



Queensland Alliance for Mental Health

Inquiry into the Delivery of VET in Regional, Rural and Remote Queensland

Submission

January 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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Background

QAMH welcomes the opportunity to provide a submission to the Education, Employment and Training Committee as part of its inquiry into the delivery of VET in regional, rural and remote Queensland. The VET system plays an integral role in the delivery of community mental health and wellbeing services, with the Certificate IV in Mental Health and the Certificate IV in Mental Health Peer Work both common pathways into the sector. These two qualifications have undoubtedly been a welcome addition to the VET system. In many instances they have enabled school leavers and those seeking a mid-career change to develop a foundational knowledge of how to support people experiencing mental distress.

However, the delivery of the two Certificate IVs has not been without its challenges. Significant concerns have been raised about the suitability of the content and delivery, as well as a perceived lack of academic support and difficulty securing student placements. These problems are particularly acute in regional, rural and remote Queensland where access to support and placements is limited and geographic nuances are not catered for in the one-size-fits all curriculum.

Our response to this submission will explore these challenges and pose some potential solutions. It is informed by our extensive knowledge of the Mental Health and Wellbeing Sector in Queensland, along with valuable insights gained during a number of recent projects focussing on the VET system in Queensland including:

- [Community Mental Health Workforce Project](#) (2021)
- [Peer Workforce Student Mentoring Program](#) (2022)
- [Psychosocial Disability Workforce Microcredential](#) (2022)

Importantly, this year QAMH is partnering with the Mental Health, Alcohol and Other Drugs Branch within Queensland Health to develop a [Community Mental Health Workforce Strategy](#) for the Community Mental Health and Wellbeing Sector. The purpose of the Strategy is to articulate the distinctive workforce issues unique to the sector, as opposed to the mental health system more broadly, and detail the specific actions that will be required to address them. Reforming the VET system, including a review of the content and delivery of the Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work, will form a major part of this project and has direct relevance to the content of this submission.

The major barriers to the provision of localised and place-based VET, and priority areas and cohorts in Queensland

Qualifications Not Aligning with Industry Needs

There is a strong perception within the Community Mental Health and Wellbeing Sector that the current Certificate IVs in Mental Health and Mental Health Peer Work are neither contemporary nor align with industry needs. QAMH's Community Mental Health Workforce Project found that, concerning, nearly two thirds of service managers did not believe that the formal qualifications adequately trained the workforce. Specific knowledge gaps included understanding basic mental health conditions, recovery practice, professional boundaries and the provision of psychosocial supports within the NDIS.

This disconnect between course content and coal-face reality is especially true for Queensland's regional, rural and remote areas where there are distinct regional differences. Nationally-developed VET course content will often have less relevance to local communities. The current Certificate IVs do not sufficiently allow for course customisation according to local, place-based industry needs, resulting in students without the relevant skills to operate effectively in the workforce upon receiving their qualification.

QAMH understands that the Department of Workplace Relations is currently tendering for new national industry leaders to operate Industry Clusters, which will replace the current industry engagement system comprised of Industry Reference Committees. We are hopeful that the new system will elevate industry leadership in VET so industry can more effectively address current workforce challenges and shape qualification development at a local level. It is essential that these reforms strengthen the VET system, give service providers a stronger voice, and ensure qualifications align with the skills that are in demand on the ground.

Priority Skills Gaps at Commencement of Employment

QAMH's 2021 Community Mental Health Workforce Project found that significant skill gaps exist for those commencing work in the sector. While many people complete the Certificate IVs as a gateway to the sector, there is actually an enormous diversity of educational pathways, ranging from Certificate III to Masters. While this undeniably has benefits (eg. people bringing a heterogeneity of professional and educational knowledge to the sector), it also has its drawbacks. For instance, the lack of a mandatory core qualification for the sector (comparable to the nursing or allied health professions) means that workers don't always come with a basic skill set to build upon.

This problem is especially relevant to NDIS providers of psychosocial supports in regional, rural and remote communities where service providers are faced with a lack of qualified applicants and may need to take on workers without requisite skills. Staff recruited from the disability sector and those with generic disability qualifications (e.g., Certificate III Individual Support) require training to understand the very specific needs of people receiving psychosocial supports. On-the-job training by supervisors is costly and not covered by the NDIS' fee-for-service model. The significant cost of this training is currently absorbed by service providers, but this is not a sustainable model going forward.

Rather, there is an opportunity for the VET sector to develop skill sets or microcredentials to fill this specific gap. In 2022, QAMH [developed a micro credential](#), in collaboration with Workability Queensland (through CSIA) and TAFE Queensland, but broader strategic planning is required in this area.

Lack of Support for Students Completing Certificate IV in Mental Health Peer Work

Recent years have seen a major shift towards employing more peer workers in mental health services both in Queensland and other jurisdictions. Several recent reports such as the final report from the Productivity Commission's Mental Health Inquiry (Nov 2020), the House of Representatives Select Committee on Mental Health and Suicide Prevention Report (Oct 2021) and the Queensland Parliament's Mental Health Select Committee report (June 2022) all recognise that the peer workforce is an increasingly important part of the mental health system, and one that needs greater recognition and support.

This increased focus on the value of a peer workforce has put renewed emphasis on the Certificate IV in Mental Health Peer Work which, developed in 2012, was touted as the nationally recognised qualification for peer workers. The 12-month course is offered at five RTOs in Queensland and offers participants the opportunity to build on their lived experience of mental health conditions as either a consumer or carer. The blend of theory, practical coursework and discussions with other peer workers allows exploration of recovery-oriented and trauma-informed care, dealing with loss and grief and navigating the mental health system.

However, the rollout of the Certificate IV in Mental Health Peer Work has not been without its challenges. In 2021, QAMH, in partnership with Queensland Lived Experience Workforce Network and Brisbane North Peer Participation in Mental Health Services Network, conducted a [state-wide survey](#) to explore the supply, demand and, most importantly, the quality of available training in Queensland for the emerging peer workforce. The survey showed that many respondents who had undertaken the Certificate IV in Mental Health Peer Work felt unsupported, were overwhelmed by the course content and assessment requirements, and struggled finding quality student placements.

Regional, rural and remote students, who are able to complete the qualification online, are particularly disadvantaged. Geographic isolation augments their sense of being unsupported and the limited number of local service providers makes finding students placements difficult.

Existing programs that might assist in reducing barriers or supporting priority cohorts in accessing localised and place-based VET

Microcredential Development

As outlined above, there is a significant skill gap for those commencing work in the sector. This is particularly challenging for regional, rural and remote service providers who are often forced to recruit people without requisite skills and knowledge. QAMH, in partnership with Workability Queensland and TAFE Queensland, has developed a microcredential called 'Navigating the NDIS for the Psychosocial Workforce'. The micro-credential is [now available](#) for free on the TAFE Queensland learning platform and covers definitions of mental illness, mental health and wellbeing, how to navigate the mental health system, recovery-oriented practice and trauma-informed care.

This training has been well-received within the sector, where it is seen as a valuable addition to induction of new staff entering the community mental health workforce, but also to other stakeholders supporting people experiencing mental health and wellbeing challenges. QAMH believes there is an opportunity for development of further microcredentials to fill the priority skills gap in the workforce, providing a valuable resource for regional, rural and remote service providers to upskill their staff.

Peer Workforce Student Mentoring Program

The Peer Workforce Student Mentoring Program (the Program) was developed by QAMH, Queensland Lived Experience Workforce Network, TAFE Queensland and WorkAbility Queensland in response to concerns about the supply, demand, quality, and barriers to completing training for the peer workforce in Queensland. This pilot was funded by the Queensland Department of Employment, Small Business and Training, through the National Disability Insurance Scheme Training and Skills Support Strategy.

The Program, which ran from March to December 2022, aimed to increase student retention and qualification completion rates by developing and trialling support arrangements for an existing cohort of students enrolled in the Certificate IV in Mental Health Peer Work.

Lived Experience Peer Mentors were employed at two campuses (Gold Coast and Mooloolaba) to:

- Provide support through individual mentoring and facilitated group reflective practice
- Create partnerships locally with service providers to better connect industry to vocational providers
- Support students in navigating student placement requirements, and
- Identify emerging issues impacting students

Thirty students chose to participate in the Program. Two thirds of the participants were over 40 years old and nearly as many identified as female. A total of 101 individual sessions and 30 group sessions were delivered, identifying several common areas of concern among students. These included time management, stress and self-care; the role of a peer worker; work opportunities post qualification; and understanding TAFE processes.

The program was found to be overwhelmingly successful, as evidenced by both quantitative and qualitative data, collected through surveys, interviews, and mentor notes. Over the six-month period, students supported by Peer Mentors were twice as likely to continue with their studies.

Survey results demonstrated:

- 90 per cent of participants either strongly agreed or agreed the Program increased their confidence to complete their studies, while the remaining students were neutral
- Almost all respondents either strongly agreed or agreed with the statement “my participation in the Peer Mentoring Project helped me feel more prepared to resolve problems and issues with my studies”
- 90 per cent of survey respondents either strongly agreed or agreed with the statement “my participation in the Peer Mentoring Project helped me connect and broaden my peer networks”

The below comments by survey respondents indicate individual participant perceptions of the support provided by the Program.

The Peer Mentors prioritised the students and provided a safe space to discuss whatever they needed - they listened.

They recognised their privilege and could acknowledge the impacts and barriers of systemic disadvantage faced by many of the students.

A different, more equal power dynamic than that between teacher and student.

They role modelled Peer Work.

They understood Peer Work in Practice and shared real-life examples then supported discussions to translate theory into practice.

They understood the TAFE system and adult learning and shared their wisdom in supporting navigation.

They offered students optimism and hope, reassurance, and encouragement.

They shared their resources, networks, and connections to create possibilities.

QAMH is advocating for expansion of the Peer Workforce Student Mentoring Program to recurrent funding for all RTOs offering the Certificate IV in Mental Health Peer Work. These programs should include Lived Experienced Peer Mentors, provide online and face-to-face opportunities for support, and be independent yet co-located within the RTO. We believe these initiatives will address some of the barriers to completing training for the peer workforce in Queensland.

Careerforce Apprenticeships

New Zealand-based company Careerforce [offers a program](#) that supports work-based training opportunities for those working in the health, disability, mental health, aged care, rehabilitation, social and community services sectors. The nationally-recognised Certificate IV in Health and Wellbeing (largely equivalent to the Australian Certificate IV in Mental Health) is delivered over 18-24 months as an apprenticeship that is well-supported and resourced with a team of apprenticeship 'Advisors' providing pastoral care and support.

The training is employer-led, where the employer is responsible for the delivery of training, and assessment of employees who are enrolled in Careerforce programs. While Careerforce does not deliver the training, it does provide support to employers and their employees, including workforce development planning, the provision of learning and assessment resources, and pastoral care to support trainee success.

QAMH believes there is strong case to be made for exploring whether a similar apprenticeship/traineeship program could be developed in Queensland for the two Certificate IVs, in order to address some of the workforce shortages currently facing the sector. This would allow trainees to be supported as they gain nationally-recognised qualifications in their location of choice. This place-based solution has particular relevance to service providers in regional, rural and remote areas as it allows for recruitment of local workers who could be taught the relevant skills and knowledge while 'on the job'. QAMH is currently developing a Community Mental Health and Wellbeing Workforce Strategy and will be exploring the feasibility and appetite for traineeships as part of this work.

Opportunities for the Department of Employment, Small Business and Training to facilitate improvements in these areas

There are a number of opportunities for DESBT to facilitate solutions to the above-identified challenges:

1. Support development of a suite of accredited microcredentials or skill sets that will allow workers to upskill. Explore how these learning activities could build towards a recognised qualification over time. QAMH is available to facilitate such an initiative, building on our past experience of microcredential development for the sector.
2. Provide ongoing government support in the form of recurrent funding for Lived Experience Peer Mentors to coordinate student placement opportunities and offer students support for those completing the Certificate IV in Mental Health Peer Work.
3. Enable both Certificate IVs to be offered as traineeships, by providing funding under the User Choice Program. This would be a significant reform that would allow for local, place-based learning that is creative, innovative and responsive to local needs rather than a top-down, one-size-fits-all approach. It would also allow regional, rural and remote communities to 'grow their own' workforces, by providing opportunities for people to participate in self-paced online learning while being employed by local service providers.

Thank you for the opportunity to comment on the Inquiry into the Delivery of VET in Regional, Rural and Remote Queensland. We look forward to reading the Committee's response. Please do not hesitate to contact QAMH should you require any further information.