leading community mental wellbeing

Queensland Alliance for Mental Health

ANZSCO Comprehensive Review Submission

April 2023

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

Background (why is this important)

QAMH welcomes this opportunity to provide a submission to the Australian Bureau of Statistics' (ABS) comprehensive review of the Australian and New Zealand Standard Classification of Occupations (ANZSCO) to reflect the contemporary labour market and better meet stakeholders' needs.

One of the most persistent problems facing the Community Mental Health and Wellbeing Sector is the lack of available information on workforce numbers, demographics, skill base, educational attainment and geographic distribution. Unlike other professions within the mental health ecosystem (psychiatrists, psychologists, occupational therapists, social workers and mental health nurses), there is no state or Commonwealth data capturing mechanism for the Community Mental Health and Wellbeing workforce. This has significant policy and planning implications – especially in the current context where there is an increasing recognition that this sector, with its focus on recovery-oriented practice, community-based care and delivery of services by people with lived experience, has a vital part to play in the broader mental health system.

The introduction of the NDIS has also radically changed the occupational landscape, with NDIS-specific roles such as psychosocial recovery coach and specialised support coordinator now featuring in the occupational mix, with requisite NDIS skillsets. More than ever, there is a need to ensure that occupations accurately reflect the skills, knowledge, and duties required of workers in the field as well as capture the diversity of roles and settings in which these workers operate.

Overall, updating the ANZSCO classification for workers in the Community Mental Health and Wellbeing Sector would help to:

- enhance the accuracy and reliability of data related to the sector by making it easier to analyse workforce trends;
- provide a more accurate picture of the workforce and the needs of the sector, enabling better-informed advocacy, policy decisions and resource allocation;
- standardise relevant roles across different jurisdictions and organisations by introducing a commonality of language; and
- facilitate better communication and coordination between different agencies and stakeholders involved in mental health care.

Finally, the most recent Census revealed that there are more than 225,000 workers in the category "Aged or Disabled Carers". Splitting this category to include one or more occupations relevant to the Community Mental Health and Wellbeing Sector, as we recommend in this submission, would assist the ABS Census Data to better reflect the contemporary Australian workforce.

The Issues

Defining the Community Mental Health and Wellbeing workforce is difficult for several reasons: an historical lack of awareness of the existence of the sector; a lack of consensus on terminology; variation in the skills and qualifications of workers; a lack of a clear entry pathways; and people with professional and clinical backgrounds performing non-clinical roles. All these factors make it difficult to clearly distinguish occupations in the sector according to the ANZSCO requirements. Workers in the Community Mental Health and Wellbeing Sector work across a number of settings, which means that they may not easily be grouped into a discrete industry group within the ANZSCO. Likewise, the introduction of the NDIS has had the further effect of orienting our sector within the disability care sector. These issues are described in more detail below:

The "Invisible Sector"

Workforce definitions are of course most useful if they align with available data, and to date, the Community Mental Health and Wellbeing Sector has been largely invisible in mainstream datasets. Unfortunately, most data capturing systems – not limited to ANZSCO alone – fail to explicitly code occupations that are specific to our sector. At present, access to workforce data is primarily limited to (clinical) mental health occupations that are regulated by the Australian Health Practitioner Regulation Agency (AHPRA). Data relevant to our sector is not captured in our national data collections such as ANZSIC or ANZSOC, nor does the National Mental Health Services Planning Framework (NMHSPF) code specifically for community mental health workers. Queensland Health's contractually mandated minimum data sets are not widely accessible. Even the National Disability Insurance Agency, which collects vast amounts of information on participants and service providers, does not collate useful information on the Community Mental Health and Wellbeing workforce.

The challenge of capturing workforce data was explored at length in the Productivity Commission's Mental Health Inquiry Report[1]. It is also one of the major commitments made in the National Mental Health and Suicide Prevention Agreement (MHSPA), where Part 7 commits to state and federal governments collaborating "to build the data and systems needed to understand and improve mental health and suicide prevention workforce planning".

To address the data shortfall, QAMH regularly tries to capture workforce data in Queensland, but without dedicated resources and strategies for capturing this essential data - preferably at a national scale - it is very difficult to implement sector-wide workforce planning and development initiatives. As the sector continues to grow and the pressures on the mental health system increase, it is clear to

[1] Australia. Productivity Commission. (2020). *Mental Health Inquiry Report*. https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf

us that we need to build a rigorous evidence base to plan, project and respond to future demands on the Community Mental Health and Wellbeing Sector. This will require a systematic and comprehensive approach to workforce data collection, with results shared with the sector to better inform policy decisions and whole-of-sector reform. Updating the ANZSCO occupation classification codes to include “mental health recovery support worker” or equivalent term/s for workers within the Community Mental Health and Wellbeing Sector would be a significant step towards this goal.

Lack of Commonly Agreed Occupation Descriptions

The lack of universally accepted terminology for occupations within the sector is another significant complicating issue. Community Mental Health and Wellbeing workers provide a broad range of services, including psychosocial support, case management, group facilitation, and crisis intervention, and are typically employed by non-governmental, not-for-profit, community-based organisations who provide non-clinical mental health recovery services and/or NDIS services. While the term “mental health recovery support worker” is likely to be the best term to broadly describe the largest number of roles in the sector, there are many variations which may fall under this catch-all depending on the setting or nuances of the role. For example, a “mental health lived experience peer worker” may work in a variety of settings yet is distinguished by their lived experience (with ‘consumer’ and ‘carer’ sub-definitions). In contrast, some job titles are defined by the way they are funded, as evidenced by “psychosocial recovery coach” being a distinctly NDIS term to refer to mental health recovery support workers who provide specific support to understand and navigate the NDIS and implement NDIS plans to NDIS participants living with psychosocial disability.

Appendix A provides an exhaustive list of job titles in the Community Mental Health and Wellbeing Sector, and illustrates the lack of commonality in language applied to roles which – with some nuances - are reasonably consistent in terms of skills, knowledge and attitudes required.

Lack of Mandatory Qualifications

Adding further complexity to the matter is the fact that there is currently no single mandatory qualification required for workers in our sector, leading to a potential variation in the skill levels of workers. While many people complete the Certificate IV in Mental Health or the Certificate IV in Peer Work as a gateway to the sector, in reality there are an enormous diversity of educational pathways, ranging from Certificate III to Masters and no clear requisite entry point. Nonetheless, Certificate IV remains the generally accepted minimum standard for workers in the sector and, if a worker is not currently at this level, they are generally expected to be working towards attaining this qualification level. For example, at Selectability, lived experience workers are employed with no qualifications, however receive training through the organisation to attain a Certificate IV in Peer Work.

In general however, for both lived experience workers and workers without a lived experience, a minimum level of qualifications and experience is recommended to be:

- Certificate IV in mental health, peer work, community services, other related health fields or similar training; and/or
- Two years of experience in mental-health related work

As such, we believe that a new occupation classification code/s for the sector are likely to fit best within Skill Level 3 of the ANZSCO structure.

Community Worker, Health Worker or NDIS Worker?

Finally, mental health recovery support workers may work across a range of settings, including hospitals, community health centers, residential care facilities, and in the community. They may also be either NDIS-funded or non-NDIS funded. This creates confusion regarding where mental health recovery support workers fit best within ANZSCO Minor Group classifications. At present, two different people can (and have!) attempt to trace through the ANZSCO structure and each arrive at a completely different occupation code for the same role - mental health recovery support worker - largely due to differing opinions about which minor group classification the job fits into. This is not only confusing, it also generates data that has limited value or reliability for our sector.

Possible solutions

In considering how ANZSCO can include occupations that better reflect the Community Mental Health and Wellbeing Sector workforce, QAMH has taken the following ANZSCO "rules"[2] into account:

- Must be exhaustive and exclusive - each job must be assigned to only one occupation; and
- Must be structured – groups must be formed on the basis of skill.

With this in mind, we consider that there are two possible options to include ANZSCO occupations that better represent the Community Mental Health and Wellbeing workforce.

1. **Create a single new occupation for the broad occupation "mental health recovery support worker"**

   Currently, this broad role could potentially be captured in one of the two following Minor Group classifications:

   - 411 Health and Welfare Support Workers
   - 423 Personal Carers and Assistants

[2] Community Services Industry Alliance. (2023). *Updating ANZSCO Webinar Featuring the ABS*. https://csialtd.com.au/2023/03/29/updating-anzsco-webinar/

For community-based mental health recovery support workers working in not-for-profit organisations or health settings, the most natural fit from our perspective is within Minor Group *411 Health and Welfare Support* workers. Given that mental health recovery support workers are probably best classified at Skill Level 3 rather than 2, this may justify the inclusion of a new Unit Group for mental health recovery support workers. However it is also likely that these workers are currently partially captured within the Minor Group 423 Personal Carers and Assistants which includes the overpopulated Unit Group *4231 Aged and Disabled Carers* which the ABS is seeking to split. Within this Minor Group, we suggest that a suitable alternative Unit Group for mental health recovery support workers is *4234 Special Care Workers*, which contains occupation codes at both Skill Level 3 and 4.

2. **Create two new occupations that distinguish between community mental health roles**

   There are at least two relatively distinct roles recognised within the Community Mental Health and Wellbeing Sector based on skill sets and job requirements. These roles - including alternative descriptions by which each may be referred - are further described in *Appendix A*. While there are many job tasks shared between the roles, there are also differences. For ease of reference, we suggest that these roles can be grouped into the following occupation descriptions:

   - Mental health recovery support worker
   - Mental health lived experience peer worker

   As with the single broad mental health recovery support worker role discussed above, these roles also fall within the two possible Minor Group classifications listed above. Again, our preferred option would be for the ABS to include each of the two suggested occupations within a new Unit Group for mental health recovery support workers in the Minor Group *411 Health and Welfare Support* workers. The Unit Group *4234 Special Care Workers* is an alternative location at a matching skill level.

While we have developed these options to illustrate the issues and indicate what we believe may be the best approach for our sector, we would also like to point out that further consultation would be important with the Community Mental Health and Wellbeing Sector to ensure that this is representative of the sector as a whole.

Overall, despite the challenges, and whatever solution is adopted in the end, we believe that this work is incredibly important to better understand the Community Mental Health and Wellbeing workforce and its needs, and ultimately better serve the mental health and wellbeing of Australians.

APPENDIX A:

Occupation	Tasks / Duties	Qualifications and Experience
Mental Health Recovery Support Worker *Mental Health Support Worker* *Psychosocial Recovery Coach – Learnt Experience* *Recovery Support Worker* *Community Mental Health Worker* *Recovery Worker* *Aboriginal and Torres Strait Islander Mental Health Worker* *Lifestyle Support Worker / Facilitator* *Navigator Role* *Recovery assistant* *Peer mentor/ recovery mentor* *Consumer rehabilitation support worker* *Wellbeing coach* *Lifestyle facilitator*	• Develop recovery-enabling relationships, based on hope • Support the person with their recovery planning • Provide coaching to increase recovery skills and personal capacity, including motivation, strengths, resilience and decision-making • Collaborate with the broader system of supports to ensure supports are recovery-oriented • Complete documentation and reporting • Practice recovery-oriented mental health support consistent with *The National framework for recovery oriented mental health services*	• Certificate IV in mental health, community services, other related health fields or similar training; and/or • Two years of experience in mental-health related work

Mental Health Lived Experience Peer Worker *Lived Experience (Peer) Worker – Consumer* *Lived Experience (Peer) Worker – Carer* *Psychosocial Recovery Coach – Lived Experience* *Consumer peer support worker* *Carer peer support worker* *Peer Worker* *Mental Health Peer Worker* *Peer Support Worker* *Peer recovery worker* *Peer recovery support worker* *Peer rehabilitation worker* *Lived expertise coach* *Peer artist* *Lived expertise connection worker* *Lived expertise resource worker* *Lived expertise group facilitator.*	• Utilise lived experience to develop recovery-enabling relationships, based on hope • Support the person with their recovery planning • Provide coaching to increase recovery skills and personal capacity, including motivation, strengths, resilience and decision-making • Collaborate with the broader system of supports to ensure supports are recovery-oriented • Complete documentation and reporting • Practice recovery-oriented mental health support consistent with *The National framework for recovery oriented mental health services* **Please see Lived Experience Workforce Guidelines for a detailed explanation of role requirements**.	• Certificate IV in Mental Health Peer Work or similar training, and/or • Two years of experience in mental-health related peer work.