health

Victoria's specialist mental health workforce framework

Strategic directions 2014–24

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Minister's foreword

The state-funded mental health service system in Victoria is undergoing significant reform. At the heart of this reform is a commitment to providing better, more targeted treatment and support for individuals who experience mental illness and their carers and significant others.

A strong commitment to recovery-oriented practice drives these reforms.

These changes to mental health fit within a bigger system of reform that seeks to enhance the service response to vulnerable Victorians across health and human services. Through these actions we hope to create a system which is better integrated and which provides support focused on the needs and goals of the individual and their family.

Ensuring the success of these reforms lies with the mental health workforce and how it responds, develops and flourishes in the new era of mental health service delivery. Victoria has a proud history of providing high-quality services through an established workforce with the expertise and commitment to achieve the goals of reform.

There is significant effort already underway to build and support the workforce that needs to be recognised and further developed so that it can have even greater impact in the future.

To build on this foundation, I am pleased to release *Victoria's specialist mental health workforce framework: strategic directions 2014–2024.* This ten-year strategy will develop and support a well-led, high-performing and sustainable workforce that can respond to the changing and dynamic mental health service system environment.

This framework focuses on the clinical and Mental Health Community Support Service (MHCSS) workforces and has been informed by a comprehensive sector consultation and the advice of an expert committee.

It has been developed using workforce forecasting and mapping to determine what is needed to transform and embed new service delivery practices in the reformed mental health sectors. This is particularly important for supporting the sector to make the transition to the Commonwealth's National Disability Insurance Scheme, and to the introduction of new mental health legislation.

This framework provides clear direction on future workforce development strategies and actions. Similar to our investment in reform, this framework marks a shift to a more integrated approach to workforce development.

The implementation of these high-level actions is a shared responsibility. There are actions required of government, of service providers, of peak bodies and representative groups, of the education and training sector, and of many other key stakeholders. Effective collaboration and strong partnerships between these stakeholders will be important to ensure the desired changes happen on the ground.

The approach taken in this strategy also reflects a new way of thinking about workforce development.

We have adopted a more holistic approach to planning and have identified strategies with a stronger focus on enhancing practice, culture and the work environment of organisations. This approach will ensure that workers feel valued, supported and have the capacity to provide the best possible care to people with a mental illness.

I look forward to working with the sector as we transition to new models of workforce development and service delivery.

Hon. Mary Wooldridge MP

Minister for Mental Health

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Acknowledgements

Introduction

This strategic framework sets the direction for workforce planning and development for Victoria's specialist mental health sector over the next ten years.

It has been informed by the implementation of the Victorian Government's key mental health policies and reforms, such as the *Framework for Recovery-oriented Practice*, *Victoria's priorities for mental health reform 2013–2015*, reform of the Psychiatric Disability Rehabilitation and Support Service (PDRSS) program, now known as the Mental Health Community Support Services (MHCSS) program, and the commencement of the *Mental Health Act 2014*.

These reforms and broader national reforms such as the National Disability Insurance Scheme will have significant influence on the development of Victoria's specialist mental health service system and its workforce over the coming years. This ten-year framework has been designed to be responsive to and supportive of these existing and emerging reforms.

The framework adopts a new approach to workforce planning and development that considers contemporary workforce challenges within the broader context in which individuals work. This approach focuses on the adoption of evidence-based strategies that are integrated across settings and are informed by strategic, evidence-based planning.

Input from individuals, organisations and representative bodies within the specialist mental health sector has been central to identifying and prioritising the strategic directions in this framework, creating a shared and common agenda for all stakeholders to guide future activity.

Part 1 sets out the service delivery and policy changes underway in the broader health and human services system. These changes require government, service providers and other relevant organisations to rethink the approach to workforce planning and development for the specialist mental health sector.

Part 2 outlines a new systems-based approach to workforce planning and development in the specialist mental health sector.

Part 3 sets out strategies for achieving this change. They are organised into four domains of workforce planning and development: people, place, environment and performance.

This framework is supported by two implementation plans that set out the priority activities to be undertaken over the coming years in the MHCSS and the clinical mental health workforce. These plans are:

- *Victoria's specialist mental health workforce framework: Mental Health Community Support Services implementation plan 2014–19*
- *Victoria's specialist mental health workforce framework: clinical mental health implementation plan 2014–17*.

Framework scope

The specialist mental health workforce

For the purposes of this framework, the specialist mental health workforce is defined as the people working within Victorian Government funded specialist mental health services. This workforce encompasses:

- medical professionals;
- nurses;
- allied health professionals;
- MHCSS staff (including direct-care staff, accommodation and residential support staff, outreach staff, and community development staff);
- consumer and carer consultants;
- consumer and carer peer-support workers;
- Aboriginal workers;
- a range of support staff (including psychiatric service officers, administrative and clerical officers); and
- managerial and leadership roles.

Although Victorians' physical and mental health needs are met by a wide range of public and private health professionals and other staff beyond the Victorian specialist mental health service system, these workforces are not considered in this strategy. There is also a range of other services that work with people with a mental illness and their families on a broader basis such as police, schools, homelessness agencies and nursing homes that are similarly out of scope for this strategy.

Who is this framework for?

This framework identifies workforce development action to be undertaken by state and local service providers, peak bodies and representative groups, training organisations and other parties with an interest in the mental health workforce. The context for the workforce actions is the reformed service system.

The framework and implementation plans will be a critical resource for services because they set out a range of specific strategies for action, many of which are led by the sector or require collaboration between government and the sector.

The framework also identifies a number of significant projects that will influence workforce recruitment, retention and attraction policies as well as learning and professional development opportunities for the specialist mental health workforce.

The vision for the workforce

Vision

> **Victoria will have a competent, high-quality and sustainable specialist mental health workforce.**

Goals

Four goals underpin the strategic directions set out in this framework. These goals align with the vision for Victoria's specialist mental health workforce and reflect the four domains of workforce planning and development: people; place; environment; and performance.

Goal 1: People

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

Goal 2: Place

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

Goal 3: Environment

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

Goal 4: Performance

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

Key outcomes

The strategies outlined in Part 3 of this framework aim to achieve the following outcomes:

1. More people with the necessary attitudes, knowledge, values and skills attracted to work in the specialist mental health sector;
2. The existing workforce is supported, developed and retained;
3. The workforce is well planned and distributed on the basis of population and the needs of consumers, carers, families and communities;
4. People with the necessary attitudes, knowledge, values and skills are available to work where and when they are needed;
5. Organisational culture supports and fosters positive working and learning environments;
6. Strong leadership and governance exists at all levels;
7. The workforce delivers high-quality, evidence-based treatment and care; and
8. The service system is productive, effective and connected.

A framework for change

Vision

Community vision
World-class, sustainable specialist mental health system

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

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

Goals

People
Attract, develop and retain a competent and sustainable workforce

Place
Achieve the necessary distribution and skills mix in the workforce

Environment
Foster positive learning and working environments

Performance
Build the necessary capabilities and support

Enablers

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

Outcomes

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

Drivers

- The population is growing and ageing
- Policy and funding models are changing
- Models of care and service delivery are evolving
- Demand for and expectations of services are increasing
- The way people work and who is working is changing
- Best practice workforce planning and development is evolving

Key principles

A high-performing and contemporary specialist mental health workforce needs to have the attitudes, knowledge, values and skills to deliver specialist mental health treatment and care that is aligned with some key service principles.

Recovery-oriented

Mental health services will support people to use and build on their personal strengths, resourcefulness and resilience, and be responsive to their unique circumstances, needs and preferences to set them on their recovery journey.

Consumer, carer and family inclusive

Families, carers and support people have a significant and important role to support people's recovery. Mental health service providers need to be ensure consumers' support networks are a core part of services.

Mental health services will recognise the increased vulnerability that carers and families may have as a result of their caring role and take a proactive approach to ensure the safety and wellbeing of dependent children.

Mental health services will also include consumers, families and carers in the planning, delivery, monitoring and evaluation of services. Services will ensure the necessary supports and training are available so that these people can actively participate.

> '**Being really client-focused is absolutely the bottom line. Everything comes from that base.**'
>
> *Mental health worker*

Rights based

Mental health services are required by law to respect the human rights of individuals, including consumers, family members, carers and service staff. Wherever possible, individuals will be involved in decision-making processes that affect them, including the development of mental health service policies and practice change to ensure that human rights are considered, respected and upheld.

Responsive to multiple and complex needs

People accessing specialist mental health services often have complex needs and are often disadvantaged by a range of factors such as poverty, family violence, substance use and disability. Mental health services will be provided in a way that acknowledges and responds to the diversity of life events that people experience.

Trauma informed

The impact of traumatic experiences on people who access mental health services can be profound and can vary considerably from person to person. The impact can also vary according to the type and duration of the trauma.

Mental health service delivery will be provided in a way that is informed by the impact of trauma on the lives of people requiring mental health treatment and care.

Evidence based and outcome driven

Mental health services will be provided in a way that uses the best available evidence on their effectiveness. The effectiveness of mental health services is understood in terms of outcomes at the individual consumer, service system and population levels.

Equitable and responsive to diversity

Mental health services will be provided in ways that are responsive to the needs of Aboriginal people and to people from diverse cultural backgrounds, communities, language groups, and gender and sexual identities. Services will acknowledge that working effectively with Aboriginal people and people from diverse backgrounds and communities is not optional, but a core element of service delivery.

Age appropriate and developmentally focused

Mental health services will be provided in a way that ensures appropriate and focused responses address people's experiences of mental illness across the lifespan. Mental illness can manifest differently in children, young adults, adults and older people and services need to appropriately take account of this.

Coordinated and collaborative

Mental health services will be provided in a collaborative and coordinated way that acknowledges and is responsive to the range of needs that people experiencing mental illness may have, as well as the range of service sectors that can be involved in responding to these needs appropriately.

Recognising the value of lived experience of mental illness and recovery

Systems and organisations must continue to respect and value the unique contribution that people with a lived experience as consumers and carers bring to the planning and design of services. It is also important to include people with lived experience in the delivery of treatment and care.

Identifying opportunities to further support workers with a lived experience of mental illness and recovery as a consumer or carer is critical. A work environment and workplace culture that is conducive to these roles will allow them to flourish.

A snapshot of the workforce

The specialist mental health workforce works across a system that consists of area-based clinical services and MHCSS, as well as a number of statewide specialist services

The people who work in Victoria's specialist mental health services are dedicated to providing expert treatment and support for people experiencing mental illness and psychiatric disability. They are a major strength of the specialist mental health system.

Mental health specialists include more than 5,000 individuals working in clinical mental health and approximately 1,400 individuals working in MHCSS services.[1] The clinical workforce provides assessment, diagnosis, treatment and clinical case management to people of all ages with a serious mental illness.[2]

The workforce is highly diverse in terms of the level and specialisation of skills and qualifications, and the roles and functions it delivers.

The clinical mental health workforce is predominantly made up of registered nurses, specialist medical staff such as psychiatrists and psychiatric registrars, social workers, psychologists, occupational therapists and speech pathologists.

The clinical capability of the workforce is largely driven by specialist qualifications for each of the various occupational groups with the oversight of their professional associations. Additionally, registration with the Australian Health Practitioner Regulation Agency (AHPRA) in the case of psychiatry, occupational therapy, nursing and psychology is required to practise in Victorian area mental health services.

Approximately 60 per cent of the clinical workforce comes from a nursing background, around 10 per cent from medical, and around 20 per cent from allied health.

There are significant variations in the workforce models and the mix of skills across specific service types, program areas and geographic locations. This reflects both a strong emphasis on a multidisciplinary team-based approach to treatment and support, as well as the availability of certain occupations in some areas.

Data shows there is geographic maldistribution of the clinical mental health workforce relative to the client population[3]. This is not limited to rural and regional areas, as the population growth at the rim of metropolitan Melbourne is reported by service providers to also present significant staffing challenges.

In mental health community support services, reform is currently underway to reshape the way these services are delivered, which will make a real difference to the way people are supported to manage their own mental health and achieve improved quality of life.

Changes to these services will make it easier for people and referring providers to access mental health community support services. The new service system from August 2014 will ensure that people most affected by their mental health condition receive the right support when they need it. This is critical to minimise long-term disability.

These reforms will also help prepare Victoria for the future shift to National Disability Insurance Scheme (NDIS) and its client-directed funding approach.

The workforce delivering these services is expected to change significantly as Victorian and Commonwealth reforms are rolled out over time. A rebalancing of skills to better support people to work in new ways will be required.

Consumers and carers are employed across the specialist mental health system in a wide variety of roles. These roles focus on supporting consumers, their carers and families, as well as system improvement, consultancy and advocacy work, education and training, and research.

The nature of engagement and the specific outcomes sought vary considerably across these programs and settings. It therefore follows that workforce needs are going to be specific to across these areas.

'For me, working in mental health is about working in a way that really impacts on people's wellness in an ongoing way and the difference that can make.'

Mental health worker

Part 1: The changing environment

The specialist mental health workforce operates within a dynamic and often challenging environment. This requires the workforce to be responsive to the changing needs of consumers and their families and carers, new models of care and service delivery, emerging policy and funding environments, and changes in the labour market.

This section outlines the reforms to service delivery, workforce planning and development, and policy underway across the health and human service systems. These reforms require government, service providers and other relevant organisations to rethink the approach to workforce planning and development for Victoria's specialist mental health sector.

Changes in service delivery

Approaches to treatment and support in health and community services have evolved significantly over the last decade. Workforce planning and development for Victoria's specialist mental health sector must align with these new approaches in order to drive best practice treatment and care.

Person centred

Over the past two decades, person-centred and person-directed care has become internationally recognised as an essential dimension of the broader concept of high-quality healthcare.[4]

This approach puts the individual at the centre of treatment and care and focuses on the individual's own understanding of their health and wellbeing, and how they would like to be assisted. It also considers the developmental context in which their problems present.

> 'The best mental health workers are the ones who take the time to get to know the consumers and quickly interpret their needs. Just as important is asking consumers what they need, and what they don't need; this is fundamental to good support.'
>
> *Mental health consumer*

Family inclusive

Western models of health and healthcare are increasingly acknowledging the importance of an individual's context and the role of the family.[5]

A family-inclusive approach recognises that an individual is part of a family who is affected by, and has an effect on, their health and wellbeing. This approach incorporates a consumer's family, where appropriate, in the planning, treatment and recovery and responds to the needs of vulnerable family members, particularly children.

Holistic

A holistic approach to health and community service delivery seeks to address the many factors that can affect a person's health and wellbeing such as housing, education, employment, family and social relationships. It acknowledges that a wide range of biological, economic, social and environmental factors impact on health in both positive and negative ways, and that people often come to services with a broad range of needs. A sophisticated and coordinated service response is required, underpinned by close collaboration across teams, programs and sectors.

Culturally appropriate and safe

In recognition of Victoria's significant diversity, and with the goal of health equality for all Victorians, government and service providers are seeking to deliver treatment and support that is more responsive to Aboriginal people and people from diverse cultural backgrounds, communities, language groups, gender and sexual identities.

The service environment will be culturally safe and treatment and care will be responsive to people's different understandings of health and wellbeing.

Evidence based

To uphold the fundamental values of patient safety and best practice, service provision will be based on the best available evidence on effectiveness – at the individual, service system and population levels. To achieve this, agencies, teams and individual workers must be able to respond rapidly to new knowledge as it becomes available.

Integrated and coordinated

Integrated care crosses traditional organisational boundaries by bringing together a range of professionals and services in order to connect people to a broader system of care beyond a single service entry point.

While we have a long way to go to truly integrate our service system, this shift is currently being driven at the local level through multidisciplinary teams and agreements among agencies, and at the systems level through government policies and funding arrangements.

For example, service delivery models such as Services Connect make it easier for individuals to navigate the broader system of care in a timely and seamless manner. Integrated and coordinated service delivery also aims to reduce the likelihood of people 'falling through the cracks'.[6]

> 'In rural Victoria, a multidisciplinary workforce structure is essential. Robust, mature and reflective practice is really important. To be able to sit with your peers and really look at what the evidence-based practice is for any issue and be able to talk it through.'
>
> *Mental health worker*

Changes in workforce planning and development

The foundations for a new approach to health and community service workforce planning and development are being laid nationally and in Victoria.

Health Workforce Australia (HWA), a national body established by the Council of Australian Governments, has led a health workforce reform agenda at the national level to date.[7] From July 2014, Health Workforce Australia's existing grants and programmes will be transferred to the Commonwealth Department of Health.

The *National mental health workforce strategy and plan* also provides an overarching national framework for the ongoing development of the mental health workforce in Australia.

At a state level, the *Victorian Health Priorities Framework 2012–22* identifies workforce capacity as a key priority area for expansion. It commits to an improved workforce planning approach to respond to current and future workforce capacity challenges across health and community services.

Person centred and community based

As health and community services move to person-centred and area-based approaches to care, a similar paradigm shift is required in health workforce development and planning.

Contemporary health workforce planning and development focuses on building the workforce to meet the needs of clients and their families in particular locations and along distinct service lines, rather than simply planning around existing professional groups and program boundaries.

Skill mix and distribution of the workforce

The uneven distribution of workers and skills mix that exists today across health professions, service types and locations will not be solved by simply bringing more health workers into the workforce, particularly if the types of skills available do not match demand.

A new skill mix and distribution of workers is needed to meet the future needs of consumers. This is particularly the case in rural and regional communities where attracting and retaining health professionals in local services remains a significant challenge. Workforce distribution and skill mix is also increasingly becoming a factor in high population growth areas such as Melbourne's growth corridors and outer suburbs.

Health Workforce Australia argues that a better mix of skills and a better workforce distribution can be achieved by improving workers' competencies, redefining roles and functions and using more innovative team structures.[8]

Culture change through leadership

Strong leadership across all levels of an organisation fosters a culture that upholds the fundamental values of patient safety and best practice.

Recent evaluations of leadership in the healthcare sector suggest that organisations are shifting away from a top-down, autocratic leadership style ('heroic' leadership) to a style that emphasises distributed and collaborative leadership ('engaging' leadership).[5]

A distributed leadership style facilitates cultural change at team, organisation and system levels to ensure enduring change.

> 'Good leaders are decisive, and good decision making relies on having clear organisational values and priorities.'
>
> *Service leader*

Capability-based workforce development

A capability-based approach to education, training and workforce development offers a potential solution to shortages and uneven distribution in the health workforce. It creates a common platform for access to and mobility across different health careers. It also supports more integrated work practices across disciplines and sectors.[9]

This approach acknowledges and retains the specialist training and development of disciplines and identifies and builds general capabilities that are shared across disciplines. It helps training and work practices to move away from discipline silos towards interprofessional and cross-sector learning and development. This shift relies on significant collaboration between the health sector and the education and training sector.

Victorian mental health reforms

In particular, since 2010, the Victorian Government has undertaken a program of reform of the health and human service sectors, particularly in relation to mental health treatment and care. Workforce planning and development for Victoria's specialist mental health sector will align with and support these significant reform agendas.

Victoria's new mental health legislation

The *Mental Health Act 2014* (the Act) commenced on 1 July 2014 as a new and contemporary legislative framework governing the delivery of public mental health services in Victoria. The Act establishes a supported decision-making model of treatment and care that promotes recovery-oriented practice; minimises the duration of compulsory treatment; safeguards the rights and dignity of people with mental illness; and enhances oversight while encouraging innovation and service improvement.

Victoria's priorities for mental health reform 2013–2015

Victoria's priorities for mental health reform 2013–2015 sets out a framework of reform to improve access to coordinated, high-quality mental health services that respond to the needs of the whole population and deliver the health, social and economic benefits that are valued by individuals and the community.

> 'The best aspect of my job is being part of the current period of change in mental healthcare and helping people to recover and stay well.'
>
> *Mental health worker*

MHCSS reforms in Victoria

The Victorian Government is progressing broad changes to the state-funded PDRSS program as outlined in the *PDRSS service delivery framework and implementation plan.* These changes will make a real difference to the way people are supported to better manage their own mental health and achieve improved quality of life.

These changes will provide better-targeted and more effective services for people with a severe mental illness and the carers and families who support them.

They will also support the better integration of health and human services by providing single points of intake, assessment and local needs planning.

By reducing red tape, providers will deliver more person-centred, client-directed support driven by and tailored to the individual's changing support needs and preferences.

MHCSS providers are expected to deliver family-inclusive, trauma-informed support, be responsive to client diversity and work collaboratively with other health and human service providers to ensure continuity of care for clients.

The reforms will help to ensure that providers and clients and their carers and families are well positioned to respond to the opportunities that will come with the implementation of the NDIS in Victoria.

Workforce development is a critical enabler to the MHCSS reforms. The workforce will be required to have the capabilities to support clients with high-level psychiatric disability and multiple and complex needs.

Staff will work in new ways in order to perform new functions such as supporting client-directed decision making and delivering individual client support packages.

Other key national and state reforms

National health reform agreement

Under the National health reform agreement reached in 2011, all Australian governments have agreed to major reforms to the organisation, funding and delivery of health and aged care. Under this agreement the Commonwealth Government has committed to the delivery of mental health reform in collaboration with states and territories. The agreement acknowledges the lead role played by states in the reform process and their ongoing role as system managers.

Ten-year roadmap for mental health reform

The Council of Australian Governments (COAG) endorsed the *Roadmap for mental health reform 2012–2022* in December 2012. The roadmap reaffirms the commitment of all governments to improve mental health and wellbeing by providing a high-level framework for decisions on mental health policy, investment, and the design of programs and services. It a public document relevant for the general Australian community. The roadmap seeks to complement and rely on more-specific mental health plans in jurisdictions and significant national mental health strategies including the *National mental health policy 2008* and the *Fourth national mental health plan 2009–14*.

In adopting the roadmap, COAG has created a new Working Group on Mental Health Reform to ensure that a high-level, national body oversees the detailed work on mental health reform, and that all levels of government are accountable for achieving change. The working group will report to COAG and is co-chaired by the Commonwealth Minister for Mental Health and the Victorian Minister for Mental Health.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a ground-breaking reform to the way people with a disability, including those with a psychiatric disability, will access the supports they need. A cornerstone of the NDIS is client-directed funding.

The Victorian Government is taking a lead role in driving the establishment of the NDIS to ensure that eligible people with a disability as well as their families and carers have the lifetime support they need.

The Victorian Government has committed a total of $2.5 billion to the full roll-out of the NDIS in Victoria by 2019.

Preparing for the introduction of the NDIS is a key driver of Victoria's MHCSS reforms.

Partners in Recovery

Partners in Recovery (PIR) is a Commonwealth Government initiative that aims to improve the system response to and outcomes for people with severe and persistent mental illness who have complex needs, and their carers and families. PIR encourages collaboration across multiple sectors, services and supports to work in a more coordinated and integrated way. Through system collaboration, PIR will promote collective ownership and encourage innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness to sustain optimal health and wellbeing.[10]

Services Connect

The Victorian Government is committed to reforming Victoria's human services system to deliver more effective and connected services for vulnerable and disadvantaged Victorians and their families. A key priority of this change program since 2010 has been the move away from rigid, siloed programs to a 'joined-up' service model where there is no 'wrong door' for clients. This integrated system of social care will play an important role in preventing mental health problems, as well as ensuring people in the human services system with mental illness and drug and alcohol problems receive timely, coordinated access to the right treatment and support.[11]

Community sector reform

On 1 November 2013, the Minister for Mental Health, Community Services and Disability Services and Reform, the Hon. Mary Wooldridge MP, announced the establishment of the Community Sector Reform Council to advise on the implementation of community and human services reform.

A first for Victoria, the council brings together the state's most senior government representatives and leaders from the community service sector across a diverse range of areas including education, child protection, health, justice, police and the Aboriginal community. It is a symbol of how government and the community services sector are working together on innovation and reform.

The council is co-chaired by the Secretary of the Department of Premier and Cabinet and the President of the Victorian Council of Social Services and CEO of MacKillop Family Services.

The council will be guided by the principles outlined in Professor Shergold's report, *Service sector reform: a roadmap for community and human services reform*. The council has committed to being bold and visionary, working collaboratively with a broad range of stakeholders, while being transparent and accountable.

Alcohol and drug treatment sector reform

New directions for alcohol and drugs treatment services: a roadmap sets out a framework for the current reforms to Victoria's alcohol and drug treatment system. It outlines the comprehensive program of change to Victoria's alcohol and drug treatment system that will result in the delivery of a more consistent, high-quality and coordinated treatment system for Victorians with alcohol and drug problems and their families.

A ten-year workforce framework for the alcohol and drug workforce (2012–22) was released to articulate the direction for alcohol and drug workforce planning and development in Victoria over the next decade. A three-year implementation plan for the framework was released in 2011. The strategic directions of the framework and the implementation plan support the reform of the alcohol and drug sector, and largely complement the directions proposed for the specialist mental health workforce.

Part 2: A new approach

In order to meet the current and future needs of people experiencing mental illness, Victoria requires a strong and sustainable specialist mental health workforce capable of responding to the challenges of a changing service delivery environment.

This section outlines this new approach and identifies actions for government, service providers and other relevant organisations in implementing the framework and building sustainable change.

The workforce response

Traditional workforce planning and development approaches are often focused on the development of individual workers. They are 'top down' and typically aim to secure workforce supply and build individual capability through education and training, often with limited success.

Such approaches are inadequate to meet the dynamic and changing environment of contemporary health and human services delivery.[12]

A contemporary approach to workforce planning and development is needed in the specialist mental health sector that is reflective of the evolving evidence in relation to effective workforce planning and development.

Systems thinking

This framework adopts a systems-based approach to workforce planning and development.

It moves away from strategies that focus on individuals alone, to one that considers the organisational context and the wider system in which an individual worker operates. It gives consideration to how this impacts on the translation of new policies, evidence or innovations into culture and practice.

It seeks to address a wide range of factors that impact on workforce competence and sustainability, including:

- individual qualities and capabilities – workers' attitudes and values, confidence in providing responses, role legitimacy, knowledge and skills;
- working environment – peer and organisational support, management and feedback mechanisms, professional development opportunities and reward; and
- service delivery – organisational development, change management capability, evidence-based knowledge transfer and skills development.

Informed planning

This new approach involves better data collection and strategic planning to ensure that government and service providers are responding to more localised workforce challenges.

It takes into account the unique issues facing rural and remote services, including the distance between communities and the complexity of health problems managed by workers practising in relative isolation.

It seeks to be more responsive to generational changes in the labour market, meaning some workers may not be working the hours or practising in the same way as their predecessors.[13]

It also seeks to capitalise on workforce development opportunities and practice reforms across the health and human service sectors.

Strong partnerships

This new approach requires stronger partnerships between key stakeholders.

It seeks to establish a closer partnership between the mental health sector and government to enable more flexibility and responsiveness in policy and funding arrangements.

Closer partnership between industry and education providers will be important to better match the skills and capabilities needed in the service sector with the workforce being developed by the education sector.

Integrated strategies

Effective workforce planning and development is complex. Application of a single workforce development strategy in isolation will have limited impact. For optimal impact, workforce planning and development requires the simultaneous implementation of a number of complimentary strategies across multiple levels.

This framework presents a new approach for the specialist mental health sector that moves away from standalone education and training activities, towards integrated strategies to cluster activity under four mutually reinforcing domains:

• people – attracting and retaining a competent and sustainable workforce;

• place – achieving the necessary distribution and skills mix in the workforce;

• environment – fostering positive learning and working environments; and

• performance – building the necessary capabilities and support.

Implementation

This document provides an overarching framework for the ongoing development of the specialist mental health workforce in Victoria over the next ten years.

The specific actions required to achieve the goals and objectives of this framework are articulated in two supporting plans:

• *Victoria's specialist mental health workforce framework: MHCSS implementation plan 2014–19; and*

• *Victoria's specialist mental health workforce framework: clinical mental health implementation plan 2014–17.*

The principles that underpin the implementation approaches are:

• transparency and accountability;

• timely and measurable outcomes;

• testing different approaches to achieving objectives; and

• sector collaboration.

While government has an important role to play, successful implementation requires a commitment from all stakeholders.

Continuous improvement

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

• capturing and disseminating successes and lessons learnt;

• assessing the adjustment of strategies to better meet goals and objectives; and

• identifying and responding to new issues and evidence as they arise.

The Victorian Government will take the lead role in this area, with the assistance of key stakeholders as required. In particular, continuous improvement will be informed by input from the Mental Health Complaints Commissioner and other programs such as the Consumer and Carer Partnership Dialogues, the Consumer Experiences of Care project, the Mental Health Consumer Advocacy Service, and the Community Visitors program.

Part 3: Strategies for change

The Department of Health consulted with service providers and other key stakeholders to gather advice on issues facing the specialist mental health workforce and what they felt needed to change in the development of this framework.

The key priority areas identified by stakeholders and services for staff were:

- better preparation for mental health work;
- more opportunities for learning and development;
- stronger career pathways;
- investment in leadership;
- greater clarity and support in how to manage risk in the workplace;
- access to supervision and support;
- greater recognition and support of the consumer and carer workforce; and
- support to transition, transform and embed new service delivery requirements as a result of reforms.

This section presents the goals, objectives and associated strategies that will address these, and other, priority areas for change under the four domains of people, place, environment and performance.

People

> **These strategies aim to attract, develop and retain workers with the necessary attitudes, knowledge, values and skills to maintain a competent and sustainable workforce.**

Most Victorian mental health service providers report significant challenges in attracting, recruiting and retaining workers across a range of roles and skill sets. There is a pressing need to support and develop existing workers as well as attracting new workers capable of delivering high-quality, contemporary specialist mental health treatment and support.

Knowing more about the composition and needs of the current specialist mental health workforce and anticipating the future requirements of this workforce is also critical.

Attracting and retaining workers

While retention of staff in the workforce has improved over time, ensuring an adequate supply of mental health workers to meet the increasing demand for treatment and care continues to be a fundamental challenge.

Specialist mental health services report that:

- retention in rural areas continues to be a challenge, with staff turnover more pronounced in some occupational groups than others;
- low staff morale and resistance to change in models of care and service delivery are believed to be key factors where there is high staff turnover; and
- some mental health services have identified the introduction of initiatives such as the Better Outcomes – Access to Allied Psychological Services (ATAPS) as impacting on the recruitment and retention of psychologists, occupational therapists and social workers.

Creating better working arrangements, career opportunities and professional rewards all have the potential to improve the attractiveness of the specialist mental health sector.

Workforce demographics

The Victorian population is ageing rapidly. New approaches to planning are required to offset the rate of retirement from the current workforce with the recruitment of new or re-entering workers into mental health practice.

Moreover, the career aspirations and expectations of the younger workforce are changing the nature of the labour market. The specialist mental health sector needs to better understand how to attract and meet the needs of this new generation of potential mental health workers. Strategies to retain people with clinical expertise in the workforce in supervision and mentoring roles will also be important to ensure that new workers have access to their experience and support.

Positive perceptions of mental health work

A positive perception of working in mental health services can mitigate attraction problems, particularly for medical staff considering a career in psychiatry, and new graduates. There needs to be sustained effort to create positive perceptions of the mental health sector as a dynamic and innovative place to work, in order to encourage new and experienced workers to consider the professional opportunities it can offer.

Ensuring a positive first experience for new graduates is also critical. Contact with inspiring leaders and well-supported student placements that expose students to a range of experiences and work settings is key to mental health becoming a profession of choice.

Importantly, attraction and recruitment strategies that promote the core values of specialist mental health service delivery, including a focus on recovery and wellness, will also have a positive effective on perceptions of a mental health career.

Well-developed career pathways and succession planning is also important, not only for upward movement into senior clinical roles and management but also horizontal movement across a variety of program types and settings.

> 'I believe that a positive attitude among staff is one of the keys to good care. They need to be a loving person and they need to love their job.'
>
> *Family member*

Good preparation

Better preparation of the workforce prior to and upon entry into mental health settings can equip workers to work effectively in the dynamic and often complex environments of metal health service delivery.

To support good preparation of the workforce it is important that mental health content is well integrated in undergraduate curricula. The Commonwealth's *Mental health in tertiary curricula measure* has taken steps to strengthen mental health content. However, ongoing efforts may be required to ensure graduates develop foundational skills and knowledge in mental health in their pre-registration training and through well-supported student placements in mental health services.

Consumer and carer workforce

While the percentage of consumers and carers employed as paid members of the specialist mental health workforce is relatively small, there is growing interest in increasing this workforce. In the context of current reforms, it is also vastly more important than its relative size suggests. Currently there is limited data available on the composition, capabilities or training needs of this valuable workforce.

A process is currently underway to review these roles with a view to more strongly aligning them with changing consumer and carer expectations and new directions in service delivery.

The outcomes of the Mental Health Consumer and Carer Program review will be drawn on to improve role clarity and help to identity the training, learning and development needs of the consumer and carer workforces.

Providing clear role definitions and creating supportive work environments for people in these positions will promote sustainable and effective practice and will encourage greater integration of consumer and carer roles within service delivery and organisational processes.

Aboriginal workforce

While 2.3 per cent of the Australian population are Aboriginal and Torres Strait Islander people, only 1.6 per cent of the national health workforce is made up of Aboriginal people.[14]

An accessible and culturally competent workforce is vital to ensuring that the specialist mental health system has the capacity to provide culturally sensitive services that meet the needs of Aboriginal people and to improve their health outcomes.

One of the key ways to achieve this is to increase the number and capacity of Aboriginal people entering the specialist mental health workforce. In order for mental health services to be attractive places for Aboriginal people to work, it is important that culturally appropriate support and supervision structures are in place.

Another key way to achieve equitable health outcomes for Aboriginal people is to ensure that the whole specialist mental health workforce has appropriate clinical, management, and community development skills and cultural competency to delivery culturally appropriate and safe treatment and care.

'By first establishing mutual trust and respect, the care relationship can prosper. At the end of the day, you have to gain a person's trust.'

Family member

People strategies

Objectives	Strategies
Objective 1.1 Plan for the development of a workforce that has the size, skill mix and distribution to meet projected population growth, consumer needs and preferences, and changing service models.	Use an expert working group to identify and advise services through the Department of Health on workforce reform and innovation, and to champion culture and practice change across the sector.
	Adopt a workforce planning methodology that supports changing needs, service delivery, legislative requirements and treatment approaches, and recognises that mental health needs are often managed by non-specialist workforces.
	Develop mechanisms to improve the quality of and access to sector-wide workforce data to inform long-term evidence-based planning, including adoption of a workforce minimum dataset and identifying the necessary mechanisms for collection.
Objective 1.2 Engage with local and national workforce initiatives to ensure the long term planning requirements of the specialist mental health sector are considered.	Ensure that Victorian mental health capabilities are delivered as part of broader health and community service workforce learning and development.
	Work with relevant national bodies to ensure that the mental health workforce is considered an area of priority in the national program of health workforce innovation and reform.
Objective 1.3 Improve the retention rates of the existing specialist mental health workforce.	Provide the necessary preparation for workers through: • high-quality orientation and induction programs • appropriate mentoring and supervision.
	Provide opportunities to allow workers to grow and evolve across different roles and settings in public and private mental health sectors.
	Develop clinical career pathways and enhanced clinical roles to encourage experienced practitioners to stay in clinical roles.
Objective 1.4 Improve the attraction and recruitment of experienced workers.	Promote mental health as a career where professionals can make a profound difference to other people's lives across a range of disciplines and service settings.
	Build more positive perceptions of working in mental health through fostering more positive engagement with mental health consumers and increasing access to discipline specific role models.
	Further support organisations to develop their workplace policies and practices to attract experienced workers back to mental health practice by strengthening senior practice leadership and clinical supervision.

Objectives	Strategies
Objective 1.5 Improve the attraction and recruitment of new entrants into the specialist mental health sector.	Promote mental health practice as a career of choice for school leavers, new graduates and experienced workers from other sectors.
	Further support organisations to explore career pathways and employment models that plan for and accommodate increasing staff mobility.
	Promote opportunities for students to be exposed to the diversity of service settings and range of specialisations within the specialist mental health sector.
Objective 1.6 Strengthen the design and delivery of paid consumer leadership, carer leadership and peer support roles in mental health.	Complete a strategic review of funded consumer and carer programs as an integrated part of specialist mental health service delivery.
	As a result of the strategic review, develop carer, consumer and peer-support role definitions to clearly specify the accountabilities, required capabilities, training requirements and support mechanisms for these roles.
	Explore opportunities to support the consumer and carer workforce through learning and development opportunities to build capabilities and confidence in working within reformed service settings.
Objective 1.7 Increase the rate of workforce participation and retention of Aboriginal people in mental health.	Work with services to maximise employment opportunities for Aboriginal employees by ensuring appropriate career progression and job security strategies are in place within the mental health career structure.
	Support the learning and development of Aboriginal people to become specialist mental health workers.
	Identify, establish and promote service-specific support for new Aboriginal employees, including culturally appropriate orientation and induction programs.

Place

> These strategies aim to achieve the necessary distribution and skills mix in the workforce so that people can access the care they need in their communities.

Equitable access to quality specialist mental health services relies on the availability of workers with the necessary knowledge, values, attitudes and skills where they are needed in communities.

Workforce supply problems are felt more strongly in rural and regional Victoria where they have a significant impact on job vacancies and skill gaps across locations, programs and service types.

Attraction, recruitment and retention challenges are also present in mental health services within outer Melbourne's growth corridors, particularly at times of service expansion. Growth projections show that the population will continue to grow more rapidly in outer metropolitan Melbourne than elsewhere, which will increase the demand for services and workers in these locations. This may prove a challenge for recruiting to positions, when many specialist services and large health services are currently located in inner Melbourne.[15]

The challenges of distribution are particularly pronounced for certain professional groups, such as medical staff.

Rural and regional service delivery

Service delivery in rural and regional areas can be challenging due to geography, limited availability of services and uncertainty about role boundaries.

Strategies to mitigate these issues include:

- developing generalist capabilities to better integrate all aspects of a person's care and deal with complexity;
- developing integrated, holistic and culturally appropriate services; and
- using web-based and telephone-based treatment and care where appropriate.

Feedback from workers across the state indicate that these strategies are also relevant in some metropolitan areas and growth corridors.

These strategies require cultural and policy shifts that are already occurring at the national level.[16]

Attracting and retaining workers in rural and regional Victoria

Recruitment and retention problems are amplified in rural and regional settings due to a number of constraints:

- availability of and access to appropriate professional development;
- access to high-quality supervision and mentoring, particular for new entrants;
- the demands of practice in more isolated settings with fewer resources;
- career opportunities and pathways; and
- worker access to services and amenities for themselves and their families.

Research found that some of the factors that attracted mental health workers to rural and regional areas include the rural lifestyle and the ability to work closely with small and friendly communities.[17] Those factors, as well as the availability of workplace support, supervision, and good management were factors that were said to help retain workers in rural and regional settings.

Recent research identified factors that influence increased recruitment and improved retention rates for psychiatrists. These included an extensive and culturally sensitive orientation program; working to meet individual and family needs; providing both community and inpatient settings; and educational support to prepare for the fellowship exams.[18]

Professional development

Rural and regional mental health workers often have less access to opportunities and resources to continue to develop and extend their practice. This includes access to professional development, clinical supervision, mentoring and learning materials, as well as limited capacity to take time away from service delivery. These limitations are driving an increased reliance on technology such as online learning and other innovative methods of delivering professional development.

Supervision

The availability of experienced practitioners who can supervise, mentor and support graduates and the 'temporary' workforce in rural and regional areas is critical. Access to mentoring and support is identified as one of the key work-related factors (as opposed to financial or social factors) that influence workers to remain in smaller communities.

Mental health services, whether they are metropolitan, rural or regional should ensure access to appropriate supervision and that the supervisors are adequately trained and experienced in providing this support.

> 'Middle management is a difficult role to fulfil because they need to keep up to date with the evidence base but they also need to keep that balance right, and make sure that people are getting the absolute best service they can.'
>
> *Mental health worker*

Increased collaboration

Greater collaboration across professions and sectors can improve career opportunities, skill development, workforce retention and outcomes for people accessing services.

Opportunities for shared learning across sectors, programs and disciplines can increase access to learning and development. It can also contribute to the development of joined-up service responses that provide a more holistic system of care.

Use of technology

New technology provides great opportunities to improve access to services in regional and rural locations and to build the skills and knowledge of the workforce. New technologies can also support shared care within multidisciplinary teams and be used for supervision, mentoring and support. Developing people's skills to make the best use of these technologies needs to be a priority.

> 'As a psychologist, working in mental health in a rural community is both exciting and rewarding. I think that workforce collaboration is particularly important.'
>
> *Mental health worker*

Place strategies

Objectives	Strategies
Objective 2.1 Support innovative ways of working in rural and regional Victoria.	Establish an innovation program that explores, identifies and documents innovations that improve the efficiency and effectiveness of the specialist mental health workforce in rural and regional Victoria.
	Recognise, promote and celebrate the achievements of regional workforce innovation.
Objective 2.2 Increase the attraction of capable staff to regional and rural specialist mental health settings.	Support and strengthen existing and new place-based recruitment and retention initiatives to attract people into mental health careers in rural and regional areas.
	Identify opportunities to collaborate with broader rural health and human service recruitment initiatives to engage people into rural and regional mental health careers.
Objective 2.3 Improve capacity to retain and support the specialist mental health workforce in regional and rural locations.	Maximise opportunities for rural mental health staff to engage in cross-sectoral and interprofessional collaboration to access advice, support and mentoring.
	Make better use of emerging opportunities to connect isolated workers and to support greater access to supervision, professional development and peer-to-peer support.
	Provide tailored orientation and support programs for rural mental health staff to better prepare them for work in regional and rural locations.
Objective 2.4 Design and structure roles and functions to make best use of relevant skills available in the current and future workforce.	Explore opportunities for role redesign and expanded scopes of practice in the specialist mental health sector tailored to the rural and regional context.
	Further explore employment models that plan for and accommodate increasing staff mobility within and across geography, sectors and areas of specialisation.
Objective 2.5 Increase the use of area-based workforce planning and development to improve responsiveness to local needs and build workforce capability in areas of high demand.	Explore opportunities to develop local, collaborative learning and development planning approaches within catchments.

Environment

These strategies aim to foster positive learning and working environments with strong leadership and a culture of collaboration.

Work environment and culture play a vital role in organisations. They support quality practice and worker satisfaction. Strong and effective leadership is needed to create a good organisational 'climate' that supports the workforce to perform at its best.

Team work and shared care

The specialist mental health workforce will benefit from effective collaboration and partnering with other sectors and services such as alcohol and drug, disability, justice, housing, homelessness, family violence and child protection. Collaborative practice:

- increases workers' knowledge and skills;
- makes it easier to provide holistic and coordinated care;
- makes it easier for workers and service users to access and navigate the specialist mental health system; and
- reduces pressure on specialist mental health services by providing mental health services as one component of a broader system of care.

Structures and processes for information sharing, networking and collaboration are required to underpin such knowledge and skill development.

'A good health professional helps others to find the answers.'

Service leader

Workplace culture

Organisations with a strong and positive culture have high levels of innovation, high standards, strong rewards, clarity of vision and mission. The literature highlights the importance of senior staff visibly enacting their organisation's vision and mission and living the organisation's values. New staff need opportunities to practise the attitudes, knowledge, values and skills they have developed during their training and orientation.

Leadership and management capability

Strong and effective leaders drive innovative, visionary and effective service design and delivery. Their role in attracting, retaining and developing a skilled and motivated workforce cannot be overstated.

Leaders do not necessarily need to be in formal positions of authority. Leadership is demonstrated at all levels in the organisation, and leadership development strategies should therefore be targeted at team leaders, managers, clinicians and senior executives.

Evidence indicates that a number of strategies are successful in developing leaders. These include:

- provision of high-quality leadership enhancement programs;
- cross-function work placement and stretch projects;
- mentoring and shadowing other managers/executives; and
- modelling desired behaviour across the organisation.

Also of importance is the development and implementation of capabilities for clinical leadership and middle management roles for enhanced service delivery.

Culturally appropriate services

Technical and cultural competence is required to provide culturally appropriate services to Aboriginal people and people from cultural and linguistically diverse backgrounds.

In some situations, workers with the same cultural background as the service user are available to deliver treatment and care. This is beneficial not only for the service user, but also for other workers, because a diverse workforce fosters diverse thinking and new perspectives on service delivery.

However, in many cases Aboriginal people or people from cultural and linguistically diverse backgrounds receive services from workers with a different cultural background. It is therefore important that all workers have access to the training and support they need for culturally aware and competent practice.

Environment strategies

Objectives	Strategies
Objective 3.1 Promote the mental health sector as an excellent employment choice.	Better use existing opportunities to showcase achievements and career opportunities/pathways within the specialist mental health workforce.
	Promote mental health as a sector that embraces recovery-oriented principles and values the lived experience of mental illness and recovery.
	Promote mental health as a sector committed to evidence-based practice that provides an opportunity to participate in research, evaluation, and service and practice innovation.
Objective 3.2 Strengthen teamwork and shared care across disciplines within specialist mental health and across sectors in the broader system of care.	Strengthen organisational structures to allow for further collaboration and cooperation with others services and programs, such as the alcohol and drug treatment sector, Services Connect and primary care.
	Formalise links between service providers through increased care collaboration, information exchange, and joint care planning to improve service outcomes and knowledge transfer.
	Support and strengthen team structures and leadership models that promote multidisciplinary teamwork in mental health while acknowledging and supporting discipline-specific expertise and achievement.
	Further define contemporary collaborative practice and shared care approaches across professions, program types and sectors and establish collaborative practice as a core capability for the specialist mental health workforce.
Objective 3.3 Support workplace cultures that are responsive to the needs of consumers, their families and carers and are open to new ways of working that enhance recovery.	Support the adoption of recovery-oriented culture within mental health services in line with the Victorian framework for recovery-oriented practice 2011 and the National framework for recovery-oriented mental health services.
	Develop and deliver a learning and development program to support the implementation of the Family-inclusive practice framework across the mental health sectors.
	Support the adoption of flexible, person-centred support and client-led decision-making practice.
	Support and strengthen the practice of identifying and responding to the needs of dependant children who have a parent with mental illness.

Objectives	Strategies
Objective 3.4 Build the capability of the specialist mental health workforce to provide high quality clinical and organisational leadership.	Promote cultures where leadership capability is valued and supported at all levels.
	Develop approaches that encourage and support experienced, senior professionals to provide effective leadership, supervision and mentoring.
	Enhance leadership and management capability and capacity for current and emerging leaders across the specialist mental health workforce.
	Identify and promote leadership and coaching activities that build middle managers' expertise in enhancing organisational performance.
	Further support programs that identify and develop high-quality, multidisciplinary clinical and practice leaders within specialist mental health services.
	Work with relevant national bodies to support access for the specialist mental health workforce to investment in the areas of clinical and practice leadership, management development and clinical supervision.
Objective 3.5 Support organisations to establish environments where staff have access to quality clinical support.	Explore opportunities to engage with the clinical training networks to further develop placement and supervision opportunities.
	Work with relevant national bodies to define best practice discipline-specific supervision models.
	Support the implementation of the Best practice clinical learning environment framework within the specialist mental health sector.
Objective 3.6 Support workplace cultures that are responsive to diversity.	Develop a culturally appropriate and accessible workforce development program to extend the capability and capacity of the Aboriginal mental health workforce.
	Implement responsiveness and sensitivity to diversity as a core capability across the specialist mental health sector.
	Embed cultural competency into the leadership and coaching activities of middle managers and clinical supervisors.
	Enhance the knowledge, awareness and capability of specialist mental health services to provide treatment and support that is culturally appropriate for Aboriginal people.
	Foster links with local community organisations to ensure that services understand the full scope of people's needs and better inform planning and service delivery.

Objective 3.5 of the ten-year framework does not have an action against it in the MHCSS implementation plan – this objective will be considered in the Clinical Workforce Implementation Plan only.

Performance

> These strategies aim to equip the workforce with the necessary capabilities, tools and support to deliver recovery-oriented, best-practice care.

High-quality specialist mental health service delivery depends on the availability of workers with the necessary knowledge, attitudes and skills to meet the needs of consumers, their families and carers. This is achieved by aligning the core capabilities of specialist mental health practice with individual and program outcomes, and providing opportunities to build and maintain these capabilities across the workforce.

Workforce regulation

The vast majority of the clinical mental health workforce is regulated. This system of regulation ensures that the workforce providing Victorian specialist mental health services is suitably trained and qualified to practice in a competent and ethical manner, including overseas trained practitioners who wish to practice in these professions in Australia.

Since July 2010, a National Registration and Accreditation Scheme has provided a single national registration and accreditation system for a range of health professions, including medical practitioners, nurses, occupational therapists and psychologists. The system is delivered through the Australian Health Practitioner Regulation Agency (AHPRA) and national registration boards established for each of the professions.

A capability-based approach

A capability framework for the Victorian specialist mental health and alcohol and drug workforce is being developed for Victoria.

The Victorian mental health workforce has a solid foundation in the qualifications of its five main professions of psychiatry, mental health nursing, social work, psychology and occupational therapy. Regulatory processes also operate for the vast majority of this workforce that ensure the quality and competency of mental health practice in clinical settings.

While it remains critical that specialist capability is driven by the professional skills and qualities of these occupational groups, there is increasingly an interest in developing capabilities that are specific to service delivery requirements and to consumer and carer expectations and needs. These approaches are highly complementary and together strengthen the delivery of high-quality, consumer-centred services.

The capability framework will further build on the discipline-specific training, education and expertise of the mental health workforce by identifying and promoting specific capabilities that support and drive practice change in response to reform. The role of consumers and carers in the identification and validation of the required capabilities is a key component of the framework, consistent with the principles of recovery-oriented practice.

The inclusion of foundational mental health material that is linked to competencies in the training programs of health related professions needs to be prioritised. Even though not all students will go on to work in mental health, they are likely to use the skills and knowledge they gained during their mental health training in their chosen career across a range of settings.

Linking agreed capabilities to professional accreditation and continuing education programs may support increased uptake of capability based training and education in the workforce.

Changes in curricula within tertiary institutions may be also required to better prepare students for mental health work, consistent with the capability framework.

Supporting consumer and carer advocacy

Consumers and carers now have increasing opportunities for involvement in program and policy design and implementation. Many consumers and carers may benefit from learning and development opportunities around committee and working group processes and procedures to be able to contribute confidently.

Consumers and carers need opportunities for learning and development to further develop the capabilities required to be effective contributors and advocates to ensure that the consumer and carer voice is heard within service level planning and policy design.

Learning and development should include advocacy and knowledge on how to understand and respond to existing and emerging statewide and national policy frameworks.

Translation of evidence into practice

Access to new knowledge and evidence as it becomes available is essential for a high quality workforce. Having the ability to translate new learning into improved and sustainable work practices and cultures that support high-quality, effective, consumer-focused and carer-inclusive care is also important.

Structures and processes could be further developed to bring together the various parts of the specialist mental health sector as an integrated workforce that shares innovation and knowledge. The methods for delivering professional development, education and training programs need to be consistent, evidence based and sophisticated to achieve this translation.

Additionally, skills relating to knowing where to find research and evidence and how to use it are important in the workforce. When defining capabilities, it may be useful to think about 'information literacy' as a core skill that can be defined and built in the workforce.

Change skills

The processes for building new knowledge and skills are relatively well understood. Workforce development activities that can support practice change, culture change and improved service delivery will also be important into the future.

> 'In terms of people with mental illness developing and growing, that's about change. That can't happen for them unless it is happening for us. I have to change and grow as a leader, that's my responsibility.'
>
> *Service leader*

Balancing risk

Understanding and working with risk is an inherent aspect of many fields and disciplines, including specialist mental health treatment and support. Risk occurs at the organisational (clinical and corporate governance) and individual levels. Processes to understand, assess, manage and accept risk are an inherent part of a quality improvement program. The sector has identified that tensions exist in terms of: creating a safe organisation; encouraging innovation; supporting individual choice; and protecting safety.

Further work needs to be done to build on and sustain the capability of the specialist mental health workforce in relation to risk management, particularly within the contemporary approaches of supported decision making and least restrictive practices.

Training and education

Support, education and training are important for existing workers in a range of areas.

It is important that staff are equipped in areas such as:

- building partnerships with consumers and carers;
- cultural competence in service delivery;
- comprehensive cross-agency interventions;
- recovery-oriented, family-inclusive and person-centred care;
- individualised care; and
- home, inpatient and community based approaches.

Capabilities relating to the principles of quality contemporary specialist mental health treatment and support – including those items outlined in this document – need to be understood as core capabilities of mental health practice.

Barriers to accessing professional development, education and training must be identified and overcome to build the capacity and capability of the specialist mental health workforce.

Coordination of professional development and education and training activities across the specialist mental health sector can help ensure they remain efficient and cost effective. Additionally, opportunities to integrate professional development, training and education across different workforces and health and community service sectors will support more holistic practice and greater access to skill development.

Avenues for the delivery of professional development, training and education programs need to be in place across VET, higher education and mental health sector specific training platforms. Stronger articulation of these avenues may also support career pathways.

The availability of standardised, national, web-based curriculum offers an accessible, flexible and cost effective mechanism to provide minimum competencies to the workforce.

Greater use of online learning and new training technologies – coupled with the necessary workplace supports – may lead to greater uptake of workplace training opportunities and improve worker satisfaction.

Performance strategies

Objective 4.1 More strongly align what individuals are expected to do at work with agreed core capabilities and consumer and carer outcomes.	Develop a capability framework that facilitates the provision of high quality treatment and support consistent with national developments in this area and the guiding principles defined in this document: *Recovery-oriented; rights based; consumer and carer participatory; family, and carer inclusive; trauma informed; evidence based and outcome driven; equitable and responsive to diversity; responsive to complexity; age appropriate and focused; coordinated and collaborative.* Meaningfully involve consumers and carers in the identification and validation of core capabilities.
Objective 4.2 Strengthen methods of translating necessary knowledge, skill and attitudes into routine practice.	Further develop structures across relevant area-based and statewide workforce activities that support the translation of evidence, knowledge, legislation and policy into practice. Formalise a model of peer-led capacity building to support the implementation of new programs and practice change. Improve the capability of middle managers and others with leadership roles to lead and drive new ways of working that respond to new evidence, innovation, legislation and technologies.
Objective 4.3 Increase opportunities for all levels of the specialist mental health workforce to increase capability in relation to assessing and managing organisational and clinical risk.	Build on existing risk management frameworks to strengthen the specialist mental health workforce's capability to assess and manage risk at the organisational, program and individual levels.
Objective 4.4 Develop systems and structures that support individual workers to meet the outcomes and service requirements expected by individuals, programs and organisations.	Develop resources and processes to support the implementation of the new capability framework.

Objective 4.5 Increase availability of and access to learning and development opportunities that are aligned with core capabilities.	Support learning and development activities that align changing needs of consumers and service providers and broader system reforms.
	Support a sustainable and responsive learning and development platform that supports the coordinated planning, design and delivery of learning and development across the specialist mental health and alcohol and drug sectors.
	Explore strategies to integrate mental health capabilities within continuing education programs and credentialing of key professional associations.
	Promote the development of evidence-based curriculum in learning and development at all levels by building stronger relationships with the education sector.
	Build on recent investment in Mental Health Professional Online Development (MHPOD) and expand to make it relevant to a broader mental health audience.
Objective 4.6 Increase availability of and access to learning and development opportunities that are aligned with key reform priorities.	Develop workforce development approaches to support the mental health workforce in the transition and transformation to new client-directed service delivery models.
	Develop the capability and capacity of the mental health, alcohol and drug and other relevant workforces in working with individuals who have co-occurring mental illness and substance use issues and/or other co-morbidities or forensic risk.
	Develop and deliver a learning and development program to support trauma-informed care across the specialist mental health sector.
Objective 4.7 Building capability in relation to supervision and mentoring.	Facilitate sector-wide clinical supervision and mentoring to increase capability of the sector, support retention and develop emerging leaders.
	Foster culturally appropriate mentoring, clinical and practice supervision that enhances the sharing of information and practice for Aboriginal mentors and their mentees as well as access to culturally appropriate clinical and practice supervision across the mental health and alcohol and drug workforce.

Glossary

Capabilities

Capabilities are characteristics that individuals have and use in appropriate, consistent ways in order to achieve desired performance. These characteristics include knowledge, skills, attitudes and values.

Carer

A person who is actively caring for a person with mental illness and with whom they have an ongoing relationship. A carer need not necessarily be living with a person who has mental illness. A carer may be a family member, friend or other person in the community who has a significant role in the life of the person with mental illness.

Competency

Competency can describe behaviours that excellent performers exhibit and typically describe ability at an advanced rather than a basic level. Alternatively, it can describe the educational units of competency delivered by accredited education and training providers.

Consumer

A person who uses or has used a mental health service.

Cultural competence

A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross cultural situations.

Cultural safety

Describes an environment that is safe for people, where there is no challenge to or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.[19]

Diversity

The variety of experiences and perspectives which arise from differences in race, culture, religion, mental or physical abilities, heritage, age, gender, sexual orientation, gender identity and other characteristics.

Dual diagnosis

The co occurrence of mental health issues and substance use issues and/or other co morbidities such as problem gambling.

External providers

Agencies and organisations not funded by the Department of Health but of relevance to mental health service delivery and workforce development. External providers include consultants, contractors, tertiary and higher education institutions and training organisations.

Evidence

There are multiple dimensions to understanding evidence. For the purpose of this strategy, 'evidence' refers to multiple sources of evidence including: consumer's knowledge; practice knowledge; research evidence; and relevant policies, guidelines and legislation.

Families

The term 'families' in this document does not presume a particular family structure or membership but rather is used loosely as a broad encompassing term. What constitutes 'family' varies significantly with personal beliefs, across communities and across cultures.

Family-inclusive

At its core, family-inclusive practice is about providing support to those impacted by mental illness. This includes not only the person with the mental illness but other people who are involved with them: children; parents; siblings; extended relatives; carers; and friends of the person with mental illness. The goal and basis of family-inclusive practice is to intervene at these multiple levels in the hope of enacting lasting changes.[20]

Generalist capability

The capability of a health professional, regardless of discipline, to practise in a way that provides holistic care of a person over time; managing a range of conditions, mindful of the impact of external and societal factors on health, and referring to specialist or other services as and when required.

Generalist

A health professional whose practice is not oriented to a particular speciality but instead has the capability to provide a response to a variety of health and welfare problems.

Holistic

Considers the whole person and all aspects of a person's health and wellbeing, including physical, mental, environmental and social factors.

Integration

The management and delivery of health services so that individuals receive a continuum of preventive and treatment services, according to their needs over time and across different levels of the service system.

Interprofessional learning, training, practice or collaboration

Where two or more professionals practise and learn with, from, and about one another to improve collaboration and the quality of care.

Multidisciplinary team

An integrated team approach to service delivery in which professionals from different disciplines consider all relevant treatment options and collaboratively develop an individual treatment plan for individuals based on the body of knowledge, approach and contribution of their respective professional/discipline groups.

Peak body and representative groups

Generally, an association or group that is established to develop common standards or processes, or to take action common to all members, to lobby government, conduct advocacy activities, provide sector and professional development and promote the interests of members.

Person centred

An emphasis on individuals, including patients, carers and their significant others. Often contrasted with 'system focused' or 'service focused'. Person centred denotes the importance of designing care and delivery of care primarily around the needs and experiences of people, not around the system or individual services.

Person directed

Person- (or self-) directed care allows people to have greater control over their own lives by allowing them, to the extent that they are capable and wish so to do, to make choices about the types of care services they access and the delivery of those services, including who will deliver the services and when.[21]

Recovery

There are multiple dimensions to understanding personal and clinical recovery. For the purpose of this document the term 'recovery' is considered an overarching philosophy that encompasses notions of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement.

Retention

The systematic effort by employers to encourage valued employees to remain with their organisation.

Service provider

An organisation that provides specialist mental health services and is funded by the Victorian government.

Scope of practice

The range of activities that practitioners in an occupation or discipline may practice.

Specialist

A health professional who, within a discipline, focuses on special health problems, conditions or parts of the body.

Endnotes

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