

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2012-2013, 17 & 19 October 2012

Question: E12-378

OUTCOME 12: Health Workforce Capacity

Topic: MENTAL HEALTH WORKFORCE STRATEGIES

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Senator: Senator Wright

Question:

- a) What is the total cost currently, and for the forward estimates, of rolling out of mental health workforce strategies?
- b) What will be the major mental health workforce capacity issues and challenges faced for dealing with the challenges faced by regional, rural and remote Australia over the next three to five years?
- c) Has consideration been given to mental health training for non-mental-health workers to expand the literacy and the capacity of people to respond to challenges where there are not professionals?

Answer:

- a) The Australian Government has invested significantly in the health workforce through a range of programs, including supporting the mental health and rural and remote health workforces:
 - The Mental Health Nurse Incentive Program (MHNIP) provides incentive payments to community based general practices, private psychiatrist practices and other organisations who engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders. MHNIP provides patients with support during periods of significant disability and assists in maintaining long term health protective behaviours and resilience. According to data provided by the Department of Human Services approximately 11 per cent of 140,000 services provided in 2011-12 attracted the 25 per cent rural loading. Total funding available under MHNIP in 2012-13 is \$39.7 million. This includes an additional \$16.5 million provided in the 2012-13 Budget.
 - The Mental Health Services in Rural and Remote Areas program provides funding of \$32 million over two financial years, 2011-12 to 2012-13. The program funds Medicare Locals, Aboriginal Medical Services and the Royal Flying Doctor Service to deliver mental health services for those living with a mild to moderate mental illness in rural and remote Australia. Services are delivered through appropriately trained mental health care workers, including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers.

- funding for the development and delivery of face to face and online training to up-skill GPs and allied health providers in specific areas such as development of GP Mental Health Treatment Plans, suicide prevention, delivery of culturally appropriate mental health services to Aboriginal and Torres islander people and child mental health service delivery. This includes:
 - workforce education and training projects that support providers of Better Access services (\$5.1 million over two years 2012-13 and 2013-14), and involves working with the General Practice Mental Health Standards Collaboration and the Mental Health Professionals Network;
 - online suicide prevention and child mental health training, suicide prevention and child mental health support services and mental health cultural competency workshops under the Access to Allied Psychological Services (ATAPS) program (\$2.7 million over three years from 2011-12 to 2013-14);
 - workforce support services and training options for the social and emotional wellbeing workforce (\$9.1 million in 2012-13);
 - The Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) provides scholarships to nursing, midwifery and allied health professionals and students, including undergraduate, postgraduate, continuing professional development and clinical placement scholarships. Under NAHSSS, the Australian Government invested \$134.4 million over four years:
 - In 2012, a total of 444 postgraduate and continuing professional development (CPD) scholarships were awarded to rural nurses through the NAHSSS. Of these, 61 were for mental health courses.
 - In 2012, a total of 273 postgraduate, CPD, clinical placement and postgraduate scholarships were awarded to rural allied health professionals through the NAHSSS. Of these, 85 were for psychologists.
 - Specialist Training Program (STP) has doubled the number of positions available to 900 positions by 2014. The STP provides support to enable doctors training as specialists to rotate through an expanded range of settings beyond the traditional public hospital with an investment of \$346 million over four years. Through STP, 104 training posts for psychiatric trainees have already be placed and an extra 37 new psychiatry training posts will be starting in 2013. Forty per cent of the psychiatry posts are located in rural, regional or remote locations.
 - The Australian General Practice Training program provides increased training places (1200 a year ongoing from 2014) for GPs who provide essential mental health services. The Australian Government is investing over \$700 million in general practice training over the next four years.
- b) The National Mental Health Workforce Strategy and Plan were endorsed by Health Ministers on 29 September 2011 to provide an overarching framework for the ongoing development of the mental health workforce in Australia.

The Strategy and Plan outline the actions required to develop and support a high performing and sustainable mental health workforce that delivers quality, recovery-focussed mental health services.

Challenges identified in the Fourth National Mental Health Plan 2009-2014 include the need to:

- Improve workforce and service planning, including through the finalisation of the National Mental Health Service Planning Framework and by supporting the framework as it evolves to assist in planning non-health services and support; and
- Expand and better distribute the mental health workforce, which might include increasing the use of trained mental health peer support workers, promoting careers and improving career pathways for those in the mental health field.

Health Workforce 2025: Doctors, Nurses and Midwives (HW2025) Volumes 1, 2 and 3, was noted by Health Ministers in 2012. This is the first national workforce modeling which estimates health workforce requirements for doctors, nurses and midwives up to 2025.

Volume 1 and 2 predict a nursing workforce gap without change to policy settings. This includes mental health nurses. The report notes that increasing nursing training numbers alone will be insufficient and reforms to boost productivity, enhance retention and reduce demand for nurses will be needed.

Volume 3 highlighted that the number of medical specialists is increasing, but the workforce is not evenly distributed. It further showed that there are not enough general practitioners and other medical specialists in regional and rural Australia. Volume 3 (Medical Specialties) identified psychiatrists and general practitioners as specialties of concern in workforce modelling out to 2025.

Health Workforce Australia (HWA) will be undertaking an analysis of select allied and other health professions in 2012-13. The project will deliver workforce profiles of 41 health occupations. Those of particular relevance to mental health are psychologists, occupational therapists and social workers. The findings from this report will inform future policy responses and programs to ensure Australia has a sustainable mental health workforce into the future.

The Government is working with jurisdictions and HWA in the development and national implementation of priority strategies to address issues identified in the HW2025 report. These priorities were approved by the Standing Council of Health on 9 November 2012 and seek to address the recruitment and retention of doctors and nurses under the four key areas of training and education, workforce redesign, immigration and workforce distribution.

- d) The Department of Health and Ageing is funding a range of activities to provide non-mental health workers with mental health skills, this includes:
- mental health first aid training for community workers in sectors that interact with people who may be in financial, legal or relationship crisis where the risk of suicide is increased with a specific focus on suicide prevention (\$5.9 million over three years);
 - funding *beyondblue* to run an e-learning Workplace Program, which is a stand-alone resource to assist workplaces identify and support workers with depression, anxiety and other related disorders and increase the knowledge and skills of employers and employees to address mental health issues in the workplace; and
 - funding Wesley Mission to establish local community based suicide prevention networks, including education and training. Current training options are available to anyone with an interest in suicide prevention (\$6.4 million over four years from 2011-12 to 2014-15).

HWA has established a Mental Health Workforce Reform Program Advisory Group. Linking to the National Mental Health Workforce Strategy and Plan, approved by Health Ministers in September 2011, the program seeks to develop safe, high quality, client focused, recovery oriented approaches across clinical and non-clinical services and state and territory government, private and community managed/non government organisation services. The first phase of the program will run until 30 June 2013 and focus on the following three projects:

- the development of national mental health competencies;
- national mental health peer workforce development; and
- national mental health workforce study.

The Mental Health Peer Workforce project will examine the contribution of this workforce to the mental health system. A peer worker is someone with 'lived experience of a mental illness' who is now living well and is able to support and guide others experiencing mental illness. Peer workers can play a significant role in helping recovery, support, and participation in the community.