qamh
leading community mental wellbeing

Community Mental Health and Wellbeing

WORKFORCE STRATEGY

2024 – 2029

Queensland Alliance for Mental Health

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability 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. We provide information about services, work to build community awareness, education and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. 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 recognise 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.

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We would like to acknowledge the valuable contributions and efforts to this project from the Project Advisory Committee members:

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The Workforce Strategy Project is funded by Queensland Health.

Queensland Government

The Queensland Alliance for Mental Health and Queensland Health would like to thank everyone involved in sharing their time, input and insights to work towards developing this Workforce Strategy.

WORKFORCE STRATEGY VISION

A contemporary, person-led and culturally safe Community Mental Health and Wellbeing Workforce equipped with the optimal mix of skills and knowledge to meet the needs of Queenslanders experiencing mental health challenges along the full continuum of care.

Abbreviations

AHPRA	Australian Health Practitioner Regulation Agency
ANZSIC	Australian and New Zealand Standard Industrial Classification
ANZSCO	Australian and New Zealand Standard Classification of Occupations
CALD	Culturally and Linguistically Diverse
CMO	Community Managed Organisation
FTE	Full Time Equivalent
LGBTIQ+	Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex, Queer and Questioning
MHAOD	Mental Health Alcohol and Other Drugs
NDIS	National Disability Insurance Scheme
NMHSPA	National Mental Health and Suicide Prevention Agreement
NMHSPF	National Mental Health Services Planning Framework
PAC	Project Advisory Committee
PHN	Primary Heath Network
QAMH	Queensland Alliance for Mental Health
RPL	Recognition of Prior Learning
RTO	Registered Training Organisation

VISION

THE THREE PILLARS

Pillar 1: Qualifications and Training Priorities

- **1.1** Ensure the core qualifications are contemporary and valued by the sector
- **1.2** Establish traineeships as a training pathway for the core qualifications
- **1.3** Improve availability and access to high quality and relevant professional development opportunities

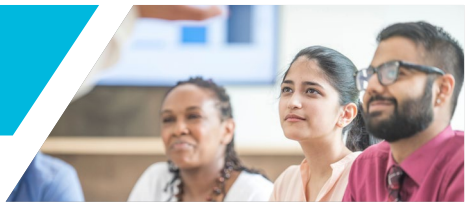
Pillar 2: Attraction and Retention Priorities

- **2.1** Enhance employment conditions to position the sector as an attractive career choice
- **2.2** Widely promote the sector as an attractive career choice
- **2.3** Increase accessibility of vocational qualifications
- **2.6** Develop clearly defined career progression pathways

Pillar 3: System Enabler Priorities

- **3.1** Ensure Community Mental Health and Wellbeing programs and services are resourced to enable delivery of high quality supports
- **3.2** Ensure workforce data is systematically collected, publicly available and utilised for commissioning and planning purposes
- **3.5** Embed First Nations' cultural safety and capability across all mainstream community mental health and wellbeing organisations
- **3.6** Collaborate at multiple levels to enhance all workforce priorities including:
  - Within the Community Mental Health & Wellbeing Sector
  - Between the Sector & broader mental health system
  - With the education & training sectors

A contemporary, person-led and culturally safe Community Mental Health and Wellbeing Workforce equipped with the optimal mix of skills and knowledge to meet the needs of Queenslanders experiencing mental health challenges along the full continuum of care.



Qualifications and Training

1.4 Enhance leadership qualifications and development opportunities

1.5 Standardise and professionalise the Community Mental Health and Wellbeing workforce

Attraction and Retention

2.4 Enhance organisational diversity

2.5 Maximise local resources and expertise

2.7 Embed a culture of worker wellbeing broadly throughout the sector

System Enablers

3.3 Enhance the visibility and value of the Community Mental Health and Wellbeing workforce within the mental health system and broader community

3.4 Embed Lived Experience within and across all levels of organisations

3.7 Ensure oversight and accountability for the implementation of the Community Mental Health and Wellbeing Workforce Strategy that is aligned with national and state workforce strategies and initiatives

Introduction

This Community Mental Health and Wellbeing Workforce Strategy 2024-2029 (the Strategy) provides an overarching framework to guide workforce planning, policy direction and funding priorities over the next five years. It has been developed by the Queensland Alliance for Mental Health (QAMH) in partnership with Queensland Health in response to the unique workforce challenges facing the Community Mental Health and Wellbeing Sector. While existing federal and state strategies address broader mental health workforces, Queensland is leading the way in developing the first workforce strategy specifically targeting the Community Mental Health and Wellbeing Sector.

We would like to acknowledge everyone who contributed to developing the Strategy. We believe it captures the diversity and complexity of the Community Mental Health and Wellbeing Sector, while providing clear direction on how we can develop a workforce that has the right capabilities to meet the needs of Queenslanders now and in the future.

Language and Definitions

While traditionally called the non-government community mental health sector or the community managed sector, this Strategy refers to the Community Mental Health and Wellbeing Sector to emphasise the unique contribution and preferred future direction of the sector as outlined in our Wellbeing First Report. The sector includes non-government, not-for-profit, community-based mental health organisations that offer practical supports, provide opportunities to re-establish skills and relationships, help people connect with their communities, and address the social determinants of mental health.

The Community Mental Health and Wellbeing workforce has traditionally been described as workers employed by non-government, not-for-profit, community-based organisations who provide non-clinical mental health recovery services in Queensland. For the purpose of this strategy, we refer to organisations in the Community Mental Health and Wellbeing Sector as Community Managed Organisations (CMOs). Workers can include recovery support workers, psychosocial support workers, support coordinators, recovery coaches, Social and Emotional Wellbeing workers, Lived Experience workers (both consumer and carer/kin), as well as those at managerial levels within these organisations. While we understand that many CMOs employ staff in clinical and non-clinical roles, we have limited our definition to the non-clinical workforce in this document as we feel this is the cohort missing from current strategies. This will, however, include staff from a variety of vocational and university qualifications (e.g. allied health) but who are employed in non-clinical roles.

It is acknowledged that unpaid and informal carers make an important and valuable contribution to recovery, as well as being a valuable part of the care and support landscape. It is fundamentally important that families and unpaid carers, as part of a person's recovery, be involved in workforce planning and design. However, including unpaid and informal carers as de-facto members of the workforce undermines the legitimate carer role, is exploitative and potentially dangerous. For the purposes of the Strategy, the workforce refers to those workers in paid and formal employment.

We respect and support Aboriginal and Torres Strait Islander self-determination in the design and delivery of mental health services. We also understand that Aboriginal and Torres Strait Islander people receive care within Aboriginal and Torres Strait Islander Community Controlled Health Organisations, within mainstream services, or a mixture of both. But irrespective of where care is delivered, it is fundamental that it is culturally safe, inclusive, respectful and responsive. This aligns with *Better Care Together's* Priority 3 (Delivering Improved Services with First Nations peoples), which addresses embedding First Nations cultural safety and capability across treatment care and support. This Strategy includes workforce issues relating to mainstream services within the sector delivering care to Aboriginal and Torres Strait Islander people. While the focus has been on mainstream organisations, we are aware that parts of this Strategy may be relevant to Community Controlled Organisations and will work alongside them to identify opportunities for wider application.

Rationale

Escalating rates of mental illness, amplified by the cost-of-living crisis, housing pressures, the COVID-19 pandemic and a series of natural disasters, have placed an unprecedented demand on mental health services and the workforce that delivers them. Queensland in particular is experiencing high rates of mental distress. The *2021 Census* highlighted a higher incidence of long-term mental health conditions in Queensland (9.6 per cent) as opposed to nationally (8.8 per cent)[1] and we have the second highest suicide rate in Australia, behind the Northern Territory. Queensland's mental health presentations to emergency departments are above the national average and self-harm hospitalisations are almost 60 per cent higher than national rates[2]. Our unique socio-economic challenges also include a population growing faster than the national rate[3] which is resulting in additional strain on the state's already over-stretched mental health services.

Like many components of the broader mental health system, the Community Mental Health and Wellbeing Sector is grappling with how to meet this surging demand. Attracting, training, supporting and retaining a suitably qualified and skilled workforce to meet current and future demands remains a constant challenge. Workforce concerns are consistently cited as the number one problem facing the sector and, until now, there has not been a coordinated strategy to address them.

Challenges specific to Queensland's Community Mental Health and Wellbeing Sector include:

- Significant workforce shortages across the sector (workforce shortages topped the list of concerns in QAMH's 2023 Workforce Survey, with 57 per cent of organisations citing this as their number one concern)
- Lack of a universal entry qualification, resulting in diverse qualifications and training pathways
- Stigma and discrimination, including a lack of recognition of the sector as a valued career choice
- Increasing representation of lived experience (peer) workers

1 Australian Bureau of Statistics. (2022). *Long Term Health Conditions*
2 Queensland Mental Health Commission. (2023). *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028*, p16.
3 Australian Bureau of Statistics. (2023). *National, State and Territory Population*.

- Lack of collaboration both within the sector and with other parts of the mental health ecosystem
- Geographic maldistribution of the workforce, with rural and remote areas struggling to attract and adequately house staff
- Short term and inadequately funded contracts leading to employment instability
- Lack of professional development and supervisory supports
- Complex funding streams and lack of coordinated, data-driven, evidence-based workforce planning

This Strategy, which focuses exclusively on the Community Mental Health and Wellbeing Sector, aims to articulate the actions which will be required to address these unique challenges.

Policy Landscape

It is acknowledged that this Strategy has been developed during a significant period of mental health policy reform.

The *National Mental Health and Suicide Prevention Agreement* committed Commonwealth and State governments to work together to support and enhance the capability of the workforce to meet current and future needs. Governments agreed to:

- Develop a national mental health workforce strategy to "grow, strengthen and support an appropriately skilled, flexible mental health and suicide prevention workforce, working within a recovery-oriented, integrated mental health system".
- Work with training bodies to address and support national workforce standards, training and accreditation requirements and supervision.
- Build the data and systems needed to improve workforce planning
- A gap analysis of psychosocial supports outside the National Insurance Disability Scheme – a process that was in progress at the time of writing this Strategy. It is almost certain that, once finalised, this piece of work will have significant workforce implications as a new framework for providing psychosocial supports outside the NDIS is established.

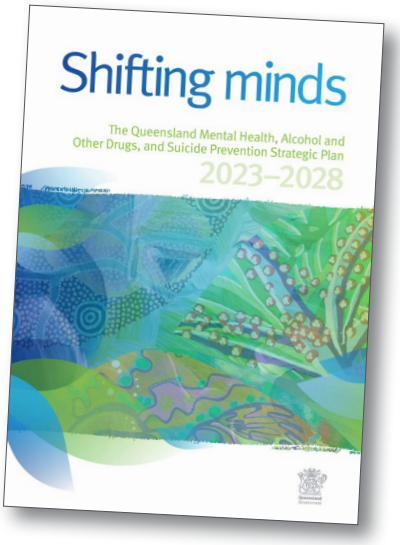
In 2022, the *Parliamentary Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders* (the Queensland Mental Health Inquiry) contained 57 recommendations, many with direct relevance to workforce including:

- Supporting scholarships to pursue mental health qualifications
- Incentivising rural and regional jobs in mental health
- Expanding and regulating the lived experience (peer) workforce
- Expanding community-based services and programs, services for specific populations such as Culturally and Linguistically Diverse (CALD), First Nations and LGBTIQ+, and alternatives to emergency departments – all of which require expanded workforces to operationalise them.

Better Care Together is the Queensland Government's response to the Queensland Mental Health Inquiry. It is an ambitious strategy for mental health reform over the next five years which will have wide-ranging ramifications for the Community Mental Health and Wellbeing Sector. "Improving workforce capability and sustainability" has been highlighted as one of the Queensland Government's six key priorities (Figure 1) in this document.

Figure 1: The six key priorities that feature in *Better Care Together*.

The Queensland Mental Health Commissions' *Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028* articulates the need to address workforce design and skill sets, coordinated workforce planning and development, and strategies to attract and retain workforces in regional, rural and remote communities. It also refers to people with lived experience and the peer workforce as being vital components of the mental health system and highlights that "the ongoing growth and support of Queensland's peer workforce requires consideration of workforce planning, training and support to achieve the full potential of peer roles".

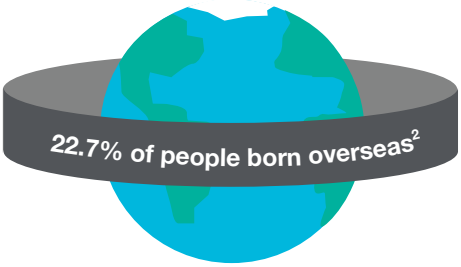


The NDIS Review, the federal government's broad-ranging review of the "design, operations and sustainability of the NDIS" has committed to looking at ways to "make the market and workforce more responsive, supportive and sustainable". This report was released in late 2023 and the workforce implications for the Community Mental Health and Wellbeing Sector will be considered during implementation.

Finally, looking beyond the mental health landscape to the broader Queensland labour market, the *Queensland Workforce Strategy 2022-2032* reflects the Government's continued emphasis on workforce and aligns with this Strategy. Its focus on workforce participation, local solutions, school-to-work transitions, workforce attraction and retention, and skilling Queenslanders now and into the future has direct relevance to the outcomes trying to be achieved here for the Community Mental Health and Wellbeing Sector.

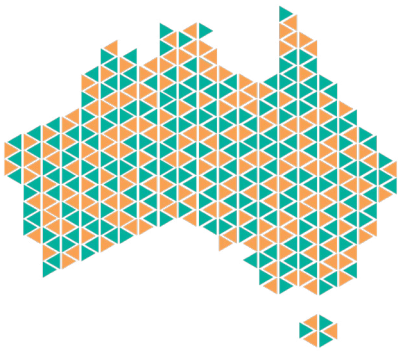
Facts and Figures

QUEENSLAND'S POPULATION



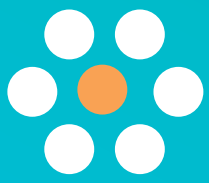
4.6% are First Nations people[3]

MENTAL DISTRESS



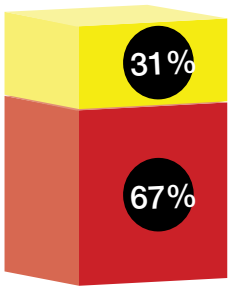
Almost half of all Australians (45.5%) aged over 16 years will experience mental ill-health in their lifetime and one in five (20%) in any given year.

Productivity Commission *Inquiry Report*



1 in 7 children and young people in Australia have a mental health disorder.

Commissioner for Children and Young People WA 2025, *Our Children Can't Wait*

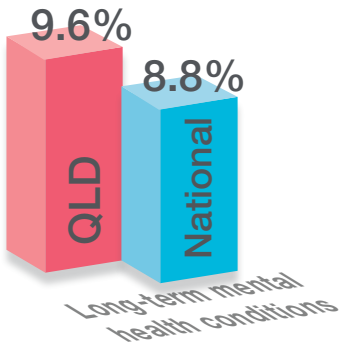


67% of Aboriginal and Torres Strait Islander peoples had low/moderate levels of psychological distress and 31% had high/very high levels in 2018–19.

Australian Institute of Health and Welfare National Indigenous Australians Agency, *Social and Emotional Wellbeing*

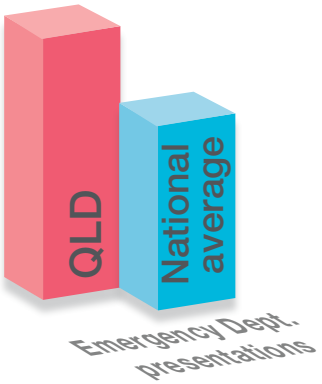
In QLD there are 11,634 NDIS participants with a primary psychosocial disability.

NDIS Participant Dashboard, *Psychosocial*



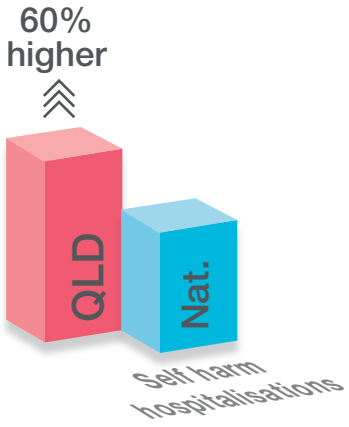
Queenslanders have a higher incidence of long-term mental health conditions (9.6% compared to 8.8% nationally).

Australian Bureau of Statistics, *Long Term Health Conditions*



Queensland has rates of mental health presentations to emergency departments above the national average.

Australian Institute of Health and Welfare, *Mental Health*



Queensland's self-harm hospitalisations are almost 60% higher than national rates.

Australian Bureau of Statistics, *Search Census Data*

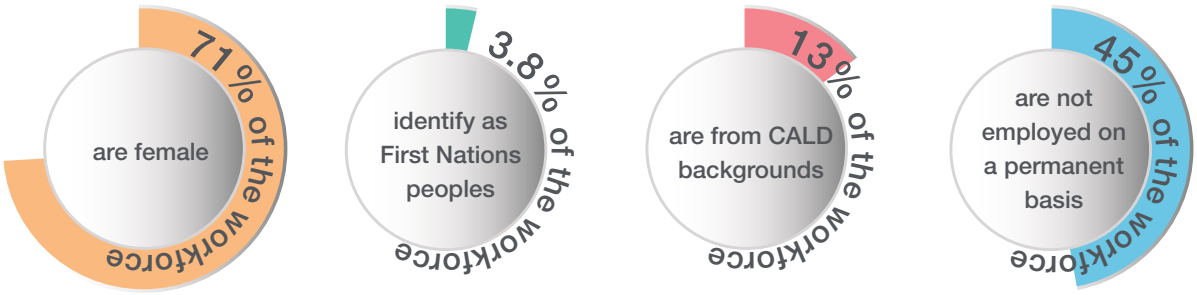
[4] Queensland Government Statistician's Office, *Queensland population counter*

[5] Australian Bureau of Statistics, *Snapshot of Queensland*

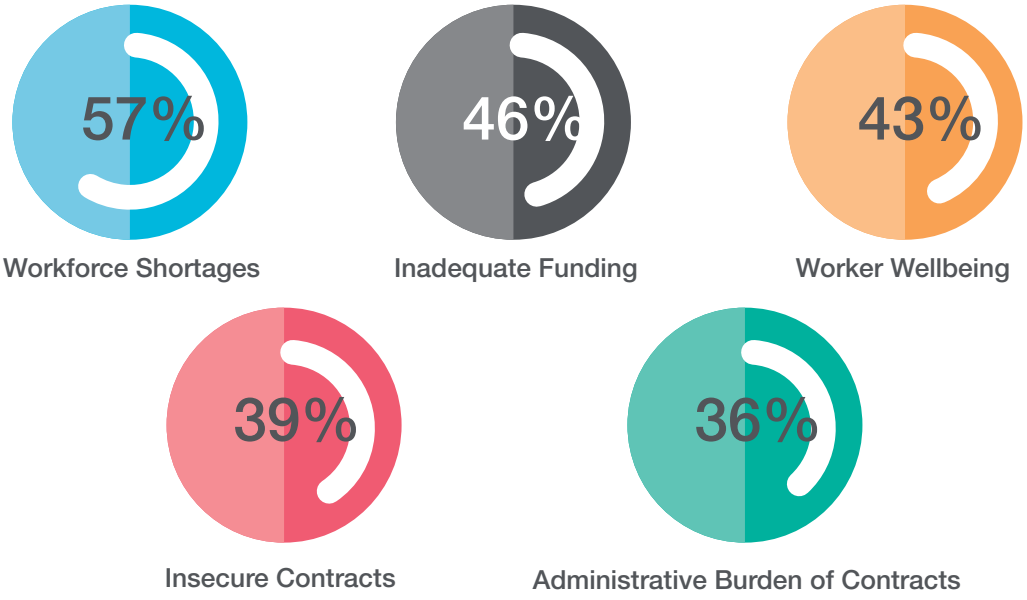
[6] Australian Bureau of Statistics, *Queensland: Aboriginal and Torres Strait Islander population summary*

[7] Queensland Health, *Rural and Remote Health and Wellbeing Strategy 2022–2027*

QAMH WORKFORCE SURVEY



The top five workforce issues faced by the sector:



More than half of respondents are “very” or “extremely” concerned about the levels of stress and burnout amongst their staff.

Over half of respondents report that they don’t believe staff have adequate access to training and development.

Only 12 per cent of respondents feel that the Certificate IV in Mental Health equips staff to perform their role satisfactorily; 19 per cent of respondents feel that the Certificate IV in Mental Health Peer Work was able to do the same.

Most commonly sought qualifications when recruiting:

- **Bachelor Degree** – 52 per cent (Social Work, Psychology, Counselling, OT)
- **Certificate IV Mental Health** – 33 per cent
- **Certificate IV Mental Health Peer Work** – 30 per cent
- No specific qualification – 15 per cent

Nearly half of organisations report they are actively growing their Lived Experience workforce, and a further 39% plan to do so in the future.

An analysis of psychosocial supports indicates that Queensland is currently 29.6 per cent to projections based on National Mental Health Services Planning Framework data[8].

[8] Queensland Health. (2022). *Submission: Inquiry into the Opportunities to Improve the Mental Health Outcomes for Queenslanders.*

Methodology

QAMH led the development of this Strategy, in partnership with Queensland Health's Mental Health Alcohol and Other Drugs Strategy and Planning Branch, and with expert guidance from a Project Advisory Committee (PAC). The PAC consisted of 22 members including a broad range of stakeholders with various perspectives and expertise, including service providers, people with lived and living experience, Queensland Government agencies, peak and industry bodies, and tertiary educational institutions.

The project was initiated by publishing an Issues Paper in February 2023, which set out the workforce challenges facing the sector and proposed possible solutions. It was based on QAMH's extensive knowledge of the sector and centred around three pillars – Qualifications and Training, Attraction and Retention, and System Enablers. A submission process allowed for members of the sector and wider public to provide feedback, which was incorporated into the final version.

Extensive state-wide public consultation occurred between March and June 2023, building on the strong foundations of the Issues Paper, which was used to initiate discussions about workforce challenges and solutions. Face to face consultations were held in the following locations: Townsville, Bundaberg, Ipswich, Brisbane, Cairns and Mt Isa, as well as one online consultation. 67 organisations participated with a total of 171 individuals attending. These participants came from diverse backgrounds and included QAMH members and non-members, all organisational levels from frontline workers to CEOs and executive board members, people from both within and outside the sector, and people with lived and living experience of mental distress. Consultation reports which detail these conversations can be found at www.qamh.org.au/works/community-mental-health-and-wellbeing-workforce.

In addition, two focus groups were held in June 2023 - one for people with a lived or living experience (20 participants) and one for people from CALD backgrounds (19 participants). Specialist consultation also occurred with Queensland Council for LGBTI Health and the Queensland Aboriginal and Islander Health Council to ensure the Strategy was inclusive of diverse perspectives.




The Strategy – at a Glance

The Strategy is structured around three pillars:

QUALIFICATIONS AND TRAINING

This pillar focuses on enhancing the quality, availability and mode of delivery of the 'core' qualifications that people receive from vocational institutions prior to entering the Community Mental Health and Wellbeing Sector. It also addresses the need for higher level leadership tertiary qualifications specific to the sector, and focuses on maximising the delivery, availability, quality and volume of ongoing professional development opportunities. Finally, it explores the potential for establishing a regulatory framework or accreditation process to standardise qualifications and ongoing professional development.

ATTRACTION AND RETENTION

The Community Mental Health and Wellbeing workforce requires growth in capacity to meet current and future demand and address geographic maldistribution. This pillar focuses on strategies to attract people into the sector including widely promoting the sector as an attractive career choice and enhancing employment conditions. It includes specific actions to target CALD communities to increase the multicultural diversity of the workforce. Retaining workers is also explored in this pillar, including embedding clearly defined career pathways, enhancing worker wellbeing, and supporting the lived experience workforce.

SYSTEM ENABLERS

This pillar addresses the sector-wide factors and preconditions that underpin the success of the Strategy. These include the need for greater collaboration and integration with other parts of the mental health ecosystem, an evidence-based and data-informed approach to workforce planning, and a strong leadership culture within the sector. It also explores funding arrangements to ensure they are adequate to guarantee high quality supports and deliver greater stability and flexibility. This pillar also focuses on embedding fundamentally important perspectives – that of First Nations peoples and lived/living experience – within the sector. Finally, it articulates governance structures which will deliver strong oversight and accountability for the implementation of the Strategy.

19 key priorities have been identified for focused action over the next five years and are listed under the three pillars. Many of these priorities overlap and are interdependent.

Implementation

This Strategy provides a high-level framework with 19 key priorities to guide workforce planning, policy direction and funding priorities. It also includes action areas under each priority, demonstrating a commitment to achieving practical outcomes. Importantly, responsibility for implementing actions will fall to a number of different stakeholders. The Community Mental Health and Wellbeing Sector operates across a patchwork of funding environments and, as such, this Strategy will involve multiple jurisdictional levels and different agencies within those levels.

A governance mechanism to oversee implementation of the Strategy will be established early in the life of the Strategy. This will ensure oversight and accountability for the implementation of the Strategy and ensure that it aligns with federal and state workforce strategies and initiatives.

PILLAR 1: Qualifications and Training

PRIORITIES

1.1 Ensure the core qualifications are contemporary and valued by the sector
1.2 Establish traineeships as a training pathway for the core qualifications
1.3 Improve availability and access to high quality and relevant professional development opportunities
1.4 Enhance leadership qualifications and development opportunities
1.5 Standardise and professionalise the Community Mental Health and Wellbeing workforce

Priority 1.1

Ensure the core qualifications are contemporary and valued by the sector

People enter the Community Mental Health and Wellbeing workforce from a diversity of educational backgrounds, ranging from no formal tertiary qualification to a Masters level. However, the Certificate IV in Mental Health and the Certificate IV in Mental Health Peer Work, while not universal, are fast becoming akin to a 'core' or 'entry-level' qualification, with many people completing them as a gateway to the sector. They are a key part of the qualification mix sought in the Community Mental Health and Wellbeing Sector, demonstrated in QAMH's 2023 Workforce Survey where 33 per cent of employers reported that they seek candidates who hold a Certificate IV in Mental Health, and 30 per cent reported they seek Certificate IV in Mental Health Peer Work.

Introduced over a decade ago to meet specific industry need, these two qualifications have become a valued pathway into the sector. However, the sector has identified a number of challenges associated with the qualifications. This Strategy presents an opportunity to transform the two Certificate IVs into qualifications that are both widely utilised and highly valued.

QAMH's 2023 Workforce Survey found that only 12 per cent of survey respondents felt that the Certificate IV in Mental Health equipped staff to perform their role satisfactorily while 19 per cent of respondents felt that the Certificate IV in Mental Health Peer Work was able to do the same. This Strategy has responded to these concerns by articulating a pathway to shape ongoing qualification review and development, ensuring training is aligned to the skills that are in demand. It is envisaged that any work to review the core qualifications will be co-designed with the sector and key stakeholders, including Lived Experience. HumanAbility, as the newly appointed Jobs and Skills Council for Health and Human Services, will be instrumental to this process.

Other challenges addressed in this Strategy include a disconnection between Registered Training Organisations (RTOs) and service providers and a lack of available student placements, particularly in specialised areas such multicultural services. Formal student supports within the qualifications such as structured mentoring programs, which evidence demonstrates improve student wellbeing and retention, have also been identified as an area for reform.

ACTION AREA

1.1.1 Prepare and advocate for national review of the content and delivery of the existing Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work, assessing for currency, relevance to industry and cultural responsiveness and alignment with the Core Competency Framework.

1.1.2 Prepare and advocate for the establishment of an ongoing process for frequent review of the core qualification content, with broad sector engagement, to meet workforce demands in a rapidly evolving landscape.

1.1.3 Strengthen the connection between RTOs and service providers with the view to increase completion rates and job success.

1.1.4 Embed mentoring processes into the core qualifications.

1.1.5 Increase the capacity and preparedness of service providers to accommodate student placements, including at specialised services.

1.1.6 Develop targeted strategies with RTOs to increase supply of suitably qualified vocational teachers.

Priority 1.2

Establish traineeships as a training pathway for the core qualifications

Traineeships are a formal employment arrangement allowing people to train, study and earn an income. They combine on-the-job and off-the-job training and are regarded as an important educational pathway with benefits for both employers and employees. Traineeships acknowledge that sometimes employing people with the right personal attributes is more important than having the qualifications at the time of recruitment. They allow employers to create their own pipeline of skilled staff, and 'grow their own' which is particularly important for rural and remote communities. For employees, they provide opportunities for people to participate in self-paced online learning while getting paid for learning valuable industry-specific skills.

There are many existing traineeship programs in similar industries and within the Community Mental Health and Wellbeing Sector in other jurisdictions. The aged care and disability industries have successfully implemented traineeships for the Certificate III in Individual Support. New South Wales RTOs have been offering the Certificate IV in Mental Health Peer Work as a traineeship, and Victoria recently implemented its Peer Cadetship program.

In Queensland, there is a clear appetite within the sector for traineeships. During consultations for this Strategy, 89 per cent of people felt that traineeships would work as a way of developing the workforce. In QAMH's 2023 Workforce Survey, nearly three quarters of respondents indicated that they would consider employing a trainee under a new traineeship program if implemented.

This Strategy will facilitate the implementation of traineeships in Queensland for both the Certificate IV in Mental Health and the Certificate IV in Mental Health Peer Work. This will involve working closely with the Queensland Government to ensure the funding structures are in place, supporting employers to embed this approach within their organisational framework, and promoting widely to potential trainees the benefits of enrolling in a traineeship.

ACTION AREA

1.2.1 Enable traineeships to be funded through relevant government mechanisms.

1.2.2 Enhance the capacity and preparedness of employers to host trainees.

1.2.3 Promote and incentivise traineeships.

Priority 1.3

Improve availability and access to high quality and relevant professional development opportunities

Ongoing professional development that is relevant, up-to-date and accessible is essential for a high performing workforce. This includes training opportunities directed at all job classification levels, from entry to managerial positions. We know that these opportunities not only increase job satisfaction and support wellbeing, but lead to employee retention.

Currently, access to professional development opportunities in the Community Mental Health and Wellbeing Sector is inconsistent. Unlike other components of the mental health system, the Community Mental Health and Wellbeing Sector does not require continuing professional development to maintain registration or practice. Access to professional development largely remains at the discretion of employers. Even where organisations support staff to attend training, there is the view that the professional development opportunities on offer are not sufficient to support workers in their current and future roles. In QAMH's 2023 Workforce Survey, over half of respondents reported that they did not believe that staff had adequate access to training and development. Nearly 80 per cent attributed this to lack of funding within their contracts, with 36 per cent citing inadequate time and 29 per cent stating that they believe relevant training was not available.

This Strategy aims to facilitate universal access to quality professional development by undertaking an audit of existing opportunities, both formal and informal, addressing identified gaps, and exploring options for centralising professional development. Importantly, it will ensure that professional development aligns with the skills and knowledge articulated in the Core Competency Framework which has been developed in conjunction with the Strategy. It will also look to other parts of the mental health system for best practice and explore existing platforms such as the Mental Health Professional Online Development (MHPOD) learning portal – an evidence-based online learning resource for people working in mental health service delivery. The Strategy will also look beyond traditional learning opportunities to explore innovative approaches to staff development (e.g. secondments, coaching, mentoring and reflective practices) which can deliver valuable learning experiences.

ACTION AREA

1.3.1 Assess existing available professional development opportunities by conducting a state-wide audit, including barriers experienced by the sector.

1.3.2 Ensure professional development material is contemporary, relevant to industry and reflective of diverse needs by:

- Reviewing alignment with the Core Competency Framework
- clearly identifying gaps in 1.3.1
- sourcing existing training opportunities to fill gaps (if available), and/or
- developing new professional development opportunities
- developing microcredentials as relevant, including advance practice specialist skills.

1.3.3 Explore the mechanism to centralise or support navigation to training opportunities.

1.3.4 Explore innovative approaches to intra- and cross-sector education and development opportunities.

Priority 1.4

Enhance leadership qualifications and development opportunities

Building leadership capability through enhanced qualification and professional development opportunities will be a priority for this Strategy. There is a current lack of tertiary courses or professional development opportunities for senior staff in the Community Mental Health and Wellbeing Sector. While those wishing to advance their career often complete generic leadership courses and qualifications (e.g. Diploma of Leadership and Management), the need for a sector-specific leadership qualification has been identified.

This Strategy will explore options for expanding the range of qualifications on offer to existing and emerging leaders in the sector. This will include looking at tertiary course development in similar industries (e.g. The Diploma of Disability Leadership, developed by Ability First Australia and Multicap Group in collaboration with the University of New England).

The lived experience workforce has been identified as an area for particular focus. Currently, the highest qualification attainable is the Certificate IV in Mental Health Peer Work. This has the effect of restricting them professionally, locking them in at a certain position and pay rate. Tertiary course development for the lived experience workforce, which will enhance career pathways and specialisation areas, will be a particular focus of this Strategy.

ACTION AREA

1.4.1 Assess existing available leadership qualifications and development opportunities by conducting a state-wide audit.

1.4.2 Clearly identify gaps in 1.4.1.

1.4.3 Explore and scope potential for developing a new tertiary leadership qualification specific to the sector.

1.4.4 Develop a new tertiary course for advanced practice in Lived Experience work.

1.4.5 Develop pathways for upskilling Lived Experience workers in a leadership capacity.

1.4.6 Enhance the accessibility of leadership training through Recognition of Prior Learning processes.

1.4.7 Identify and support future emerging leaders through training opportunities.

Priority 1.5

Standardise and professionalise the Community Mental Health and Wellbeing workforce

Moving towards greater standardisation and professionalisation of the Community Mental Health and Wellbeing workforce has long been debated. Currently, there is a lack of documented and nationally consistent competencies, scope of practice, ongoing professional development and ethical code of conduct for the sector. Unlike professions such as those registered with the Australian Health Practitioner Regulation Agency (AHPRA), the Community Mental Health and Wellbeing workforce remains largely unregulated.

At an organisational level, there are safety and quality mechanisms in place such as the recently released National Safety and Quality Mental Health Standards for Community Managed Organisations and others including the Human Services Quality Framework, the International Organisation for Standardisation and the NDIS Practice Standards. However, at the individual worker level, there is no central accrediting body to regulate minimum standards for qualifications and ongoing professional development. This has implications for the public's confidence in the level of skills held by workers across the sector.

Regulation has the potential to:

- provide a measure of quality assurance, giving people accessing services, providers, funders and the general public confidence in the services provided
- ensure accountability, as accreditation can enforce ethical standards and codes of conduct, promoting responsible and ethical practice within the field
- ensure greater consistency in education and training standards and better alignment with industry need.

This Strategy will begin to explore whether there is potential for a centralised accreditation body to regulate practice, set professional standards, and determine the amount of ongoing professional development required. It will review appetite in the sector and broader public for a shift to greater regulation, and explore issues such as whether mandatory requirements will create workforce shortages, impose unnecessary costs on workers, and reduce flexibility for employers.

As an initial step, a Core Competency Framework has been developed in conjunction with this Strategy and will be promoted to the sector in the implementation phase.

ACTION AREA

1.5.1 Develop and embed the Core Competency Framework within the sector.

1.5.2 Investigate the feasibility, desirability and value of a professional registration body to set benchmarks for professional education and practice.

PILLAR 2: Attraction and Retention

PRIORITIES

2.1 Enhance employment conditions to position the sector as an attractive career choice
2.2 Widely promote the sector as an attractive career choice
2.3 Increase accessibility of vocational qualifications
2.4 Enhance organisational diversity
2.5 Maximise local resources and expertise
2.6 Develop clearly defined career progression pathways
2.7 Embed a culture of worker wellbeing broadly throughout the sector

Priority 2.1

Enhance employment conditions to position the sector as an attractive career choice

Community Mental Health and Wellbeing workers, who are generally employed under the Social, Community, Home Care and Disability Services Industry Award, often experience lower remuneration compared to the public and private sectors. This is particularly true of the lived experience workforce and those with a background in allied health. While restructuring renumeration scales is beyond the scope of this Strategy, there is an opportunity to review employment conditions to improve recruitment and retention and position the sector as an attractive career choice. Short-term government contracts with inadequate lead time for renewal create a climate of constant uncertainty, hindering service providers' ability to offer permanent employment. Inadequate funding has also forced service providers to rely on multiple funding streams, contributing to instability. Addressing these challenges will enhance employers' ability to engage in long term workforce planning and offer permanency to staff, with a positive impact on retention rates.

Furthermore, while there are state-wide community mental health workforce shortages, regional, rural and remote areas experience significantly greater challenges. Opportunities, both monetary and non-monetary, exist to improve the competitiveness of these areas to recruit and retain a high-quality workforce. This aligns with Queensland's *Rural and Remote Health and Wellbeing Strategy 2022-2027* which commits to "invest in attraction and retention initiatives that motivate people to work in rural and remote areas". It also echoes commitments to rural and remote workforce sustainability made in the Queensland Mental Health Commission's *Shifting Minds.* While alleviating these geographic disparities needs a multifaceted approach, introducing initiatives such as loading and incentives will begin to address these shortages.

ACTION AREA

2.1.1 Advocate for longer contracts and adequate funding to allow greater employment stability.

2.1.2 Review existing working arrangements for flexibility and promote and support the implementation of exemplar working arrangements.

2.1.3 Introduce loading for regional, rural and remote areas.

2.1.4 Introduce incentives for regional, rural and remote areas (e.g. Relocation, accommodation, Early Childhood Education and Care services).

Priority 2.2

Widely promote the sector as an attractive career choice

The Community Mental Health and Wellbeing Sector has traditionally faced numerous challenges in recruitment including stigma, discrimination and poor recognition compared to clinical professions. This Strategy will explore ways to address these challenges and help meet labour demand so that the sector is seen as an attractive, rewarding, and highly valued career pathway. This priority aligns closely with recommendations in *Better Care Together*, *Shifting Minds*, and the Productivity Commission's *Mental Health Inquiry Report*.

A key lever is awareness and clarity of career opportunities and training pathways into the sector. This will be addressed by working with industry and education providers to enhance school-to-work transitions, creating clear pathways for young people leaving school. Targeted strategies for promoting change-of-career pathways for mid-late career changers will include appealing to the sense of purpose that brings these workers to the sector. Highlighting success stories and promoting the diversity of job opportunities within the sector will be integral to this.

Finally, it is important that the Community Mental Health and Wellbeing Sector is seen as a viable career option for diverse cohorts, including CALD communities. This will require specific actions which move beyond traditional recruitment processes and embrace culturally determined beliefs about mental health and wellbeing. Fostering deep and genuine connections with these communities will be pivotal to this process.

ACTION AREA

2.2.1 Develop an awareness-raising campaign highlighting the unique opportunities that distinguish the sector as an attractive career choice.

2.2.2 Utilise existing state government programs such as Gateway to Industry Schools Program to better attract young people to the sector.

2.2.3 Target mid-late career workers desiring change and a purpose-filled career.

2.2.4 Work with communities to develop an awareness-raising and recruitment campaign specific to Culturally and Linguistically Diverse populations.

Priority 2.3

Increase accessibility of vocational qualifications

As discussed in Pillar 1, the Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work are fast becoming akin to 'core' or 'entry-level' qualifications, with many people completing them as a gateway to the sector. These two qualifications are therefore central to attracting workers to the sector. This Strategy will address identified barriers to uptake of the two Certificate IV qualifications, in particular cost, the lack of reliable course information for prospective students, and the complexity of the Recognition of Prior Learning (RPL) process.

Significant financial barriers to embarking on vocational qualifications were highlighted in QAMH's state-wide survey in 2021. The 80 hours of unpaid student placement time was identified as a particular challenge. Importantly, there is a lack of awareness of financial supports currently available (e.g. TAFE Queensland scholarships, Free TAFE, student loans, and the stipend payment for the Commonwealth-funded Peer Scholarships). This Strategy will promote these initiatives to ensure potential students have knowledge of existing schemes, as well as continuing to advocate for novel ways to ease the financial burden on students. Introducing traineeships which allow students to 'earn as they learn' will form part of this approach.

In addition, prospective students need to be aware of the course content, assessments, requirements such as criminal history checks, and likely career pathways following graduation. Currently there are gaps in information provision, with students embarking on the Certificate IV qualifications without a clear understanding of these issues. This is at least partly reflected in the low qualification completion rates. This Strategy articulates a plan for working with the vocational sector to review and improve course enrolment and intake processes to ensure potential students are equipped with adequate information to make informed decisions.

Finally, RPL has been highlighted as an area for further work. Particular challenges include cost, difficulty in sourcing evidence, overly complex assessment criteria, and barriers for people with limited English proficiency or learning difficulties. This Strategy articulates how, in conjunction with the vocational sector and Jobs and Skills Council, this burden can be reduced to make the RPL process easier for workers in the Community Mental Health and Wellbeing Sector.

ACTION AREA

2.3.1 Reduce financial barriers to entering a vocational core qualification.

2.3.2 Work with RTOs to ensure comprehensive information provision about the course and career opportunities to potential students enrolling in core vocational qualifications.

2.3.3 Enhance accessibility to qualifications through improved Recognition of Prior Learning processes.

Priority 2.4

Enhance organisational diversity

CALD populations encompass people from diverse ethnic, religious and linguistic identities, including refugees and migrants and their Australian-born descendants. Several factors increase the vulnerability of these groups to poor mental health experiences and outcomes, including low English language proficiency, separation from social networks and kin, experiences of racism and discrimination, prolonged detention, limited opportunity to fully utilise occupational skills, trauma and stress[9]. We also know that despite these increased risk factors, people from CALD communities are often reluctant to seek help because mainstream services are perceived to lack cultural sensitivity.

To address these challenges, this Strategy will support organisations to enhance their organisational diversity and foster a culture of belonging to promote inclusivity. This will involve embedding the Embrace Framework and other cultural capability resources to create culturally responsive workplaces. This priority aligns closely with *Better Care Together*'s commitment to "deliver a Cultural Capability project to improve knowledge about diversity of consumers, provide culturally capable treatment and care services and programs and have a productive, culturally capable and diverse workforce".

The Strategy will also focus on removing barriers to employing people from diverse populations. 22.7 per cent of Queenslanders are born overseas and yet many migrants are not using their skills and experience obtained overseas in the Australian job market. This under-utilisation can be for a variety of reasons – language proficiency, lack of local networks and connections, lack of knowledge of the job market or local references. The *Queensland Workforce Strategy 2022-2032* has a strong focus on workforce participation in this group including "expanding the Diverse Queensland Workforce Program to ensure migrants, refugees and international students have the support and guidance needed to find a fulfilling job and build rewarding careers". This Strategy will leverage these existing programs to support organisations to tap into this under-utilised pool of people.

Finally, the creation of an additional category of community mental health and wellbeing worker that sub-specialises in providing supports to CALD communities will be explored in this Strategy. The concept of a 'Multicultural Mental Health Worker' will be tested with the sector and broader public, and work will be done in collaboration with the vocational sector to assess feasibility.

ACTION AREA

2.4.1 Support organisations to implement the Embrace Framework and other co-designed cultural capability resources.

2.4.2 Maximise the potential of under-recognised pools of workers by supporting organisations to utilise existing government programs and resources to overcome barriers to employment for people from CALD backgrounds.

[9] Queensland Government. (2023). *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027,* p13.

Priority 2.5

Maximise local resources and expertise

The Community Mental Health and Wellbeing workforce is geographically maldistributed, with service providers clustered in Queensland's southeast corner and in major centres along the eastern seaboard. To address this maldistribution, meet future demand and ensure that remoteness is not a barrier to accessing services, this Strategy will develop initiatives to 'grow your own' workforce, particularly in rural and remote settings.

People originating from rural and remote areas often have a preference to undertake training and employment in their own communities. Additionally, there is evidence that mental health workers are more likely to work in regional and remote locations if they did their training there, or had resided there prior to training elsewhere[10]. This Strategy aims to capitalise on this by introducing traineeships for the Certificate IV in Mental Health and the Certificate IV in Mental Health Peer Work. This valuable educational pathway will allow service providers to recruit directly from local populations, increasing the likelihood that they will remain in the community.

In addition, this Strategy will explore ways for larger, more established organisations to be funded to capacity build in remote communities – a model that is already being utilised in Queensland. By tapping into these pockets of excellence and promoting widely, the Strategy aims to support organisations to undertake similar capacity-building endeavours. There is also an opportunity here to leverage off *Better Care Together's* commitment to "strengthened hub and spoke arrangements" for the lived experience workforce in rural and remote regions.

ACTION AREA

2.5.1 Establish traineeships for local workers as per Pillar 1 (Priority 2).

2.5.2 Fund initiatives that build the capacity of local workers to provide services in their community.

[10] Australian Government. Productivity Commission (2020). Mental Health Inquiry Report, 2 (95), p753.

Priority 2.6

Develop clearly defined career progression pathways

One of the factors contributing to the Community Mental Health and Wellbeing Sector's high attrition rate is the perceived lack of career advancement opportunities available. This is especially true for the lived experience workforce, where limited or 'flatlining' career pathways combined with a lack of professional development opportunities can frustrate their career trajectory. The *National Lived Experience (Peer) Workforce Development Guidelines* comprehensively document this challenge and advocate strongly for embedding lived experience leadership roles for career progression.

This Strategy will map and promote career pathways that currently exist for both the lived experience and broader community mental health and wellbeing workforces. This will bring together all supported pathways into the sector (school leavers, trainees, mid-career changers) and structured pathways beyond (vertical or lateral), assisting workers to visualise all the avenues available in a rich and rewarding career in the sector. It will also develop new leadership opportunities to increase retention, leveraging off the work articulated in Pillar 1.

Finally, it is important that the Community Mental Health and Wellbeing workforce is suitably diverse to reflect the community it supports. This diversity relates to gender, sexuality, culture, language, religion and age. Particularly for marginalised communities, having mental health workers from a similar background can enhance their recovery journey. Developing career pathways for these diverse population groups will require targeted strategies and additional resourcing, and has been highlighted as an area for particular focus.

ACTION AREA

2.6.1 Map existing career opportunities and pathways in the sector and work with sector leaders to enhance organisational career pathways.

2.6.2 Enhance leadership qualifications and training opportunities as per Pillar 1 (Priority 4).

2.6.3 Advocate for enhanced career pathways and leadership positions to be embedded into workforce structures for lived experience workers.

2.6.4 Explore the desirability and feasibility for developing sub-specialisations within the Community Mental Health and Wellbeing workforce (e.g. Multicultural workers, LGBTIQ+ workers, Perinatal and Infant).

Priority 2.7

Embed a culture of worker wellbeing broadly throughout the sector

Stress and burnout have been identified as key challenges affecting retention of staff in the Community Mental Health and Wellbeing Sector. In QAMH's 2023 Workforce Survey, more than half of respondents (52 per cent) reported being "very" or "extremely" concerned about the levels of stress and burnout amongst their staff. Stress and burnout were also cited as the third overall top workforce concern (behind workforce shortages and inadequate funding).

There are multiple contributing factors: A recent increase in demand for mental health supports, the intensity and complexity of the work, workforce shortages, casualisation, experiences of vicarious trauma, workplace abuse and aggression, and inadequate support and supervision. Lived experience workers in particular are at increased risk due to vicarious trauma, unclear role definitions, misunderstood scope of practice, and as sole workers professionally isolated from communities of practice. It is also acknowledged that workers in rural and remote areas are at heightened risk due to the geographic, social and professional isolation.

This Strategy will support initiatives to safeguard the wellbeing of the Community Mental Health and Wellbeing workforce and reduce the risk of burnout, absenteeism and workforce attrition. This aligns with *Better Care Together* which has committed to "implementing strategies to support staff health and wellbeing". It is particularly pertinent with the introduction of the *Managing the Risk of Psychosocial Hazards at Work Code of Practice 2022* which has meant that organisations now have clear legal obligations to ensure psychological health risks are eliminated or minimised.

The Strategy aims to tap into existing best practice within the sector, as well as utilise the National Mental Health Commission's *Blueprint for Mentally Healthy Workplaces* outlines a nationally consistent approach to mentally healthy workplaces.

ACTION AREA

2.7.1 Utilise sector knowledge by drawing upon and developing co-designed resources that are tailored to the unique Queensland context and which support organisations and their leaders to implement worker wellbeing policies and procedures.

2.7.2 Ensure resources in 2.7.1 align with Workplace Health and Safety Queensland *Managing the risks of psychosocial hazards at work* Code of Practice 2022 and advocate for organisations to be appropriately resourced to meet legislative obligations.

2.7.3 Ensure access to supervision and mentoring (internal and external) through adherence to an organisation supervision framework.

2.7.4 Develop specific wellbeing strategies to target the unique needs of the rural and remote and growing Lived Experience workforces ensuring people feel safe and supported.

PILLAR 3: System Enablers

PRIORITIES

3.1 Ensure Community Mental Health and Wellbeing programs and services are resourced to enable delivery of high quality supports

3.2 Ensure workforce data is systematically collected, publicly available and utilised for commissioning and planning purposes

3.3 Enhance the visibility and value of the Community Mental Health and Wellbeing workforce within the mental health system and broader community

3.4 Embed Lived Experience within and across all levels of organisations

3.5 Embed First Nations' cultural safety and capability across all mainstream community mental health and wellbeing organisations

3.6 Collaborate at multiple levels to enhance all workforce priorities including:

- Within the Community Mental Health and Wellbeing Sector
- Between the Sector and broader mental health system
- With the education and training sectors

3.7 Ensure oversight and accountability for the implementation of the Community Mental Health and Wellbeing Workforce Strategy that is aligned with national and state workforce strategies and initiatives

Priority 3.1

Ensure Community Mental Health and Wellbeing programs and services are resourced to enable delivery of high quality supports

The relationships between contract length, sustainable service delivery and workforce attraction are interconnected. The Productivity Commission's *Mental Health Inquiry 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. Without longer funding cycles, community mental health organisations continue to be plagued by high staff turnover, lack of permanent employees and an inability to execute longer term planning and workforce development. It also means that organisations are unable to invest in continuous improvement including risk management, governance structures and staff training and development. For these reasons, the Strategy includes extending the length of federal and state funding cycles to a minimum of five years and renewal processes to occur with adequate lead time.

Increased flexibility within service agreements is also addressed in the Strategy. Restrictions around staffing composition and skill mix hinder innovation and an ability to respond to local community needs. Finally, the Strategy recognises that the true costs of service provision are not reflected in current contracts. Service delivery is directly impacted when costs of recruitment and onboarding, supervision, professional development, program evaluation, administration and other

overheads are not adequately accounted for in resourcing decisions. The lifespan of this Strategy will include a period of transformation as psychosocial supports outside the NDIS are reviewed. It is important that any significant changes to funding arrangements are informed by a realistic assessment of the cost of true service delivery.

ACTION AREA

3.1.1 Increase all contract lengths to a minimum of five years at state and federal levels.

3.1.2 Ensure contract renewal and allocation occurs with adequate lead time to support workforce retention, planning and co-design processes.

3.1.3 Ensure sufficient flexibility in service agreements to enable tailoring of initiatives to local workforce needs and availability.

3.1.4 Develop a costing model, including a “true cost” proposal for utilisation in commissioning processes.

3.1.5 Ensure costing models reflect real costs of service provision including recruitment, onboarding, ongoing professional development, supervision, program evaluation, wage and oncost increases, and overheads.

Priority 3.2

Ensure workforce data is systematically collected, publicly available and utilised for commissioning and planning purposes

One of the most pressing 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. This challenge has been highlighted in the work currently being undertaken to estimate the national gap in psychosocial supports outside the NDIS. At present, access to workforce data is limited for most mental health occupations not regulated by the Australian Health Practitioner Regulation Agency (AHPRA). It is not captured in our national data collections such as ANZSIC or ANZSOC, where roles within the Community Mental Health and Wellbeing sector are not explicitly specified, and the National Mental Health Services Planning Framework (NMHSPF)'s "Vocationally Qualified" worker does not align neatly with the sector's workforce. Queensland Health's contractually mandated minimum data sets are neither comprehensive nor 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. Without dedicated resources and strategies for capturing this essential data, it is difficult to implement sector-wide workforce planning and development initiatives. The challenge of capturing workforce data was explored at length in the Productivity Commission's Report. It is also one of the major commitments made in the NMHSPA, 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".

This Strategy articulates a clear pathway to comprehensive, sector-wide data collection. It involves all jurisdictional levels and, once implemented, will provide a rigorous evidence base to inform future workforce planning and whole-of-sector reform.

ACTION AREA

3.2.1 Audit workforce data currently available across different funding sources.

3.2.2 Identify strategies for enhancing existing data sets in the short term.

3.2.3 Develop a new integrated framework to capture complete data sets across Queensland, balancing the need for data with the administrative burden.

3.2.4 Utilise data captured from the framework in 3.2.3 to inform workforce planning in conjunction with the National Mental Health Services Planning Framework.

3.2.5 Standardise job descriptors for data sets across the sector.

Priority 3.3

Enhance the visibility and value of the Community Mental Health and Wellbeing workforce within the mental health system and broader community

The Community Mental Health and Wellbeing Sector has historically suffered from lack of recognition and visibility. 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." Competing with clinical professions for workers has been a constant challenge, and the sector has been traditionally poor at promoting itself as a viable alternative. A clear understanding of *what the sector actually does* has been missing from public consciousness. While there is a broad appreciation of the role performed by psychiatrists, psychologists, occupational therapists, GPs and nurses in the mental health system, the contribution of the Community Mental Health and Wellbeing workforce is less clear. This has undermined recruitment efforts and resulted in the sector being under-represented in workforce policies and plans.

Stigma and discrimination are also central here. There are negative perceptions associated with working in community mental health, with the sector seen as less prestigious and poorly renumerated compared to other areas of the mental health system, and health more generally.

This Strategy puts forward a plan for promoting the value of the sector and the role it plays in the broader mental health ecosystem, as well as combatting stigma and discrimination.

ACTION AREA

3.3.1 Develop an awareness-raising campaign including community engagement and education.

3.3.2 Utilise and promote strategies developed in federal and state stigma reduction campaigns.

3.3.3 Demonstrate evidence-informed practice, showcasing and promoting high-quality service provision and innovation to influence community perceptions of the sector.

Priority 3.4

Embed Lived Experience within and across all levels of organisations

People with lived and living experience bring unique knowledge, insights and expertise which makes them an essential component of a thriving mental health workforce. Their core value and competency stems from their lived/living experience of mental health challenges or supporting someone close to them, and their emphasis on hope, empowerment, self-management and social inclusion has the capacity to improve outcomes for people with mental health challenges and their families, friends and carers. Recent years have seen an embracing of this workforce as a central component in any future mental health landscape in Queensland, with *Better Care Together* committing to "embedding lived experience (peer) workers in services to inform service delivery, drive person-centred care and support shared decision making". While the inherent value of the lived experience workforce is indisputable, it is clear there are a range of factors to be addressed in order to successfully grow, integrate and sustain this workforce. The *National Lived Experience (Peer) Workforce Development Guidelines* (together with its companion documents) and the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* have extensively explored these challenges and are highlighted in this Strategy. Other resources such as the lived experience leadership projects recently developed by the National Mental Health Consumer and Carer Forum and the Mental Health Lived Experience Engagement Network will be relevant to this work. Operationalising these guidelines through practical advice and resources will ensure that 'organisational readiness' to embrace the lived experience workforce is addressed.

As discussed in Pillar 1, the highest tertiary qualification available to the lived experience workforce is the Certificate IV in Mental Health Peer Work. This has the effect of restricting professional growth and limiting people to base level positions and pay rates. Enhancing career pathways through ongoing professional development which will lead to specialties within lived experience, as well as increased lived experience leadership roles within the sector is addressed in the Strategy.

Currently, lived experience workforce data is not systematically captured. To improve understanding of the lived experience workforce and assist in planning, this Strategy will work towards system-wide capturing of key lived experience workforce datasets. Finally, the Strategy will ensure that organisations are adequately resourced to employ people with lived experience in a diverse range of roles. This will involve reviewing contractual arrangements and advocating for sufficient resources to appropriately renumerate lived experience workers, including provisions for training and supervision.

ACTION AREA

3.4.1 Support organisations to operationalise national and state Lived Experience workforce guidelines, including embedding Lived Experience positions in all levels of organisations.

3.4.2 Develop a new tertiary course for advanced practice in Lived Experience work (see 1.4.4).

3.4.3 Develop pathways for upskilling Lived Experience workers in a leadership capacity (see 1.4.5).

3.4.4 Ensure identified Lived Experience workforce positions are collected and included in workforce data sets.

3.4.5 Ensure contracts include capacity for paid Lived Experience participation at all levels of organisational and co-production processes.

Priority 3.5

Embed First Nations' cultural safety and capability across all mainstream community mental health and wellbeing organisations

Aboriginal and Torres Strait Islander peoples are over-represented in mental health statistics. Mental illness is the leading burden of disease experienced by First Nations peoples in Queensland, contributing up to one-fifth of the total disease burden for First Nations Queenslanders. Intentional injuries comprise around five per cent of the disease burden for First Nations peoples in Queensland, which is more than double the rate for other Queenslanders. Concerningly, despite experiencing mental distress at higher levels than the broader population, First Nations peoples face the structural barrier of having very few services that specifically cater for their needs in a culturally safe and capable way.

This Strategy presents an opportunity to work in close and genuine partnership with First Nations communities to enhance the cultural capability of the Community Mental Health and Wellbeing workforce. Aboriginal and Torres Strait Islander peoples are part of the oldest continuing culture in the world and non-indigenous systems, including the mental health system, can learn important lessons from this ancient and enduring culture. Strengthening these partnerships and increasing collaboration in workforce planning and service design to ensure cultural safety will be a key part of this Strategy.

This Strategy forms part of a broader policy landscape addressing cultural safety and capability of mainstream mental health services. *Better Care Together*'s Priority 3 (Delivering Improved Services with First Nations Peoples) focuses on the "strengthening of cultural safety across the MHAOD services system and delivery of culturally capable and appropriate MHAOD services". Similarly, Closing the Gap priority reform 3 aims to improve mainstream institutions by ensuring "governments, their organisations and their institutions are accountable for Closing the Gap and are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including through the services they fund". Its target – to "decrease the proportion of Aboriginal and Torres Strait Islander people who have experiences of racism" – is particularly relevant to this Strategy.

The Strategy acknowledges that genuine co-production with First Nations peoples is a time-intensive process. Communities that will be affected by this Strategy need to own and drive this work, with meaningful opportunities to shape the policy being developed. It requires an investment in relationship building and the development of trust. The Strategy recognises that this substantial piece of work will require the time and resources necessary for genuine engagement.

ACTION AREA

3.5.1 Work with First Nations communities to clearly define actions required to increase the capacity of mainstream organisations to offer culturally safe and capable services.

3.5.2 Work in close partnership with Community Controlled Organisations to identify Action Areas within this Strategy that may have application to their context.

Priority 3.6

Collaborate at multiple levels to enhance all workforce priorities including:

- **Within the Community Mental Health and Wellbeing Sector**
- **Between the sector and broader mental health system**
- **With the education and training sectors**

One of the major recommendations from the Productivity Commission's Inquiry into Mental Health was to "improve coordination and integration" to better promote recovery. This relates to within the sector, at the interface between clinical and non-clinical services, and between the sector and education and training sectors. The current fiscal landscape, which is based on grant funding through Queensland Health and PHNs or individual fee-for-service funding through the NDIS and Medicare, encourages services to operate as silos. This is not in the best interests of people experiencing mental distress. While much of this fragmentation has arisen because of diverse funding streams, we believe there are ways to foster cooperation and collaborative care at a grassroots level.

This Strategy supports a more integrated approach. There are already some examples within the Community Mental Health and Wellbeing Sector where workers operate in partnership with clinical services to deliver integrated clinical and non-clinical mental health and wellbeing supports. There are also cases where organisations within the sector share operational costs, assist in capacity building, or share professional development resources. There is a clear opportunity to build upon these success stories to facilitate an environment of increased collaboration and integration within the mental health landscape.

ACTION AREA

3.6.1 Collaborate to develop contemporary training and professional development opportunities.

3.6.2 Collaborate for access to professional development opportunities.

3.6.3 Explore co-location and shared staffing opportunities.

3.6.4 Collaborate for shared human resources, finance, information technology systems.

Priority 3.7

Ensure oversight and accountability for the implementation of the Community Mental Health and Wellbeing Workforce Strategy that is aligned with national and state workforce strategies and initiatives

The Community Mental Health and Wellbeing Sector, which consistently cites workforce as its most significant challenge, has invested deeply in the development of this Strategy, generously offering their time and expertise. The sector has also made it clear, however, that the Strategy must go beyond articulating the challenges, and include a clear pathway for implementing real change.

In response to this, the Strategy is to be accompanied by an Action Plan which will outline key deliverables, assigned responsibilities and timeframes. Overseeing the Strategy and Action Plan will be a governance structure with representation from key stakeholders in the sector.

To ensure the Strategy achieves its purpose and is given the priority it requires, initiatives in the Action Plan will be aligned with Queensland Health's *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drugs services to 2027.*

ACTION AREA

3.7.1 Establish a governance structure that includes Key Partners, for example: members from the Mental Health Alcohol and Other Drugs Branch, Queensland Alliance for Mental Health, Queensland Mental Health Commission, Arafmi, Mental Health Lived Experience Peak Queensland / Queensland Lived Experience Workforce Network, Department of Youth Justice, Employment, Small Business and Training and HumanAbility.

3.7.2 Align strategy initiatives with *Better Care Together*'s Priority 5 – Improving Workforce Capability and Sustainability.

Links and References

Australian Bureau of Statistics – National, State and Territory Population (2023)
https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release

Australian Bureau of Statistics – Long Term Health Conditions
https://www.abs.gov.au/articles/long-term-health-conditions#state-or-territory-and-long-term-health-conditions

Australian Bureau of Statistics – Search Census Data (2022)
https://www.abs.gov.au/census/find-census-data/search-by-area

Australian Bureau of Statistics – Snapshot of Queensland
https://www.abs.gov.au/articles/snapshot-qld-2021

Australian Government – Productivity Commission (2020), Mental Health Inquiry Report
https://www.pc.gov.au/inquiries/completed/mental-health/report

Australian Institute of Health and Welfare, Mental Health
https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments

Australian Institute of Health and Welfare and National Indigenous Australians Agency, Social and Emotional Wellbeing
https://www.indigenoushpf.gov.au/measures/1-18-social-emotional-wellbeing#:~:text=2016).-,Psychological%20distress,2004%E2%80%9305%20(27%25).

Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/better-care-together

Commissioner for Children and Young People WA 2015, Our Children Can't Wait
https://www.ccyp.wa.gov.au/media/1463/report-our-children-cant-wait-december-2015.pdf

NDIS Participant Dashboard – Psychosocial
https://data.ndis.gov.au/reports-and-analyses/participant-dashboards/psychosocial

QAMH Workforce Consultation Reports
www.qamh.org.au/works/community-mental-health-and-wellbeing-workforce

QAMH Workforce Issues Paper
https://www.qamh.org.au/works/community-mental-health-and-wellbeing-workforce

Queensland: Aboriginal and Torres Strait Islander population summary, Australian Bureau of Statistics
https://www.abs.gov.au/articles/queensland-aboriginal-and-torres-strait-islander-population-summary

Queensland Population Counter
https://www.qgso.qld.gov.au/statistics/theme/population/population-estimates/state-territories/qld-population-counter

Queensland Health (2022), Submission: Inquiry into the Opportunities to Improve the Mental Health Outcomes for Queenslanders
https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000150.pdf

Rural and Remote Health and Wellbeing Strategy 2022-2027
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rural-and-remote-health-and-wellbeing-strategy

Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028, Queensland Mental Health Commission
https://www.qmhc.qld.gov.au/shifting-minds-2023-2028

Wellbeing First Report
https://www.qamh.org.au/wellbeing/wellbeing-first

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