

**Western Australian Association for Mental Health**

**Feedback on the Draft Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018-2025**

**August 2018**

# **Background**

The Western Australian Association for Mental Health (WAAMH) welcomes the opportunity to comment on the draft *Mental Health Alcohol and Other Drug Workforce Strategic Framework 2018–2025* (the Framework).

WAAMH is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship. WAAMH recognises a continuum of supports - built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection - are essential to the promotion, protection and restoration of mental wellbeing.

WAAMH has contributed to the development of the Strategic Framework through its participation in the Workforce Strategic Advisory Group and the preparation of *Workforce Development in Community Mental Health: Project Report*, provided to the Mental Health Commission to inform the Framework.

WAAMH has recently developed a matrix comparing the recommendations contained in its 2017 Workforce Report with the the draft *Mental Health Alcohol and Other Drug Workforce Strategic Framework 2018–2025.* (WAAMH 2018). The matrix is accessible on WAAMH’s website.

In 2018, WAAMH undertook extensive consultation with its members and other stakeholders to inform its submission to the *Senate Inquiry into the Accessibility and Quality of mental health services in rural and remote Australia.* In the submission, and in evidence provided to the Senate Inquiry public hearing in Albany, WAAMH highlighted the issues facing the community mental health sector workforce in rural and remote areas and called for urgent investment in, and support for, the community mental workforce in rural and remote areas (WAAMH 2018a, 2018b).

WAAMH is also undertaking projects in youth mental health services and the capacity of the community mental health sector to provide services and support to people with co-occurring mental health and alcohol and drug related issues, which are highlighting specific workforce development needs of the community health sector. Additionally, workforce challenges are frequently highlighted by the sector in our engagements with them on the National Disability Insurance Scheme (NDIS) and community mental health supports more broadly.

# **Overall comments about the Framework**

The *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2018-2015* is a high-level strategic framework to guide the growth of the mental health and AOD workforce so it can deliver individualised high-quality services. The Framework contains broad principles and identifies five (5) priority areas and a wide range of possible strategies and actions that could be implemented by government and non-government stakeholders.

In broad terms, WAAMH supports the principles and appreciates that many of the issues and concerns facing the community mental health sector are acknowledged in the Framework.

We recognise the Framework is neither a Strategy nor a Plan. However, our concern is that the Framework does not provide specific detail about the priorities of the Government and the Mental Health Commission, or the actions to be implemented by the WA Government and the Mental Health Commission and other government agencies. Our members are of the view that a detailed understanding of the Commission’s plans for the community mental health sector and its workforce are necessary.

Workforce growth and development requires significant planning and lead time to ensure that the workforce is available when required. The lack of milestones to support the 10 Year Plan and the Framework impinges on the capacity of government and the non-government sector to plan for future workforce needs.

The Workforce Strategic Framework has the potential to be a vital document in strengthening the capacity of the community mental health sector to be able to take the long-term action required to address the imbalance in the system and grow the level and effectiveness of community supports, as described in the 10 Year Plan.

This requires the Government and the Mental Health Commission to set clear and actionable timeframes and targets for the planned growth in the community support and community mental health workforce, as recommended in both the 10 Year Plan and now the Workforce Strategic Framework, and to be explicit about the workforce development strategies and actions that it will implement, as well as those it will support and fund others to implement.

The framework does not indicate who is responsible for implementing specific strategies and actions, while noting that the responsibility to fund, implement and monitor the Framework lies with all levels of Government, a variety of government agencies, the NGO sector and communities.

Our members have indicated that failure to allocate responsibility and the absence of funding to implement strategies are potential barriers to success. They have also expressed concern that actions to achieve workforce development which are funder neutral and uncoordinated, are likely to result in patchwork attempts and negatively impact the sector.

**Recommendation:**

**The Strategic Framework and the Implementation Plan details what action the WA Government and the Mental Health Commission intends to take, the priorities for growth, and the investment it intends to make to grow the community mental health sector in line with the targets outlined in the 10 Year MHAOD Services Plan and the priorities and strategies contained in the Strategic Framework.**

# **3. WAAMH’s role in implementing the Workforce Strategic Framework**

WAAMH is committed to playing its part in implementing the Workforce Strategic Framework and aligning its various activities- training, sector development, policy, advocacy, project work and communications- with the Framework and the 10 Year Plan.

This requires a highly collaborative partnership with the Mental Health Commission. It also requires the Commission to send clear signals to the community mental health sector about its priorities and what it intends to do to grow and develop the community mental health workforce so that the system transformation proposed in the 10 Year Plan and the Framework can be achieved.

In this way, WAAMH would have a clear mandate and be resourced adequately to take the necessary action to ensure the community mental health sector is able to address the imbalance in the system, as well as address unmet demand and balance the system in line with the 10 Year Plan.

# **Lack of specific commitments and action**

The Framework acknowledges the issues raised by the sector and presents possible strategies, consistent with WAAMH’s recommendations. However, there are no definite commitments or timeframes to implement the actions and no indication of how and when these actions will be implemented or what the investment strategy is. Nor is there any funding or resource allocation to implement these, although WAAMH understands the Commission will be developing an implementation Plan for its own activities.

**Recommendation**

**WAAMH recommend that definite actionable commitments and timeframes be included in the final version of the Framework, and that the Implementation Plan provides that level of detail and articulates a 3-5-year strategy to grow and develop the community mental health workforce so that the system transformation proposed in the 10 Year Plan and the Framework is able to be achieved by a skilled and capable workforce.**

While implementation of the strategies suggested in the document is meant to reside with a “range of stakeholders”, with the MHC providing oversight, it is difficult to envisage how this will be possible if there are no specific actions and funding commitments and no indication of who has responsibility and accountability for the changes.

# **5. The vulnerability of the community mental health workforce**

WAAMH’s 2017 Workforce Report found that the community mental health sector is experiencing a period of significant uncertainty and change that is having a major impact on the workforce. The Report concluded that the community health sector is vulnerable in its ability to develop and sustain a workforce sufficiently equipped to deliver services and support consistent with the transformation of services required for recovery, co-production, peer work and personalisation (WAAMH 2017).

WAAMH is pleased that the Framework acknowledges that the mental health sector does not currently have the workforce capacity to deliver on all the services and commitments in the 10 Year Plan and recognises the significant gap between demand and actual community support services.

We also are pleased that the Framework acknowledges an urgent requirement to build the community mental health workforce to support the reform that is needed in the mental health sector, particularly re-balancing the sector, supporting people in the community, providing individualised recovery-oriented services and reducing pressure on acute services.

However, statements of broad intent and possible strategies are not enough, particularly in the absence of a clear plan, including priorities, timeframes and milestones for how the community mental health support sector will be developed and grow into the future.

WAAMH’s Report called for the investment of resources to establish an Industry Workforce Development Support and Innovation Fund to support and develop the community mental health sector workforce, however this issue is not addressed in the Strategic Framework.

**Recommendation:**

**An Industry Workforce Development Support and Innovation Fund is included in the Implementation Plan, as part of a planned approach to increasing community supports in keeping with the 10 Year Plan.**

# **6. Impact of funding and contracting arrangements on the workforce**

A major finding of the WAAMH Workforce report was that the community mental health sector is operating in a constricted fiscal environment and remains chronically under-funded. Changes to funding models and the pricing of community mental health services contribute to workforce and service quality risks. While the NDIS adds significant complexity to this environment, many of these challenges are driven by state reforms which would impact services and their workforce, regardless of NDIS reforms.

The report identified significant concern about the negative impact of current funding and contracting arrangements on the workforce. Employment contracts subject to funding agreements or contracts result in insecure employment, flexible and fragmented working hours, reduced working hours and reductions in working conditions. WAAMH’s Report made recommendations to address these issues, including providing funding to cover the cost of workforce support and development and longer-term funding agreements (3-5 years).

WAAMH is pleased that the issues raised by the sector are acknowledged and the Framework presents possible strategies, consistent with WAAMH’s recommendations.

WAAMH welcomes the commitment to greater certainty about funding agreements, aligning procurement to the 10 Year Plan, and a commitment to provide 9 months’ notice regarding procurement decisions to the sector through changes to the Procurement Schedule. We recognise the Commission’s intention to provide three-year contractual arrangements as part of the Community Services Procurement Schedule currently being negotiated, to ensure that the community mental health workforce has greater security and continuity.

 However, the draft Workforce Strategy does not include definite actionable commitments to address these issues, or timeframes to implement the actions, and no indication of how and when these actions will be implemented.

**Recommendation:**

**Reformed procurement process to include consideration of workforce development and training needs in the analysis and planning of all stages of all procurement, with particular attention to the needs of the workforce in rural and remote areas.**

# **Remuneration, job insecurity, casualisation and workplace issues and stress**

WAAMH’s 2017 Workforce report found that lower wages and remuneration of workers in the community mental health sector, compared to public sector workers who perform similar roles, is a major barrier to recruiting and retaining workers, particularly in rural and remote areas. (WAAMH 2017).

WAAMH’s report described growing concern about the impact of casualisation of the community mental health workforce as a result of changing funding models, such as individualised funding models, including, but not limited to, the NDIS, short term contracts which provide staff with little security and re-tendered and rolled over contracts which create considerable uncertainty for staff, the agency and clients.

We are pleased the Framework acknowledges the need to achieve parity of remuneration and conditions within the mental health and AOD sectors and proposes several strategies to achieve this (including some recommended by WAAMH), including exploring the portability of leave and benefits, and where possible, ensure equity of remuneration across equivalent work roles.

However, there are no definitive commitments as to which strategies will be implemented and how the State Government and the Mental Health Commission and other government funding agencies will implement and fund these proposed strategies.

**Recommendation**

**WAAMH recommend these be included in the final Workforce Strategic Framework and actioned in the proposed Implementation Plan.**

#  **NDIS**

WAAMH is pleased that that the framework acknowledges that the NDIS presents challenges and opportunities for the community mental health sector and that its roll out requires a substantial increase in the community mental health workforce, as well as an urgent requirement to increase the number of workers competent in the delivery of individualised community-based mental health recovery services.

However, WAAMH is concerned that the Framework lacks full appreciation of the significant impact the NDIS is already having and will have on the community mental health sector and its workforce.

We are concerned that the Framework lacks detail of how the workforce needs of the community mental health sector resulting from the roll out of the NDIS will be addressed. The Implementation Plan must provide more tangible detail about the action to be taken and by whom and with what resources.

WAAMH members are concerned about the lack of clarity regarding the implementation and rollout of the NDIS and uncertainty around how the NDIS will support clients with mental health issues. They are also concerned about the absence of funding for training, workforce development and supervision.

The NDIS is driving casualization in the community mental health sector and a rise in temporary work positions. There is concern that the rollout of the NDIS and the existing pricing structure is creating pressure to employ a workforce of people employed on casual contracts with lower qualifications, inadequate training and less experience (WAAMH 2018a).

WAAMH members are concerned that pricing structures do not enable providers to train staff within existing funding and many smaller providers simply do not have the capacity to resource this themselves.

WAAMH is also concerned that while mental health agencies are required to meet disability standards, there is no requirement for disability agencies to meet mental health standards.

The framework briefly mentions the roles and responsibilities of various key stakeholders but there is no mention of the role of the NDIA in supporting the community mental health workforce. Given the NDIA has responsibility for markets and provider transition this is somewhat concerning. Nor is there information about how the Mental Health Commission and State Government agencies will work with the NDIA and the community mental health sector to address these challenges.

**Recommendation**

**WAAMH recommends the weight given to these issues is strengthened in the Final Framework and are addressed as a priority in the Implementation Plan.**

# **Rural and remote workforces**

In several recent submissions and reports, and in evidence given to the Albany hearing of the *Senate Inquiry into the Accessibility and Quality of mental health services in rural and remote Australia*, WAAMH called for major investment in the community mental health workforce in rural and remote areas. (WAAMH 2018, 2018a, 2018b, 2017)

Rural and remote services face specific workforce challenges including recruitment, retention, attracting staff with specialist mental health clinical skills, training, skills development and supervision of appropriately trained staff and inadequate funding levels that fail to recognise the true costs of recruiting and deploying skilled staff across rural and remote areas. Recruitment and retention are more difficult in rural and remote areas and the cost and availability of training is a significant challenge, particularly for smaller rural agencies.

The NDIS pricing model also contributes to the challenges of securing and retaining a highly skilled community mental health workforce in rural and remote areas.

These are documented in WAAMH’s 2018 submission to the Senate Inquiry and its 2017 Workforce Report.

WAAMH’s submission to the Senate Inquiry noted that strategies to address the needs of the rural and remote workforce have been piecemeal, short term, poorly funded and uncoordinated (WAAMH 2018b).

While the Framework acknowledges the need to provide targeted support for the regional and remote workforce and recognises the need for regional recruitment initiatives and incentives, including professionally registered staff with high level clinical and professional services to rural and remote areas, WAAMH is concerned that no specific commitments are made as to how this is to be done and how it will be funded.

**Recommendation**

**WAAMH recommends investment in a capacity building plan and grants program for the rural and remote community mental health workforce, which should include collaborative and innovative solutions for the provision of training, innovative models to attract and retain staff with specialist clinical skills, joint collaborative training, better coordination of training, incentives to attract and retain workers in rural and remote areas and increased funding for rural workforce development and training. The rural and remote capacity building plan and rural and remote grants funding program would support innovation in workforce development**

**Recommendation**

**The Strategic Framework and Implementation Plan must provide much more specific detail about specific actions and commitment made by the State Government, and how they coordinate with Commonwealth government initiatives and those of organisations like WAPHA. A coordinated and well-resourced plan involving State and Commonwealth government agencies and WAPHA is required to address the needs of the community mental health workforce in rural and remote areas.**

# **Specific workforces**

**Aboriginal workforce**

WAAMH supports the call to grow and develop the Aboriginal mental health workforce, in particular the acknowledgment of the need to recruit specialist mental health workers in Aboriginal community-controlled health sector, and call for this to be a priority action area

**Recommendation**

**WAAMH recommends the Framework include more detail about how this can be achieved, by whom, in what time frame and with what resources.**

**Generalist workforce**

The WAAMH report recognises the important role played by the generalist workforce who are often the first point of contact for people with mental health issues and proposed a range of strategies to enhance the capabilities of generalist providers to respond more effectively to mental health issues. This is particularly important in areas such as housing, homelessness, justice, child protection, disability, health and education.

The framework acknowledges the key role played by the generalist health and human services sectors and identifies that other stakeholders, such as WAPHA, have a key role in addressing the needs of the generalist workforce.

WAAMH members called for greater recognition of the role of the broader community services sector in responding to mental health issues and the identified the need for further engagement with that sector to ensure the workforce is equipped to respond to clients with mental health issues in a contemporary way

# **References cited**

Community Mental Health Australia, (2017), *Community Mental Health Position Statement- Workforce and the Community managed mental health sector.*

Penter, C, McKinney, B and Jones, M, (2017), *Workforce Development in Community Mental Health Project Report,* WA Association for Mental Health, Perth, July 2017.

WAAMH, (2018), *Matrix comparing WAAMH’s 2017 Workforce Report and the Mental Health Commission Mental Health, Alcohol and Other Drug Strategic Framework; 2018-2015*, available on WAAMH’s website <https://waamh.org.au/assets/documents/sector-development/workforce-framework-comparison-matrix.pdf>

WAAMH, (2018a), *Response to Question on Notice at the Albany hearing of the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia,* available at <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Additional_Documents>

WAAMH, (2018b), *Submission to the Senate Inquiry into the Accessibility and quality of mental health services in rural and remote Australia, May 2018.* [*http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22committees%2Fcommsen%2F8e9482a5-8ae4-4462-b508-0ed7826b4fe4%2F0000%22*](http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22committees%2Fcommsen%2F8e9482a5-8ae4-4462-b508-0ed7826b4fe4%2F0000%22)

WAAMH, CoHMWA, Helping Minds, Health Consumers Council, Carers Australia WA and Mental Health Matters 2, (2018c), *Many Voices, Big Impact: Mental health lived experience submission on the Sustainable Health Review Interim Report. Perth, August 2018.*