

A renewed approach – National Mental Health Workforce Strategy

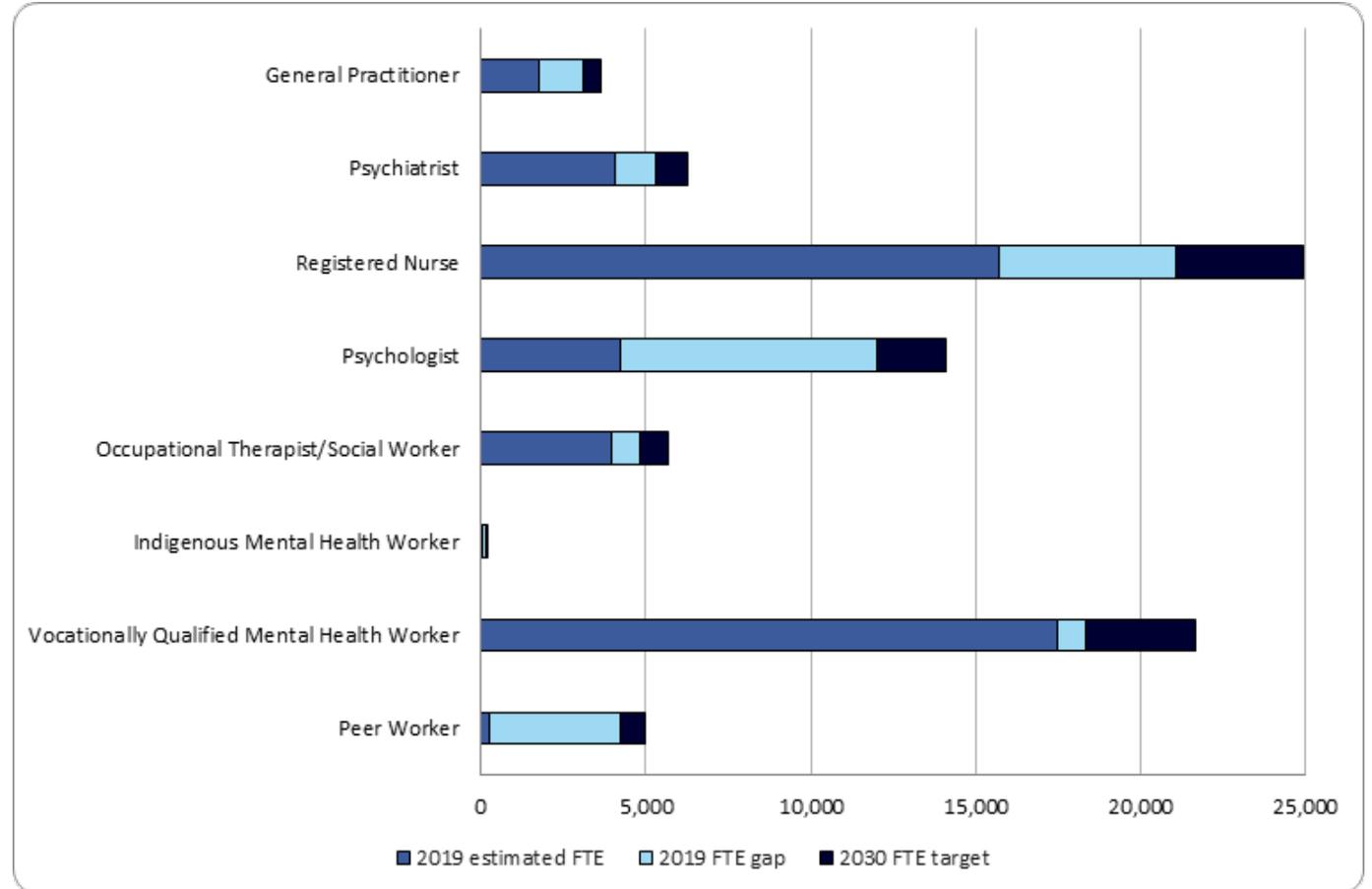
November 2022



The current state of play

- Mental Health Reform is contingent on an effective mental health workforce.
- There are workforce shortages across all mental health professions, which is expected to grow if current shortages are not addressed.
- We need to strengthen and optimise the existing workforce, while building a larger workforce for the future.

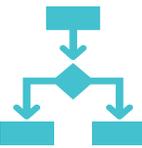
Mental health workforce gaps by profession



Source: University of Queensland, Analysis of national mental health workforce demand and supply (unpublished)



Key challenges impacting the mental health workforce



- Workforce shortages across most occupations and disciplines, especially in some areas
- Stigma and negative perceptions associated with working in mental health
- An evolving policy landscape, including changing consumer needs, principles of practice and modalities of care (telehealth and digital)
- Unclear scopes of practice to establish who is able to perform what service and in which setting, particularly for multidisciplinary teams and emerging workforces
- Limited connection and collaboration across mental health professions and disciplines
- Limited availability and use of high-quality data to inform workforce planning
- An overarching increasing demand for services



Existing Workforce Mental Health Reform Activities

National Mental Health Workforce Strategy (Strategy)

- Provides a high level vision and roadmap to build a sustainable workforce that is skilled, well-distributed and supported to deliver mental health treatment, care and support

National Mental Health and Suicide Prevention Agreement (National Agreement)

- Commits governments to work together to build a workforce that is culturally safe and responsive to changing needs

Implementation of 2021-22 and 2022-23 Budget Initiatives

- Recent Budgets committed funding (\$77.3 million in 2021-22 and \$89.2 million in 2022-23) for mental health workforce measures, supporting early implementation of the Strategy.

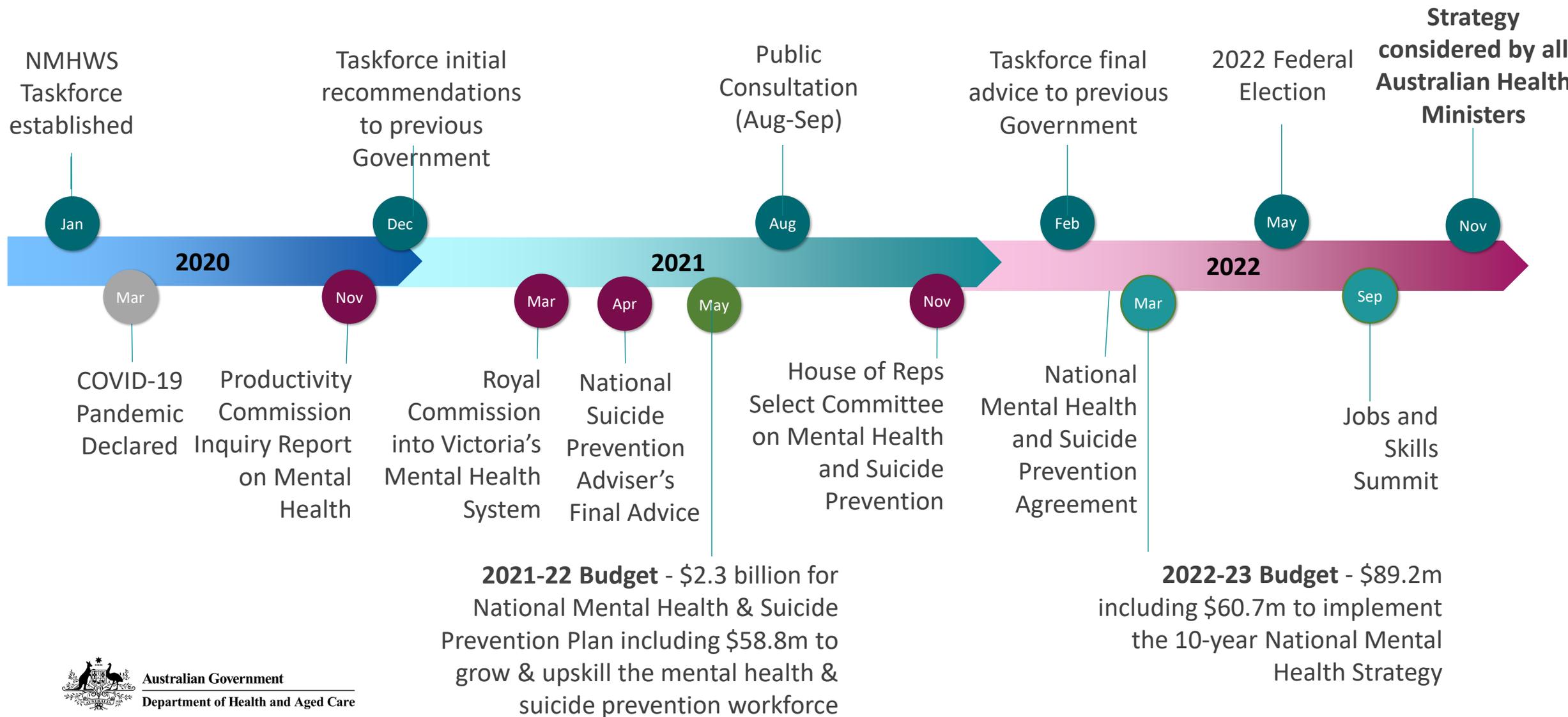
National Suicide Prevention Workforce Strategy

- Being developed by the National Suicide Prevention Office
- Will complement the National Mental Health Workforce Strategy.

Mental Health and Suicide Prevention Inquiries and Reports

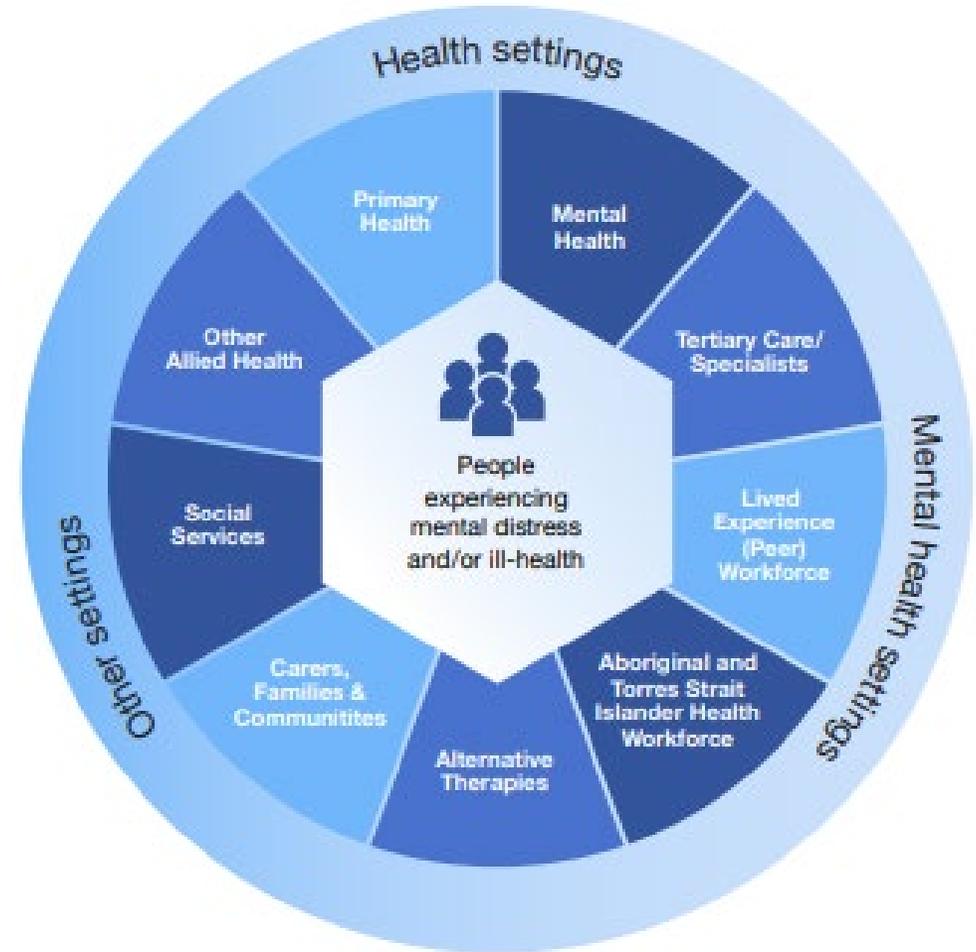
- Have informed the development of the Strategy, National Agreement and 2021-22 & 2022-23 Budget Measures.
- Provide recommendations and actions to improve the mental health system, to inform future mental health workforce considerations and collaborations with state and territory governments, the sector and consumers and carers

Strategic Context - National Mental Health Workforce Strategy

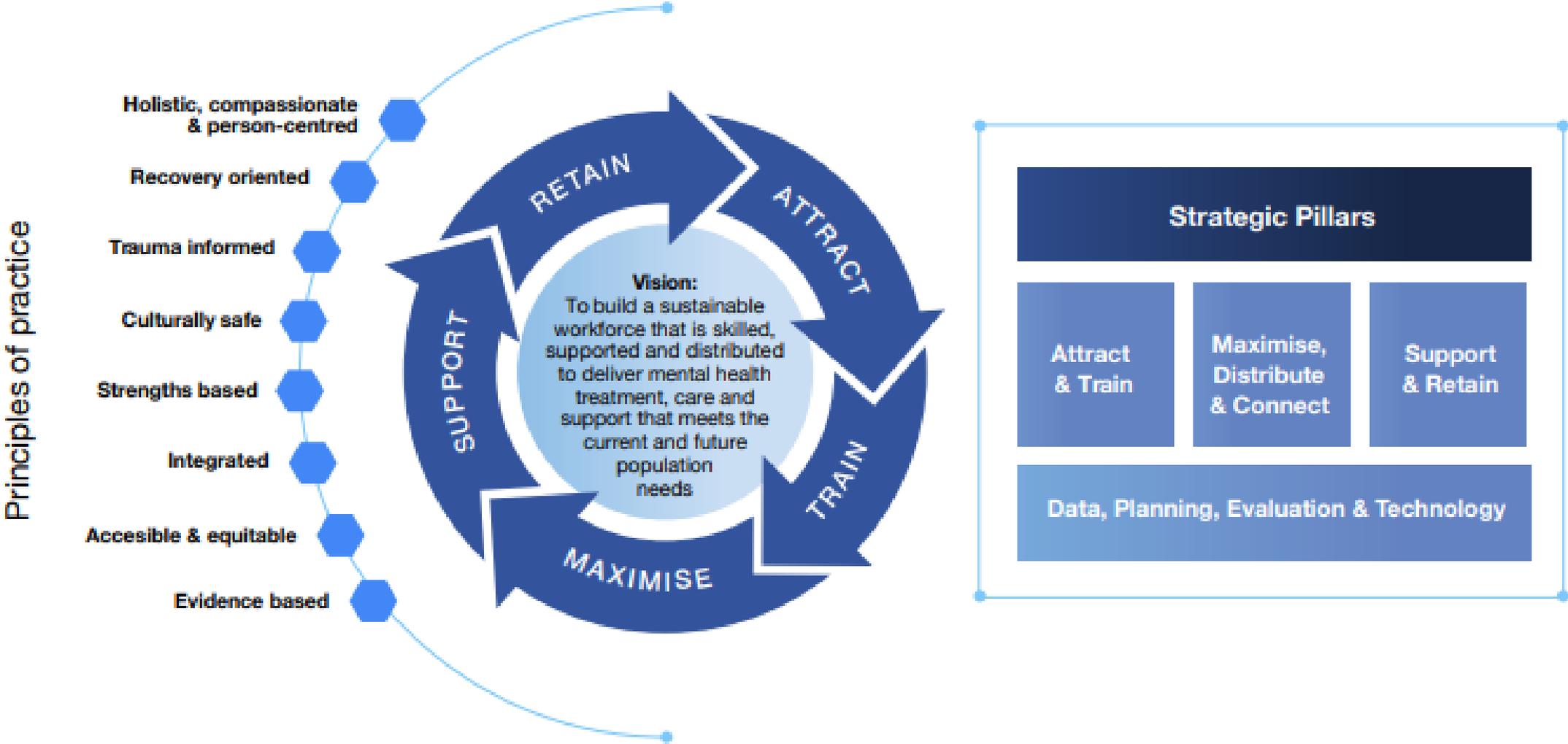


A broader definition of the mental health workforce

- People working exclusively in the **mental health sector** (e.g. Aboriginal and Torres Strait Islander mental health workers, mental health nurses, psychologists and psychiatrists)
- People working in other **health settings** who frequently treat, interact with, care & support those experiencing suicidality, mental distress and/or ill-health (e.g. allied health, general practitioners and nurses).
- People working in **other settings** who are likely to have regular contact with people experiencing mental distress and/or ill-health and suicidality as part of their role (e.g. aged care workers, educators, drug and alcohol workers, and housing and justice services workers).



National Mental Health Workforce Strategy - Framework



Strategic Pillar 1: Attract and Train

The mental health workforce will require growth in capability and capacity to meet future demand. Key considerations relate to the supply of a diverse and appropriately skilled contemporary workforce.

Priority areas are to:

- Address critical shortages in the mental health workforce
- Mobilise the broader social and emotional wellbeing and health workforce
- Develop and deliver recruitment and career pathways to attract a suitably skilled and diverse workforce
- Enhance training pathways, access to supervision, and support skills transfer
- Strengthen the capability and core competencies of the

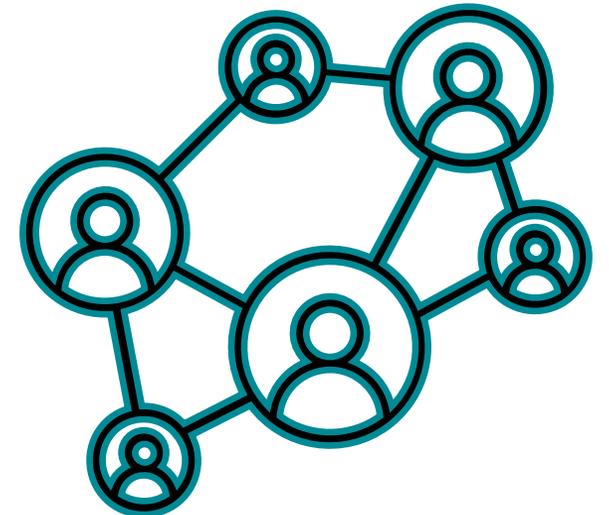


Strategic Pillar 2: Maximise, Distribute and Connect

The mental health workforce will require coordination to meet the needs of Australians at different stages across the life-course and in a range of settings.

Key considerations relate to:

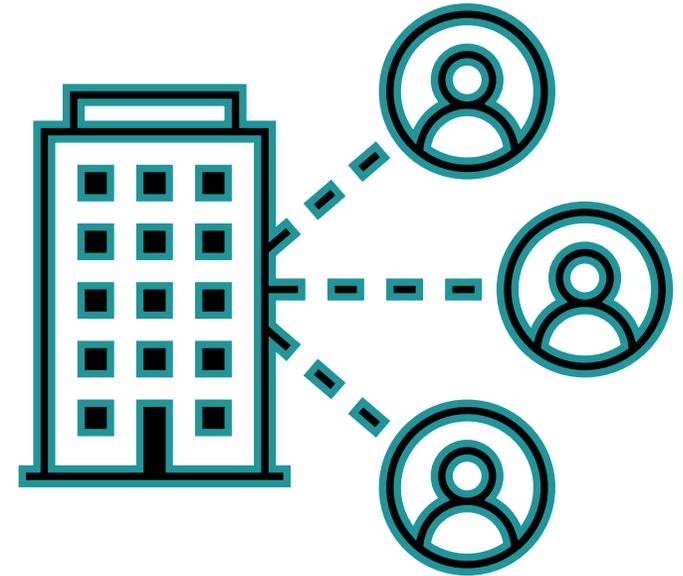
- scope of practice,
- coordination of care,
- workforce distribution, and
- opportunities to build a workforce that recognises and best utilises the skills and strengths of all workers.



Strategic Pillar 3: Support and Retain

Priority areas are:

- Healthy workplaces and positive workplace cultures
- Address worker stress and burnout
- Better use of CPD across career stages
- Supervision and mentoring
- Funding models that drive quality and best use of discipline skills

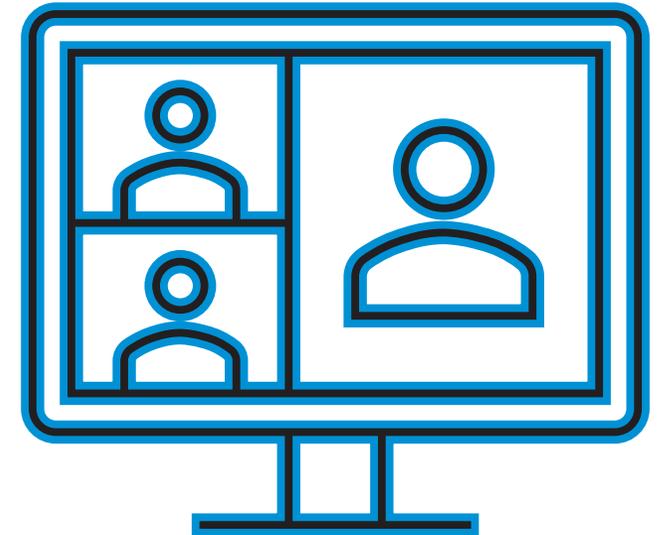


Strategic Pillar 4: Data, Planning, Evaluation and Technology

The mental health workforce will require a range of supporting structures to deliver services that meet the needs of the population across service settings.

Priority areas are:

- access to and use of high-quality data
- workforce planning
- monitoring and evaluation
- and digital technology



National & Bilateral Agreements – Key Workforce Implications

The Commonwealth and states and territories have published commitments that support and strengthen the mental health workforce, including:

- Actively **promoting mental health careers** as an attractive career option.
- Supporting a national approach to **attracting an overseas workforce** and to **reviewing and revisiting skilling immigration pathways**.
- Ensuring students and graduates receive a **mix of rotations across sectors (primary/private/tertiary) and special interest areas**
- Collaborating with the university sector to **improve contemporary mental health training** and to advocate for the inclusion of **job ready skills in undergraduate curricula**.
- Collaborating on **mental health workforce planning** for new services to ensure local workforce requirements are **planned and coordinated**.
- Working collaboratively to **grow, upskill and support** the Lived Experience (Peer) Workforce.



Implementation Opportunities – Coordinated Action

The Strategy outlines an implementation approach that promotes a **coordinated effort by all governments**, regulators, peak bodies, professional colleges, training and education providers, and consumers and carers.

The Australian Government is proposing to establish a **national advisory group** to support strategic collaboration on the Strategy's implementation and provide implementation oversight, including monitoring and evaluation. The national advisory group will include representatives from each jurisdiction, the broader sector.

The intention of the group is to take a national approach to:

- Strategic investment in the mental health workforce;
- The optimisation and even distribution of the workforce; and
- Implementing key priorities identified by the Strategy and the National Agreement.



Implementation Opportunities – Acknowledging the contribution of the Lived Experience (Peer) Workforce

A thriving mental health Lived Experience (Peer) workforce is a vital component of quality, recovery-focused mental health services

The Strategy recognises the Lived Experience (Peer) workforce as a valued member of the mental health sector.

There is opportunity to encourage greater participation of the Lived Experience (Peer) workforce, and a need to enhance pathways to promote career development and growth, including structures to support ongoing supervision and mentoring.

We also need recognise the innovative approaches already being championed by the Lived Experience (Peer) workforce including: Peachtree Perinatal, entirely staffed by peer workers, and peer-led models which are currently being implemented across Australia in Head to Health Centres.



Australian Government

Department of Health and Aged Care

Utilising the non-clinical workforce – Townsville Head to Health

Operates using a blended workforce model - offering a combination of peer-led recovery and clinical support

Approx 40% of the Intervention and Intake Team at the Townsville Centre is made up of non-clinical professionals with a lived experience

Acknowledges the critical importance of lived experience, particularly in establishing trust with clients

Close ties to existing clinical and community supports, means there is 'no wrong door'



Next Steps – Further Information

- National Advisory Group to oversee implementation to be established in coming months
- Work to continue to implement commitments made under the National Agreement to progress
- Progressively build on workforce investment and increase collaboration across sectors and funding streams

For further information contact - MHWorkforceStrategy@health.gov.au

