

VICTORIA'S 10-YEAR MENTAL HEALTH PLAN

MENTAL HEALTH WORKFORCE STRATEGY



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Acknowledgement of Traditional Owners

The Department of Health and Human Services acknowledges the Traditional Owners of the land, pays its respect to the Elders of Victoria's Aboriginal communities both past and present and acknowledges the ongoing contribution made by Victoria's Aboriginal people today.

Throughout this document, the term 'Aboriginal' is used to refer to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services July, 2016

Available at www.mentalhealthplan.vic.gov.au (1604025)

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MINISTER'S FOREWORD



Victoria's 10-year mental health plan sets out a clear goal to ensure all Victorians have the opportunity to experience their best mental health and achieve their full potential. The Victorian workforce is the key to achieving this goal.

The *Mental health workforce strategy* outlines how we support building a skilled, appropriate and available workforce that is capable of providing quality and appropriate care when and where it is needed.

It acknowledges that we need to build the capacity of the broader health, education, justice, and community and family services workforces to better support people with mental health issues and their families and carers.

Our commitment to co-production requires a flexible strategy that allows adequate space for the department to partner with our workforce, service providers, consumers and carers to implement initiatives that will meet the needs of the Victorian workforce, and ultimately the people they care for.

The *Mental health workforce strategy* includes initiatives to strengthen statewide mental health workforce development and improve our ability to respond to workforce needs and challenges in an ever-changing environment. In recognition of the critical intersection between mental health and other direct care workforces, these initiatives will build on opportunities in health and human services workforce development.

I am pleased to announce the establishment of a statewide Centre for Mental Health Workforce Learning and Development, a cornerstone initiative that will create a platform to harness expertise and share knowledge with workers and organisations. The centre will be a driving force to translate new evidence and innovation in priority areas of practice.

In addition we will work with services, unions, professional associations and other peak bodies, the workforce itself, consumers and carers to develop an organisational capability framework. No overarching framework currently exists in Victoria for mental health that can support consistency of workforce development across diverse and vulnerable communities, organisations, practice settings, disciplines and workforces.

The *Mental health workforce strategy* incorporates feedback from the sector and I would like to thank all of those who have contributed to the development of the strategy.

The Victorian Government is committed to working together with the sector to support the Victorian workforce to achieve the goals set out in the *Mental health workforce strategy*, and in *Victoria's 10-year mental health plan*.

A handwritten signature in black ink, appearing to read 'Martin Foley'.

Martin Foley MP
Minister for Mental Health


OVERVIEW

Victoria's 10-year mental health plan sets out an ambitious long-term vision for the mental health and wellbeing of all Victorians. Successful implementation of these reforms will rest on how the workforce responds, develops and flourishes in a new era of mental health service delivery. Victoria is fortunate to have a proud history of providing high-quality services through a well-founded workforce that has the expertise and commitment to achieve the goals of reform.

Work toward implementing *Victoria's 10-year mental health plan* is underway, with the Victorian 2016-17 budget providing \$356 million toward mental health, with a focus on better access to services and investing in prevention. This includes \$132 million to assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist care they need.

The release of the *Mental health workforce strategy* is a key deliverable of *Victoria's 10-year mental health plan* and as such, the strategy has been designed specifically to support the implementation of the plan. Additionally, the strategy provides a framework for responding to workforce related recommendations in a range of policies, reviews and enquiries such as the Royal Commission into Family Violence, Taskforce 1000 and the *Roadmap for reform*.

The strategy is critical to the development of the mental health workforce – the people employed within Victorian mental health services and programs. However the impacts of poor mental health are felt wherever people present for services to address their health, social, family, educational, employment and housing needs. Effort is needed to build the capacity of the broader health, education, justice, and community and family services sectors to better support people with mental health issues and their families and carers in those settings, and to ensure that holistic, coordinated services are delivered across service boundaries to support recovery.



A number of key initiatives outlined in this strategy will provide learning and development opportunities and resources for workforces in broader sectors as well as specifically for the mental health workforce, including cross-sector workforce collaboration initiatives that will support integrated service provision and better coordination of care.

Consistent with the objectives of *Victoria's 10-year mental health plan*, actions identified in the *Mental health workforce strategy* are designed to:

- improve availability, distribution and sustainability of the workforce
- support skill development
- improve access to specialist expertise
- involve consumers, carers and their families every step of the way
- improve responsiveness and inclusion, and create ongoing connection to vulnerable communities – including Aboriginal and culturally and linguistically diverse communities, lesbian, gay, bisexual, transgender and intersex people, people with a disability, and people who live in rural and regional Victoria – to ensure their needs and expectations are met
- work in partnership with communities and people with a lived experience
- promote safety and wellbeing for workers
- support innovation
- promote and develop new evidence
- increase workforce collaboration and capacity to respond to mental health issues across sectors and settings, including health services, schools, out-of-home-care, workplaces, justice settings, and community and family services.

Mental health workforce strategy actions will create the foundations for a sustainable and skilled workforce through:

- a new Centre for Mental Health Workforce Learning and Development that will harness existing expertise, support the identification of best practice and evidence, and improve statewide access to mental health workforce learning and development
- an *Organisational capability framework* that supports service improvement and workforce development through identifying the shared capabilities required for good practice, underpinned by the values and culture expected of a contemporary service system
- development of new workforce models supported by cross-sector collaboration, innovation grants and further development of an appropriately skilled and supported lived-experience workforce
- providing learning and development in priority areas of need, including responding to trauma, family-inclusive practice, dual diagnosis, cultural safety and forensic issues
- a number of new initiatives to support equitable, satisfying, rewarding and supportive careers for Aboriginal people in mental health
- an attraction campaign and related initiatives to support retention and growth in relevant disciplines, geographic areas and service settings.

The objectives set out in the *Mental health workforce strategy* are supported by actions that represent initial priorities to build the foundations for sustainable workforce development. New actions that move us toward achieving strategy objectives will also be developed. The Ministerial Expert Taskforce on Mental Health and its four reference groups (workforce, innovation, Aboriginal social and emotional wellbeing, and lived experience) will have a key role in identifying areas for focus as implementation unfolds.

THE VICTORIAN MENTAL HEALTH WORKFORCE

The mental health workforce in Victoria responds to mental illnesses of different types and degrees of severity. The people who work in this field are highly valued and dedicated to the provision of treatment and support for people experiencing mental illness. They are a major strength of the specialist mental health system.

A wide range of public and private health professionals and other workers beyond the Victorian mental health service system also play a critical role in supporting recovery for people with a mental illness.

While primarily focused on the workforce development needs of the mental health workforce, this strategy seeks to support all workers, regardless of their role and location, to provide the best possible support, care and treatment to people with a mental illness, their carers and families.

Most mental illnesses can be effectively treated. Effective interventions can include a combination of medication, cognitive behavioural and other psychological therapies, psychosocial support, and psychiatric rehabilitation, avoidance of risk factors such as harmful alcohol and other drug use, and learning self-management skills. Increasingly, talking therapies are considered an essential component of mental health treatment and need to be delivered as part of multidisciplinary care.

Mental health practitioners work in the least restrictive way and provide as much choice as possible while also exercising their duty of care to maintain patient safety. Regardless of whether services are provided on a voluntary or compulsory basis, public mental health services are guided by a recovery orientation.

CLINICAL MENTAL HEALTH WORKFORCE

- Over 5,000 workers
- Provide assessment, diagnosis, treatment and clinical case management to people of all ages with a mental illness
- Variety of settings such as bed-based, acute community, specialist statewide services, forensic, Prevention and Recovery Centres (PARCs)
- Main disciplines are psychiatrists, mental health nurses, social workers, occupational therapists and psychologists
- Approximately two-thirds of the clinical workforce comes from a nursing background, around 10 per cent from medical, and around 20 per cent from allied health
- Regulated by Australian Health Practitioner Regulation Agency (AHPRA) (except for social workers, who are not a regulated profession)
- Smaller number of peer workers, consumer/carer consultants, support staff, dedicated Aboriginal workforce
- Contemporary mental health service places consumers at the centre of care and decision making, and supports the inclusion of family and carers.

MENTAL HEALTH COMMUNITY SUPPORT SERVICES (MHCSS) WORKFORCE

- Over 1,300 workers
- Predominately female (75%)
- Part-time (0.8 FTE)
- Ageing (25% 50+)
- Largely unregulated
- 6% employed specifically for lived-experience of mental illness and recovery

FOUNDATIONS

This strategy is underpinned by the government's reform agenda, which addresses some of the most pressing social issues in Victoria and promotes the vision of a fair, healthy, inclusive and prosperous society.

The government's policies to reform health, education and social services are the foundation on which this strategy is built. Some detail on these policies and their links to the mental health workforce strategy are provided in the section titled 'Links to other strategies'.

These major government reforms, including *Victoria's 10-year mental health plan*, *Roadmap for reform* and implementation of the recommendations of the Royal Commission into Family Violence, share core objectives. All of these reforms aim to:

- strengthen universal services that build community resilience, and intervene early for people at risk
- provide easy access to services in the local community that respond to individual needs and are sensitive to the cultural context
- provide integrated wraparound support to ensure that issues are not treated in isolation and interventions make a real impact
- strengthen safety and crisis support so that people in crisis are provided with the care and protection they need.

These broad principles of the government's approach to social policies have shaped the design of this workforce strategy.

'Opportunities should be provided for senior mental health discipline-specific positions, especially in rural/regional areas'

Goulburn Valley Area
Mental Health Service

INFORMING DIRECTIONS

This strategy is informed by policy and document analysis and consultations with key stakeholder groups. These activities define the underlying issues that drive the strategy and the priorities for action. They include:

- consultations and submissions to the 10-year mental health plan
- national mental health workforce data
- discussions with mental health service organisations, peak bodies, unions
- the Consumer Workforce Development Co-production Group
- situation analysis undertaken by the Bouverie Centre in relation to the Ice Practice Enhancement Program
- outcome-focused practitioner and consumer and carer workshops to develop capabilities
- analysis of existing workforce frameworks
- consultation with the Expert Taskforce on Mental Health.

Implementation of the *Mental health workforce strategy* initiatives will be guided by people with mental illness, their families and carers, service providers, workers and other experts. The Expert Taskforce on Mental Health and its four reference groups (workforce, lived-experience leadership, innovation, and Aboriginal social and emotional wellbeing and mental health) will guide implementation of the strategy and will link to and draw expertise from other advisory committees such as the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Health and Human Services working group established under the LGBTI Taskforce.

THE CASE FOR CHANGE

Input and advice from key stakeholders highlight that the health and human services workforce operates within an evolving and challenging environment. This requires the workforce to be highly responsive to the changing needs of service users, new models of care and service delivery, emerging policy and funding environments, and changes in the labour market.

This strategy seeks to build a system of care in which individuals experiencing a mental health issue, as well as their families and carers, are supported by workers across sectors and disciplines who have the appropriate attitudes, skills, knowledge and confidence.

ACCESS AND QUALITY

Sustainability of the workforce is critical to ensure access to services, when and where people need them. Existing approaches are not effective or sustainable given current service demand. Without embracing new ways of working, we are unlikely to fully meet future demand for services. Victoria's health and human service reform agenda is seeking to address these issues.

Attracting individuals into a career in mental health is an important issue nationally. There are national shortages in the mental health workforce due to our ageing population, increased workforce demand, diminishing supply, the perception of mental health work as a less prestigious career opportunity, and worker safety and wellbeing concerns.

We know that in some areas such as in rural and regional areas and growth corridors it is difficult to access mental health services. This can be attributed to a skewed distribution of the workforce. Strategies are needed to ensure

that people are attracted to jobs in mental health where they are needed most, and that broader workforces receive training and support to address mental health issues. We also need our workforce to adopt innovation and utilise technology to increase access for people who need their services.

SKILL DEVELOPMENT

The client populations served by Victorian health services are extremely diverse, and many individuals present with very severe and complex problems, including multiple co-occurring and comorbid conditions. The workforce needs access to evidence-based learning and development opportunities to support them to respond to this complexity and diversity. Further investment and greater focus is required to strengthen specialist workforce development expertise. Access to local training opportunities varies considerably, and the need for high-quality statewide training and support is required in priority areas. This strategy will see the creation of specialist training units to support organisations and their workforces to better respond to trauma and dual diagnosis.

In order to create a skilled and sustainable workforce, better statewide coordination of mental health workforce learning and development is needed to increase access to expertise, knowledge and resources, and facilitate translation of evidence into practice for the mental health workforce and workforces in broader sectors. Training by itself is not sufficient to achieve this, and so we need strategies to build the capability of organisations to drive and support practice change and new ways of working.

'The strengthening of the mental health workforce is the key to a responsive system.

We need to work towards a system which acknowledges, respects and supports families and carers as partners in treatment'

Tandem Carers

'Services and government need to work with consumers to create innovative services using co-design and co-production principles'

Victorian Mental Illness Awareness Council

CONSUMERS, CARERS AND FAMILIES

Strong and effective collaboration with consumers, carers and their families in relation to service development, service improvement, service delivery and workforce development is required to create and sustain high-quality mental health services.

The contributions made by consumers, carers and their families are valuable for improving the quality of services, and to their healing journey.

To ensure quality services that meet the needs of consumers, their carers and families, it is essential they are involved in the planning, design, delivery and evaluation every step of the way. We need to establish better mechanisms and processes to engage service users effectively to co-design, co-produce, and lead service development and evaluation.

There is growing demand and evidence for increasing the lived-experience workforce to provide services such as peer support and advocacy, and to support consumer and carer engagement. The percentage of consumers and carers in the workforce is currently relatively low and structures in place to support lived experience as a discipline need to be strengthened by identifying the qualifications, competencies, organisational supports and lived experience relevant to the diversity of roles.

CULTURE AND DIVERSITY

Given Victoria's significant diversity, and the need to ensure health equality for all Victorians, government and service providers are seeking to deliver treatment and support that is more responsive to Aboriginal people and people from diverse communities, cultural backgrounds and language groups, and gender and sexual identities.

Diversity in the mental health workforce also needs to be considered so that we have a culturally responsive and safe service system that best reflects the make-up of our population.

For example, the proportion of Aboriginal people in the national health workforce is disproportionate and underrepresented compared to the number of Aboriginal people in the Australian population. To improve accessibility and cultural safety of services for Aboriginal people, there is a need to grow and support Aboriginal mental health and social and emotional wellbeing workers and services.

SAFETY

Worker safety and wellbeing must be protected if we are to provide attractive, enduring and rewarding careers for mental health workers.

Workers need to be empowered to expect a safe workplace free from violence and aggression.

Workers need access to appropriate support when exposed to distressing and difficult circumstances to ensure the risk of vicarious trauma, compassion fatigue and burnout is reduced.

CHANGING SERVICE DELIVERY ENVIRONMENTS AND DEMAND

The mental health workforce operates within a dynamic and often challenging environment. Approaches to treatment and support in health and community services have evolved over the last decade. Service reforms at both the state and national levels, such as the National Disability Insurance Scheme (NDIS), require significant changes at the system and individual worker levels. Workforce planning and development for the mental health workforce and other associated workforces must align with these new approaches in order to drive best practice treatment and care.

Unforeseen events can impact on mental health and create surges in demand for mental health services. The implementation of this strategy will consider how to create more flexibility within the current workforce to provide a timely and effective response to the impacts of unforeseen events such as sudden social or economic changes, fires, drought and other disasters on individuals, families and communities.

PRINCIPLES

A number of service delivery principles have guided the development of this strategy and will underpin its implementation.

These principles are of central importance to workforce development. This workforce strategy recognises that the values and attitudes of the workforce are equally as important as their technical capabilities in producing positive experiences of care.

CO-PRODUCTION

Service providers and service users are partners in the planning, design, development and the delivery of services and in government policy development. For this partnership to be real, it needs appropriate processes, mechanisms, training and resources.

CONSUMER, CARER AND FAMILY INCLUSIVE

Consumers are at the centre of their own care and decision making. Their families, carers and support people can contribute a significant role in treatment, care planning and decision making to support the person's recovery from mental illness.

Consumers, families and carers will be involved in planning, delivering, monitoring and evaluating services. Supports and training need to be available so they can actively and effectively participate.

RESPONSIVE TO DIVERSITY

Services will be provided in ways that are responsive to the needs of Aboriginal people and to people from diverse cultural backgrounds, communities, language groups and gender and sexual identities.

TRAUMA INFORMED

The impact of traumatic experiences on people who access health and human services can be profound and can vary considerably from person to person. Service delivery will be provided in a way that is informed by the impact of trauma on the lives of people requiring mental health treatment and care.

EQUITABLE AND ACCESSIBLE

Services will provide equitable access in ways that are easy to navigate and accessible early in life, early in episode and early in the illness.

AGE APPROPRIATE AND DEVELOPMENTALLY FOCUSED

Services will be provided in a way that ensures appropriate and focused responses that address people's experiences of mental illness across the lifespan, from infancy and childhood through to old age.

RIGHTS BASED

Services are required by law to respect the human rights of individuals, including consumers, family members, carers and service staff. These requirements are spelt out in the *Victorian Charter of Human Rights and Responsibilities Act 2006* and the *Mental Health Act*. Wherever possible, individuals will be involved in decision-making processes that affect them, including the development of mental health service policies and practice change.

RECOVERY ORIENTED

Services will support people to use and build on their personal strengths, resourcefulness and resilience, and be responsive to their unique circumstances, needs and preferences to set them on their recovery journey.

COORDINATED AND COLLABORATIVE

Services will be provided in a collaborative and coordinated way that acknowledges and is responsive to the range of needs that people experiencing mental illness may have, as well as the range of service sectors that can be involved in responding to these needs appropriately.

RESPONSIVE TO MULTIPLE AND COMPLEX NEEDS

People accessing specialist mental health services often have complex needs and are often disadvantaged by a range of factors such as poor physical health, poverty, family violence, substance use, disability, family rejection and social isolation. Services will be provided in a way that acknowledges and responds to the diversity of life events that people experience.

RECOGNISING THE VALUE OF LIVED EXPERIENCE OF MENTAL ILLNESS AND RECOVERY

Systems and organisations must respect and value the unique contribution that people with a lived experience bring to the planning and design of services. Identifying opportunities to further support workers with a lived experience of mental illness and recovery is critical.



CULTURAL SAFETY

Services must be safe for people of all cultural, sexual and gender identities, regardless of whether they seek support from specialist, Aboriginal community controlled or mainstream services. Cultural safety means providing services that are: 'safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening'.¹

Culturally safe service provision in Australia needs to recognise first and foremost the unique position of Aboriginal and Torres Strait Islanders as the Indigenous people of Australia, their right to self-determination, and the impacts of historical trauma resulting from colonisation. It is fundamental for the workforce to have this understanding as a starting point in providing culturally safe services.

SERVICE REFORMS

The workforce is a key enabler for realising the outcomes in *Victoria's 10-year mental health plan*. Achievement of the *Mental health workforce strategy* objectives will support a number of outcomes identified in *Victoria's 10-year mental health plan* as indicated at Appendix 2. In addition to reforms in mental health there are also major reforms happening in the disability support sector and in the way that primary and community care services are structured and commissioned, which will increase consumer and community choice about the services they receive. The impacts on services and the workforce are yet to be realised, however a flexible approach to workforce development will ensure that *Mental health workforce strategy* initiatives will complement reforms happening nationally and across Victoria, including the National Disability Insurance Scheme, the *Roadmap for reform: strong families, safe children*, integrated community services, and Commonwealth primary healthcare reforms.

THE NATIONAL DISABILITY INSURANCE SCHEME

The introduction of the National Disability Insurance Scheme (NDIS) is transforming the way disability services are provided, and will have an impact on mental health service delivery in Victoria. The NDIS will be progressively rolled out across Victoria over three years from 1 July 2016. By July 2019, it is expected that 105,000 Victorians will have transitioned to the scheme, including 76,000 Victorians transitioning from the current specialist disability and mainstream systems.

Strategies need to be put in place now to make sure the skills and experience of Victoria's workforce are retained to assist the workforce to adapt and contribute to the changes, and to build capability across sectors to provide quality, recovery-oriented support for people experiencing mental illness.

¹ Willams R 1999, 'Cultural safety – what does it mean for our work practice?' *Australian and New Zealand Journal of Public Health* vol. 23, no. 2, p. 213.

The progressive roll-out of the NDIS up until full implementation in 2019 will affect recruitment and retention of the current mental health workforce, particularly the Mental Health Community Support Services (MHCSS) workforce.

Joint planning and collaboration is needed across sectors and the National Disability Insurance Agency (NDIA) to enable the integration of the NDIS with the broader health, mental health and community service systems so that seamless, integrated mental healthcare can flourish in the new NDIS environment.

ROADMAP FOR REFORM: STRONG FAMILIES, SAFE CHILDREN

The *Roadmap for reform* identifies that although almost 30 per cent of child protection reports reference mental health issues, child protection and family support services are not well connected with adult mental health and drug and alcohol services. The mental health workforce will be supported to connect and collaborate with local services, including child protection and family support services, through *Mental health workforce strategy* initiatives that address barriers to workforce integration.

The *Roadmap for reform* commits to more personalised adolescent care and treatment services for children in out-of-home and residential care who have been and continue to be exposed to multiple traumas through working with experts, clinicians and the community sector to design subacute and intensive trauma-informed residential treatment programs for young people. This requires the development of residential care worker capability to identify and respond to trauma. The establishment of a specialist trauma-informed training unit for the Victorian mental health workforce is an initiative of the *Mental health workforce strategy*, which will enable the expansion of this training to other workforces.

INTEGRATED COMMUNITY SERVICES

Improving the social and community service system's approach to addressing disadvantage is crucial to achieving the government's aspirations for a safe and inclusive Victoria. An integrated system of community and social care will also serve as the platform for delivering on the directions and priorities emerging from the government's reforms.

To realise fundamental system reform to the way that social and community services are delivered across Victoria will require: an innovative approach that is tailored to the needs of people and place, and delivers a positive experience for service users.

COMMONWEALTH PRIMARY HEALTHCARE REFORMS

Through a number of reforms, the Commonwealth is trying to ensure that everyone who provides primary care and mental health supports and services, (such as general practitioners, nurses, psychologists, psychiatrists and non-government agencies), to make sure that people with chronic and complex conditions including mental health issues can get the services that suit their needs, at the right time.

One of the key national changes is that Primary Health Networks (PHNs) will be responsible for planning and commissioning local mental health services that respond to the needs of their community. PHNs will be provided with flexible funds to create a coordinated system tailored to meet local needs. Existing Commonwealth mental health programs will be incorporated into the PHNs flexible funding pool.

With PHNs as the platform for identifying and responding to local health needs, it is essential that mental health workforce development initiatives complement and connect with PHNs to understand and respond to local area need.



LINKS TO OTHER STRATEGIES

No single strategy contains every solution to ensure that Victorians experience their best possible health, including mental health.

Government effort and investment in building a skilled appropriate and available workforce that meets the needs of people with mental illness extends beyond the mental health workforce and Department of Health and Human Services strategies. There are a number of strategies that currently exist and will be developed across government that will support workforces to provide the best possible mental health response:

- The *Suicide prevention framework* necessarily involves workforce development to support a better response to recognising, assessing and managing suicide risk.
- The *Aboriginal health and wellbeing strategic plan* and *Aboriginal social and emotional wellbeing framework* are currently in development to support all Aboriginal Victorians to get the services and support they need. The mental health workforce strategy will undertake activities consistent with their objectives.
- The *Aboriginal workforce plan* will be developed to understand the workforce aspirations of the Aboriginal community and to increase the participation of Aboriginal people in the health and human service workforces.
- The *Roadmap for reform: strong families, safe children* will develop a long-term workforce strategy by 2017.
- The *Alcohol and drug workforce framework* identifies the need for collaboration and stronger relationships across sectors and with other professionals, in particular the mental health workforce.
- The response to the Royal Commission into Family Violence includes a range of relevant workforce development initiatives.
- The Violence in Healthcare Taskforce's strategy and recommendations set the foundations for preventing and responding to occupational violence within health services.
- The Department of Justice and Regulation's *Health and safety strategy* prioritises safe, respectful, health workplaces it outlines a zero tolerance for occupational violence, and includes actions that support workforce development to improve the response to mental health issues.
- The *School workforce reform strategy* and other initiatives under Education State provide an opportunity for collaborative work across the mental health and education sectors.
- Doctors located in Victorian secondary schools under the Victorian Government's \$42.6 million initiative will need support to identify and respond to the mental health needs of students.

KEY THEMES ACROSS SERVICE REFORMS AND OTHER STRATEGIES

The workforce is a critical enabler for addressing key themes arising across current service reforms and other strategies. The *Mental health workforce strategy* will enable people to get the support they need, when and where they need it through a number of workforce approaches.

SAFE, QUALITY SERVICES

Workforce approach: Skills and capability

To ensure the workforce is equipped to provide safe, effective, quality person-centred services, within a positive workforce culture, development of workforce skills and capabilities is required.

Mental health workforce strategy initiatives support:

- increasing workforce capability to provide safe, respectful care in a variety of settings
- increasing workforce capability to provide recovery-orientated, trauma-informed, family-inclusive, culturally safe services that build optimism and hope
- increasing workforce capability to work outside of professional boundaries, and in teams comprised of staff from both health and social care employers
- developing workforce skills to support people with mental health issues, their carers and families to manage and maintain their best mental health.

ACCESS TO SERVICES

Workforce approach: Availability

Improving workforce availability will increase access to and choice of appropriate treatment and support services, when and where they are needed.

The *Mental health workforce strategy* supports this through initiatives that address recruitment, retention, distribution and sustainability of the Victorian mental health workforce.

COORDINATED SUPPORT

Workforce approach: Integration

The mental health workforce and broader workforces need to work in a connected way to better support people with needs across multiple services.

The *Mental health workforce strategy* includes initiatives that support workforces to collaborate across service and sector boundaries to ensure vulnerable people with multiple and complex needs get the right care and services.

OBJECTIVES

‘Mental health nurses have the expertise and qualifications to make a real difference to people’s recovery journey. To do the best job possible, nurses need safe workplaces with manageable workloads, and a workforce strategy that allows them to use their unique skill-set’

Australian Nursing Midwifery Foundation member

‘Mental health professionals should be able to utilise their discipline specific skills in providing clinical care’

Goulburn Valley Area Mental Health Service

OBJECTIVE 1: WORKFORCE AVAILABILITY AND SKILL

Right person, right place, right skill

All Victorians, of all cultures, backgrounds and identities, should have access to the quality mental health services and care that they need. This requires a skilled, appropriate and available Victorian workforce.

Insufficient availability, distribution and sustainability of specialist mental health skills creates barriers for access to treatment and support for people with mental illness, their carers and families.

Achieving the right balance of mental health skills to meet population needs now and in the future is a complex task. Work needs to be done to address workforce sustainability and to identify new workforce models.

One of the issues affecting the sustainability of the mental health workforce is that mental health work is not always seen as an attractive career option due to stigma and community perceptions about people with mental illness, the people who work with them, and the nature of that work. The ability to attract mental health workforce to rural and remote areas is further affected by negative perceptions of living in those areas held by people who have trained or studied predominately in metropolitan areas.

'Whilst access to learning and development opportunities is essential for mental health workers, we need better mechanisms to ensure that knowledge translates into practice'

Western Learning and Development Cluster

Improving workforce availability and skills across geography and service settings will:

- increase access to and choice of appropriate treatment and support services, when and where they are needed
- increase workforce capability to provide safe, respectful care
- increase workforce capability to provide recovery-oriented, trauma-informed, family-inclusive services that build optimism and hope
- develop workforce skills to support people with mental health issues, their carers and families to manage and maintain their best mental health.

INITIATIVES TO SUPPORT WORKFORCE AVAILABILITY AND SKILL

- **Provide new and more learning and development in priority areas of need including responding to trauma, family-inclusive practice, forensic issues, dual diagnosis, cultural safety and gender sensitivity and safety.**

Greater access to learning and development activity focused on priority areas will be funded by the department and delivered by dedicated statewide training organisations. Specialist training units will be established for trauma-informed care and dual diagnosis as part of the new Centre for Mental Health Workforce Learning and Development. In addition to creating learning and development opportunities, workers need to be supported by strengthened supports and processes in organisations, which will be assisted by the *Organisational capability framework* and the organisational consultancy functions of the new Centre for Mental Health Workforce Learning and Development.



- A forensic mental health plan will be developed under the guidance of the Expert Taskforce on Mental Health. Workforce development activity to support outcomes of the plan will consider the needs of mental health workers in forensic mental health settings, and in justice workforces including those in the police, prison and court systems.

- **Support Aboriginal people into careers in mental health.**

To meet the needs of Aboriginal people accessing services, culturally safe and appropriate services are essential. Mainstream mental health requires an Aboriginal workforce that can adopt a social and emotional wellbeing (SEWB) approach to responding to mental health needs. SEWB is a recognised support of mental health and a source of resilience for Aboriginal people.

A number of actions are proposed to attract, recruit, retain and support Aboriginal people in mental health and other relevant workforces:

- Fund an Aboriginal health and human services workforce study to identify priority needs.
 - Prioritise cadetships and traineeships for Aboriginal mental health workers.
 - Promote and support career pathways in middle school and early secondary school into the full spectrum of roles in mental health and SEWB.
 - Strengthen the capacity of the Victorian Aboriginal Community Controlled Health Organisation VACCHO as the peak body for Aboriginal community controlled health organisations in Victoria to lead in the development of this workforce at the organisational and sector levels.
 - Strengthen partnerships with Commonwealth funded program and workforce initiatives.
- **Support growth and development of disciplines in areas of need.**

Workforce planning, informed by routine workforce data collection, will be undertaken to highlight where development and growth need to be focused. A multifaceted workforce attraction campaign to promote careers in mental health will grow workforce numbers and support other initiatives in this strategy to further develop and support specific disciplines in mental health.
 - **Further develop and expand the lived-experience workforce.**

Supporting the development and expansion of the paid lived-experience workforce will ensure that consumers, their carers and families have more choice in the types of services and support they can access, including peer support and advocacy.

‘Sometimes the best thing we can give is hope, and to do this we need to be hopeful ourselves’

Health and Community Services Union member

OBJECTIVE 2: WORKER SAFETY AND SATISFACTION

Places people want to work

In order to ensure that people want to work in mental health, it is essential that we build safe and supportive work environments and cultures.

Environments and cultures that are unsafe and not supportive affect our ability to recruit and retain a quality workforce, and put at risk the wellbeing of workers who already experience challenges from working with significant diversity, complexity and severity. Exposure to people's distressing and difficult circumstances can result in vicarious traumatisation, compassion fatigue and worker burnout.

Working in mental health offers both challenges and benefits, and with the right support can be exceptionally satisfying personally and professionally.

Improving workforce safety and satisfaction will:

- increase retention and improve the perception and pursuit of careers in mental health
- ensure skilled workers stay in the mental health workforce longer, and are able to share their knowledge and skills
- ensure workers are able to practise safely, creating a safer environment for consumers, carers and their families
- increase resilience and improve workers' ability to manage complex care.

INITIATIVES TO SUPPORT WORKER SAFETY AND SATISFACTION

- **Create better working and learning environments.**

Organisational capacity will be built and positive organisational culture supported through the delivery of clinical supervision and other forms of practice support, including reflective practice and mentoring. Training and development opportunities will be provided to leaders to build their capability to support staff in adopting new skills and translating knowledge into practice. Support will be offered to individual organisations through a dedicated consultancy service as part of the Centre for Mental Health Workforce Learning and Development to ensure sustainability of practice support initiatives at the local level.

- **Address occupational violence.**

The Victorian Government will maximise opportunities to connect initiatives from this workforce strategy with the *Violence in healthcare taskforce's strategy* and recommendations to address occupational violence in Victorian health services. The Violence in Healthcare Taskforce's recommendations set the foundations for preventing and responding to occupational violence within health services and it is therefore essential that initiatives arising from both strategies align and support a consistent approach to reducing violence in health services. Further initiatives will be developed in collaboration with partners across health, mental health and human services.

- **Improve worker safety and satisfaction.**

The department will work with services, unions, professional associations and other peak bodies, as well as with workers and service users, to identify ways to strengthen workforce engagement and service improvements that will lead to improved worker safety and satisfaction.



OBJECTIVE 3: WORKFORCE INTEGRATION

Learning together, working together

Victorians currently experience a fragmented service system that can prevent them getting the spectrum of services that fully respond to their needs, when and where they need them.

Effective workforce collaboration and service integration across service and sector boundaries and across disciplines will support vulnerable people with multiple and complex needs to get the right care to respond to all their needs. For example, Taskforce 1000, a collaborative project between the Department of Health and Human Services and the Commission for Children and Young People, has found that the majority of Aboriginal children in out-of-home care experienced family violence, substance abuse and mental health problems within their family.

To ensure that service users have access to high-quality integrated services, workers need to collaborate and communicate across service and sector boundaries. This requires workforces to work in more integrated and coordinated ways across different settings such as community mental health and acute mental health services, and across different sectors, such as housing, justice, health and employment. New integrated, collaborative workforce models are needed to achieve this objective so that people with mental illness can access the services they need through more effective referrals and interagency care planning and coordination.

A key to the success of the mental health workforce is the multidisciplinary team environment that all workers operate in. What is unique within mental health is the fluidity of mental health worker roles and the collaboration between disciplines to ensure best practice care is delivered and achieved for the benefit of people with a mental illness, their carers and families. Further developing these teams through strong leadership will strengthen this multidisciplinary approach. Mirroring what we want to see in service delivery in the training environment is another innovative way of bringing a diverse range of workers together to think about developing common areas of practice with a shared client as the focus.

Improving workforce integration will:

- ensure people with mental illness and their families and carers have access to high-quality, integrated services according to their needs and preferences
- support the 'no wrong door' approach for entry to services
- support people to access the services they need to maintain good health, stable housing, finances, employment and educational opportunities
- build the mental health capabilities of all workforces, and support the mental health response to consumers who may not enter the mental health service system.

INITIATIVES TO SUPPORT WORKFORCE INTEGRATION

- **Build workforce collaboration among leaders across the system of care.**

A new cross-sector leadership program will bring together key workforces in teams to support collaboration and test new models for joined-up service responses. Leadership program projects will have an initial focus on vulnerable communities (including refugee and asylum seeker, Aboriginal, and lesbian, gay, bisexual, transgender and intersex communities) and improving mental health and cross-sector workforce responses to family violence. Over time, this leadership program can grow to involve other vulnerable groups and co-occurring conditions such as dual diagnosis and dual disability.

- **Strengthen interprofessional leadership in mental health teams.**

The newly formed state-wide leadership network comprising leaders in lived-experience workforce, allied health, psychiatry and mental health nursing provides a powerful platform for driving inter-professional teamwork. Local multidisciplinary teams as part of the network will address organisational and practice change issues both within their local settings, and at the network level to make this happen.

- **Prioritise learning and development in service and care coordination.**

Increasing understanding and skill in the area of service and care coordination will be a key focus of the new Centre for Mental Health Learning and Development to increase the ability for mental health workers and others to work effectively across program types and service boundaries to provide seamless, holistic services. By designing and delivering learning and development to involve workers across different sectors, the potential for service delivery relationships around shared service users can be fully explored and fostered in the training environment.

- **Prepare the workforce for the NDIS.**

A program to develop leadership and mental health capability across sectors will complement the work of the NDIS Taskforce, with a specific focus on integration of the Mental Health Community Support Services (MHCSS) workforce with others to lead projects in response to the NDIS will be initiated in the first year of this strategy, with outcomes informing future initiatives. This program of work will initially focus on how workforces can collaborate across services and sector boundaries to ensure vulnerable people with multiple and complex needs get the right experience of care, and building readiness and confidence in the relevant workforces and consumer groups to support transition to the delivery of the NDIS in Victoria. Workforce planning will also be undertaken to promote the retention of the current MHCSS workforce and to support workforce migration across sectors where it is needed.



OBJECTIVE 4: CO-DESIGN AND CO-DELIVERY WITH CONSUMERS AND CARERS

Shaping the future together

For services to meet the needs of consumers, their carers and families, they need to be involved in planning, design and delivery every step of the way.

Consumer and carer participation needs to reach further than consultation. We need to build the capability of the workforce, services and government to better support genuine co-design, co-production and consumer and carer leadership so that we can meet their expectations in relation to involvement in service development, improvement and delivery.

Consumer, carer and family participation requires planning, resources and appropriate remuneration. Training may also be required for participants to understand the context, system and policies relating to the area they are contributing to. They may also need to link to networks and peak bodies if they are required to provide a broader perspective, coupled with their own lived experience, to the work.

Co-design and co-delivery will:

- support recovery by contributing to service improvement
- ensure the roles and needs of family, kinship community and carers of people with mental illness are respected, recognised, valued and supported
- ensure that people with mental illness, their families and carers get the same respect, advantages and opportunities as others, and have their rights upheld
- increase choice of treatment options, rehabilitation and support.

INITIATIVES TO SUPPORT CO-DESIGN AND CO-DELIVERY

• **Establish the Centre for Mental Health Workforce Learning and Development.**

Once established, the centre will create a platform for the identification and coordination of learning and development needs and practice support resources that are co-designed and delivered with the people that will use them. The centre will provide expertise in this area through a consultancy service involving lived-experience workers.

• **Implement innovative models of co-production in workforce development.**

Understanding what co-production looks like in practice is important for changing the way workforce development initiatives are designed and implemented. Key lessons from current projects will inform the way this strategy is implemented, including:

- The *Embedding supported decision making project* aims to support, guide and develop training and resources for psychiatrists to embed supported decision making as set out in the *Mental Health Act 2014* into practice. The project is being co-produced between consumers, psychiatrists and the Royal Australian and New Zealand College of Psychiatrists.
- The Consumer Workforce Development Group is a partnership between the department and members of the consumer workforce that uses a co-production methodology to progress consumer workforce related activities as identified by the group.

- **Further develop and expand the lived-experience workforce.**

Lived-experience workforce are change agents in relation to workforce development, service improvement, culture change and consumer, family and carer engagement. Embedding lived-experience workforce in mental health services creates better opportunities for co-design and co-delivery. Activities beginning in the first year of this strategy will develop and expand the lived-experience workforce, increasing capacity for co-design and co-delivery, and building a workforce that complements other disciplines through unique functions and qualities that:

- instil hope through positive self-disclosure
- provide positive role modelling
- offer practical ways of overcoming day-to-day barriers.

‘The inclusion of specialist peer support workers as part of multidisciplinary teams is an important addition to clinical mental health services’

Victorian Mental Illness
Awareness Council



OBJECTIVE 5: WORKFORCE INNOVATION

Exploring and sharing new ways of working

Service delivery requirements and the changing needs of consumers and families, coupled with emerging evidence and workforce sustainability issues, compel us to identify and test new ways of working.

We need to find new, more effective ways of working and sharing knowledge. This kind of innovation can be developed and delivered by service-provider organisations, workers and service users if they have support to develop, evaluate and validate their ideas.

Workforce innovation will:

- support recovery through finding more effective models for provision of recovery-oriented, family-inclusive, trauma-informed services
- develop new ways of working to increase choice of treatment options, rehabilitation and support available
- find new ways of working that can improve safety for consumers and carers as either perpetrators or victims of abuse or violence.

INITIATIVES TO SUPPORT WORKFORCE INNOVATION

• **Support new ways of working – innovation grants.**

In the first year of this strategy, a workforce innovation grant program will explore, identify and disseminate innovations that improve the utility of the workforce while maintaining and improving quality of outcomes, efficiency and worker satisfaction. Specifically, the program will identify solutions to existing and projected workforce challenges and identify strategies that could affect positive change and support sustainable service delivery into the future.

Innovation projects will focus on:

- **co-production** – to increase knowledge and capacity to co-produce with consumers and carers
- **technology** – projects in this category will develop or adopt technology that supports workforce development
- **cross-sector collaboration** – to support the identification and implementation of new and innovative ways for workers to collaborate across sectors to improve service integration
- **family-inclusive practice** – to embed family inclusive practice in routine mental health service delivery
- **supporting workforce integration with NDIS** – projects will focus on workforce development and practice support tools in relation to NDIS
- **placed-based workforce planning in rural and growth areas** – to find solutions to workforce needs in targeted geographical areas
- **supported decision making** – projects to assist workers with supporting consumer choice and decision making
- **improving safety** – projects to address worker or service user safety.

Outcomes from projects will inform future strategy initiatives, with successful, replicable projects assessed for a more sustainable wider roll out.

BUILDING WORKFORCE FOUNDATIONS

The current approach to mental health learning and development is uncoordinated, inconsistent and fragmented. Achievement of practice change and high-quality, 'fit-for-purpose' learning and development requires a more sophisticated model.

CENTRE FOR MENTAL HEALTH WORKFORCE LEARNING AND DEVELOPMENT


The Centre for Mental Health Workforce Learning and Development (the centre) (see Figure 2) will be established as a virtual centre of excellence and form the centrepiece of mental health workforce development in Victoria.

A virtual centre of excellence is an organisational concept that aims to bring capabilities, knowledge and expertise together from diverse teams across geographical and organisational boundaries. It offers a powerful opportunity to harness and leverage the knowledge and shared learning across organisations to drive development and adoption of innovation and best practice.²

The centre will serve as a platform for learning and development activities, practice support resources, research, increased collaboration and access to expertise. The centre will bring together existing capability and expertise across many different areas of practice and specialities. Understanding how the workforce can work more effectively with vulnerable children and older people will feature in the centre's work program.

Importantly, the centre will form strong alliances with other organisations to develop and implement its work program, such as those leading Victoria's response to family violence, vulnerable children and trauma.

2 www.td.org/Publications/Magazines/The-Public-Manager/Archives/2013/Winter/Virtual-Centers-of-Excellence-Provide-Catalysts



'A coordinated, statewide approach to learning and development will ensure that the workforce has equitable and timely access to the learning and development that they need'

Western Learning and Development Cluster

The centre will create a workforce 'engine room' to drive:

- best practice, evidence-based practice and practice-informed evidence
- provision of technical assistance and support for organisations and trainers
- evaluation of training outcomes using standardised measures
- adoption of new technologies for training delivery
- cross-sector capacity building and training
- innovation
- effective knowledge translation and learning outcomes that result in improved service delivery
- government return for investment in workforce development
- promotion and coordination of learning and development
- greater responsiveness to the diverse needs of the community
- inclusiveness of people with mental illness and their families and carers.

Finalising the model for the centre will involve extensive research into best practice domestic and international approaches, particularly those that involve people with lived experience in education and that have a focus on recovery outcomes.

Additional capacity over and above learning and development currently funded in Victoria will be integrated with the centre, providing the Victorian mental health workforce and their organisations with access to expertise and resources that support trauma-informed care, dual-diagnosis, family inclusive practice, lived-experience workforce development, and Aboriginal workforce learning and development and cultural safety training.

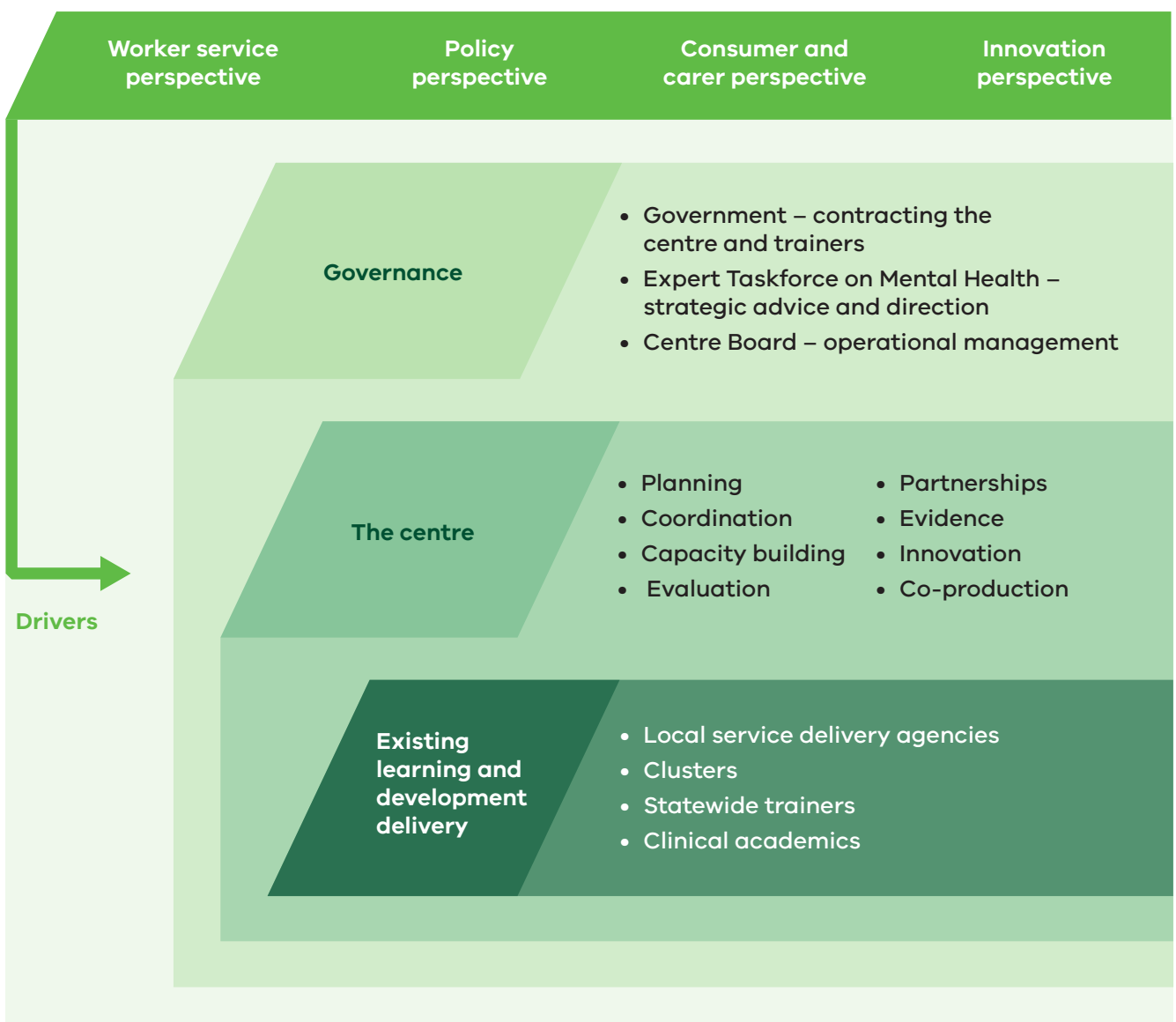
The functions of the centre will support the implementation of this workforce strategy by driving both learning and development of the workforce, and organisational development to ensure optimal service delivery and learning environments.

This will be achieved through:

- a coordinated statewide training calendar focused on priority areas of practice development
- an organisational consultancy service to embed essential capabilities
- and a workforce innovation grant program to explore and promote new ways of working in mental health across the age spectrum.

The centre creates an opportunity to provide other sectors with access to mental health expertise, training development and resources to build capability in those settings.

Figure 1: The Centre for Mental Health Workforce Learning and Development





ORGANISATIONAL CAPABILITY FRAMEWORK

Organisational capability frameworks provide a shared language and common understanding for the provision of high-quality services according to the needs and preferences of people using services, and their families and carers.

The framework will describe the capabilities and values that mental health service delivery should demonstrate in order to improve services in a changing service paradigm. Capabilities will sit within eight domains focused on key reform areas:

- personalised and responsive
- consumer centred
- human rights focus
- cultural safety
- family-inclusive practice
- trauma-informed practice
- linked-up service provision
- consumer driven.

The development of capabilities will need to be reflected in human resource and organisational practices, including:

- recruitment and orientation
- self-reflection
- practice supports
- team reflection, learning and development
- team building
- training and development needs analysis
- organisational assessment and service improvement
- organisational and workforce redesign.

A range of tools and resources will be developed in collaboration with service providers and service users to accompany the framework to embed the capabilities at the organisational, team, and individual worker levels. These tools and resources will assist organisations to drive practice change and improve access and responsiveness for diverse and vulnerable communities.

IMPLEMENTATION APPROACH

Victoria's *Mental health workforce strategy* outlines key activities for implementation beginning in 2016. Many activities will extend beyond the first year of the strategy and will be informed by the Expert Taskforce on Mental Health, its four reference groups, and other advisory groups as appropriate.

The Victorian Government's commitment to co-production will require the identification of co-production approaches that support the development and implementation of these workforce initiatives.

Implementation of the strategy will be guided by an evaluation and monitoring framework that will measure workforce activity outcomes and support the identification of future priorities and investment.

Figure 2. Mental health workforce strategy implementation approach



EVALUATING, MONITORING AND REPORTING

Better monitoring and evaluation is needed to more effectively support and develop the workforce. There is a need to build the evidence base for the effectiveness of workforce development initiatives to ensure investment is directed to where it will have the most impact.

An evaluation and monitoring framework will provide consistent information to help us to understand outcomes for all department-funded mental health workforce development initiatives.

The framework will assist the department and its partners to:

- ensure that activities funded under this strategy align with the 10-year mental health plan
- create consistent measures and indicators to assess the impact, effectiveness, outputs and outcomes of workforce initiatives
- improve monitoring and reporting on funded activity
- initiate formal evaluations of specific initiatives as required
- inform ongoing workforce planning, policy and investment decisions.

Victoria's 10-year mental health plan commits to the publication of an annual report to demonstrate progress against the intended outcomes of the plan. Measures and indicators to report against the objectives of the *Mental health workforce strategy* will be included in this annual report.

APPENDIX 1: 10-YEAR MENTAL HEALTH PLAN OUTCOMES

1. **Mental health and wellbeing** – the prevalence of mental illness is reduced, and Victorian individuals, families and communities are resilient.
2. **Equality in emotional and social wellbeing** – the gap in social and emotional wellbeing is reduced for at-risk groups, particularly for people from culturally and linguistically diverse backgrounds, refugees and asylum seekers, children in out of home care, and people who are same-sex attracted, trans, gender diverse or intersex.
3. **Close the gap** – the health gap between Aboriginal Victorians and the general population attributable to suicide, mental illness and psychological distress is reduced, and resilience-building activities, health promotion, treatment and support are culturally safe and responsive.
4. **Reduce the suicide rate** – the occurrence of suicide deaths, suicidal ideation and suicidal attempt is reduced, and the gap between the suicide rates for particular vulnerable groups and the general population is reduced.
5. **Early in life** – infants, children, young people and their families are supported to develop the life skills and abilities to manage their own mental health.
6. **Best mental health at all ages** – older Victorians are supported to build the protective factors for good mental health, address modifiable risks and access age-appropriate treatment and services that meet their mental health and physical health needs.
7. **Families and carers** – the role and needs of family, kinship community, and carers of people with mental illness are respected, recognised, valued and supported.
8. **Respect** – people living with mental illness, their families and carers get the same respect, advantages and opportunities as others, live free from stigma or discrimination, and have their rights upheld.
9. **Inclusion and participation** – people with mental illness and their carers and families maintain good physical health, stable housing, finances, employment and educational opportunities.
10. **Self-management** – people experiencing psychological distress or mental illness, and their families or carers, have the skills and support to manage and maintain their best mental health.
11. **Safe** – people with mental illness have less contact with the criminal justice system, including as either perpetrators or victims of abuse or violence.
12. **Choice** – people with mental illness have genuine choice about the treatment options, rehabilitation and support available and provided to them.
13. **Recovery** – people receiving treatment and other services are supported to define and realise personal wellbeing through recovery-oriented, trauma-informed, family-inclusive services that build optimism and hope.
14. **Universal access to public services** – people with mental illness and their families and carers have access to high-quality, integrated services according to their needs and preferences.
15. **Access to specialist mental health services** – people with mental illness, their carers and families have access to the public treatment and support services they need and choose, appropriate to their age and other circumstances, where and when they need them most.

APPENDIX 2: STRATEGIC FIT WITH VICTORIA'S 10 YEAR MENTAL HEALTH PLAN OBJECTIVES

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Mental Health and wellbeing	Equality in emotional and social wellbeing	Close the gap	Reduce the suicide rate	Early in life	Best mental health at all ages	Families and carers	Respect	Inclusion and participation	Self-management	Safe	Choice	Recovery	Universal access to public services	Access to specialist mental health services
10-YEAR PLAN OUTCOMES															
<p>Objective 1: Workforce availability and skill People with mental health issues receive the care they need and want from a skilled, appropriate and available workforce</p>	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
<p>Objective 2: Workforce safety and satisfaction The workforce operates within safe and supportive environments and cultures</p>								✓		✓	✓	✓	✓		
<p>Objective 3: Workforce integration Workforces collaborate across service and sector boundaries to ensure vulnerable people with multiple and complex needs needs get the right care</p>	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
<p>Objective 4: Co-design and co-delivery with consumers and carers The needs and preferences of people with a lived experience shapes workforce planning, development and composition</p>	✓	✓	✓				✓	✓			✓	✓	✓		
<p>Objective 5: Workforce innovation Innovation in mental health practice is informed by and contributes to research into better outcomes and experiences of care</p>	✓		✓		✓	✓	✓	✓			✓	✓	✓		

