



Fact Sheet

Workforce

Many different professions deliver mental health services to consumers, including nurses, psychologists, psychotherapists, counsellors, telephone counsellors, creative arts therapists, community and psychosocial support workers, case managers, team leaders, personal care assistants/aides, managers, directors, crisis workers, alcohol and other drug workers, lived experience workers, social workers, occupational therapists, psychiatrists, medical officers, registrars and GPs.¹



In 2019 the Victorian Auditor-General's Office found that

recruiting, retaining and managing the workforce was

a major obstacle

to service provision among area mental health services.²



Commission analysis identified **shortfalls**

that are already **apparent** across most professional groups in specialist public mental health services. Over time, these shortfalls are likely to worsen. Current shortages in the public mental health system include consumer and family/carer peer workers, social workers, psychologists and occupational therapists.³ Shortfalls are predicted for psychiatrists and nurses in 2021–22.⁴



The workforce is also **poorly distributed across regional and rural areas** and the workforce **average age is rapidly increasing** across many core professions, including psychology, psychiatry, occupational therapy and nursing.⁵



Victorian public mental health services also face **notable challenges in retaining Victoria's most experienced psychiatrists and psychologists**: more professionals work in private practice than in any other job setting in Victoria.⁶

The following factors make it difficult to retain experienced and skilled health professionals:

- excessive, unsustainable or increasingly complex workloads⁷
- experiences of occupational violence, including physical and verbal aggression⁸
- fatigue, vicarious trauma⁹ and burnout¹⁰
- high administrative burden contributing to a loss of meaningful clinical time spent with consumers, families, carers and supports¹¹
- a lack of professional development and career progression opportunities¹²
- the attraction of private practice.¹³



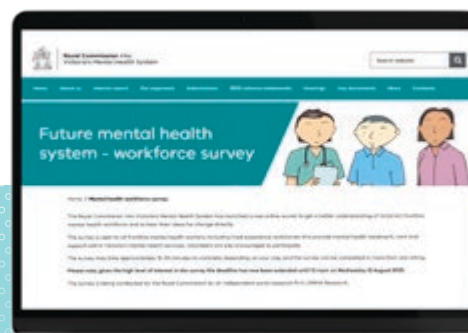
The mental health workforce consists of individuals from multiple professional disciplines, with diverse backgrounds and experiences, who work together across public, community and private mental health service settings.

The Commission's vision for the future mental health and wellbeing system sees a workforce that is supported to thrive in rewarding and engaging environments that value cultures of 'collaboration, curiosity and care'.

Thousands of members of the workforce have shared their vision for the future system with the Commission through submissions, consultations, focus groups, and a survey that gathered responses from nearly 3,000 professionals and volunteers across the state.¹⁴ The Commission also heard from a wide range of clinical and service leaders, tertiary educators, professional associations, unions and other bodies.

The mental health workforce will play a crucial role in realising the Commission's vision for reform. Workers have a strong desire to contribute to real and positive change for consumers and work with them in person-centred, collaborative ways. Almost all survey respondents overwhelmingly agreed with the need for change and reported readiness for change among their colleagues.

For existing and future workforces to consistently deliver high-quality care in sustainable ways, systemic workforce challenges must be meaningfully addressed. These include: staff shortages and maldistribution across the state; recruitment and retention challenges in mental health and wellbeing services; a lack of support for professional development and practice; and experiences of poor occupational safety, burnout and vicarious trauma.¹⁵



According to participants in a frontline workforce survey,

the top five factors that initially attracted people to work in mental health,

and that continue to motivate them in their current roles, are: the desire to help others; to do something worthwhile; to develop their skills in supporting people with their mental health needs; lived experience of mental illness or psychological distress; and feeling that their work is valued and appreciated.¹⁶

The most important types of support

that workforce survey respondents felt would support them through the reform process were: clear communication that keeps them informed; access to relevant training and professional development supports; strong and supportive change management within their workplace setting; dedicated time and resources allocated to change activities; and the importance of strong leadership in the change management process across the sector.¹⁷



Partially it comes down to that permanent state of disclosure of having 'peer' in the title. So just introducing yourself to somebody as a peer worker, automatically, you are seen as more equal. Peer workers also have the tools to build their knowledge of different power imbalances and the impact these can have as well as working towards minimising these imbalances.¹⁸

- Bianca Childs

The Commission's reforms will require: significant increases to workforce supply across a diverse range of professional groups; ensuring the workforce is better distributed across Victoria, particularly in rural and regional settings; changes to workforce composition within teams and services; and the introduction of new and expanded professional roles.

Workforce capabilities must be aligned to future service delivery approaches. Capability development should be made a priority and take a whole-of-workforce approach to building the existing knowledge, skills and attributes expected of all working in the system through to the specialist and technical capabilities needed in certain service streams and settings.

The new responsive and integrated mental health system must also provide better support for the workforce by:

- valuing all types of expertise, particularly lived experience expertise across existing and new roles
- enabling the workforce to use and develop their knowledge, skills and attributes effectively
- ensuring the workforce feels safe and respected, regardless of professional disciplines, role or workplace setting
- ensuring the Victorian mental health and wellbeing system is an attractive, contemporary and sustainable place to work by supporting workforce wellbeing and career progression.



Ideally, I see a world where clinicians can feel as comfortable talking about having had an episode of mental illness as they do about having had the flu.

I hope in the future we are able to talk about things as if they're just another medical condition and without that stigma that we continue to perpetuate, particularly in the mental health professions.¹⁹

- Dr Kieran Allen



Recommendations

- ✓ Implementing the Commission's reforms will require substantial work to ensure the mental health and wellbeing workforce is of the necessary size and distribution across Victoria to deliver the new integrated and responsive mental health system in sustainable ways.
- ✓ The Commission's recommendations will build additional capacity into the workforce. The recommendations include steps to grow and diversify the workforce—including lived experience workforces—to shift to more multidisciplinary profiles, create new roles and workforce cohorts, and facilitate new ways of working across services.
- ✓ Recommendations include new incentives and supports for mental health professionals to train, live and work in regional and rural communities.
- ✓ The Commission also recommends there be a dedicated focus on workforce strategy, capability and wellbeing informed by ongoing data collection, analysis and planning and collaboration.
- ✓ This will be underpinned by a Workforce Strategy and Implementation Plan, a Victorian Mental Health Workforce Capability Framework, a dedicated role for the Collaborative Centre for Mental Health and Wellbeing in workforce development and the establishment of a Mental Health Workforce Wellbeing Committee, co-chaired by WorkSafe Victoria, to monitor and address safety and wellbeing issues.



When we're very stressed, or our work evokes other strong feelings in us as clinicians, our capacity to think clearly is often understandably affected. Having somebody to support those background functions, in whatever way this can happen, creates better outcomes for people accessing care, because there's more support, more scaffolding, to stop and think.

It is coming out of a session and being able to use another colleague, just in the moment, and say, 'This is how I feel right now. Do you have five minutes when we can just stop and think about that together?'²⁰

- Dr Catharine McNab



It is about caring and kindness. How is goodwill and trust built? It's built by developing relationships in a psychologically safe space. It is showing that being in a position of [leadership in the sector] isn't just about accountability but equally about caring.²¹

– Dr Ravi Baht

- ¹ Commission Analysis of ORIMA Research, *Mental Health Workforce Survey, 2020*; Australian Institute of Health and Welfare, *Mental Health Services in Australia: Specialised mental healthcare facilities 2018–19*, Table FAC.34 <www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialised-mental-health-care-facilities> [accessed 6 December 2020]; Commission Analysis of Commonwealth Department of Health, *Health Workforce Data*, <hwd.health.gov.au/datatool.html>, [accessed 4 December 2020].
- ² Victorian Auditor-General's Office, *Access to Mental Health Services, 2019*, p.35
- ³ Commission Analysis of the Department of Health (Commonwealth), *National Mental Health Service Planning Framework*; Australian Institute of Health and Welfare, *National Mental Health Establishments Database*; Commission Analysis of Commonwealth Department of Health.
- ⁴ Commission Analysis of the Department of Health (Commonwealth), *National Mental Health Service Planning Framework*; Australian Institute of Health and Welfare, *National Mental Health Establishments Database*; Commission Analysis of Commonwealth Department of Health.
- ⁵ Commission Analysis of Commonwealth Department of Health.
- ⁶ Commission Analysis of Commonwealth Department of Health.
- ⁷ Australian Psychological Society, *Submission to the RCVMHS: SUB.0002.0029.0349*, p. 8; Department of Health and Human Services, *Psychology Workforce Report*, p. 59; RCVMHS, *Allied Health Workforce Human-Centred Design Focus Group: Record of Proceedings*; The Royal Australian and New Zealand College of Psychiatrists, *Submission to the RCVMHS: SUB.0002.0029.0227*, p. 31; Australian Psychological Society, *Submission in Response to the Draft Report from the Productivity Commission Inquiry into Mental Health*, p. 16.
- ⁸ Australian Nursing and Midwifery Federation, Victoria, *Submission to the RCVMHS: SUB.2000.0001.0002*, 2019, pp.121–122; *Witness Statement of Dr Neil Coventry, 2020*, para. 358.
- ⁹ Brittany S Sansbury, Kelly Graves and Wendy Scott, 'Managing Traumatic Stress Responses among Clinicians: Individual and Organizational Tools for Self-Care', *Trauma*, 17.2 (2015), 114–122 (pp. 115–116); Hannah M McCormack and others, 'The Prevalence and Cause(s) of Burnout Among Applied Psychologists: A Systematic Review', *Frontiers in Psychology*, 9:1897 (2018), 1–19 (p. 2).
- ¹⁰ Australian Services Union, *Submission to the RCVMHS: SUB.0002.0030.0025*, 2019, p. 25; *Witness Statement of Lynne Allison, 25 August 2020*, para. 160; *Witness Statement of Professor Patrick McGorry AO, 22 June 2020*, para. 132; The Adult Psychiatry Imperative, *Submission to the RCVMHS: SUB.3000.0001.0070*, 2019, p. 37; Australian Nursing and Midwifery Federation, Victoria, *Submission to the RCVMHS: SUB.2000.0001.0002*, 2019, p. 44 and 59; Victorian Ambulance Union, *Submission to the RCVMHS: SUB.0002.0028.0277*, 2019, p. 17. McCormack and others, p. 2.
- ¹¹ Australian Medical Association, Victoria, *Submission to the RCVMHS: SUB.4000.0001.0008*, 2019, p. 88; Australian Psychological Society, *Submission to the RCVMHS: SUB.0002.0029.0349*, 2019, p. 32.
- ¹² Victorian Auditor-General's Office, p. 35; Australian Psychological Society, *Submission to the RCVMHS: SUB.0002.0029.0349*, p. 32.
- ¹³ *Witness Statement of Dr Neil Coventry, 29 July 2020*, para. 356; RCVMHS, *Psychiatrist and Psychologist Workforce Human-Centred Design Focus Group: Record of Proceedings, 2020*; Australian Psychological Society, *Submission in Response to the Draft Report from the Productivity Commission Inquiry into Mental Health, 2020*, p. 16.
- ¹⁴ ORIMA Research, *Mental Health Workforce Survey, 2020*, p. 4; RCVMHS, *Nursing Roundtable: Record of Proceedings, 2019*; RCVMHS, *Doctors Roundtable: Record of Proceedings, 2019*; RCVMHS, *Lived Experience Workforce Roundtable: Record of Proceedings, 2019*; RCVMHS, *Allied Health Workforce Human-Centred Design Focus Group: Record of Proceedings, 2020*; RCVMHS, *Psychiatrist and Psychologist Workforce Human-Centred Design Focus Group: Record of Proceedings*; RCVMHS, *Nurses Workforce Human-Centred Design Focus Group: Record of Proceedings, 2020*; RCVMHS, *Lived Experience Workforce Human-Centred Design Focus Group: Record of Proceedings, 2020*.
- ¹⁵ Royal Commission into Victoria's Mental Health System, *Interim Report*, p. 129.
- ¹⁶ ORIMA Research. *Mental Health Workforce Survey, 2020*.
- ¹⁷ ORIMA Research, *Mental Health Workforce Survey, 2020*.
- ¹⁸ RCVMHS, *Interview with Bianca Childs*, November 2020.
- ¹⁹ RCVMHS, *Interview with Dr Kieran Allen*, November 2020.
- ²⁰ RCVMHS, *Interview with Catharine McNab*, October 2020.
- ²¹ Dr Ravi Bhat and Melissa Metcalf, *Correspondence to the RCVMHS, 2020*.

