



Pre-election submission for 2022: Growing the specialist mental health nursing workforce

By the Australian College of Mental Health Nurses

The Australian College of Mental Health Nursing (ACMHN) is the lead organisation representing mental health nursing. Its members include those working as clinicians and therapists, educators, managers, public servants and other administrators, researchers, and students. Our members are committed to enhancing the mental health and wellbeing of all those living in our communities.

The ACMHN supports this commitment through setting standards for excellence in mental health nursing capabilities and therapeutic practice. These standards solidify mental health nurses as a nursing speciality and communicate respect and dignity for mental health nurses and the consumers they work alongside.



What is a mental health nurse?

A mental health nurse (MHN) is a registered nurse who has ideally undertaken formal specialist mental health education. The ACMHN formally credentials those MHNs seeking recognition of advanced levels of specialist postgraduate education, clinical experience, and demonstrated expertise. These are Credentialed Mental Health Nurses (CMHNs).

What do mental health nurses do?

The MHN has a scope of practice across community and in-patient settings that includes but is not restricted to:

- Psychotherapy, counselling and focused psychological interventions;
- Psychopharmacology;
- Physical health assessments and treatments with some having extended roles;
- Risk assessment and intervention for suicide, self-harm and aggression;
- Care coordination and multi-disciplinary team working; and
- Clinical treatments delivered across urban, regional and rural settings with psychological, physical and social treatments available via a single appointment.
- These clinical roles are underpinned by advanced levels of relational capabilities, emotional intelligence behaviours and communication skills.(1)

Despite having these capabilities, MHNs are significantly underutilised.



What do mental health nurses need to help those in need?

This submission targets funding for growth in three key areas:

1. MHN-led clinical services,
2. Specialist education for MHNs, and
3. Recognition of the specialty of mental health nursing through national registration via the Nurses and Midwifery Board of Australia (NMBA)

1. Funding growth in MHN-led clinical services

Proposed funding area 1a: Mental Health Nurse Access Program (MAP)

Recent reviews into mental health services show there is a ‘missing middle’ of the population whose needs are too complex, severe and/or longer term for primary mental health to adequately meet. Simultaneously, they don’t meet entry requirements into specialist mental health services (2,3). The previous Mental Health Nurse Incentive Program (MHNIP) was repeatedly evaluated as a cost-effective and consumer-focused approach almost exclusively servicing the missing one-third population (4), before they were known as such. A modernised adaptation of this block funding service would have CMHNs either as independent practitioners, direct employees or under shared employment arrangements between public and primary health sectors. The target population of MAP are those consumers with complex but non-urgent needs. Funding for 400 CMHNs nationally would return to previous levels of MHNIP service with additional funding for program evaluation within five years.

Proposed funding area 1b: Better Access funding be opened to CMHNS

Recent studies demonstrate very high levels of CMHN postgraduate qualifications in psychotherapy and counselling, as well as high levels of competence in working with people with serious mental health presentations (5, 6). However, CMHNS are not recognised in federal funding arrangements to procure psychotherapeutic intervention for members of the Australian population who require it. CMHNS need to be granted eligibility to be Better Access providers to use these skills. Funding for 200 CMHNS nationally will make a significant impact on enhancing psychological wellbeing, particularly if regional, remote and very remote areas are prioritised and would be facilitated in-person and via telehealth. Additional funding will support a program evaluation of CMHNS efficacy within Better Access.

Proposed funding area 1c: Mental Health Nurse NDIS complex needs program

Enhanced participation of CMHNS within NDIS funding streams is required to support those with one or multiple co-occurring mental health, addiction, and intellectual disability diagnosis. This will not only enhance the provision of holistic mental health interventions to this population but act as a protective mechanism for frontline mental health services through early intervention and prevention. Currently, the access to mental health nurses, long-standing providers of therapeutic and behaviour supports, is as yet to be optimised. Nurses are positioned as providers of just physical supports and the nursing funding structure is more closely aligned to support workers and psychosocial recovery coaches, rather than other health professions.

- Mental health nurses need to be added to the list of eligible providers of therapeutic and behavioural supports. The latter requires either NDIA acceptance of credentialing as being equivalent to Allied Health accreditation or establishing an accreditation mechanism for CMHNS.

Proposed funding area 1d: Dedicated MHN positions within residential aged care settings

The mental health needs of older Australians are largely unmet through a paucity of specialist mental health services (7). As with the general population, people living in residential aged care facilities experience mental health issues on top of their complex physical health care needs. This means they require mental health nursing expert care, currently not routinely available in residential aged care facilities. It is therefore imperative to provide mental health nurse programs for the aged, including making specific provisions for the assessment, care and treatment of people over 65 with mental health. Dedicated funding to ensure an MHN/ a CMHN or nurse practitioner mental health position was available within each federally-run aged care residential facility would be a cost-effective approach to improving the mental health and wellbeing outcomes for older persons.



2. Funding growth in specialist education for MHNs

Proposed funding area 2a: Improving qualification pathways for a specialist MHN workforce

High-quality specialist MHN education across undergraduate and postgraduate levels is an expectation of mental health consumers, carers and their families as well as the wider community. Specialist undergraduate education for nursing was also a key recommendation from the Productivity Commission report (2). The ACMHN is best placed to co-ordinate the development of either the re-introduction of a three-year direct entry program or the development of a new four-year undergraduate dual degree where graduates finish with a qualification in mental health nursing. This is in acknowledgment of the *Commonwealth Department of Health report titled Educating the Nurse of the Future: Report of the Independent Review of Nursing Education*. ACMHN membership includes a breadth of professorial and education leadership nationally.

Pathway stops



Stop 1

Specialist undergraduate degree in mental health nursing as a four-year double degree with comprehensive nursing. Those stepping off prior to completion can pursue specialist enrolled nursing education.



Stop 2

Graduate diploma in mental health nursing as credential (as currently in place).



Stop 3

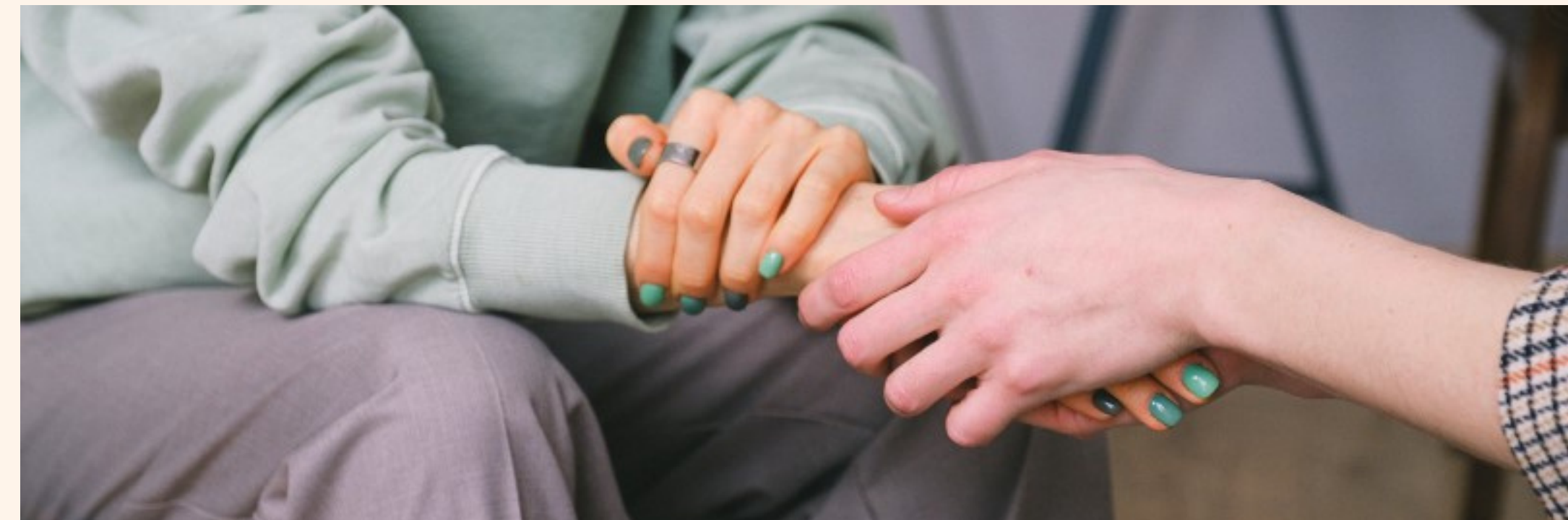
Masters as a specialist credential in areas including acute care, nurse practitioner, psychotherapy, and education. To ensure specialist undergraduate and postgraduate content is maintained over time this funding includes scholarships and curriculum development administered by the ACMHN, as well as registered training organisation development. Additional Commonwealth supported places for the double degree component would be required for university providers.

Proposed Funding Area 2b: Improving our understanding of MHN roles in prevention, youth mental health and addiction psychiatry

The ACMHN would, in consultation with states and territories, develop a nationally consistent transition to mental health nursing practice program that ensures early-career mental health nurses have the knowledge, skills, and ways of working to deliver contemporary care, treatment and improve outcomes for consumers, families, and carers.

Proposed Funding Area 2b: National transition to practice mental health nursing program

Funding would be to support research into the potential of MHNs in these roles, how to best train and otherwise prepare them to ensure a sustainable workforce in the area of prevention. Funding also will enable translation to practice from research findings, as well as modelling for cost efficacy.



3. Recognition of the specialty of mental health nursing through national registration via the Nurses and Midwifery Board of Australia

Numerous reports and inquiries have articulated problems for communities, employers, governments, and regulatory authorities related to the lack of consistent identification of the specialty of mental health nursing within Australia. Public servants observe that this results in policy and funding difficulties in federal, state and local jurisdictions including creating obstacles for safe and effective workforce planning. The ACMHN have identified the issue and solution for over a decade, specifically, to utilise the available mechanism of national registration to accurately and consistently identify the profession of mental health nursing.

References

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