

## MENTAL HEALTH COMMISSION MENTAL HEALTH, ALCOHOL AND OTHER DRUG WORKFORCE STRATEGIC FRAMEWORK: 2018-2025

### Background

In 2017, the WA Association for Mental Health (WAAMH) undertook a project to identify workforce development needs and issues of the community mental health sector (and sectors beyond mental health that deliver mental health services). The project was funded by the Mental Health Commission (MHC) to inform the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2018-2015*. WAAMH's report was presented to the Mental Health Commission in late 2017 and included 38 recommendations for change at 4 levels: policy and funding level, sector and network initiatives, good practice and support at the organisational, team and individual worker level and support for specialist workforces. The table below assesses the extent to which issues identified in WAAMH's 2017 Workforce Report are addressed in the Mental Health Commission *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2018-2025*.

### Broad Overview

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. It is not a Strategy or a Plan. The framework does not provide specific detail about which actions will be implemented by Government or the Mental Health Commission, nor does it include any funding or resource allocation. The framework does not indicate who is responsible for implementing specific strategies and actions and notes 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.

The Mental Health Commission intends to bring together key stakeholders to discuss implementation of the Strategic Framework and will develop an internal Implementation Plan of what it intends to do.

Key Issues identified in the WAAMH Report	Response in the Draft MHC Strategy	Extent to which WAAMH recommendations are addressed
<p><b>Workforce vulnerability</b> The 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 concludes 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 recovery, co-production, peer work and personalisation.</p> <p>The Report called for the establishment of an Industry Workforce Development Support Fund.</p>	<p>The Framework notes 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. It acknowledges the significant gap between demand and actual community support services.</p> <p>It 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.</p> <p>The Framework notes that this require a significant increase in suitably qualified and/or trained community-based workers.</p>	<p>Partially addressed.</p> <p>The framework acknowledges the urgency for action to build the community mental health (and AOD workforce).</p> <p>No commitment to support an Industry Workforce Development Support Fund</p>
<p><b>Funding, contracting and procurement</b> The Report found 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, including in the NDIS, contribute to workforce and service quality risks.</p>	<p>The Framework</p> <ul style="list-style-type: none"> <li>acknowledges the link between tendering, contracting and funding models and workforce development.</li> <li>proposes that the offered price for contracts should include funding for training, supervision and employment of qualified staff</li> <li>proposes that funders provide sufficient notice to relevant parties of any changes to contract requirements that may have workforce implication</li> </ul>	<p>The issues raised by the sector are acknowledged and the Framework presents possible strategies, consistent with WAAMH's recommendations. However, there are no definite commitment or timeframes to implement the actions and no indication of how and when these actions will be</p>



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<p>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.</p> <p>The Report makes several 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).</p>		<p>implemented investment. Nor is there any funding or resource allocation to implement these</p>
<p><b>Workforce supply and training and skills development</b> The Report notes that increased reliance on the community mental health sector is resulting in rapid growth of the workforce, which needs to increase in size and diversify in skills to meet service demand.</p> <p>Inadequate funding in contracts for training and workforce and skills development and the cost of training are major concerns.</p> <p>The WAAMH Report calls for greater investment by Governments and for peak bodies, employers, unions and the sector to work together to increase the supply and skills of the community mental health workforce. The Report proposes targeted strategies to attract, recruit, retain and develop the workforce.</p>	<p>The Framework</p> <ul style="list-style-type: none"> <li>acknowledges that the shift to increasing community-based services requires a significant increase in qualified and/or trained community mental health workers</li> <li>acknowledges the need to increase the supply of staff in areas of shortage, including community-based service staff</li> <li>proposes a variety of strategies to promote the mental health and AOD sector as attractive sectors in which to work</li> <li>proposes that agreement is needed on key role definitions and the core competencies needed for those roles and that there needs to be significant investment in a variety of education, training and development initiatives for the community mental health workforce</li> </ul>	<p>The issues raised by the sector are acknowledged and the Framework presents a range of possible strategies, consistent with WAAMH's recommendations.</p> <p>However, there are no definite commitment or timeframes to implement the actions and no indication of how and when these actions will be implemented and/or the levels of funding to implement those actions/strategies</p>
<p><b>Workforce Recruitment and retention</b> Many organisations are having trouble recruiting and retaining staff with the necessary qualifications, experience and skills. One contributing factor is low levels of funding, changing funding and uncertainty about funding, which make it more difficult to attract, recruit and retain staff. The WAAMH report called for</p> <ul style="list-style-type: none"> <li>funding levels and contracts that pay adequate salary levels and provide funding for training and workforce development activities</li> <li>longer term funding arrangements e.g. 5-year contracts to improve job security and continuity of employment.</li> </ul> <p>The Report notes that improved wages and conditions are needed to aid the recruitment, and retention of staff.</p> <p>The Report identified workforce shortages in key areas including youth mental health, rural and remote mental health, mental health nursing, the Aboriginal mental health workforce and experienced clinical practitioners willing to work in rural and remote areas and proposed strategies to address these</p>	<p>The framework notes that is necessary to substantially grow the community mental health workforce (both existing and new roles) and build its capacity to deliver high quality culturally appropriate and secure services.</p> <p>The framework identifies critical skill shortages in key areas, including those identified in the WAAMH Report.</p>	<p>Partially addressed as a broad commitment but lacking specific detail as to how and when the issues will be addressed</p>
<p><b>Remuneration, job insecurity, casualisation and workplace issues and stress</b> The 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 barrier to recruiting and retaining workers.</p> <p>There is growing concern about the impact of casualisation of the community mental health workforce because of changing funding models, such as individualised funding models</p> <p>The community mental health sector workforce experiences work related pressures and stress not experienced by other sectors, due to client pressures, service pressures and a</p>	<p>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 to address remuneration and where possible ensure equity of remuneration across equivalent work roles.</p> <p>The Framework identifies the increasing casualisation of the workforce as major challenge</p>	<p>Partially addressed as a broad commitment but lacking specific detail as to how and when the issues will be addressed</p>



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<p>perceived increasing administrative and bureaucratic compliance impost and the significant amount of change occurring across the sector.</p> <p>The Report proposed strategies to address these.</p>		
<p><b>The rural and remote workforce</b> Rural and remote services face specific workforce challenges including recruitment, retention, training, skills development and supervision of appropriately trained staff. 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.</p> <p>The WAAMH Report calls for investment in a capacity building plan for the rural and remote community mental health workforce, 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.</p> <p>The Report recommends the development of a rural and remote grants funding program to support innovation in workforce development</p>	<ul style="list-style-type: none"> <li>• The framework acknowledges the need to provide targeted support for the regional and remote workforce and suggests strategies to achieve this.</li> <li>• The need for regional recruitment initiatives and incentives is recognised, as is the need to provide incentives and develop strategies to recruit professionally registered staff with high level clinical and professional services to rural and remote areas. However, no specific commitments are made as to how this is to be done and how it will be funded.</li> </ul>	<p>Partially addressed but lacking in detail</p> <p>No specific commitment is made to the need for investment in a workforce capacity building plan for the rural and remote community mental workforce, as recommended by WAAMH</p>
<p><b>Aboriginal workforce</b> Aboriginal workers are under-represented in the community mental health sector workforce, despite the disproportionate impact of mental health and social and emotional wellbeing issues on Aboriginal people and Aboriginal communities in Western Australia.</p> <p>The WAAMH Report makes several recommendations for greater investment to grow the Aboriginal mental health workforce in the Aboriginal community-controlled health sector, the community mental health sector and the generalist workforce.</p>	<p>The framework:</p> <ul style="list-style-type: none"> <li>• proposes a dual strategy of increasing the number of Aboriginal mental health workers and increasing the cultural security of mental health services. A range of strategies are proposed to increase cultural awareness and cultural security</li> <li>• acknowledges the need to recruit specialist mental health workers in Aboriginal community-controlled health sector</li> <li>• proposes the establishment of a network of Aboriginal mental health and AOD workers to identify and prioritise key Aboriginal issues (like the Aboriginal Drug and Alcohol Network)</li> <li>• recognises the importance of providing appropriate career pathways for the Aboriginal workforce.</li> </ul> <p>A range of actions are proposed to grow and develop the Aboriginal mental health workforce through actions including targeting students, expanding worker placements, cadetships, traineeships, and scholarships, the use of mentors and Aboriginal people already working in the sector.</p>	<p>Many of the issues raised in the WAAMH Report are acknowledged and suggested actions are proposed</p> <p>However, there is limited detail about how this is to be achieved and in what time frame. Nor is there any funding commitment or identification of who has responsibility to progress the issues</p>
<p><b>The peer and lived experience workforce</b> The WAAMH report calls for strategies to increase the peer and lived experience workforce and calls for greater investment and support for alternative employment models for the peer and lived experience workforce (consumer and family and carer-peer).</p> <p>The Report calls for increased employment of peer and lived experience workers in the mental health sector, the development of a state-wide peer workforce strategy and strategies to embed peer work and peer workers in all mental health services.</p>	<p>The framework identifies the need to grow the peer workforce and calls for dedicated funding to be allocated for peer work, as well as increased training options for peer work across the mental health and AOD sectors.</p>	<p>Partially addressed but lacking any specific commitments</p>
<p><b>The generalist mental health workforce</b> 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 calls for training, supervision, mentoring and placements to enhance the capabilities of generalist providers to respond more effectively to mental health issues.</p>	<p>The framework acknowledges the key role played by the generalist health and human services sectors and proposes strategies to:</p> <ul style="list-style-type: none"> <li>• Develop core competencies required by generalist staff</li> </ul>	<p>Addressed, although lacking in specific detail</p>



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	<ul style="list-style-type: none"> <li>Develop the capacity of primary care providers, such as GPs and primary health care staff to intervene early and support people with mental health issues</li> </ul> <p>The framework identifies that other stakeholders, such as WAPHA, government agencies and peak bodies and service providers in health and human services have a key role in addressing the needs of the generalist workforce.</p>	
<p><b>NDIS</b> The NDIS is driving significant change for the community mental health sector workforce, however there has been limited investment to prepare and develop the workforce for such a significant policy reform. Under-pricing and rigidity in the catalogue of NDIS supports make it difficult to remain faithful to the recovery model, to deliver quality services and to manage and deploy the workforce in a preferred manner.</p> <p>The WAAMH Report noted concern that the NDIS is likely to drive 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</p>	<p>The framework acknowledges that the NDIS presents challenges and opportunities for the community mental health sector and 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 recovery services.</p>	<p>While the issues are recognised, there is not an appreciation of the significant impact the NDIS is having on the community mental health sector and its workforce.</p> <p>The Framework provides no detail how the workforce needs of the community mental health sector resulting from the roll out of the NDIS will be addressed.</p> <p>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.</p> <p>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.</p>
<p><b>Responding to co-occurring issues and complexity</b> The community mental health sector is responding to more people with co-morbidities and chronic conditions, particularly people with co-occurring drug and alcohol and mental health issues and intellectual disability and mental health issues.</p> <p>Recommendations were made to ensure the sector has a highly skilled and competent workforce that can work collaboratively with the drug and alcohol sector and other sectors and agencies, including an urgent need for sector wide initiatives to increase the capability of the community mental health sector to work more effectively with people with co-occurring issues.</p>	<p>The framework calls for improved collaboration between the mental health and AOD sectors, the provision of more shared training opportunities for workers and more opportunities for the community, peer, family and specialist mental health and AOD sectors and the health sector to share knowledge, experiences and practice.</p>	<p>Partially addressed but lacking specific detail as to how and when the issues will be addressed</p>
<p><b>Data and information sharing and collaborative learning</b> The Report calls for the development of agreed workforce data standards and definitions to ensure better data is collected about the community mental health workforce so that the sector has accurate data about the size, scope, activities and needs of the community mental health workforce</p> <p>The Report calls for the development of a knowledge and practice-based exchange platform to facilitate the sharing of innovative workforce development policy and practice</p>	<p>The Framework</p> <ul style="list-style-type: none"> <li>acknowledges the need to improve data collection for workforce development, including better data relating to the mental health of Aboriginal people and diverse groups and communities</li> <li>call for better data to identify job availability, employment conditions and job prospects in mental health</li> <li>calls for the consumer, carer and family voice to be stronger in data collection and monitoring.</li> </ul>	<p>Partially addressed although lacking in specific detail</p> <p>No commitment to support WAAMH's recommendation calling for the establishment of a knowledge and practice-based exchange platform to facilitate the sharing of innovative workforce development policy and practice in the community mental health sector</p>