
SUBMISSION

National Mental Health Workforce Strategy

Consultation Draft

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Lived Experience
A U S T R A L I A

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1. Introduction

Lived Experience Australia is the national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

Whilst LEA welcomes the opportunity to provide input into this consultation, there are some aspects of the Draft Strategy that we wish to highlight for your consideration below.

2. Questions

Question one:

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

The Consultation Draft talks about looking through a mental health social and emotional wellbeing lens. The extent and needs of recruitment etc still seem clinical and whilst we can understand this focus, LEA is concerned there is still an overall approach assuming clinical model of mental health care. We are concerned about the status quo ie a lot about the past than the future.

Question two:

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

LEA supports the collaboration of the workforce with policy makers, educators and administrators. Additionally, collaboration in the broader context is crucial and the needs across Commonwealth, state/territories, professional colleges and organisations is a focus LEA strongly supports. Without this focus, the workforce alone will struggle to make meaningful changes to attitudes, embedded clinical culture etc. LEA believes the workforce must match the needs of the community in which it exists and this varies eg Indigenous communities and rural and remote versus city centric services. LEA again is concerned the information and underpinning assumptions do not seem to encompass the needs of the whole person, ie lack focus on a person centred approach.

Question three:

Are there any additional priority areas that should be included?

LEA notes that some mention is made of Peer workers or the peer workforce, however given the significant work that is currently underway by the NMHC, and LEA's Final Report January 2019 from an 18 month project scoping for a National member based professional organisation for the peer workforce, together with other research LEA has undertaken which references the value of peer workers in the lives of people with mental ill-health, LEA believes a greater emphasis on the peer workforce should be reflected throughout this Consultation.

Peer workforce is the fastest growing area in the mental health provider space, and needs to be acknowledged.

Question four:

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

LEA queries whether this Consultation Paper connects sufficiently to other parts of the mental health reform processes and believes it should certainly align.

Whilst exact numbers are hard to obtain across the private system, this is a sector that some years ago noted 22% of the workforce worked in this area. Peer workers are not part of the mainstream workforce in this sector at present but needs to be embraced as more focus and work is undertaken by them.

LEA raises whether the focus is too mainstream with little mention or the needs for:

- CALD and refugee focused workforce and skills issues in these areas. With the situation in Afghanistan and the increased numbers of asylum seekers and refugees, this area will increase.
- Rural and remote workforce issues ie FIFO workers and the impact this has on the communities could have a greater focus. The reliability and accessibility of good mental health support is a major issue for these areas currently, and must be addressed with a greater focus on these areas going forward.
- Veterans, first responders mental health needs does not have a great focus. Climate change also will likely increase issues and its mental health impacts for broad and specific populations will also grow.

Question five:

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?

Stigma exists for people with mental ill-health, mental illness etc despite many national campaigns to reduce or eliminate it. LEA believes the stigma goes further in that the mental health system, the settings, the workplaces, environment etc is also stigmatised and a lot of work is required to demonstrate the mental health workplace is a safe, efficient, and attractive place to be. Further, that professionals chose to work in this space because they want to make improvements to peoples' lives, and assist recovery. This plays a crucial role and the mental health professional workforce needs to have the same respect as any other area of medicine.

Stigma goes further, yet does not get a huge mention in this Consultation draft and LEA believes this should have far more focus ie stigma by the workforce toward consumers, carers and families. If the workforce itself felt no or less stigma, you would hope that this would not be reflected toward the people they are trained to support.

LEA notes reference to career attractiveness in section 2, Careers in mental health and believe this is a first step in the right path.

Question six:

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?

LEA believes it is captured well except for Priority Area 3.2 – Define nationally consistent scopes of practice for the mental health workforce and Priority Area 3.3 – develop roles that utilises workers; full scopes of practice.

LEA again refers to the urgent need for a national member based professional organisation for the peer workforce. One of the tasks would be exactly this, ie defining scope of practice, roles and responsibilities, offering professional development, training and education, supervision and a nationally consistent remuneration system.

Question seven:

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?

Integration and multidisciplinary approaches are key to good outcomes. However there does not appear to be a focus specifically on comorbidity competency of the workforce which LEA believes could also be mentioned more, ie physical health/mental health/drug and alcohol.

LEA also queries references to the CES and YES surveys as measures of outcomes adequate to inform future needs.

Question eight:

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?

We have mentioned references to the rural and remote areas, FIFO workforce, CALD, Veterans and First responders, refugees etc previously under section 4.

Question nine:

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?

Carers currently provide a huge amount of unpaid support and care,, improved workforce training and education into their needs for information, inclusion, engagement, and support should be a priority under this Consultation draft and the workforce more broadly as a separate section LEA believes.

Some families and carers despite the focus of the NDIS on relieving them of their care support to an extent, many still talk about an increased workload. Increased navigation and monitoring is needed as is upskilling the broader mental health workforce to better understand the role, function and referral process.

Question ten:

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

There is an emphasis on attracting the lived experience workforce in the Discussion Paper as a particular challenge, however LEA sought funding from the Department of Health in 2019 to offer 36 sponsorships for the Certificate IV, Mental Health Peer Work and we have been overwhelmed by the number of applicants.

LEA also notes the 2021-2022 May federal Budget has allocated \$3.1 million to offer an extended number of scholarships. LEA strongly supports this budget initiative.

Further, in terms of education and training of the mental health workforce, LEA has developed 5 online training modules targeting clinicians which feature 2 consumers, a carer, a GP and a psychiatrist. These have been well received, but greater promotion could be extended. The modules receive CPD points for the RANZCP and ACMHN.

LEA also provides an annual award for psychiatry trainees who complete the modules, and write a reflective piece on how the learnings have changed their clinical practice.

LEA also has a number of webinars developed for clinicians on line, as well as workshops for clinical staff.

3. Contact

LEA as the national representative consumer and carer organisation for private sector settings including those provided by GPs, psychiatrists, psychologists and other allied health practitioners, and as such we are in a perfect position to advise of workforce issues from a lived experience perspective.

LEA would welcome the opportunity to further discuss these issues with you and be involved in any workforce development going forward.

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