



Queensland Alliance for Mental Health

Employment White Paper

Submission

November 2022

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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A note on language

We have defined the Community Mental Health and Wellbeing workforce as: Workers employed by non-governmental, not-for-profit, community-based organisations that provide non-clinical mental health recovery services. They can include recovery support workers, psychosocial support workers, support coordinators, recovery coaches and peer workers, as well as those at managerial levels within these organisations. They provide services throughout the mental health continuum – from early intervention to severe/complex mental illness. But what distinguishes this workforce from more clinical models of care is their focus on wellbeing rather than illness and the ability to offer practical supports to help people connect with their communities and live well. They do this by assisting people to build on their strengths and increase their capacity to live a full and meaningful life.

Background

QAMH welcomes the Treasurer's clear focus on jobs and skills, and the commitment to addressing deeply-embedded workforce challenges. This aligns with QAMH's current focus on developing the skills and knowledge of the Community Mental Health and Wellbeing workforce, addressing looming labour shortages, removing barriers to employment, maximising retention and improving worker wellbeing. However, we were disappointed that the Treasurer's Jobs and Skills Summit in September failed to explicitly consider issues relating to the Community Mental Health and Wellbeing workforce. Considering this is an older, highly feminised workforce, with challenges that intersect with a number of the Federal Government's priorities (reforming the NDIS, growing the care economy, and maximising women's workforce participation) it is difficult to understand why this sector was largely ignored.

The Community Mental Health and Wellbeing Sector is also at the centre of some major reforms currently occurring in the mental health system. The Productivity Commission's landmark report on mental health in 2020, the Royal Commission into Victoria's Mental Health System, the National Mental Health and Suicide Prevention Agreement (NMHSPA), and most recently Queensland's Parliamentary Inquiry into the *Opportunities to Improve Mental Health Outcomes for Queenslanders* have all led to the sense that we are on the cusp of transformational change. While this is heartening, it is also clear that to be truly effective, these landmark reforms need to be underpinned by a suitably skilled workforce of sufficient size. QAMH is embarking on a workforce project that will culminate in the development of a Community Mental Health and Wellbeing Workforce Strategy by the end of 2023 which will provide a clear roadmap on how to address the complex workforce issues facing the sector.

This submission, which we have developed for the Treasurer's consideration, has been informed by focussed discussions with our membership and our extensive knowledge of the sector. It will focus on the workforce issues we feel are most urgent, including:

- Attraction of workers
- Retention of workers
- Education and training

Attraction of Workers

The Community Mental Health and Wellbeing Sector is facing a looming labour shortage, the causes of which are complex and multi-faceted. Natural disasters, the Covid-19 pandemic, rising cost of living pressures and other socio-economic factors have meant that the demand for mental health services has grown significantly. Mental Health Australia's recent Report to the Nation, prepared in collaboration with Ipsos Public Affairs, showed that 53% of Australians have needed mental health support over the past three months.¹ Other recent reports, such as the National Study of Mental Health and Wellbeing, have showed that particular populations such as young women and LGBTIQ+ communities, are experiencing distress at alarming rates.² The Community Mental Health and Wellbeing Sector, which provides practical support to people in mental distress, is an often undervalued element of the mental health ecosystem. Attracting more workers to this sector is vital to ensuring the increasing number of Australians who require mental health supports are able to access them.

In addition, the introduction and expansion of the NDIS has seen massive changes in the mental health landscape, which has placed additional demands on the Community Mental Health and Wellbeing Sector. The last few years have seen a significant rise in the number of people with psychosocial disability receiving funded packages. As of 30 June 2022, there were a total of 56,559 Australians with psychosocial disability receiving a funded package³. Services have expanded or set up new models of care, and new organisations have entered the sector in response to these tectonic shifts. Yet the supply of workers for these services has not kept pace with the surging demand. As Australia faces one of the tightest labour markets in recent history with very low unemployment, service providers are struggling to fill workforce gaps created in part by this NDIS expansion.

Recent policy shifts at state and federal levels have also had major workforce implications. The Community Mental Health and Wellbeing workforce needs to grow substantially – and in a planned way – to deliver on the various federal and state reforms to the mental health system, many of which require specific changes to frontline service delivery, such as increased community alternatives to emergency departments, LGBTIQ+ and CALD services, suicide prevention, aftercare services, and lived experience (peer) workers. To deliver on these, a pipeline must be built to grow the workforce.

¹ Ipsos Public Affairs. (2022). *Report to the Nation*. [mental health australia 2022 report to the nation.pdf](https://www.mhaustralia.org/mental-health-australia-2022-report-to-the-nation.pdf) ([mhaustralia.org](https://www.mhaustralia.org))

² Australia. Australian Bureau of Statistics. (2022). *National Study of Mental Health and Wellbeing*. [National Study of Mental Health and Wellbeing, 2020-21 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/national-study-of-mental-health-and-wellbeing-2020-21)

³ Australia. National Disability Insurance Scheme. (2022). Explore Data. [Explore data | NDIS](https://www.ndis.gov.au/explore-data)

Unfortunately, despite these additional demands, the sector faces numerous challenges in attracting a suitable workforce:

- Poor recognition of the sector: The Community Mental Health and Wellbeing Sector has historically suffered from lack of recognition. This may partly be due to what the Productivity Commission refers to as “a culture of superiority that places clinicians and clinical interventions above other service providers.”⁴
- Lack of recognised entry pathways: There is a lack of awareness of formal training pathways available to high school students and those wanting a change of career to help them enter the Community Mental Health and Wellbeing Sector (eg. Certificate IV in Mental Health or Certificate IV in Mental Health Peer Work).
- Competition with clinical workforces: Many providers employ staff with clinical backgrounds, however they find it difficult to compete with salaries offered to clinical staff in the Hospital and Health Services.
- Geographic maldistribution: Providers in regional, rural and remote areas are experiencing significantly larger workforce gaps, as financial incentives to relocate to these areas are mainly targeted at clinical workforces.

Recommendations to Government

QAMH is calling on the federal government to:

- Fund a promotional campaign to increase awareness of the value of the Community Mental Health and Wellbeing Sector, highlighting success stories and promoting job opportunities within the sector. This should be targeted at school leavers to enhance school-to-work transitions, but also to those considering change-of-career, with consideration given to targeting specific populations (Aboriginal and Torres Strait Islander peoples, CALD and LGBTIQ+). Part of the campaign would articulate clear pathways for entry to this workforce, including promotion of the Certificate IV in Mental Health or Certificate IV in Mental Health Peer Work.
- Fund a traineeship program to support regional, rural and remote communities to ‘grow their own’ workforces. These traineeships would provide opportunities for people to study the Certificate IV in Mental Health or Certificate IV in Mental Health Peer Work in a self-paced

⁴ Australia. Productivity Commission. (2020). Mental Health Inquiry Report, 1(95), p8.

online format while being employed by local service providers. There is already robust evidence of the success of such programs overseas, with New Zealand a notable example⁵.

- Incentivise regional, rural and remote pathways for the Community Mental Health and Wellbeing workforce beyond just clinical workers. This may include financial incentives to cover relocation costs, integration supports for workers and their families, or other benefits.

Retention of Workers

High workforce retention is crucial for service continuity and reducing the high cost of recruiting, onboarding and training replacement workers. It is well documented that the Community Mental Health and Wellbeing Sector experiences high staff turnover rates within organisations and high attrition from the sector. There are two main reasons for this.

Contracts

Government contracts fail to cover the real costs of doing business, such as providing training and supervision, resulting in workplaces where staff feel unsupported. In addition, short government funding cycles create a climate of constant uncertainty, hindering service providers' ability to offer permanent/long-term contracts. The relationship between contract length and provision of a well-supported workforce is interconnected. Without longer funding cycles, community mental health organisations will continue to be plagued by high staff turnover, lack of permanent employees and an inability to execute longer term planning and workforce development. The Productivity Commission's report, the House of Representatives Select Committee's final report, and the *Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders* all recommended that funding transition to five yearly cycles. Unfortunately, at a federal level, there have been discouragingly few signs that contract length will be extended beyond the current 1-3 yearly cycles.

NDIS Funding Model

The NDIS's fee for service model and pricing arrangements have also significantly impacted service providers' ability to offer secure and satisfactorily remunerated employment. The pricing arrangements are simply not adequate to provide suitable working conditions, including training and

⁵ Careerforce website. 2022. [Apprenticeships - Healthcare, Mental Health & Social Services - Careerforce](#)

supervision, and have created a shift to casual employment. Frontline workers have reported concerns around reduced job security, increased workloads and productivity requirements which have contributed to high stress levels and employee burnout. The sector discusses a “divide” that exists between its NDIS services and those that are funded through other sources. This leaves many organisations with a workforce of unqualified, burnt out casual staff unable to meet the needs of NDIS participants.

Recommendations to Government

QAMH is calling on the federal government to:

- Commit to five yearly funding cycles for all federal contracts, with renewal processes occurring with adequate lead time
- Ensure federal grants are sufficient in size to actually cover quality service delivery, including the provision of training and supervision of staff
- Review the NDIS fee for service model and pricing arrangements to ensure line items are adequate to cover service provider costs, including workforce support and development

Education and Training

QAMH conducted a [Community Mental Health Workforce Project](#) in 2021 which found there was a significant disconnect between what was being taught in vocational qualifications such as the Certificate IV in Mental Health or Certificate IV in Mental Health Peer Work and actual industry requirements. Concerningly, nearly two thirds of service managers surveyed did not believe that the formal qualifications adequately trained the workforce. Specific knowledge gaps included understanding basic mental health conditions and how best to support people who experience mental illness.

There is a strong argument for strengthening core qualifications so that workers have a sound foundational level of knowledge and skills. This would involve reviewing and possibly redesigning the current qualifications around an industry-agreed set of core competencies. It is anticipated that this process would result in a qualification that is both widely utilised and highly valued within the Community Mental Health and Wellbeing Sector.

As part of its 2023 Workforce Project, QAMH will be doing further work in this space. We are keen to work with the new national industry leaders operating the Industry Clusters within Australia’s reformed Vocational Education and Training (VET) system. We expect this will involve reviewing and

enhancing the content, delivery and sector perception of the current Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work to ensure they are contemporary and align with industry needs. However, in addition to this nation-wide strategic approach, stronger connections are needed at a local level to ensure qualifications are delivered in a way that is valued by industry and that student placements are relevant and meaningful. For this reason we are advocating for the federal government to implement strategies to ensure the nationally approved qualifications continue to align with the skills required to provide contemporary mental health and wellbeing support on the ground.

Recommendations to Government

QAMH is calling on the federal government to support greater connection between industry and VET training providers, so that qualifications cover knowledge and skills that properly align with industry expectations.

Thank you for the opportunity to comment on this Employment White Paper. We look forward to reviewing the policy priorities that stem from it. Please do not hesitate to contact QAMH should you require any further information.