August 2023

# Submission: Development of a Queensland Vocational Education and Training Strategy

Queensland Mental Health Commission

**The Queensland Mental Health Commission is pleased to make a submission to the Department of Youth Justice, Employment, Small Business and Training to support the development of a Queensland Vocational Education and Training Strategy.**

## Introduction

A skilled, contemporary mental health, alcohol and other drugs (MHAOD) and broader human and social services sector workforce is critical to enable responsive, high-quality and recovery-focused care, treatment and support for people experiencing mental illness, problematic alcohol or other drug use, or mental distress—as well as those who care for and support them.

Recent inquiries nationally and within Queensland, as well as consultations undertaken by the Queensland Mental Health Commission (the Commission), highlight two key areas of reform for the MHAOD workforce:

- building workforce supply
- building workforce skills, knowledge and capability.

Vocational education and training (VET) has a key role in attracting people to enter the MHAOD workforce. It ensures clear learning pathways for the sector are promoted, and that course curriculum reflects the diverse needs of the sector so that graduates have the right knowledge and skills and are 'job ready'. It also has a role in providing opportunities for ongoing learning for the sector to continue to grow and develop workforce knowledge and skills.

This submission focuses on these two key workforce reform areas, and additionally provides some considerations for the emerging lived and living experience (peer) workforce when developing the Queensland Vocational Education and Training (QVET) Strategy.

## About the Commission

The Commission is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013* (the Act).

The Commission was established to drive ongoing reform towards a more integrated, evidence-based and recovery-oriented mental health and alcohol and other drug system. Under the Act, the Commission must focus on systemic MHAOD issues.

The Commission has four main functions:

- developing a whole-of-government strategic plan for improving mental health and limiting the harm associated with problematic alcohol and other drugs use
- undertaking reviews and research to inform decision-making, build the evidence base, support innovation, and identify good practice

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- facilitating and promoting mental health awareness, prevention and early intervention
- establishing and supporting state-wide mechanisms that are collaborative, representative, transparent and accountable.

The Commission promotes policies and practices that are aligned with the vision of:

- *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028* (*Shifting minds*)
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* (*Achieving balance*)
- *Every life: The Queensland Suicide Prevention Plan 2019–2029* (*Every life*).

## Strategic context and alignment

*Shifting minds* sets the overarching strategic direction for MHAOD and suicide prevention in Queensland and is supported by two sub-plans, *Achieving balance* and *Every life.*

The recently renewed *Shifting minds* continues to recognise the MHAOD workforce as a key enabler for whole-of-system change, with a strategic priority on building a skilled, well-resourced and sustainable workforce. This includes the growth of lived experience and peer workforces; and increasing the size, capacity and capability of the First Nations social and emotional wellbeing workforce to improve cultural safety and address the social and economic determinants of health and wellbeing.

*Shifting minds* also recognises that our mental health and wellbeing system reaches beyond the health system, requiring strengthening of community-based models of care that focus on addressing the social, economic and environmental determinants of health. Health and human services workforces must be equipped with the knowledge, skills and competencies to deliver high-quality services.

## Enhancing the MHAOD system workforce

The MHAOD workforce consists of a diverse range of professions including clinical and non-clinical roles, as well as through the broader human and social services sector including education, housing, employment and justice settings. The lived and living experience (peer) workforce is emerging as an important non-clinical workforce in Australia. Peer workers specifically use their personal experiences of mental illness, alcohol and other drugs, and/or suicidality, as well as service use and healing/personal recovery to assist others. In the case of carer peer workers, they use their experiences of supporting someone through mental illness, alcohol and other drugs, and/or suicidality, as well as service use and healing/recovery to assist other carers.[1]

The *Draft National Mental Health Workforce Strategy* identifies key objectives to ensure that:

- careers in mental health are seen as attractive
- data drives workforce planning
- the entire mental health workforce is utilised
- the mental health workforce is appropriately skilled, retained and distributed to address population health needs.

Key workforce issues across the mental health sector were identified through the Queensland Parliament Mental Health Select Committee's *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* (Queensland's Mental Health Inquiry), with two workforce shifts pertaining to the VET sector identified through the inquiry:

- building workforce supply
- building workforce skills, knowledge and capability.

[1] Byrne et.al 2021, *Effective Peer Employment Within Multidisciplinary Organisations: Model for Best Practice*, Administration and Policy in Mental Health and Mental Health Services Research

These issues were echoed at the Commission's Leading Reform Summit Workforce Forum (Workforce Forum) held in November 2022, through consultation undertaken in the renewal of *Shifting minds*, and through a systematic analysis of the non-government community mental health service system.

## Building workforce supply

Addressing the MHAOD workforce shortage requires a multilevel approach that addresses the structural (e.g. funding cycles, renumeration), personal (e.g. housing, schooling, lifestyle factors), and professional (e.g. supervision and support, professional networks, education, and training opportunities) factors that are involved in attracting and keeping staff.[2]

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.[3]

Strong partnerships between educational institutions and the broader sector 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. For the MHAOD sector, fostering the development of a diverse and capable workforce, promoting innovation and collaboration, and addressing persistent workforce shortages and skill gaps requires collaboration with stakeholders across the public, private and non-government sectors and the broader community.

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.[4]

The following themes and proposed actions relating to building workforce supply for the MHAOD sector emerged from the Workforce Forum and are relevant to consideration of the new QVET strategy:

- **Implement a comprehensive marketing and attraction campaign:** Develop a robust campaign to raise awareness and generate interest in careers within the MHAOD 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 MHAOD 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 specific 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.

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[2] Queensland Mental Health Commission 2022, *Submission into the opportunities to improve mental health outcomes for Queenslanders*, viewed 8 August 2023, https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000151.pdf.

[3] 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.

[4] 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.

- **Strengthen school-to-industry partnerships:** Foster closer collaboration between educational institutions and the broader MHAOD and suicide prevention sector to ensure that 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 within the MHAOD and suicide prevention sectors to combat workplace stigma experienced by the lived and living experience workforce. This involves implementing targeted initiatives to promote awareness, understanding and the valuable contribution and expertise of people working in these areas.

The existing service landscape within a community must be considered to prevent duplication and ensure clarity of referral pathways.

## Building workforce skills, knowledge and capability

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.[5]

Through the Workforce Forum, stakeholders 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, stakeholders 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.

Stakeholders 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 proposed actions relating to building workforce skills, knowledge and capability for the MHAOD sector emerged from the Workforce Forum and are relevant to consideration of new VET strategy for Queensland:

- **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 MHAOD and suicide prevention. This includes dedicated funding for First Nations Queenslanders' education and training.
- **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.

[5] 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.

- **Enhance integrated placements:** Promote and support 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.
- **Digital placement opportunities:** Implement digital placement opportunities to address the placement waiting period, 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 MHAOD and suicide prevention.
- **Informal mentoring opportunities:** Explore informal mentoring opportunities to support aspiring healthcare professionals, by cultivating their interest and engagement in MHAOD and suicide prevention.
- **Enhance capacity through rotations:** Establish and promote rotation programs within the MHAOD and suicide prevention sectors. The programs should provide opportunities for peer and lived experience professionals to gain experience in diverse settings beyond acute, emergency and in-patient care.

As technologies evolve and consumers demand greater options in MHAOD treatments, care and support models, there will be a need for workforces to harness technology to improve outcomes. Digital mental health interventions have an essential role in providing mental healthcare, and enabling access to quality, timely and appropriate treatment within the home or as close to home as possible.

## Enhancing the lived experience (peer) workforce

Lived experience (peer) workers are a relatively new, emerging non-clinical workforce within the Australian MHAOD system delivered through public, private and community service settings. The lived experience and peer workforces are critical to a contemporary mental health and wellbeing system.

Peer workers come from a wide variety of backgrounds and have a range of skills, knowledge and life experience, providing a unique perspective and offering hope to individuals on their recovery journey by showing that recovery is possible. They may provide a range of supports including advocacy, community linking and the provision of social, emotional and practical support.[6]

The critical importance and value of the peer workforce in person-centred, recovery-oriented care has been highlighted in the *Fifth National Mental Health and Suicide Prevention Plan*,[7] and through a range of inquiries including the Australian Productivity Commission Inquiry,[8] the Royal Commission into Victoria's Mental Health System,[9] and Queensland's Mental Health Inquiry.[10]

The Productivity Commission (2020)[11] identified four key areas that have hindered the development and effectiveness of the peer workforce:

- low recognition of the value brought by the peer workforce
- inadequate supervision and support
- poor professional development and career advancement

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[6] Byrne et.al 2021, *Effective Peer Employment Within Multidisciplinary Organisations: Model for Best Practice*, Administration and Policy in Mental Health and Mental Health Services Research.

[7] National Mental Health Commission 2017, *Fifth National Mental Health and Suicide Prevention Plan*, viewed 17 February 2022, https://www.mentalhealthcommission.gov.au/getmedia/0209d27b-1873-4245-b6e5-49e770084b81/Fifth-National-Mental-Healthand-Suicide-Prevention-Plan.

[8] Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra.

[9] Royal Commission into Victoria's Mental Health System 2021, Volume 4, https://finalreport.rcvmhs.vic.gov.au/wpcontent/uploads/2021/03/RCVMHS_FinalReport_Vol4_Accessible.pdf.

[10] Mental Health Select Committee 2022, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, viewed 17 August 2023, https://documents.parliament.qld.gov.au/tp/2022/5722T743-64F1.pdf.

[11] Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra, p 732.

- the absence of a professional representative body.

The ongoing growth and support of Queensland's MHAOD peer workforce requires consideration of workforce planning, training and supports to ensure:

- workforce and service planning tools and frameworks include the development of a safe, supported lived experience workforce with stable employment
- training is relevant, accessible and of high quality, and delivered by suitably qualified and supported experienced peer workers
- there are opportunities for peer work students to find training placements, and ultimately employment in a range of government and non-government contexts
- appropriate supports, including reasonable adjustments are in place to ensure safe, supportive learning and working environments
- there is opportunity for career advancement.

### *Queensland's investment in the peer workforce*

Queensland is in a good position to optimise growing and supporting the MHAOD peer workforce in clinical and non-clinical settings. Developing and supporting a well-integrated peer workforce is identified as a strategic priority of *Shifting minds*. The Commission has supported the strengthening and growth of the mental health lived experience (peer) workforce through:

- funding lived experience led research into barriers to change for embedding lived experience workers as a valued member of the mental health team
- developing the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* and associated tool kit (2019)
- administering 178 Australian Government Certificate IV in Mental Health Peer Work scholarship packages in Queensland in partnership with the Queensland Alliance for Mental Health over two years, prioritising First Nations and rural and remote communities. The Commission provided additional funding for mentoring and support of scholarship recipients.

There is a strong commitment to the growth, development and employment of mental health peer workers in Queensland Health. A key focus in *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, more than $18.5 million over five years has been allocated for growing, developing and supporting the MHAOD lived experience workforce.

A further $8 million has been provided to the Commission to help expand and support the lived experience workforce through four initiatives:

- quality assurance of training and development
- support lived experience roles in the non-government organisation workforce in rural and remote areas
- progress the development of specific peer work training for the alcohol and other drug non-government workforce
- support the development of non-government organisation lived experience roles in First Nations communities.

### *Qualifications and quality of training*

There is no nationally agreed definition of a peer worker, nor are there required qualifications for peer workers. However, the Certificate IV in Mental Health Peer Work is widely viewed as the minimum, and most relevant, qualification for peer workers in Australia. A Certificate IV in Community Services may also be accepted as relevant, particularly for people who completed their study prior to the Certificate IV in Mental Health Peer Work being available.

In the area of suicide prevention, there is planning underway to develop a suicide prevention specific peer work qualification. While there is no specific AOD peer qualification, planning has commenced across other states to

progress this. For the AOD peer workforce, there are also additional barriers due to the criminal nature of some drug use and requirements from government departments to pass criminal checks or requirements for Blue Cards.

Through the Commission's consultation with the MHAOD sector, peer workers and peer workforce advocates on the Certificate IV in Mental Health Peer Work, key focus areas to strengthen the training were highlighted, including:

- a fast-track option for experienced peer workers wishing to obtain the Certificate IV in Mental Health Peer Work via registered training organisations (RTOs) through recognition of prior learning processes
- delivery of the Certificate IV in Mental Health Peer Work by experienced peer workers
- removing barriers for people living in rural and remote communities to undertake the qualification (e.g. ability to undertake placements), and in accessing learning materials due to poor internet connectivity
- standardisation of the delivery of the Certificate IV in Mental Health Peer Work, which is currently variable depending on the RTO
- contextualising and tailoring elective units (modules which are taught as part of a variety of courses) to peer work
- RTOs partnering with industry to offer relevant work experience placements where students are mentored by an experienced peer worker
- increased support for organisations taking on peer work students, such as:
    - training or support for supervising peer workers who are expected to mentor and assess their students
    - fully preparing students for work placement
- ensuring potential students experiencing mental health challenges and/or disability are fully aware of the course requirements, and are assessed for their literacy, numeracy and computer skills; their capacity to undertake a course at the Certificate IV level; and/or their educational support needs
- ensure students are aware that the course is not a 'recovery opportunity'.

A collaborative approach between Queensland training providers and the health and community services sectors is critical to ensure training is accessible, relevant, current and reflects the sector's needs, and that placements are available for students. The health and community services industry skills advisory bodies and the peer workforce sector are also key when undertaking reviews of the Certificate IV Mental Health Peer Work training.

As the Certificate IV in Mental Health Peer Work is a national training package, consideration could also be given to approaching the national body (Human Services Skills Organisation) to raise issues of consistency, quality, relevance and supply.

### *Professionalisation of the peer workforce*

There have been increasing calls for professionalisation of peer support worker roles through, for example, the establishment of national professional peak bodies for the lived experience workforce,[12,13] as well as expanding training and qualifications for lived experience workers.[14] Local and state-wide lived experience workforce networks have been developed over time to support the lived experience peer workforce, including carers, such as Peer Participation in Mental Health (PPIMS), Lived Experience Workforce Leadership Group and Queensland Lived Experience Workforce Network (QLEWN).

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[12] Lived Experience Australia 2018, *Towards Professionalisation Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation literature review*, viewed 17 February 2022, https://www.mentalhealthcommission.gov.au/getmedia/97a154cd-7b72-4577-9562-4077c33820d2/Towards-Professionalisationliterature-review.

[13] Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra, p 732.

[14] Lived Experience Australia 2018, *Towards Professionalisation Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation literature review*, viewed 17 February 2022, https://www.mentalhealthcommission.gov.au/getmedia/97a154cd-7b72-4577-9562-4077c33820d2/Towards-Professionalisationliterature-review.

Critically, any efforts to drive peer workforce development, professionalisation and training reform need to be informed by the peer workforce, and people with lived experience considering entering this field.

## Conclusion

The MHAOD and broader health and human services workforce needs to evolve alongside changing service models to keep pace with need. This requires clarity on the components of care that meet the needs of consumers and those that care for them; the competencies required to deliver them safely; and subsequently the vocational or tertiary qualifications and training required to obtain those competencies, and ongoing professional learning opportunities.

The VET sector is well placed to assist in building MHAOD workforce supply; to equip the workforce with the necessary knowledge, understanding and skills to enter the workforce; and to continue to grow and develop workforce knowledge and skills through ongoing learning opportunities. It also has a key role in growing and developing the emerging peer workforce that provides critical support to people experiencing mental distress, problematic alcohol or other drugs use, and/or suicidality—as well as the people that care for and support them.

For further information, please contact Meagan Killer, Acting Executive Director telephone on 07 3244 9210 or email at Meagan.Killer@qmhc.qld.gov.au.

Thank you for the opportunity to provide a submission towards the development of the QVET Strategy and to highlight key shifts required to grow and strengthen the MHAOD workforce in Queensland.