

Mental Health Workforce Strategy 2023–2033

Framework for Action 2023-2026
including 2024 Work Plan



Highly-skilled and
evidence-based



Sustainable and
adaptable



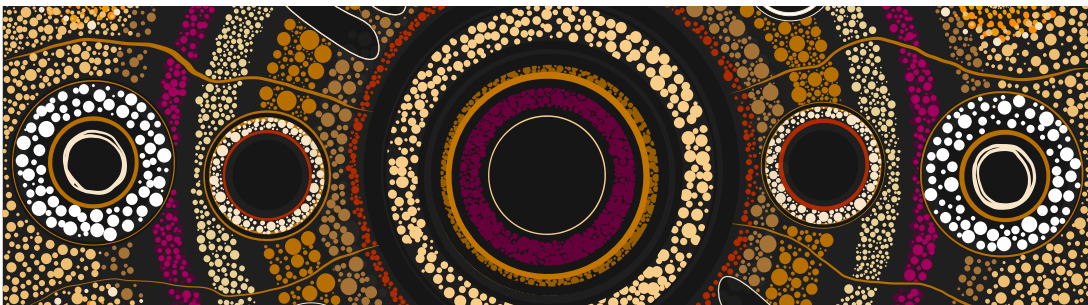
Diverse, inclusive and
comprehensive



Kind, respectful,
compassionate
and safe



Coordinated and
collaborative



Acknowledgement of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



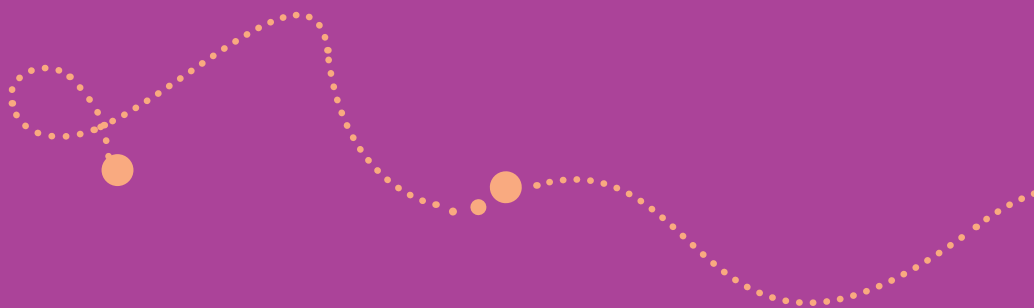
If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

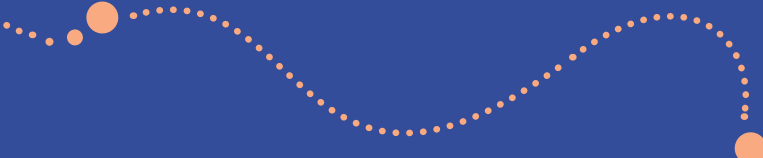
www.health.act.gov.au/omhw | Phone: 132281

© Australian Capital Territory, Canberra July 2023.


Contents



ACT Mental Health Workforce Strategy 2023-2033	2
Framework for Action 2023-2026	4
Background	4
Data-driven planning, monitoring and evaluation.....	6
Attraction, recruitment and retention	8
Education, training and research and innovation	10
Develop and embed lived experience workforce	12
Advocating for national action.....	14
Implementation.....	14
Appendix 1 2024 work plan	16
Appendix 2 The mental health workforce in the ACT	20
Appendix 3 Existing strategies.....	23
Appendix 4 Glossary of Terms	24



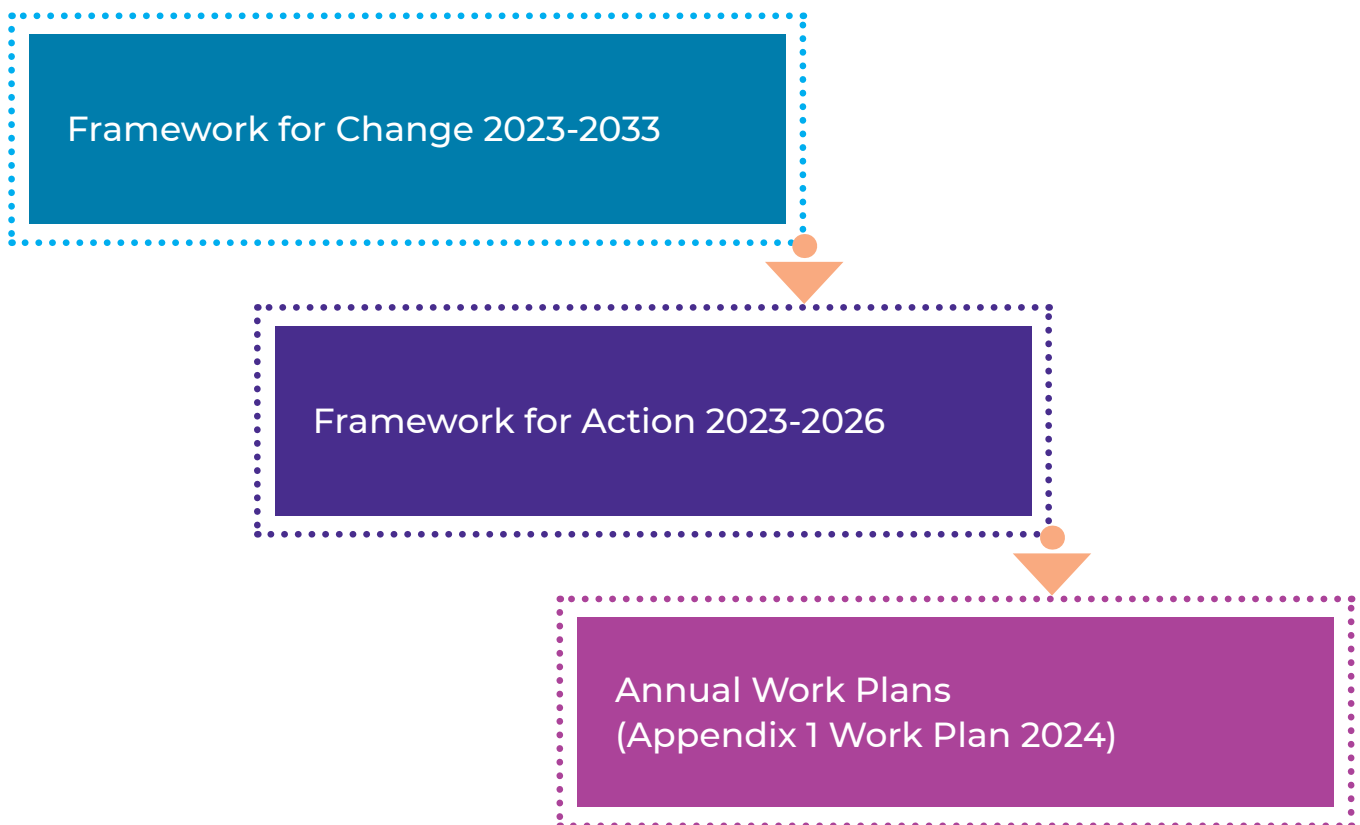
ACT Mental Health Workforce Strategy 2023-2033



In 2022, after consultation with stakeholders across the mental health sector, the ACT Government released the Framework for Change: the ACT Mental Health Workforce Strategy (the framework). The Framework drew upon a literature review also completed in 2022. The framework outlines the objective, values and principles, priority areas for reform and desired outcomes for the ACT mental health workforce which were agreed upon by the ACT mental health sector and reflect the most important areas of needs.

The ACT Mental Health Workforce Strategy (the strategy) will comprise the 10-year Framework for Change, shorter term Frameworks for Action and work plans. The first work plan is set out in Appendix 1. The strategy identifies and delivers on 4 key priorities for workforce reform:

- Data-driven, planning, monitoring and evaluation
- Attraction, recruitment and retention
- Education, training, research and innovation
- Develop and embed the lived experience workforce



The strategy will be implemented over the next 10 years and will be underpinned by service reform, growth, and development across the service spectrum, which includes services ranging from mental health promotion and primary prevention, through to treatment, including national, state-wide, community-based, and acute hospital-based services.

The strategy is aligned with the broader work being undertaken on the ACT Wellbeing Framework. The strategy sits under the broader work being undertaken on the National Mental Health Workforce Strategy and the [ACT Health Workforce Strategy](#). This work also aligns with other organisational and discipline specific work for ce plans, which highlight the unique intersections between mental health and other sectors (see Appendix 3).

Framework for Action 2023-2026

Background

National

[*The Australian Institute of Health Welfare \(AIHW\)*](#) summarised a number of national surveys and identified



over 2 in 5 (44%)

Australians experience a mental disorder during their lifetime.



1 in 5 people and



1 in 7 young people experienced a mental disorder in the previous 12 months.

[*The 2020–22 National Study of Mental Health and Wellbeing*](#) estimated that

3.4 million Australians aged 16–85 saw a health professional for their mental health in the previous 12 months.

Mental health workforce challenges are being faced in every state and territory across Australia, and internationally. Nationally it has been identified that there is a 32% shortfall in mental health workers when compared to the 2019 National Mental Health Services Planning Framework (NMHSPF) target, and this shortfall is expected to grow to 42% by 2030 if current shortages are not addressed.

The mental health workforce is a priority of the National Mental Health and Suicide Prevention Agreement through which the Australian, state and territory governments committed to growing and supporting the workforce. The National Mental Health Workforce Strategy provides for the framework for this work.

Australian Capital Territory

In the ACT, the Wellbeing Framework is helping the ACT Government and community work in partnership to lift the quality of life of all Canberrans. The ACT Wellbeing Framework provides high-level indicator outcomes which encompass the various different facets of wellbeing as identified as important by Canberrans. The ACT Mental Health Workforce Strategy will contribute to the wellbeing of the community in the following areas:

- Personal wellbeing and Health – direct positive impact
- Education and life-long learning; Housing and home; Safety and Social Connection – indirect positive impact

To plan for, and support, a mental health workforce that meets the needs of the community, it is important to understand the broader environment in which this sector sits. The mental health and broader health sectors experience a range of influences (based on [ACT Health Workforce Strategy](#)) including:

- Changing consumer expectations
- Impacts of the changing population demographics
- Changing workforce demographics
- Economic
- Impact of COVID
- Expanding health services
- New technologies
- Racism and cultural safety
- Stigma and self-stigma
- New models of care
- Competitive market

In addition, the ACT Human Rights Act 2004 (the HR Act) underpins the delivery of mental health services in the ACT. The HR Act articulates the fundamental human rights of all people in the ACT, and when and how such rights may be appropriately limited. The HR Act is therefore an important lens for operationalising the ACT Mental Health Workforce Strategy. The HR Act also places certain obligations on ‘public authorities’, including those who comprise the mental health workforce, in providing services and/or performing functions under ACT laws. These duties require both the ACT Government and its mental health staff to consider and act consistently with human rights, including when making decisions that may uphold or interfere with any person’s human rights.

To support good mental health and address mental ill health the ACT population needs to have access to services across a continuum from promotion of mental health and wellbeing, prevention of mental ill health, supports in the community and in-hospital treatment. The mental health workforce delivering these services is also broad and diverse.

The literature recognises that the mental health workforce is currently not clearly defined and is an evolving landscape that can present challenges to planning. Broadly the mental health and suicide prevention workforce is considered to comprise a range of different approaches, practitioners and disciplines which contribute both to direct treatment, care, and support and to the operational and leadership requirements of the system.

Details on the different parts of the mental health workforce are set out in Appendix 2. While the mental health workforce is broad, the focus for the actions in this plan is the workforce that is directly delivered and/or funded by the ACT Government. It is noted that this workforce does not work in isolation and what occurs in one part of the sector impacts across many other parts. In response to this broader impact, the ACT is committed to working collaboratively with the Commonwealth and other jurisdictions to implement national action.



Data-driven planning, monitoring and evaluation

Data collection, monitoring and evaluation is key to effective workforce planning and development and driving change. It is required to understand workforce supply, composition and distribution, to map demand and gaps, to respond to needs and risks and to innovate for the future.

Outcomes of the strategy

The ACT will have a comprehensive data set for the mental health workforce that is well managed and fully utilised to inform service planning, design, and delivery and responds to evolving and emerging needs.

Current issues, barriers and opportunities

At present, access to data about the diversity of the mental health workforce is limited. Consistent data about workforce size, composition, and educational attainment is lacking, particularly for the community and private sectors. Similarly, there is also a lack of data for self-regulated or unregulated professions. It is important to capture data from across the workforce, and to use this data in planning, quality improvement activities and to track changes over time (Areas for action 1 and 2).

Monitoring and evaluation of the outcomes achieved by the mental health workforce and more broadly the service system is critical to long term effective planning. Currently monitoring and evaluation occurs regularly at individuals program level but an overarching framework will enable the connections to be made with outcomes across the community (Area for action 3).

Areas for action over next 3 years

To be delivered across the sector through the ACT Health Directorate and Canberra Health Services

- 1 Develop an overarching approach for mental health workforce data in the ACT.
- 2 Establish robust mental health lived experience worker data collection and reporting.
- 3 Develop a Mental Health Outcomes Framework that includes outcome statements, indicators, and measures for the workforce.



- A broader mental health data set is identified and has improved collection.
- Improved workforce analysis, and planning based on broader access to data.
- The ACT will have established collaborative activities with other jurisdictions to share data, best practice and lessons.
- Data is routinely used to identify and support innovation and reform.

This work aligns to the ACT Digital Health Strategy 2019–2029, ACT Mental Health and Suicide Prevention Plan Focus Area 3, Towards our vision: Taking a strategic approach to mental health in the ACT as well as National Mental Health & Suicide Prevention Agreement clauses 144-164 and data and evaluation sections and the National Mental Health Workforce Strategy.



Attraction, recruitment and retention

To ensure that the mental health workforce is available and equipped to deal with the growing needs of people experiencing mental health issues, requires a whole-of sector approach to attracting, recruiting and retaining workers.

Outcomes of the strategy

The ACT mental health workforce:

- feels supported, understood and respected,
- reflects the diversity on our community and is responsive to their needs, and
- has high workplace satisfaction and retention rates.

The ACT community:

- respects, values and understands the mental health workforce, and
- perceives mental health as a positive place to work.

The ACT mental health system:

- is considered an attractive place to work,
- reflects the diversity in the community, and
- is a leader in best practice for workforce initiatives.

Current issues, barriers and opportunities

The current and predicted workforce shortages across the mental health sector will require a combined approach of attracting more people to work in the sector, innovative and contemporary recruitment processes suited to the workforce needs and workplaces that are safe supportive and stigma free. New approaches to planning are required to offset the rate of retirement from the current workforce and to take advantage of any new and emerging workforce opportunities (Area for action 4).

Positive and early exposure to the mental health system is one of the strongest indicators for pursuit of a mental health career, countering stigma and community perceptions of working in the mental health sector (Area for action 5).

Innovative marketing and recruitment strategies will be needed to fill the gap of those leaving the workforce. Current recruitment activities are not always well suited to facilitating new entrants and for expanding new disciplines such as lived

experience workers. Successful recruitment activities will need to be based on a contemporary understanding of mental health, and of the skills, knowledge and experience required for both the existing and emerging models of care and service types (Area for action 6).

Supporting the safety and wellbeing of the mental health workforce is also critical for workforce retention. Fatigue, workload, and burnout, compounded by the stress of the COVID-19 pandemic are all reported as reasons for staff leaving the mental health workforce. In addition, the system does not consistently support workers to grow their skills and competencies over time. The mental health system needs to fully utilise

the specialist skills of the different staff ensuring they undertake the work for which they have been trained and are competent to perform including working fully to their scope of practice (Areas for action 7 and 11).

The service system will also need to adopt evidence informed service design that utilises alternative and innovative approaches to workforce utilisation including emerging technology and focus on prevention and earlier intervention. It is also noted that the broad diversity of the workforce will require specialised approaches for different parts of the sector. It will be important to support all parts to consider their specific needs as well as leverage whole of sector approaches.

Areas for action over next 3 years

To be delivered across the sector through the ACT Health Directorate and Canberra Health Services

- 4 Identify emerging and innovative solutions to attraction, recruitment and retention for the ACT.
- 5 Attract people to mental health careers by promoting mental health practice in the ACT as a career of choice.
- 6 Enhancing local, interstate and overseas recruitment opportunities.
- 7 Building robust support and supervision across the mental health workforce.



Addressing these areas of action will take the first steps towards a coordinated and collaborative whole of sector and whole of government approach to attraction and recruitment in the mental health field. The aim of the actions is to reduce the barriers to working in the sector and ensuring there are easier pathways into and across the mental health workforce. Key impacts would be:

- more people are aware of, and attracted to take up, mental health courses and/ or placements and positions,
- recruitment processes are successful in attracting new staff,
- increased diversity of the workforce, and
- improved workplace satisfaction and retention rates.

This section of the Strategy aligns to the ACT Mental Health and Suicide Prevention Plan 2019-2024, ACT Health Services Plan 2022-2030, Healthy minds – Thriving Workplaces Strategy 2019-2022, Canberra Health Services’ Nursing and Midwifery Workforce Plan 2022-2023, Skilled to Succeed , National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.



Education, training and research and innovation

Outcomes over the life of the strategy

The ACT mental health workforce:

- is well trained and skilled according to best practice,
- is supported to continuously develop and grow in their skills, and
- is led by research and innovation.

The ACT community:

- receives evidence informed and innovative care, and
- is able to access safe and responsive care.

The ACT mental health system is a leader in best practice for workforce initiatives.

Current challenges, barriers and opportunities

An effective mental health system needs a coordinated pathway to education and training, professional development, point of care, professional and clinical supervision and supported placement opportunities for the workforce and students.

There are a number of challenges across mental health education and training pathway. In the ACT the workforce identified that at times, the pressure of workforce shortages, workloads and funding arrangements have resulted in reducing access to education and training pathways. Within the training pipeline, positive early exposure, strong and positive student placement experiences and greater flexibility for students undertaking placements create the best outcomes.

There are also limited accessible and affordable training and education pathways in the ACT for lived experience workers (Areas for action 8 and 9).

Education and training opportunities for mental health workforce staff could be enhanced through building a model/ approach to supporting people working in the mental health sector as well as joint educational opportunities for government and non-government organisations in partnership with local educational institutions. A holistic model includes education and training beyond a narrow direct care skill set to incorporate important legal and ethical matters including the ACT framework of human rights.

In addition, addressing workplace barriers such as safety and stigma through ongoing education, training, support and supervision has also been highlighted as critical for the workforce (Areas for action 10 and 11).

The ACT has the opportunity to leverage the economies of scale of a small jurisdiction to develop across whole of sector approaches as well as cross skilling from different sectors such as alcohol and other drugs, educational psychologists, broader peer work, family violence, LGBTIQ+, and Indigenous health (Area for action 12).

Areas for action over next 3 years

To be delivered across the sector through the ACT Health Directorate and Canberra Health Service

- | | |
|----|---|
| 8 | Grow the availability of workers for the mental health workforce through increasing student interest in and uptake of mental health courses and mental health placements. |
| 9 | Improve the student experience in mental health placements. |
| 10 | Strengthen and support the safety of mental health services and the wellbeing of staff, consumers and visitors. |
| 11 | Consider opportunities and arrangements to build service collaboration and professional development opportunities to foster a culture of collaboration and equal standing across the ACT mental health workforce. |



Impact

The mental health workforce will have:

- increased positive opportunities and experiences for students,
- improved options for access to discipline specific and generic mental health education, training, and professional development opportunities,
- access to training and programs that aim to improve safety and wellbeing of people within the mental health system, and improved opportunity for skilled supervision including mentoring and clinical / peer supervision (reflective).

This section of the strategy aligns to the ACT Health Workforce Strategy 2023-2032, ACT Mental Health and Suicide Prevention Plan 2019-2024, Skilled to Succeed, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, and the National Mental Health Workforce Strategy.



Develop and embed lived experience workforce

It is widely accepted that the lived experience workforce is a vital component of the mental health workforce. People with lived experience have an integral role to play within multidisciplinary teams and care models and across the service system.

Outcomes over the life of the strategy

The ACT mental health workforce:

- lived experience/peer workers are recognised as critical contributors in mental health and suicide prevention workplaces, and
- reflects the diversity on out community and is responsive to their needs.

The ACT community

- receives evidence informed and innovative care, and
- perceives mental health as a positive place to work.

The ACT mental health system is a leader in best practice for workforce initiatives.

Current challenges, barriers and opportunities

Research highlights the link between executive/senior management commitment and the success of lived experience roles in the mental health sector. The growth of a lived experience workforce where lived experience positions are a core part of multidisciplinary teams and care models, will require the ACT to have a strong effective network of workers across all levels of the sectors including leadership roles (Area for action 12).

The mental health lived experience workforce has been underutilised and under-supported in the ACT. In other jurisdictions and internationally lived experience workers are employed across the continuum of promotion of mental health, suicide prevention, prevention

of mental ill health, supports in the community and in-hospital treatment. The growth of these positions has resulted from specific planned actions. The ACT will need to build sector readiness as well as creating lived experience positions. Embedding lived experience across all levels of the sector and within policy, program and evaluation activities through substantive co-design and co-production is also important for sector readiness (Area for action 13).

For the lived experience workforce to be effective, the roles need to be valued, supported, and clearly defined, including structures, supervision supports and career pathways in place that lead into progression and professional growth (Area for action 14).

Areas for action over next 3 years

To be delivered across the sector through the ACT Health Directorate and Canberra Health Service.

- | | |
|----|--|
| 12 | Establish lived experience leadership roles and build lived experience advisory mechanisms. |
| 13 | Build sector readiness and embed lived experience positions across ACT mental health system. |
| 14 | Identify a model for lived experience supervision that supports discipline specific development and addresses the wellbeing of lived experience workers. |



There will be:

- an increase in the lived experience workforce in the ACT,
- identified career pathways for the lived experience workforce, and
- lived experience embedded across the mental health and broader sectors.

This section of the strategy aligns to the ACT Mental Health and Suicide Prevention Plan 2019-2024 and the National Mental Health Workforce Strategy.

Advocating for national action

Acknowledging the need for a whole of government approach to addressing workforce shortages, and as part of aligning with the other states and territories, the ACT Government will advocate for actions at the national level. This includes coordinated action to support and strengthen the workforce with a priority focus on increasing workforce supply.

The ACT has endorsed the National Mental Health Workforce Strategy and participates on the National Mental Health Workforce Working Group. The ACT welcomes the opportunity to continue to work closely with national and interstate agencies in addressing workforce issues collectively.

The ACT will continue to be an active participant in the national work to represent the Territory's concerns, influence the national strategic direction and advocate for needed national action. We will support the implementation of workforce strategies and plans to ensure the ACT continues to align and support the national agenda

Implementation

The ACT Mental Health Workforce Strategy will be implemented over the next 10 years. The areas for action will be updated in 2026 and 2029 in collaboration with key stakeholders including people with lived experience, public and private mental health providers, education providers and the non-government sector. A review of the strategies and actions will be completed in 2026 and 2029 with a full evaluation in the final year of implementation.

The Strategy will be implemented through work plans which will set out the activities that will be undertaken. The first year work plan set out in Appendix 1 establishes the groundwork on which future plans will be built.

The work plans will be monitored through a committee of representatives from the government and community managed sectors and people with lived experience. This will enable adjustments for changing demographics and mental health status of the community, innovation, new technology, as well as new and emerging models of care. Improved access to workforce data as well as increased analysis and modelling will provide further insight into future actions.

Governance

The governance of the strategy be embedded in the governance structure established for ACT Health Workforce Strategy. A Mental Health Workforce Strategy Oversight Group will be formed with representatives from the government and community managed sectors and people with lived experience.

In addition, the existing governance and consultative arrangements across the mental health sector will also be utilised to monitor and track progress of the activities being undertaken to deliver the strategy.

Timelines

ACT Mental Health Workforce Strategy 2023-2026 finalised with the 3 year Framework for Action and first annual work plan finalised.

Convening of a Mental Health Workforce Strategy Oversight Committee comprising government, community managed organisations and people with lived experience.

2023

2024,
2025,
2026

Annual work plans completed and monitored.

2026

Review of the impact of the first Framework for Action

2027

Second Framework for Action 2027- 2029 implemented

Work plans completed and monitored

2027,
2028,
2029

Review of the impact of the second Framework for Action (2027-2029)

2029

Third Framework for Action 2030-2033.

2030

Work plans completed and monitored

2033

Evaluation of the ACT Mental Health Workforce Strategy 2023-2033.

2027,
2028,
2029,
2033

Appendix 1 2024 work plan

Data-driven planning, monitoring and evaluation

1. Develop an overarching approach for mental health workforce data in the ACT.		
	JAN TO JUN 2024	JUN TO JUL 2024
1.1	Map current workforce data availability and gaps	
1.2	Explore cost and benefits of a sector wide workforce survey	
1.3	Benchmark remuneration in the ACT compared to other jurisdictions	
2. Establish robust mental health lived experience worker data collection and reporting.		
	JAN TO JUN 2024	JUN TO JUL 2024
2.1	Develop definitions for lived experience positions across the sector	
2.2	Review existing lived experience positions	
3. Develop a Mental Health Outcomes Framework that includes outcome statements, indicators, and measures for the workforce.		
	JAN TO JUN 2024	JUN TO JUL 2024
3.1	Convene mental health outcomes working group and undertake consultations	
3.2	Finalise Mental Health Outcomes framework – workforce component at whole of service system level	

Attraction, recruitment and retention

4. Identify emerging and innovative solutions to attraction, recruitment and retention		
	JAN TO JUN 2024	JUN TO JUL 2024
4.1	Convene a Mental Health Roundtable	
4.2	Identifying current barriers to effective recruitment practices	
5. Attract people to mental health careers by promoting mental health practice in the ACT as a career of choice.		
	JAN TO JUN 2024	JUN TO JUL 2024
5.1	Speak at college and university events to promote careers in mental health	
5.2	Participate in schools career expos	
5.3	Workforce promotional activities including during Mental Health Month and online	
5.4	Identify strategies to support Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse groups to increase participation in the mental health workforce.	
6. Enhancing local, interstate and overseas recruitment opportunities		
	JAN TO JUN 2024	JUN TO JUL 2024
6.1	Continue local, interstate and overseas recruitment and identify innovative approaches	
6.2	Explore domestic attraction strategies and the costs and benefits of recruitment and retention incentives including those being rolled out in other jurisdictions	
6.3	Advocate to the Australian Government to address barriers to immigration for mental health professionals.	
7. Building robust support and supervision across the mental health workforce		
	JAN TO JUN 2024	JUN TO JUL 2024
7.1	Review national, interstate and discipline specific models for support and supervision	
7.2	Define the support and supervision needs of staff in mental health services.	

Education, training and research and innovation

8. Grow the availability of workers for the mental health workforce through increasing student interest in, and uptake of, mental health courses and mental health placements.		
	JAN TO JUN 2024	JUN TO JUL 2024
8.1	Explore use of scholarships or other incentives to increase student completion of mental health tertiary courses	
8.2	Identify new student placements opportunities in mental health services	
9. Improve the student experience in mental health placements		
	JAN TO JUN 2024	JUN TO JUL 2024
9.1	Identify and address local service-based barriers to student placements in mental health services	
9.2	Explore use of scholarships and specialised training and support for Aboriginal and Torres Strait Islander students and culturally and linguistically diverse students.	
10. Strengthen and support the safety of mental health services and the wellbeing of staff, consumers and visitors.		
	JAN TO JUN 2024	JUN TO JUL 2024
10.1	Implement and evaluate evidence-based programs such as Safewards and Connecting with People	
10.2	Continue Mentally Healthy Workplace activities across ACT Government delivered mental health services	
11. Build service collaboration and professional development opportunities to foster a culture of collaboration and equal standing across the ACT mental health workforce including post-graduate mental health qualifications, certification in specific therapies, partnering and shared decision making with consumers, family, carers, and supporters, and programs professional associations.		
	JAN TO JUN 2024	JUN TO JUL 2024
11.1	Map existing mental health communities of practice and identify gaps and opportunities	
11.2	Commence new mental health communities of practice/ sector alliances to improve collaborative practice	
11.3	Increase use of the National Mental Health Professional Online Development (MHPOD) portal	

Develop and embed lived experience workforce

12. Establish lived experience leadership roles and build on current lived experience advisory mechanisms.		
	JAN TO JUN 2024	JUN TO JUL 2024
12.1	Develop position descriptions and recruit lived experience leadership roles in Office for Mental Health and Wellbeing and Mental Health, Justice Health and Alcohol and Drug Services (Canberra Health Services)	
12.2	Build lived experience coproduction mechanisms and approaches.	
13. Build sector readiness and embed lived experience positions across ACT mental health system.		
	JAN TO JUN 2024	JUN TO JUL 2024
13.1	Scope lived experience workforce developments in other sectors, states and territories, nationally and internationally and explore the levers to expand the ACT lived experience workforce.	
13.2	Trial funding and supporting lived experience training scholarships.	
13.3	Develop and deliver training and promote co-design and co-production across the sector to build organisational readiness for lived experience workers.	
14. Identify a model for lived experience supervision that supports professional development as well as addresses the wellbeing of lived experience workers.		
	JAN TO JUN 2024	JUN TO JUL 2024
14.1	Identify lived experience workers preferred model/s of support and supervision.	
14.2	Identify existing sector wide collaboration and professional development opportunities that are supportive and inclusive of people with lived experience and the lived experience workforce and establish continuing strategies and activities to embed these.	

Appendix 2

The mental health workforce in the ACT

The mental health and suicide prevention workforce is considered to comprise a range of different workers and disciplines which contribute both to direct treatment, care, and support and to the operational and leadership requirements of the system. It includes workers in specialist mental health services such as lived experience workers, support workers, nurses, a wide variety of allied health professionals, and psychiatrists as well as mental health management and administration, and support personnel. It includes staff whose primary role is the delivery of mental health services and programs as well as staff from other relevant generalist health and human services who deliver direct mental health care such as general practitioners (GPs). Allied health professionals - including but not limited to - psychologists, social workers, occupational therapists, counsellors, physiotherapists, dietitians, exercise physiologists, work across the health system from primary care to specialist mental health services.

There are also a wide range of workers across the health and community sectors whose work impacts on the mental health of the people they work with but for the purpose of this Action Plan are not defined as part of the mental health workforce.

The workforce can be defined by the settings in which they work such as seen in table taken from [Australia’s mental health services - Mental health - AIHW](#)

Australian Government	State and territory governments	Private and community sectors
Medicare Benefits Schedule	Public hospitals	Private hospitals
Pharmaceutical Benefits Scheme	Emergency departments	Crisis support websites and phone lines
Primary Health Networks	Residential mental health care	Community organisations
National Disability Insurance Scheme	Community mental health care	Private health insurers

Figure 1: Types of services by funder

The [AIHW](#) also sets out a division of the workforce as specialist, generalist and lived experience noting that these categories are by no means definitive or mutually exclusive. They provide an analysis of the workforce under these categories. In 2020 in considering comparisons between states and territories, the ACT had the highest rate for psychiatrists (18.3) and psychologists (202.7) per 100,000 of the population and one of the lower rates for mental health nurses at 88.4 per 100,000.

Lived experience workforce

The [AIHW](#) notes that due to the broad scope of lived experience workers’ engagement with the mental health care sector, there are limited reliable data on the total number of lived experience workers in Australia. Data on the lived experience workforce in specialised mental health care facilities is tracked and reported. In 2019–20, 48.9% of Australian specialised mental health facilities employed consumer workers while 23.8% employed carer workers.

The ACT has relatively low rates of lived experience workers. In 2019-20, there were 5.5 FTE per 1,000 direct care staff workers in specialised mental health care facilities in the ACT.

Community managed workforce

This workforce plays an important role in the ACT mental health service system. Mental health non-government organisations (NGO) are private organisations that receive funding from governments to provide mental health services to people with mental health conditions, their families and carers, and the broader community. NGOs are typically not-for-profit, but some are for-profit. Not-for-profit organisations are also called community-managed organisations (CMOs), reflecting their governance structure. Data collections and data on the sector is limited when compared to information available about the workforce providing public sector mental health services.

The Mental Health Community Coalition ACT has recently undertaken a workforce survey of community managed mental health services in the ACT. The [ACT community managed mental health workforce profile](#) paints a picture of a diverse workforce operating across a wide range of roles and contexts, employing 2,051 paid workers (1,231 FTE) and 1,143 volunteer workers. Nearly two-thirds (61%) of the workforce are women, and almost 70% are less than 45 years of age. As a snapshot, 26% of the workforce were mental health support workers, 7% counsellors, 6% consumer peer workers and 6% social workers. Just over half the workforce (51%) were employed full time. The report also notes that nearly half of the survey respondents had vacant positions in the past six months and of these, over half indicated vacancies were difficult to fill.

The report notes that the ACT community-managed mental health workforce varies significantly from the ACT public sector workforce, which is characterised by high nurse employment, is more highly reliant on a clinical or professional workforce and less casualised than the community managed sector.

Public clinical mental health workforce

Specialist mental health services make up the tertiary care sector and provide services for people experiencing mental illness. Data on the public sector workforce is collected routinely through the National Mental Health Establishments Database. Extensive data on the specialised clinical workforce is available through the AIHW.

Primary care and private practice workforce

[Medicare-subsidised mental health specific services](#) are delivered by psychiatrists, GPs, psychologists, mental health occupational therapists and mental health accredited social workers. These services are delivered in a range of settings—for example, hospitals, consulting rooms, home visits, and telehealth. In 2021-22, 11% of Australians accessed Medicare subsidies mental health specific services and of these:

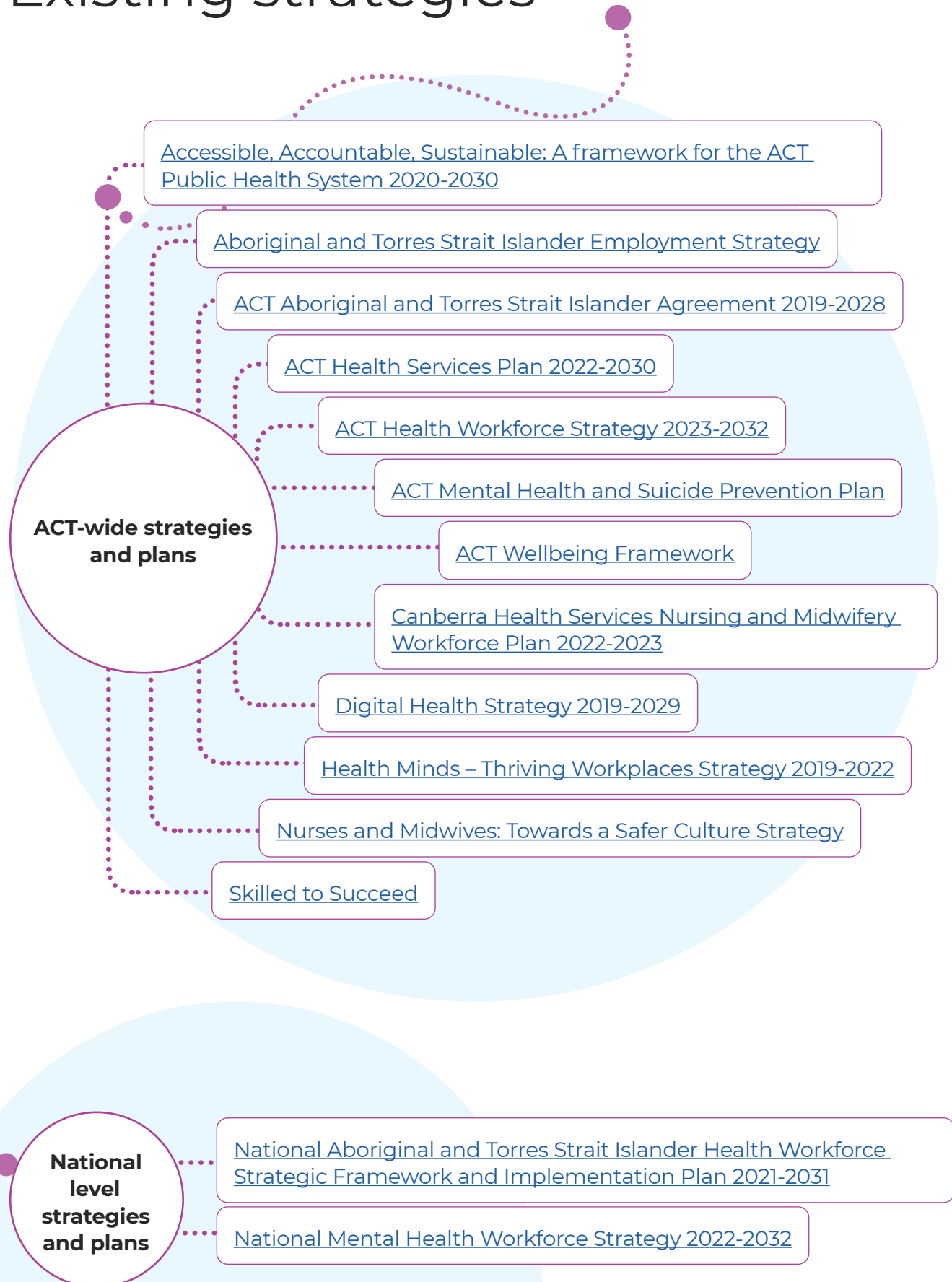
- 49% of services were provided by psychologists
- 27% by GPs (noting GPs provide services to a higher proportion of population)
- 19% by psychiatrists.

It is important to recognise that Medicare-reported mental health services capture only some of the mental health care that is provided by general practitioners. GPs provide mental health care outside of Medicare claimed services. GPs, like a number of other mental health service providers, are looking at services from the whole-person care of the person.

In 2021, 22.18% of Australians filled a mental health-related prescription. In the ACT, the rate of Medicare subsidised mental health specific services was 471 per 1,000 of the population.

Appendix 3

Existing strategies



Appendix 4

Glossary of Terms

<p>Capabilities</p>	<p>Capabilities are characteristics that individuals have and use in appropriate, consistent ways in order to achieve desired performance. These characteristics include knowledge, skills, attitudes and values.</p>
<p>Clinical supervision</p>	<p>Clinical supervision is a formally structured professional arrangement between a supervisor and one or more supervisees. It is a purposely constructed regular meeting that provides for critical reflection on the work issues brought to that space by the supervisee. It is a confidential relationship within the ethical and legal parameters of practice. Clinical supervision facilitates development of reflective practice and the professional skills of the supervisee through increased awareness and understanding of the complex human and ethical issues within their workplace (ACM, ACMHN, ACN, 2019).</p>
<p>Lived experience</p>	<p>Refers to personal experience of dealing with and managing emotional distress, mental health concerns or suicidality / suicidal ideation or experience of being the primary carer for a person with enduring mental health issues.</p>
<p>Lived experience worker</p>	<p>Discipline specific workers in mainstream or alternative mental health services or initiatives who are employed to openly identify and use their lived experience of mental health concerns or suicidality or as a carer supporting someone with mental illness as part of their work. These positions may also be referred to as peer workers. As this workforce develops, there is a greater need to create new roles and define the boundaries between them.</p>

Multidisciplinary teams

Multidisciplinary and interdisciplinary are two key terms used to describe how members of different disciplines can work together as health care teams and ways in which health care teams collaborate. Multidisciplinary/interdisciplinary team care is comprised of at least one patient and multiple health care workers from multiple different disciplines.

Multidisciplinary broadly draws on knowledge from different disciplines with each staying within their own boundaries. Interdisciplinary analyses, synthesises and harmonises links between disciplines into a coordinated and coherent whole.

In both models, team members work together to improve the experience or outcome for the patient by sharing skills, competencies and knowledge across different practices.

Based on <https://www.health.nsw.gov.au/integratedcare/Pages/multidisciplinary-team-care.aspx> and <https://www.thecentrehki.com.au/news/describing-healthcare-teams-in-a-modern-system/>

Mental Health Workforce Capability Framework

A competency-based career pathway framework that sets out the skills, knowledge, and ways of working for the mental health workforce. A system-wide structure that would serve to guide the professional practice of all those who work in the sector – regardless of setting, role, or level of specialization.

As an example see The Victorian Mental Health and Wellbeing Workforce Capability Framework 2021



health.act.gov.au/OMHW