

23 January 2020

The Commissioners
Mental Health
Productivity Commission
Locked Bag 2, Collins St East
MELBOURNE VIC 8003

Submitted via [online web portal](#)

Dear Commissioners,

Productivity Commission Draft Report Mental Health

The Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) and the Australian Health Practitioner Regulation Agency (Ahpra) welcome the opportunity to provide a joint response to the Productivity Commission Draft Report on Mental Health (the Report). The NMBA and ANMAC are the bodies responsible for the regulation of the nursing and midwifery professions and the accreditation of nursing and midwifery education respectively.

The NMBA and ANMAC support that mental health nurses play a key role in the current mental health workforce. They are the largest health profession dedicated to the provision of mental health care and provide both cost effective and a wide range of clinical expertise and skills for the combined management of both mental and physical health care to the Australian public. We agree that increasing the supply of mental health nurses is critical if Australia is to adequately address some of the shortcomings of the current system.

We have noted and are concerned that the Report makes almost no mention of the role of midwives in providing mental health care. This is despite the prevalence of perinatal anxiety and depression, and the role midwives play in the care of peri and post-natal women suffering from a range of mental health conditions. The NMBA and ANMAC notes with interest Submission 344 to the Commission (Perinatal Anxiety & Depression Australia) and would encourage the Commissioners to recognise the vital role midwives play.

The NMBA, ANMAC and Ahpra acknowledge the broader recommendations made in the Report. However, we will only respond to the Report's recommendation relevant to our roles and responsibilities under the *Health Practitioner Regulation National Law* as in force in each state and territory (National Law). Specifically, Draft Recommendation 11.3 – More specialist mental health nurses on pages 63 and 390 of the Report, which we have responded to relevant to separate issues raised in the Recommendation:

1. *In the short term (in the next 2 years)*
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 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.

Nursing and Midwifery Board of Australia
Australian Health Practitioner Regulation Agency
GPO Box 9958 Melbourne VIC 3001 Nursingmidwiferyboard.gov.au 1300 419 495

2. *In the medium term (over 2 – 5 years)*

The merits of introducing a specialist registration system for nurses with advanced qualifications in mental health should be assessed. The assessment should be independent and be commissioned by the Australian, State and Territory Governments through the COAG Health Council. If specialist registration is found to have merit, the COAG Health Council should direct the Nursing and Midwifery Board of Australia to provide it with a formal proposal to amend the registration arrangements for nursing to recognise nurses who have specialist qualifications in mental health.

Issue 1 - Establish a three-year direct-entry (undergraduate) degree in mental health nursing.

The National Law established the NMBA to regulate the professions of nursing and midwifery. The nursing profession includes the divisions of registered nurse (RN) and enrolled nurse. The development of accreditation standards is one of the accreditation functions set out in the National Law. The NMBA has decided that ANMAC is the body to exercise accreditation functions for the nursing and midwifery professions, including to develop the accreditation standards under section 37 of the National Law.

It is important the Commission appreciates that the National Law does not provide for different categories of RNs and changes to the legislation are a matter for government rather than NMBA.

The Report links the proposed model to an *option already available to midwives*. It should be noted that midwifery is a separate profession to nursing in Australia, and is recognised as such under the National Law; it is not a specialist area of nursing. This is why there are specific accreditation standards and undergraduate programs of study for the midwifery profession.

All education programs that lead to registration as an RN must meet the fundamental comprehensive education requirements as set out in the *Registered Nurse Accreditation Standards and Standards for Practice*. The content of the current Bachelor of Nursing curriculums are at capacity. Of note, in a recent review of the current NMBA approved programs leading to registration as an RN, every approved program includes stand-alone subjects that provide RNs with foundational education in mental health.

Historically in Australia, there were undergraduate nursing education programs, that provided a specific focus of education for nurses; for example, mental health, paediatric and disability nursing. In recognition of the need for RNs to have foundational comprehensive education across all areas of physiology and pathophysiology, a commitment was made in the 1980s to move away from nursing education that lead to registration in specific areas.

There is little evidence to suggest the proposed model (a specialist, direct-entry, undergraduate pathway in mental health nursing) would in itself, solve Australia's chronic undersupply of mental health nurses. This has been demonstrated historically (as set out above), and even more recently in 2008, where a degree pathway was established in Victoria with a major in mental health nursing. This was one of the primary recommendations of the 2008 Mental Health Nurse Taskforce review, an initiative funded by the Commonwealth Government. As a result of the taskforce's findings, eight Australian Universities introduced mental health majors within undergraduate nursing degrees by 2010, with an additional six planning to do so at the time. By 2014 however, only five of the original 14 programs survived; the remaining shut down for a variety of complex reasons including poor enrolment figures, poor use of resources, a lack of expertise amongst teaching staff and problems with registration (Happel 2013).

Challenges with the proposed model can also be seen internationally. For example, in the UK where mental health nursing is one of four specialisations available to undergraduate nurses, mental health nursing has one of the highest attrition rates of any undergraduate nursing program (35% compared to a national average of 24%) (refer [A critical moment: NHS staffing trends, retention and attrition 2019](#) (NHS Report; page 30). Indeed, like Australia, the National Health Service (NHS) numbers of mental health nurses appear almost stagnant with a growth rate of only 0.5%, despite the existence of a direct-entry pathway (refer NHS Report page 13). As the NHS Report makes very clear, a healthy growing nursing workforce is not simply dependent on the existence of direct-entry accredited courses, but the ability of these courses to *provide quality placements, 'buddy schemes' and greater clarity of student's roles when supernumerary to halt the decline in student enrolment rates* (refer page 31 NHS Report).

The evidence and past experience clearly demonstrate the proposed model of specialisation of the undergraduate nursing workforce does not lead to increased numbers, or flexibility in health service delivery. Nor does it solve the problem of providing comprehensive mental health services in remote or rural communities. It has been shown however to increase the stigmatisation of working in mental health care rather than making the mental health area an attractive area of practice for nurses.

Research also shows that people with mental health disorders are far more likely to suffer from an extensive range of comorbidities including diabetes, cardiovascular disease, cancer and physical trauma (as a result of self-harm or injury) (*WHO European Mental Health Action Plan 2013–2020*). RNs need both foundational education preparation in a range of mental health conditions and care, and a fundamental comprehensive education to ensure they are able to provide health care across a range of diverse and complex comorbidities.

Issue 2 - A specialist registration system for nurses with advanced qualifications in mental health.

The National Law sets out how specialisation of professions is recognised under the National Law. There are currently three professions recognised to have specialist registration: Medicine, Dental and Podiatry. Section 13 of the National Law allows the COAG Health Council to add other professions to the list on the recommendation of the relevant National Board.

Section 13(4) of the National Law empowers the COAG Health Council to provide guidance to National Boards in relation to the criteria for the approval of specialties. The COAG Health Council developed the guidance titled *Approval of specialties under section 13 of the Health Practitioner Regulation National Law Act. Guidance for National Board submissions to the Australian Health Workforce Ministerial Council* (Guidance).

Any recommendation made with respect to nursing specialisation by the NMBA would need to meet the requirements of this Guidance. Of particular note is that the professions with recognised specialties have extensive requirements for specialisation. These are set out in accreditation standards, specialist registration standards and ongoing professional expectations. For example, medical specialisation requires a four to five-year Fellowship program, dental specialisation requires completion of a minimum of a three-year Master's degree. The level of post graduate qualifications and expectations of an RN with post graduate mental health qualifications are not likely to equate to that of the other profession's specialist registration requirements.

The National Law also provides for approved area of practice endorsement under section 98. These endorsements also must meet the above Guidance and can be recommended by the National Board to the COAG Health Council. This approach may be a more appropriate consideration if supporting the recognition of specific areas of nursing practice is required to improve the mental health workforce.

Further considerations and recommendations

The Commonwealth Government has recently released the *Educating the Nurse of the Future report 2019*. This Report will also have implications for the future of nursing education in Australia. In addition, state, territory and Commonwealth health departments are making a strong commitment to the delivery of a primary health care focus within the Australian healthcare system. A key aspect of this commitment is that nurses need foundational comprehensive education across all areas of health care.

The NMBA and ANMAC have also reviewed the interim report from the Royal Commission into Victoria's Mental Health System (Vic RC Report). The Vic RC Report also makes several recommendations to increase the number and quality of nurses working in mental health which the Commission may like to consider.

The NMBA and ANMAC note that while this Report and recommendations are Victorian-focused, the issues identified are reflected nationally. The NMBA and ANMAC support that strategies proposed in the Vic RC Report to address the number and quality of nurses working in mental health could be applied nationally, including:

- improvements in the quality of undergraduate mental health clinical placements;
- increasing the number and quality of graduate year placements in mental health;
- increasing post-graduate mental health scholarships for both graduates and for experienced nurses in mental health; and
- support policies that facilitate progression towards endorsement as Nurse Practitioners in mental health, which also allow them to work to their full scope of practice.

The NMBA, ANMAC and Ahpra look forward to reading the final report of the Productivity Commission. Should you require any further information please contact Ms Tanya Vogt, Executive Officer, Nursing and Midwifery via email, or via telephone

Yours sincerely

Associate Professor Lynette Cusack RN/midwife

Chair
Nursing and Midwifery Board of Australia

Mr Martin Fletcher

Chief Executive Officer
Australian Health Practitioner Regulation Agency

Clinical Professor Fiona Stoker **on behalf of**

Ms Ann Kinnear

Chair
Australian Nursing & Midwifery Accreditation Council