

Leading Reform Summit 2022 Workforce Forum

Overview

On Friday 25 November 2022, the Leading Reform Summit 2022 Workforce Forum (Workforce Forum) brought cross-sector leaders together to discuss critical workforce barriers and challenges facing the mental health, alcohol and other drugs, suicide prevention and related sectors. Delegates represented state and federal governments, the private sector, primary healthcare and non-government sectors, lived experience, allied health, peak and professional bodies, unions, and academia.

The Workforce Forum provided a platform for a whole-of-system dialogue about the workforce. To determine innovative solutions and areas for strategic focus and discuss how the broader system—within and beyond the healthcare sector—can better work together to leverage cross-sector opportunities and ensure that Queensland has the workforce needed now and into the future. Delegates focused on the following five topics:

1. Building workforce supply
2. Building workforce skills, knowledge, and capability
3. Supporting the wellbeing and retention of the workforce
4. Creating a sustainable rural and remote workforce
5. Strengthening system enablers.

The Queensland Mental Health Commission (Commission) gratefully acknowledges the input of all delegates. In addition, the Commission wishes to recognise the tireless efforts of mental health, alcohol and other drugs, suicide prevention and related workforces in providing high-quality care, support and treatment to all Queenslanders.

Context

An appropriately structured, skilled and supported workforce is required to effectively meet the population's current mental health needs and monitor and respond to emerging needs. The functioning of the mental health and wellbeing system depends on the availability of high-quality workers with the right skills, who are allocated tasks that use their skills efficiently.¹

The mental health, alcohol and other drugs, suicide prevention and related workforces are highly diverse, dynamic and evolving² and are comprised of specialist and generalist professions, including clinical, non-clinical, emerging and unpaid workforces. In addition, informal care, including unpaid carers and volunteers, significantly augments mental healthcare service delivery³. The value of informal care is conservatively estimated to be \$15 billion annually.⁴ Therefore, the sustainability and capability of the informal workforce is critical, and it is recommended that initiatives for this workforce are reflected in workforce planning.⁵

Numerous reviews, inquiries and initiatives have sought to understand and address the barriers and challenges to a sustainable workforce. As emphasised by the Productivity Commission (2020),⁶ the effectiveness of the workforce depends on the number and occupational mix of workers; the extent to which they learn, maintain and apply skills that have efficacy; regulatory frameworks that govern practice; costs, including training and development; and distribution—both geographically and based on the needs of people with lived experience, their families, carers and support people.

As is well established, the mental health and wellbeing workforces face substantial and enduring staff resourcing challenges, evident across diverse sectors, professions, and locations. Understanding the cross-sector intersections and implications, including across skill sets, requires careful consideration, as workforce gaps across essential services may become further exacerbated.⁷ **Figure 1** provides a high-level overview of key workforce challenges raised by forum delegates.

Figure 1: Workforce challenges

Attraction and retention difficulties
Attrition, ageing or fatigued workforce
Wage disparity
High and complex workloads, unclear scopes of practice
Evolving policy landscape, changing consumer needs
Changing principles of practice and modalities of care
Insufficiently developed and articulated pipelines and pathways for career entry and progression
Lack of access to professional development, including mentoring and leadership opportunities
Shortfalls across specialised work streams and settings
Limited placement availability and coordination, including access to supervisors and paid placements
Underfunding of particular sectors and settings, limited sustainability planning
Limited collaboration and connection between disciplines, professions and sectors
High administrative burden contributing to a loss of meaningful clinician time spent with individuals
Lack of flexible workplace arrangements
Attraction of private practice
Limited dissemination of innovation and ideas
Negative perceptions or stigma associated with working in the health and caring professions
Inequitable workforce distribution across geography, culture, service type and setting
Increased competition for scarce human resources across sectors
Lack of staff or resource portability across sectors

Building a future-focused, innovative, and agile mental health and wellbeing system requires growing and optimising the workforce's capacity and capability to respond to current and future emerging needs. However, despite significant efforts and investment, workforce shortages will continue to increase if unaddressed, further impacting the system's ability to meet demand and deliver high-quality care, support and treatment.⁸ A significant number of parties influence the levers of workforce supply, including state and federal governments, training providers, higher and vocational education sectors, representative and accreditation bodies, service providers and unions.⁹

Meeting current and future workforce needs will require comprehensive and coordinated action across mental health, alcohol and other drugs, suicide prevention, and related systems and sectors.¹⁰ System reforms should seek to harness the collective strengths of the workforce through an integrated, whole-of-workforce approach,

prioritising workforce supply, diversity, sustainability, wellbeing, and innovation. This recognises the unique and valuable contributions of diverse workforces and promotes a sustainable and inclusive workforce environment.

As emphasised by the National Suicide Prevention Adviser (2020),¹¹ people with lived experience, their families and kin, carers and support people interact with workforces across diverse sectors, at different times and in different ways. Every contact with a service provider, department, team, or worker is an opportunity to have a positive impact, ensuring that the right supports are provided at the right time and meeting people where they are at.

The following provides a high-level overview of key discussion themes and recommendations from the Workforce Forum.

1. Building workforce supply

The mental health, alcohol and other drugs, and suicide prevention workforces are critical to providing high-quality, safe, and person-led support, care and treatment to Queenslanders.

Delegates highlighted the need to increase workforce supply to meet growing service demand, remain agile to emerging challenges and opportunities, enhance access and equity, improve safety and quality, support workforce wellbeing, and promote innovation.

Building a sustainable workforce depends on a training pipeline that commences with early and positive career exposure and continues throughout the career pathway to ensure workforce wellbeing, progression and retention.¹² To build the workforce, delegates highlighted the importance of starting early with local school and community engagement; enhancing education and training to ensure work readiness; access to support and integrated placements within and beyond the healthcare system; promotion and marketing; and optimising resources through digital opportunities.

Additional critical elements included prioritising the needs of underserved communities, including regional, rural and remote communities, and enhancing opportunities for First Nations peoples and people with lived experience to pursue education and training.

The 2023-24 Federal budget has sought to address the issue of workforce supply, committing \$91.3 million over five years to address acute bottlenecks in the psychology training pipeline. This funding will build the workforce, reduce pressure on the system, and encourage more psychology students to complete their studies while longer-term reforms are progressed.¹³

1.1. Promote careers in mental health, alcohol and other drugs, and suicide prevention

Delegates identified a need to strengthen school-to-industry pathways as critical to supporting the growth and sustainability of the mental health, alcohol and other drugs, and suicide prevention system workforces.

Building effective pathways will require purposeful collaboration between educational institutions and stakeholders across public, private, primary, and non-government sectors and the broader community. Bridging the gap between the education system and the broader workforce will foster the development of a diverse and capable workforce, promote innovation and collaboration, and address persistent workforce shortages and skill gaps.

Strong partnerships between educational institutions and the broader sector will help deliver strategic school-to-industry pathways that align the curriculum with the sector's needs, cultivate work-based learning opportunities (e.g., apprenticeships and internships); establish mentorship or traineeship programs, and nurture the development of essential skills to meet current and emerging needs.

In addition, delegates spoke about the need to address and reduce the stigma associated with working in mental health, alcohol and other drugs and suicide prevention and related sectors. Positive and early exposure to the mental health and wellbeing system counters stigma, shapes community perceptions, and encourages individuals to pursue mental health, alcohol and other drugs, and suicide prevention careers.

The following themes and recommendations emerged:

- **Implement a comprehensive marketing and attraction campaign.** Develop a robust campaign to raise awareness and generate interest in careers within the mental health, alcohol and other drugs, and suicide prevention sectors. The campaign should effectively target diverse audiences and emphasise the fulfilling nature of these professions and the positive impact they can have on people's lives. Periodically refresh the campaign to ensure ongoing effectiveness and align with current reforms, cross-sector collaborations, and best practices.
- **Explore innovative approaches to engage students.** Implement innovative strategies to attract students into study areas of need, including exploring technology-based solutions to provide engaging and dynamic learning experiences.
- **Career information targeted at secondary school students.** Promote mental health, alcohol and other drugs, and suicide prevention as viable and rewarding career options for young people. Implement awareness campaigns and educational programs highlighting the importance of these professions, including incorporating work awareness programs and resources into school subject selection processes.
- **Explore school engagement for traineeships.** Initiate traineeship programs at the local school level, with a particular focus on regional and remote communities, and collaborate with students to co-design career pathways.
- **Develop targeted transition pathways.** Develop pathways to facilitate a supported transition from education, including establishing higher education programs for individuals with no previous qualifications or those who do not meet entry requirements.
- **Strengthen school-to-industry partnerships.** Foster closer collaboration between educational institutions and the broader mental health, alcohol and other drugs, and suicide prevention sector. This includes ensuring course curricula align with and reflect contemporary evidence and needs. This includes strengthening the connection between registered training organisations and industry to enhance workforce development and alignment with community and sector needs.
- **Address stigma and discrimination.** Work with the mental health, alcohol and other drugs, and suicide prevention sectors to combat workplace stigma experienced by the lived experience workforce. This involves implementing targeted initiatives to promote awareness, understanding, and the valuable contribution and expertise of individuals working in these areas.

1.2. Increase graduate, post-qualification and transition pathways

Delegates emphasised the need to foster professional growth and to support individuals at diverse career stages, including investing in and expanding graduate, post-qualification and transition pathways. In addition, delegates articulated a need to ensure an appropriate number of training positions, including robust supervision structures to effectively support training requirements and facilitate workforce growth. This includes lived experience supervisory opportunities and enhanced support for non-traditional workforces.

Delegates also identified a pressing need to address the attrition of experienced and senior staff across the workforces. This included identifying senior career opportunities and initiatives to retain this workforce.

The following themes and recommendations emerged:

- **Establish dedicated pathways for people with lived experience.** Implement tailored scholarships that provide financial assistance, mentorship and additional support for people with lived experience to undertake education and training.
- **Scholarships and incentives.** Establish scholarships and financial assistance programs to support individuals pursuing education and training in mental health, alcohol and other drugs, and suicide prevention. This includes dedicated funding for people with lived experience, First Nations Queenslanders, and people in rural and remote areas to undertake education and training.

The 2023-24 State Budget continued the Queensland Government's commitment to providing fee-free TAFE for Queenslanders under the \$1.35 billion investment in skills, training, employment and small business in Queensland.¹⁴

The Australian Government established the 2-year *Peer Work Scholarships Program* to strengthen and grow the lived experience workforce by funding scholarships to support people to undertake Certificate IV Mental Health Peer Work. In 2023-2024, there are 178 scholarship packages available for Queenslanders who are eligible, prioritising First Nations and rural and remote communities.¹⁵

- **Accessible information on traineeships and incentives.** Provide clear information and guidance on how and where to access traineeships and incentives.
- **Recognition of prior learning.** Establish a clear and universally recognised process for Recognition of Prior Learning that allows individuals with a Certificate IV qualification to receive credit towards diploma and undergraduate courses. This pathway will seek to acknowledge the knowledge and skills gained through practical experience and prior education, providing individuals with a more streamlined and accessible route for advancing their qualifications.
- **Enhance placement opportunities.** Increase the availability of paid placements for nursing, allied health, psychosocial, Certificate IV Mental Health Peer Work and Certificate IV in Mental Health students experiencing financial barriers and promote equitable access to placement opportunities. This includes exploring partnerships with placement providers, securing stipend funding, implementing clear guidelines and support systems, and exploring employment opportunities following completion.
- **Enhance integrated placements.** Promote placements across diverse settings, within and beyond the healthcare sector, to provide comprehensive training experiences. This includes exploring strategic partnerships with the vocational and higher education and broader sectors to enhance workforce development. Delegates also recommended the establishment of a cross-university consortium to plan and coordinate student placements across sectors.

The 2023-24 Federal Budget committed \$27.7 million for 500 one-year internships for provisional psychologists and \$56 million for universities to create 500 additional post-graduate psychology places. This commitment forms part of the 2023-24 Federal Government commitment of \$91.3 million over five years to address acute bottlenecks in the psychology training pipeline.¹⁶

The 2023-24 State Budget committed \$22 million to provide a \$5000 allowance to each final year nursing and midwifery student on placement at a rural or remote Queensland Health facility.¹⁷

- **Digital placement opportunities.** Implement digital placement opportunities to address the placement waiting period and availability, particularly to support underserved communities, ensure continuous skill development, and explore the potential of online work through community hubs.
- **Establish post-graduate/early career traineeships.** Implement traineeship programs as a requirement before registration, providing valuable practical experience and training for people in their post-graduate or early career stage. This will enhance professional development and readiness for practice in mental health, alcohol and other drugs, and suicide prevention.
- **Informal mentoring opportunities.** Explore informal mentoring opportunities to support aspiring healthcare professionals, including future physicians, by cultivating their interest and engagement in mental health, alcohol and other drugs, and suicide prevention.
- **Enhance capacity through rotations.** Establish and promote rotation programs within the mental health, alcohol and other drugs, and suicide prevention sectors. The programs should provide opportunities for peer and lived experience professionals to gain experience in diverse settings.

- **Enhance access to post-graduate degrees for senior clinicians.** Explore collaborative approaches and cross-sector partnerships between academia, professional bodies and the public, private, primary care and non-government sectors to support senior clinicians to acquire advanced knowledge, skills and competencies.
- **Enhance post-study work rights schemes.** Explore schemes that facilitate the attraction and recruitment of skilled professionals and students from international backgrounds to work in Queensland. These schemes should prioritise knowledge exchange and workforce development while also addressing any existing barriers to immigration and adapting to a new environment.
- **Establish a professional development eminence scheme.** Create a specialised professional development program or academy designed to recognise and leverage the expertise of experienced professionals in the mental health, alcohol and other drugs, and suicide prevention sectors. This scheme aims to cultivate senior professionals' and leaders' knowledge, capacity and experience, enabling opportunities to mentor and support the professional development of the early-to-mid career workforce.
- **Establish an award program to recognise excellence.** Develop an award program to formally recognise and honour individuals who have made significant contributions to the sector through their education, experience and efforts in helping others. A dedicated platform to acknowledge individual contributions will foster a culture of excellence, encourage professional development, and elevate the status of working in mental health, alcohol and other drugs, and suicide prevention.

1.3. Building new and emerging workforces

Developing emerging and new workforces is essential for delivering high-quality, person-led and compassionate care that effectively meets diverse and emerging needs, preferences and experiences. Establishing strong foundations for growth and capacity-building is critical to ensure new and emerging workforces possess the necessary competencies to provide comprehensive, inclusive and responsive support.

The lived experience and peer workforces are critical to a contemporary mental health and wellbeing system. Delegates emphasised the need to grow and strengthen the lived experience and peer workforces, including scaling the workforce pipeline. In addition, delegates spoke about providing optimal environments to support multidisciplinary collaboration and integration and providing development opportunities that enhance the competencies of emerging and new workforces.

The following themes and recommendations emerged:

- **Integrate informal care workforces into workforce strategies.** Incorporate unpaid workforces, including families and kin, carers and support people into planning, policy development and resource allocation to leverage their unique insights, skills and expertise and to enhance overall workforce and system effectiveness. This includes strengthening the capacity of unpaid workforces by prioritising the upskilling of families and kin, carers and support people through accessible and tailored training programs.
- **Review industrial conditions for lived experience and peer workforces.** Review employment conditions for the lived experience and peer workforces to ensure their support, recognition and appropriate remuneration for their expertise. These should be considered through a co-design process.
- **Create safe environments for the lived experience and peer workforce.** Clearly define the roles and responsibilities of the lived experience and peer workforces; provide comprehensive training programs and ongoing support; foster a culture of safety, respect and stigma-free environments; and actively engage the lived experience and peer workforce in co-design of policy and service planning.
- **Integrate lived experience and peer workforces across sectors.** Actualise the inherent value and expertise of the lived experience and peer workforces and prioritise integration across sectors to ensure continuity of care, including the provision of essential psychosocial support to individuals.
- **Implement a comprehensive education program.** Develop an education program designed to enhance the broader workforce's understanding of the role and value of peer and lived experience workforce is essential.

- **Expand paid placement opportunities for the lived experience and peer workforces.** Paid placement opportunities should enhance professional development and support meaningful participation in mental health, alcohol and other drugs, suicide prevention and related sectors. Delegates recommended paid placements offered to graduate students with a Certificate IV in Mental Health Peer Work and Certificate IV in Mental Health and equivalent certifications.
- **Establish lived experience and peer workforce traineeships.** Partner with Queensland Health and relevant stakeholders to design and implement structured traineeship programs for the lived experience and peer workforces. These traineeships should provide comprehensive training, mentoring, peer supervision and practical experience to equip individuals with the necessary skills and knowledge to support others effectively.
- **Establish lived experience supervision opportunities.** Develop opportunities across disciplines to strengthen a person-led approach, enhance understanding of potential harms, and promote trauma-informed, culturally safe and responsive care. This includes improved access to supervision roles for lived experience and peer workforces and funding for supervision opportunities.
- **Designated senior positions.** Establish designated senior positions for people with lived experience across the mental health, alcohol and other drugs, and suicide prevention systems. The positions should be created to provide leadership, guidance and expertise, ensuring that the perspectives and insights of people with lived experience are embedded into decision-making processes and service delivery.
- **Lived experience/peer workforce professional association.** Allocate funding to establish a dedicated professional association for peer workers in the mental health, alcohol and other drugs, and suicide prevention sectors. The body would serve as a platform to support the development of the necessary infrastructure, resources and training programs, fostering collaboration, knowledge sharing, and professional development opportunities.

2. Building workforce skills, knowledge and capabilities

Delegates emphasised the critical importance of equipping mental health, alcohol and other drugs, and suicide prevention workforces with the right skills, competencies and expertise to provide the highest quality care. Developing new and enhanced capabilities across professions, roles, and settings is critical to a comprehensive approach to supporting wellbeing and enhancing worker retention.

2.1. Aligning education and training to meet community needs

Delegates emphasised the importance of aligning education and training programs with the diverse needs of Queenslanders, which is critical for ensuring an agile and skilled workforce. By tailoring education and training to address the community's unique and emerging needs, challenges and requirements, the mental health, alcohol and other drugs, suicide prevention, and related workforces can be better equipped with the knowledge, skills and competencies necessary to deliver effective, trauma-informed, family and carer-inclusive, and culturally safe and responsive care. This enhances services and provides service delivery that is relevant, accessible and responsive to the needs and preferences of individuals and communities and contributes to improved outcomes.

The following themes and recommendations emerged:

- **Enhance course curricula.** Integrate comprehensive mental health, alcohol and other drugs, and suicide prevention content co-designed with people with lived experience into vocational and tertiary courses. This includes reviewing and enhancing existing courses and certifications and increase in-reach by the alcohol and other drugs sector. This ensures graduates are job-ready and equipped to address diverse needs, preferences and experiences. It also involves developing short-term, fit-for-purpose courses and integrating skill requirements to support new and emerging workforces. Delegates recommended a stronger emphasis on person-centred and person-led competencies alongside profession-specific competencies.

The 2023-24 Federal Budget has committed \$17.8 million for the broader health workforce to upskill staff to recognise and respond to distress, deliver high-quality mental health treatment, protect the mental health of early-career health practitioners, and continue providing vital support to health workers. This includes:

- \$9.2 million over three years for online training, resources and professional development
- \$6.8 million over three years for mental health first aid training for 7800 medical students and 55,500 nursing, midwifery and allied health students, and
- \$1.4 million over three years to ensure undergraduate nursing, midwifery, and allied health students receive consistent education in mental health.¹⁸

- **Specialist alcohol and other drugs qualifications.** Foster collaboration between industry stakeholders and government agencies to ensure that the content knowledge and expertise from the alcohol and other drugs sector is integrated into curricula. Establishing specialist training, including major specialisation and/or certification, ensures that professionals can enhance their skills and expertise to provide high-quality, timely and person-led support.

2.2. Improving capability through ongoing training and development opportunities

- **Promote flexibility in work and post-graduate study.** Explore flexible study options and foster partnerships between employers and educational institutions to support employees pursuing post-graduate education while maintaining work commitments.
- **Introduce a micro-learning framework.** Develop a micro-learning framework, including non-accredited micro-courses, micro-credentialing and micro-qualifications to offer flexible, targeted and recognised learning opportunities for professionals to acquire specialised skills and knowledge in specific areas of mental health, alcohol and other drugs, and suicide prevention.
- **Subsidise specialisation courses.** Introduce government-subsidised specialisation courses for allied health professionals to continue to expand their expertise in mental health, alcohol and other drugs, and suicide prevention.
- **Establish inter-professional links.** Foster collaborations and connections among the diverse professional disciplines within the mental health, alcohol and other drugs, and suicide prevention sectors. Building these inter-professional links can enhance communication, knowledge-sharing and care coordination.
- **Shared learning and knowledge development.** Facilitate a culture of shared workforce innovation and best practices across organisations and sectors to foster collaboration and knowledge exchange.
- **Opportunities to undertake research and knowledge translation.** Enhance workforce flexibility by providing opportunities for employees to engage in projects within their roles, including research translation and facilitating the dissemination of knowledge and findings.
- **Explore leadership qualifications.** Explore the development of a leadership qualification tailored to the mental health, alcohol and other drugs, and suicide prevention sectors designed to support the career development of experienced and emerging leaders. This includes drawing insights from other successful programs, for example, the University of New England Diploma of Leadership in Disability Services.
- **Pathways and incentives for staff leadership and professional development.** Establish clear pathways and incentives to promote staff leadership and professional development, fostering a culture of continuous growth and recognition of staff contribution and expertise.
- **Recurrent funding opportunities to support professional development.** Establish dedicated funding opportunities to support training and skill development for professionals working in mental health, alcohol and other drugs, suicide prevention, and related sectors.

2.3. Ensuring the workforce reflects and responds to diverse needs, experiences and communities

- **Build community capacity and capability.** Implement a comprehensive mental health literacy and Mental Health First Aid training program within the community to equip individuals with essential knowledge and skills for recognising, understanding and responding to mental health challenges.
- **Enhance the capability and capacity of non-traditional workforces.** Prioritise capacity building for non-traditional workforces to enhance their skills, knowledge and capabilities in delivering inclusive and effective services to people with lived experience. This includes cross-sector partnerships, targeted training, professional development programs, and support systems tailored to the unique needs of these workforces.
- **Expand lived experience and peer workforces.** Establish paid traineeships and work placements, and provide appropriate support, supervision and professional development opportunities to ensure the success and wellbeing of lived experience and peer workers.
- **Adequately support and resource the Aboriginal and Torres Strait Islander community-controlled sectors.** Support the community-controlled sector as a sustainable and efficient approach to delivering mental health, alcohol and other drugs, suicide prevention and related services and supports to First Nations peoples. In addition, develop strategies to effectively engage, support and strengthen the First Nations workforces.
- **Cross-sector approaches to trauma-informed care.** Introduce trauma-informed content across diverse professions, within and beyond the mental health, alcohol and other drugs, and suicide prevention workforces to enhance support for persons presenting in distress.

2.4. System-wide capability focus

- **Capability and competency framework.** Establish a capability and competency framework to support multidisciplinary practice across roles and settings alongside professional discipline and service-specific requirements and capability frameworks. The framework is intended to: ensure that knowledge and skills are developed more consistently across professional disciplines, teams and services; promote a shared understanding of capabilities; enable portability across sectors; and facilitate professional development.
- **Optimise the multidisciplinary workforce.** Develop and implement strategies to optimise diverse workforces, promoting collaboration and coordination among professionals from various disciplines. This includes establishing collaborative models of care; defining roles and scope of practice; providing ongoing training and education; facilitating effective communication and information sharing; integrating services across different healthcare settings; implementing quality improvement and safety measures; and recognising and valuing the contribution of all professionals. In addition, this further requires establishing protocols to guide collaborative practice and promote the value of cross-disciplinary collaboration. Delegates recommended the counselling workforce in community-based primary healthcare settings, hospitals, private and state-funded schools, and crisis support spaces should be drafted to complement the existing mental health, alcohol and other drugs, and suicide prevention workforce.

The 2023-24 Federal Budget has committed \$0.3 million over two years to develop national standards for counsellors and psychotherapists. This forms part of the 2023-24 Australian Government commitment of \$17.8 million for initiatives to upskill the broader health workforce.¹⁹

- **Foster collaboration between specialist and generalist workforces.** Leverage and enhance capacity and capability through training, cross-sector collaboration, and shared workforce initiatives.
- **Establish a dedicated academy or fellowship program.** Foster knowledge sharing and expertise development within the mental health, alcohol and other drugs, and suicide prevention workforce by creating a platform for continuous learning, collaboration, and innovation. The academy should seek to incentivise participation and tie the knowledge gained to the broader workforce. The academy should seek to contribute to the overall advancement and excellence of the workforce, ensuring that contemporary practices and evidence-based approaches are consistently integrated into system and service delivery reform.

3. Supporting the safety, wellbeing and retention of the workforce

To ensure a sustainable and engaged workforce, delegates emphasised the importance of prioritising the safety, wellbeing, and retention of the workforce. By strongly emphasising workforce safety and wellbeing, an environment that fosters high-quality and safe care can be created, leading to improved outcomes for individuals with lived experience, families and kin, carers and support people.

It is important to acknowledge that recent events, such as natural disasters, drought, floods, fires, and the ongoing impacts of the pandemic, have compounded the experience of existing challenges. Creating safe and supportive environments includes fostering a culture of respect and collaboration, prioritising the wellbeing of service users and the workforce, and enabling workers to develop and utilise their professional skills.

The following themes and recommendations emerged:

- **Support mentally healthy workplaces.** Enhance supportive workplace cultures by implementing targeted strategies that foster teamwork, mentorship, knowledge exchange, and a culture of support and inclusion. This includes adopting psychosocial risk hazard reduction frameworks and guidance and implementing a *protect, promote and respond* model.
- **Establish a workforce wellbeing framework.** Develop a comprehensive framework to prioritise the workforce's mental health and wellbeing needs across the mental health, alcohol and other drugs, and suicide prevention sectors, including developing a dedicated wellbeing program.
- **Provide comprehensive support programs.** Develop programs to support graduates, prevent burnout and promote wellbeing. This support can include mentorship programs, regular supervision and debriefing sessions, access to counselling or therapy services, and ongoing professional development opportunities. In prioritising graduates' wellbeing, we can enhance their resilience, job satisfaction, and overall ability to provide effective care, support and treatment.

The 2023-24 Federal Budget has committed \$5.9 million for 2000 fully subsidised supervisor training sessions. This commitment forms part of the 2023-24 Federal Government commitment of \$91.3 million over five years to address acute bottlenecks in the psychology training pipeline.²⁰

In response to the Mental Health Select Committee recommendations, \$10 million over four years has been allocated to the expansion of the existing Work Skills Traineeships program under *Skilling Queenslanders for Work*, with purpose-specific project proposals to create job opportunities for people experiencing mental ill-health and alcohol and other drug issues.

- **Strengthen staff support systems.** Ensure access to Employee Assistance Programs or appropriate equivalent services for all staff, particularly non-government, non-clinical service delivery roles, who may face significant stressors. Additionally, enhance the availability of debriefing sessions and supervision opportunities to provide regular opportunities for staff to reflect on their work, process challenging experiences, and receive guidance and support from experienced professionals.
- **Review staffing to patient/consumer ratios.** Review state and/or national standards for staffing and patient/consumer ratios across all levels of service delivery to safeguard the wellbeing of staff and ensure the provision of high-quality care, support and treatment.
- **Enhance support to graduates.** Provide comprehensive support programs for graduates to prevent burnout and promote wellbeing. This support can include mentorship programs, regular supervision and debriefing sessions, access to support services, and ongoing professional development opportunities.
- **Streamline administrative processes to maximise clinician time.** Address the high administrative burden by implementing strategies to streamline administrative processes and increase time spent on client-related activities.

4. Creating sustainable regional, rural and remote workforces

A significant proportion of delegate discussion focused on building sustainable regional, rural and remote workforces. This discussion acknowledged the unique environments, challenges and needs faced by Queensland's regional, rural and remote communities. It also recognised the critical role of a skilled and supported workforce in addressing these challenges effectively.

A sustainable regional, rural and remote workforce contributes to numerous outcomes, including equitable access to services; co-designed service delivery commensurate to local needs; bridging workforce shortages; enhanced culturally safe and responsive care; promotion of individual and community capacity and resilience; and continuity of care. Overall, delegates identified the need for a comprehensive and long-term workforce plan to attract, develop and sustain the local workforce in regional, rural and remote areas

The following themes and recommendations emerged:

- **Measures to support regional, rural and remote workforces.** Incentivise professionals to regional, rural and remote locations, including enhanced remuneration, travel allowances, and accommodation support. Additionally, facilitate access to professional development opportunities through remote learning platforms and resources to ensure continuous learning and skill enhancement for professionals in these communities.

The 2023-24 Queensland State Budget committed:

- \$22 million to provide a \$5000 allowance to each final-year nursing and midwifery student on placement at a rural or remote Queensland Health facility.²¹
- \$118.2 million to build and maintain housing for essential health, education and emergency services workers. This commitment forms the next instalment of a \$519 million, four-year program to build more than 400 homes and maintain an existing portfolio of around 3000 homes for frontline workers in regional communities to ease pressure on rental markets.²²
- Under the *Workforce Attraction Incentive Transfer Scheme*, interstate health workers can receive payments of up to \$20,000 when they choose to work for Queensland Health. Moreover, doctors who relocate to regional and remote areas of Queensland will be eligible for an additional payment of up to \$70,000. The scheme is open to diverse professions, including medical doctors and specialists, nurses, midwives, allied health professionals, the First Nations health workforce, dentists, oral health practitioners and scientific officers.²³

- **Harness existing knowledge and resources.** Actively engage with established groups, networks and organisations and foster partnerships and collaborations to leverage resources, opportunities and support networks and ensure a comprehensive and coordinated approach to service delivery.
- **Regional and rural exchange programs.** Facilitate exchange programs between regional and rural areas, allowing professionals from different locations to share knowledge, experiences and best practices.
- **Create additional career pathways.** Develop and promote new career opportunities within regional, rural and remote areas to attract and retain professionals in the mental health, alcohol and other drugs, and suicide prevention fields. This includes fostering collaborations with local industries and sectors to identify and create employment options that align with community needs and interests, including traineeships.
- **Primary healthcare integration.** Collaborate with primary care providers to strengthen their capacity to address mental health, alcohol and other drugs, and suicide prevention needs. Pilot and implement initiatives that enhance the skills and knowledge of the existing primary care workforce in remote areas through partnerships with relevant organisations and agencies.
- **Strengthen local capacity and capability building.** Implement partnership-based strategies to enhance the capacity and capability of the local workforce. This involves collaborating with key stakeholders, including centralised offices, to leverage their resources and support; establishing supervision and mentoring programs; and facilitating knowledge exchange, learning opportunities and skill development.

- **Community needs assessment and workforce development.** Establish a continuous connection with local communities to understand their needs and tailor workforce development strategies accordingly. This includes actively supporting skill-building and qualifications aligned with community interests to enable community members to contribute to the mental health, alcohol and other drugs, and suicide prevention workforces.
- **Regionalised funding models.** Implement a regionalised funding approach tailored to each region's unique needs and characteristics and provides dedicated funding that aligns with regional planning and priorities. The challenges of grant-based, short-term funding require further consideration to ensure continuity of services and workforce support beyond the grant period to facilitate smooth transitions and minimise disruptions. This should be underpinned by a strengthened approach to regional/localised planning and decision-making that promotes cultural safety, transparency and accountability.
- **Strengthen digital infrastructure and skills.** Build local digital infrastructure and promote digital skills within remote communities to enhance access to mental health, alcohol and other drugs, and suicide prevention resources. Establish localised hubs, such as community libraries, equipped with appropriate technology and supported by lived experience, peer workers and other professionals to facilitate digital connectivity and service delivery.
- **Leverage community infrastructure.** Maximise existing community infrastructure, such as schools, neighbourhood centres and libraries, to promote mental wellbeing. This includes building the capacity of local workforces and using community infrastructure to engage people experiencing distress.
- **Cultivate community champions and leadership.** Support the development of community champions. This includes enhancing existing leadership capacity within remote communities by providing training opportunities and building the capacity of individuals to take on leadership roles in mental health, alcohol and other drugs, and suicide prevention initiatives.

5. Strengthening the system enablers to maximise opportunities

Delegates emphasised that enhanced workforce planning requires strengthened foundations across multiple areas, including funding and commissioning, strategic policy and planning, evaluation and knowledge translation, and data systems. Strengthening these foundational elements will provide the necessary infrastructure to drive improvements for a comprehensive, coordinated, integrated mental health and wellbeing system.

The following themes and recommendations emerged:

- **Workforce representation and conditions.** Recognise and support the unique models of service provided by the mental health, alcohol and other drugs, and suicide prevention sectors by addressing remuneration issues, particularly wage parity and appropriate indexation of contracts. This includes exploring the establishment of a dedicated association to enable fair representation of peer and lived experience workforces and professional recognition.
- **Improve industrial structures and frameworks.** Provide comprehensive support and investment in the foundational elements necessary to develop a strong and resilient workforce, including improving industrial structures and frameworks. This involves reviewing and updating industrial agreements, awards and regulations to ensure they align with the unique needs and challenges of the sector.
- **Review professional regulatory requirements.** Comprehensively review regulatory requirements within the mental health, alcohol and other drugs, and suicide prevention sectors. This process should involve actively reassessing existing regulations and standards to create a more flexible and supportive environment for the workforce and foster innovation, collaboration and professional growth.
- **Implement flexible work arrangements.** Establish conditions designed to promote better work-life balance and enhance workforce retention. This includes providing options such as flexible schedules, remote work opportunities, and alternative employment models that accommodate the diverse needs and commitments of the workforce.

- **Establish a portable long-service scheme.** Design a scheme specifically for the mental health, alcohol and other drugs, and suicide prevention workforces, allowing workers to retain their accrued leave and entitlements when transitioning between diverse employers or roles across sectors.
 - **Improved system planning and sustainability.** Conduct an in-depth analysis of positions to ensure they are responsive and relevant to community needs and system reform. A data-driven approach should seek to analyse relevant data on service outcomes, workforce requirements, and community needs to provide valuable insights for decision-making, resource allocation and advocacy efforts.
 - **Incorporate workforce development and sustainability into funding models.** Ensure that longer-term budgets support workforce retention, including provisions for professional and workforce development activities, capacity building and research initiatives. Delegates identified the need to advocate for adequate funding and support mechanisms to enable the portability of workforces across sectors, promoting seamless transitions, maximising workforce utilisation for efficient and effective service provision, and professional development.
 - **Allocation of place-based funding.** Address the specific needs of diverse groups and communities by quarantining funding to ensure the provision of services and continuity of care. This may include designated funding allocations across Hospitals and Health Services to ensure services receive mental health, alcohol and other drugs, and suicide prevention funding to address local community needs.
 - **Consideration of built environments.** Recognise the role of built environments in influencing job satisfaction, engagement and staff retention. This includes access to amenities, resources and facilities that support staff wellbeing.
 - **Shared corporate services.** Foster cross-sector collaboration and shared corporate services to address resource limitations and enhance operational efficiency. By pooling resources and expertise, non-government organisations and government entities can establish shared corporate services, such as finance, human resources and operational support, to optimise funding and effectively develop Employee Assistance Programs. This collaboration should also include the development of standardised templates and guidelines to support smaller organisations in implementing employee assistance programs and promoting employee wellbeing.
 - **Transparency and accountability in policy and planning.** Institute regular reporting, performance monitoring, and evaluation mechanisms to ensure funding is utilised effectively and aligns with system reform.
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PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

Email: info@qmhc.qld.gov.au

An electronic copy of this document is available at
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Feedback

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References

- ¹ Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra, viewed 10 May 2023, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>
- ² Cleary, A, Thomas, N, Boyle, F 2020, *National Mental Health Workforce Strategy – A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of mental health reviews and inquiries*, (final report), Institute for Social Science Research, viewed 26 May 2023, https://www.health.gov.au/sites/default/files/documents/2021/08/national-mental-health-workforce-strategy-a-literature-review_0.pdf
- ³ Australian Government (National Skills Commission) 2022, *Care Workforce Labour Market Study*, final report, viewed 26 May 2023, <https://www.nationalskillscommission.gov.au/sites/default/files/2022-10/Care%20Workforce%20Labour%20Market%20Study.pdf>
- ⁴ Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J & Whiteford H 2016, *The economic value of informal mental health caring in Australia: summary* report, University of Queensland, viewed 10 May 2023, [https://www.mindaustralia.org.au/sites/default/files/Mind value of informal caring full report.pdf](https://www.mindaustralia.org.au/sites/default/files/Mind%20value%20of%20informal%20caring%20full%20report.pdf)
- ⁵ Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra, viewed 10 May 2023, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>
- ⁶ Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra, viewed 10 May 2023, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>
- ⁷ Australian Government (National Skills Commission) 2022, *Care Workforce Labour Market Study*, final report, viewed 26 May 2023, <https://www.nationalskillscommission.gov.au/sites/default/files/2022-10/Care%20Workforce%20Labour%20Market%20Study.pdf>
- ⁸ State of Victoria 2021, *Royal Commission into Victoria's Mental Health System*, viewed 10 May 2023, https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/03/RCVMHS_FinalReport_Vol4_Accessible.pdf
- ⁹ State of Victoria 2021, *Royal Commission into Victoria's Mental Health System*, viewed 10 May 2023, https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/03/RCVMHS_FinalReport_Vol4_Accessible.pdf
- ¹⁰ Australian Government (National Disability Insurance Scheme Review Secretariat) 2023, *Building a more responsive and supportive workforce*, viewed 26 May 2023, https://www.ndisreview.gov.au/sites/default/files/resource/download/building-a-more-responsive-and-supportive-workforce_0.pdf
- ¹¹ Australian Government (National Suicide Prevention Adviser) 2020, *Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice)* Canberra, viewed 5 May 2023, <https://www.health.gov.au/sites/default/files/documents/2021/05/national-suicide-prevention-adviser-final-advice-connected-and-compassionate.pdf>
- ¹² Cleary, A, Thomas, N, Boyle, F 2020, *National Mental Health Workforce Strategy – A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of mental health reviews and inquiries*, (final report), Institute for Social Science Research, viewed 26 May 2023, https://www.health.gov.au/sites/default/files/documents/2021/08/national-mental-health-workforce-strategy-a-literature-review_0.pdf
- ¹³ Australian Government (Department of Health and Aged Care) 2023, *Mental Health Factsheet*, viewed 15 June 2023, Canberra
- ¹⁴ Queensland Government 2023, *\$1.35 billion investment in skills, training, employment and small business in Queensland*, Ministerial Media Statement, published 13 June 2023, viewed 15 June 2023, <https://statements.qld.gov.au/statements/97938>
- ¹⁵ Queensland Alliance for Mental Health 2023, *Peer Work Scholarships*, viewed 6 July 2023, <https://www.qamh.org.au/scholarships>
- ¹⁶ Australian Government (Department of Health and Aged Care) 2023, *Mental Health Factsheet*, viewed 15 June 2023, Canberra
- ¹⁷ Queensland Government 2023, *Record budget targets health system's pressure points*, Media Statement, published 13 June 2023, viewed 18 July 2023, <https://statements.qld.gov.au/statements/97928>
- ¹⁸ Australian Government (Department of Health and Aged Care) 2023, *Mental Health Factsheet*, viewed 15 June 2023, Canberra
- ¹⁹ Australian Government (Department of Health and Aged Care) 2023, *Mental Health Factsheet*, viewed 15 June 2023, Canberra
- ²⁰ Australian Government (Department of Health and Aged Care) 2023, *Mental Health Factsheet*, viewed 15 June 2023, Canberra
- ²¹ Queensland Government 2023, *Record budget targets health system's pressure points*, Ministerial Media Statement, published 13 June 2023, viewed 15 June 2023, <https://statements.qld.gov.au/statements/97928>
- ²² Queensland Government 2023, *Budget delivers massive regional housing program for essential workers*, Ministerial Media Statement, published 13 June 2023, viewed 15 June 2023, <https://statements.qld.gov.au/statements/97927>
- ²³ Queensland Government 2023, *Palaszczuk Government delivers additional investment to attract health workers*, Ministerial Media Statement, published 10 May 2023, viewed 15 June 2023, <https://statements.qld.gov.au/statements/97709>