

# Briefing: Victoria's mental health and wellbeing workforce strategy 2021–2024

February 2022

## Overview

- The Strategy responds to key recommendations arising from the [Royal Commission into Victoria's Mental Health System](#) (the Royal Commission; e.g., [Final Report Recommendation 57](#)) and prioritises steps to lay the foundations for Victoria's new, responsive and integrated mental health system as part of the Royal Commission's ten-year reform program.
  - The Strategy provides a coordinated, strategic basis for these structural reforms and aims to bolster short, medium and long-term workforce capacity, supply, distribution and sustainability.
  - In developing the Strategy, the Department of Health (DoH) hosted a number of consultation activities, which were attended by more than 350 people and 100 organisations.
  - The Victorian Government has committed to refreshing the Strategy every two years so that it can reflect the changing needs of the system, the community, and of the mental health and wellbeing workforce.
- Building on the \$228 million investment in workforce across recent State Budgets, the Victorian Government has committed an additional \$41 million investment towards the Strategy's new initiatives, which will provide 358 full-time equivalent (FTE) positions across the mental health system. This funding includes:
  - \$12.4 million to continue training an additional 575 junior doctors in foundational mental health skills in 2023.
  - \$12.2 million program to train experienced clinicians in mental health, for up to 50 nurses, 30 allied health training positions and supporting educator roles.
- The Strategy sets out four priorities for the future of the mental health and wellbeing workforce along with corresponding action areas. These are outlined below.

## Implementation challenges and discussion points

- The mental health and wellbeing workforce is experiencing an exceptionally challenging climate. The impact of chronic, structural workforce shortages has been exacerbated by multiple recent crises, including a surge in COVID-19 cases due to the Omicron variant and [increases in psychological distress across Australia](#). In this context, the Strategy's timelines for growth and reform may be challenging for the workforce to realise.
  - MHV will be seeking further information regarding how the Strategy could provide interim capacity for the existing workforce to engage in reform processes across this crisis, noting the time delay in initiatives (e.g., Actions 1a, 1b,1d) that aim to increase workforce supply. This will be critical in allowing the workforce to meaningfully and sustainably engage in reform while also addressing workforce wellbeing (Action 3a) and retention (Priority 1).
- We note that the National Mental Health Workforce Strategy is urgently required. We will be seeking further information regarding timelines for work in this Strategy that needs to be completed in collaboration with the Commonwealth.
  - Key components of this Strategy cannot commence without Commonwealth collaboration, support, and strategic direction. Critical action from the Commonwealth is required to address funding and regulation of the tertiary sector, bottlenecks in

- education and training, primary care access through Primary Health Network, Medicare rebates for psychologists, and the supply of international workers including immigration barriers, as well as age barriers to permanent residency (see Figure 19).
- Considerations for the Strategy’s proposed initiatives to build workforce supply include:
    - Collaborating with training and accreditation bodies to improve early exposure to the mental health sector by diversifying training experiences (i.e., placement in community or private settings, rather than only acute hospital settings)
    - Refining marketing approaches for recruitment. The [recruitment campaign](#) (Action 1a) currently provides links to generic careers webpages for selected health services. This search function should be refined to allow potential applicants to readily identify opportunities in mental health.
    - Developing specific initiatives focussed on reducing attrition in senior clinicians and retaining the experienced workforce, which is critical for training and supervision (Action 1b), especially in regional and rural areas (Action 1d).
  - Considerations for the Strategy’s proposed initiatives to build workforce capacity include:
    - The new capability entity (Action 2b) should have close ties with the Commonwealth, professional bodies and Colleges to ensure education, training and registration requirements reflect overarching capability aims.
    - Specific initiatives aimed at enhancing the workforce’s leadership and management capabilities to improve worker wellbeing and retention should be developed.
    - Actions or initiatives that can be immediately implemented to address the wellbeing needs of LGBTIQ communities, people with disabilities and culturally diverse communities ahead of launching the Diverse Communities’ Framework should be developed.
    - We await further information from the DoH regarding how capability needs will be assessed at both a discipline-specific and whole-of-workforce level, as well as a timeline for this work. This will be crucial in realising aims for multidisciplinary care as part of the reformed system.
  - Considerations for the Strategy’s proposed initiatives to support the wellbeing of the workforce include:
    - We will be seeking further information regarding ongoing evaluation, especially plans for sustainably gaining feedback from the sector. Considerations may include paid consultations or paid consultation leave for the workforce to provide feedback out of clinical hours.
  - MHV will be seeking detailed implementation plans, including governance for specific actions and initiatives as well as clear timelines. Ideally, the Mental Health and Wellbeing Outcomes and Performance Framework would be completed prior to the roll out initiatives to accurately track their progress and impact.

The following is a summary of the priorities and actions outlined in the Strategy.

### **Priority 1: Attracting people to mental health careers**

- Victoria’s mental health workforce comprises a range of professionals and disciplines contributing to various requirements (including treatment, support, leadership, operational) of the system. To fulfil the [Royal Commission \(Interim Report Recommendation 7\)](#), work was recently completed to develop a current profile of the workforce using State and Federal Government datasets. Findings include:
  - The most common profession type was psychologist followed by nurse/midwife. Psychologists largely worked in the private sector, compared to nurses, who mostly worked in the public sector.

- The most common workplaces professionals were based were hospitals, followed by solo private practices.
- In the public sector, the most common specialist mental health professional was registered nurse, followed by medical workforce and enrolled nurse.
- In the public sector, the most common job setting was inpatient, followed by non-acute community-based treatment.
- Demand for mental health services has been increasing and is at an all-time high. Consultation revealed shortages are affecting workforce wellbeing and the ability to deliver the high-quality treatment and care the workforce aims to provide.
- As well as an increase in size, the workforce profile will need to change, including new distributions, workforce cohorts and team compositions (see Figure 8) to shift the centre of mental health services from acute, tertiary care to community-based care.
  - Modelling suggests that approximately 2,500 additional workers will be required in existing disciplines in the public mental health system across the next three and a half years. This number does not include demand in adjacent settings such as the private sector, justice or education or new workforce disciplines or roles required for the planned reformed system.
  - Currently, vacancy rates are highest in the lived experience workforce (23% FTE) followed by occupational therapy (17% FTE) and psychology (15% FTE).

**Action 1a: Attracting people to mental health careers**

- Increasing awareness of career opportunities in the mental health sector alongside positive and early exposure to the system are key in attracting workers. Interstate and international recruitment to fill shortages is also critical, which has been disrupted by the COVID-19 pandemic.
- Immediate initiatives include relocation supports for international recruits, Australian workers living overseas, and for workers to move to regional and rural locations as well as a domestic attraction campaign for local and interstate clinicians.
- Medium- and long-term initiatives include scaling up and expanding the recruitment campaign (e.g., partnerships with recruitment agencies, targeting international workforces) and advocating to the Commonwealth to streamline immigration pathways.

**Action 1b: Growing graduate, post-qualifying and transition training pathways**

- To grow workforce supply and improve study and training completion rates, there must be sufficient training positions and supports and clinical supervision structures, as well as supports and opportunities to retain senior clinicians. These are priorities to be achieved in collaboration with the Commonwealth.
- Immediate initiatives include postgraduate mental health nurse scholarships, junior medical officer psychiatry rotations, prequalification initiatives to employ allied health, nursing and medicine undergraduates, psychiatry leadership development, expanded allied health graduate program, psychiatry training support package, and a transition program for experienced allied health and nursing clinicians.
- Medium- and long-term initiatives include implementing these initiatives at scale.

**Action 1c: Building emergent and new workforces**

- Emergent (e.g. LE, substance use and addiction workforces) workforces and new workforce cohorts (e.g., expanded wellbeing supports in Local Mental Health and Wellbeing Services (LMHWS) and new professions such as mental health-trained paramedics) will be critical in delivering the reformed system, including in delivering holistic, person-centred care.
- Immediate initiatives include a LE peer cadet program, improved access to supervision for LE workers in clinical services, funding two lived experience workforce lead positions at

Victoria's consumer and carer peak bodies and a LE workforce consumer and carer feedback program.

- Medium- and long-term initiatives include establishing new services and models of care, including a Lived Experience Residential Centre, State-wide Trauma Centre and Local Child and Youth Hubs as well as increased focus on scaling the new workforce pipelines.

**Action 1d: Ensuring workforce meets regional needs**

- Supply challenges experienced in major cities are exacerbated in rural and regional areas.
- Immediate initiatives to attract mental health and alcohol and other drugs (AOD) workers include workforce relocation incentive grants; integration support for workers and their families, a pilot incentive program for the AOD workforce, and a pilot internship program for allied health and Certificate IV AOD students in AOD services, prioritising interns from diverse communities.
- Medium- and long-term initiatives include a refreshed workforce incentive program based on review of implementation in 2022.

**Priority 2: Building workforce skills, knowledge and capabilities**

- The new mental health and wellbeing system aims for the workforce as a whole to provide safe, effective and collaborative care. There is a critical need to invest in new and enhanced capability and professional development across all professions, roles and setting as part of a larger program supporting worker wellbeing and retention.

**Action 2a: Ensuring education and training meets the needs of the community**

- There are significant education, training and accreditation bottlenecks that require the support of the Commonwealth Government and national bodies (such as Australian Health Practitioner Regulation Agency (Ahpra), training and education providers) respectively to resolve.
- Immediate initiatives include to support and advocate to the Commonwealth for developing the ten-year National Medical Workforce Strategy and the National Mental Health Workforce Strategy with actionable implementation plans, establish a Mental Health Higher Education Reference Group, advocate to the Commonwealth on priority education and training areas (e.g. increasing Commonwealth supported places, reviewing mental health curricula), and seek standardisation of registration schemes and registration of overseas-trained practitioners.
- Medium- and long-term initiatives include working with the Commonwealth, professional bodies and Colleges on necessary changes to training, accreditation and registration.

**Action 2b: Embedding a system wide capability focus**

- A system-wide approach will be taken to build new, enhanced capabilities that support the workforce to provide cohesive, multidisciplinary care. This approach will promote consistency across the sector and better equip services to care for their communities.
  - Capabilities will include core, whole-of-workforce skills as well as specific skills for different settings and disciplines.
- Immediate initiatives include the Victorian Collaborative Centre for Mental Health and Wellbeing Act passed by the Victorian Parliament in November 2021, and establishment of the Victorian Collaborative Centre for Mental Health and Wellbeing and Regional Mental Health and Wellbeing Boards, the state-wide service for people living with co-occurring mental illness and substance use or addiction and the Statewide Trauma Service. Release of and implementation support for the Victorian Mental Health and Wellbeing Workforce Capability Framework (the Capability Framework) will be critical to provide the workforce with practical tools and guidance to integrate the framework into practice.

- Medium- and long-term initiatives will include establishing a new capability entity to lead a whole-of-mental-health workforce approach to capability development and training, working in collaboration with the DoH and educational, academic and specialist service organisations.

***Action 2c: Improving capability through ongoing training opportunities***

- There is an immediate need to build new knowledge and skills and enhance capabilities in a number of areas, including mental health legislation and human rights, family- and carer-inclusive practice, professional practice supervision, trauma-responsive practice, and cultural responsiveness.
  - There is also a need for professional collaboration and skill sharing across service and geographical boundaries, including supports for workers in specialist roles to connect with others.
- Immediate initiatives include improving supervision for the LE workforce, mental health nurses and psychiatry registrars, supporting psychiatry and mental health leadership and co-design planning and capability in mental health services, scoping training and development requirements for the Infant, Child and Youth Area Mental Health and Wellbeing Service workforce, and state-wide coordination of the Child and Adolescent Mental Health Service Autism Program.
- Medium- and long-term initiatives will identify and build on skills required at both discipline-specific and whole-of-workforce levels, particularly to develop capability needs in relation to multidisciplinary care. These needs will evolve in tandem with system reforms.

***Action 2d: Ensuring workforce reflects and responds to diverse communities***

- Despite being some of Victoria's most vulnerable communities, diverse and marginalised groups can experience additional barriers to accessing appropriate care. Across all professional disciplines, roles and settings, people from diverse backgrounds, including Aboriginal, LGBTIQ, workers with disabilities and culturally diverse workers, need to be more represented. This needs to be complemented by strategies to enhance broad workforce capability to respond to the specific needs of priority populations.
- Immediate initiatives include specialised care for vulnerable people who need intensive support via expansions of the Victorian Transcultural Mental Health (VTMH) training programs and the Aboriginal social and emotional wellbeing workforce as well as development of the Diverse Communities' Mental Health and Wellbeing Framework (Diverse Communities' Framework) and Blueprint for Action by the end of 2022.
- Medium- and long-term initiatives will be informed by short- and long-term strategic priorities arising from the forthcoming Diverse Communities' Framework.

**Priority 3: Supporting the safety, wellbeing and retention of the mental health and wellbeing workforce**

- Workforce safety and wellbeing is a key enabler of high-quality practice and, in turn, improved experiences and outcomes for consumers, families, carers, and supporters as well as for workforce retention. **Consultation revealed many factors impacting worker wellbeing, including experiences of fatigue, workload and burnout, compounded by the COVID-19 pandemic.** A recent personnel survey (N=1932) conducted by the DoH across October-November 2021 revealed:
  - With more years of experience, the proportion of staff working in the community sector decreased, while the proportion of staff in the private sector increased.
  - 58% of respondents did not plan to leave their current role in the next twelve months and 35% worked more than their contracted hours.



- 78% of respondents did not meet the threshold for evidence of burnout. Evidence of burnout was highest in General Practitioners (54%) and Registrars (38%).
- Most common motivations to leave the sector (N=449) included stress/pressure of work environment (35%), dissatisfaction with management or leadership (23%), and not feeling valued or appreciated (23%).

***Action 3a: Establishing workforce wellbeing monitoring and supports***

- Supporting better wellbeing outcomes will require a multifaceted approach. Initiatives will need to focus on improving workforce safety at a system wide and organisational level, as well as preventative wellbeing programs, professional practice supports and professional development.
- Immediate initiatives include roll out of the People Matter Survey and mental health workforce personnel survey to monitor workforce wellbeing, Safer Care Victoria's (SCV's) launch of the healthcare worker wellbeing centre, continued roll-out of the Safewards model, professional leadership through mental health nurse communities of practice, and a SCV-supported, sector-led network for occupational safety. In response to the [Royal Commission \(Final Report Recommendation 59\)](#), the Mental Health Workforce Wellbeing Committee is being established as well a new Public Mental Health Services Enterprise Agreement 2020–24.
- Medium- and long-term initiatives will be led by the Mental Health Workforce Wellbeing Committee and will include ongoing monitoring of workforce safety and engagement.

**Priority 4: Building system enablers for excellence in workforce**

- To move away from crisis-driven care and toward a reformed system that supports the workforce in providing high-quality, holistic, evidence-based, multidisciplinary care, there needs to be a centralised and comprehensive approach to workforce data collection and a reliable evidence base to understand, plan, and respond to workforce needs. These should be underpinned by sophisticated data systems, strategic planning capabilities and support for the workforce.
  - There will need to be a focus on ensuring sustainability of the system itself via strategically embedding training professional roles into the new care model.

***Action 4a: Improving system planning and sustainability***

- As noted in the [Royal Commission's Interim Report](#), a reliable evidence base and modern data systems will be crucial in understanding workforce supply, composition and distribution demands and gaps, and to respond to these needs and risks into the future.
- Immediate actions include improving data capture and analysis through the mental health workforce census and personnel survey.
- Medium- and long-term initiatives will produce data sets and analytics to identify supply, composition, and distribution demands, establish LE workforce data benchmarks, and commence implementation of activity-based funding and develop and trial other funding models (e.g., bundled funding models and capitation models).

***Action 4b: Shaping the workforce for the future***

- Reform of system architecture and service design will provide an opportunity to reform roles to increase discipline representation and utilise the diverse skills of a broader range of workers, and to re-design jobs and create new roles that free up capacity from skilled professionals to perform their diverse, specialised functions effectively.
- Immediate actions include resourcing community mental health engagement workers, ongoing implementation of the pre-qualification employment program for nursing, allied health and medical students, and to establish a Workforce Reform Taskforce (the Taskforce)

as a priority in 2022. The Taskforce will take responsibility for directing reform activities, including guiding new workforces, and advising future versions of this Strategy.

- Medium- and long-term initiatives will respond to the Taskforce's advice on how various practice areas can complement and support consumer, carer and system outcomes, the distribution of workforces across settings and services and the skills and workforces to be prioritised in the next stages of reform.

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