Victoria’s specialist mental health workforce framework
Mental Health Community Support Services implementation plan 2014–19
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Purpose and context


The ways in which mental health community support services are delivered is changing. This implementation plan identifies specific action to create a more coordinated and integrated service model for client-directed care and catchment-based delivery of individualised care packages. This will help to prepare for the National Disability Insurance Scheme (NDIS) and ensure the workforce has the capability, capacity and confidence to support consumers, carers and families to choose their own recovery and rehabilitation services according to individual needs.

The changes towards a market-based service delivery model, with client-centred care and consumer choice at the forefront of service delivery represents the biggest change to the psychiatric disability service system in over 30 years. Our workforce will need to be supported, sustained and trained throughout the transition from a state-funded MHCSS to the NDIS to ensure a successful transition.

This implementation plan provides a clear program of workforce planning. It recognises that the profile and configuration of the workforce, and the services that are delivered, will change over time in response to both state and national reforms.

Over the next five years, new organisations will engage with new workers providing psychiatric disability support services to consumers, and their families and carers. Included in the plan is the development of a capability framework to ensure the MHCSS workforce has the appropriate skills, knowledge, attitudes and behaviours to meet the reform objectives and ensure transferability of skills across the workforce.

Progress at the NDIS launch sites and any broader NDIS roll out will also be monitored over the course of this plan to ensure any particular workforce issues are identified and priorities are adapted as necessary.

Scope

A partnership approach which has stakeholders fully engaged is necessary to achieve workforce change. The implementation plan identifies a number of stakeholder groups essential to the planning, design, implementation and review of a number of workforce strategies. These groups are defined in the following way:

- **service providers** – organisations providing Victorian Government funded MHCSS services, including both direct care and capacity building services such as education and training.
- **external providers** – agencies and organisations that may or may not be funded by the Department of Health but are relevant to mental health service delivery and workforce development, including consultants, contractors, tertiary and higher education institutions and Registered Training Organisations
- **peak bodies and representative groups** – groups that are established to develop common standards or processes, or to take action common to all members, including professional associations and other representative groups.

This framework identifies statewide workforce development action. It does not provide advice or direction on local workplace or employer obligations, including those related to industrial relations or human resource policies, as this is the responsibility of individual services. However, services and training organisations can use the actions in this plan to prioritise the workforce development requirements for their workers.
The framework at a glance

Victoria’s specialist mental health workforce framework: strategic directions 2014–24 sets the direction for future mental health workforce planning and development in Victoria. It provides a ten-year vision and strategy to ensure the mental health workforce is well positioned to meet the needs of people with mental illness, their families and carers, now and into the future.

The framework moves away from a traditional focus on the developmental needs of the individual worker. Instead, it takes a systems approach to supporting individual workers, teams, organisations and the sector to maximise their capacity to deliver high-quality treatment and care and more positive outcomes for individuals and families.

The framework also responds to and supports the Victorian Government’s key mental health policies and reforms including the reform of the Psychiatric Disability Rehabilitation and Support Service (PDRSS) program, the Victorian priorities for mental health reform 2013–2015, the implementation of the Framework for recovery-oriented practice 2011 and the commencement of the Mental Health Act 2014 on 1 July 2014. It also aligns with other important government reforms in human services delivery, such as Services Connect and the National Disability Insurance Scheme (NDIS).

Comprehensive consultation was undertaken with the specialist mental health sector to inform the development of the ten-year framework. Feedback from specialist mental health service providers and other key stakeholders was central to identifying key workforce challenges and developing strategies to address them.

The Victorian Government through the Department of Health will continue to work in partnership with individuals and families, service providers, training organisations, peak bodies and other government agencies to implement the framework and realise its vision.

A framework for change

**Workforce vision**
A competent and sustainable specialist mental health workforce in Victoria

**Community vision**
World-class, sustainable and recovery-oriented specialist mental health services

**Consumer, family and carer vision**
High-quality, accessible and recovery-oriented specialist mental health services

**Purpose**
To improve the mental health of all Victorians by providing a workforce which is responsive, skilled and sustainable.

**Goals**
- More people with the necessary attitudes, knowledge, values and skills are attracted to work in the specialist mental health sector.
- The existing workforce is supported, developed and retained.
- The workforce is well planned and distributed on the basis of population and the needs of consumers.
- People with the necessary attitudes, knowledge, values and skills are available where and when they are needed.
- Organisational culture supports and fosters positive working and learning environments.
- The workforce delivers high-quality, evidence-based treatment and care.
- The service system is productive, effective and connected.

**Drivers**
- Models of care and service delivery are evolving.
- Policy and funding models are changing.
- Demand for and expectations of services are increasing.
- The way people work and who is working is changing.

**Enablers**
- Service system reform and new delivery structures based on local area need and changing demographics.
- Better workforce data and planning methods.
- Clear understanding of the capabilities required across the workforce.
- Clearly defined and well supported roles for people with a lived experience.
- Translation of new and emerging evidence and innovation into practice.
- Stronger stakeholder engagement and partnerships around workforce activity.
- More strategic delivery of mental health-specific content in education and training.
- Greater use of new technologies to increase access to learning and development opportunities.

**Outcomes**
- More people with the necessary attitudes, knowledge, values and skills are attracted to work in the specialist mental health sector.
- The existing workforce is supported, developed and retained.
- The workforce is well planned and distributed on the basis of population and the needs of consumers.
- People with the necessary attitudes, knowledge, values and skills are available where and when they are needed.
- Organisational culture supports and fosters positive working and learning environments.
- The workforce delivers high-quality, evidence-based treatment and care.
- The service system is productive, effective and connected.

**People**
- Attract, develop and retain a competent and sustainable workforce.

**Place**
- Achieve the necessary distribution and skills mix in the workforce.

**Environment**
- Foster positive learning and working environments.

**Performance**
- Build the necessary capabilities and support.
Developing and growing the state’s health workforce

The Victorian Government’s People in Health initiative focuses on supporting and strengthening Victoria’s health and mental health workforce to care for a complex and growing cohort of patients and clients. The People in Health initiative has invested $500 million since 2010 as well as a commitment of $200 million annually to develop the state’s health workforce. The government also provides over $28 million each year to specifically support the specialist mental health and alcohol and drug workforces.

Under People in Health, the government will ensure our health professionals continue to receive the best training and education by:

- building strong partnerships across government, the health and education sector and professional bodies;
- funding clinical placements for professional-entry students and investing in successful transition to practice, postgraduate and specialist training;
- supporting health professionals (from students to specialists in their field) to access high quality and innovative training and workforce development opportunities to ensure Victoria continues to be at the forefront of best practice and excellent health service delivery; and
- targeting areas that require greatest support and funding for more workforce development opportunities in rural and regional settings, as well as in the growth areas of Melbourne.

Workforce reform: implementation approach

The activities in this plan have been identified from sector engagement, forecasting exercises modelling the impacts of sector reform on the future MHCSS workforce, analysis of the findings of the 2012 PDRSS workforce census and a 2013 online survey.

The implementation approach is based on the understanding that workforce development needs will change and evolve over the life of this plan. To begin with, fundamental changes relating to catchment-based service delivery and a core set of practice skills relating to recovery-oriented practice, trauma-informed care, client-directed practice and the delivery of individualised care packages will be prioritised to support state reforms. Building and supporting leadership with the MHCSS program will be critical to the successful implementation of reform objectives over the next five years. Leaders and change champions who can drive practice and culture change within the context of greater service integration will be supported to promote, lead and model client-directed, person-centred and family-inclusive care.

A partnership between the department and a range of stakeholders will be an essential component of guiding this plan’s implementation and identifying emerging issues. Figure 1 demonstrates this dynamic approach to defining new priorities in response to service delivery and policy changes, in partnership with a range of relevant stakeholders.
The implementation of this plan will be overseen by an expert working group. This group will comprise membership from government, service providers, teaching and training organisations, peak bodies and consumer and carers. The group will provide advice and oversight on specific actions identified within this plan and play an active role in the gathering of workforce intelligence to drive and inform policy directions.

Progress against this implementation plan will also be discussed with the Victorian Clinical Training Council, particularly in relation to training and education for students, graduates and other allied health workers within MHCSS.
Workforce development building blocks

There are a number of high-level activities included within this implementation plan that will support the ten-year framework over its lifespan. The two major building blocks are the development of a comprehensive capability framework, and the establishment of a learning and development platform that will reform the planning, delivery and funding of funded learning and development activities across mental health and alcohol and drug services.

Building core and advanced capability

The Victorian Government is commissioning the development of a capability framework for the mental health and alcohol and drug workforces. The purpose of this work is to identify and describe the common behaviours, skills, attitudes and values needed across these workforces to ensure the delivery of high-quality care and treatment that is responsive to the needs and expectations of people using services, and their families and carers.

The capability framework will identify a set of core capabilities that underpin service delivery to complement and build on the foundations of existing professional training, experience and qualifications. It will also identify the capabilities common across all settings, sectors and workforces that most strongly align with mental health and alcohol and drug reform objectives and principles.

The work will complement a range of national and state-based resources, including the national practice standards for mental health and the national mental health capabilities currently under development, and work that has been undertaken by professional bodies and representative groups for the professions. It will reflect the workforce elements that are required to implement a broad range of service and practice policies and guidelines, such as those that relate to dual diagnosis, family-inclusive practice, recovery-oriented practice, diversity and consumer and carer participation.

A range of actions in this plan will be implemented as a result of the capability framework. The capability framework will help services to develop, design or redesign roles that better respond to the changing landscape of service delivery, consumer and carer needs, and the labour market. The framework will also be used to determine learning and development requirements at the service and system level through the development of a range of tools and resources.

Systemic approach to learning and development

One of the key actions underpinning this implementation plan is the development of a platform to better coordinate the learning and development programs funded by the Victorian Government.

Currently, the development and delivery of training, education and professional development programs across mental health and alcohol and drugs is not well coordinated. This has led to some duplication of training effort as well as conflicting training calendars and an inconsistent approach to learning and development outcomes.

A statewide learning and development platform will be established to provide a systematic, integrated and coordinated approach to the planning, design and delivery of learning and development.

A centralised, coordinated mechanism for statewide trainers to design and deliver training will ensure that curriculum meets the needs of learners, specialist training is equitably distributed across the state, and training responds to policy changes and engages consumers and carers in the design and delivery of training programs.

Increasingly, services are being provided in more holistic and integrated ways to better respond to the multiple and complex needs of people presenting for services. Service delivery reform in this area is occurring across all sectors, but is most notably being driven by the Services Connect initiative in the Department of Human Services and Service sector reform: a roadmap for community and human services reform. Consistent with this, the statewide platform will develop ways to integrate learning and development across service systems and program types to ensure that the approach to workforce development reflects what we want to see in seamless, joined-up service delivery on the ground.

The platform will also provide an integrated set of workforce development services that provide trainers, learners, providers and others involved in workforce development with information, tools and resources to support and enhance delivery and management of learning and development outcomes.
Consumers and carers in the mental health workforce

The framework focuses on a recovery-based approach to mental healthcare that includes supported decision making and greater participation and self-direction of consumers, their families and carers.

To ensure services provide person-centred, recovery-oriented, family-inclusive care that is responsive to diversity and culture, the plan identifies actions to develop, implement and review activities with input and expertise from consumers, families and carers, and those with a lived experience in the workforce.

The plan also outlines an approach to the development and support of the consumer and carer workforces.

A number of the plan’s strategies address the three overarching themes of:

- developing and supporting the lived-experience workforce;
- better integration of the lived-experience workforce in mental health service delivery; and
- further developing the mental health workforce to work more effectively with consumers and their carers, families and significant others.

To address these themes, the Victorian Government will draw on significant national work currently underway on the development of a national mental health peer workforce model, and integrate this with the range of consumer and carer activities provided in this plan.

An overview of the relevant projects and how they relate to each other is provided in Appendix 1.

Continuous improvement

Continually improving the implementation of the strategic directions is critical to ensuring the effectiveness and efficiency of particular activities against the desired outcomes.

There will be an ongoing focus on:

- capturing and disseminating successes and lessons learnt;
- assessing where to adjust strategies to better meet goals and objectives; and
- identifying and responding to new issues and evidence as they arise.

The Victorian Government will take the lead role in this area, with the assistance of key stakeholders as required.

Planned actions

The following section describes the priority strategies to be undertaken over the next five years to further support and develop the MHCSS workforce. Workforce priorities will evolve as funding, policy, service delivery and workforce parameters shift over time, so there will be flexibility in the planning and prioritisation of resources.

The actions identified in this plan support all phases of reform by setting the foundation for a new approach to workforce development, particularly as it prepares for the transition to the NDIS.

It is important to note that not all the objectives identified in the ten-year framework have actions allocated against them in this implementation plan. Some objectives are specific to the clinical mental health workforce and will be addressed in a separate Clinical mental health workforce implementation plan 2014 – 2017.
1. People

Goal 1: Attract, develop and retain workers with the necessary attitudes, knowledge, values and skills to maintain a competent and sustainable workforce.

For Victoria’s MHCSS program to grow and develop, providers must recruit and retain staff with the necessary attitudes, knowledge, values and skills. Victorian mental health service providers report that their ability to attract, recruit and retain workers across a range of roles and skills varies considerably across program types and geographic locations. Effort is needed to support existing workers and to attract new workers capable of delivering mental health services of the future.

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<td><strong>Objective 1.1</strong> Plan for the development of a workforce that has the size, skill mix and distribution to meet projected population growth, changing service models and consumer needs and preferences (including implementation of the NDIS).</td>
<td><strong>1.1.1 Expert working group</strong> Use an expert working group to identify and advise the department on: • workforce reform and innovation; • culture and practice change; • implementation of the workforce development framework; and • evidence based approaches to workforce development.</td>
<td>• Develop and implement a work plan that aligns with the priority areas of the ten-year framework and reform activities. • Monitor workforce development challenges and opportunities in the transition to NDIS. • Establish a process for review of working group actions and ensure alignment with broader government policy directions.</td>
<td>• Effective solutions to existing and potential workforce challenges are identified and implemented. • Successful implementation of actions identified within workforce framework. • Shared learning and development opportunities identified across health and human services including Services Connect and alcohol and drug services.</td>
<td>• Individuals with expertise in MHCSS delivery, change management, research, and learning and development • Department of Human Services • Peak bodies • Consumers and carers • National bodies</td>
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<td><strong>1.1.2 Workforce planning program</strong> Adopt a workforce planning methodology that comprises: • a standardised minimum workforce dataset; • guidelines and tools to support workforce planning and data collection; • periodic, consistent data collection; and • capacity to identify emerging/ changing service delivery requirements.</td>
<td>• Undertake a periodic census of the MHCSS workforce. • Distribute guidelines and tools to support planning across MHCSS. • Maintain connections with Services Connect and NDIS to support workforce planning and learning and development delivery.</td>
<td>• The changing needs of people with mental illness are planned for and responded to. • Local workforce planning is incorporated within catchment level planning functions. • The future requirements of the MHCSS workforce are planned for, including preparation for the NDIS.</td>
<td>• Service providers • Peak bodies • Department of Human Services • National Disability Insurance Agency</td>
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| **Objective 1.2**  
Engage with local and national workforce initiatives to ensure the long-term planning requirements of the specialist mental health sector are considered. | **1.2.1 National profile for Victorian mental health workforce planning and development**  
Strengthen engagement with national workforce policy and planning committees and organisations. | • Maintain key relationships with national policy and workforce planning committees and organisations, particularly as it relates to NDIS.  
• Build the case for greater inclusion of the mental health workforce in national structures and initiatives.  
• Under the People in Health initiative, ensure that programs continue to incorporate workforce development action for the mental health workforce. | • Victorian workforce planning and development is linked to national workforce planning and policy directions.  
• The needs of Victoria’s mental health workforce are included within local and national workforce planning processes. | • Commonwealth Department of Health  
• National Disability Insurance Agency |
| **Objective 1.3**  
Improve the retention of the existing specialist mental health workforce | **1.3.1 Preparing the workforce**  
Promote the use of high-quality orientation and induction programs and appropriate mentoring and supervision programs for the MHCSS workforce. | • Use the capability framework (refer to objective 4.1) to identify and promote specific capabilities for mentoring and supervision.  
• Identify and promote best practice orientation and induction procedures, including culturally safe and appropriate programs. | • Increase in retention of existing workforce through the provision of appropriate organisational support.  
• Increased capacity of supervisors and mentors in providing supervision.  
• Greater worker confidence and satisfaction. | • Service providers  
• Professional bodies  
• Peak bodies and representative groups |
| **Objective 1.4**  
Improve the attraction and recruitment of experienced workers | **1.4.1 Promotion of work in MHCSS**  
Develop and implement a MHCSS recruitment toolkit derived from the capability framework that identifies the values, skills and attributes of the MHCSS workforce. | • Use the capability framework to inform a recruitment toolkit (refer to objective 4.1).  
• Develop, implement and promote the recruitment toolkit in a variety of work and educational settings. | • Capability-based recruitment is used by the sector.  
• The MHCSS sector is showcased as a dynamic and innovative place to work.  
• New and experienced workers from other settings are recruited to the workforce. | • Service providers  
• Peak bodies |
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<td><strong>Objective 1.5</strong>&lt;br&gt;Improve the attraction and recruitment of new entrants into the specialist mental health sector.</td>
<td><strong>1.5.1 Student placements</strong>&lt;br&gt;Encourage the uptake of student placements within the MHCSS sector and improve the experience of students placed with services.</td>
<td>• Engage with the clinical training networks and Expanded Settings program to increase placements within MHCSS.&lt;br&gt;• Identify other opportunities to promote efficient, effective statewide approaches to coordination of student placements.&lt;br&gt;• Promote implementation of the Best Practice Clinical Learning Environment Framework to ensure students have a positive placement experience.</td>
<td>• Students on placements within MHCSS receive positive learning experiences.&lt;br&gt;• Increased number of student placements within MHCSS&lt;br&gt;• Increased number of students considering a career within the mental health service system.</td>
<td>• Service providers&lt;br&gt;• Clinical training networks</td>
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<td><strong>1.5.2 Best practice learning environments</strong>&lt;br&gt;Continue to support the uptake of the Best Practice Clinical Learning Environment Framework in community mental health services.</td>
<td>• Explore opportunities to showcase best practice learning environments in MHCSS.&lt;br&gt;• Promote implementation of the Best Practice Clinical Learning Environment Framework for MHCSS.</td>
<td>• Increased number of graduate allied, nursing and medical graduates taking up placements and employment in MHCSS.&lt;br&gt;• Enhanced learning experiences for students on placement within MHCSS.&lt;br&gt;• Improved experience for graduates and supervisors within new graduate programs.&lt;br&gt;• Increased capacity of supervisors and mentors in providing support to graduates.</td>
<td>• Clinical training networks&lt;br&gt;• Service providers</td>
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<td><strong>Objective 1.6</strong>&lt;br&gt;Strengthen the design and delivery of paid consumer leadership, carer leadership and peer support roles in mental health.</td>
<td><strong>1.6.1 Mental Health Consumer and Carer Program Review</strong>&lt;br&gt;Complete the review of the range of state-funded mental health consumer peer support, carer support and consumer, carer and family participation programs and activities.</td>
<td>• Complete review of consumer and carer programs.&lt;br&gt;• Draw on the outcomes of the review to determine next steps in conducting a consumer and carer job analysis.</td>
<td>• Investment in consumer, carer and peer support is better aligned with the changing expectations of consumers and their carers and families.</td>
<td>• External providers&lt;br&gt;• Peak bodies and representative groups&lt;br&gt;• Consumers and carers</td>
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| 1.6.2 Consumer, carer and peer support job analysis | Develop role definitions to clearly specify the accountabilities, required capabilities, training requirements and support mechanisms for these roles. | • Drawing on the outcomes of the consumer and carer review and Health Workforce Australia's Mental Health Peer Workforce Project, undertake a scoping exercise to identify existing roles and functions of the consumer workforce and to identify gaps in workforce participation.  
• Use the capability framework to undertake a job analysis of these roles.  
• Develop role definitions to clearly specify the accountabilities, required capabilities, training requirements and support mechanisms for these roles. | • The responsibilities, duties, skills, accountabilities, work environment and abilities required for success in a consumer, carer or peer support role are clearly defined.  
• Employers have an increased understanding of what supports and structures need to be in place for these positions to work most effectively. | • Commonwealth Department of Health  
• Peak bodies  
• Consumers and carers  
• Service providers |
| 1.6.3 Building consumer and carer workforce capacity | Develop a learning and development program for the consumer and carer workforce linked to reform priorities. | • Determine the feasibility of supporting access to the certificate IV in peer mental health.  
• Support learning and development for the MHCSS consumer and carer workforce.  
• Explore opportunities to support consumer and carer educators. | • The consumer and carer workforce is provided opportunities to build their capability within the MHCSS service sector.  
• Increased clarity and credibility of the roles and functions of the consumer, carer and peer workforce  
• Consumer and carer educators and experts contribute to the design and delivery of learning and development activities. | • Service providers  
• Peak bodies  
• Consumers and carers  
• External providers  
• Commonwealth Department of Health |
| Objective 1.7 Increase the rate of workforce participation and retention of Aboriginal people in mental health | 1.7.1 Aboriginal workforce participation and retention  
Ensure recruitment and retention strategies are culturally sensitive and appropriate. Further support existing Aboriginal mental health workers through objective 3.6. | • Refer to objective 1.3 and 3.6 | • Increased employment and professional development opportunities for Aboriginal mental health workers.  
• Increased support and learning and development opportunities provided to Aboriginal mental health workers. | • Aboriginal community controlled health organisations  
• Service providers |
2. Place

Goal 2: Achieve a distribution and skills mix in the workforce which allows people to access the kind of care they need.

Access to quality services relies on workers with appropriate skills providing MHCSS services across Victoria. Workforce supply constraints are felt more strongly in rural and regional Victoria where recruitment and retention can be difficult. More innovative and effective ways of working and learning must be explored in order to meet the community’s needs for quality services.

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| **Objective 2.1**
Support innovative ways of working in rural and regional Victoria. | **2.1.1 Rural workforce innovation program**
Establish an innovation program that explores, identifies and documents innovations that improve the efficiency and effectiveness of the specialist mental health workforce in rural and regional Victoria. | • Promote and strengthen innovative approaches to workforce development in the rural and regional MHCSS workforce.
• Identify opportunities to promote joined up workforce approaches across mental health and human services whilst retaining expertise. | • Effective responses to existing and projected workforce challenges are identified and promoted.
• Increased development of sustainable practice and organisational change models within the MHCSS sector. | • Rural and regional service providers
• Department of Human Services |
|          | **2.1.2 Showcasing regional workforce innovation**
Recognise, promote and celebrate the achievements in workforce innovation and reform. | • Explore opportunities to celebrate regional workforce innovation, leadership and achievement.
• Explore options to highlight rural and regional workforce innovation in the future. | • Increased access to information, knowledge sharing and expertise.
• Increased exposure and knowledge transfer of rural and regional evidence-based ways of working.
• A culture of continuous improvement and leadership is promoted and supported. | • Rural and regional Service providers
• Training and education providers |
| **Objective 2.2**
Increase the attraction of capable staff to regional and rural specialist mental health settings. | **2.2.1 Rural and regional workforce attraction**
Review the rural workforce innovation grants to identify best practice and innovative approaches to addressing rural workforce attraction, recruitment and retention challenges. | • Identify and review innovation grant projects that focus on workforce attraction, recruitment and retention solutions.
• Identify resources that promote models of attraction, recruitment and retention in the rural workforce that are proven or show promise. | • New recruitment and retention models identified and promoted widely in the sector. | • Service providers |
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<td><strong>Objective 2.4</strong>&lt;br&gt;Design and structure roles and functions to make best use of relevant skills available in the current and future workforce.</td>
<td><strong>2.4.1 Flexible roles for the workforce</strong>&lt;br&gt;Explore opportunities to develop new and flexible roles to retain the current workforce and respond to the challenges of future service delivery.</td>
<td>• Use the capability framework and workforce census data to design and structure roles and functions.&lt;br&gt;• Identify and promote innovative models of role design.&lt;br&gt;• Monitor the implementation of the NDIS to prepare for workforce changes.</td>
<td>• Greater opportunities for vertical and horizontal career progression within the existing MHCSS workforce.&lt;br&gt;• Enhanced adaptability, flexibility and capability of the current and future workforce.&lt;br&gt;• Role design and functions will be based on core capabilities that respond to local need and the changing profile of the workforce in the transition to the NDIS.</td>
<td>• Service providers</td>
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| **Objective 2.5**<br>Increase the use of area-based workforce planning and development to improve responsiveness to local needs and build workforce capability in areas of high demand. | **2.5.1 Area-based collaborative planning approaches**<br>Explore opportunities to develop collaborative workforce planning approaches to more effectively plan and coordinate workforce requirements within the context of mental health reforms. | • Explore approaches to catchment-based planning to inform local workforce priorities and development. | • Workforce planning and development requirements that support state and commonwealth reforms are identified and responded to.<br>• Workforce planning and development is based on local need and context and feeds into broader workforce planning processes.<br>• Workforce planning capacity is enhanced across MHCSS using catchment based planning functions where possible. | • Service providers |

Objective 2.3 within the ten-year framework does not have an action against it within the MHCSS implementation plan – this objective will be considered in the clinical workforce implementation plan only.
3. Environment

Goal 3: Foster positive learning and working environments with strong leadership and a culture of collaboration.

To be most effective, workforce strategies need to be understood at the individual worker, team, organisation and sector levels. Strengthening the organisational environment and culture can play an important role in supporting quality practice, facilitating change management and increasing worker satisfaction and morale. Effective and strong leadership is needed to create an organisational climate that supports the workforce to perform at its best.

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<td>Objective 3.1</td>
<td>3.1.1 Promoting a professional environment</td>
<td>• Use the capability framework and recruitment toolkit to enhance the professional profile of the MHCSS workforce.</td>
<td>• New and experienced workers are encouraged to consider a transition to a career within the MHCSS workforce.</td>
<td>Peak bodies, Service providers</td>
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<td>Objective 3.2</td>
<td>3.1.2 Integration and coordination</td>
<td>• Ensure that the capability framework articulates the necessary skills required for integrated and coordinated service delivery.</td>
<td>• Development and uptake of common tools relating to recovery planning.</td>
<td>Service providers, External providers, Department of Human Services, Health and community service agencies</td>
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<td>3.2.2 Catchment-based intake and assessment</td>
<td>• Consider evaluation findings relating to workforce development from the five pilot sites undertaking the catchment-based triage and intake assessment projects.</td>
<td>• The workforce has increased capacity and skills to provide standardised practice in relation to intake and assessment.</td>
<td>Service providers, External providers</td>
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Objectives

Objective 3.1
Promote the mental health sector as an excellent employment choice.

Objective 3.2
Strengthen teamwork and shared care across disciplines within specialist mental health and across sectors in the broader system of care.
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| **Objective 3.3**  
Support workplace cultures that are responsive to the needs of consumers, their families and carers and are open to new ways of working that enhance recovery. | **3.3.1 Recovery-oriented culture and practice**  
Support the adoption of a recovery-oriented culture within mental health services in line with the Victorian framework for recovery-oriented practice 2011 and the National framework for recovery-oriented mental health services. | • Support the implementation of the Victorian framework for recovery-oriented practice 2011 and the National framework for recovery-oriented practice: policy and theory that builds organisational capacity and worker capability.  
• Integrate recovery-oriented practice across the statewide learning and development platform (refer to objective 4.5).  
• Embed recovery-oriented practice within practice supervision. | • Increased capability and capacity of the workforce to support and work with consumers to make choices about their treatment, including planning and decision making that is orientated towards their goals.  
• A strengths and hope-based workforce culture is promoted and supported.  
• There is participation of consumers, their carers and families in treatment planning, delivery and after care support. | • Service providers  
• External providers  
• Peak bodies |
| **3.3.2 Family and carer inclusive practice**  
Develop and deliver a learning and development program to support the implementation of a family-inclusive practice framework across the mental health sectors. | • Promote family-inclusive practice guidelines across MHCSS.  
• Develop and deliver area-based learning and development opportunities in family-inclusive practice.  
• Embed family-inclusive practice across the MHCSS health workforce. | • Family-inclusive practice is embedded within clinical mental health services.  
• Increased use of family inclusive interventions and secondary consultation within services.  
• Networks of family inclusive practice leaders are developed between and within catchments.  
• Increased workforce capacity to effectively respond to the needs of consumers and their families, particularly the needs of dependent children. | • Service providers  
• External providers  
• Education and training providers |
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<td>3.3.3 Client-directed decision making</td>
<td>Support the workforce to adopt flexible, person-centred support and client-directed decision making that is consistent with the features of the MHCSS program and NDIS.</td>
<td>• Build worker capability for client-directed decision making through the statewide learning and development platform (refer to objective 4.3). • Explore options to support effective delivery of individualised support packages. • Refer to objective 4.6.</td>
<td>• Increased confidence and capacity of the MHCSS workforce in supporting consumers in self-management and client-directed decision making. • The workforce is supported to develop and deliver individualised support packages that align with sector reform principles.</td>
<td>• Service providers • External providers • Peak bodies • Consumers and carers</td>
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<td>3.3.4 Strengthening the response for dependent children</td>
<td>Support the specialist mental health workforce to enhance practice in identifying and responding to the needs of children who have a parent with mental illness.</td>
<td>• Build workforce capacity in working with families with dependent children. • Embed working with dependent children in family-inclusive practice learning and development.</td>
<td>• Increased capability and capacity of the MHCSS workforce to identify, and respond accordingly to the needs of dependent children. • The needs of dependent children are included within learning and development programs relating to family-inclusive practice.</td>
<td>• The Bouverie Centre • Department of Human Services • Service providers</td>
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<td>Objective 3.4</td>
<td>Build the capability of the specialist mental health workforce to provide high quality practice and organisational leadership.</td>
<td>3.4.1 Leadership and management program</td>
<td>Develop leadership and management capability and capacity across the MHCSS workforce for current and emerging leaders.</td>
<td>• Support leadership and management development for existing and emerging leaders within the MHCSS. • Promote access to leadership development opportunities.</td>
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<td><strong>Objective 3.6</strong>&lt;br&gt;Support workplace cultures that are responsive to diversity.</td>
<td><strong>3.6.1 Aboriginal workforce development program</strong>&lt;br&gt;Establish a workforce development program to support and extend the capability and capacity of the Aboriginal mental health workforce in partnership with MHCSS service providers, including Aboriginal community controlled health organisations (ACCHOs).</td>
<td>• Work with stakeholders to identify learning and development priorities for the Aboriginal workforces that may include:&lt;br&gt;– further supervision and support;&lt;br&gt;– mentoring;&lt;br&gt;– increased access to culturally appropriate learning and development opportunities; and&lt;br&gt;– communities of practice.&lt;br&gt;• Deliver a workforce program that will build the capability and capacity of the workforce.</td>
<td>• MHCSS services are culturally safe for Aboriginal workers.&lt;br&gt;• Aboriginal workers have access to culturally appropriate learning and development, support and supervision, peer support and shared learning.&lt;br&gt;• Increased capacity of the Aboriginal MHCSS workforce.</td>
<td>• Service providers&lt;br&gt;• Aboriginal community controlled health organisations&lt;br&gt;• External providers</td>
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<td><strong>Cultural sensitivity learning and development program</strong>&lt;br&gt;Develop approaches to enhance the knowledge, awareness and capability of MHCSS services to provide culturally sensitive and safe treatment and care for Aboriginal people and people from a culturally and linguistically diverse background, including newly arrived people.</td>
<td>• Support cultural competence development for the MHCSS workforce specific to targeted locations.&lt;br&gt;• Promote tools and resources for MHCSS self-assessment and audit of cultural sensitivity capacity and practice.</td>
<td>• The workforce applies culturally sensitive practice in service delivery, management and community development activities.</td>
<td>• External provider(s)&lt;br&gt;• ACCHOs&lt;br&gt;• Service providers</td>
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Objective 3.5 of the ten-year framework does not have an action against it in the MHCSS implementation plan – this objective will be considered in the Clinical Workforce Implementation Plan only.
4. Performance

Goal 4: Equip the workforce with the necessary capabilities and support to deliver recovery-oriented, best-practice care.

The provision of high-quality MHCSS services depends on the availability of workers with the necessary knowledge, attitudes, values and skills to meet the needs of people experiencing mental illness and of their carers and families, particularly dependent children. This section identifies strategies to build the capability and capacity of workers to respond to changing service delivery requirements for MHCSS.

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<td>Objective 4.1</td>
<td>4.1.1 Capability framework</td>
<td>Develop a capability framework for the MHCSS workforce, with an early focus on identifying capabilities that align with reform priorities such as person-centred practice, client-directed, family-inclusive practice, working with people in complex presentations and cultural competence.</td>
<td>• There is greater adaptability, flexibility in the roles and functions of the current and future workforce.</td>
<td>• MHCSS expert advisers</td>
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<td>• Test the framework with the MHCSS workforce and align with the reform objectives of the NDIS.</td>
<td>• Vertical and horizontal career structures are identified that facilitate a more flexible workforce.</td>
<td>• External provider</td>
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<td>• Design and implement tools to assist services to use the capability framework and embed capabilities into routine practice.</td>
<td>• Capabilities are designed that reflect the needs of people with a mental illness and their carers and families.</td>
<td>• Peak bodies</td>
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<td>• Meaningfully involve consumers and carers in the design and development of the framework.</td>
<td>• Capabilities are used as the basis for designing and recruiting to emerging and future roles and functions.</td>
<td>• Department of Human Services</td>
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<td>Objective 4.2</td>
<td>4.2.1 Standards of practice</td>
<td>Explore practice standards as a method for implementing core capabilities.</td>
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<td>Explore the feasibility of developing standards of practice to embed the capabilities required for the MHCSS sector.</td>
<td>• Opportunities for embedding core capabilities within MHCSS practice are identified and agreed.</td>
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<td>• Capabilities are aligned with the National Mental Health Practice Standards and NDIS.</td>
<td>• National bodies</td>
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| **Objective 4.3**  
Increase opportunities for all levels of the specialist mental health workforce to increase capability in relation to assessing and managing organisational and consumer risk. | 4.3.1 Clinical risk  
Develop approaches to effectively manage clinical risk, including approaches tailored to least restrictive practice and supported decision making. | • Promote development opportunities and resources that enhance management of risk in the MHCSS sector. | • A shared understanding of risk within the context of supported decision making and least restrictive practices is understood and practiced.  
• Increased capacity and capability of MHCSS to respond to risk in a way that respects the rights and self-determination of consumers whilst maintaining a duty of care.  
• Increased capacity of the mental health sector to provide an appropriate response to risk. | • Service providers  
• MHCSS sector  
• Peak bodies  
• Consumers and carers  
• Training and education providers |
| **Objective 4.4**  
Support the development of systems and structures that assist individual workers to meet the outcomes and service requirements expected by individuals, programs and organisations. | 4.4.1 Capabilities for effective practice  
Develop resources and processes to support the implementation of the new capability framework for the MHCSS. | • Design, implement and monitor impact of practical resources, tools and processes to assist services in the uptake and use of the capability framework. | • A more adaptable, flexible and competent workforce.  
• Capability based roles and functions that respond to the needs of people with mental illness and their carers and families.  
• Opportunities to expand the scope of practice for particular roles within mental health service delivery are identified and promoted. | • External providers  
• Peak bodies  
• Service providers |
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<td><strong>Objective 4.5</strong>&lt;br&gt; Increase availability of and access to learning and development opportunities that are aligned with core capabilities.</td>
<td><strong>4.5.1 Learning and development platform</strong>&lt;br&gt; Support a sustainable and responsive cross-sector platform for coordinated delivery of evidence-based learning and development activities across the MHCSS, clinical mental health and alcohol and drug workforces. Support learning and development activities that align changing needs of consumers and service providers and broader system reforms.</td>
<td>• Create new and better harness existing learning and development opportunities with the human services workforces, particularly through Services Connect.&lt;br&gt; • Build the roles of nurse, allied health and consumer and carer educators within the platform to inform scope of practice frameworks and resources.&lt;br&gt; • Identify area-based and state-wide workforce development needs and coordinate a learning and development program that responds to these needs, based on an analysis of:&lt;br&gt; - new and emerging policy and reform objectives;&lt;br&gt; - consumer, carer and family perspectives and expectations; and&lt;br&gt; - workforce needs and employer requirements.</td>
<td>• Improved brokerage, coordination and delivery of learning and development opportunities.&lt;br&gt; • Reduced duplication in program delivery, increased efficiencies and cost effectiveness.&lt;br&gt; • More consistent and integrated learning and development opportunities are provided across the MHCSS, clinical mental health and alcohol and drug workforces.&lt;br&gt; • More strategic responses to both local and state-wide training needs are established that address the common challenges and opportunities across the three workforces.&lt;br&gt; • Learning and development needs are identified to support the workforce in the transition to the NDIS.</td>
<td>• Peak bodies&lt;br&gt; • Service providers&lt;br&gt; • External providers&lt;br&gt; • Department of Human Services</td>
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<td><strong>4.5.2 Online professional development</strong>&lt;br&gt; Build on recent investment in Mental Health Professional Online Development (MHPOD) and expand access to the MHCSS workforce.</td>
<td>• Explore opportunities to integrate existing MHPOD curriculum into learning and development programs.&lt;br&gt; • Explore opportunities to further develop MHPOD with a specific focus on MHCSS capabilities.&lt;br&gt; • Establish a sustainable model for ongoing administration of the MHPOD learning management system.</td>
<td>• Improved access to evidence-based learning aligned with core capabilities and national mental health practice standards.&lt;br&gt; • Foundational mental health skills are embedded within the graduate MHCSS workforce.&lt;br&gt; • Increased use of online learning platforms and new technologies in MHCSS.</td>
<td>• External providers&lt;br&gt; • Peak bodies&lt;br&gt; • Service providers&lt;br&gt; • National bodies</td>
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<td><strong>Objective 4.6</strong>&lt;br&gt; Increase availability and access to learning and development opportunities that are aligned with key reform priorities.</td>
<td><strong>4.6.1 Dual diagnosis capability</strong>&lt;br&gt; Design and develop a sustainable approach to enhance the capability and capacity of the MHCSS, clinical mental health, alcohol and drug and other relevant workforces in working with individuals who have a dual diagnosis and other co-morbidities.</td>
<td>• Identify core capabilities that relate to complexity.&lt;br&gt; • Promote foundational and advanced dual diagnosis learning and development resources.&lt;br&gt; • Embed dual diagnosis learning and development within the statewide learning and development platform (refer to objective 4.5).</td>
<td>• Increased capability and capacity of the MHCSS to respond to consumers with coexisting mental illness and alcohol and drug issues.</td>
<td>• External providers&lt;br&gt; • Service providers&lt;br&gt; • Health and community services</td>
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<td><strong>4.6.2 Trauma-informed care</strong>&lt;br&gt; Embed trauma-informed care within practice and learning and development opportunities in line with MHCSS and clinical mental health reform priorities.</td>
<td>• Explore opportunities to embed trauma informed care within learning and development opportunities across the MHCSS workforce.&lt;br&gt; • Identify and promote practice guidelines.</td>
<td>Trauma-informed care is provided within mental health services.&lt;br&gt; • Increased capacity in the MHCSS workforce to identify and respond to the impact of trauma on consumers, carers and their families.</td>
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<td><strong>4.6.3 Forensic capability</strong>&lt;br&gt; Develop the capability and capacity of the MHCSS workforce to work effectively with people with actual or potential forensic risk.</td>
<td>• Support forensic clinical specialists to work effectively with MHCSS services through a program specific capability framework.&lt;br&gt; • Progress learning and development opportunities in forensic mental health for the MHCSS sector.</td>
<td>Forensic mental health expertise and best practice is embedded within the specialist mental health sector.&lt;br&gt; • Increased confidence, capability and capacity of the workforce to work effectively with consumers who present with actual or potential forensic risk, and/or an offending history.</td>
<td>• Forensic clinical specialists&lt;br&gt; • Service providers</td>
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<td><strong>4.6.4 Client-directed care</strong>&lt;br&gt;Identify and train to new skills sets that align with the directions of the NDIS and that support the workforce to transition to new approaches to service delivery based on client-directed care and client-directed funding.</td>
<td>• Progress a program of learning and development and capacity building action to support the workforce through the reform transition process.&lt;br&gt;• Monitor the emerging thinking in relation to workforce development and reform relating to the NDIS implementation at the state and commonwealth levels.&lt;br&gt;• Translate new service delivery requirements and related practice change into learning and development priorities.</td>
<td>• Increased confidence and capability in the workforce to prepare for and make the transition to the NDIS in Victoria.&lt;br&gt;• Strengthened ability of the workforce to navigate reforms and feel more confident about managing change.&lt;br&gt;• Greater engagement of consumers, their families and carers in decisions relation to treatment and care.</td>
<td>• External providers&lt;br&gt;• National bodies&lt;br&gt;• Service providers</td>
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Objective 4.7<br>Build capability in relation to supervision and mentoring.

| 4.7.1 Practice supervision | Promote a sector-wide practice supervision approach to increase the skills and capability of the workforce, support retention and develop emerging leaders. | • Promote practice supervision guidelines and other resources for the MHCSS workforce.<br>• Embed the practice supervision learning and development program across the MHCSS workforce. | • Improved quality, consistency and evidence-based practice through access to practice support and advice for the MHCSS workforce. | • Service providers<br>• External provider(s) |

| 4.7.2 Mentoring and supervision for the Aboriginal workforce | Develop and implement a culturally appropriate mentoring, clinical and practice supervision program that enhances the sharing of information and practice for Aboriginal mentors and their mentees, as well as access to culturally appropriate clinical and practice supervision across the MHCSS workforce. | • Develop a learning and development package for Aboriginal and non-Aboriginal supervisors.<br>• Progress a learning and development program and monitor its impacts. | • Increased opportunities for effective and culturally appropriate supervision for the Aboriginal workforce.<br>• Experienced Aboriginal workers and non-Aboriginal clinicians are confident in providing culturally appropriate supervision to Aboriginal workers. | • External provider(s)<br>• ACCHOs<br>• Service providers |
Appendix 1: Consumers and carers in MCHSS service delivery

Support attainment of the Certificate IV in peer mental health
(See strategy 1.6.3)
This qualification is specific to workers who have lived experience of mental health problems as either a consumer or carer and who work in mental health services. Making the qualification available in Victoria and the possibility of supporting people to undertake the Certificate IV needs to be further explored.

Deliver learning and development activities to the consumer and carer workforce
(See strategy 1.6.3)
Consumer and carer workers need access to education and training, as well as a range of other supports in order to develop and apply their knowledge and skill. Consumers and carers will play a role in the planning, delivery and review of capability-based education and training to the consumer and carer workforce.

Deliver learning and development activities to the mental health workforce
(See strategy 4.5.1, objective 4.6)
Consumers and carers will play a role in the planning, delivery and review of capability-based education and training to mental health practitioners.

National Mental Health Peer Workforce model
This model aims to strengthen and develop the mental health peer workforce as an important component of quality, recovery-focused mental health services. It aims to reduce the current burden on the mental health system. This work is being progressed nationally.