



**SUBMISSION TO THE INQUIRY INTO COMMONWEALTH
FUNDING AND ADMINISTRATION OF MENTAL HEALTH
SERVICES**

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27 July 2011

**Submission to the Inquiry into Commonwealth Funding and Administration of
Mental Health Services**

(e) Mental health workforce issues

(iii) Workforce shortages

The NSW Nurses' Association (NSWNA) welcomes the Budget announcement of \$1.5 billion for mental health services and commends the efforts of the Commonwealth Government to take definitive measures to meet the future mental health needs and demands required of our increasing population.

A whole of government approach, including the development of a ten year Mental Health plan, and the Federal Government's commitment to invest \$344 million setting up a single point of contact that will co-ordinate housing, health and social services for those with a chronic mental illness, as well as \$492 million for prevention and early intervention, is seen by the NSWNA as an investment in the future planning of mental health in Australia. The NSWNA believes these new initiatives announced in the Budget will go a long way in beginning to address the crisis in Australia's mental health services.

While the NSWNA welcomes the new initiatives in the mental health reform package and the increased funding provided by the budget, it is our view that the government will need to identify ways to develop the workforce to be able to provide the newly announced services and programs. The government must also invest in a strategy for the development and education of the new workforce to ensure the timely delivery of this investment in mental health. This can only be achieved through discussions with the sector's key stakeholders.

Of concern is a major share of the new funding will not be available until 2013-2014. Mental health services in NSW need the funding immediately to bring its mental health services and workforce up to parity with other states and territories.

One of the problems facing the mental health work force, and indeed the health workforce generally is the aging population within the health workforce and the approaching retirement of a large number of the health workforce population over the next decade.

It is important to recruit new nursing staff to areas where mental health service workforce gaps have been identified nationally, but NSW compared to other states and territories, appears to be lacking in mental health nursing workforce capacity, especially in community services, and the NSWNA believes this needs to be addressed as a priority.

The Auditor – General’s Report, Performance Audit, Mental Health Workforce, NSW Health (December 2010), found that the NSW clinical workforce is smaller for its population than other states and territories, with distribution of the mental health workforce weighted to the acute adult service (18 to 64 years old), and is spread unevenly across the state, more staff being placed in the hospital setting at the detriment of community services.

One of the key concerns raised in the audit was that the community based workforce and services had not been increased as intended which has limited the ability for community services to intervene early in an illness, allowed limited access to hospital and reduced support following discharge.

This reduced growth in community based services has affected the community mental health services ability to provide early intervention, support recovery and ensure continuity of care. In New Zealand it is estimated that 80% of mental health services are provided in the community, whereas here in Australia it has been suggested that it is struggling to attain 50%.

The NSWNA would like to see further initiatives funded by the Commonwealth Government in partnership with NSW State Health, to develop, support and retain the current nursing workforce in all areas, but especially in community mental health, along with future nursing workforce growth development initiatives across all areas.

One such initiative that would provide clinical support to community services is the creation and recurrent funding, by the Commonwealth in partnership with NSW State Health, of mental health nurse practitioner positions in the mental health community settings. A limited number of positions were made available in NSW Health Area Health Services (now LHD's) but lacked recurrent funding.

New Directions, NSW Government (2006), and the Community mental health strategy (2008) set the goals for NSW Mental Health Workforce growth. The community based workforce goal at that time, was sixty (60) nurse practitioners, there were only ten (10) nurse practitioners employed in a variety of settings in NSW, September 2010. We have fallen a long way short of achieving this goal.

The creation of nurse practitioner positions in the mental health community setting would provide a number of benefits including-

- Expert nursing clinicians in client assessment and care planning (including approved medication prescribing).
- Referral resource clinicians for other community services.
- Mentoring and clinical supervision resource for less experienced nursing staff.
- Increased career pathway opportunities for nursing clinicians to encourage more nurses into the mental health work sector.

This would provide expert clinical support to clients and stake holders in the community, along with making mental health community service areas a more attractive career path option to entice nursing staff to the community based workforce.

(g) Culturally and linguistically diverse communities (CALD)

An allocation of \$2.7 million over 3 years to deliver the Mental Health in Multicultural Australia project, promoting better mental health and wellbeing and improving awareness of suicide prevention in culturally and linguistically diverse communities. This project delivery is welcomed by the NSWNA, but further investment in this growing area must be encouraged. The establishment of a mental health online access point providing assistance to around 75,000 people will benefit CALD communities, as they are often reluctant to use face-to-face services. With the

provision of an online mental health access point, this can only enhance the availability of mental health services for all.

(ii) Indigenous Communities

The Access to Allied Psychological Services (ATAPS) has been given an increase in funding to address the needs of certain population groups, including children, Aboriginal and Torres Strait Islander people and other socio-economically disadvantaged populations, as the preferred program to provide mental health accessibility to clients in rural and remote areas. The NSWNA feels that it is disappointing the Better Access Initiative is not able to be modified to meet the needs of those in the rural and remote areas as well.

The NSWNA is unsure that \$34.9 million over 5 years for indigenous specific funding allocated to expand ATAPS to deliver Indigenous services in remote areas to around 18,000 Indigenous Australians will be adequate. According to the *Commonwealth Indigenous Budget Bulletin*, Dr Lesley Russell, (3 June 2011), page 10, clients accessing the social and emotional wellbeing and mental health service through Aboriginal Community Controlled Health Organisations in 2010 -11 was 120,000 and is predicted to rise to 150,000 in 2014 -15. The NSWNA feels that therefore there is an urgent need for more adequate future funding and provision of mental health services in Indigenous communities.

(iv) People with disabilities

The budget has a strong focus on assisting people with a disability into the workforce. Disability Employment Service providers now have wage subsidies available to encourage the creation of suitable employment opportunities for a minimum of 15 hours a week for people with disability who want to work.

Paid work is significant to the social growth and self worth of all individuals in our society. Employment for disability clients will reduce reliance on welfare, with further benefits to the individual of a possible increase in gross income derived from wages earned combined with part pension payments.

Disability clients must have a capacity to work in the open labour market and must be given the right assistance and support. The disability support pension needs to continue as a safety net for income support when required. The NSWNA believes this is a positive step in assisting disability clients who wish to work and have the capacity to become part of the workforce.

(h) National Mental Health Commission

The NSWNA agrees with the investment of \$32 million with this budget, to establish a national Mental Health Commission to independently monitor, assess and report on how the system is performing, providing greater accountability and transparency to the sector. We hope that the formation of the National Mental Health Commission will deliver the outcomes expected by stakeholders and the community as a whole, as have other commissions internationally.

(i) Other related matters

Personal Helpers and Mentors program

The 2011 budget provides a further \$208.3 million over five years to expand the Personal Helpers and Mentors and respite services. The expansion will provide people with severe mental illness the support they require, this expansion will also include the targeting of vulnerable groups like CALD communities. This will provide improved access to intensive, one-on-one support for people with mental illness to aid recovery, with a focus on employment and educational outcomes.

NSWNA believes that the personal helpers and mentors must be suitably qualified to effectively perform the role expected and required of them. This role is complex and can be challenging and difficult at times. The NSWNA thinks that this role is best suited to a nursing qualification, for best outcomes to be attained.

In conclusion

The NSWNA commends the Commonwealth Government in committing generously to mental health services within the budget and instigating measures to meet the future demands of the mental health needs of Australia's increasing population.

The Federal Government's whole of government approach, along with the development of a ten year Mental Health Plan, the setting up a single point of contact to co-ordinate housing, health and social services for those with a chronic mental illness, and funding for prevention and early intervention, is seen by the NSWNA as an investment in the future planning of mental health in Australia.

The NSWNA considers these initiatives are an admirable start to addressing the crisis in Australia's mental health services. Our concern is that there is still a great deal more required of all involved before the mental health services are operating optimally, and are adequately prepared for Australia's future needs.

Recommendations.

- Bringing forward the funding release dates allocated for mental health to ensure that mental health receives the immediate financial assistance urgently required.
- To bring the NSW mental health community based workforce up to full capacity as an urgent priority.
- To provide priority funding for more mental health nurse practitioners in the mental health community setting, to address a number of clinical and professional deficits that exist.
- To provide further funding for ongoing development and education of the current mental health workforce and strategies to recruit, develop and educate the future workforce.
- To increase the allocated funding for rural and remote mental health services to Indigenous populations, ensuring mental health service are able to cope with the predicted increase in services utilisation over the coming years.
- To provide further investment in CALD mental health services to address this growing population's mental health issues.

- To ensure that the Personal Helpers and Mentors are suitably qualified for the role expected of them. In our view this role requires a nursing qualification to ensure best outcomes for all).
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