



## **Submission**

to the

### **Productivity Commission's**

### **Study into pressures facing the health workforce**

On

### **Training and Workforce Development for the NSW Mental Health NGO Sector**

**July 2005**



**Prepared by the NSW Mental Health Co-ordinating Council**

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## Summary

The purpose of this submission is to outline the training and workforce development needs of non government organisations (NGOs) working in mental health in NSW. It is based on work coming from the Mental Health Co-ordinating Council's (MHCC) NGO Development Strategy – Mental Health, in particular the *Training Options Paper* (2005)<sup>1</sup> and the findings of the *Mapping Analysis and Performance Project* (MAPP)<sup>2</sup>, undertaken by the MHCC in 2000, to scope the NGO mental health workforce in NSW.

This submission examines the training system currently available to mental health NGOs in NSW. It identifies existing needs and opportunities to strengthen training and workforce development in the NSW sector. The authors highlight opportunities to work strategically to position the mental health NGO sector to best meet the expected expansion and increase in demands for accountability and efficiency.

The submission outlines major decisions needed to be taken for the development of the NGO mental health workforce in NSW, such as whether there should be one major training provider for NGOs offering mental health services in NSW and whether there should be a minimum qualification for workers in the sector. This submission also examines opportunities to develop strategic partnerships which could significantly enhance training and workforce development opportunities provided in the sector.

After considering available options, the writers of this submission conclude that:

- Workforce development and training strategies need to focus on the staff of both mental health specific NGOs and generalist NGOs<sup>3</sup> whose clients include people with a mental illness.
- Strategies need to be developed to ensure that volunteers, as well as paid workers are able to access training and other workforce development opportunities.
- A national NGO mental health training and workforce development reference group needs to be established, with sub-groups in each state, to determine training needs for the sector and to develop a plan to enable those needs to be met.
- These reference groups could be established by Mental Health NGO Peak Body organisations in each state, for example in NSW, MHCC could take responsibility for this. These reference groups should consist of key stakeholders from the NGO mental health sector, the training industry, state Departments of Health and mental health consumers.
- Changes should be made to the Certificate IV National Training Package for Mental Health (non clinical) to reflect the current needs and nature of the sector in NSW. This will encourage training bodies to adopt this qualification, strengthening the development of a uniform Mental Health Non-clinical qualification nation wide.

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<sup>1</sup> MHCC NGO Development Strategy-Mental Health *Training Options Paper*, 2005. (This paper is unpublished, to obtain a copy contact MHCC on 02 9555 8355.)

<sup>2</sup> MHCC *Pathways to Partnerships: The Mapping Analysis And Performance Project, Towards a framework for mental health non-government organisations in NSW*. July 2000.

<sup>3</sup> In this paper NGOs which don't specialise in mental health are referred to as generalist NGOs.

- Training, education and other workforce development supports should be available to resource all stages of a worker's career. This means that a wide variety of education opportunities should be made available, including short courses, Vocational Education and Training (VET) level certificates and university courses.
- A Traineeship attached to the Certificate IV in Mental Health (Non-clinical) needs to be developed.
- A voluntary minimum standard of training required for working in the sector, should be considered.
- Care should be taken to equip the NGO mental health workforce with the capacity to deliver appropriate and effective services to diverse population groups. For example, Aboriginal and Torres Strait Islanders, people who are homeless, in detention or in prison.
- Effort should be made to attract and retain people from diverse population groups into the NGO mental health workforce as this will help the sector provide better services to these groups.
- Training and other workforce development initiatives developed should be made as accessible as possible, with particular attention to affordability, disability access, geographical spread and cultural appropriateness. Measures such as flexible delivery modes, the recognition of prior learning and the production of educational resources in multiple formats should be encouraged.
- Adequate funding is required to support training initiatives for the mental health non government sector such as those listed above.

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The research and reasoning behind each of these points is discussed in detail in the body of this submission. A comprehensive set of recommendations is provided at the end of this submission.

This submission presents an opportunity for the Council of Australian Governments to discuss and evaluate the opportunities identified and decide on the most appropriate direction for the training and workforce development of NGOs working in mental health in NSW and Australia in general.

## Introduction and scope

The NGO mental health sector has expanded as more people either living with, or recovering from, a mental illness are cared for in the community, in line with recommendations within the *Australian National Mental Health Strategy* 1996-2004. With the continued roll out of programs such as the Housing Assistance Support Initiative (HASI) the NGO mental health sector will continue to grow rapidly. Consequently there is a need for an expanded skilled workforce to meet the needs of this growing sector.

In NSW the demands for a skilled workforce for the sector have been further complicated by the simultaneous move from institutional to community care, occurring since the mid '80s, with the move from hospital based to university based training for nurses, who were previously the main workforce in mental health. Currently nurses trained at university receive a generic qualification and, with a few exceptions, those wanting to specialise in mental health need to undertake post

graduate 'user pays' training<sup>4</sup>. Similar processes have occurred in psychology, social work and occupational therapy. This has led to a shortage of trained mental health workers available for care of people with a mental illness living in the community.<sup>5</sup>

In 2000, the MAP project recorded the mental health NGO sector in NSW as made up of 12 different service types:

- Consumer support groups (illness related)
- Community Consultative Committees
- Carer support groups
- Supported residential services
- Advocacy, education and information services
- Open employment services
- Telephone support services
- Drop in centres or Clubhouses
- Supported employment services
- Consumer networks
- Respite services
- Outreach services.<sup>6</sup>

In 2002, the *National Practice Standards for Mental Health (NPSMH)*<sup>7</sup> were developed for staff with graduate qualifications in mental health: psychiatrists, mental health nurses, psychologists, occupational therapists and social workers. These practice standards provide a benchmark for the levels of practice required for mental health practitioners working with people with a mental illness.

Owing to the nature of community based care, many workers in the mental health NGO sector are not trained in these five disciplines, therefore fall outside these practice standards, yet the provision of high quality mental health rehabilitation services relies on the commitment, quality, skills and attitudes of staff providing these services.<sup>8</sup>

In 2004 the MHCC commenced work on a strategy<sup>9</sup> to build the capacity of the NGO sector to meet future mental health needs of the community as addressed by mental health specific and generalist NGOs. Workforce development was identified

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<sup>4</sup> Currently 4 NSW area health services conduct Transitions Courses for general nurses in mental health. These courses are aligned to 3 NSW universities who will give participants recognition of prior learning (RPL) when undertaking postgraduate courses.

<sup>5</sup> Deakin Human Services Australia, *Education and Training Partnerships in Mental Health*, prepared for the Commonwealth Department of Health and Aged Care, 1999, p.6.

<sup>6</sup> MHCC *Pathways to Partnerships*, p.7.

<sup>7</sup> *National Practice Standards for Mental Health* Downloaded 20/07/05.  
[http://www.aasw.asn.au/adobe/publications/mental/MH\\_practice\\_standards.pdf](http://www.aasw.asn.au/adobe/publications/mental/MH_practice_standards.pdf)

<sup>8</sup> NSW Health, *Framework for Rehabilitation for Mental Health*, 2002.

<sup>9</sup> The MHCC NGO Development Strategy: Mental Health is a three year project 2004-2007.

as one of the key areas of the Strategy with wide systemic change needed to assist organisational and career pathway development.

This submission explores training and workforce development options that would best develop the attitudes, skills and knowledge of the NGO mental health sector workforce in NSW. However, many of the arguments and recommendations may be relevant to other states. There would be benefits to the NGO mental health workforce in each state if training and workforce development initiatives had a national focus. This would provide mobility for the workforce, assist organisations with branches in more than one state and would help establish consistent quality levels for service provision across the country.

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The submission aims to:

- examine the current training situation in NSW for the NGO mental health sector
- identify the training needs of the sector
- give an outline of comparable training models
- recommend future developments to strengthen the training and other workforce development options for the mental health sector in NSW.

### Research informing the submission

A wide range of mental health NGOs, training providers, representatives from other relevant sectors and other stakeholders have been consulted (**Appendix 1**). Stakeholders were asked a series of questions about the nature of the workforce, the availability of training including the relevance and accessibility of training currently on offer and the main obstacles to staff of NGO organisations accessing relevant training. Organisations were also asked about preferred training models including the desirability of a minimum requirement qualification and the importance of attending accredited training, gaining recognition of prior learning (RPL) and articulation into higher education. A thorough literature search was undertaken for this submission. (**Appendix 2**)

### Current situation in NSW

The mental health NGO sector in NSW is very diverse, consequently it is not surprising that a common thread to consultations was a noted lack of identity in the mental health NGO workforce. Many workers feel that a lack of identity for the sector is paralleled by a lack of respect for the services provided by the sector in comparison to the work provided by the wider mental health industry. This lack of a cohesive identity for the sector may be one of the leading factors contributing to its low status.

The diversity of the sector needs to be accommodated in training plans. Research indicates that while many workers in the sector are highly educated, (approximately two-thirds of the workforce have tertiary qualifications), others in areas with low skill requirements, have low levels of training (**Appendix 2**).

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There is a core set of skills that all workers need plus there is also a need for specialist training, e.g. management, dual diagnosis and specific treatment skills. The diverse educational backgrounds of the sector must also be taken into consideration. Training plans must also accommodate the needs of workers new to

the sector (including consumers who wish to become workers), workers with extensive experience who lack formal qualifications, workers with qualifications who require additional skills and volunteers working in the sector.

Flexibility in training is becoming more common. An increasing amount of training is being offered electronically, either partially or completely. Work based training is also becoming increasingly popular. Training is now often offered in a mixture of delivery modes such as a combination of classroom and workbook learning, self paced and self directed learning, or a mixture of the above.

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There is a shortage of mental health nurses and psychiatrists in NSW. This is problematic for the NGO sector because with the move towards community based rehabilitation, there is an increased need for mental health professionals working in the NGO sector. Currently there is a good supply of psychologists graduating from Australian universities. However, it is often the case that psychologists employed in the NGO sector are new graduates who gain experience and then leave the sector for higher pay and greater opportunities in the wider industry.

### Relevance

At present there is a wide variety of training available for mental health NGO workers (**Appendix 3**), however there is no planning in the spread of training and this results in inconsistency in training availability, relevance and quality. A feature of mental health NGOs is the wide variety of roles undertaken by staff. This makes it difficult for training providers to meet their vocational needs. Many mental health NGOs complain that a lot of training from TAFE and universities doesn't adequately equip workers for their role.

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### Accreditation, Recognition of Prior Learning (RPL) and Articulation in to Higher Education

At present a small percentage of the training on offer to NGO staff is accredited. Some of the more formal vocational training on offer to mental health workers in the NSW NGO sector offers RPL. Some accredited modules allow articulation into higher level courses. However, consultations have shown that course relevance is more important to workers than any of these three factors when choosing a course.

### **Access and Affordability**

There are many barriers preventing workers throughout the sector from accessing appropriate training. However, these barriers are greatest amongst lower skilled workers. This is because there are fewer courses available to meet the needs of these workers than there are for the higher skilled workers. Lower skilled workers are generally receiving less pay and are therefore less able to pay for their own training and organisations they work for can usually not afford to adequately resource their training.

Training needs to be accessible in terms of cost, location and timing. This is particularly important for workers in rural, remote and regional areas where a lack of nearby training options is compounded by a lack of experienced workers to deliver the training.

Consultations with NGOs have revealed that in NSW there is a shortage of suitable potential employees with the necessary skills available for employment in the

sector, particularly with the move to generic training for health professionals. Furthermore, the expected expansion of NGO mental health services in NSW<sup>10</sup> means that there is an increasing need for a large number of people to be recruited into the sector over a short period of time.

During consultations some NGOs expressed the view that recruiting and retaining suitable staff was difficult as often workers took the job because they needed employment, rather than because they particularly wanted to work in the sector. Combined with low rates of pay this has led to some services having a high staff turnover.

Many NGOs offering mental health services operate on very tight budgets, with little money available to spend on training. The high costs and amount of training required, mean that many NGO staff receive an inadequate amount of vocational training.

A further impediment for NGO staff accessing training is the ability of their organisation to provide backfill, especially for remote areas, managers or specialised and independent workers. Backfill is often difficult due to the cost and the nature of the role, where any relief worker needs to have a detailed knowledge of the workplace and current clients.

A lot of available training is Sydney based, meaning that workers in rural, regional and remote areas have increased difficulties accessing training. The additional costs and time involved in travel and accommodation combined with lack of suitable relief staff, especially in very small organisations make accessing training especially difficult for this group of NGO workers. Furthermore, needs specific to rural, regional and remote workers are often not addressed in city based training.

In order for the NGO mental health workforce to address the needs of diverse communities, it is important that members of these communities are recruited into the sector workforce. Furthermore courses need to be developed and delivered in a culturally appropriate manner and students need to be educated about the needs and practices of different communities including people:

- \_\_ from culturally and linguistically diverse backgrounds
- \_\_ with an Aboriginal or Torres Strait Islander heritage
- \_\_ with disabilities
- \_\_ from rural, regional and remote areas
- \_\_ who identify as gay, lesbian, bisexual or transgender
- \_\_ of all ages
- \_\_ facing financial hardship
- \_\_ who are homeless
- who are, or have been, in detention or prison

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<sup>10</sup> The HASI program is set to expand over the next the few years. With mental health becoming an increasingly important focus within the health sector it is expected that the mental health services will continue to expand.



- with an additional diagnosis such as substance abuse or an intellectual disability.

In particular, there is an urgent need for Aboriginal communities to receive skilled, culturally appropriate, support to assist them respond to the overwhelming mental health problems experienced in their communities due to past government policies, such as the forced removal of children from their families and the lack of recognition of their ownership of the land. This support needs to include both the provision of mental health training for Aboriginal health workers and for mental health workers in mainstream community services to improve access to these services for Aboriginal people.

Currently, mental health training is provided by Aboriginal Medical Services and Charles Sturt University. The Aboriginal Health and Medical Research Council (AH&MRC) of NSW is building a new Aboriginal College that will provide training in Community Care for Aboriginal mental health workers.<sup>11</sup>

In the past trained Aboriginal mental health workers have battled for recognition of their qualifications by mainstream services, where qualifications outside the five main mental health disciplines are often viewed as less worthy.<sup>12</sup>

Another barrier to mental health NGOs accessing suitable training is that some workers' roles are very specialised, (such as counselling, supervising others and working with people with multiple diagnoses) and there is a lack of relevant training for these workers.

Timetabling of training is particularly important. Consultations have consistently shown the need for training to be delivered out of work hours or in the work place. Access to appropriate training is further hindered by the very complex structures and language used by the vocational education sector.

Apart from barriers due to lack of time, funding and available backfill as previously mentioned, consultations identified a lack of computers and access to the internet and a lack of computer literacy as being barriers to training. This is particularly relevant for workers in NGOs in rural, regional and remote areas.

Another barrier identified was the reluctance of many workers who already have a university degree to undertake further training at TAFE as they consider the training too basic and that TAFE qualifications lack status.

### **Areas of specialised training**

Aside from the core body of knowledge and skills that all workers in the sector require, there are some specialised areas within the sector that require strengthening through training and workforce development initiatives. In particular, training is required in:

- governance, management and administration

<sup>11</sup> Conversation with Melinda bell and Chris O'Connell AH&MRC on 21 July 2005

<sup>12</sup> Brideson, T., *Guest Editorial Moving beyond a 'Seasonal Work Syndrome' in mental health: Service responsibilities for Aboriginal and Torres Strait Islander populations*. Australian e-journal for the Advancement of Mental Health (AeJAMH), Vol. 3, Issue 3, 2004, p 2.

- transition processes for consumers to become workers
- skills for volunteers and those who manage them.

There is also a need for a comprehensive range of training to meet the needs of workers in generalist NGOs whose clients have a mental illness. Currently government departments, such as the NSW Department of Community Services (DoCs), NSW Department of Housing, Juvenile Justice and the Commonwealth Department of Employment and Workplace Relations (DEWR) undertake training for staff and NGOs they fund, however this training usually focuses on the Department's core business. This means there is still a need for mental health training for generalist NGO workers with mental health clients.

### **Workplace structures and practices to support training**

Research for this submission has identified the benefit of implementing workplace structures and practices to support training, such as mentoring, supervision and attending clinical reviews. At present this is delivered in an ad hoc manner with few NGOs having the resources (money, time and personnel) to implement these structures.

### **Transfer of knowledge into skills and workplace training**

Increasingly managers prefer training to be delivered in the workplace. This has several benefits; it ensures the relevance of training for the organisation, embeds organisational practice change and lessens the need for organisations to find replacement staff.

External training can often expose workers to a cross fertilisation of ideas that will enhance their practice and education. Furthermore, the sector needs to be wary of developing a silo mentality where training is not seen as relevant unless it is specific to the sector or just the organisation. This reduces the opportunities for workers to form wider networks and exchange information with other sectors delivering human services.

### **Minimum qualification**

During consultations there was discussion around the need for the sector to develop a minimum qualification for workers in the sector. Although there was not unanimous agreement about the value of a minimum standard, most managers viewed it as a means of enhancing the sector's identity and value amongst the mental health industry. They strongly advocate that if a minimum standard is introduced, it should be voluntary.

### **Traineeship programs**

Consultations with NGOs have shown a desire within the sector for a non-clinical mental health traineeship scheme to be established. This could attract new workers to the sector and provide them with practical skills. Traineeships could also be a means for NGOs to access training for their workers and can provide employers with financial incentives to employ new workers in the field.

### **Internships**

In some NGOs in NSW, internships have been developed in order to bridge the gap between work and study identified by workers in the field, internships have been

developed, providing structured, on the job learning for tertiary students. An example is Kedesh House, a 22 bed, twenty four hour a day, alcohol and other drug treatment facility in Wollongong that specialises in working with clients with dual AOD and mental health diagnoses. Seven years ago Kedesh House entered an informal agreement with Wollongong University to recruit fourth year psychology students into a twelve month internship.<sup>13</sup>

Despite the large amount of work involved in establishing the internship program, there are numerous benefits for Kedesh House. For the costs of providing supervision and staff members time to manage the internship, Kedesh House gains two interns on each shift to staff their service. This works out at each intern costing Kedesh House approximately \$5.00 per hour.

## **Training in other sectors, states and countries**

We have researched training models operating in other sectors, states and countries and have analysed their applicability to the mental health NGO sector in NSW. An outline of each of the models we investigated is described below.

### **New Zealand**

#### Background

During the 1990's New Zealand underwent a major shift away from hospital based delivery of mental health care to the community sector. In New Zealand this has resulted in a rapid expansion of community services<sup>14</sup> and an increase in funding to the sector in the last 10 to 12 years. Currently NGOs deliver about a third of all mental health services in New Zealand.<sup>15</sup>

#### Workforce Development Strategies

To meet the needs of this expanding sector, the development of the sector's workforce was identified as a priority to ensure adequate workforce numbers and skill configuration<sup>16</sup>. Some of the main workforce development issues identified include organisational development, equity of funding, career development, retention and recruitment issues.

A major trend in New Zealand is to include specific structures to improve the mental health needs of Maori and Pacific Islander communities. In 2001 a partnership was developed between the Ministry of Health and Te Rau Matatini. This partnership aims to strengthen the Maori mental health workforce by contributing to policy at national and regional levels, subscribing to excellence in clinical and cultural practice, expanding the Maori mental health workforce and promoting rewarding career opportunities for Maori in mental health.<sup>17</sup>

#### Minimum Standard Qualification

In 1998, New Zealand introduced The National Certificate in Mental Health Support Work as a entry level qualification that is used as a voluntary minimum standard for

<sup>13</sup> Conversation with Jo Lunn, Clinical Director of Training, Kedesh House, 3 June 2005.

<sup>14</sup> Ministry of Health, New Zealand, *Mental Health (Alcohol and Other Drugs) Workforce Development Framework*, 2002, p.2.

<sup>15</sup> Discussion with Marion Blake, Platform NZ 31 May 2005.

<sup>16</sup> Ministry of Health, Op Cit p.2.

<sup>17</sup> Ibid,p7

the sector. Although the qualification is not compulsory, an organisation's funding is dependant on them having a certain number of workers either trained or training in the National Certificate or higher qualification. To encourage employers to meet this requirement organisations receive a National Support Worker Training Grant of \$2000 for each person enrolled in the training.

Now organisations can employ someone with the qualification and know exactly what skills and knowledge the staff member will bring to their organisation. In addition, the certificate has given workers greater career mobility, allowing them to move between regions and still have a recognised qualification.

In the 2003 evaluation of the National Certificate there were many people expressing the need for the certificate to be given RPL status. This was seen as particularly important for Maori working with Maori.<sup>18</sup>

#### Identity

One of the major benefits of the introduction of the National Certificate has been that the NGO sector is now valued more highly amongst the wider mental health industry. The NGO mental health sector has also developed a stronger identity, with workers having a clearly defined area of expertise. Training has allowed a stronger identity to emerge by bringing groups of workers from different organisations together, thus increasing opportunities for incidental learning and a cross fertilisation of ideas amongst various groups within the sector.

#### Career Pathways

New Zealand is introducing a National Diploma in Mental Health Support Work. This qualification will provide a deeper and more academic understanding of factors affecting the recovery of people with a mental illness. The National Diploma will also provide much needed skills and knowledge for workers that are required to work autonomously. There is not unanimous agreement within the sector about the value of the National Diploma, with many workers being fearful that it will lead to a two tiered system which will impact on salaries and force workers with the National Certificate to undertake additional training.

#### Other Workforce Development Initiatives

A detailed workforce development plan for the NGO sector in New Zealand is due to be released. It is expected to cover issues such as organisational development, funding equity, career development, retention and recruitment. Currently an increased number of universities are offering management courses for 'not for profit' organisations. Marion Blake, the Executive Officer of Platform, New Zealand's peak body for community based mental health, sees the strengthening of management and governance skills and practice in the sector as a very important development.<sup>19</sup>

Another current workforce development strategy is the introduction of legislation requiring all clinical staff, (such as nurses, psychologists, social workers and occupational therapists) to have a certificate of competence demonstrating that

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<sup>18</sup> Mental Health Support Worker Advisory Group, *Evaluation of the National Certificate in Mental Health Support Work*, Case Consulting Ltd, 2003. p.iv.

<sup>19</sup> Blake, op.cit.

they have kept abreast of new developments in the field. This will impact on NGOs who often employ clinical staff but not in their clinical speciality. Blake predicts this will raise questions about when someone is a practitioner and when they aren't.

Although the New Zealand model still has areas in need of workforce development, there are lessons for the Australian NGO mental health sector to consider. On balance it would seem that the introduction of a minimum standard has brought many benefits to the sector. Tying training with funding arrangements and offering organisations financial incentives to send employees to training, has meant the voluntary minimum standard has been widely adopted, resulting in an increased number of skilled workers in the sector. The extensive level of inclusiveness of Maori and Pacific Islander communities in health planning and training is the result of the New Zealand government acknowledgement of their obligations under the *Treaty of Waitangi*. A similar acknowledgement by Australian governments about their responsibilities to Indigenous communities would result in more effective and comprehensive inclusion of Indigenous communities needs in mental health planning, service provision and workforce development.

### **United States - US Psychiatric Rehabilitation Association (USPRA)**

#### Background

The United States Psychiatric Rehabilitation Association (USPRA) is the peak body for community based mental health in the USA. They offer organisations voluntary membership and practitioners USPRA psychiatric rehabilitation practitioner certification. Although voluntary, most psychiatric rehabilitation (PR) organisations are members and most practitioners have gained certification.

#### Certification Process

Prior to 2001 there was a voluntary registry for PR Practitioners. Applicants in this program received the Registered Psychiatric Rehabilitation Practitioner or Associate Psychiatric Rehabilitation Practitioner credential.<sup>20</sup> The major function of the USPRA certification program is to ensure competence and professionalism in the field of psychiatric rehabilitation, including commitment to a Code of Ethics.

#### Minimum Standard

This voluntary registry is currently being phased out and replaced by a test based credential, administered through USPRA. The new credential is also voluntary, however, it is hoped that the new certification will be accepted as the industry standard. The requirements of the test based certification are far more rigorous than the previous voluntary registry.

#### Renewal of CPRP Status

In order to maintain their certification PR practitioners have to pay an annual renewal fee. Every three years they are also required to reapply for their certification and to undertake ongoing professional education. From our consultations it appears that NSW practitioners would not want this level of certification but agree with the increasingly professional focus of US PR practitioners.

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<sup>20</sup> <http://www.uspra.org/certification/> Downloaded 14/05/2005.

## VICSERV

### Background

VICSERV has been the peak body for psychiatric disability rehabilitation support services in Victoria since 1984, and began providing training in 1994 due to a scarcity of appropriate training. They received funding from the state Mental Health Branch (MHB) to establish their training program. Since then, they have consistently received funding to provide on going training to the sector. The MHB also provide funds for organisations to cover the costs of backfill while attending training.

VICSERV regard the Certificate IV and Diploma as pre employment qualifications and design their training accordingly. Consequently, people with these qualifications still find VICSERV courses very worthwhile.

Unofficially, VICSERV's core training courses are emerging as the minimum standard in Victoria.

### Courses offered

VICSERV provide training to meet core requirements of workers in the sector. This consists of a three day orientation program followed by additional training for three further levels. Training is also offered in a range of other relevant subject areas.

VICSERV also offers training for workers who do not work in mental health, but have mental health clients. VICSERV convene reference groups made up of workers and consumers to review, update and develop new training.

Currently VICSERV is partnering with Monash University to provide a Psycho-social Rehabilitation module as part of a Graduate Certificate and Graduate Diploma in Mental Health.

NSW can learn from Victoria's example, however the situation in NSW has some significant differences. There are numerous training providers within NSW offering a diverse though unstructured selection of courses. Furthermore, in Victoria the sector is defined as organisations only providing psych-social rehabilitation, while in NSW the sector is more diverse. These two important differences will influence the nature of training and workforce development for each state. It is important to ensure work undertaken in both states is compatible, especially as this will help the development of training and workforce development in other states.

## South Australia

### Mental Health Coalition of South Australia (MHCSA) Inc

MHCSA is the state's peak body. In October 2004, they received initial operating funding for three years<sup>21</sup>. MHCSA has decided to concentrate on strengthening the capacity of the small mental health NGOs, which have been largely overlooked by the government sector, by providing assistance with quality management and training. To achieve this MHCSA began a workforce development program in

<sup>21</sup> Conversation with Geoff Harris, Executive Officer, Mental Health Coalition South Australia Inc, 5 July 2005.

**Deleted:** A motivation for offering training was the need for the sector to develop a more professional profile. Despite organisations offering high quality services, the reputation of the sector did not reflect this. VICSERV believed that if the sector was well trained, this would increase their professionalism and ability to work more effectively in partnerships with the rest of the industry. The experience of the past 11 years have confirmed this.¶

¶ Since VICSERV began offering training, other training providers meeting the needs of the sector have emerged. VICSERV see these providers as complimentary training providers rather than as competition.¶

¶ **Qualifications of the Sector**¶  
Surveys conducted by VICSERV found staff working in the sector are well educated with approximately 60% having university qualifications, with most of the remainder possessing a Certificate IV or Diploma in Community Services or Mental Health.

**Deleted:** Training is provided in a variety of delivery modes and can be tailored to meet the needs of individual organisations. Most training is provided at VICSERV's training centre, however it can also be delivered in the workplace when required.¶

February 2005 that has including undertaking a training needs analysis and developing a two year training plan.

To implement this training plan, MHCSA has decided to contract various training providers, such as VICSERV, to offer a range of training to mental health NGOs. VICSERV have been operating in South Australia for 10 years and offer a *Train the Trainer* program which will enable South Australia to eventually develop their own programs. TAFE also deliver training in mental health in South Australia.<sup>22</sup>.

#### NSW Institute of Psychiatry (IOP)

Recently the South Australian Department of Health began a major initiative to better support people with mental health issues living in the community. The initiative includes the Department contracting the NSW IOP for two years, to develop and deliver training in psycho-social rehabilitation, with mainly generalist NGOs. The Department also wants the IOP to develop a small centre, similar to the NSW IOP, in South Australia.<sup>23</sup>

### **Network of Alcohol and Drug Agencies Inc. (NADA)**

#### Background

NADA is the peak body for approximately 100 Alcohol and Other Drugs (AOD) NGOs in NSW and is funded through NSW Health's NGO grants program. The 1999 NSW Drug Summit identified workforce development as a high priority for the AOD industry.<sup>24</sup>

#### Training

Larry Pearce<sup>25</sup>, Executive Director of NADA, reported that with 64% of the AOD NGO workforce already having relevant tertiary qualifications,<sup>26</sup> NADA is concentrating on assisting new entrants or low skilled workers, recovered persons or those with generic skills, to undertake the Certificate IV and Diploma in Alcohol and Other Drugs.

Another NADA initiative to support training is to provide funds to supply 'backfill', allowing NGO workers to attend training. NADA also encourages NGO's to send two people to training simultaneously thus increasing the likelihood of knowledge translating into workplace practice and facilitating culture change within the NGO.<sup>27</sup>

#### Other workforce development initiatives

Wider workforce development initiatives that NADA implemented include becoming a member of a committee of the NSW Community Services and Health Industry

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<sup>22</sup> Conversation with Kate Hawke, Project Officer-Training, Mental Health Coalition South Australia Inc, 4 July 2005.

<sup>23</sup> Conversation with Dorothy Dalperio, SA Department of Health, 4 July 2005.

<sup>24</sup> NSW Parliament *NSW Drug Summit 1999 Government Plan of Action* Downloaded on 20/07/05. [http://www.druginfo.nsw.gov.au/right\\_column/plan1.pdf](http://www.druginfo.nsw.gov.au/right_column/plan1.pdf)

<sup>25</sup> Conversation with Larry Pearce, Executive Officer, NADA, 26 May 2005.

<sup>26</sup> NADA, VAADA, WANADA, the Alcohol Education and Rehabilitation Foundation and the National Centre for Education and Training in Alcohol and Other Drugs, *Alcohol and other Drug Workforce Development in Australia: The assessment of needs and the identification of strategies to achieve sustainable change*, 2003, p. 2.

<sup>27</sup> Conversation with Diana McConachy, Manager, Workforce Development, NADA, 15 April, 2005.

Training Advisory Board (ITAB). This has allowed NADA to advocate for changes to competencies and training packages to improve AOD training for AOD NGOs.

NADA is also a member of the NSW AOD Workforce Development Council that was established following the 1999 Drug Summit to develop the capacity of the AOD workforce in NSW.

Overall, NADA feels this strategy has been a success and that member organisations are also happy with the results. However, Pearce believes that the ongoing funding provided by NSW Health to the strategy, has been a crucial element in its success.

The effectiveness of NADA's approach shows that an adequately funded workforce development strategy offers a very cost effective way to enhance service delivery in a diverse sector.

## **Opportunities**

### **Development of a state approach to mental health workforce development**

There needs to be a state approach to training and workforce development to provide a uniform qualification that is accepted as a state-wide voluntary minimum standard. This in turn will provide:

- A strengthened identity within the sector
- A uniform quality of care across the sector
- Mobility for workers through out the state
- An increased likelihood of retaining qualified staff in the sector when they move intrastate
- An increased likelihood of parity for wages and conditions across the state.

The MHCC NGO Development Strategy: Mental Health is beginning work in this process. At a later date there may be benefits to considering a national approach to NGO mental health workforce development.

### **TAFE NSW**

In NSW, TAFE is a key deliverer of qualifications in the non clinical mental health sector. However, TAFE NSW has been slow to adopt the Certificate IV in Mental Health (Non-clinical) National Training Package. Instead TAFE NSW has tended to deliver the state based qualification through accredited short courses. Additionally, TAFE often offers modules from the Mental Health (Non-clinical) Certificate IV as electives in other Community Services qualifications.

Discussions with TAFE teachers indicate that demand from the sector for training in mental health is growing rapidly, particularly in rural and regional areas. However, consultations reveal that some workers in the sector have reservations about TAFE courses, including:

- there are few colleges offering the Certificate IV in Mental Health (Non-clinical), making access to the qualification difficult
- the content of course material is pitched at too low a level



- workers with a university degree see attending TAFE training as a backward step
- TAFE courses don't always provide workers with the knowledge and skills required in the workplace.

Conversely others in the sector identify TAFE as the preferred training organisation for the sector. This is because TAFE is affordable, state wide, responsive to sector needs and offers flexible delivery of training, e.g. work based training. For this reason, they would like to see the Certificate IV in Mental Health (Non-clinical) as the minimum qualification adopted for the sector.

TAFE NSW needs to be adequately resourced to enable it to deliver mental health training more comprehensively through out NSW, including in rural and remote areas. The re-development of the National Training Package in Mental Health (Non-clinical) to better suit the needs of the sector in NSW would encourage the uptake of this certificate.

### **Higher Education Sector**

As there is a high level of tertiary education amongst workers in the sector it is important that opportunities for further training at a university level are provided to meet the needs of these workers. People for whom this would be particularly appropriate would be nurses, social workers, social science graduates, psychologists, occupational therapists, managers and board members.

When considering the development of new post graduate courses universities need to include employers, unions and professional organisations in discussions on curriculum and standards of education and training, to ensure that future courses reflect the needs of workers and employers in the sector.<sup>28</sup>

Any new training developed in community based mental health, needs to be eligible for HECS<sup>29</sup>, so as to attract workers to undertake post graduate training.

### **Developing an effective clinical psychology workforce**

The work of psychologists (clinical and non-clinical) could be valuable within the NGO sector to enhance outcomes in recovery and rehabilitation.<sup>30</sup> Increasing incentives for psychologists to remain in the NGO sector would improve client outcomes and help address the gap left by reduced numbers of psychiatrists and mental health nurses.

### **Training in Aboriginal mental health**

While the development of the new AH&MRC training college, will be offering training for Aboriginal Mental Health workers, there is still a need for increased, culturally appropriate training in Aboriginal mental health care for mainstream workers to ensure the Aboriginal community has access to mainstream services.

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<sup>28</sup> Deakin Human Services Australia *Education and Training Partnerships in Mental Health* Commonwealth Department of Health and Aged Care, February 1999, p.16.

<sup>29</sup> Higher Education Contribution Scheme

<sup>30</sup> Renner, P., Blaszczyński, A., *Discussion Paper Towards a more efficient and effective Mental Health Service in NSW Health: The development of an effective clinical psychology workforce.* 2004, p.20.

This is particularly important in light of the high level of unmet demand for Aboriginal mental health care.

### **MHCC providing short courses**

Currently in NSW, there are many short courses of relevance to mental health NGO workers. They are provided by a diversity of training providers, and courses are not provided as part of a planned approach. There is a need for short courses to be provided in a comprehensive and structured manner ensuring the increased demand for an adequately trained workforce are met. In NSW the MHCC, as the Peak Body, is well placed to provide this type of coordination. The training needs of generalist NGOs could also be partially addressed by the provision of well structured training programs.

## **Conclusion**

This submission presents results from an extensive review and consultation process and outlines the current situation, highlighting existing gaps and opportunities. The submission also examines other models and examines lessons to be learnt from the experience of others. It also looks at the needs of all sectors of the workforce, including mental health specialist and non specialist NGO workers, those with tertiary qualifications and unqualified workers.

This submission highlights the need to address training for less qualified staff and to provide education for new entrants so as to meet the growing shortage of skilled support workers.

There are significant benefits in considering a comprehensive national strategy for the development of mental health training that will unify the mental health workforce Australia wide. Furthermore, greater assistance from governments would assist mental health NGOs to become more effective learning workplaces and to develop relevant and accessible training. The challenges are to develop and implement a plan that presents workers with a clear and well resourced career pathway.

The sector needs to prepare and position itself so as to thrive in response to the expected growth and the increased need for accountability, professionalism and partnership arrangements. There are opportunities for governments to assist mental health NGOs in NSW to strengthen their abilities to recruit and retain a diverse and qualified workforce that will better meet the expanding community mental health needs, particularly amongst disadvantaged populations.

## **Recommendations**

In considering the findings outlined in this submission, it is noted that a key element of success in the NADA, VICSERV and New Zealand models is the provision of ongoing funds to support workforce development initiatives.

Specific recommendations arising from this submission are:

1. There needs to be a state wide approach to training and workforce development to provide a uniform qualification that is accepted as a state wide voluntary minimum standard.

2. MHCC as the peak body for NSW, should form an expert committee to provide guidance on training and workforce development for the NGO sector. This committee should consist of key stakeholders from the sector, the training industry, NSW Department of Health and other relevant government funding providers, and mental health consumers. The role of this committee should be to:
  - identify training needs for the sector, including specialised training needs and content and level for a minimum standard qualification for the sector
  - develop a plan to implement training and workforce development initiatives in accordance with identified needs
  - make representation to VETAB and other appropriate bodies to make changes to the national training package for Mental Health (Non-clinical) in line with NSW needs
  - make representation to relevant bodies to help advance the implementation of the state training and workforce development plan
  - track and evaluate the implementation of training and workforce development initiatives within the state and make changes to the implementation plan as needed.
3. At a later date consideration should be given to whether or not there needs to be a national approach to workforce development for the NGO mental health sector to examine a range of factors including the introduction of a national minimum standard, organisations working across states, recruitment and retention and issues around the use of volunteers in the workforce.
4. Workforce development and training strategies need to focus on the staff of both mental health specific NGOs and generalist NGOs whose clients include people with a mental illness.
5. Strategies need to be developed to ensure that volunteers, as well as paid workers are able to access training and other workforce development opportunities.
6. Training, education and other workforce development supports should be available to resource all stages of a worker's career. This means that education opportunities should be made available at the levels of short courses, and national certificates through to post graduate courses at universities.
7. Investigate the development of a traineeship attached to the Certificate IV in Mental Health (Non-clinical).
8. Care should be taken to equip the NGO mental health workforce with the capacity to deliver appropriate and effective services to diverse population groups. For example, Aboriginal and Torres Strait Islanders, people who are homeless, those people in, or released from, detention or prison.
9. Effort should be made to attract and retain people from diverse population groups into the NGO mental health workforce as this will help the sector provide better services to these groups.

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10. Training and other workforce development initiatives developed should be made as accessible as possible, with particular attention to affordability, disability access, geographical spread and cultural appropriateness. Measures such as flexible delivery modes, the recognition of prior learning and the production of educational resources in multiple formats should be encouraged.

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11. Adequate funding is required to support training initiatives for the mental health non government sector such as those listed above.

12. There is a need to develop new post graduate courses in community based mental health.

13. Participants to these courses should be eligible for HECS to attract generic trained specialists, such as nurses, to specialise in community based mental health.

## References

1. Allen, A., Haering, K., (2004) *Survey of training needs for Non-clinical NGO staff employed by members of the Hunter Mental Health NGO Network in the Hunter Region*.
2. Brideson, T., (2004) *Moving beyond a 'Seasonal Work Syndrome' in mental health: Service responsibilities for Aboriginal and Torres Strait Islander populations*. Australian e-journal for the Advancement of Mental Health, Volume 3, Issue 3.
3. Deakin Human Services Australia (1999) *Education and Training Partnerships in Mental Health*, Commonwealth Department of Health and Aged Care.
4. Mental Health Coordinating Council *Consultation NGO Development Project, Group 3, Workforce Development*. Annual General Meeting Consultation Report, 2004.
5. Mental Health Coordinating Council *Members Survey*, 2001.
6. Mental Health Coordinating Council, *NGO Development Strategy-Mental Health Training Options Paper*, 2005. (This paper is unpublished, to obtain a copy contact MHCC on 02 9555 8388.)
7. Mental Health Coordinating Council *Pathways to Partnerships The Mapping Analysis And Performance Project Towards a framework for mental health non-government organisations in NSW*, July 2000.
8. Mental Health Support Worker Advisory Group *Evaluation of the National Certificate in Mental Health Support Work*, Case Consulting Ltd. 2003.
9. Ministry of Health, *Mental Health (Alcohol and Other Drugs) Workforce Development Framework*, New Zealand. 2002.
10. NADA, VAADA, WANADA, the Alcohol Education and Rehabilitation Foundation and the National Centre for Education and Training in Alcohol and Other Drugs, *Alcohol and other Drug Workforce Development in Australia: The Assessment of needs and the identification of strategies to achieve sustainable change Jurisdictional Reports, New South Wales, Queensland, Australian Capital Territory*. 2003.
11. *National Practice Standards for Mental Health*  
[http://www.aasw.asn.au/adobe/publications/mental/MH\\_practice\\_standards.pdf](http://www.aasw.asn.au/adobe/publications/mental/MH_practice_standards.pdf)  
Downloaded 20/07/05.
12. NSW Health *Framework for Rehabilitation for Mental Health*. 2002.
13. NSW Parliament *NSW Drug Summit 1999 Government Plan of Action*  
Downloaded on 20/07/05.  
[http://www.druginfo.nsw.gov.au/right\\_column/plan1.pdf](http://www.druginfo.nsw.gov.au/right_column/plan1.pdf)
14. Renner, P., Blaszczyński, A., *Discussion Paper Towards a more efficient and effective Mental Health Service in NSW Health: The development of an effective clinical psychology workforce*. 2004.
15. *United States Psychiatric Rehabilitation Association (USPRA) Certification Program Website* <http://www.uspra.org/certification> 14/05/2005

## Appendixes

### Appendix 1: Organisations consulted with include:

- Department of Community Services (DoCs)
- Health Industry Group Training
- Mental Health NGOs including:
  - Active Employment
  - Aftercare
  - Care Employment
  - Charmian Clift Cottages Inc.
  - Kaiyu Enterprises Inc
  - Lifeline
  - On Track Community Options
  - Pioneer Clubhouse
  - Prahran Mission
  - Richmond Fellowship
  - Schizophrenia Fellowship
  - Triple Care Farm
- Non mental health NGOs including:
  - Centacare Hornsby
  - Kedesh House
  - Multicultural Disability Advocacy Association - Cultural Abilities
  - Migrant Network Services
  - Mountains Community Resource Network
  - NADA
  - Ryde Family Support Services
  - The Buttery
  - Wollondilly Camden Family Support Services
- NSW Health:
  - Aboriginal Health and Medical Research Centre
  - Area Mental Health Directors or their representatives
  - Area Mental Health Services, Northern Sydney, Hunter New England
  - Centre for Drug and Alcohol and Workforce Development
  - Centre for Mental Health
  - Learning and development units
  - Transcultural Mental Health Centre
  - Workforce Development Program in Hepatitis, HIV and Sexual Health
- NSW ITAB
- Mental Health NGO Peak Bodies
  - MHCC board members
  - MHCSA
  - Platform, New Zealand
  - Queensland Alliance
  - VICSERV
- TAFE NSW: Curriculum Centre, Illawarra, Hunter, North Coast Institutes and OTEN
- University of Technology, Sydney

## Appendix 2: Education Levels

Recent survey of the NGO mental health and AOD sectors indicate the following education levels:

- In 2004 Hunter Mental Health Network undertook a study of 336 NGO mental health workers and of those:
  - 32% (106) have TAFE level qualifications in mental health, AOD and welfare
  - 2% (7) were currently studying an undergraduate degree in occupational therapy
  - 10% (34) had an undergraduate degree in psychology, social work, counselling or social science
  - 1% (4) had post graduate qualifications
  - 15% (51) had other qualifications including non-clinical, Registered Nurse, TAFE
  - 36% (120) had no formal training.<sup>31</sup>
- In 2003 a survey was undertaken of the alcohol and other drugs (AOD) workforce in Australia by Peak Body organisations.<sup>32</sup> This study of 101 AOD workers, most of whom work for the non-government sector, found that:
  - 18% (18) had an advanced/diploma from a TAFE or university;
  - 23% (23) had an undergraduate degree;
  - 15% (15) had a post graduate certificate or honours degree;
  - 22% (22) had a post graduate masters degree or PhD
  - 23% (23) had no formal qualifications.<sup>33</sup>
- MHCC questionnaires given to member organisations in 2001 received 28 replies to the question “What is your education level?” and received the following responses:
  - 10% (3) had gained the School Certificate or the Higher School Certificate
  - 18% (5) had a TAFE certificate or diploma
  - 40% (11) had a university degree
  - 32% (9) had a post graduate qualification.

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<sup>31</sup> Angela Allen, Kerry Haering, *Survey of training needs for Non-clinical NGO staff employed by members of the Hunter Mental Health NGO Network in the Hunter Region*, 2004, p. 11.

<sup>32</sup> NADA, VAADA, WANADA, the Alcohol Education and Rehabilitation Foundation and the National Centre for Education and Training in Alcohol and Other Drugs, the Alcohol Education and Rehabilitation Foundation and the National Centre for Education and Training in Alcohol and Other Drugs, *Alcohol and other Drug Workforce Development in Australia: The Assessment of needs and the identification of strategies to achieve sustainable change Jurisdictional Reports*, New South Wales, Queensland, Australian Capital Territory, 2003, p.2.

<sup>33</sup> Due to rounding of the percentages amount adds up to 101%

### Appendix 3: Existing training providers

At present a wide variety of training is available in NSW for the mental health NGO sector. The main training providers include:

- **TAFE NSW** - Certificate IV in Mental Health (Non-clinical) and units of competence from this course are used in short courses and in other welfare based TAFE qualifications. The Certificate IV in Mental Health (Non-clinical) is only offered in a few locations.
- **Mental Health Institutes** are registered training organisations that offer a range of mental health topics including accredited post graduate courses, professional development and customised courses in mental health. These include:
  - NSW Institute of Psychiatry
  - The Illawarra Institute for Mental Health
  - The Centre for Mental Health Studies (CMHS)
  - Centre for Rural and Remote Mental Health
- **Various private and community training providers**, such as:
  - Centre for Community Welfare Training
  - Australian College of Applied Psychology
- **State government departments** provide training for staff and sometimes for community organisations, such as:
  - Area Health Services
  - Justice Health
  - Department of Community Services
  - Department of Housing
  - Department of Aging, Disability and Home Care
- Numerous NGOs are training providers, and offer training that is either free or at a very low cost. Examples of NGOs offering training in areas concerned with mental health service provision include:
  - Lifeline
  - Multicultural Disability Advocacy Association
  - The School of Volunteer Management
- Local councils often offer training in response to community need. For example, Volunteering Illawarra, run by Wollongong City Council offers a range of training relevant to the community sector.
- **Mental Health First Aid** is a 12 hour course developed in 2000 to improve the mental health literacy of the Australian community. There is also an accredited five day instructor training course that enables graduates to deliver the course to community groups.
- Universities provide training in nursing, social work, psychology, medicine, social sciences, occupational therapy, and management.

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