



Australian College
of Mental Health Nurses

**ACMHN
Pre-Budget
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Table of Contents

About the Australian College of Mental Health Nurses (ACMHN)	2
Purpose	2
Invest in the Mental Health Nursing Workforce	3
The Challenge for the Portfolio	5
How Mental Health Nursing Delivers Ministerial Priorities	6
1. Reducing Pressure on Acute and Hospital Services	6
2. Strengthening Primary Care and Medicare Reform.....	6
3. Supporting Disability and Psychosocial Support Reform	6
4. Meeting the Needs of an Ageing Population.....	7
5. Workforce Sustainability and Participation.....	7
6. Equity, Safety and Closing the Gap	7
7. Digital Health and Innovation	7
8. Disaster Response and Climate Resilience	8
9. Suicide Prevention and Community Safety.....	8
10. Kindness, Quality and Workforce Wellbeing	8
Structural Reform: National Chief Mental Health Nurse and Regulatory Change.....	9
National Chief Mental Health Nurse.....	9
Regulatory and Legislative Reform: Endorsed Mental Health Nurses on the AHPRA Register	9
Proposed Legislative and Regulatory Pathway (Staged).....	11
Cabinet Risk Mitigation Statement	12
Relationship to the National Chief Mental Health Nurse	12
Call to Action.....	12
References	13

About the Australian College of Mental Health Nurses (ACMHN)

The Australian College of Mental Health Nurses (ACMHN) is the voice of the mental health nursing profession in Australia. The College is the peak professional mental health nursing organisation and the recognised credentialing body for Australia's mental health nurses. We represent mental health nurses across all levels of government and health service sectors and have local branches across Australia.

Purpose

This pre-budget submission is directed to the Minister for Health, Disability and Ageing and outlines how targeted investment in mental health nursing will support delivery of the Government's priorities across health system sustainability, disability reform, ageing, workforce participation, and equity of access, in the context of unprecedented mental health demand.

The submission aligns Australia's reform agenda with the International Council of Nurses' statement that mental health nursing is at the forefront of reform agendas and that the expertise and skills of mental health nurses are essential for creating responsive and person-centred health care systems in which to deliver compassionate care to persons. This care is described as "respectful of and unrestricted by considerations of age, colour, culture, ethnicity, disability or illness, gender, sexual orientation, nationality, politics, language, race, religious or spiritual beliefs, legal, economic or social status" (International Council of Nurses, 2021a).

This agenda also aligns with the Ten Global Mental Health Nursing Priorities, endorsed internationally through the International Mental Health Nursing Leaders' Summit and the establishment of the International Council of Mental Health Nurses (ICMHN), while remaining grounded in Australian policy, service pressures, and workforce realities.



Invest in the Mental Health Nursing Workforce

Australia's mental health nursing workforce is operating in a context of sustained and escalating national need, characterised by high prevalence, growing service demand, and persistent system gaps. Around one in five Australians experiences a mental disorder each year, with mental illness and substance-use conditions accounting for a substantial proportion of the national burden of disease, as consistently reported by the Australian Institute of Health and Welfare (AIHW, 2024).

At the same time, Australia's mental health system remains fragmented, with inequities in access driven by geography, cost, workforce shortages, and variable service integration—concerns highlighted in successive national assessments by the National Mental Health Commission.

The significant increase in mental health conditions, as reported by the Australian Institute of Health and Welfare (AIHW, 2025) and in a Lancet study (McGrath et al., 2023), has had a pronounced impact on vulnerable and priority populations. This underscores the urgent need to prioritise mental health and ensure that the workforce is adequately educated, resourced, and supported.

Mental health nurses sit at the clinical, relational, and system interface of these challenges, providing continuous, recovery-oriented care across acute, community, primary care, aged care, and increasingly digital and virtual settings. Indeed, in the recent Coroners Court of New South Wales report regarding the Westfield Bondi Junction tragedy, it was highlighted that continuity of care and appropriate transitions of care must be prioritised to ensure both personal and public safety (Coroners Court of New South Wales, 2026).

These findings are indicative of the reform required to improve mental health outcomes, consumer safety, and public safety. In a context where a lack of continuity of care contributed to the Westfield Bondi Junction deaths, this submission highlights the scalable and critical capability of mental health nurses as continuity-of-care solutions. Mental health nurse-led monitoring, navigation, and transitional support across stepped-care pathways (acute, community, and primary care) are essential to improving consumer safety and preventing system failure.

In a landscape marked by rising psychological distress, increasing pressure on emergency departments, unmet treatment need, and persistent gaps in culturally safe and trauma-informed care, mental health nursing is central to delivering accessible, person-centred, and equitable responses aligned with Australia's contemporary mental health priorities.

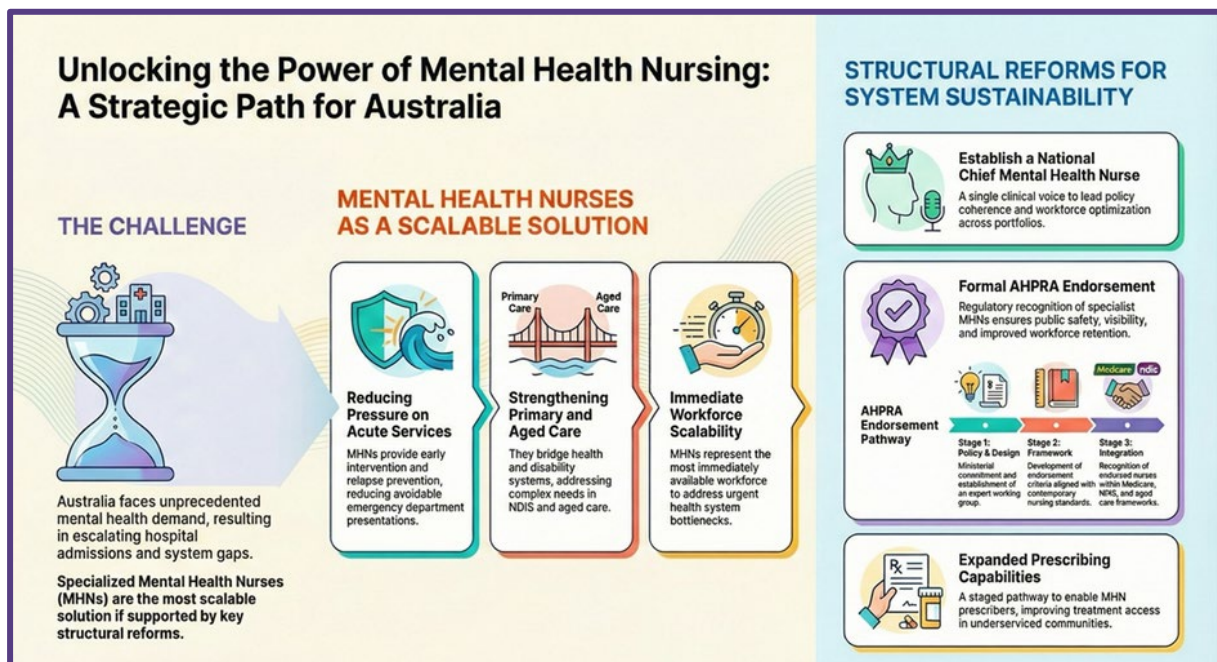
According to Hurley et al. (2022), the care model adopted should be recovery-based and person-centred, seamlessly addressing the spectrum of consumer needs, from "at-risk" behaviours and acute illness through to long-term recovery and rehabilitation.

Drawing on the expertise of credentialed mental health nurses working across acute, community, primary care, aged care, digital, and specialist services, ACMHN provides evidence-informed, practice-grounded advice that reflects the realities of care delivery and the needs of individuals, families, and communities.

Our strategic engagement with government is focused on strengthening Australia's mental health system through workforce planning, legislative and regulatory reform, service integration and the recognition of advanced and extended scopes of practice for mental health nurses.

In a context of rising demand, persistent access inequities and workforce shortages, ACMHN positions mental health nursing as a critical solution partner, supporting government to design, implement and evaluate policies that are clinically effective, culturally safe, economically sustainable and aligned with national mental health priorities."

The WHO (2016) has highlighted the vital role that mental health nurses play in promoting mental health, preventing mental health conditions, providing care to people with mental illness and assisting in rehabilitation.



The Challenge for the Portfolio

Across health, disability and ageing portfolios, mental health demand is rising faster than service capacity. The impacts are **visible in**:

- escalating emergency department presentations and hospital admissions
- workforce shortages across health, disability and aged care
- growing psychosocial complexity among NDIS participants and older Australians
- increased reliance on crisis-driven, high-cost service responses
- inequitable access for First Nations peoples, rural communities and priority populations

While Government strategies emphasise prevention, community-based care, workforce sustainability, digital reform and lived-experience leadership, implementation is constrained by workforce bottlenecks and under-utilisation of mental health nursing capability.

Mental health nurses are embedded across hospitals, primary care, disability services, aged care, custodial settings and community services. They represent the most immediately scalable workforce solution available to the portfolio.



How Mental Health Nursing Delivers Ministerial Priorities

1. Reducing Pressure on Acute and Hospital Services

Portfolio relevance: Health system sustainability, hospital flow, urgent care reform.

Contribution: Mental health nurses deliver early intervention, continuity of care and relapse prevention across community, primary and residential settings, reducing avoidable emergency presentations and admissions.

Budget lever: Fund mental health nurse-led community and primary mental health models aligned with Medicare and urgent care reforms.

2. Strengthening Primary Care and Medicare Reform

Portfolio relevance: Better Access reform, MyMedicare, multidisciplinary care.

Contribution: Credentialed Mental Health Nurses provide evidence-based assessment, treatment and ongoing support, particularly for people with chronic and complex mental health needs.

Budget lever: Expand and redesign MBS items to enable CMHNs and Mental Health Nurse Practitioners to deliver funded care aligned with Government reform objectives, including mental health nurse prescriber capability.

3. Supporting Disability and Psychosocial Support Reform

Portfolio relevance: NDIS sustainability, psychosocial disability reform, interface with health.

Contribution: Mental health nurses bridge health and disability systems, supporting people with psychosocial disability through recovery-oriented, trauma-informed and coordinated care.

Budget lever: Invest in mental health nursing roles across NDIS interfaces, psychosocial support programs and community mental health services.

4. Meeting the Needs of an Ageing Population

Portfolio relevance: Aged care reform, residential and community aged care quality.

Contribution: Mental health nurses address depression, anxiety, dementia-related behaviours, grief, isolation and comorbidity in older Australians, reducing inappropriate hospitalisation and medication reliance.

Budget lever: Embed mental health nursing capability within aged care workforce and funding models.

5. Workforce Sustainability and Participation

Portfolio relevance: Workforce participation, retention, wellbeing, productivity.

Contribution: Investment in supervision, advanced roles and safe working conditions improves retention of experienced nurses and supports workforce participation across life stages.

Budget lever: Fund national supervision, mentoring and capability development programs.

6. Equity, Safety and Closing the Gap

Portfolio relevance: Closing the Gap, safety and quality, least-restrictive practice.

Contribution: Mental health nurses lead culturally safe, trauma-informed and rights-based care, particularly in First Nations, rural and marginalised communities.

Budget lever: Invest in First Nations-led mental health nursing education, leadership and workforce pathways.

7. Digital Health and Innovation

Portfolio relevance: Digital health strategy, virtual care, AI governance.

Contribution: Mental health nurses are central to safe, ethical and effective delivery of digital mental health care and blended service models.

Budget lever: Build digital capability, governance and data literacy within the mental health nursing workforce.

8. Disaster Response and Climate Resilience

Portfolio relevance: Disaster preparedness, community resilience, recovery.

Contribution: Mental health nurses provide frontline psychosocial response and long-term recovery support following disasters and climate-related events.

Budget lever: Invest in disaster-prepared mental health nursing capability across jurisdictions.

9. Suicide Prevention and Community Safety

Portfolio relevance: National Suicide Prevention Strategy.

Contribution: Mental health nurses deliver relational, continuity-based suicide prevention and postvention care that reduces crisis escalation.

Budget lever: Fund mental health nurse-led suicide prevention and continuity-of-care models.

10. Kindness, Quality and Workforce Wellbeing

Portfolio relevance: Care quality, safety, workforce wellbeing.

Contribution: Relational care, emotional intelligence and kindness are core clinical capabilities that improve outcomes and workforce sustainability.

Budget lever: Recognise and fund reflective practice and relational models of care.



Structural Reform: National Chief Mental Health Nurse and Regulatory Change

National Chief Mental Health Nurse

To support effective delivery across health, disability and ageing portfolios, ACMHN recommends establishment of a **National Chief Mental Health Nurse**.

Role

- Provide expert advice on mental health nursing workforce, education and scope of practice.
- Align national reform with global standards through the ICMHN.
- Inform Medicare, disability, aged care and workforce policy design.
- Strengthen safety, quality and human-rights–based care.

Benefit to the Portfolio

A National Chief MHN provides a single, authoritative clinical voice to support policy coherence, workforce optimisation and implementation fidelity across complex reform agendas.

Regulatory and Legislative Reform: Endorsed Mental Health Nurses on the AHPRA Register

Strategic Imperative

Regulatory recognition of **Endorsed Mental Health Nurses (EMHNs)** is a critical structural reform required to enable delivery of Australian mental health policy objectives across health, disability and ageing portfolios. Without formal recognition, mental health nursing remains statistically invisible, operationally constrained and systemically underutilised.

This invisibility undermines workforce planning, safety, quality assurance and reform implementation at the very moment Australia faces record mental health demand, workforce shortages and escalating system costs.

Rationale for Endorsement

Mental health nursing is a discrete specialist discipline with:

- a defined and high-risk scope of practice
- advanced competencies in assessment, therapeutic intervention, crisis response, risk management and continuity of care
- a central role in least-restrictive, rights-based and recovery-oriented practice

The current RN-only classification fails to distinguish this specialist capability, limiting Government's ability to:

- accurately quantify the mental health nursing workforce
- align education pipelines and funding with service demand
- implement Medicare, disability and aged care reforms that rely on specialist mental health capability
- ensure appropriate clinical governance and public protection

Endorsement is not professional privilege; it is **public interest regulation**.

Australia already recognises endorsement as a proportionate regulatory mechanism through Endorsed Nurse Practitioners, Endorsed Midwives and Endorsed Scheduled Medicines Nurses (jurisdictional).

Internationally, comparable jurisdictions formally recognise mental health nursing as a specialist discipline within regulatory and workforce frameworks. The **International Council of Mental Health Nurses (ICMHN)** has identified regulatory recognition as a foundational requirement for workforce safety, accountability and sustainability.

Failure to act places Australia at odds with emerging global standards and limits its capacity to exercise leadership in mental health reform.

Safety, Quality and Public Protection Safeguards

This reform strengthens, rather than weakens, public protection through:

- clear title protection and scope definition
- transparent qualification and competency requirements
- strengthened clinical governance and accountability
- improved visibility for employers, consumers and regulators

Endorsement enables proportionate regulation, ensuring the right level of oversight for high-risk, complex mental health practice.

Workforce Sustainability and Retention Benefits

Formal endorsement:

- creates visible career pathways and progression
- supports workforce retention and succession planning
- reduces attrition driven by role ambiguity and lack of recognition
- enables targeted investment in education and supervision

These outcomes directly support Government priorities in workforce participation, productivity and service sustainability.

Proposed Legislative and Regulatory Pathway (Staged)

ACMHN proposes a staged, evidence-informed pathway to implementation:

Stage 1: Policy Commitment and Design

- Ministerial commitment to explore mental health nursing endorsement
- Establishment of a time-limited expert working group (Health, AHPRA/NMBA, ACMHN, consumer and carer representatives)

Stage 2: Endorsement Framework Development

- Development of endorsement criteria aligned to contemporary Mental Health Nursing Standards and Capabilities Frameworks
- Integration with existing credentialing pathways (PCMHN/CMHN)

Stage 3: Transitional Arrangements

- Grandparenting of existing qualified and credentialed mental health nurses through clear, supported pathways for currently practising mental health nurses to achieve endorsement

Stage 4: System Integration

- Recognition of EMHNs within Medicare, disability, aged care and workforce planning frameworks
- Alignment of funding, supervision and governance requirements

Cabinet Risk Mitigation Statement

This proposal represents a **low-risk, high-governance reform**. It does not create a new profession, alter existing registration categories, or mandate immediate scope expansion. Instead, it introduces a **staged endorsement pathway** within the existing AHPRA framework, consistent with established models for midwives, nurse practitioners and psychology area-of-practice endorsement.

Risks related to patient safety, regulatory burden and professional overlap are mitigated through clear scope definition, advanced education requirements, mandatory supervision, phased implementation and ongoing evaluation. The reform leverages existing regulatory infrastructure, minimises fiscal exposure, and can be paused or adjusted at each stage based on evidence. Failure to act presents a greater systemic risk: continued workforce bottlenecks, avoidable hospital demand, and reduced capacity to deliver Government mental health, disability and ageing reforms.

Relationship to the National Chief Mental Health Nurse

The proposed **National Chief Mental Health Nurse** would act as the principal advisor to Government on:

- design and implementation of the endorsement pathway
- alignment with national workforce, Medicare, disability and aged care reforms
- ongoing evaluation of safety, quality and workforce impact

This ensures reform is staged, evidence-informed and integrated rather than fragmented.

Call to Action

ACMHN calls on the Minister for Health, Disability and Ageing to:

1. Commit to a national pathway for **Endorsed Mental Health Nurses** on the AHPRA Register
2. Establish a **National Chief Mental Health Nurse** to steward this and related workforce reforms
3. Align **regulatory reform** with Budget investment to ensure implementation success

Together, these reforms will deliver a safer, more transparent, and more sustainable mental health system, capable of meeting Australia's current and future mental health needs.

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