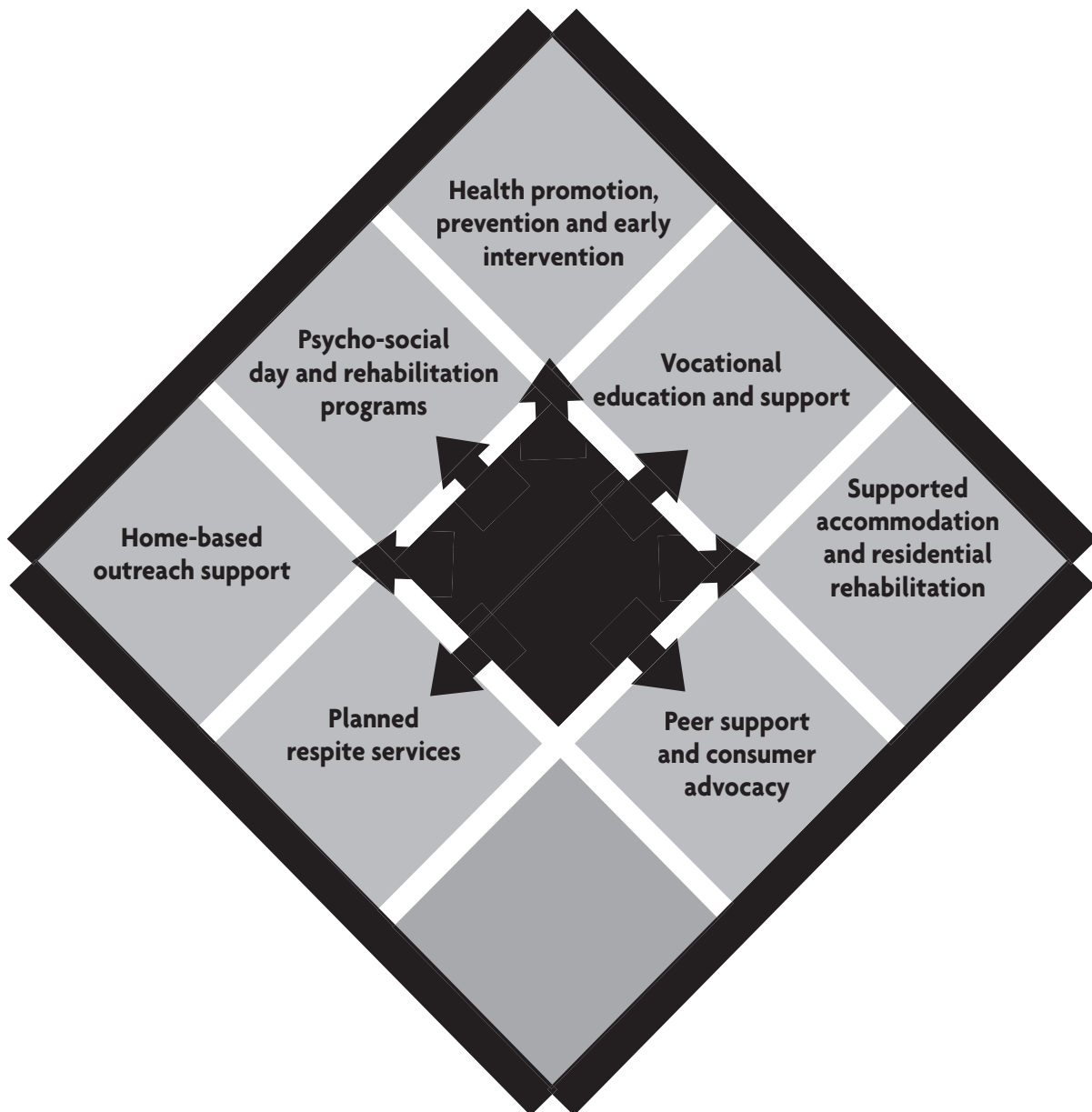
LITERATURE AND POLICY REVIEW

The survey was conducted in a developing mental health and community sector workforce policy context both nationally and in the ACT.

The role and development needs of the public mental health sector workforce have been the subject of considerable focus under the National Mental Health Strategy since its inception in 1992/93. Thus, changes in the composition, size and distribution of the public sector workforce are able to be tracked over time enabling a base for workforce planning.

The mental health community sector workforce has not attracted the same level of public policy attention. Until the recent conduct of small scale community sector studies initiated by the sector itself, little comprehensive data has been gathered. Despite its apparent inclusion in workforce definitions indicated in the first National Mental Health Plan (1992) this component of the mental health workforce has generally been exorcised from mental health workforce planning and development initiatives at the federal level.
This lack of policy attention to the mental health community services workforce runs counter to the growing dependence on community sector services in the provision of mental health responses over the intervening period.

The National Mental Health Report for 2007 (Department of Health and Ageing, 2007) identified the fact that, for every dollar spent on specialist mental health services, the Australian government expended $3.10 on provision of a range of mainstream community services including income support, aged care, employment and other services accessed by people in consequence of their mental illness. Additionally, with the advent of the COAG mental health package in 2005, the Commonwealth Government investment in specialist mental health community services overtook that of all States and Territories combined (CMHA, 2008).

Other recent developments in mental health policy and workforce development include the Better Access to Mental Health Care Program. This program has extended access to mental health services provided by private practice psychiatrists, psychologists, General Practitioners and other allied mental health workers by introducing a range of new Medicare Benefits Schedule (MBS) items. Revised MBS arrangements for psychiatrists emphasise patients seeing a psychiatrist for an initial visit more quickly, and then being directed to the most clinically appropriate service. Options include ongoing treatment by a psychiatrist, a GP-managed mental health care plan, referral to a clinical psychologist or other allied mental health professional, or a combination of these.

For mental health community services, this development potentially opens up the possibility of more effective partnership arrangements with these private practice providers including the development of collaborative case management models and 'clinics' based within community sector services. The emergence of these developments however, remains dependant on establishing a community sector workforce with the requisite skills and knowledge, and an acknowledged status and value within the framework of mental health policy and service provision.

The Community Services Workforce in the ACT

The community services workforce in the ACT, in common with this workforce nationally, was characterised in a recent ACT Council of Social Services study (ACTCOSS, 2008, 34) as poorly paid, having a high proportion of part-time and casual positions, ageing, predominantly female, and facing a growing skills shortage. In the context of the ACT, the disparity in the salaries and conditions applicable to this sector and those in the public sector workforce was highlighted. These workforce characteristics were reported as resulting in recruitment and retention difficulties; difficulties in workforce planning associated with high staff turnover, an ageing workforce and casualisation; no clear analysis of training need and barriers to access; and a clear devaluing of the sector in public policy including limited ability or willingness to recognise good practice.

The mental health community sector workforce forms a part of this larger community sector reality. The ACT Mental Health Community Coalition's 2007 report on requirements for building capacity in this sector highlighted the issue of workforce development as an essential strategy to enable the sector to face the challenges of current and future service development need resulting from a high and growing demand pressure on services, historically endowed inadequacies in funding and planning models and broader community sector workforce issues as referenced in the ACTCOSS report (MHCC ACT, 2007).

Workforce issues identified in the Building Capacity report included the costs associated with a diverse workforce structure, a strong reliance on volunteer staff, and the difficulties experienced in retaining staff. This report's emphasis on the diverse nature of the mental health community sector workforce was summarised as follows:

> The diversity of the... workforce is one of its unique strengths but also imposes significant costs. In some instances, key staff members have little formal training, but bring valuable life experience to bear in their roles.... They are a fundamental part of the work, offering unique and valuable perspectives. Other workers may have physical or intellectual disabilities or needs related to language, literacy and numeracy, and require higher levels of support and supervision and the workplace may need modification to improve access.... Consultation participants stressed the importance of maintaining and supporting a diverse 'life experience' workforce ... (requiring) ... organisations to provide adequate training and support ....(p.28).

Workforce development recommendations contained in the ACTCOSS and MHCC ACT reports emphasised the importance of sector wide workforce development strategies; the establishment of training regimes which equip all staff with the necessary skills and knowledge for contemporary practice; the extension of traineeship options; the extension of workforce recruitment options through, for example, the establishment and support of viable career pathways for consumers, carers and volunteers; the development and explication of career pathways more generally; and the need for systemic attention to be paid to wages and conditions, as well as the review and redevelopment of formal training options, pathways and curricula in order to better match them to industry and workforce need.

Workforce Characteristics and Development Needs in the Australian Context

The ACT Workforce Development Survey project was conducted in the context of a national review of mental health sector training needs and provision by the Community Services and Health Industry (CSHI) Training Council. Similar workforce studies were recently concluded in NSW, Victoria, South Australia and Western Australia.

At the time of writing, final reports of the CSHI Training Council's Mental Health Articulation Research project study are under development and unable to be referenced. This study, which was conducted on behalf of the Council by the Workplace Research Centre, University of Sydney (2008), identified the mental health policy intention of shifting provision towards promotion, prevention and early intervention in the community, and focused on the workforce development requirements associated with this. An early strategic decision identified the locus of research on services delivered in the community by governments and by non-government organisations. This included newly expanded models of community service such as those encapsulated by step-up/step-down programs, community rehabilitation programs, crisis intervention programs aimed at preventing admission and re-admission, and new outreach models such as the Personal Helpers and Mentors Program. These service models offered the research program an opportunity to explore multi-disciplinary working, occupational boundaries and potential new career pathways. The opportunity, that is, to consider a coordinated approach to workforce development across the entire community mental health industry spectrum.

In NSW, the following conclusions regarding the mental health community sector workforce in that State were identified by the Mental Health Coordinating Council's 2006 Sector Training Needs Analysis (MHCCNSW, 2006):

- Agency managers are highly qualified with ninety-six percent (96%) holding tertiary level qualifications, fifty-four percent (54%) at University level, and an average fourteen (14) years industry experience. Other staff members were less qualified with seventy percent (70%) holding a tertiary qualification. Fifty-two percent (52%) of staff held a health related tertiary qualification and thirty-two percent (32%) held a mental health related tertiary qualification.

- Sixty-percent (60%) of managers and fifty percent (50%) of staff undertook some form of training in the previous year. Larger agencies found it easier to support in-house training programs than smaller agencies, although training offered was generally limited to introductory and short course training with no national accreditation attached. This provision did not reflect projected staff training needs which included higher level skills and knowledge development. Cost and workforce shortage were indicated as impediments to a more extensive training agenda.

- The NSW survey found limited use of government sponsored traineeships with only twenty-two percent (22%) of agencies using this initial staff training option. There was substantial support for the development of a mental health traineeship program, as well as the need for mental health training to be linked to the adoption of a 'quality professional development culture' to ensure the incorporation of effective and relevant training into the context of work.

This study also considered the relevance and content of the current version (2006) of the nationally accredited Certificate IV in Mental Health (non-clinical). The study found that only five percent (5%) of the sector's staff held that qualification. The study's findings emphasised a need for revision of this qualification to place greater

emphasis on ethical and professional boundary issues; the interpersonal and communication skills required of mental health settings; the need to build in opportunities for articulation through higher level qualifications; and the need to address specialist practice areas such as children and young people, cross-cultural practice, dual diagnosis clients, and working with older people.

In South Australia, a study of the mental health community services workforce conducted by the South Australian Skills Board and reported in summary form by the Mental Health Coalition of South Australia (2007) made the following findings.

- Recent workforce expansion of the mental health community services sector was met by the recruitment of staff mostly from outside the mental health system. There was movement of staff from public mental health to mental health community sector organisations.

- Forty percent (40%) of all staff across the sector hold university level qualification and just under half of all staff have a qualification specifically related to mental health.

- The reported profile of the workforce is relatively young with the average age between 35-40 years. Seventy percent (70%) of new recruits reported that their reasons for moving into the sector were an interest in social justice and/or mental health.

- Over half of the survey participants indicated that the initial on-the-job training that they received was not adequate.

The Victorian *Sector Snapshot* (VICSERV, 2008) reported on a services sector with a diverse range of program types and organisational compositions and a history which includes a coordinated and government subsidised approach to workforce training and development stretching over ten (10) to fifteen years (15). The member census and workforce survey identified highly qualified workforce with twenty-percent (20%) of employees holding post-graduate degrees as their highest level qualification, a further fifteen percent (15%) holding post-graduate diplomas, thirty-three percent (33%) undergraduate degrees, twenty-four percent (24%) holding Diploma level qualifications and eight percent (8%) holding Certificate level qualifications. The discipline areas were broad ranging covering health professional disciplines (psychology, social work, occupational therapy, nursing), other health related qualifications (alcohol and drugs, mental health science), as well as community service (community health, disability, youth, family studies, recreation) and other discipline areas (management, education, science, business). Length of employment in the sector showed an upward trend from previous surveys with an average length of six (6) years.

In Western Australia, the *Workforce in Crisis Report* (WAAMH et al, 2008) outlined the results of a 'Remuneration Survey' conducted jointly by the community sector peak councils representing mental health, drug and alcohol, women's health and domestic violence agencies. This report outlined the characteristics of a workforce in which eighty-five percent (85%) of workers hold post school qualifications, yet only four percent (4%) earn above average adult full-time weekly earnings. Thirty-five percent (35%) of workers do not expect to be working in the sector in two years time, and seventy-five percent (75%) report difficulty in managing their workload. In these sectors managers report serious difficulties in recruiting and retaining staff.

The report drew a considerably adverse comparison between the employment conditions experienced in these community sector services and those enjoyed in comparable public service positions. Comparisons were also drawn between the workforce characteristics across the surveyed sectors and those of the West Australian workforce as a whole. In the surveyed sectors forty-five percent (45%) of employees held Bachelor degrees or higher compared with twenty-four percent (24%) for the state as a whole. Similar disparities exist at Diploma level. For the state as a whole forty-one percent (41%) of employees were reported as having no post school qualifications. For the surveyed industry sectors the comparative figure was sixteen percent (16%). The report claims that the high ratio of workers in the sector with post-school qualifications indicates the complexity of the work undertaken and the growing level of professionalism across the surveyed service sectors.

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SURVEY RESULTS

The survey form (appendix 1) was distributed to the forty (40) member agencies of MHCC ACT in November 2008. A total of fourteen (14) organisations responded. Of those surveys returned, three were not able to be processed in the compilation of results. Two organisations sent back incomplete survey forms claiming that they did not have the human resource capacity required to complete them. One survey form was returned in multiples having been distributed to and completed by all employees.

Thus, eleven (11) surveys were returned in a usable format giving an overall response rate of 27.5%. Information was collected about the individual completing the survey form, the characteristics of the organisation and services provided, the qualifications held by current staff, the source and extent of in-service mental health training; staff development and careers planning need; the terms and conditions attached to employment within the organisations; and the employment of trainees. Additionally, opinions were sought on the desirability of minimum qualification standards for employment within the community mental health workforce; barriers to workforce training and education; the importance of workforce development issues to the organisation; and the role of MHCC ACT in relation to workforce training and development.

Results of the survey are outlined below.

WHO COMPLETED THE SURVEY FORM? (n=11)

The managers and team leaders completing the survey reported an average of eight (8) years experience in the community mental health sector. Forty percent (14%) had ten (10) or more years of experience in the sector with one respondent having over twenty (20) years experience. Only three respondents reported less than five (5) years experience in the sector.

Five (5) respondents identified as the organisation's manager or CEO, five (5) as Coordinator or Team Leader of a mental health program, and one (1) as Program Manager.

Post graduate qualifications at Masters Degree level were reported as the highest qualification held by three (3) respondents. Discipline areas were Political Science, Research and Evaluation, and Community Development/Social Ecology. Four (4) respondents reported their highest qualification at Bachelor degree level covering the disciplines of Social Science, Psychology, Education and Medicine. Four (4) respondents reported their highest qualification at vocational Diploma level and multiple qualifications were reported by two (2) of the respondents. Vocational diploma discipline areas reported were qualifications related to Alcohol and Other Drugs work (1), Mental Health Services Management (1), Counselling (1), and Youth Work (1).

Each respondent reported a different area of immediate work experience prior to undertaking their current employment in the community mental health sector. The employment sectors reported were homeless services, banking, correctional services, youth services, education, overseas aid, residential youth services, disability services and 'other' health services.

One (1) respondent was in the 20-29 year age group. Two (2) were aged between 30-39 years. Six (6) were aged 40-49 years. Two were aged between 50-59 years.

ORGANISATIONAL DETAILS

Respondent organisations provided a broad range of community mental health services types with a total of thirty-six (36) program areas covered across the eleven respondents. As represented in table 1, a total of thirteen program or service areas were identified with one organisation reported delivery in nine (9) of these areas, two organisations provided five (5) mental health related services, four (4) organisations provided two (2) and three (3) organisations provided only one mental health related services.

These programs were reported as directly providing services to a total of 790 mental health consumers and one hundred and twenty (120) carers utilising eighty one point five (81.5) full-time equivalent staffing positions in positions occupied by 172 individuals of which sixty four percent (64%) were female. Seventy-nine (79) volunteers formed an additional workforce component for the eleven (11) organisations which participated in the survey.

Responding organisations employed an additional 56.5 full-time equivalent staff members in program areas other than mental health.

Table 1
Mental Health Related Services Provided (n=11)

Program or Service Area	Number
Home-Based Outreach	4
Day and Rehabilitation Support	4
Respite and/or Carer Support	2
Peer Support	4
Employment Support and Education	4
Accommodation and Housing Support	3
Mental Health Promotion	6
Prevention and Recovery Support	4
Other: Trauma Support	1
Family Support	1
Child Care	1
Youth Program	1
Education	1
Consumer Representation (peak body)	1

Services were delivered from sites spread across the Australian Capital Territory and Government funding was sourced through ACT Health, and the Commonwealth Department FaHCSIA and DoHA.

QUALIFICATIONS OF STAFF

Sixty percent (60%) or one hundred and seven (107) of the one hundred and seventy two (172) staff employed in the provision of community mental health services across the eleven (11) organisations were reported as holding tertiary level qualifications. Twenty-nine (29) of these, or twenty-seven percent (27%) were identified as health related qualifications.

Thirty-two staff members or 14% of all staff were identified as holding some form of Mental Health related qualification. Three (3) were identified as holding the Certificate IV in Mental Health from a vocational training institution.

IN-SERVICE MENTAL HEALTH TRAINING

Fifty three (53) employees or thirty-eight percent (38%) of the staffing complement attended mental health training provided outside of the organisation in the past year using a broad range of training providers. These external training providers, totalling nineteen (19) in number, are listed in table 2. Four (4) of the eleven (11) organisations indicated that they also provided mental health training internally.

Table 2
External Training Providers Utilised for Community Mental Health Workforce Training in the past 12 month period.

ACT Council of Social Services
Mental Health ACT
Vic Health
MHCC ACT
Youth Coalition
National Centre for Education and Training on Addiction
PPL Education Services
VYNE
Canberra Hospital
Charles Sturt University
Richmond Fellowship WA
Lifeline
CCWT
Marymead
MindFrame
NSW Institute of Psychiatry
Mental Illness Education ACT (MIEACT)
Canberra Institute of Technology
Nu Skills

The main mental health training topics addressed during the the last twelve (12) months were equally broad ranging. Each organisation was asked to nominate their three (3) main training topics over the period. The results, and frequency of mention, are outlined in table 3.

Table 3
Main mental health training topics addressed over the last 12 month period (2008)

Topic (as described in survey response)	Frequency of Mention
DBT	
Self harming/ASIST Suicide/ASIST	1
Mental Health First Aid	5
Managing Co-morbidity	1
Dissociative Disorders	1
Crisis Support	1
Secondary Stress	1
Recovery/Working with Voices	1
Mindfulness/transforming Shame and Self Loathing	1
Understanding Mental Health, Mental Illness and Well-Being	1
Suicide Intervention Skills	1
Health Promotion Media Use of Mental Health	1
Creating a Positive Feedback Culture	1
Certificate in Community Services Work	1
Mental Health Awareness	1
Suicide Prevention	1
Information and Referral Service and Support	1

Interestingly, Mental Health first aid was provided for three (3) organisations (27%), while five (5) organisations (45%) identified an introductory, six (6) organisations (55%) identified an intermediate and three (3) indicated an advanced Mental Health first aid course was a priority area for education and training within the sector.

STAFF DEVELOPMENT AND CAREER PLANNING NEEDS

In reference to, survey participants were asked to nominate the number of staff needing training over the next twelve month period against a list of topics which identified skills and knowledge areas. Each topic was linked to three levels of skills and knowledge development need: introductory, intermediate and advanced; and respondents could nominate training needs across any or all of the three levels. Responses are summarised in the bar graph contained in Table 4.

Table 4
Workforce Skill and Knowledge Need (12 month overview)

Topic	Intro (n=11)	Inter (n=11)	Adv (n=11)	TOTAL
Community mental health sector overview	4	3	2	9
Assessing/responding to individuals at risk of suicide or self harm	2	5	5	12
Suicide interventions	2	4	3	9
Understanding mental illness	3	5	2	10
Working with people with a mental illness	4	2	3	9
Working with carers of a person with a mental illness	3	3	2	8
Mental health services and support	1	5	2	8
Client referral processes and care coordination	3	4	3	10
Community mental health interventions psycho-social rehabilitation	2	2	4	8
Mental Health First Aid	5	6	3	14
Interviewing techniques, counselling and communication skills	2	3	2	7
Behaviour risk management	1	4	2	7
Working with culturally diverse clients	4	4	2	10
Supporting consumer and carer participation in the organisation	3	2	3	8
Dual diagnosis	3	4	3	10
Impacts of substance misuse	4	4	2	10
Occupational Health and Safety	3	3	2	8
Processing and maintaining workplace documents	2	2	3	7
Consumer outcome measures	5	2	4	11
Management and governance issues	4	2	3	9
Mental Health medications and side effects	5	4	3	12
Program evaluation methods	6	4	4	14
	34%	36%	30%	100% (total 210 responses)

Although there was some variation across topic areas responses were evenly split across the three levels of training – introductory (34%), intermediate (36%) and advanced (30%).

The level of demand attributed to each topic varied by up to a multiple of two. The topics identified as having a higher level of demand were program evaluation and mental health first aid. Those at the second highest level of demand were assessing/responding to individuals at risk of suicide or self harm and mental health medications and side effects. The third level of demand included consumer outcome measurement, dual diagnosis, the impact of substance misuse, and working with cultural diversity. The lowest level of demand was apparent for topics which reflect the basic practice reality of mental health community sector organisations. These topics included community mental health sector overview, working with people with a mental illness, working with carers, mental health services and support, community mental health interventions/psycho-social rehabilitation, interviewing techniques, counselling and communication skills, occupational health and safety, and management and governance issues. Also included in this lower level of demand was the topic of suicide interventions.

Additional training topics which respondents nominated were responding to personality disorder, providing support to someone experiencing auditory and visual hallucinations, responding to eating disorders, critical incident counselling, managing difficult behaviours, mental health promotion, financial management and budgeting, and support training for peer specialists. Other comments made included a wish to see training opportunities developed which enabled interaction with public mental health sector clinical staff as well as exposure to a range of practice settings.

Eighty-five percent (85%) of respondents indicated that they had experienced difficulty in recruiting staff due to workforce shortages and fifty-five percent (55%) indicated that there were no suitable career pathways in the community mental health sector to attract and retain qualified staff. Concern was expressed about the limited career pathways available in small agency settings and the need for careers planning within agencies and across the sector.

EMPLOYMENT TERMS AND CONDITIONS

Four (4) of eleven (11) organisations reported that staff had left in the past two (2) years and indicated that they were taking up the option of better pay and conditions elsewhere. Seven (7) of the eleven (11) answered that they were aware of staff moving on for this reason. Other reasons cited for loss of staff included retirement, the need for change, to take up study and being asked to leave.

All respondents expressed the view that current pay and conditions were inadequate to the work undertaken in their programs. Issues cited as requiring attention were broad ranging with mention made of the following:

Program support infrastructure including cars, parking, adequate IT; professional supervision; portable long service leave and maternity/paternity leave (4); improved pay and pay structures (3); more adequate program funding and support; improved training opportunity (2) and study leave (2) opportunity; flexible working hours.

THE EMPLOYMENT OF TRAINEES

Only one (1) of the responding organisations indicated thatey currently employ a trainee. This trainee was in a business administration position.

THE DESIRABILITY OF MINIMUM QUALIFICATION STANDARDS FOR EMPLOYMENT WITHIN THE COMMUNITY MENTAL HEALTH WORKFORCE

Survey respondent opinion was divided on the question of whether a minimum qualification for employment, such as a specialist Certificate IV, should be applied across the mental health community sector. Four (4) agreed with the proposition, one (1) disagreed and six (6) were either unsure or indicated no preference.

Comments made showed a concern that new employees be able to demonstrate a basic understanding of mental health issues, mental health first aid, an understanding of consumer perspectives, the application of a psychiatric rehabilitation and recovery model, and the context of mental health service delivery in Australia. Concern about the application of a minimum qualification was expressed through acknowledgement that there is a dearth of potential applicants who hold the qualification and that the salaries that apply may not justify the effort of gaining the qualification. Other comments acknowledged that many current recruits have qualities which may not be valued in the certificate's curriculum and that, setting a minimum may exclude or discourage applications forrom people who hold different but appropriate, even higher level, qualification sets. Concern was also expressed that establishing and servicing a minimum qualification may, in fact, discourage organisational investment in on-going staff development and education

BARRIERS TO WORKFORCE TRAINING AND EDUCATION

Four (4) respondents said suitable training was available, four (4) were unsure and three (3) expressed the opinion that suitable training was available. Comments included the observation that good training opportunities available were available uncoordinated and not well known to everybody; the view that an extension of ACT Mental Health Services in-service training program to allow access by community sector workers was very valuable; and an alternative view that such training, though valuable, was not directed to the needs of community sector workers and required a stronger emphasis on mental health recovery, greater involvement of consumers in training design and delivery. The cost of training (for workers and organisations) was also seen as a limiting factor to availability.

Table 5 outlines respondents' opinions on the applicability of possible barriers to staff undertaking training and development activities.

Table 5
Barriers to Staff Participation in Training and Development

Barrier	Yes	No	Unsure
Cost of training fees or course registration	9	2	
Cost of backfilling positions or time away from the office	8	3	
Course times are not compatible with rostering or shifts	4	5	2
No training budget, or funding insufficient to cover costs associated with staff training and development	3	8	
Funding cycle incompatible with longer-term staff training and development	1	7	3
Board or senior management not supportive of staff training		11	
Identified training topics not available or insufficient	6	4	1
Staff resistance to participation in training		11	
Insufficient access to technology (on-line options)	1	7	3
Other: only one other response was provided. This references a lack of funds and the need to rely on in-house or 'free' external training options			

In summary, all respondents identified that neither the organisational Board, nor senior management or staff were resistant to participation in training. The major barrier to participation identified was cost. This applied to ninety-percent (90%) of respondents. The cost of backfilling positions or loss of work time was identified as a major cost impediment for eight (8) of eleven (11) respondents and it was commented that participation in training was reliant on in-house or no-cost external provision. The insufficiency of available topics was identified as a barrier by more than half of the respondents and opinion was almost equally split on whether available course delivery times were an impediment.

THE IMPORTANCE OF WORKFORCE DEVELOPMENT ISSUES

Workforce development was identified as a very important or important issue in the future viability of the mental health community sector by all of the eleven (11) respondents. Ten (10) of the eleven (11) respondents identified workforce development as very important or important to their own organisation. One (1) respondent claimed a 'neutral' position on this question.

THE ROLE OF MHCC ACT IN RELATION TO WORKFORCE TRAINING AND DEVELOPMENT

Respondents expressed support for the ACT Mental Health Community Coalition in pursuing an active training agenda for the ACT's mental health community sector. The roles which were strongly supported were information distribution to members, advocating for workforce development, designing and delivering targeted short courses, lobbying for subsidies to support worker attendance, brokering training provision through other providers, partnering with other organisations to deliver training including nationally recognised training. Details of this support are outlined in table 6. Eight of the eleven respondents supported the idea of Mental Health Community Coalition seeking Registered Training provider status.

Table 6
Support for Various Training Roles Applicable to the ACT Mental Health Community Coalition

Role	Yes	No	Unsure
Information distribution to members	11		
Advocating for workforce training and development	10	1	
Designing and delivering targeted short courses	10		1
Lobbying for subsidies for members to attend specific training courses	10	1	
Brokering training provision through other providers	9	2	
Partnering with other agencies in delivery on nationally accredited training	8	1	2
Partnering with member agencies to provide mental health training to other service sector	8		3

Other comments submitted included acknowledgement that other training providers exist who could be targeted to support training across the sector, the need to consider the range of organisational and service types across the sector, and the complementary training needs of other sectors, for example, the Alcohol and Other Drugs service sector.

Chapter 3:

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FINDINGS AND RECOMMENDATIONS

FINDINGS

The ACT Mental Health Community Coalition's 2007 report on requirements for building capacity in this sector highlighted the issue of workforce development as an essential strategy to enable the sector to face the challenges of current and future service development need. The sector's service development needs are derived from a from a high and growing demand pressure on services, historically endowed inadequacies in funding and planning models and broader community sector workforce issues (MHCC ACT, 2007). Specifically the 'Building Capacity' report recognised the costs associated with a diverse workforce structure in the mental health community sector, a strong reliance on volunteer staff, and the difficulties experienced in retaining staff.

Workforce development recommendations contained in this report and the later ACTCOSS (2008) study on the viability of the ACT community sector emphasised the importance of sector wide workforce development strategies; the establishment of training regimes which equip all staff with the necessary skills and knowledge for contemporary practice; the extension of traineeship options; the extension of workforce recruitment options through, for example, the establishment and support of viable career pathways for consumers, carers and volunteers; the development and explication of career pathways more generally; and the need for systemic attention to be paid to wages and conditions, as well as the review and redevelopment of formal training options, pathways and curricula in order to better match them to industry and workforce need.

In seeking to address the sector's workforce development needs MHCC ACT has, during 2008 and 2009 pursued several initiatives. These include:

- the shared discussion of significant policy and practice issues through a sector development meeting aimed at senior management and other regular sector forums utilising expert presenters and participant discussion to explore significant policy and practice issues.

- a bi-monthly service provider network meeting to promote information sharing and collaboration.

- a quarterly work practices forum to enable community support workers, clinicians and volunteers to share and reflect on work practice and care coordination issues.

- a small skills training program delivered in partnership with the NSW Mental Health Coordination Council's training unit which delivers selected units from the nationally accredited Certificate IV in Mental Health (non-clinical).

MHCC ACT has also been an active participant in the national review of mental health sector training needs and provision currently being undertaken by the Community Services and Health Industry (CSHI) Training Council. The Council's final report is close to public release and is eagerly awaited by the mental health community sector in the ACT and nationally.

The MHCC ACT workforce survey found, in common with similar surveys in other states and territories, a highly qualified but diverse workforce, a major commitment to but an underfunded and uncoordinated approach to workforce development across the sector, poor utilisation of nationally accredited mental health training, and support for a greater MHCC ACT role in workforce training and development.

The survey covered a wide range of recovery focussed service types consistent with the broad typology identified in chapter 1. Senior managers completing the survey were highly experienced and qualified in terms of years of service within the mental health community sector (mean average of eight (8) years), experience in a wide variety of other industry areas, and in holding a diverse range of tertiary level qualifications. Agency staff, similarly, held qualifications and experience across a broad range of discipline and industry areas. Sixty-percent (60%) of staff held tertiary qualifications. One (1) in four (4) staff held health related qualifications but only one (1) in seven (7) held a mental health specific qualification.

This picture is consistent with the workforce survey findings of other states and territories and reflects the diverse background knowledge and skills made necessary by the diverse program responses associated with a recovery and community focused mental health response.

The small number of staff holding mental health specific qualifications, however, was revealed as an area of concern. The sector's response to this concern has largely been focused on the provision of in-house training opportunities. These opportunities have utilised a wide range of individual training providers and addressed a wide range of training topics.

Survey participants identified the use of nineteen (19) different training providers in the twelve (12) months preceding the survey to address seventeen different topics. Additionally, the survey identified twenty-two (22) different topic areas which were all supported by respondents as important areas of training need for experienced and inexperienced workers alike. Survey participants added a further eight (8) topics as identified training needs.

Thus, although the survey identified a strong awareness of staff training need and a strong demand for training, it is apparent that the sector does not have a shared, coordinated or planned approach to training need or delivery. Nor does it have any apparent agreement on required skill and knowledge sets or curriculum needs. Although many in-service training opportunities are made available across agencies, there is no evidence of a rational and planned approach to resource sharing or targeting.

Additionally, even though most survey respondents indicated that their organisation supported staff training through board and senior management, a dedicated budget and the willingness of staff to participate, there were significant impediments to the development of a comprehensive training agenda and program associated with the prohibitive cost of course participation, backfilling of positions, the inadequacy or inappropriateness of identified training opportunities, the logistical difficulties associated with staff rostering and shifts, as well as the dilemmas associated with limited employment conditions, program funding and career structures which made it difficult to appropriately reward staff for their participation in training and development programs, and to retain their services in the face of more competitive employment options, when they did.

Overall, workforce development was identified as a critical issue for the viability of the mental health community services sector. Although there was little agreement on the implementation of a minimum qualification standard (for example, a specialist Certificate IV qualification) for employment across the sector it is apparent that this failure to agree was related to:

- an unwillingness to accept such a qualification as the only qualification required for employment in the sector; and

- the practical issues associated with implementing such a requirement without a pool of qualified workers being established first.

On the first of these issues, it is clear from the current workforce and services profiles that a broad and diverse skills and knowledge set is required of the mental health community sector workforce. It is also apparent, however, that in the ACT, in common with other states and territories, the current workforce profile is lacking one or both of:

- the specific community mental health skill and knowledge set required; and/or

- formal acknowledgement and recognition of the community mental health skills and knowledge set which actually exists.

Unfortunately, it appears that existing opportunities for the recognition or further development of this skills set in the existing ACT mental health community sector workforce are not adequately addressed to the needs and capacities of this industry sector. There is, for example, little evidence in the survey's results that the sector's workforce has greatly utilised Certificate IV in Mental Health (non-clinical) training available through the Canberra Institute of Technology and the promotion of this qualification through the Mental Community Coalition's partnership arrangement is both new and inadequately funded.

Critically, this requisite community mental health skills and knowledge set must be understood as an <u>additional</u> and unifying workforce requirement which complements and strengthens the diverse range of other skill and knowledge sets required by the sector's services.

It is the major conclusion of this study that this requisite community mental health skills and knowledge set be acknowledged as the core component of a sector-wide workforce development and training strategy. It is further concluded that for this workforce development and training strategy to be effective it must be driven by industry and supported by a strong funding commitment from government; it must be developed through a collaborative approach involving industry, government and vocational training providers; and it must be effectively coordinated to ensure an effective use of limited resources to achieve targeted developmental outcomes aimed over a limited timeframe.

Fortunately, these conclusions are able to be referenced for further development to the national review of mental health sector training needs and provision currently being undertaken by the Community Services and Health Industry (CSHI) Training Council. At the time of writing, the final report of this review has yet to be released.

Recommendations for action which follow from these conclusions and the survey findings are outlined below.

RECOMMENDATIONS

It is recommended that MHCC ACT:

- develop and promote a sector-wide workforce development policy based upon a considered analysis of the findings and recommendation of the CSHI Training Council's workforce articulation study and the findings and conclusion of this study.

- pursue the implementation of this policy through engagement with government, industry and the education and training sector locally, through their national and state peak council alliances, and through the establishment and coordination of a sector wide workforce development program.

- that this policy and program establish targets for the staged introduction of nationally accredited community mental health training at Certificate IV level as a prerequisite for continued employment across a specified range of the sector's services and/or staff positions.

- enter into discussion with Canberra Institute of Technology and review opportunity for enhancing delivery of the current Certificate IV training program offered collaborative with Mental Health Coordination Council NSW, in order to establish a comprehensive, industry responsive, cost effective, flexible and accessible training and recognition of prior learning program at Certificate IV level for the existing and potential community mental health sector workforce (non-government and government). This discussion to include the role and potential for traineeships, recognition of prior learning, and work based learning and assessment processes.

It is recommended that ACT Health:

- pro-actively engage with MHCC ACT, its member agencies and its funded service to establish a mental health community sector workforce development policy and plan consistent with the recommendations outlined above.

- establish a funding allocation set as a minimum and realistic percentage of the sector's funding to enable MHCC ACT to administer and ensure implementation of the nominated workforce development policy and plan.

- review and revise its overall approach to mental health workforce development in light of the findings and recommendation of the CSHI Training Council's workforce articulation study in order to establish an equitable and comprehensive response to training and development needs across the public mental health and community sectors.

Appendix 1:

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SURVEY INSTRUMENT

The Mental Health Community Coalition of the ACT (MHCC ACT) is seeking to better understand the workforce and the training and development needs of its members. The survey is directed at Managers and Project Team Leaders of member ACT community sector organisations who provide mental health specific support programs.

While the MHCC ACT recognises that members employ both clinical and non-clinical workers, this survey is focused on the needs of community sector workers and non-clinical mental health professionals. The results from the survey will be used to better inform MHCC ACT of the community mental health workforce requirements within the ACT and to direct resources into the meeting of those needs.

The survey should only take around 15 minutes to complete. All responses will be collected

'in-confidence' and all organisational names will be removed so that individual organisations are not identifiable. If your organisation has a number of project and program managers who work with mental health consumers and carers, please forward this survey onto them.

To be eligible for a free one year organisational membership to the MHCC ACT, please enter your organisations name in the space provided below and complete the survey by

COB 14 November 2008. A reply paid envelope is attached for your convenience.

If you require assistance with the survey or further information, please contact: Karen Blake, Workforce Policy and Development, on (02) 6249 7756 or via email karen.blacke@mhccact.org.au

- -

I have completed the MHCC ACT Workforce Development Survey on behalf of my organisation and would like to be eligible to enter the draw to win a one years membership to MHCC ACT.

Organisation Name:_____

Contact Person:_____

- -

Thank you for your participation in

gathering this important sector information.

	ABOUT YOU…
1	**Your Experience** How many years experience do you have in working in the community mental health sector? _____ _____

| **2** | **Your Qualifications**
What formal qualifications do you currently hold? *(please provide details in topic/area)* |

Doctorate	
Masters	
Post-Graduate Degree/Diploma	
Bachelor Degree	
Vocational Diploma	
Certificate IV	
Certificate III	
Other:	

3 **Your Prior Work**

What sector did you work in immediately prior to your current work in community mental health? *(please tick one)*

☐ Education
☐ Nursing (including mental health nursing)
☐ Other Medical (eg psychology/ psychiatry)
☐ Community Mental Health
☐ Child Care
☐ IT
☐ Public service
☐ Private Sector
☐ Disability
☐ Aged Care
☐ Homelessness/ Housing/Accommodation
☐ Catering/Hospitality
☐ Other? *(please state)*_____
_____

4 **Your Age Range** *(please tick one)*

☐ Under 18	☐ 30-39	☐ 50-59
☐ 18-20	☐ 40-49	☐ 60-65
☐ 20-29	☐ 50-59	☐ 65+

ORGANISATIONAL DETAILS

5a	**Your Position** (please tick) ☐ Manager or Chief Executive (of your organisation) ☐ Coordinator or Team Leader of mental health project/program ☐ Other (please describe_____ _____ _____
5b	**Mental Health-related Services Your Organisation Provides** *(Please tick as many boxes as needed – leave other boxes blank)* ☐ Home Based Outreach ☐ Employment Support and Education ☐ Day and Rehabilitation Program ☐ Accommodation & Housing Support ☐ Respite and Carer Support ☐ Mental Health Promotion ☐ Peer Support/Consumer advocacy ☐ Prevention and Recovery Support (Step Up /Step down) ☐ Other *(please describe)*:_____ _____
6a	**Staff** *(Including staff you manage and yourself)* Total number of staff (full-time equivalent):_____ Number of staff employed in mental health programs:_____ Number of volunteers employed in mental health programs:_____ Number of Males:_____ Number of Females:_____
6b	**Number of Staff Within Each Age Range** (please tick) ☐ Under 18 ☐ 30-39 ☐ 50-59 ☐ 18-20 ☐ 40-49 ☐ 60-65 ☐ 20-29 ☐ 50-59 ☐ 65+
7	**Geographic Location** *(where your organisation provides programs, please tick)* ☐ Tuggeranong ☐ Inner North ☐ Weston Creek ☐ Belconnen ☐ Inner South ☐ Gungahlin ☐ Canberra City ☐ Queanbeyan/Jerrabomberra ☐ Other *(please describe)*:_____ _____

8	**Main Funding Agencies** *(please list top 3 funding agencies)* Funding Agency (1):_____ Funding Agency (2):_____ Funding Agency (3):_____
9	**Direct Service Capacity** How many mental health consumers and carers does your organisation currently support in a direct capacity? Consumers:_____ Carers:_____

	STAFF TRAINING
10	**Staff Tertiary Qualifications** How many (approx) of your mental health staff including yourself have a tertiary qualification of any type? _____
11	**Staff Health Qualifications** How many (approx) of your mental health staff including yourself have a health related qualification? _____
12	**Staff Mental Health Qualifications** How many (approx) of your mental health staff have a mental health related qualification? _____
13	**Staff Vocational Qualifications** How many (approx) of your mental health staff have a Certificate IV mental health qualification? _____
14	**Training Last Year** Over the past 12 months how many (approx) of staff have attended external mental health related training? _____

	Training Providers
15	Over the past 12 months which training providers have you and your staff used for mental health training (include 'own organisation' if running internal training)? *(Please list name of providers)*
	_____
	Training Details
16	Over the past 12 months what have been the 3 main mental health topics, skills or knowledge area in which your staff have been trained? *(Please list)*
	_____

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WORKFORCE SKILLS AND KNOWLEDGE NEEDS

17

Skills And Knowledge Needs

From the following list please indicate what topics, skills and knowledge areas your staff require over the next 12 months. *(For each topic you can select as many levels as needed – for example if some of your staff need introductory skills in dual diagnosis and others need more advanced skills you can cross both introductory and advanced boxes)*

Topic	Intro	Inter	Adv
Community mental health sector overview	☐	☐	☐
Assessing/responding to individuals at risk of suicide or self harm	☐	☐	☐
Suicide interventions	☐	☐	☐
Understanding Mental Illness	☐	☐	☐
Working with people with a mental illness	☐	☐	☐
Working with carers of a person with a mental illness	☐	☐	☐
Mental Health services and support	☐	☐	☐
Client referral processes and Care Coordination	☐	☐	☐
Community mental health interventions Psycho-social rehabilitation	☐	☐	☐
Mental Health First Aid	☐	☐	☐
Interviewing techniques, counselling and communication skills	☐	☐	☐
Behaviour risk management	☐	☐	☐
Supporting consumer and carer participation in the organisation	☐	☐	☐
Dual diagnosis	☐	☐	☐
Impacts of substance misuse	☐	☐	☐
Occupational Health and Safety	☐	☐	☐
Processing and maintaining workplace documents	☐	☐	☐
Consumer outcome measures	☐	☐	☐
Consumer outcome measures	☐	☐	☐
Management and governance issues	☐	☐	☐
Mental Health Medications and side effects	☐	☐	☐
Program Evaluation methods	☐	☐	☐

18	**Other Skills And Knowledge** Are there any other topics you think your mental health staff need? *(please list)* _____ _____ _____ _____ _____ _____
19	**Career Pathways** At present, do you consider there are suitable career pathways in the community mental health sector to attract and retain qualified staff? *(please tick one)* ☐ Yes ☐ No ☐ Unsure
20	Has your organisation experienced any difficulties recruiting and retaining suitable staff due to workforce shortages? *(please tick one)* ☐ Yes ☐ No ☐ Unsure
21	**Other Staff Training/Career Pathway Comments** Are there any further comments you would like to make about your staff's skills and knowledge needs? *(see also comments section at end)* _____ _____ _____ _____ _____

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	PAY AND CONDITIONS
22	**Turnover** How many workers in the past 2 years have left your organisation citing better pay and conditions elsewhere? *(please list)* _____
23	If your organisation has experienced a high level of staff turnover, what are some of the reasons you would identify for this? *(please tick)* ☐ Better wages/conditions ☐ Promotion opportunities ☐ Accommodation issues ☐ Stress/desire for less stressful work ☐ Retirement ☐ Simply a need to change ☐ Other (please describe): ☐ Relocation _____ _____ _____ _____
24	**Pay and Conditions** Do you consider the current pay and conditions offered in the community sector are adequate for the work undertaken by the community mental health sector? *(please tick one)* ☐ Yes ☐ No ☐ Unsure
25	What conditions would you like included to enhance your organisations capacity to continue to provide services in the community mental health sector? *(please list)* 1._____ 2._____ 3. _____

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MINIMUM STANDARD QUALIFICATION FOR COMMUNITY MENTAL HEALTH WORKFORCE

26	**Desirability of Minimum Standard** Do you believe a minimum qualification standard should be introduced for non-clinical mental health workers in the ACT such as Certificate IV? *(please tick one)* ☐ Agree ☐ Unsure ☐ Disagree ☐ Neither agree nor disagree
27	**Minimum Standard Contents** If there were a minimum standard qualification, what skills and knowledge would you want your staff to possess after its completion? *(please list)* _____ _____ _____
28	**Challenges and Issues** What do you consider to be the challenges and issues in ensuring a minimum qualification standard for mental health workers working in the community mental health sector? *(please list)* _____ _____ _____

NON-CLINICAL MENTAL HEALTH TRAINEESHIPS

29	**Current Traineeships** Does your organisation currently employ any trainees? *(please tick one)* ☐ Yes ☐ No ☐ Unsure If yes, what type of traineeships are they? *(please list)* _____ _____ _____
30	If there was the possibility that mental health traineeships could be developed for the ACT would your organisation be interested in employing a mental health trainee in the future? *(please tick one)* ☐ Yes ☐ No ☐ Unsure

BARRIERS TO TRAINING & EDUCATION

31

Training Levels

Do you think there is currently suitable training offered in the ACT tailored to the needs of community sector mental health workers and volunteers? *(please tick one)*

☐ Yes   ☐ No   ☐ Unsure

Comments:_____

_____

32

Other Barriers

Do you consider that the following factors are barriers to your staff undertaking further training and development in general? *(please tick one)*

Cost of training fees or course registration	☐ Yes	☐ No	☐ Unsure
Cost of backfilling position or time away from the office	☐ Yes	☐ No	☐ Unsure
Course times are not compatible with rostering or shifts	☐ Yes	☐ No	☐ Unsure
No training budge and/or funding insufficient to cover costs associated with staff training and development	☐ Yes	☐ No	☐ Unsure
Funding cycle incompatible with longer term staff training and development	☐ Yes	☐ No	☐ Unsure
Board or senior management not supportive of staff training	☐ Yes	☐ No	☐ Unsure
Identified training topics not available or insufficient	☐ Yes	☐ No	☐ Unsure
Staff resistance to participation in training	☐ Yes	☐ No	☐ Unsure
Insufficient access to technology *(on-line training options)*	☐ Yes	☐ No	☐ Unsure

Other barriers *(please describe)*:_____

_____

WORKFORCE DEVELOPMENT ISSUES

33

The Importance of Workforce Development

How important do you consider workforce issues are for the future viability of the ACT community mental health sector? *(please tick one)*

☐ Very   ☐ Important   ☐ Important   ☐ Neutral   ☐ Not Important   ☐ Unsure

34

How important is workforce development to your organisation? *(please tick one)*

☐ Very   ☐ Important   ☐ Important   ☐ Neutral   ☐ Not Important   ☐ Unsure

35	**Future Directions** Is your organisation interested in being further consulted on workforce development issues? *(please tick one)* ☐ Yes ☐ No ☐ Unsure If yes, please indicate contact name, organisation and contact details: Name:_____ Position:_____ Organisation:_____ Phone:_____ Email:_____ *Please note: All your other survey responses will be processed anonymously*
36	**Roles for the MHCC ACT** Please indicate which of the following roles you would like to see the MHCC ACT undertake in terms of ACT community mental health workforce development Information distribution to members (eg Annual Training Calendar) ☐ Yes ☐ No ☐ Unsure Advocating for workforce development and representing the ACT community mental health sector in policy and planning debates related to training ☐ Yes ☐ No ☐ Unsure Designing and delivering targeted mental health short course ☐ Yes ☐ No ☐ Unsure Lobbying for subsidies for members to attend specific training courses ☐ Yes ☐ No ☐ Unsure Brokering specific training from other sources such as the Clinical services, private and public training providers etc ☐ Yes ☐ No ☐ Unsure Partnering with other agencies to develop and deliver Nationally recognised training (eg Certificate IV) ☐ Yes ☐ No ☐ Unsure Partnering with other member agencies to provide specific community mental health training to own and other sectors ☐ Yes ☐ No ☐ Unsure
37	**Would You Support Mhcc Act in Becoming a Registered Training Provider?** *(please tick one)* ☐ Yes ☐ No ☐ Unsure

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ANY FURTHER COMMENTS

38

Please add any further comments you wish to make:

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THANK YOU FOR COMPLETING THE SURVEY

Please return to:

Karen Blake
Workforce Policy and Development
Mental Health Community Coalition ACT
Room 1.06, Level 1 Griffin Centre
20 Genge Street
Canberra City ACT 2601

Fax: (02) 6249 7801
Email: karen.blake@mhcc.org.au

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