

A final submission to

**The Productivity Commission Inquiry into Mental Health**

by the

**Australian College of Mental Health Nurses**

**23 January 2020**

**Introduction**

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of excellence in mental health nursing, and by supporting improvement of services and care delivery to people affected by mental illness, their families and communities. The ACMHN also sets standards of practice for the profession, is the Credentialing body for Mental Health Nurses and promotes best practice of mental health nursing in Australia. The strength and quality of the Mental Health Nursing workforce is therefore central to our mission, vision and operations.

The ACMHN welcomes the recommendations for Mental Health Nursing from the Productivity Commission Draft Report and appreciates the opportunity for further comment. We are pleased to see nursing acknowledged as the largest professional group within the mental health workforce, with the potential to contribute significantly to quality mental health service delivery and improved consumer outcomes. The ACMHN is heartened by the Commission's recognition of the importance of mental health nursing to mental health services and the acknowledgement of the crisis impacting our workforce. This response addresses three main points:

**Specialist recognition**

Attaining specialist recognition for the specialty of mental health nursing is now a key goal for the ACMHN, following a motion passed by members at the Annual General Meeting in October 2019. This is an important strategy for recognising specialist skills and crucially it would facilitate the ability to interpret and understand workforce data. Nurses working in mental health holding specialist qualifications would be clearly delineated from those without and a clear picture of the proportion of the workforce with specialist skills would be achievable. This would enable more accurate data for the mental health nursing workforce to assist in workforce modelling and future planning.

**Direct-entry mental health nursing programs**

The Productivity Commission's recommendation for a direct entry Bachelor of Mental Health Nursing program is a strategy that should be explored in depth to ensure a pragmatic

and effective pathway to specialist recognition. It could serve as an important additional pathway for specialist education and recruitment into the profession. As clearly demonstrated in the draft report, the mental health nursing profession has struggled to secure sufficient numbers of graduate nurses, with workforce shortages now apparent over several decades. A different approach is urgently required. A substantial body of research consistently demonstrates the unpopularity of mental health nursing with undergraduate nursing students in comparison to other specialities (Happell & Gaskin, 2013; Stevens, Browne, & Graham, 2013; Stevens & Dulhunty, 1994). A direct entry degree provides a pathway to specialisation for people seeking a career in this field while still maintaining the current pathways via Bachelor of Nursing Programs and specialisation at postgraduate level. Direct entry programs leading to specialisation in psychiatric nursing were introduced in Victoria in 1989 and operated successfully by four universities prior to legislative changes that signalled the cessation of these programs and the introduction of the comprehensive nursing model (Happell, 2009).

The ACMHN has been proactive in setting the standards for mental health nursing education at undergraduate and postgraduate level, having developed the National Framework for mental health content in pre-registration nursing programs (Australian College of Mental Health Nurses, 2018) and A National Framework for Postgraduate Mental Health Nursing Education (Australian College of Mental Health Nurses, 2016). These documents, developed through the active involvement of key stakeholders in mental health nursing, are modelled on best practice and provide clear and comprehensive guidelines for universities to follow. The postgraduate framework was developed specifically for the accreditation of postgraduate programs, and has been successfully piloted. To date three universities have been accredited. As an evidence-based document, the framework could provide the basis for the development of accreditation standards for direct entry programs. The ACMHN has established an Education and Accreditation Committee with a broad range of academic and clinical skills to facilitate the implementation of these frameworks. The membership of the ACMHN includes numerous mental health nurse academics with expertise in curriculum development in comprehensive and specialist programs. This expertise includes members with experience in developing, implementing and operating direct entry programs in the university sector. The ACMHN is therefore well positioned to lead the development of accreditation standards for direct entry programs.

*It is recommended that:*

The ACMHN is funded to develop accreditation standards for the direct entry Bachelor of Mental Health Nursing program through collaboration with key stakeholders including the Australian Nursing and Midwifery Accreditation Council, the Nursing and Midwifery Board of Australia, Consumers, Carers and representatives from Universities and clinical practice.

### **Stigma reduction**

The ACMHN acknowledges the detrimental impacts of stigma for people diagnosed with mental illness and applauds the Commission's recommendations for stigma reduction. The attitudes of mental health nurses and other health professionals are key to the development of positive attitudes towards people diagnosed with mental illness. We also acknowledge the capacity for professional education to influence more positive attitudes. The active involvement of consumers as experts in mental health nursing education has demonstrated significant reduction in stigmatising attitudes (Happell et al., 2014; Happell et al., 2019; Perlman et al., 2017) and to improve the popularity of mental health nursing as a desirable career choice (Happell et al., 2014). Nursing has led the way in the implementation of consumer involvement in education and the evaluation of these initiatives and is therefore well placed to support the activities of the National Mental Health Commission. It is recommended that the ACMHN be recognised as a key partner to the National Mental Health Commission in its' anti-stigma initiatives.

### **The mental health workforce and meeting clinical demand**

The ACMHN acknowledges the significant concerns around access and availability to timely evidenced based interventions. A program nationally known as Mental Health Nurse Incentive Program (MHNIP) was demonstrated to be both efficient and effective in helping meet the growing demand for mental health care. The Credentialed Mental Health Nurse was able to not only meet the needs of the more severe and complex consumers and to assist GPs and Psychiatrist in more efficiently meet a broad range of needs in locations where psychologists were either not present or affordable or demand so great that people requiring services were facing significant delays. Not only does the ACMHN believe our workforce have the skills and capability to meet the need they also offer a greater diversity of skills in the treatment and management of mental illness than other disciplines in terms of biological as well psychosocial issues that sit within mental illness. This resource is often not recognised, respected or adequately utilised in the current PHN system. The credentialing process offered by the ACMHN helped ensure certain standards of practice and skills were evident in the credentialed mental health nurse. The ACMHN would recommend a reinstatement of the MHNIP program as well a review of the MBS funding model to recognise the unique and valued skills of the credentialed mental health nurse.

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