

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

December 2021



## **We acknowledge Victoria's First Peoples and their rich culture.**

We respectfully acknowledge all Countries of the Kulin Nation and pay respects to their Spiritual Ancestors, Elders, families, children and young people of past, current and future generations. This acknowledgement also extends to the Traditional Custodians protecting and nurturing its lands, waters and other significant sites.

We recognise their lived experiences of colonisation and the strength and resilience of their living cultures and connection to Country. We embrace the spirit of reconciliation and commit to working towards community-driven and self-determining outcomes that ensure equality of outcomes and an equal voice.

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# Minister's foreword

Nine months ago, I stood up at an historic sitting of the Victorian Parliament alongside the Premier and made a commitment to rebuild Victoria's mental health system from the ground up.

Not just to improve things a little bit, but to reconsider every dimension of the care Victorians receive if they are living with a mental illness or supporting someone who is facing mental health challenges.

But providing better care requires people. People who are skilled and trained to do the jobs that will deliver that care, and who approach their work with compassion, empathy and dedication.

From social workers in community health, to mental health nurses in our acute units, we need a workforce that is built to support Victorians whether they are experiencing mental health challenges for the first time or dealing with chronic illness.

*Victoria's mental health and wellbeing workforce strategy 2021–2024* sets out a clear and actionable plan to attract, train and support the workforce we need for our future. If we are to deliver on every recommendation of the Royal Commission, as promised, we must start by strengthening and expanding our mental health workforce.

This strategy identifies the gaps and the challenges we face in getting workers skilled up and into jobs – and provides a pathway towards building a workforce that is capable of delivering the care Victorians need and deserve.

We have already made significant progress on many of the workforce initiatives recommended by the Royal Commission into Victoria's Mental Health System, including a record \$228 million investment since the 2020-21 Victorian State Budget. But we acknowledge that we are at the start of a long process to build the foundations for change, and to ensure we stay on track we will review and update the strategy every two years, so it reflects the needs of the mental health and wellbeing workforce as we build the new system from the ground up.

To all members of our mental health and wellbeing workforce, I want to thank you on behalf of the Victorian community for your dedication, perseverance and the important work you do to care for our state each day as we create a better system of care for every single Victorian.

**The Hon James Merlino MP**

Deputy Premier

Minister for Mental Health



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# 1. Reforms to promote mental health and wellbeing for all Victorians

## A bold vision for reform

The Royal Commission released its final report in March 2021, setting out its vision for the future mental health and wellbeing system. The 65 recommendations of the final report, along with nine recommendations in the interim report, lay the foundations for a future where more people needing mental health and wellbeing support will receive services in the community. The system will be responsive and integrated, and people will be able to access a mix of treatment, care and support options as set out in Figure 1.

The ten-year reform program is ambitious, and will see:

- community-based services at the core of the new system
- services that are responsive to people’s level of need
- promotion of good mental health and wellbeing where people live, work and learn
- support for all Victorians to experience their best mental health and wellbeing
- new system foundations underpinned by lived experience leadership and supported by a strengthened workforce
- a commitment to research and innovation
- evidence-based service planning and contemporary, fit-for-purpose infrastructure.

**Figure 1: Victoria’s new responsive and integrated system**



Royal Commission into Victoria's Mental Health System, Final Report, Volume 1, p. 297

## Better mental health for Victoria leading to better opportunities for jobs

The Victorian Government is committed to improving Victoria's mental healthcare system by investing in better support, better environments and better facilities. By doing this now, and into the future, there will be better outcomes for many more Victorians.

In order to make this happen, the government needs to recruit many more people into the mental healthcare workforce, meaning there are better job opportunities across a range of disciplines, roles and levels.

## A new approach to change

The Royal Commission made clear statements that the government's approach to reform needs to be different. Many flaws in the current system stem from how the system was designed – favouring expertise inside government or clinical settings or choosing organisational needs over people's experience.

To avoid repeating these mistakes, these reforms will apply a different approach, focused on collaboration and learning. Lived experiences will be central to the work and will be part of planning, design and delivery in the new system. There is a commitment to listen to expertise from diverse sources including the community, clinicians, providers, and other sectors who have been through change processes.

## The workforce's role in system reforms

The mental health and wellbeing workforce will have a key role in these changes. Members of the workforce hold the knowledge and experience to guide service design; they are the trainers of new staff and continuous builders of skills; and they are the backbone of the system who will enable a holistic care environment for consumers.

In the Royal Commission's interim report, *Recommendation 7: Workforce readiness* sets out actions to strengthen and expand the workforce, and to build an evidence base to plan, project and respond to future needs and demand. The final report builds on these foundations. Implementation of *Recommendation 57: Workforce strategy, planning and structural reform* will see a workforce that is of the appropriate size, diversity and composition to deliver services to Victorians in the reformed system. *Recommendation 58: Workforce capabilities and professional development* will ensure members of the workforce have the right capabilities across professions, roles and settings, and *Recommendation 59: Workforce safety and wellbeing* will deliver sustainable working environments where staff feel safe, supported and valued.

*Victoria's mental health and wellbeing workforce strategy 2021–2024* sets out priority activities to address existing challenges in the workforce pipeline, build attractive and rewarding workplaces, and pursue excellence in practice and outcomes. The Victorian Government has committed to refreshing the strategy every two years so it can reflect the changing needs of the system, the community, and of the mental health and wellbeing workforce.

## 2. Overview of Victoria's mental health and wellbeing workforce strategy 2021–2024

### Purpose of the strategy

Victoria's mental health and wellbeing workforce strategy 2021–2024 sets out a coordinated and strategic approach to deliver the diverse, skilled and multidisciplinary workforce required for Victoria's reformed mental health and wellbeing system. This strategy sets out the Government's vision for the mental health and wellbeing workforce, including the activities that are necessary in the short, medium and longer term to deliver on this vision and implement recommendation 57 of the Royal Commission's final report.

### Approach to the strategy

This strategy sets out four key priorities for workforce reform, along with actions to build the mental health and wellbeing workforce that Victoria needs. It reflects immediate and inherited challenges to reform, and focuses on the urgent need to stabilise workforce supply. The strategy will provide a basis for structural reforms that assist in attracting, training and transitioning staff into new roles, services and models of care. These structural reforms will be revisited every two years to ensure the strategy reflects and responds to the evolving mental health and wellbeing system.



### Final report recommendation 57: workforce strategy, planning and structural reform

The Royal Commission recommended that the Victorian Government:

1. ensure that the range of expanded mental health and wellbeing services is delivered by a diverse, multidisciplinary mental health and wellbeing workforce of the necessary size and composition across Victoria.
2. by the end of 2023, implement and support structural workforce reforms to:
  - a. attract, train and transition staff to deliver the core functions of services across Local, Area and Statewide Mental Health and Wellbeing Services; and
  - b. develop new and enhanced workforce roles as described by the Royal Commission in its final report.
3. develop, implement and maintain a Workforce Strategy and Implementation Plan and, by the end of 2021, enable the Department of Health to:
  - a. conduct ongoing workforce data collection, analysis and planning;
  - b. establish a dedicated workforce planning and strategy function; and
  - c. encourage collaborative engagement and partnerships with relevant workforce stakeholders in implementing recommendations.



## Stakeholder input

This strategy has been developed through the active support and leadership of the mental health sector. The Department of Health hosted a number of consultation activities, which were attended by more than 350 people and 100 organisations.

## Lived experience engagement

Lived experience is central to the transformation of the mental health and wellbeing system. Engagement on this strategy included people who brought lived experience perspectives, including consumer and carer peak bodies (the Victorian Mental Illness Awareness Council (VMIAC) and Tandem) and their members as well as members of the lived experience workforces.

People with a lived experience will have a central role in implementing the strategy. To further embed lived experience perspectives and support engagement on strategy initiatives, the Department of Health has funded two workforce lead roles at VMIAC and Tandem.

## Engagement activities

A summary of engagement activities is set out in Figure 2, with further detail provided in Appendix 1.

**Figure 2: Engagement activities to support the development of the workforce strategy**



### Workforce forum

146 attendees



### Workforce Technical Advisory Group

23 members



### Targeted engagement workshops

219 people across 6 workshops



### Public consultation process

41 submissions received



### Workforce census and personnel survey

All 19 Victorian public mental health services completed the workforce census, with 1,932 personnel survey responses received

## Vision for the mental health and wellbeing workforce

Five principles will guide the design and delivery of workforce reforms, as set out in Figure 3.

**Figure 3: Workforce reform principles**



## Key priorities

The Victorian Government is committed to reforming the system and workforce and is already delivering **\$269 million to supporting workforce reform**.

This includes **\$41 million in new initiatives** for *Victoria's mental health and wellbeing workforce strategy 2021-2024* which will provide **358 full-time equivalent positions** across the mental health

system. These new initiatives build on the **\$228 million** previously invested through the 2020-21 and 2021-22 Victorian State Budgets, which provided approximately **580 new entry-to-mental health positions** for nurses, lived experience workers and allied health roles.

This **\$269 million** investment includes:



### Graduate mental health nurses

**\$70 million**

to support up to **120 graduate mental health nurses** and supporting nurse educators each year



### Lived experience workforces

**\$40.7 million**

to support and grow the consumer and carer **lived experience workforces**, including support for 30 peer cadets each year



### Allied health graduates

**\$39.4 million**

in funding to support **60 allied health graduates** annually, with an additional **41 graduates** and eight educators funded to boost critical supply in 2022



### Junior doctors

**\$37.4 million**

to continue training up to **575** of Victoria's junior doctors in **foundational mental health skills**



### Mental health and AOD workforces

**\$30 million**

annually for workforce development for the mental health and AOD workforces



### Allied health and nurse clinicians

**\$12.2 million**

for a training program for experienced allied health and nurse clinicians to transition into mental health with up to **50 nurses**, **30 allied health** training positions and supporting educator roles funded

## Key priorities (cont.)



### Rural and regional workforce

**\$10.5 million**

for the rural and regional workforce incentive program



### Students

**\$8 million**

to provide students the opportunity to work and start building careers in mental health alongside their study



### Enrolled nurses

**\$4.6 million**

for a new enrolled nurse pipeline, with **40 enrolled nurses** and eight educators trained in mental health in 2022



### Capacity building programs

**\$4.5 million**

investment in capacity building programs for the psychiatry training pipeline, including **a new training group**, continued support of **mandatory training placements** and new **Directors of Training**, including for addiction psychiatry and rural and regional services in 2022



### Mental health careers

**\$3.7 million**

to attract people to mental health careers



### Postgraduate scholarships

**\$1.3 million**

for up to **70 postgraduate scholarships**, including 20 to AOD practitioners in 2022 to undertake postgraduate training such as a Graduate Certificate in Mental Health



### Capability training program

**\$0.6 million**

**capability training program** to implement the Victorian Mental Health and Wellbeing Workforce Capability Framework

## Strategy overview

Priority	Action areas	
<p><b>Priority 1:</b> Building workforce supply</p>	<p><b>1a:</b> Attracting people to mental health careers</p> <p><b>1b:</b> Growing graduate, post-qualifying and transition training pathways</p> <p><b>1c:</b> Building emergent and new workforces</p> <p><b>1d:</b> Ensuring workforce meets regional needs</p>	
<p><b>Priority 2:</b> Building workforce skills, knowledge and capabilities</p>	<p><b>2a:</b> Ensuring education and training meets the needs of the community</p> <p><b>2b:</b> Embedding a system wide capability focus</p> <p><b>2c:</b> Improving capability through ongoing training opportunities</p> <p><b>2d:</b> Ensuring workforce reflects and responds to diverse communities</p>	
<p><b>Priority 3:</b> Supporting the safety, wellbeing and retention of the mental health and wellbeing workforce</p>	<p><b>3a:</b> Establishing workforce wellbeing monitoring and supports</p>	
<p><b>Priority 4:</b> Building system enablers for excellence in workforce</p>	<p><b>4a:</b> Improving system planning and sustainability</p> <p><b>4b:</b> Shaping the workforce for the future</p>	



## SPOTLIGHT

## 3. Lived and living experience workforces

The Royal Commission outlines a vision for a system in which people with lived experience of mental illness or psychological distress and their families and carers shape the design and delivery of services, and where lived experience workforces are a core part of multidisciplinary teams and care models.

There are designated lived and living experience workforce positions across the mental health, Alcohol and Other Drug (AOD) treatment and harm reduction sectors.

To enable lived and living experience workforces to be effective, the roles need to be supported, valued and sustained. The 2021–22 Victorian State Budget invested \$40 million over four years to build the required supports, structures and career pathways for the lived and living experience workforces to ensure a solid foundation for growth.

Initiatives to meet the following 10 actions will be designed and implemented with lived experience leadership and using the principles of co-production. Priorities for action are:

### 1. Strengthen discipline foundations

Commencing in early 2022, discipline frameworks to articulate each discipline's professional and ethical values, practice principles and scope of practice will be developed.

### 2. Improve understanding of lived and living experience workforces in mental health and AOD services and create conditions that support best practice lived experience work and models of care

Commencing in 2022, services will have access to training and development from lived experience educators to build their capability in this area.

### 3. Increase lived and living experience leadership roles

In addition to establishing new lived and living experience leadership roles within the Mental Health and Wellbeing Division and in the mental health and AOD sectors, a further \$2 million has been invested in new leadership positions and professional development for lived experience workers in mental health services.

New and expanded services will result in lived experience leadership roles increasing across every part of the system. Growth will be measured through a workforce census and personnel surveys that will be conducted every 12–24 months.

### 4. Promote sustainability of lived experience roles and models of care that include lived and living experience workforces

Work will be undertaken to understand how to effectively embed establishing lived and living experience workforces into models of care and multidisciplinary

teams; identify optimal workforce models and composition (role types, numbers and distribution) including models that support interconnections with Aboriginal social and emotional wellbeing workforces.

### 5. Create access to quality training and development and qualifications for lived and living experience workforces

A \$360,000 grant program is in place to support lived experience workforce leadership, project management skills, and capability building in community mental health services. From 2022, an ongoing program of training and development will be commissioned and higher education needs will be identified.

### 6. Create equitable access to discipline specific supervision for lived and living experience workforces

A program of work is underway to build mental health lived experience workforces' capability and capacity to provide supervision through development and delivery of training, supervision supports and access to discipline-specific supervisors through the Centre for Mental Health Learning supervision database.

### 7. Support career pathways into lived and living experience work

A \$1.3 million 12-month peer cadet program is underway across six community-managed mental health services to support lived

experience workforces studying a Certificate IV in Mental Health Peer Work to gain valuable work experience and mentoring as they study. This program will be expanded into public specialist mental health services and opportunities identified across all lived and living experience workforces and for priority population groups.

### 8. Create accountability by establishing and monitoring measures for change

In addition to data published in the *Lived Experience Workforce Positions Report 2019–20*, projects are underway to collect current workforce data; understand the experiences of the lived and living experience workforces; understand organisational attitudes and establish ongoing measures to monitor change.

### 9. Strengthen networks and support communities of practice

Communities of practice are resourced and in place for AOD treatment and harm reduction peer workers and the Centre for Mental Health Learning supports a number of online communities of practice.

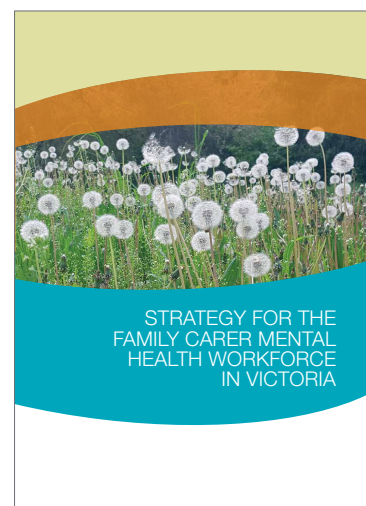
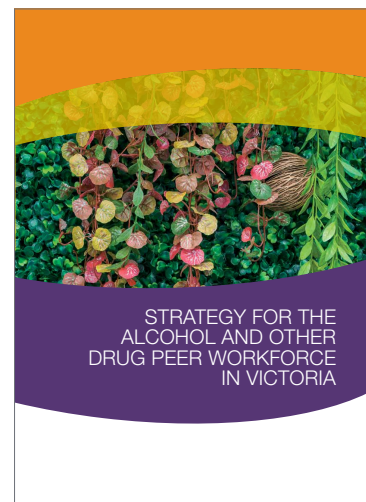
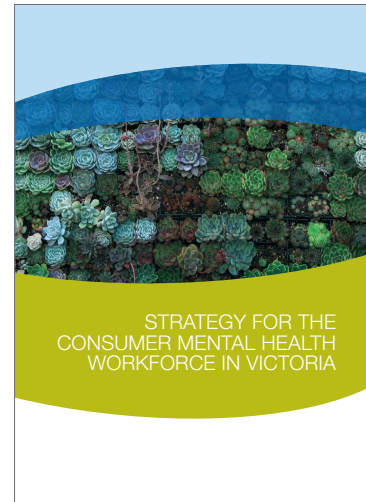
Communities of practice will be established for Consumer and Carer Consultants in 2022. Work will commence to identify ways to strengthen and support existing networks.

### 10. Attract people into lived and living experience work and promote careers

On completion of the discipline frameworks and establishment of key structures and supports, an approach to attraction and promotion of lived and living experience workforces will be developed.

Recognising that each of the lived and living experience workforce disciplines are at different stages of development, strategies for each discipline have been co-produced that outline further actions. These strategies will be monitored on an annual basis in partnership with the Department of Health's Lived Experience Workforce Advisory Group. Further information about lived experience workforce positions and access to the strategies can be found on the department's [lived experience workforce initiatives website](http://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives) ([www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives](http://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives)).

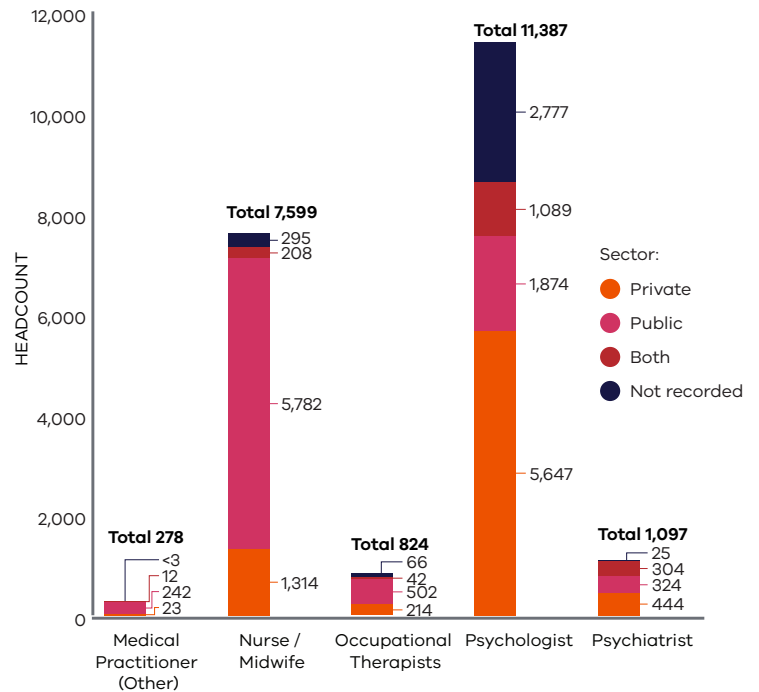
A strategy for the harm reduction peer workforce is currently in development.



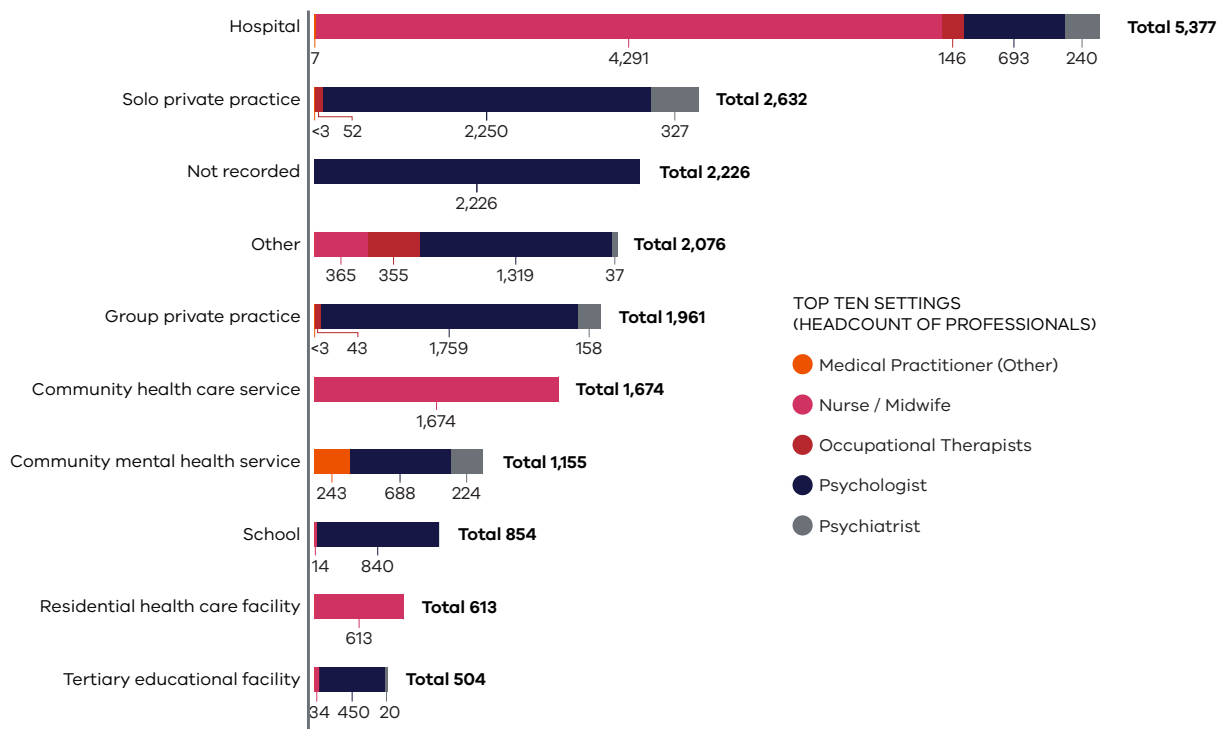
# 4. Workforce profile

The mental health workforce comprises a range of different professionals and disciplines which contribute both to direct treatment, care and support and to the operational and leadership requirements of the system. This includes lived experience workers, nurses, a wide variety of allied health professionals, psychologists, psychiatrists and other medical practitioners, as well as health management and administration and support personnel. To fulfil recommendation 7 of the Royal Commission's interim report, work has been undertaken to create a current profile of the mental health workforce utilising Commonwealth Government datasets of Australia Health Practitioner Regulation Agency (Ahpra) registered professionals, as well as drawing on data from the Victorian Department of Health's August 2021 Workforce Census, which was completed by all 19 public mental health services.

**Figure 4: Ahpra-regulated professionals (headcount) by sector**



**Figure 5: Top ten workplace settings for Ahpra-regulated professionals**

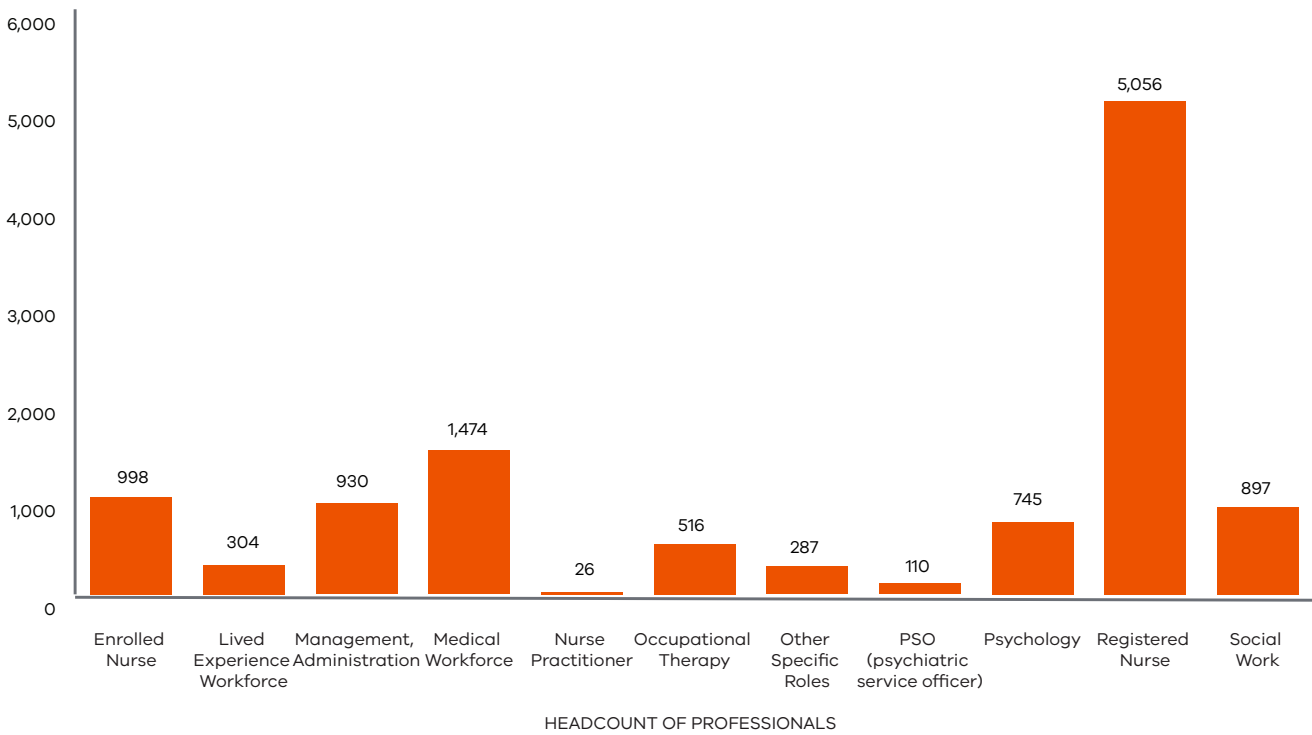


Source: Commonwealth Healthcare Workforce Dataset Tool data (2020)

Note: Data is presented in headcount. Medical practitioners include (1) Addiction medicine practitioners, and (2) Other medical practitioners that work in community and residential mental health settings (this relates to any medical practitioner that has 'job setting' filtered for 'community mental health' and 'residential mental health'. This may include general practitioners and physicians).

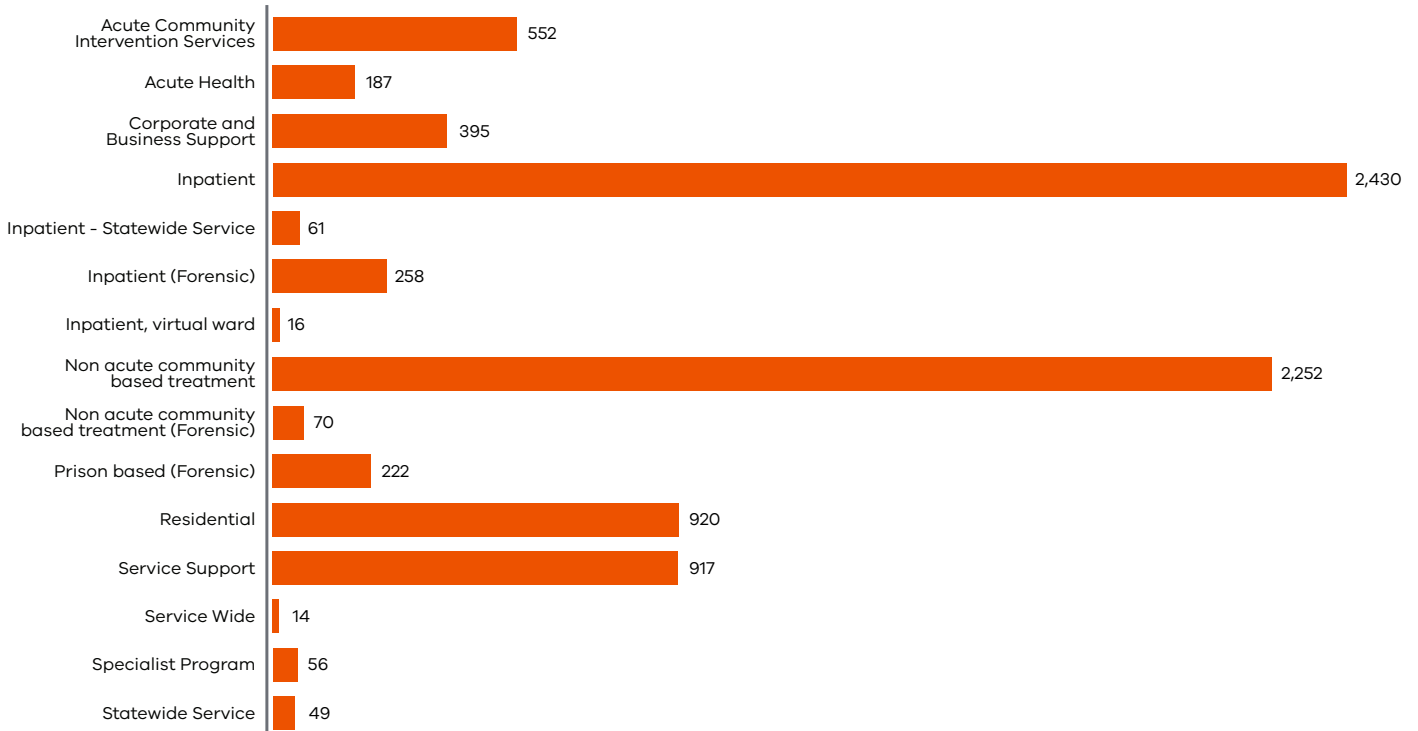


**Figure 6: Headcount of public specialist mental health professionals**



Source: Service Census Survey dataset (2021).

**Figure 7: Public specialist mental health professionals (FTE) by job setting**



Source: Service Census Survey dataset (2021)

## SPOTLIGHT

## 5. Supporting workforce capability to provide integrated care

The Royal Commission highlighted the lack of integration of treatment for co-occurring substance use and addiction and mental health concerns. The separation of mental health and AOD services has resulted in consumers having to navigate two distinct systems that often treat their interrelated needs separately.

Recommendations 35 and 36 of the Royal Commission's final report create the opportunity to improve outcomes for people with co-occurring concerns, by requiring mental health services to provide integrated care – including through the establishment of a statewide service for people living with mental illness and substance use or addiction – and by increasing the number of addiction specialists in Victoria. As well as providing dedicated research, primary and secondary consultation functions, the statewide service will have a role in supporting education and training initiatives for a broad range of mental health and AOD practitioners and clinicians.

Current initiatives to support integrated care capability include the cross-sector Victorian Dual Diagnosis Initiative, which aims to develop

the capacity of mental health and AOD workers, agencies and sectors to recognise and respond effectively to people experiencing co-occurring mental health and substance use concerns and related issues.

*Victoria's mental health and wellbeing workforce strategy 2021–2024* includes additional investment of \$1.3 million to provide up to 70 postgraduate scholarships, including 20 to AOD practitioners in 2022 to undertake postgraduate training such as a Graduate Certificate in Mental Health.

An integrated care capability pilot is also underway, led by First Step in partnership with 11 services across greater Melbourne to test the implementation of the Comprehensive Continuous Integrated System of Care model at each service. This project will identify service and workforce development requirements to enable provision of integrated care.

The AOD workforce will make a significant contribution to the new mental health and wellbeing system over the coming years. There are existing and predicted workforce supply challenges for the AOD sector,

which will be exacerbated by planned mental health and wellbeing service expansion. It is therefore important to consider AOD workforce needs as part of this strategy.

In addition to funding 100 new positions in the AOD sector in 2020–21 to support vulnerable people who became disconnected from AOD services during the pandemic, the Victorian Government supports a number of AOD-specific capability building initiatives, including:

- a program of workforce development to support new workers entering the AOD sector
- AOD training for nurses
- scholarships for the Graduate Certificate in Addictive Behaviours
- professional development webinars
- delivery of the AOD Skill Set (four VET units of competency)
- AOD peer workforce development
- resources to assist services to support student placements
- support for addiction medicine and addiction psychiatry advanced trainees.

# 6. Priority 1: **Building workforce supply**



Victoria’s mental health and wellbeing workforce needs to grow significantly to deliver the treatment, care and support that Victorians need. Supply challenges need to be addressed both in order to meet increasing demand for mental health services and to prepare for changes to frontline service delivery as reforms are implemented.

The new system will shift demand patterns for mental health and wellbeing services, with most consumers using Local Mental Health and Wellbeing Services, and more intensive needs being met through Area Mental Health and Wellbeing Services and statewide services. Changed approaches to treatment, care and support, service delivery settings, and the anticipated reach of service offerings will all require the workforce to grow in a planned way.

The long-term objective is for Victoria’s expanded mental health and wellbeing services to be delivered by a diverse, multidisciplinary workforce of the necessary size and composition. To achieve this, critical existing shortages must be addressed, and a pipeline must be built to grow the workforce.

## Demand for services

Demand for mental health services has steadily increased over time and is at an all-time high. The coronavirus (COVID–19) pandemic has compounded demand for services, with the impacts expected to persist for many years. The pandemic has

simultaneously exposed the sector to great stress; shown the sector to be capable of great innovation and flexibility; and resulted in broad recognition of the importance of mental health in community wellbeing.

Throughout consultations, stakeholders communicated overwhelmingly that workforce shortages are affecting workforce wellbeing and the ability of the system to meet demand for services and to deliver the high-quality treatment, care and support the workforce aims to provide.

## Workforce requirements

The size of Victoria’s mental health workforce needs to increase to keep up with current community demand for mental health services. In addition, it needs to grow substantially – and in a planned way – to deliver on the Royal Commission’s recommendations.

As well as an overall increase in size, the profile of the workforce will change. New workforce cohorts will need to be created to deliver the expanded range of services and initiatives, and there may be changes to team composition. The distribution of the workforce will also transform as new services are established and shift the centre of mental health service delivery from acute, tertiary care to community-based treatment, care and support. Figure 8 sets out the types of roles which will be required in the reformed service system.



### Building workforce supply: Priority action areas

#### Action area 1a

Attracting people to mental health careers

#### Action area 1b

Growing graduate, post-qualifying and transition training pathways

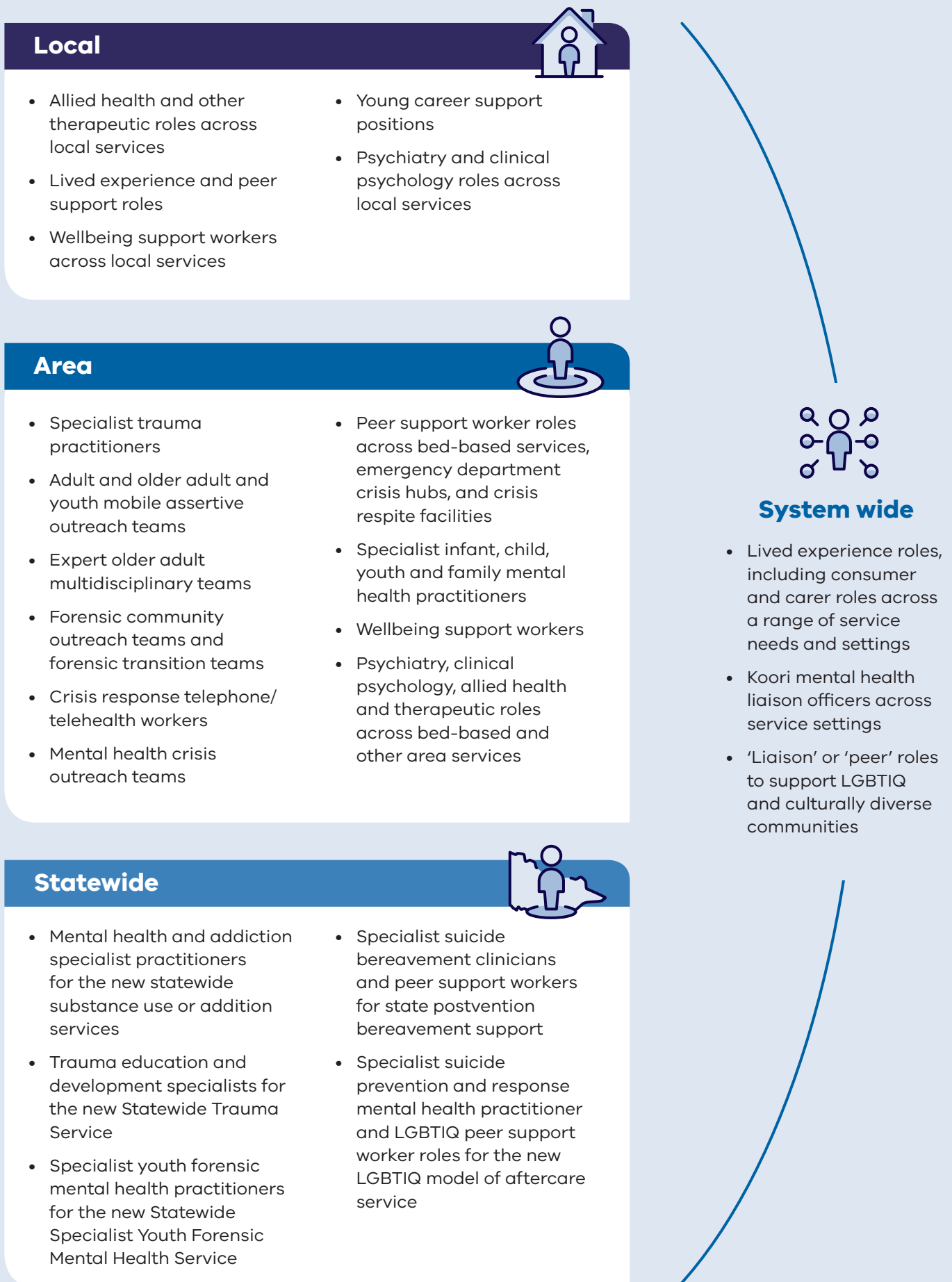
#### Action area 1c

Building emergent and new workforces

#### Action area 1d

Ensuring workforce meets regional needs

**Figure 8: Indicative workforce supply considerations**



## Supply challenges

The scale of Victoria's mental health workforce challenge is large. Modelling shows a need for approximately 2,500 additional workers in the public mental health system over the next three and a half years to stabilise the system and implement funded reforms.

This modelling includes projections for existing disciplines in the public mental health system, and is based on state and national datasets, including the department's August 2021 Workforce Census. In addition to these 2,500 workers for existing disciplines, the reformed system will also require new workforce disciplines and roles, with further design work needed before demand for these workforce requirements can be estimated. This estimate does not include demand in adjacent settings such as the private sector, justice or education.

**'Focus recruitment to industries that have portable skills. Particularly target people from industries that have been impacted by COVID-19 including hospitality, tourism and travel. These people can be recruited and trained to deliver low intensity interventions, life coaching, service navigation and peer groups.'**

*Submission to Department of Health, August 2021*

There are shortages of mental health workers across most occupations and professional groups, with service expansion and an ageing workforce expected to add further challenges.

## Addressing the challenge

Through these reforms, the Victorian Government is committed to making the mental health system better for all.

This means more jobs for nurses and psychiatrists, allied health and lived experience workers, as well as new disciplines to deliver new programs and services across the state.

Ultimately, this is about enabling all Victorians with mental illness and psychological distress and their families, carers and supporters to receive the care they need.

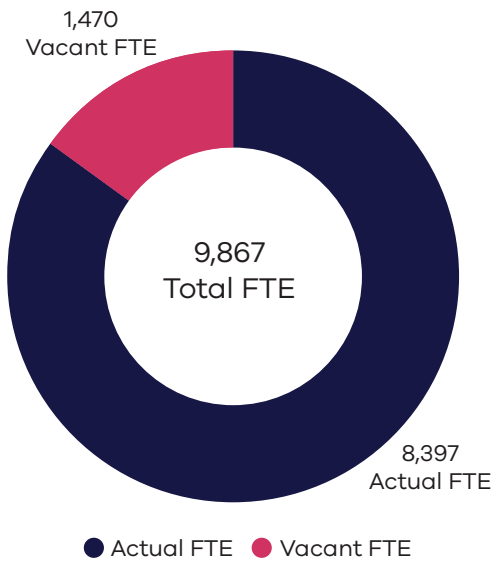
Important levers in ensuring sustainable workforce supply include:

- attraction and entry – promotion and marketing, education and training pathways, student places, and curriculum
- accreditation and employment – accreditation, registration, recruitment, workplace conditions and industrial relations
- development and retention – ongoing professional development, career pathways, incentives and credentialling.

These levers feature in the actions outlined below. However, achieving workforce reform will require multiple layers of government, professional bodies, unions, service providers and training providers to work together.

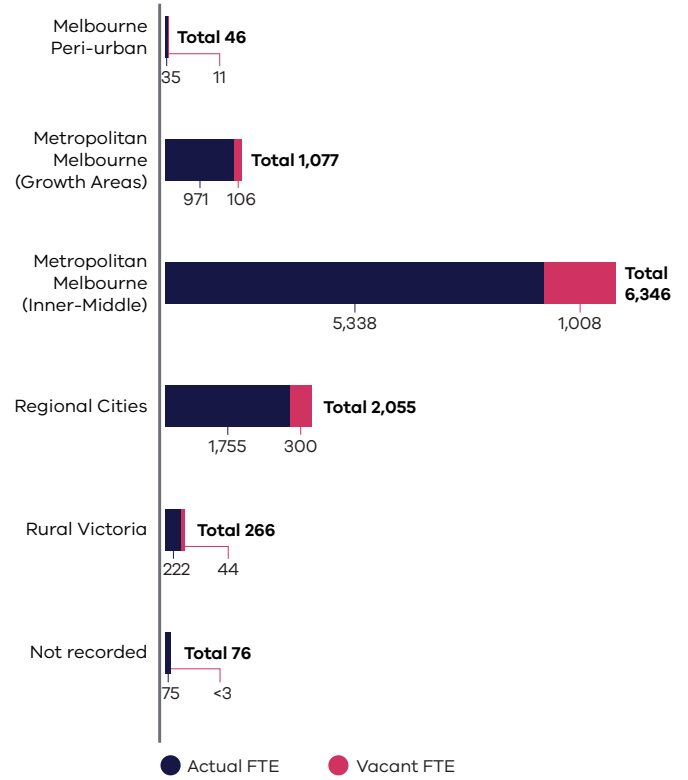


**Figure 9: Public specialist mental health service overall vacancy rate (FTE)**

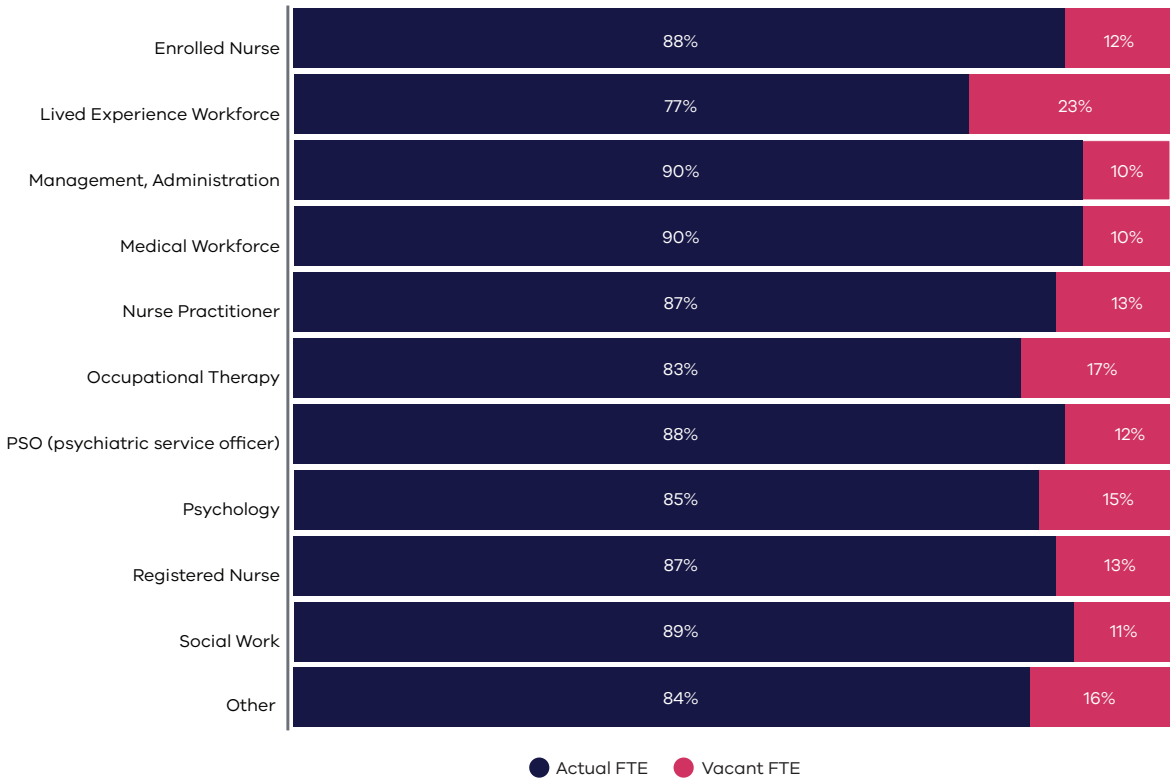


Source: Service Census Survey dataset (2021). Melbourne peri-urban areas surround Metropolitan Melbourne and interface with rural or bush areas – they are neither urban nor rural in the conventional sense. There are six peri-urban areas in Victoria (Bass Coast, Baw Baw, Mansfield, Mitchell, Moorabool and Murrindindi).

**Figure 10: Public specialist mental health FTE positions by region (actual and vacant FTE positions)**



**Figure 11: Public specialist mental service vacancy rate by professional discipline**



Source: Service Census Survey dataset (2021). 'Other specific roles' refers to AOD workers / substance use and addiction support, child psychotherapists, welfare workers, youth workers, community development workers, community engagement workers, dieticians, eating disorder workers, music therapists and more. 'Generic clinical vacant roles' refers to generic vacancies.

## Action area 1a: Attracting people to mental health careers

Positive and early exposure to the mental health system is one of the strongest indicators for pursuit of a mental health career, countering stigma and community perceptions of working in the mental health sector. Increasing awareness of mental health careers and the opportunities available in the sector is therefore a key focus.

In addition to attracting Victorians and interstate workers to the sector, Australia relies on overseas-trained mental health workers to meet its workforce needs. In Victoria, international recruitment is used to respond to shortages in both public and private settings and across metropolitan and rural health services. The coronavirus (COVID–19) pandemic has significantly interrupted this source of expertise, compounding workforce supply shortages in key professional groups.

**'Develop strong linkages with universities and explore opportunities for innovative student placement models and pre-qualification initiatives...'**

*Submission to Department of Health, August 2021*

Actions outlined below seek to attract people from Victoria and interstate into mental health careers, pave the way to restore the international workforce pipeline, and provide additional exposure and understanding of the sector to potential workers.

### Initiatives commenced and commencing

The local mental health workforce is the backbone of the reforming mental health and wellbeing system, but the demand for workers across the sector exceeds the current supply. To complement local and interstate attraction of new workers, the Victorian Government is working to restore the supply of international workers. International recruits and Australian healthcare workers currently located overseas are eligible for facilitated entry supports upon employment at a Victorian public health service. This includes up to 1,000 relocation subsidies of up to \$2,000 in value. Additional relocation supports and funding for mental health

workers moving to regional and rural locations are currently available.

A new domestic attraction campaign aims to encourage local and interstate clinicians to take up career opportunities in Victoria's reforming system. The campaign will be scaled up and expanded to target non-clinical and international workforces in the 2022–23 financial year.

### Medium and longer-term actions

Over the long term, an attraction campaign will play a leading role in attracting new workers into the system. The campaign will be periodically refreshed to keep pace with reforms, with future iterations to include online recruitment support and department-led partnerships with recruitment agencies.

Resuming international recruitment at scale will also occur in the medium and longer term. To assist this, additional supports for international recruitment will be rolled out. This will include migration toolkits, community orientation, settlement supports and mentoring for migrants to promote their successful transition into the Victorian community and the public mental health and wellbeing system.

The Victorian Government will continue to advocate to the Commonwealth Government to address barriers to immigration for mental health professionals. Currently, age limits for permanent residency are an impediment to attracting much-needed specialists and leaders, and limits to working hours for international students can delay qualifications. Streamlined immigration pathways will also be sought to support the successful attraction of overseas professionals.

**'Overseas and interstate workforce attraction will be key to us being able to enact the required growth in service provision.'**

*Submission to Department of Health, August 2021*

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

For most workforces in the mental health system, qualifying as a mental health worker takes time. To support training requirements and workforce growth, the system needs the right number of training positions and clinical supervision structures.

Mental health and wellbeing services need the capacity to support mandatory rotations in psychiatry training, and more senior psychologists are needed to fulfil the training requirements of probationary psychologists.

**'Educational institutions and tertiary services need to work together to develop an appropriately trained workforce.'**

*Submission to Department of Health, August 2021*

In the psychiatry training pipeline there are particular challenges with the number of trainees exceeding the number of places in mandatory rotations in Child and Adolescent and Consultation Liaison Psychiatry, which results in delayed graduation for trainees.

In addition, Victoria has historically relied on international migration to augment local training shortages in key disciplines, and particularly in psychiatry. Victoria recruits Senior International Medical Graduates, however lower examination pass rates for this cohort means training places are filled but do not necessarily materialise into trained resources. As international recruitment again gains pace, additional training support needs to be provided to boost qualification rates for this cohort.

For allied health graduates – including psychology and social work students – high training hurdles impact on entry and completion, including the requirement for social work students to undertake 1,000 hours of unpaid placements, and significant supervision requirements for psychology. Removing these barriers, in collaboration with the Commonwealth Government, is a priority.

Experienced professionals from other areas of practice are well equipped to work in the mental health sector. To encourage recruitment of members from this cohort, clear transition pathways providing appropriate support are needed.

Attrition of experienced and senior allied health staff is also a key challenge. More senior career opportunities and supports will be needed to retain these professionals.

### Initiatives commenced and commencing

The Victorian Government has invested \$228 million over the 2020–21 and 2021–22 Victorian State Budgets to build a diverse and skilled mental health workforce. Across the five years from 2020–21 to 2024–25, the funding will support an increase to workforce supply by funding approximately 582 full-time equivalent entry positions. That has supported implementation for:

- **Postgraduate mental health nurse scholarships: \$16.1 million** for up to 685 scholarships. This provides up to 140 scholarships annually, as recommended in the Royal Commission's interim report and assists in building a highly skilled and experienced specialist mental health nursing workforce. The scholarships offer those with an interest in mental health an opportunity to build on their foundational clinical skills and cover the full course fees of a Graduate Diploma in Mental Health Nursing for successful applicants from 2021.
- **Entry pathways for mental health nurses: \$76.0 million** for up to 560 graduate mental health nurses (up to 120 graduates each year), and up to 40 nurses through the nurse transition program. This has allowed new mental health nurses to be trained from 2021 and continues to support capability and leadership development in the sector's largest clinical cohort and facilitates experienced general nurses interested in a career change to become mental health nurses.
- **Junior medical officer psychiatry rotations: \$37.4 million** to provide a psychiatry rotation for 126 junior doctors in 2021, and up to 575 junior doctors in 2022 and 2023. Increasing junior doctors' exposure to psychiatry both improves their skills in mental health and promotes psychiatry as a vocational choice.



- **Prequalification initiative: \$8 million** to provide jobs for allied health, nursing and medicine students to work part-time in mental health services while they study. The initiative supported 120 pre-qualification roles in 2021, and continue into 2022 to provide students with valuable experience working with consumers, families and carers and early exposure to the mental health sector, increasing the likelihood that they will choose a career in mental health.
- **Psychiatry leadership development: \$2.3 million** to support leadership development for psychiatrists in the public mental health system. This program has supported psychiatrists to pursue professional development opportunities and in 2022 will build Victorian psychiatrists' leadership capability in priority reform areas, including co-leadership with consumers, carers and their families, change management, quality improvement and safety management.
- **Supporting psychiatry registrars to undertake mandatory rotations: \$7.5 million** to support 43 psychiatry registrars undertake mandatory rotations in child and adolescent psychiatry in 2021 and 2022.
- **Psychiatry training support package: \$4.5 million** to improve the capacity of the psychiatry training pipeline, through a new training group, continued support of mandatory training placements and new Directors of Training, including for addiction psychiatry and rural and regional services in 2022, as well as continue a training program to support specialist international medical graduates.
- **New graduate program for enrolled nurses: \$4.6 million** for eight mental health nurse educators to train 40 enrolled nurses in key skills and capabilities. This will establish a clear pipeline for enrolled nurses to enter mental health, increase the nursing workforce and provide immediate relief in clinical services.
- **Transition program for experienced allied health and nursing clinicians: \$12.2 million** to support mid-career practitioners to transition into mental health careers. The existing nurse transition program will be scaled up to support an additional 50 nurses, and a new program for allied health practitioners will see 30 clinicians commencing in 2022, with trainees supported by 16 educators.

The Victorian Government has invested in a range of new initiatives to grow training pathways, given the time-critical need to build workforce supply. Initiatives include:

- **Graduate allied health positions: \$34 million** for up to allied health graduates in psychology, social work and occupational therapy to work in mental health, with 132 graduates starting in 2022. This exceeds the interim report recommendation for 60 positions and will provide entry points into mental health and wellbeing services for allied health professionals who will have a key role in providing therapeutic and evidence-based treatments.
- **Expanded postgraduate scholarship program: \$1.3 million** for up to 70 postgraduate scholarships for allied health clinicians, including 20 scholarships for clinicians providing AOD and integrated care, building on the postgraduate mental health nurse scholarship program. This investment will help provide integrated treatment, care and support to people living with mental illness and substance use or addiction, as per recommendation 35 of the Royal Commission's final report.

## Medium and longer-term actions

The workforce needs to grow significantly to deliver the Royal Commission's recommended reforms. Over the medium to longer term, promising and successful initiatives to address workforce supply will be adapted to respond to system needs.

In addition, Victoria will continue to advocate to the Commonwealth Government to reduce barriers to entry for the workforce through removing blockages in the training pipeline, including expansion of critical provision of training places, delivery of quality and fit-for-purpose course content, and support for placements in mental health settings. Further detail can be found under Spotlight: Collaborating with the Commonwealth and other partners.

## Action area 1c: Building emergent and new workforces

Emergent and new workforces will be crucial in delivering holistic and person-centred treatment, care and support in the reformed service system.

**Emergent workforces** include the lived experience workforce, and workforces with capability in delivering integrated care for substance use and addiction. Workforce development pipelines for both of these workforces need to be scaled up and refined, and in some cases established.

**New workforce cohorts** are also needed to deliver consumer-centred care and new service models, such as expanded wellbeing supports in Local Mental Health and Wellbeing Services. Changing the workforce composition to include new professions, potentially including mental health-trained paramedics, counsellors and wellbeing roles delivered across tertiary and community settings, has the potential to mitigate current workforce pressures. It will be important to consider how other professions with transferable skills will be integrated with established disciplines, and how these new skillsets can best be used to meet consumer needs.

### Initiatives commenced and commencing

The Victorian Government committed \$40 million in the 2021–22 Victorian State Budget to support the consumer and carer lived experience workforces. Work has commenced on initiatives to address both supply and systemic supports, including:

- a new **lived experience peer cadet program** to promote career pathways for up to 100 lived experience peer cadet positions in mental health services. The program will promote career pathways for lived experience workforces in community mental health services, helping cadets studying a Certificate IV in Peer Work to gain valuable experience and mentoring in the sector, and will be expanded into clinical settings in future years.
- improved access to **supervision for lived experience workers** in clinical services and supporting architecture such as organisational benchmarking and readiness frameworks, micro-credentialling, scholarships, standardised training and development of a discipline framework. These systemic work programs will build system-wide

and service structures for the lived experience workforces and lay the foundations for further expansion.

- funding two **lived experience workforce lead positions** at Victoria's consumer and carer peak bodies. Workforce leads at VMIAC and Tandem will strengthen consumer and carer perspectives on mental health workforce policy, ensuring that reforms are guided by the experience and expertise of lived experience workers. They will also liaise with members of the lived experience workforces to coordinate reform activities in partnership with the Department of Health.
- a **lived experience workforce – consumer and carer feedback** program is being piloted in 2021–22, and recognises the critical role of the lived experience workforce in engaging with consumers and carers at services. An initial investment of \$1.3 million funded a 12-month pilot to improve the ways in which services use consumer and carer feedback. As part of the pilot, sites have recruited members of the lived experience workforce to collect, translate, share and utilise feedback as part of the services' performance improvement activities. Current pilot sites include 18 adult Hospital Outreach Post Suicide Attempt Engagement (HOPE) and two mental health hospital in the home (HITH) sites. Findings from the pilot will be used to help services understand how lived experience workers can improve and embed a responsive performance management approach.

Further information on work underway to support lived experience workforces can be found under Spotlight: Lived and living experience workforces.

### Medium and longer-term actions

New services and models of care – including a Lived Experience Residential Centre, Statewide Trauma Centre and Local Child and Youth Hubs – will be established over the medium to long term. An understanding of the workforce supply needs of the reformed system will develop in parallel and will inform statewide service planning and future iterations of this strategy.

There will be a continued focus on opportunities for new workforces in the reformed mental health system, and on support for existing workforces to maximise their scopes of practice.

Once the foundations for emergent and new workforces are in place, the focus will move to the scale of the workforce pipeline.

Previous investment in capacity building initiatives, including the Lived Experience Organisational Readiness and Discipline Framework, will support retention and allow for future investment and growth to be sustained.

## Action area 1d: Ensuring workforce meets regional needs

Supply challenges are exacerbated in rural and regional areas. This is not unique to Victoria, with rural and regional areas nationally struggling to fill vacancies and provide supportive workplaces for staff and adequate supervision to trainees.

A number of incentives and supports will encourage mental health professionals to train, live and work in regional and rural communities.

**'We would like to challenge the narrative that careers in rural and regional areas offer less opportunities than those in urban regions... With fewer competitors and resources in rural and regional areas, workers can have a broad range of experiences and progress their career in ways that may not be possible in an urban setting.'**

*Submission to Department of Health, August 2021*

### Initiatives commenced and commencing

A relocation grants pilot program, administered by the Rural Workforce Agency Victoria, is underway. The program supports mental health workers to move and settle in rural and regional Victoria, taking up roles in public specialist mental health services. The program offers financial incentives to cover relocation costs.

The following initiatives aim to attract mental health and AOD workers to rural and regional Victoria through:

- **Workforce incentive grants:** encourage and support mental health workers to relocate, settle and remain in rural and regional areas. Qualified

workers recruited to priority, hard-to-fill positions within state-funded mental health services will be eligible for grants equal to \$3.2 million over two years. The grants will refine the relocation grants pilot to offer a higher incentive and an expanded and more flexible range of items for reimbursement, including childcare, school fees and vehicle costs.

- **Integration support for workers and their families:** Ensuring candidates are adequately supported prior to employment, during relocation while they settle into local communities is key to long-term retention. A new \$2.6 million program will provide pre-employment and integration support to help individuals and their families to settle into their new communities by connecting them to essential services, social and professional opportunities.
- **A pilot incentive program** to attract the AOD workforce into rural and regional services will be developed in collaboration with stakeholders, with access to incentives commencing in early 2022.
- **A pilot internship program** for students studying allied health courses or a Certificate IV in AOD. Rural and regional AOD services will teach job-ready skills and prioritise interns from culturally and linguistically diverse and LGBTIQ communities. This will be developed in collaboration with stakeholders and rolled out in 2022.

### Medium and longer-term actions

Rural and regional workforce incentive program offerings will be further developed and refined based on a review of implementation in 2022 and 2023. From 2023, the incentive scheme will be refreshed to support successful components of the early program, and consider opportunities for new components, through a planned scale-up in line with the \$10.5 million allocated in the 2021–22 Victorian State Budget.

The incentive scheme refresh will be undertaken alongside improved workforce planning, supported by the establishment of Regional Mental Health and Wellbeing Boards, which will focus on localised workforce needs and ensuring workforces are reflective of local communities.

**SPOTLIGHT**

# 7. Capability Framework

The Victorian Mental Health and Wellbeing Workforce Capability Framework sets out the skills, knowledge and ways of working that the workforce will require in the new integrated and responsive mental health and wellbeing system.

The Capability Framework recognises the diverse, multidisciplinary and evolving nature of the mental health and wellbeing workforce, and articulates what is required to deliver high-quality, compassionate and person-centred care and support to consumers and their carers, families and supporters. It delivers on recommendation 58(2) of the Royal Commission's final report, and is designed

to be a practical and living framework. The framework aims to provide a common language for all members of the health and wellbeing workforce – regardless of professional discipline, background, role and setting – and to generate a sense of collective identity and reciprocal responsibility for how treatment, care and support is delivered in Victoria.

### A framework for now and for the future

The Capability Framework sets out seven practice principles and 15 priority capability domains to guide the professional practice of all those who work in, or interact with, the mental health and wellbeing system—regardless of setting, role, or level of specialisation. The practice principles represent

the common values, approaches and attitudes required when working with individuals, their personal support networks and colleagues. The capability domains encompass the knowledge and skills required of every professional, in addition to the specific capabilities required of treatment, care and support professionals, specialist and technical professionals, and service managers and leaders.

The first iteration of the Capability Framework represents a point in time at the beginning of a ten-year reform journey. It will be reviewed and revised to keep pace with emerging and evolving needs of the Victorian mental health and wellbeing system and workforce.

**MENTAL HEALTH AND WELLBEING WORKFORCE**  
**Capability Framework**



- 7 PRINCIPLES** | The common values, approaches, attitudes and ways of working that guide all practice.
- 15 CAPABILITIES** | The knowledge and skills required to deliver safe and effective care, support and treatment in the Victorian mental health and wellbeing system.
- A SAFE AND SUPPORTIVE WORKING ENVIRONMENT** with a culture of *curiosity and continuous learning*

# 8. Priority 2: Building workforce skills, knowledge and capabilities



The mental health and wellbeing workforce needs the right capabilities, skills and knowledge to deliver the highest quality care to consumers. Throughout consultations, sector stakeholders strongly communicated the need to invest in capability and professional development as part of a suite of actions to support wellbeing and aid worker retention.

In rebuilding the mental health and wellbeing system, new and enhanced capabilities will need to be developed across professions, roles and settings. A comprehensive and networked approach to building capability across the whole workforce will support access to priority learning and professional development activities and educational resources in collaboration with training providers, statewide services and others.

The long-term objective of this priority area is for the workforce as a whole to have the capabilities, skills and knowledge to provide safe, effective and collaborative care to consumers.

Initial actions will focus on capabilities that are universal across the system and workforces, as well as building specific skills needed in disciplines and service settings.

## Final report recommendation 58: workforce capabilities and professional development

The Royal Commission recommended that the Victorian Government:

1. through the Department of Health, by the end of 2021, define the knowledge, skills and attributes required of a diverse, multidisciplinary mental health and wellbeing workforce, starting with the priorities as described by the Royal Commission
2. develop a Victorian Mental Health and Wellbeing Workforce Capability Framework as a component of this
3. detail the approach to capability development across the mental health and wellbeing workforce as part of the workforce strategy and implementation plan
4. build on the interim report's recommendation 1 and enable the Collaborative Centre for Mental Health and Wellbeing, in collaboration with training providers, mental health and wellbeing services and people with lived experience, to coordinate learning and professional development activities across the whole mental health and wellbeing workforce.



### Capability: Priority action areas

#### Action area 2a

Ensuring education and training meets the needs of the community

#### Action area 2b

Embedding a system wide capability focus

#### Action area 2c

Improving capability through ongoing training opportunities

#### Action area 2d

Ensuring workforce reflects and responds to diverse communities

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

### There are significant education and training bottlenecks that require Commonwealth support to solve

The mental health workforce is highly skilled, and demands a contemporary education and training program that reflects this. The Victorian Government does not control all the strategic and operational levers needed to create and sustain a sufficient workforce pipeline – many of these levers rest with the Commonwealth Government and national bodies.

Currently, the specialist skills for clinical mental health work require professionals in most disciplines to undertake training in addition to their generalist qualifications. While this creates valued opportunities for immersive learning and development for clinicians, it places a significant burden on the State and health services to support job-readiness through graduate programs and does not reflect the significance and prevalence of mental illness as a health issue. For example, recent reports indicate that Victorian universities are graduating thousands of psychology students who never qualify to practice, with only a small percentage completing the necessary six years of university and on-the-job supervision and training.

Fewer than one per cent of students go on to complete masters programs despite the demand for services. Undergraduate psychology students compete for a handful of places in honours and masters programs, then face the challenge of finding a placement to complete their 1,500 hours of practical training, including one-on-one supervision.

### Working together to jointly address challenges with Commonwealth and national bodies

Structural pressures on the mental health and wellbeing workforce need to be urgently resolved to ensure a sufficient workforce pipeline for Victoria.

Unlike the education sector, accreditation levers are not held by the State or Commonwealth Governments. Training programs are accredited by different bodies for each professional discipline.

Several professions require registration with the Australian Health Practitioner Regulation Agency (Ahpra) to be able to practice.

To ensure the workforce is equipped with the right skills, knowledge and capabilities, and that investments in tertiary qualifications meet the needs of the mental health system, action needs to be taken to ensure:

- appropriate accreditation, registration and training requirements
- availability of high-quality education and training programs with appropriate curricula
- support for graduates in specific disciplines to complete the additional education and training required to transfer into clinical mental health roles
- support for health services to undertake their role in graduate training programs.

Progress in each of these domains will require extensive work with the accrediting bodies for each discipline, Ahpra, training and education providers, and the Commonwealth Government.

### Initiatives commenced and commencing

The Commonwealth Government is leading development of a ten-year National Medical Workforce Strategy and a National Mental Health Workforce Strategy, which will consider the quality, supply, distribution and structure of Australia's mental health workforce. The Victorian Government is working closely with the Commonwealth on both strategies and will continue to advocate to the Commonwealth for actionable implementation plans.

### Establishment of the Mental Health Higher Education Reference Group

A Mental Health Higher Education Reference Group will be established to tackle immediate and medium-term priorities in the Victorian education and training sector in a partnership approach between the Victorian Government and the sector. This recognises that the Victorian Government does not hold all critical education and training levers. The group will be co-chaired by the Department of Health and the Department of Education and Training and comprise representatives from Victorian universities and training organisations that deliver mental health-related courses.

Areas of focus may include providing early, positive exposure to mental health content in undergraduate degrees to encourage graduates to take up roles in the sector, expansion of clinical research roles, recognition of prior learning for allied health and redesign of mental health content in educational pathways where required, particularly for generalist courses.

### **National efforts on priority education and training areas**

The Victorian Government will advocate to the Commonwealth on priority education and other matters that require a national effort, including:

- expediting the National Mental Health Workforce and National Medical Workforce strategies with actionable implementation plans
- increasing Commonwealth Supported Places for core disciplines, including postgraduate training in psychology and expediting training pathways (for example, by running parallel university coursework/registrar pathways, and considering a consolidated two-year intensive postgraduate (qualifying) training model)
- leading reviews of undergraduate mental health course content that impacts graduate job-readiness in the key disciplines of nursing, social work, and occupational therapy
- incentivising and setting targets for student placements in mental health settings, and funding appropriate placement supports within training institutions
- developing postgraduate training in contemporary mental health therapies to reduce the burden on health services to fund foundational skill development
- providing additional supports for undergraduate placements, particularly in rural and regional settings, through prioritising course offerings and reducing Higher Education Contribution Scheme fees
- improving job-readiness and the acquisition of contemporary skills, knowledge and capability to practice in mental health by reviewing and re-designing mental health curricula, as well as setting standards for undergraduate training in core disciplines
- identifying and removing barriers to the completion of training for clinical psychologists and psychiatrists.

The Victorian Government will also work with Colleges and professional bodies on training requirements, including:

- mandatory training requirements for psychiatrists: advocating to the Royal Australian and New Zealand College of Psychiatrists to remove the requirement to undertake rotations in Child and Adolescent and Consultation Liaison Psychiatry, where there are more trainees than positions available and doctors are delayed in qualifying
- social worker placements: students are currently required to complete 1,000 hours of unpaid placements, which is a barrier to qualifying. The Victorian Government will advocate to the Australian Association of Social Workers to recognise paid work hours of practice for postgraduate qualifying students and introduce parallel coursework and placements to expedite the pathway.

### **Standardising regulation and registration schemes**

The Victorian Government will ask regulators and key registration bodies to consider standardised registration schemes and registration of overseas-trained practitioners, including:

- registration of psychologists: currently, only Registered Psychologists trained in New Zealand can apply for registration. Psychologists from other countries with comparable training standards are required to undertake additional probation and high-cost supervision to qualify. This is a disincentive for overseas trained professionals to practice in Australia. The Victorian Government will advocate to the Australian Psychological Society to recognise registration for psychologists registered for practice in the United Kingdom, the United States, Ireland, and Canada, and to review of eligibility for other countries.
- statutory registration scheme for social workers: in contrast to comparable jurisdictions, Australia does not currently have a statutory registration scheme for social workers. Absence of title protection and safeguards compromises quality and safety, and limits how this discipline functions within the mental health sector. The Victorian Government will advocate to Ahpra for a statutory registration scheme for social workers.

## Medium and longer-term actions

Changes to training and accreditation requirements need to happen at a national level. Over the medium to longer term, the Victorian Government will continue to work with the Commonwealth Government and the professional bodies and Colleges that accredit training programs, and advocate to Ahpra for the registration of counsellors and mental health nurses.

## Action area 2b: Embedding a system wide capability focus

Specific new and enhanced capabilities will be needed to deliver consumer-focused, recovery-oriented care in the reformed system. Some will be core, whole-of-workforce skills, whereas others will be specific to disciplines and service settings.

A system wide approach will be taken to building capability. This will allow areas of need to be identified in a coordinated way, and support and training that addresses those areas to be provided.

**'More creative and robust training and professional development structures and models are required.'**

*Submission to Department of Health, August 2021*

It will also promote consistency across disciplines and services, and better equip services to provide care for their communities by ensuring that core elements such as diversity and cultural safety are incorporated in training.

This whole-of-system approach to capability will support the workforce to develop the collective skills, knowledge and values needed to deliver cohesive multidisciplinary care.

## Initiatives commenced and commencing

### The Victorian Collaborative Centre for Mental Health and Wellbeing

The Victorian Collaborative Centre for Mental Health and Wellbeing is currently being established, with the *Victorian Collaborative Centre for Mental Health and Wellbeing Act* passed by the Victorian Parliament in November 2021. The legislation provides for representation of people with consumer and carer lived experiences on the skills-based board and an innovative co-director model of executive leadership. The Collaborative Centre's interim board will be in place by mid-2022.

Upon establishment, the Collaborative Centre will have capability uplift responsibilities, including:

- conducting interdisciplinary research alongside service delivery
- developing, translating and sharing best practice across the system
- educating the mental health workforce through coordinating and delivering practice improvement, training, and professional development programs, and
- driving exemplary practice for the full and effective participation and inclusion of people with lived experience across the mental health system.

The Collaborative Centre will play an important role in ensuring an adaptive, coordinated mental health system for all Victorians.

### Regional Mental Health and Wellbeing Boards

Eight interim regional bodies are currently being established and will precede the establishment of legislated Regional Mental Health and Wellbeing Boards. The interim regional bodies will provide locally-informed advice to the Department of Health as it plans, develops and funds a range of mental health and wellbeing services in each region.

This advice will contribute to an understanding of capability needs and development across the state and assist in monitoring improvement.



### **Statewide service for people living with mental illness and substance use or addiction**

A new statewide service for people living with co-occurring mental illness and substance use or addiction will be established by the end of 2022, delivering on recommendation 36 of the Royal Commission's final report. The service will build on the foundations of the Victorian Dual Diagnosis Initiative and will provide integrated care to people with co-occurring mental health and substance use or addiction challenges, as well as education and training to enhance workforce capability in this area across the sector. Further information can be found under Spotlight: Supporting workforce capability to provide integrated care.

### **Statewide Trauma Service**

A new Statewide Trauma Service will be established by the end of 2022, as set out in recommendation 23 of the Royal Commission's final report. The new service will deliver the best possible mental health and wellbeing outcomes for people with lived experience of trauma. As part of its functions, the service will develop and deliver training that will enhance the capability of the mental health and wellbeing workforce to provide trauma-informed care.

### **Release and embed the Victorian Mental Health and Wellbeing Workforce Capability Framework**

The Victorian Mental Health and Wellbeing Workforce Capability Framework defines the skills, knowledge and capability needed by a multidisciplinary workforce. This will support coordinated and consistent training across the system, particularly in relation to specific reform priorities including workforce culture, workforce diversity, workplace and professional practice, and to lifting capability in areas such as physical health in mental health services.

Stakeholder feedback highlighted the importance of implementation support to ensure the framework results in practice change and higher quality service delivery to consumers. Implementation of the framework will commence in the first quarter of 2022. This will provide practical and translatable support for the workforce to assess and grow the required capabilities at an individual, team and organisation level.

Tools and guidance will be developed to integrate the new framework into practice at individual, team and service levels, supported by \$570,000 in funding.

To assist implementation, additional resources will be developed, including consideration of a training program, practice tools and guidance. An interactive web platform will also be scoped to support implementation.

Further detail about the framework can be found under Spotlight: Capability Framework.

## **Medium and longer-term actions**

### **Statewide capability entity**

A new capability entity will be established to lead a whole-of-mental-health workforce approach to capability development and training, as described by the Royal Commission in its final report. The entity will be auspiced by the Victorian Collaborative Centre for Mental Health and Wellbeing.

The capability entity will work collaboratively with the Department of Health and educational, academic and specialist service organisations, and build on the work of the Centre for Mental Health Learning to:

- help create learning, development and professional supports for senior clinical and specialist educator roles in the new service system
- develop resources and professional supports for priority workforce groups
- in partnership with service providers and education providers, increase rural and regional access to learning and development
- help the workforce make the most of high-quality professional learning opportunities to strengthen priority capabilities and support career and leadership pathways
- coordinate learning and development activities and access to specialist knowledge and expertise across services, professions and geographic areas
- integrate lived experience expertise in the design and delivery of professional learning opportunities
- increase the availability of learning and development.

Work will be undertaken in association with the Collaborative Centre to consider the most appropriate design for the capability entity.

## Action area 2c: Improving capability through ongoing training opportunities

Once members of the workforce commence in the mental health and wellbeing system they need to be continually equipped with new and enhanced skills to deliver high-quality care. Needs will vary across professions, specialties, roles and settings, however there are common capabilities that are fundamental for all those working in the sector.

There is an immediate need to build new knowledge and skills and enhance existing capabilities in a number of areas, including mental health legislation and human rights, family- and carer-inclusive practice, reflective practice and professional practice supervision, trauma-responsive practice, and cultural responsiveness. Lifting capability in these areas will be key to achieving culture change and promoting best practice in service delivery in the reformed system.

Activities will focus on training, leadership within services and disciplines, and supports such as professional practice supervision.

As highlighted by stakeholders, there is a need for professional collaboration across service and geographic boundaries, and to support individuals in specialist roles to connect with others in their field. Specific initiatives therefore support skill sharing and innovation across services.

### Initiatives commenced and commencing

The Victorian Government invests \$30 million annually in workforce development for the mental health and AOD workforces. The funding ensures services have training and academic capacity and provides access to statewide training and development from specialist providers. This funding also enables the Centre for Mental Health Learning to support coordination of workforce development, facilitate statewide leadership networks and communities of practice, and to identify and deliver activity aligned with strategic priorities.

In addition, the Victorian Government has funded a range of activity, including:

- strengthening supervision
- supporting leadership and co-design capability
- increased support for psychiatry trainees
- development of mental health leaders.

### Strengthening supervision

Two frameworks – *Consumer Perspective Supervision: a framework for supporting the consumer workforce* and the *Family Carer Perspective Supervision Framework* – have been co-produced for the lived experience workforce. Development and delivery of training related to these frameworks is underway, support for consumer perspective supervisors is in place, and the infrastructure to connect lived experience workers with discipline-specific supervisors has been created.

Implementation of Victoria's clinical supervision framework for mental health nurses is continuing. Activities for the next two years will be informed by implementation planning workshops and a community of practice, and will include support for Standards of Practice and training programs.

To support implementation of the Royal Commission's interim report recommendation to provide foundational mental health skills for junior doctors, psychiatry registrars are also being supported to upskill through clinical supervision training, with a program designed by the Royal Australian and New Zealand College of Psychiatrists.

### Supporting leadership and co-design capability

Communities of practice are in place to support Specialist Family Violence Advisor positions in mental health and AOD services and Clinical Nurse Consultants.

The 2019–20 Victorian State Budget invested \$1 million in psychiatry leadership development, providing Victoria's public sector psychiatrists with professional development opportunities. A psychiatry leadership development program is also being established, led by the Royal Australian and New Zealand College of Psychiatrists.

Co-design capability building workshops were commissioned by the Department of Health and delivered to mental health and AOD workforces over 2021–22. In addition, a co-design lead role has been established at the Centre for Mental Health Learning to support mental health services with co-design planning and capability.

### Increased support for psychiatry trainees

Recent initiatives to better support psychiatry trainees include:

- The establishment of two key positions to support training, funded through the 2019–20

Victorian State Budget: a Director of Training for Specialist International Medical Graduates, based at Goulburn Valley Health, and Directors of Advanced Training for addiction psychiatry and medicine at Turning Point.

- An exam preparation support program for Specialist International Medical Graduates. This program was piloted in 2020, significantly increasing exam pass rates.
- 43 Child and Adolescent Psychiatry rotations funded in the 2020–21 Victorian State Budget to ensure trainees progress through training without delay.

### Development of mental health leaders

Designated workforce lead positions have been established to cultivate leaders within the mental health system:

- A codesign lead (a designated lived experience role) has been established at the Centre for Mental Health Learning. This position will provide co-design and co-production support to members of the mental health workforce who are leading co-design projects.
- Across the state, 31 clinical nurse consultant positions provide leadership for staff and teams in inpatient units. The consultants act as mentors to other staff and have the clinical experience to address priority issues such as consumer and staff safety and support vulnerable consumers presenting with high level needs.

### Training and development for Infant, Child and Youth Area Mental Health and Wellbeing Service workforce

The 2021–22 Victorian State Budget allocated \$2.5 million over four years for training and development to support new and existing workers as part of the establishment of new Infant, Child and Youth Area Mental Health and Wellbeing services. Scoping is currently underway to identify training and development requirements, with training available to access from early 2022.

### Statewide coordination of the Child and Adolescent Mental Health Service Autism Program

Since the release of the 2019 Autism State Plan the Department of Health has provided funding to Mindful as the statewide coordinator for the Child and Adolescent Mental Health Service Autism Program to build capacity and capability to assess and diagnose autism, with increased

funding provided in 2021–22. Mindful delivers Autism Spectrum Disorder training in assessment, diagnosis and early intervention for mental health services to all clinicians in the public and private sector.

### Medium and longer-term actions

Workforce capability needs – particularly in relation to multidisciplinary care – will evolve in tandem with system reforms. Priority training needs will therefore be regularly assessed at both a discipline-specific and whole-of-workforce level.

Over the medium to longer term, the Department of Health will continue to work with stakeholders, the Collaborative Centre and the statewide capability entity to ensure investment in training and professional practice supports continues to meet consumer and system needs.

Collaboration with professional colleges, education institutions and regulators will be critical for ensuring that training pathways are responsive to capability needs.

Over the medium to long term, work will continue to identify and build both the whole-of-workforce and discipline-specific targeted skills needed to deliver service and system reforms.

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

Victoria's diverse and marginalised communities can experience additional barriers to accessing mental health care, despite being some of Victoria's most vulnerable. To better meet the needs of communities, Victoria's mental health workforce needs to be more representative, and more responsive to those it serves.

Across all professional disciplines, roles and settings, people from diverse backgrounds – including Aboriginal, LGBTIQ, workers with disabilities and culturally diverse workers – need to be represented to enable care to be provided in culturally safe, inclusive, and appropriate ways. This needs to be complemented by other strategies to build broader workforce capability to respond to the specific needs of priority populations, and to build culturally safe and inclusive workplaces.

'By requiring clinicians and other mental health service providers to reflect upon their own cultural identity and biases in relation to how they interact with other practitioners and consumers, culturally safe practices can help to safeguard all stakeholders engaging in mental health care from experiencing exclusion, discrimination or other effects of power imbalances.'

*Submission to Department of Health, August 2021*

## Initiatives commenced and commencing

### Specialised care for vulnerable people who need intensive support

As part of a \$5.7 million package to deliver more specialised care for vulnerable people who need intensive support, Victorian Transcultural Mental Health (VTMH) at St Vincent's Hospital received funding to expand its training programs. As culturally and linguistically diverse communities are less likely to engage with mainstream mental health services, this service improves the cultural sensitivity of mental health services across the sector.

The funding allows VTMH to deliver its training, which focuses on building capability more widely so services can reach more diverse Victorian communities whose members are living with mental illness.

Work is also underway with stakeholders in Aboriginal and Torres Strait Islander communities

to expand the Aboriginal social and emotional wellbeing workforce across Aboriginal community-controlled organisations and to improve the cultural safety and responsiveness of mainstream mental health services. Further detail can be found under Spotlight: Aboriginal social and emotional wellbeing workforce.

### The Diverse Communities' Mental Health and Wellbeing Framework and Blueprint for Action

The Diverse Communities' Mental Health and Wellbeing Framework and Blueprint for Action will be launched by the end of 2022 and will complement this strategy and the Victorian Mental Health and Wellbeing Workforce Capability Framework.

In developing the framework, consideration will be given to supporting workforce diversity planning both within organisations and across the system, to identifying different roles and care models which support culturally responsive practice and increased service accessibility of diverse communities, and to the need for targeted workforce pipeline programs for priority population groups.

### Medium and longer-term actions

The Diverse Communities' Mental Health and Wellbeing Framework will set short- and long-term strategic priorities for delivering safe and inclusive mental health treatment, care and support in Victoria, including supporting the capability uplift of ethno- and cohort-specific services. Importantly, the framework will help drive ongoing organisational- and service-wide capacity building and culture around responsiveness to diversity, inclusion and equity.



## SPOTLIGHT

## 9. Aboriginal social and emotional wellbeing workforce

'Aboriginal self-determination is respected and upheld in the design and delivery of treatment, care and support, and where Aboriginal people can choose to receive care within Aboriginal community-controlled organisations, within mainstream services or a mix of both. Irrespective of where treatment, care and support is delivered for Aboriginal people, communities and families, it is fundamental that it is safe, inclusive, respectful and responsive.'

*Royal Commission into Victoria's Mental Health System, Final Report, volume 3, p. 143.*

Aboriginal Victorians experience disproportionate rates of mental illness, trauma and suicide compared to the non-Aboriginal population. Meeting current levels of need and the expected growth in service demand for Aboriginal people and communities requires a highly skilled and adequately resourced social and emotional wellbeing workforce.

The Royal Commission recommended expanding Aboriginal social and emotional wellbeing (SEWB) workforces across Aboriginal community-controlled organisations and improving the cultural safety and responsiveness of mainstream mental health services.

Key initiatives to address these recommendations cover areas of supply, capability, wellbeing and system enablers:

- a minimum of 30 scholarships awarded by 2024 for Aboriginal SEWB workforces to obtain clinical and/or therapeutic mental health qualifications
- establishing and expanding multidisciplinary SEWB teams in Aboriginal Community Controlled Health Organisations with statewide coverage within five years
- the Aboriginal Mental Health Traineeship Program which provides a pathway for Aboriginal Victorians to enter the clinical mental health workforce. Clinical placements are undertaken within mainstream mental health services while trainees complete a bachelor degree in mental health. Ongoing employment is offered with the service on completion of this specialised program
- clinical and therapeutic positions funded to expand the social and emotional wellbeing workforce in Aboriginal community-controlled organisations (ACCOS)
- establishment of an Aboriginal Social and Emotional Wellbeing Centre to support mental health and social and emotional wellbeing services with:
  - a. clinical, cultural and organisational governance planning and development
  - b. workforce development for Aboriginal and non-Aboriginal workers
  - c. guidance, tools and practical supports for building clinical effectiveness in assessment, diagnosis and treatment for Aboriginal peoples
- establishment of two co-designed healing centres
- Koori Mental Health Liaison Officers funded to provide culturally safe and responsive advocacy and support for Aboriginal people during their time in hospital and during follow-up care.

# 10. Priority 3: Supporting the safety, wellbeing and retention of the mental health and wellbeing workforce



Workforce safety and wellbeing is a key enabler of high quality and safe practice, ultimately ensuring better experiences and outcomes for consumers and their families, carers and supporters. It is also critical for workforce retention.

Many factors impact on worker wellbeing, with members across the workforce communicating their experiences of fatigue, workload and burnout, and how these have been compounded by the stress of the coronavirus (COVID-19) pandemic.

The long-term objective of this priority is for Victoria's mental health and wellbeing services to be safe for all, promote respect and collaboration, prioritise wellbeing, and support workers to apply their full range of professional skills.

New actions to address this priority will focus on better data collection, improved governance and accountability for workforce wellbeing, and expanded wellbeing supports. The Mental Health

Workforce Wellbeing Committee, to be established in response to recommendation 59 of the Royal Commission's final report, will be the vehicle for identifying, monitoring and addressing health, safety and wellbeing needs.

Longer-term actions will aim to address fatigue, workload and burnout, and support positive wellbeing through better monitoring, oversight and support.

**Wellbeing:**  
Priority action areas

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

## Final report recommendation 59: workforce safety and wellbeing

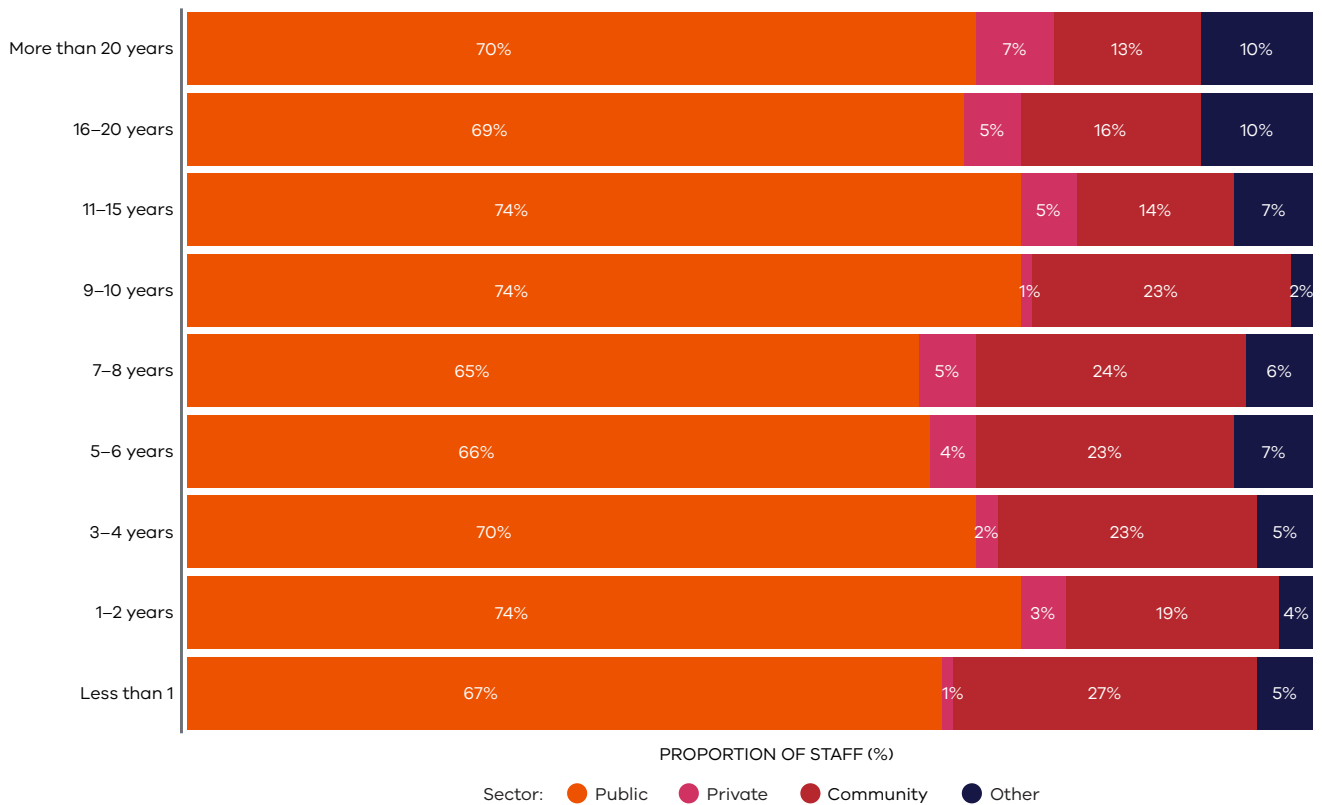
The Royal Commission recommended that the Victorian Government:

1. by the end of 2021, establish an ongoing Mental Health Workforce Wellbeing Committee to address occupational health and safety needs, co-chaired by the Department of Health and WorkSafe Victoria that will:
  - a. identify, monitor and address existing physical safety and wellbeing risks as well as those that may emerge throughout the reform process; and
  - b. develop tailored monitoring approaches for the psychological health and safety of staff in the mental health and wellbeing workforce.
3. work with service providers, workers (including lived experience workers), unions, representative and professional bodies to set clear expectations and implement a range of measures to support the professional wellbeing of the mental health and wellbeing workforce, as described by the Royal Commission in its final report.
4. beginning in 2021, work with the Mental Health Workforce Wellbeing Committee to monitor workforce wellbeing outcomes at least once a year.

## Current wellbeing of the mental health workforce

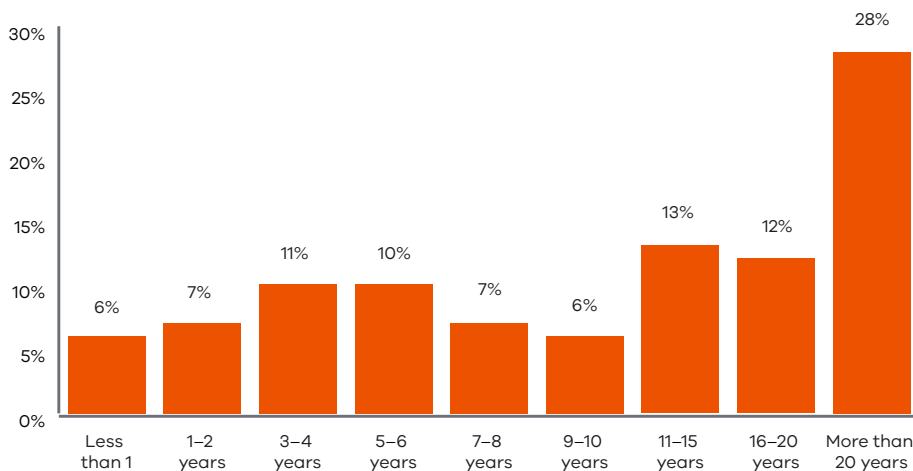
A mental health workforce personnel survey was carried out in October–November 2021, asking mental health workers in public, community and private settings to give feedback on their experiences of working in the sector. The findings set out below will inform workforce planning and provide insights into what is needed to attract, train, support and retain a stronger workforce for Victoria's reformed mental health system.

**Figure 12: Surveyed mental health and wellbeing professionals (proportion) by years of experience and sector**



Source: Department of Health (Victoria) Personnel Survey Dataset (2021)

**Figure 13: Years of experience across surveyed mental health and wellbeing professionals (proportion)**



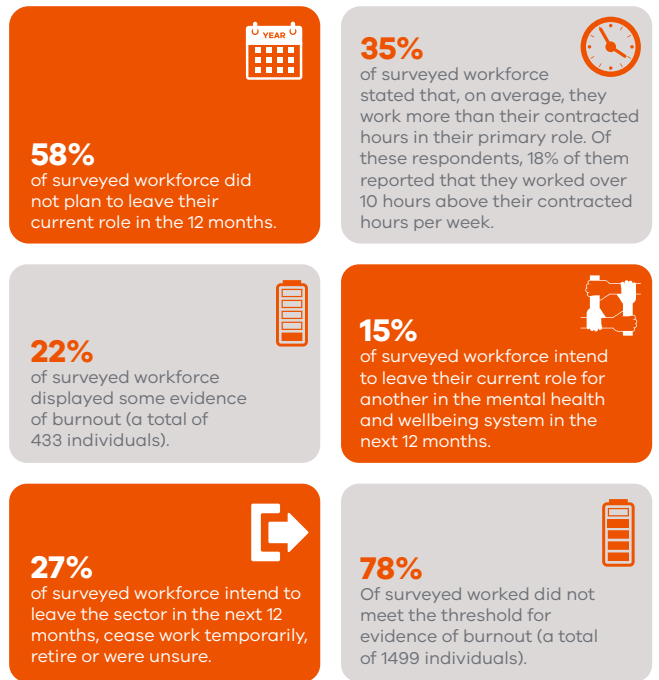
Source: Department of Health (Victoria) Personnel Survey Dataset (2021)

**Figure 14: Motivations to work in the sector (survey respondents)**



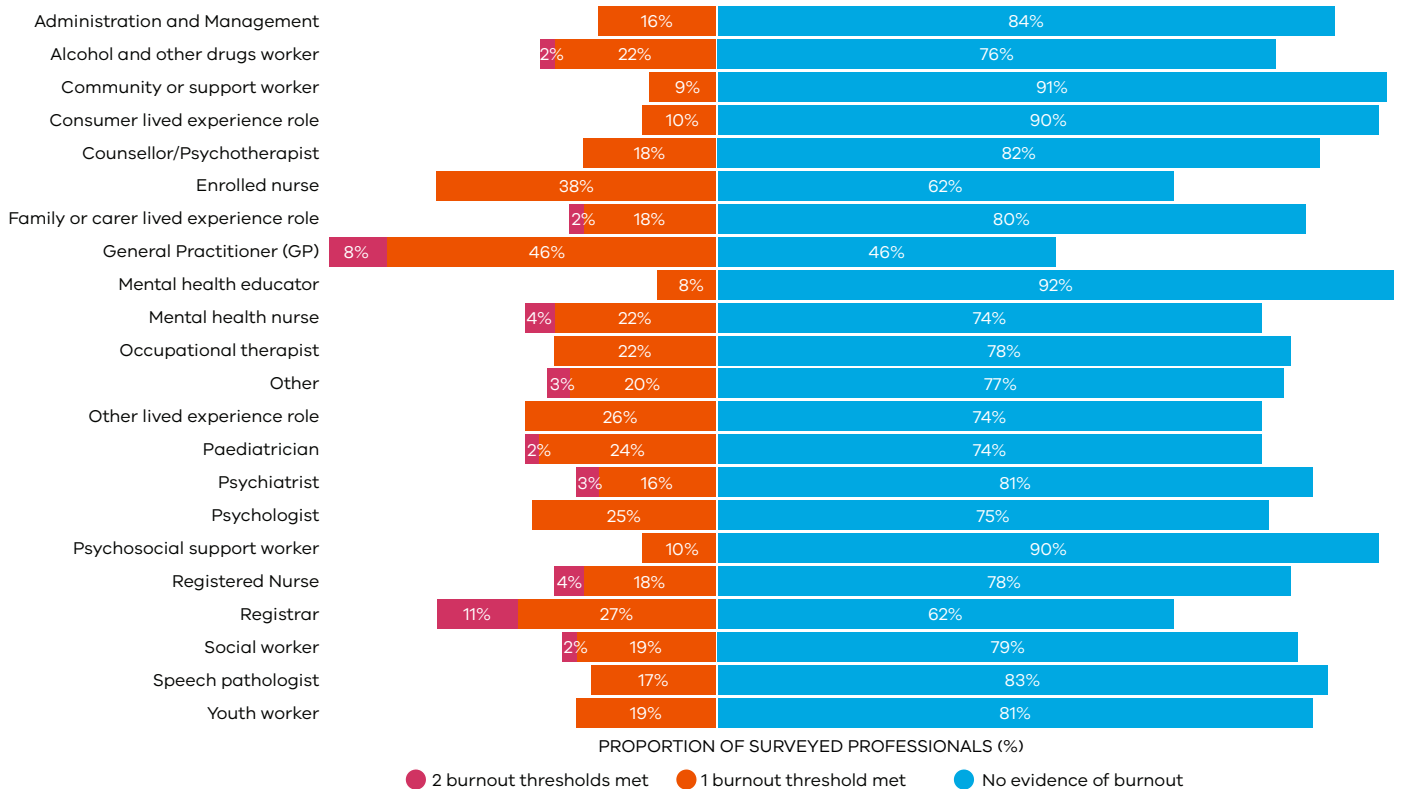
Source: Personnel Survey Dataset (2021). Note: Personnel Survey respondents were asked what their motivations were for working in the mental health and wellbeing system and were able to provide up to 3 responses. N = 1932.

**Figure 15: Workforce wellbeing summary (survey respondents)**



Source: Department of Health (Victoria) Personnel Survey Dataset (2021)

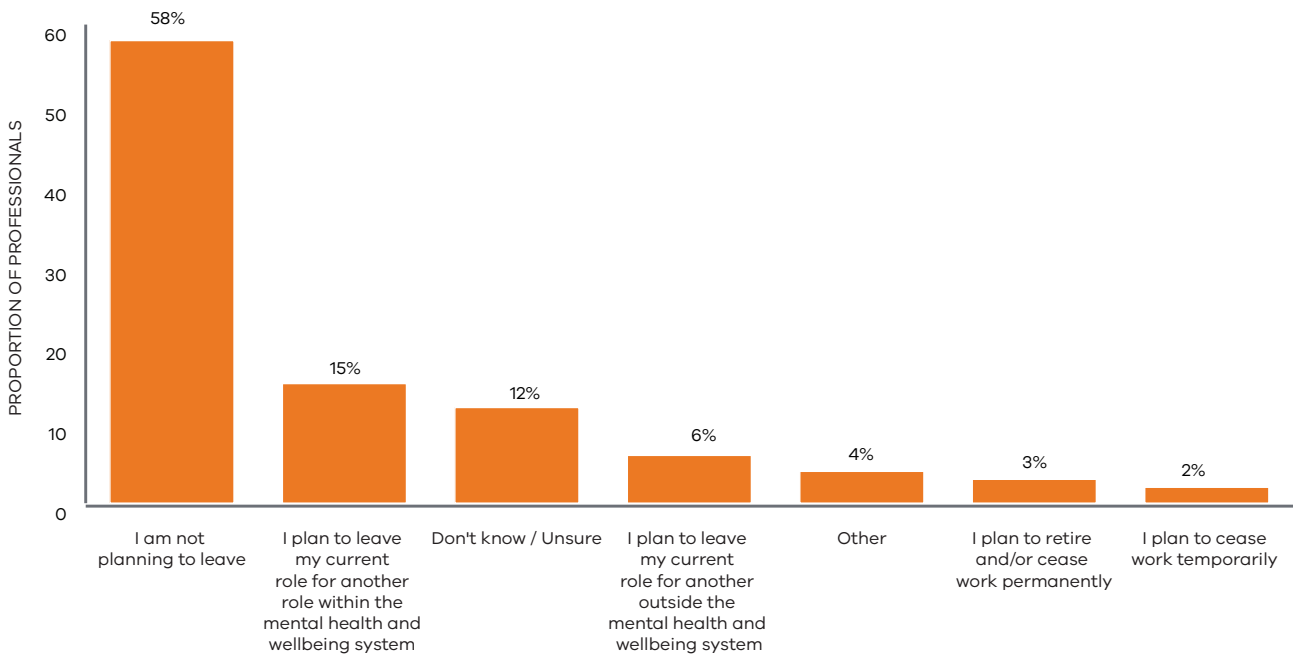
**Figure 16: Evidence of burnout across survey respondents by professional discipline**



Source: Department of Health (Victoria) Personnel Survey Dataset (2021). Note: The above chart represents the evidence of burnout that may be present within the workforce. Calculated by collating the results from the three MBI sub-scale thresholds (emotional exhaustion, depersonalisation, and personal accomplishment).



**Figure 17: Intentions to leave the sector across survey respondents**



Source: Department of Health (Victoria) Personnel Survey Dataset (2021)

**Figure 18: Motivations to leave the sector across survey respondents**



Source: Department of Health (Victoria) Personnel Survey Dataset (2021)



## Action area 3a: Establishing workforce wellbeing monitoring and supports

Actions to improve the wellbeing of the workforce focus on workplace safety, professional practice supports and professional development.

Everyone has the right to feel safe and supported at work. This action area therefore promotes workplace safety at a system wide and organisational level, which is essential for the physical and psychological wellbeing of workers, consumers, and families, carers and supporters.

**'Establish preventative wellbeing programs to help workforce develop their own wellbeing knowledge and capabilities, build resilience, understand role of self-care and self-compassion.'**

*Submission to Department of Health, August 2021*

Professional practice supports also play a vital role in workforce wellbeing, as do access to professional development and career pathways. These opportunities are essential for ensuring staff are equipped to deliver effective treatment, care and support, and will be critical to sustaining the mental health and wellbeing system over time.

### Initiatives commenced and commencing

Supporting better wellbeing outcomes requires a multifaceted approach, and work has already started on a range of initiatives to improve workforce safety and wellbeing.

#### Monitoring workforce safety and engagement

Formal monitoring of workforce wellbeing is integral to achieving a safe work environment and delivering safe, high-quality care. In 2020, the annual People Matter Survey for public sector health workforces was extended to measure mental health workforce engagement, job and work-life balance satisfaction, career development, stress and psychological safety. Preventing and managing occupational violence will be a future focus.

A prototype of the annual workforce wellbeing survey was rolled out during 2021 as a component of the mental health personnel survey. The workforce wellbeing survey will provide essential information to the Department of Health, and will assist the Mental Health Workforce Wellbeing Committee, described further below, to monitor wellbeing outcomes. The Mental Health Workforce Wellbeing Committee will continue to provide advice to the department on how the workforce wellbeing survey can best be tailored to capture the wellbeing of the workforce.

#### Healthcare worker wellbeing centre

In February 2021, the Chief Clinical Officers at Safer Care Victoria launched the Healthcare worker wellbeing centre as part of the Victorian Government's \$9.8 million healthcare worker wellbeing package.

This virtual wellbeing centre, the first of its kind in Australia, is a place where all healthcare workers can find support, helplines and resources. Mental health people managers and leaders can access 'bite sized' wellbeing learning modules, as well as Health Care Wellbeing Resources developed in partnership with the Chief Mental Health Nurse.

#### Mental health and AOD Workforce Wellbeing Grants

Forty Workforce Wellbeing Grants totalling \$338,000 were awarded to the state-funded mental health and Alcohol and Other Drug workforces as part of the Keeping Victorians Connected and Supported – Mental Health and Wellbeing Coronavirus Response Package in May 2021.

The grants funded initiatives that supported staff teams to come together, improved physical spaces, and provided additional supervision, reflective practice and training sessions. Staff attended self-care and resilience workshops and Hand-in-Hand Peer Support, emotional CPR and psychological safety and supervision training. Outdoor relaxation spaces, staff wellbeing zones, wellness kits, 'Little Bag of Calm' sensory aids and Big Feels at Work program podcasts all improved staff wellbeing. A further \$700,000 in grants have been provided in 2021–22.

### **Safety and wellbeing in the coronavirus (COVID–19) pandemic**

In 2020, the Victorian Government established the Healthcare Worker Infection Prevention and Wellbeing Taskforce to keep workers safe and well during the coronavirus (COVID–19) pandemic. Taskforce actions contributed to a reduction in the number of healthcare worker infections through the Respiratory Protection Program. The Department of Health provided specific guidance to mental health services to protect and provide surge support to the workforce to deliver essential services. Resources and training to establish a COVID–safe work environment, infection control, the selection, fit and use of personal protective equipment, zoned care and quarantine nursing models were a key focus.

A Hospital Surge Support Allowance was also established in October 2021 to better support nurses, paramedics and doctors working hard on the frontline to protect Victorians during the Covid-19 pandemic. The allowance is paid to patient-facing healthcare workers, providing direct care in public hospital services and Ambulance Victoria, to ensure highly skilled staff are well supported to deliver world class patient care

### **Safewards**

The Safewards model and associated interventions have been highly effective in reducing conflict and containment and increasing a sense of safety and mutual support for staff and consumers. Led by the Chief Mental Health Nurse, the model was initially rolled out statewide across all units in 18 mental health services, and was followed by a trial in three emergency departments in 2019 and 2020. The model will be trialled in two general health services during 2021 and 2022.

### **Professional leadership through mental health nurse communities of practice**

Senior Mental Health Nurses from across the state participate monthly in a community of practice with the Chief Mental Health Nurse and the mental health team in Safer Care Victoria, providing a forum to consult and advise the Chief Mental Health Nurse on current professional issues.

Chief Mental Health Nurse also hosts a community of practice for the Clinical Nurse Consultant group. Members of the group have a key role in promoting safety for inpatient units and supporting the roll-out of Safewards, Reducing Restrictive Interventions and recovery-oriented practice.

### **Safety for all**

Safer Care Victoria is the statewide agency for safety and quality improvement for Victoria's public healthcare system. 'Safety for all' is an initiative of the Mental Health Improvement Program within Safer Care Victoria which will respond to the Royal Commission's key quality improvement priorities.

Within Safer Care Victoria the Chief Mental Health Nurse and the mental health team will focus on safety initiatives including the reduction of seclusion and restraint practices, improving gender safety and the reduction of suicide in services.

Safer Care Victoria will partner with Victorian mental health and wellbeing services to ensure 'Safety for all' in mental health inpatient units. Expressions of interest are currently open to join the planning phase of this initiative, with improvement activities in chosen mental health inpatient units commencing from March 2022.

### **Sector-led network for occupational safety**

Safer Care Victoria, through the Chief Mental Health Nurse and the mental health team, is supporting a number of sector leaders to come together in a forum to support and review training to increase occupational safety.

### **Mental Health Workforce Wellbeing Committee**

The Mental Health Workforce Wellbeing Committee is being established in response to recommendation 59 of the Royal Commission's final report, with its first meeting to occur in 2022. The committee is responsible for monitoring, identifying and addressing safety and wellbeing issues, and will have responsibility for the annual workforce wellbeing survey.

The committee will be jointly led by the Department of Health and WorkSafe Victoria, and will comprise senior representatives from both bodies as well as Safer Care Victoria, the Mental Health and Wellbeing Commission and representatives from the sector including professional colleges, unions and mental health service employers.

### **Pay and working conditions to attract, retain and support the mental health workforce**

The Public Mental Health Services Enterprise Agreement 2020–24 aligns with recommendations of the Royal Commission with a focus on recruitment and retention, gender equity, and health and wellbeing. Changes to the Agreement will improve conditions for workers employed in Victoria's public specialist mental health services and support the priorities of this strategy. Changes include:

- pay increases (of three per cent for nurses; and two per cent plus an annual retention payment for all other employees) which will aid wellbeing and retention of the existing workforce
- an additional week of annual leave for all weekend workers, and 2.5 days of additional annual leave for health professionals to align with nurses
- improved access to long service leave, including pro rata access at seven years
- development of multi-level classification and salary structure lived experience workforces that will improve career pathways, attraction and retention

- inclusion of new roles including speech pathology and art therapy, Aboriginal traineeship arrangements, nursing indigenous health cadetship arrangements and mental health engagement worker arrangements
- increased parental leave and professional development leave, including study leave entitlements
- introduction of clinical educators for Parent and Infant Units to support workforce capability
- introduction of designated Mental Health Director of Nursing positions for each mental health service where they do not already exist
- enhanced administrative staffing for acute inpatient services.

### **Medium and longer-term actions**

Into the future the Mental Health Workforce Wellbeing Committee will have carriage of developing, monitoring and implementing medium- and longer-term priorities to address mental health and wellbeing workforce wellbeing and safety needs, building on the range of activities already underway and regular workforce wellbeing survey data.



## SPOTLIGHT

# 11. Rural and regional incentive

The Royal Commission highlighted the ongoing workforce challenges that rural and regional areas experience across primary, secondary, and tertiary mental health services. This has not been unique to the mental health sector, with broader health services across the state experiencing ongoing challenges. In recent years, the Victorian Government has directed investment to the workforce through key initiatives such as the Regional Health and Human Services Workforce Development Program.

Work is underway on an incentive scheme to alleviate mental health workforce shortages and attract and retain new workers into rural and regional areas. This will deliver on *Recommendation 40: Providing incentives for the mental health and wellbeing workforce in rural and regional areas* of the Royal Commission's final report.

The 2021–22 Victorian State Budget allocated \$10.5 million over four years to the Rural and Regional Workforce Incentive Scheme. The budget also included \$3.2 million to deliver time limited rural and regional workforce incentive grants while a more fulsome incentive scheme is developed.

Incentives have been designed to be concrete, multifaceted and complementary, and deliver a mental health and wellbeing workforce with the capability

and expertise to meet the needs of communities in rural and regional areas:

## 1. Workforce relocation and incentive grants

These will encourage and support mental health workers to relocate, settle and remain in rural and regional areas. Suitably qualified workers recruited to priority, hard-to-fill positions within state-funded mental health services will be eligible for grants. The grants will be flexible to support costs such as accommodation, relocation, childcare, school fees and vehicle costs for recipients.

## 2. Integration support for workers and their families

Ensuring candidates are adequately supported prior to employment, during relocation and to settle and integrate into local communities is key to long-term retention.

Pre-employment and integration support will be provided to connect individuals and their families to essential services and to create social and professional connections needed to settle into their new community.

In addition to the broader health workforce initiatives for rural and regional attraction, the following initiatives are underway or planned for mental health and AOD services:

- a relocation grants pilot in 2020–21 to support workers to move and settle in rural and regional areas
- incentives for attracting the AOD workforce into rural and regional services
- internship program for allied health and AOD Certificate IV students in rural and regional AOD services
- additional support for psychiatry trainees in rural areas.



# 12. Priority 4: Building system enablers for excellence in workforce



Workforce reform must be underpinned by sophisticated data systems, strategic planning capabilities, and support to enable the workforce to deliver treatment, care and support that meets consumers' needs.

To deliver the best outcomes, there needs to be a centralised and comprehensive approach to workforce data collection and analysis, and for a reliable evidence base to understand, plan and respond to workforce needs as the system undergoes reform. The move away from crisis-driven care will require mental health and wellbeing professionals to be supported to work across their scopes of practice and deliver effective multidisciplinary care.

A dedicated workforce planning and strategy function within the Department of Health, along with ongoing workforce data collection, analysis and planning, will provide the policy, planning and technical capability needed to improve system planning and sustainability, as required by recommendation 57 of the Royal Commission's final report.

Initial actions will focus on improving workforce data and planning models; developing more sustainable workforce pipelines; and building workforce capacity to provide holistic and multidisciplinary care. Actions will also recognise and consolidate recent improvements to working conditions, raised by stakeholders throughout the consultation process as having an important impact on workforce attraction, retention and wellbeing.

Over the longer term, these foundations will enable government to better identify and respond to need in different parts of the system, and to drive future workforce reforms. The focus will shift to supporting the workforce to deliver high-quality, holistic and evidence-based care, which will both benefit consumers and assist workforce wellbeing and retention.

In addition, there will be a focus on ensuring the system is better able to sustain itself. Historically, workforce demand has largely been met through programs that 'top up' the system, and the system itself has limited capacity to regenerate. Reform brings an opportunity to change this, by strategically embedding the roles of training professionals into new model of care design.



## System enablers: Priority action areas

### Action area 4a

Improving system planning and sustainability

### Action area 4b

Shaping the workforce for the future

## Action area 4a: Improving system planning and sustainability

Data has a fundamental role in workforce planning. As noted in the Royal Commission's interim report, a reliable evidence base is crucial to planning and shaping the workforce needed to deliver system wide change.

**'Data collection [needs to be a priority] to ensure a deeper understanding of the workforce, skill levels and location.'**

*Submission to Department of Health, August 2021*

Improved data is required to understand workforce supply, composition and distribution demands and gaps, and to respond to these needs and risks into the future. At present, access to data about the diversity of the mental health workforce is limited, especially for those occupations not regulated by Ahpra. Consistent data about workforce size, composition, and educational attainment is also lacking for the community and private sectors.

For effective system-level planning, it is critical to understand workforce drivers and needs at the local, area and statewide level, as well as population growth and demographic changes, global workforce trends and discipline-specific challenges.

Modern data systems are needed to support up-to-date data capture, sophisticated analysis and system-level planning. These will be integral to understanding the funding, resourcing and workforce requirements of the mental health and wellbeing system, reducing inequalities in service access and experiences, and improving mental health outcomes.

### Initiatives commenced and commencing

#### Improving data capture and analysis

The Royal Commission's interim and final reports highlighted the need for a robust and ongoing mechanism to capture and monitor mental health workforce data. Reliable data is essential to making informed decisions about workforce planning and new initiatives, and so changes are needed to the way in which workforce data is collected, analysed and used.

In 2021, the Victorian Government launched two key projects to implement part of recommendation seven of the Royal Commission's interim report, namely:

- A mental health workforce personnel survey – a new workforce personnel survey, carried out in October–November 2021, asked mental health workers in public, community and private settings to give feedback on their experiences of working in the sector. Survey results will inform workforce planning and provide insights into what is needed to attract, train, support and retain a stronger workforce for Victoria's reformed mental health system.
- A mental health workforce census for all specialist public mental health services – the census was carried out in August–September 2021, with services asked to provide total numbers of full-time equivalent staff (actual and vacancy) and headcount numbers for staff employed across all locations, disciplines, settings and sub-specialties, as well as those employed in education, administration and management positions.

Data from the two projects form the basis for the workforce profile above, and will contribute to immediate and longer-term workforce planning.

### Medium and longer-term actions

#### Using data to inform workforce planning

Work over the medium to long term will build on these projects, to produce longer-term data sets and analytics which can be used to identify supply, composition and distribution demands and gaps. In future years, these point-in-time data sets will be expanded to include community mental health services, in line with reform priorities.

This data will also be shared with Regional Mental Health and Wellbeing Boards to enable them to take a data-informed approach to local workforce planning and development.

### Lived experience workforce data and accountability

The Royal Commission's interim report recommended a program of work to expand the lived experience workforces and enhance workplace supports for their practice. As part of this, data will be used to measure organisational attitudes and the experience of lived experience workers.

Understanding and measuring the experience of the lived experience workforces is a new challenge for the sector. It is important to understand the different types of roles with the consumer and family-carer workforces, which include peer workers, consultants, advisors, and education and research roles.

It will also be important to capture data that represents all members of the workforces, and to use this data in quality improvement activities and to track changes over time as the Royal Commission recommendations are implemented and the lived experience workforces expand.

Over the medium to long term, this data can be used to support organisations' operations and could be linked to funding agreements, accreditation and accountability frameworks.

### Funding model reform

The Royal Commission identified funding reform as a critical mechanism for encouraging the provision of mental health and wellbeing services that consumers, families and supporters value and the equitable allocation of resources. The new ways of funding recommended by the Royal Commission for trial and implementation include activity-based funding – linking provider funding directly to the volume and type of services delivered, which in turn is linked to the profile of consumer needs which the services are designed to meet. The Royal Commission also recommended trialling bundled funding models (funding for a care pathway, not just an episode within that pathway) as well as capitation models (individualised care packages which enable more complex needs to be more flexibly addressed through a range of health and non-health care and supports). The Royal Commission envisaged that the major steps towards implementation of activity-based funding would commence in 2022, while work to develop and trial other funding models would occur in the medium term (to 2026).

Through linking service funding more explicitly to demand, these new funding models will contribute to workforce planning. In particular, activity-based funding models can directly translate the estimates of service demand into budget planning and allocation processes.

## Action area 4b: Shaping the workforce for the future

The Royal Commission highlighted the need to increase support for mental health and wellbeing workers to be able to use their diverse skillsets, by optimising scopes of practice across a broad range of professions. Enabling specialist professionals to work across teams and services to provide genuinely multidisciplinary care will have a positive impact on workforce wellbeing and retention, as well as the quality, breadth and continuity of care available to consumers, families, carers and supporters.

While there is an immediate priority to grow the total workforce, which will provide the much-needed capacity to shift from crisis-driven to holistic and therapeutic service provision, there is an additional need to engage in a broader conversation about the scopes of practice that will be most effective to support innovative models of care for a transformed mental health and wellbeing system in Victoria.

#### Definition:

#### 'Full and optimal scopes of practice'

This strategy uses the term 'full scope of practice' to mean the full range of skills that a mental health professional has been trained in and is competent to perform.

The strategy uses 'optimal scope of practice' to talk about the most effective configuration of professional roles and responsibilities within a team or service. This is determined by considering other team members' relative competencies and the skills they are trained and competent to perform.

Source: Royal Commission into Victoria's Mental Health System, Final Report, volume 4, p. 483



Reform of system architecture and service design is an opportunity for Victoria to innovate and reform roles to increase discipline representation to utilise the skills of a broader range of workers, and to re-design jobs and create new roles that free up capacity from skilled professionals to perform their specialised function.

New and emerging workforces – including paramedics, consumer wellbeing support officers and counsellors, who have the skills that will support new models of care – need to be built to help stabilise the workforce.

Over the medium to longer term, actions will focus on optimising professional roles and scopes of practice across teams and services, enabling mental health and wellbeing workforces to use their diverse skillsets effectively and in a way that meets consumer needs.

## Initiatives commenced and commencing

### Community mental health engagement workers

In 2018–19, additional resources were introduced into public clinical community mental health services for a new role to be implemented to complement the existing services provided by clinicians and peer workers. These new roles, known as community mental health engagement workers, take on some of the logistical aspects of engaging and supporting consumers and their families/carers. Newly graduated health practitioners who are nurses (registered and enrolled), social workers and occupational therapists are eligible to be employed in these roles.

These time limited roles create an additional pathway for health professionals to enter the mental health workforce, and are a valuable asset in enabling community clinicians to prioritise their focus on therapeutic engagement with consumers and their families/carers.

### Pre-qualification positions

The introduction of pre-qualification employment programs in mid–2021 across ten of Victoria's specialist mental health services for students of nursing (registered and enrolled nurses), allied health (social work, occupational therapy and psychology) and medicine has been another key vehicle to support optimized practice. While promoting mental health as a career, the program also frees valuable clinical resources through

the support provided by the pre-qualification employees across a range of tasks.

The program is being implemented throughout 2021–22 in mental health services out across metropolitan and regional Victoria, with over 100 participating students.

### Establishment of a new Workforce Reform Taskforce

An immediate priority to support and optimise workforce practice is the establishment of a new Workforce Reform Taskforce. The taskforce will have responsibility for directing workforce reform activities, and considering how models of care, the introduction of new roles and workforces, and system planning can improve opportunities for Victoria's mental health and wellbeing workforce to work across the full breadth and depth of their trained scopes of practice to improve consumer outcomes.

To be established in 2022, the taskforce will also consider the administrative demands of mental health practice, guide the introduction of new workforces described in Priority 1: Building Workforce Supply, and consider how career progression opportunities outlined in this strategy can further optimise workplace practices. Future versions of the strategy will rely on this advice to understand the alignment of workforces across settings and service types, as well as the integration and alignment of practice areas between existing and new disciplines.

The taskforce will comprise the department's Chief Psychiatrist and Chief Mental Health Nurse as well as unions and professional bodies. The taskforce will work collaboratively with the workforce, professional bodies, stakeholders, and advisory groups, including the new Mental Health and Wellbeing Workforce Education Reference Group.

## Medium and longer-term actions

Future iterations of this strategy will respond to the taskforce's advice on how various practice areas complement and support consumer, carer and system outcomes; the distribution of workforces across settings and service types; and the skills and workforces that should be prioritised in the next stage of reform.

## SPOTLIGHT

# 13. Collaborating with the Commonwealth and other partners

## Collaborating with strategic partners to achieve change

There are many factors that influence the supply, distribution, retention, and experience of the mental health and wellbeing workforce. Levers are held by multiple parties and achieving a mental health workforce of the right skills, size, composition, and distribution will require decisive action from the Commonwealth and other national bodies to ensure the potential of Victoria's investments are maximised and all Victorians receive the care they need and deserve.

As described in Figure 19, this will include multiple layers of government, professional regulatory and worker representative bodies, education and training providers, services and peak bodies. The Victorian Government will actively work across these layers and with all partners to achieve the priorities and action areas described in this strategy.

## Working with the Commonwealth Government and professional bodies

Collaboration between the Commonwealth and Victoria to align the Victorian Mental Health and Wellbeing Workforce Strategy and the National Medical Workforce Strategy, National Mental Health Workforce Strategy, and proposed National Mental Health Workforce Data plan is essential.

This includes coordinated action using the levers within each jurisdiction's control to support and strengthen the workforce with a priority focus on increasing workforce supply. Recognising that responsibility for workforce is shared, the Commonwealth must:

- incentivise delivery of mental health training programs by increasing Higher Education Commonwealth Supported Places in core disciplines, including the availability of psychology honours and masters positions
- improve job-readiness and the acquisition of contemporary skills, knowledge and capability to practice in mental health by reviewing and re-designing mental health curricula, as well as setting standards for undergraduate training in core disciplines
- fund the development of contemporary postgraduate mental health therapies training to reduce the burden on health services to fund foundational skill development
- incentivise and set targets for student placements in mental health settings and fund appropriate placement supports within training institutions
- expand allied health graduate programs in Commonwealth funded services and support the development

of allied health graduate programs and standards in community non-government organisations

- expand university debt reduction schemes for health practitioners in rural and regional areas to include allied health practitioners working in public mental health settings
- review the standards being used by the counsellor and psychotherapist peak bodies and provide recommendations for regulation and scope of practice to apply nationally
- increase permitted paid working hours for students
- increase age-limits for eligibility for permanent residency
- expedite permanent residency and graduate visa applications
- fund support programs for Senior International Medical Graduates

Ensuring a secure pipeline for a contemporary mental health and wellbeing workforce will also require improved transparency and action on training and regulation processes, including:

- the Royal Australian and New Zealand College of Psychiatrists to take immediate action on poor examination processes and pass rates, supports to International Medical Graduates, and removal of

pipeline-blocking mandatory rotations in Child and Adolescent Psychiatry and Consultation Liaison Psychiatry

- the Australian Association of Social Workers to review 1,000-hour unpaid student placement requirements, and consider the introduction of paid registrar programs or recognition of paid work toward placement hours
- the Australian Psychological Society to recognise registration of psychologists registered for practice in the United Kingdom, the United States, Ireland, and Canada, and undertake a review of eligibility for other countries
- Ahpra to align registration of social workers with other comparable jurisdictions to ensure title protection and safeguards to maximise the value of social work in the delivery of therapies across all settings.



**SPOTLIGHT**

**Figure 19: Workforce reform roles and responsibilities**

Who	Responsibility
<b>Commonwealth Government</b>	<ul style="list-style-type: none"> <li>• setting national strategic direction</li> <li>• primary care access through Primary Health Networks and general practitioners, and Medicare rebates for psychologists</li> <li>• funding and regulation of the tertiary sector</li> <li>• responsibility for immigration levers which support recruitment and retention</li> </ul>
<b>Victorian Government</b>	<ul style="list-style-type: none"> <li>• funding public and non-government mental health services</li> <li>• system design and policy development</li> <li>• responsibility for service quality and safety mechanisms</li> </ul>
<b>Regional Mental Health and Wellbeing Boards</b>	<ul style="list-style-type: none"> <li>• supporting regional workforce planning, including relating to supply, capability and wellbeing activities</li> <li>• selecting providers of mental health and wellbeing services, including new providers and partnerships</li> <li>• holding mental health and wellbeing service providers to account and improving performance over time</li> </ul>
<b>Australian Health Practitioner Regulation Agency and National Registration Boards</b>	<ul style="list-style-type: none"> <li>• setting standards and policies that registered health practitioners must meet</li> <li>• conducting registration and compliance processes</li> <li>• investigating complaints against registered practitioners</li> </ul>
<b>Professional peak bodies and colleges</b>	<ul style="list-style-type: none"> <li>• defining training and education standards and continuing professional development requirements</li> <li>• administering self-regulated practitioner schemes</li> <li>• representing members</li> </ul>
<b>Education providers</b>	<ul style="list-style-type: none"> <li>• developing, designing and delivering education and training programs</li> </ul>
<b>Unions and industrial stakeholders</b>	<ul style="list-style-type: none"> <li>• protecting the integrity of the trade or group they represent</li> <li>• negotiate pay and working conditions</li> <li>• ensuring the health and safety of workers is protected</li> </ul>
<b>Health and community services providers</b>	<ul style="list-style-type: none"> <li>• delivering treatment, care and support services</li> <li>• employing, supervising, and supporting staff</li> <li>• create safe and supportive work conditions and environments to attract and retain mental health and wellbeing workforces</li> </ul>

# 14. Implementation

The Royal Commission has set a long-term vision for the future of the mental health and wellbeing workforce, however essential elements of the system – including models of care – are yet to be designed and established. The mental health system will undergo rapid change as these critical elements come online, so at this point in time it is difficult to predict long-term workforce needs with accuracy.

The strategy leverages the experience of the sector to build on proven initiatives and prototypes, but also creates opportunities for innovation that will require further collaboration, testing and evaluation – and input from both the mental health and wellbeing workforce and lived experience voices.

The Victorian Government has committed to refreshing the strategy every two years to ensure that it reflects the changing needs of the system, the community, and of the mental health and wellbeing workforce.

## An approach based on learning, innovation and collaboration

Implementation of workforce reforms will be underpinned by human centred design approaches with the diverse voices of the community, clinical, community, and lived and living experience workforces, and the voices of consumers, families, carers and supporters.

## Measuring progress against outcomes

This strategy sets out the Victorian Government's commitment to outcomes-driven workforce reform. It underpins the approach to delivering on the Royal Commission's vision, outlined in *Mental Health and Wellbeing in Victoria: Our priorities and progress in system reform and delivery*, released in October 2021.

Work is underway to develop a Mental Health and Wellbeing Outcomes and Performance Framework as recommended by the Royal Commission in its final report. It will be essential to measure the impact of initiatives to build workforce supply, capability and wellbeing and of system enablers, and this work will allow progress against key outcomes to be tracked.

Aligning the strategy to improved outcomes will be supported through implementation of recommendation 65 which seeks to embed evaluation and the building of an evidence base for reform activities as an underlying feature of reform. In line with this, initiatives proposed in the strategy will be accompanied by data collection, improved data and reporting standards and the production of evaluation reports to understand the impact of these programs.

## Communicating progress

Regular updates will be provided as these vital workforce reforms are delivered. Significant milestones, announcements, events and opportunities will be shared with all Victorians through media releases, news articles and the mental health reform website, as well as through direct emails to key partners and stakeholders.

Regular and ongoing feedback will be sought from the sector about the preferred content, frequency and platforms for communications and updates.

## Overview of key priorities and actions



### 1. Building workforce supply

Action area	Initiatives commenced and commencing	Medium to longer-term actions
<b>a Attracting people to mental health careers</b>	<ul style="list-style-type: none"> <li>A new attraction campaign for local and interstate clinicians</li> </ul>	<ul style="list-style-type: none"> <li>Expanded international recruitment campaign</li> <li>Rollout of additional supports for international recruitment</li> </ul>
<b>b Growing graduate, post-qualifying and transition training pathways</b>	<ul style="list-style-type: none"> <li>Postgraduate mental health nurse scholarships</li> <li>New entry positions for mental health nurses</li> <li>Junior medical officer psychiatry rotations</li> <li>Prequalification initiative to employ allied health, nursing and medicine undergraduates</li> <li>Psychiatry leadership development</li> <li>Supporting psychiatry registrars to undertake mandatory rotations</li> <li>Expanded allied health graduate program</li> <li>Psychiatry training support package</li> <li>New graduate program for enrolled nurses</li> <li>Transition program for experienced allied health and nursing clinicians</li> </ul>	<ul style="list-style-type: none"> <li>Adapt and implement at scale successful and promising initiatives</li> </ul>
<b>c Building emergent and new workforces</b>	<ul style="list-style-type: none"> <li>a lived experience peer cadet program</li> <li>improved access to supervision for lived experience workers in clinical services</li> <li>funding two lived experience workforce lead positions at Victoria’s consumer and carer peak bodies</li> <li>a lived experience workforce – consumer and carer feedback program</li> </ul>	<ul style="list-style-type: none"> <li>Once the foundations for emergent and new workforces are in place, the focus will move to the scale of the workforce pipeline</li> </ul>
<b>d Ensuring workforce meets regional needs</b>	<ul style="list-style-type: none"> <li>Relocation grants program</li> <li>Workforce incentive grants</li> <li>Integration support for workers and their families</li> <li>A pilot incentive program for the AOD workforce</li> <li>A pilot internship program for allied health and Certificate IV AOD students in AOD services, prioritising interns from diverse communities</li> </ul>	<ul style="list-style-type: none"> <li>Refreshed workforce incentive program</li> </ul>



## 2. Building workforce skills, knowledge and capabilities

Action area	Initiatives commenced and commencing	Medium to longer-term actions
<b>a Ensuring education and training meets the needs of the community</b>	<ul style="list-style-type: none"> <li>Supporting the Commonwealth Government's development of a ten-year National Medical Workforce Strategy and a National Mental Health Workforce Strategy</li> <li>Establish a Mental Health Higher Education Reference Group</li> <li>Advocate to the Commonwealth on priority education and training areas</li> <li>Seek standardised registration schemes and registration of overseas-trained practitioners</li> </ul>	<ul style="list-style-type: none"> <li>Work with the Commonwealth, professional bodies and Colleges on necessary changes to training, accreditation and registration</li> </ul>
<b>b Embedding a system wide capability focus</b>	<ul style="list-style-type: none"> <li>Work to establish the Victorian Collaborative Centre for Mental Health and Wellbeing</li> <li>Establishment of Regional Mental Health and Wellbeing Boards</li> <li>Statewide service for people living with mental illness and substance use or addiction</li> <li>Establishment of Statewide Trauma Service</li> <li>Release and embed the Victorian Mental Health and Wellbeing Workforce Capability Framework</li> </ul>	<ul style="list-style-type: none"> <li>Establish the new statewide capability entity, under the auspices of the Collaborative Centre for Mental Health and Wellbeing</li> </ul>
<b>c Improving capability through ongoing training opportunities</b>	<ul style="list-style-type: none"> <li>Strengthening supervision for lived experience workforce, mental health nurses and psychiatry registrars</li> <li>Supporting leadership and co-design capability in family violence, psychiatry leadership and organisational level</li> <li>Increased support for psychiatry trainees</li> <li>Development of mental health leaders</li> <li>Training and development for Infant, Child and Youth Area Mental Health and Wellbeing Service workforce</li> <li>Statewide coordination of the Child and Adolescent Mental Health Service Autism Program</li> </ul>	<ul style="list-style-type: none"> <li>Identify and build on skills needed at both a discipline-specific and whole-of-workforce level</li> </ul>
<b>d Ensuring workforce reflects and responds to diverse communities</b>	<ul style="list-style-type: none"> <li>Specialised care for vulnerable people who need intensive support</li> <li>Development of the Diverse Communities' Mental Health and Wellbeing Framework and Blueprint for Action</li> </ul>	<ul style="list-style-type: none"> <li>Continue to consider workforce capability needs to better respond to diverse communities as reforms are implemented</li> </ul>

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



Action area	Initiatives commenced and commencing	Medium to longer-term actions
<p><b>a Establishing workforce wellbeing monitoring and supports</b></p>	<ul style="list-style-type: none"> <li>• People Matter Survey and mental health workforce personnel survey to monitor workforce wellbeing</li> <li>• Launch of the Healthcare worker wellbeing centre</li> <li>• Mental health and AOD Workforce Wellbeing Grants</li> <li>• Ensuring safety and wellbeing in the coronavirus (COVID-19) pandemic</li> <li>• Continued roll-out of the Safewards model</li> <li>• Professional leadership through mental health nurse communities of practice</li> <li>• Implementation of the 'Safety for all' initiative</li> <li>• Sector-led network for occupational safety</li> <li>• Establish the Mental Health Workforce Wellbeing Committee</li> <li>• A new Public Mental Health Services Enterprise Agreement 2020–24</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing monitoring of workforce safety and engagement</li> </ul>





## 4: Building system enablers for excellence in workforce

Action area	Initiatives commenced and commencing	Medium to longer-term actions
<b>a Improving system planning and sustainability</b>	<ul style="list-style-type: none"> <li>Improving data capture and analysis through the mental health workforce census and personnel survey</li> </ul>	<ul style="list-style-type: none"> <li>Produce data sets and analytics to identify supply, composition and distribution demands</li> <li>Establish lived experience workforce data benchmarks</li> <li>Commence implementation of activity-based funding and develop and trial other funding models</li> </ul>
<b>b Shaping the workforce for the future</b>	<ul style="list-style-type: none"> <li>Community mental health engagement workers</li> <li>Pre-qualification employment program for students of nursing, allied health and medicine</li> <li>Establish a Workforce Reform Taskforce</li> </ul>	<ul style="list-style-type: none"> <li>Taskforce to advice on priorities for the next stage of reform</li> </ul>

# 15. Appendices

## Stakeholder engagement

<p><b>Workforce forum</b></p> <p>The forum was held in July 2021 and brought together a broad range of stakeholders including community and clinical services, peak bodies, professional bodies, academic institutions and more to identify challenges and priorities for the workforce strategy.</p>	<p><b>146 attendees</b></p>
<p><b>Workforce Technical Advisory Group</b></p> <p>An external advisory body established to provide expert input into the development of the strategy and the progression of the workforce reform agenda, particularly around implementation barriers and risks.</p>	<p><b>23 members</b></p>
<p><b>Targeted engagement workshops</b></p> <p>Six targeted engagement groups were established across the workstreams of workforce supply, capability, wellbeing and rural and regional workforces. Membership brought together consumers, carers, clinicians, regulators, and subject matter experts who participated in a series of workshops to test ideas, validate assumptions and generate innovative solutions to the problems identified by the Royal Commission.</p>	<p><b>219 people across six workshops</b></p>
<p><b>Public consultation process</b></p> <p>Members of the public and sector stakeholders were invited to provide additional submissions through the Engage Victoria portal.</p>	<p><b>41 submissions received</b></p>
<p><b>Workforce census and personnel survey</b></p> <p>A separate workforce census survey was undertaken throughout August–September 2021 with participation from specialist mental health services to gather data about the workforce. In October 2021, workers across the mental health sector were invited to participate in a survey that provides insights into demographic mental health workforce data, as well as gathering information on worker wellbeing and feedback on the Capability Framework.</p>	<p><b>All 19 Victorian specialist mental health services completed the workforce census, with 1,932 personnel survey responses received</b></p>

## Members of the Workforce Technical Advisory Group

The Mental Health and Wellbeing Workforce Technical Advisory Group provided specialised and expert advice on implementation of the Royal Commission's recommendations relating to workforce, which informed the development of *Victoria's mental health and wellbeing workforce strategy 2021–2024*.

Standing membership of the group includes:

Member	Organisation	Expertise
<b>Lyn Morgain (Chair)</b>	Oxfam Australia	Mental health, non-government sector
<b>Craig Wallace</b>	Victorian Mental Illness Awareness Council	Consumer perspective
<b>Marie Piu</b>	Tandem	Carer perspective
<b>Gaby Bruning</b>	Victorian Aboriginal Community-Controlled Health Organisation	Indigenous communities and workforces
<b>Adriana Mendoza</b>	Victorian Transcultural Mental Health	CALD communities and structural inequality
<b>Simon Ruth</b>	Thorne Harbour Health	LGBTIQ
<b>Madeleine Harradence</b>	Australian Nursing and Midwifery Federation	Nursing union
<b>Leon Wiegard</b>	Australian Services Union	Social and community services sector, NDIS
<b>Paul Healey</b>	Health and Community Services Union	Union for specialist mental health, disability and drug and alcohol workforces
<b>Associate Professor Genevieve Pepin, PhD</b>	Occupational Therapy Australia	Occupational therapy workforce
<b>Rachel Reilly</b>	Australian Association of Social Workers	Social Workers
<b>Rosemary Kelly</b>	Victorian Psychologist Association	Psychology workforce
<b>Angus Clelland</b>	Mental Health Victoria	Statewide peak body
<b>Astha Tomar</b>	Royal Australian and New Zealand College of Psychiatrists	National psychiatric workforce
<b>Dr Roderick McRae</b>	Australian Medical Association	Medical workforce
<b>Morton Rawlin</b>	Mental Health Professionals Network, Royal Australian College of General Practitioners	General practitioners
<b>Chris Hynan</b>	Victorian Dual Diagnosis Initiative	Dual Diagnosis
<b>Sam Biondo</b>	Victorian Alcohol and Drug Association	AOD and dual diagnosis sector
<b>Ruth Vine</b>	Personal Capacity	Psychiatrist and Commonwealth Department of Health
<b>Dr. Zena Burgess</b>	Chief Executive Officer, Australian Psychological Society	Psychology workforce
<b>Andrew Tomlinson</b>	Director, System Reform, Tandem	Carer lived experience
<b>Rick Corney</b>	Senior Peer Support Worker at Ballarat Community Health	Consumer lived experience
<b>Dan Stubbs</b>	Victorian Disability Worker Commissioner	Disability Workforce

## Glossary

Language and words are powerful and have different meanings for each person.

There is no single set of definitions used to describe people's experience of their mental health, psychological distress or mental illness. This diversity is reflected in the many words used by people to express their experiences.

There is also diversity in the ways mental health and wellbeing workforces describe themselves,

their knowledge, skills and ways of working with consumers, carers, families, and supporters.

Words can have a lasting impact on a person's life, both positive and negative.

Words are also deeply questioned and nuanced, with many perspectives on terminology. The language used through this document aims to be inclusive and respectful.

<b>Carer</b>	Means a person, including a person under the age of 18 years, who provides care to another person with whom they are in a relationship of care.
<b>Consumer</b>	People who identify as having a living or lived experience of mental illness or psychological distress, irrespective of whether they have a formal diagnosis, who have used mental health services and/or received treatment.
<b>Family</b>	May refer to family of origin and/or family of choice.
<b>Good mental health</b>	A state of wellbeing in which a person realises their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.
<b>Lived experience</b>	People with lived experience identify either as someone who is living with (or has lived with) mental illness or psychological distress, or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness or psychological distress. People with lived experience are sometimes referred to as 'consumers' or 'carers'. It is acknowledged that the experiences of consumers and carers are different.
<b>Mental health and wellbeing system</b>	<p>The addition of the concept of 'wellbeing' represents a fundamental shift in the role and structure of the future system.</p> <p>In the future mental health and wellbeing system for Victoria, mental health and wellbeing refers to the absence of mental illness or psychological distress and to creating the conditions in which people are supported to achieve their potential.</p> <p>The focus on the strengths and needs that contribute to people's wellbeing is purposeful.</p> <p>To achieve balance between hospital-based services and care in the community, the types of treatment, care and support the future system offers will need to evolve and be organised differently to provide each person with dependable access to mental health and wellbeing services, and links to other supports they may seek.</p>
<b>Mental illness</b>	<p>A medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.</p> <p>It acknowledges that mental illness can be described using terms such as 'neurodiversity', 'emotional distress', 'trauma' and 'mental health challenges'.</p>

<b>Psychological distress</b>	One measure of poor mental health, which can be described as feelings of tiredness, anxiety, nervousness, hopelessness, depression and sadness. This is consistent with the definition accepted by the National Mental Health Commission.
<b>Scopes of practice</b>	<p>This strategy uses the term 'full scope of practice' to mean the full range of skills that a mental health professional has been trained in and is competent to perform.</p> <p>The strategy uses 'optimal scope of practice' to talk about the most effective configuration of professional roles and responsibilities within a team or service. This is determined by considering other team members' relative competencies and the skills they are trained and competent to perform.</p>
<b>Social and emotional wellbeing</b>	Being resilient, being and feeling culturally safe and connected, having and realising aspirations, and being satisfied with life. This is consistent with Balit Murrup, Victoria's Aboriginal social and emotional wellbeing framework.
<b>Treatment, care and support</b>	This phrase is used to present treatment, care and support as fully integrated, equal parts of the way people will be supported in the future mental health and wellbeing system. In particular, wellbeing supports (previously known as 'psychosocial supports') that focus on rehabilitation, wellbeing and community participation will sit within the core functions of the future system.

