

**23 January 2020**

## **Productivity Commission Inquiry into Mental Health**

### **Submission on Draft Report by the Health and Community Services Union**

**Authorised by Paul Healey, State Secretary, Health & Community Services Union (HACSU)**

#### **Overview:**

Paul Healey, State Secretary of the Health and Community Services Union (HACSU), previously provided oral testimony to the Productivity Commission in relation to its draft report on 18<sup>th</sup> November 2019 and 12<sup>th</sup> December 2019. HACSU is extremely grateful for these opportunities to provide input and insights into this landmark inquiry on behalf of our membership.

This document serves to expand upon the essential points raised by Mr. Healey in these two meetings with the Productivity Commission. Where relevant and possible, we have provided the Productivity Commission with further specific information that it has requested. Our submission is limited to four core recommendations relating to the mental health workforce in Australia, and is informed by the expertise of our membership (with whom we consulted via an online survey in October and November 2019). Where relevant, we attempt to align our commentary with relevant recommendations from the November 2019 interim report of the Royal Commission into Victoria's Mental Health System. Our strong view is that these interim recommendations provide a range of evidence-based policy solutions that are applicable to the Commonwealth, and other states and territories.

HACSU is one of the fastest growing unions in Australia with approximately 10,000 members working in mental health, disability, and drug and alcohol services across Victoria. HACSU members are employed in a range of occupational classifications including nurses, health professionals, disability and human service workers, program and support workers, trades and administration. HACSU is also part of the nationally federated Health Services Union (HSU). Our comments and evidence to the Productivity Commission are developed principally from our 'Victorian experience' but are informed by and structured around nationally applicable areas of policy.

HACSU is committed to advancing and protecting the wages, conditions, rights and entitlements of our members through campaigning and workplace activism. We are equally committed to improving the services our members deliver to many of Victoria's most marginalized citizens, through advocating for sustainable systems and policy reform. Within the overall architecture of Australia's fragmented and interdependent systems of mental health care, we recognise the centrality of individuals with lived experience of mental ill-health and recovery, their families, carers, and wider community, together with structural systems of unpaid care.

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## Comments on Recommendations

### Draft Recommendation 7.1

*In the short term (in the next 2 years) State and Territory Governments should determine, through regional service planning, the numbers of public acute mental health beds in hospitals, specialist mental health community treatment services and subacute/non-acute mental health bed-based services that would meet the specific needs of each region and undertake to provide these on an ongoing basis.*

HACSU supports the recommendation for a comprehensive and coordinated approach to regional service planning and mapping, as an essential precursor to sustainably expanding the overall 'supply' of public acute mental health beds.

In the Victorian context, the Royal Commission into Victoria's Mental Health System has recently directed the State Government to undertake major investment in infrastructure and bed capacity, including funding for 170 additional youth and adult acute mental health beds to help address critical demand pressures. Victoria has far lower numbers of publicly funded acute mental health beds for people with severe mental illness than the national average; indeed, there has been a long-term, systemic, near 50% decline in bed availability, in the context of an approximate doubling of the state population. Nationally, to avoid or mitigate against future stark crises in supply and demand, there is a need for ongoing review and future planning to accommodate population increases, and foreseeable changes to the national demography.

HACSU and its members further believe that more beds are needed at forensic psychiatric hospitals. Child and Adolescent Mental Health Services (CAMHS) need to be expanded, together with sustainable investments in integrated mental health and alcohol and other drugs (AOD) services, sub-acute services (including 'step-up step-down', Prevention and Recovery Centres, and other community managed services providing psychosocial support services) and eating disorder services.

### Draft Recommendation 8.1

*State and Territory Governments should provide more and improved alternatives to hospital emergency departments for people with acute mental illness, including peer- and clinician-led after-hours services and mobile crisis services.*

HACSU is supportive of this recommendation. Due to the structural decline in acute inpatient beds, an all-too-common pathway into mental health services is via hospital emergency departments (ED). For most consumers, accessing services via hospital EDs is a lengthy, inefficient and traumatising process. Further, HACSU supports enhanced investment in early intervention, and the reintroduction of Crisis Assessment and Treatment Teams in people's homes.

### Draft Recommendation 11.3

*[Short Term]*

*Accreditation standards should be developed for a three-year direct-entry (undergraduate) degree in mental health nursing, similar to the option already available to midwives. The new standards should be developed by the Australian Nursing and Midwifery Accreditation*



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*Council in consultation with stakeholders, including the Australian College of Mental Health Nurses and the Nursing and Midwifery Board of Australia. Nurses who complete the three-year direct-entry degree would be registered as having an undergraduate qualification in mental health and (if the above recommendation results in a specialist registration system for nurses with advanced training in mental health) be distinguished from registered nurses with a post graduate degree in mental health.*

HACSU is supportive of this recommendation. As the Health Services Union noted in its own submission to the Productivity Commission, the “*provision of mental health training for direct and related occupations, along with the return of specialist mental health majors in tertiary education, is the critical beginning point for reinvestment in a skilled, resilient, local workforce*”<sup>1</sup>. We echo this. Consistent feedback from our membership strongly indicates that long-term underinvestment in mental health education and training is exacerbating a staffing crisis for the mental health workforce, and negatively impacting consumers in need of specialist care. HACSU is also highly supporting of the Commission’s medium term recommendation 11.3, that specialist registration system for nurses with advanced qualifications in mental health should be assessed.

The fundamental importance of highly specialised, direct entry pathways in mental health nursing, allied health and other professionals must, it perhaps goes without saying, be matched by commitments from all State and Territory governments, to sustainably fund additional graduate placements on an ongoing basis. The Royal Commission into Victoria’s mental health system recently recommended, *inter alia*:

- 120 additional funded graduate placements **annually** for mental health nurses
  - This is in addition to the current full-time equivalent staffing profile, to encourage and sustain growth.
- Postgraduate mental health nurse scholarships to 140 additional nurses **annually** that covers the full costs of study.
- 60 new funded graduate placements **annually** for allied health and other professionals in public mental health services in areas of need, including in rural and regional locations.
- Educational and training opportunities and optional qualifications for lived experience workers, including
  - adding the Certificate IV in Mental Health Peer Work to the free TAFE course list
  - structural supports such as supervision, training, career pathways and remuneration expansion and variation of lived experience work, including offering options for progressing and specialising.

#### Draft Recommendation 11.4

*The Australian Government should, in consultation with State and Territory Governments and other stakeholders, commission a national review to develop a comprehensive system of qualifications*

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<sup>1</sup> Submission of the Health Services Union, Productivity Commission Inquiry, 5 April 2019



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*and professional development for peer workers. This should consider of how peer worker qualifications would be recognised as prior learning for health professional qualifications.*

***“Peer workers need to be in the workplace and seen as integral- not an add on component. They need to be used in early intervention and post-acute phases”. [HACSU member, November 2019]***

In oral testimony to the Commission, Mr. Healey extensively outlined the centrality of peer led services to mental health services in Australia, and the centrality of restructuring norms, policies, and industrial instruments to codify coordinated supervision structures, and appropriately rewarded career pathways for peer workers. For clarity, our framing of ‘peer worker’ includes the essential perspective and skills brought by carers.

As requested, to assist the Commission in strengthening this recommendation, we provide here draft clauses from HACSU’s Log of Claims, pertaining to the forthcoming public sector mental health EBA in Victoria, which is envisaged to span 2020-2024.

... Public mental health services must:

- Provide for a further multi-level classification and salary structure for Peer Workers that properly reflects the range of lived experiences, scope and value of their work in mental health services.
- Provide a Senior Lived Experience classification that would assist in the training and development of the Lived Experience Workforce
- Add Lived Experience workers to the definitions of the Agreement
- Educators are to be implemented for the Lived Experience Workforce
- Qualification allowances for relevant tertiary education