the Australian College
of Mental Health Nurses Inc.

Productivity Commission Inquiry:
The Social and Economic Benefits of
Improving Mental Health

ACMHN SUBMISSION

April 2019

Introduction

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of excellence in mental health nursing, and by supporting improvement of services and care delivery to people affected by mental illness, their families and communities. The ACMHN also sets standards of practice for the profession, is the Credentialing body for Mental Health Nurses and promotes best practice of mental health nursing in Australia.

The ACMHN welcomes the opportunity to make a submission to the Productivity Commission's (the Commission) inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.

The focus of this submission relates to the mental health workforce, particularly, the mental health nursing workforce. Mental Health Nurses are an accessible, affordable and highly valued and respected workforce, with demonstrated positive impact on consumer outcomes. They are an integral part of the solution to the growing mental health needs of the community.

This submission also relates to the appropriate development of the broader nursing and midwifery workforce, to better address the delivery of stepped mental health care across all clinical specialties.

The ACMHN identifies the following key points:

- The Australian health care system will not be able to meet the predicted mental health needs of Australians now and into the future, without the development of a specialist mental health nursing workforce.
- Mental health consumers, their families and communities have a right to receive nursing care and treatment from suitably qualified and experienced nurses.
- Supporting the development and growth of the mental health nursing workforce is a priority, including establishing clearer pathways in to mental health nursing.
- Recruitment and retention of the existing mental health nursing workforce is essential and includes, recognition that mental health nursing requires highly specialised skills; being recognised as specialist mental health providers across the health care continuum, not just within hospital settings; and being remunerated in line with other mental health specialist providers.
- Nurses in all areas of health care should be upskilled so they can identify and respond to mental health issues throughout the health care sector, to improve the quality and access to mental health care across the board.

- Supporting the development of the enrolled nursing workforces knowledge and clinical skills in mental health so they are able to work with registered nurses to support mental health nursing care across all settings.
- With 1:5 women experiencing pre-natal or post-natal depression or anxiety there needs to be greater mental health knowledge and skills across the midwifery workforce.
- Workplace safety for nurses is a significant issue in in building a mental health nursing workforce, nurses are frightened given the stigma of mental health to enter the mental health nursing workforce. It is also likely that improving mental health nurse safety at work will support increased retention of existing workforce and further recruitment into the specialty.
- Enhance actual and perceived safety of nurses is essential to achieving further reductions in seclusion and restraint in mental health settings, which is not safe for all involved.

MHN provide specialist mental health care:

A mental health nurse is a registered nurse who holds a recognised specialist qualification in mental health [nursing]. Taking a holistic approach, guided by evidence, the mental health nurse works in collaboration with people who have mental health issues, their family and community, towards recovery as defined by the individual.

The scope of practice of mental health nurses in Australia is:
- nested within a holistic theoretical and clinical framework encompassing the biological, cognitive, cultural, educational, emotional, environmental, functional, mental, occupational, physical, psychological, relational, sexual, social, and spiritual aspects of individuals and communities
- distinguished by person-centred and consumer-focused therapeutic approaches, to deliver specialised, Recovery-oriented, evidence-based care to all people, from all cultures, across the lifespan and developmental stages, across diverse settings
- characterised by engagement and relationships with consumers; partnerships and collaboration with carers, families, significant others, other members of the multidisciplinary team, and communities
- underpinned by personal and professional reflection.

The scope of practice of mental health nurses in Australia encompasses a wide range of nursing roles, functions, responsibilities, accountabilities, activities and creativities, modalities and innovations; and is founded upon ethical decision-making. This diversity is fundamental to promoting optimal physical and mental health; preventing physical and mental illness; and providing therapeutic interventions and treatment to support the physical and mental health preferences and needs of individuals, communities and population groups.

The scope of practice of mental health nurses in Australia is influenced by diverse contextual, cultural, educational, environmental, ethical, financial, informational, political, regulatory and/or legislative, social, technological, and other factors. Consequently, the scope of practice of mental health nurses in Australia is dynamic - responding effectively to change and developing over time.

MHN provide the bulk of direct clinical mental health care in Australia:

MHN work in clinical, policy, administration, education, management and research roles.

They **provide the bulk of direct clinical mental health care within specialist mental health care settings,** including specialist public and private hospitals/units, specialised community mental health care and specialised residential mental health care services (e.g. rehabilitation, treatment or extended care). MHN also provide specialist mental health care in emergency departments and general medical wards (through consultation liaison services), in correctional facilities and justice services, through primary care (commissioned by PHNs), in private practice, in residential aged care and through other health settings such as alcohol and other drug services, as well as support services (e.g. welfare services, NGOs, telephone triage and counselling services, schools).

Around 21,500 (6.8% of total nurses) indicated they were working principally in mental health in 2016[1]. However, because the NMBA does not identify specialist nurses or nursing qualifications on the register, it is unclear how many of those nurses have qualifications in mental health (nursing). The NMBA does identify that in 2018 2,214 nurses were solely qualified in the area of mental health nursing – that is, they are not listed on the general register and are not eligible to practice in any setting other than a mental health setting. It is likely that these nurses completed their basic psychiatric nurse training prior to the transition of all nursing education to the university sector in the 1980s, or they have trained in mental health nursing overseas.

Mental health nursing is a highly specialised area of nursing practice and consumers of mental health services are entitled to high quality health care provided by nurses with requisite qualifications and expertise. Recruitment and retention are crucial to ensuring sufficient numbers of appropriately skilled mental health nurses are available to meet consumer needs. Recognising mental health nursing as a specialty is essential for recruitment and recognition. Specialist recognition was previously provided via separate registration for psychiatric (mental health) nursing. This recognition is required through a process of endorsement of mental health nursing qualifications on the nursing register. Endorsement was successfully established in Victoria and Queensland under the former state registration guidelines. The Board of Directors and members of the Australian College of Mental Health Nurses see this as a strategic approach to workforce

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[1] AIHW 2018 Mental Health Services in Brief 2018

development and a priority for attracting and retaining staff. To ensure we are better able to quantify the mental health nursing workforce it is also deemed essential that the National Nursing and Midwifery Board recognise mental health nursing as speciality on the national register. Such due recognition of mental health, which has been a national priority area since 1996, enables us to ensure vulnerable and marginalised members of the Australian community are cared for by educated and skilled mental health nurses. To ensure a way forward, the ACMHN will provide active input into development of guidelines for mental health nurses specialty recognition.

The ACMHN Credential for Practice Program is the only nationally consistent standard for recognition of specialist mental health nurses. A Mental Health Nurse Credential recognises the qualifications, skills, expertise and experience of nurses who are practicing as specialist mental health nurses. It demonstrates to employers, professional colleagues, consumers and carers that an individual nurse has achieved the professional standard for practice in mental health nursing. The Credential also increases awareness of the contribution mental health nurses make to the mental health of the community. This is a peer-reviewed voluntary process. There are currently 1,179 Credentialed Mental Health Nurses in Australia.

MHN are geographically well dispersed and accessible:

MHN comprise **the largest group of professionals working clinically in the mental health workforce** and are a critical component in mental health service provision.

MHN are **more geographically dispersed than any other health professional group** (see Figure 1 and Table 1 below), working across metropolitan, regional, rural and remote communities, creating enormous potential for increasing access to specialist mental health services across Australia.

Figure 1: Employed psychiatrists and mental health nurses, clinical FTE per 100,000 population, by state and territory, 2016 (AIHW, 2018)
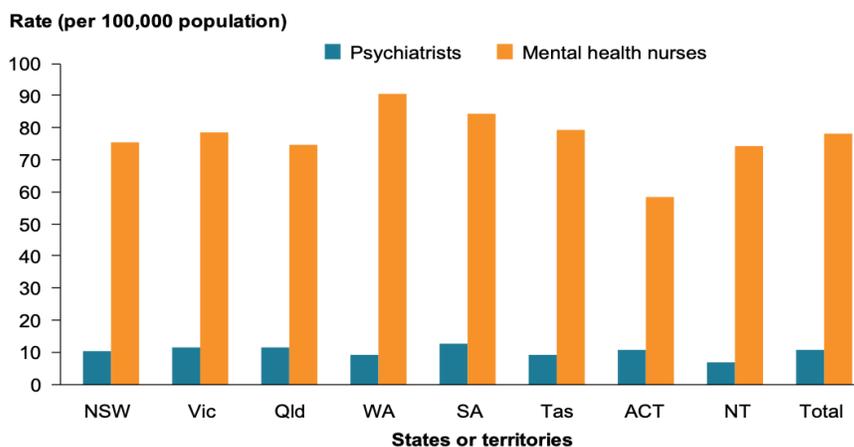
Table 1: Professional Group by number, FTE, location and hours worked (AIHW, 2018)

Professional group	Number	FTE per 100,000	Major city FTE/% per 100,000	Very remote FTE per 100,000	Average hours worked per week	Average clinical hours per week
Mental Health Nurses (MHN)	21,500	85.1			36.3	
MHN working clinically		78.1	90.8	31.1		33.3
Registered Psychologists (RP)	24,500	88.1				
RP working clinically		63.9	82.7%	23.2	32.4	23.5
Psychiatrists	3,200	13.0			36.3	
Psychiatrists working clinically		10.8	13.2	3.3		33.3

Mental Health Nurse workforce: current and predicted shortages

By 2030, HWA predicts the mental health nursing workforce will move to the largest undersupply of all sectors, with a projected shortfall of approximately 19,000 due to a number of factors - including the ageing of the workforce, high exit rates and low numbers of new entrants into the workforce in the younger age groups[2].

The 2014 National Mental Health Commission review of mental health services and programs report entitled *'Contributing lives thriving communities'* made twenty-one (21) recommendations in relation to nursing, mental health nursing and mental health, with a key recommendation being to **'Improve supply, productivity and access to mental health nurses and the mental health peer workforce'**.

The following quote from the NMHC (2014) report highlights the urgency of the situation:

There is an immediate priority to address current shortfalls in supply: in particular the mental health nurse workforce numbers constitute the most immediate threat to both short and long-term service ambitions. The projected shortage of mental health nurses in 2016 of just over 1,000 (or approximately seven per cent of the workforce demand) is best reduced by a stop-gap training intervention to deliver supply quickly.

The NMHC also recommended a number of broad focus areas, including:

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2 HWA 2014 Australia's Future Health Workforce – Nurses Detailed report.

1. Provide a nursing workforce response to the mental health needs of Australians, across the spectrum of health and within primary health care settings.
2. Improve the mental health knowledge and clinical skill of all nurses, especially GP nurses, and others providing primary health care such as those working in chronic disease management and alcohol & other drugs.
3. Support and promote a more sustainable and flexible MHN workforce.
4. Improve the mental health literacy of all nurses, beginning at undergraduate level. (Include a mandated amount of mental health curricula content and assessed mental health competencies for undergraduate nurse preparation).

Mental health consumers, their families and communities have a right to receive nursing care and treatment from suitably qualified and experienced nurses, that is, Mental Health Nurses.

The policy focus of shifting care provision from acute care settings to primary health care means that increasingly, MHN are in demand across community and in primary health care settings[3]. Since 1993–94, the number of FTE staff employed in admitted patient hospital services has remained relatively stable (averaging about 13,000), while those employed by community mental health services has almost tripled (from about 4,000 in 1993–94, to more than 12,000 in 2015–16).

In primary care, the Mental Health Nurse Incentive Program (MHNIP) was a commonwealth funded collaborative care program established in 2007 which supported engagement of MHNs in primary care to provide MHN services to people with complex and severe mental illness. Along with a number of other evaluations, the government's own 2012 MHNIP evaluation found broad support for the programme, with the model of care—involving flexible, one-on-one clinical treatment and support provided by Credentialed MHN nurses working with eligible medical practitioners—receiving strong endorsement from GPs, psychiatrists and mental health nurses, as well as people with lived experience, their families and other support people and relevant peak bodies. In 2013–14 about 300 FTE mental health nurses provided services to about 45,000 people with severe mental health problems at a cost of about $100,000 per nurse. The MHNIP evaluation also identified scope for improvement in a number of areas, including addressing some inequity in the distribution of MHNIP services across jurisdictions (this was an application-based programme where those who applied first were funded, and when the programme was capped/frozen such that other "eligible organisations" could not get access, some access inequity occurred).

During their evaluation of mental health programmes and services, the NMHC (2014) made a number of recommendations about the MHNIP focused on expanding and improving the program, these recommendations included:

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[3] Ashley, C., Halcomb, E., and Brown, A. (2016). Transitioning from acute to primary health care nursing: An integrative review of the literature. JCN. In press. DOI: 10.1111/jocn.13185

1. *Pay a proportion of the Mental Health Nurse Incentive Programme (MHNIP) funding as a loading on top of the Practice Nurse Incentive Programme (PNIP) to attract more mental health nurses into general practice.*

2. *Retrain registered general nurses as mental health nurses: in the short term the projected shortage of mental health nurses in 2016 of just over 1,000 (or approximately seven per cent of the workforce demand) is best reduced by a stop-gap training intervention that can deliver supply quickly.[81] The only way that is possible is to train current registered nurses to become mental health nurses, which in theory requires only one year. Transferring 1,000 nurses from the general to the mental health workforce will have limited impact on the general registered nurse population (less than 0.5 per cent) but will dramatically impact on the number of mental health nurses.*

3. *End the freeze on the MHNIP as an identified priority for more equitable access to mental health services.*

4. *Commit to at least maintaining the existing level of funding for the programme: when funding permits, it should grow from its allocation of $41.7 million in 2014–15 to $72 million a year to enable an equitable distribution of funds for the target population.*

5. *Examine the cost-effectiveness of including extension of Better Access to nurses with postgraduate qualifications in mental health.*

6. *Extend MHNIP eligibility to include residential aged care facilities and Multipurpose Services.*

7. *Promote the uptake of the programme by Indigenous Primary Health Care Organisations including Aboriginal Community Controlled Health Services, including opportunities for MHNIP-funded nurses to be a part of the proposed mental health and social and emotional wellbeing teams.*

8. *Remove the requirement for GPs to write a mental health care plan for referral to mental health nurses under MHNIP where a comparable health plan has been prepared by a specialist mental health professional.*

9. *Enable PMHNs to contract directly with mental health nurses instead of through an "eligible organisation" to provide greater flexibility across multiple settings.*

10. *Train practice nurses to develop their mental health skills and provide scholarships which enable them to train to become mental health nurses. Practice nurses should be trained to take more responsibility for people with moderate and episodic illness and to assist in meeting the gap which is arising from the looming shortage of mental health nurses.*

However, rather than reducing the structural barriers and expanding the MHNIP program, and despite identifying in their 2015 response[4] to the NMHC report that services delivered by MHN and the MHNIP would be enhanced (including making arrangements to address the geographic inequities of the scheme), the Australian government transferred funding responsibility for mental health nurses to the flexible funding pools of the Primary Health Networks (PHNs) in 2016, along with a range of other federally funded mental health programs.

This funding transfer did not provide PHNs with any direction regarding how MHN services should be provided or enhanced, it did not address the recommendations made by the NMHC and it removed the requirement that MHNs be Credentialed (i.e. the requirement that MHN have a specialist qualification in mental health nursing to be engaged through a PHN commissioned service was removed).

This transition represented a major disruption to the MHN workforce and resulted in significant change to how mental health nursing services were delivered across PHNs – with a disparate range of models of care and models of employment being established. In some PHNs, the mental health nurse scope of practice was limited and referral criterion to MHNs restricted in order to manage high demand for MHN services; in some PHNs the mental health scope of practice was expanded to make up for a lack of access to other mental health services. Feedback to the ACMHN by Credentialed MHN members who had worked under MHNIP identified that their concerns over job security related to tenuous (year-by-year) commissioning arrangements, and scope of practice restrictions in some areas led many MHN to retreat from primary health care, either back in to public mental health services or out of health altogether.

The ACMHN Workforce Project 2017-2018 funded by the Australian Government *did* develop Mental Health Practice Standards for Australian General Practice Nurses and an online learning program to complement these standards and support primary care nurses to develop their knowledge and mental health literacy. A second case study project exploring the models of care and models of employment of MHNs across a number of PHNs was also undertaken, with the Final Project Report provided by project consultants Healthcare Management Advisors (HMA) (2019) identifying that some PHNs, especially those operating in in rural and remote regions (but also those in metropolitan areas), experience a significant shortage of MHNs and find it difficult to fill funded positions – with some PHNs resorting to MHN substitution by individuals without a nursing background and/or without extensive experienced in mental health – raising concerns about quality of care being provided and the potential impact on consumer outcomes.

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[4] Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services 2015.

In hospital-based settings, mental health nurse staffing shortages impact on mental health services nationally, particularly in relation to bed closures, consumer experience of health service delivery, consumer and staff safety, critical incidents (including suicide) and the use of restrictive practices (e.g. seclusion, restraint).

Media reports over the past 12 months alone have highlighted:

- In the ACT in 2018 a workforce committee was tasked with national and international recruitment of MHN to address the lowest ratio of MHN in Australia and in response to poor hospital accreditation results. Focus of recruitment is on improving safety of patients and staff[5].
- In SA, Flinders University and the SA branch of the ANMF have joined forces to increase the number of MHN in the state after forecasts that the state will lose up to half of its experienced MHN over the next decade[6] and statewide MHN shortages have been identified as impacting on planned opening of forensic mental health beds at Glenside hospital[7] and on increasing workload and bed closures[8]
- In Victoria, staffing shortages have been associated with critical incidents and staff safety at Latrobe Regional Hospital[9], staff coming under increasing pressure, and staff and patient safety[10], with bed shortages and staffing problems resulting in reduced LOS, higher acuity of patients on admission and discharge and therefore higher likelihood of involuntary admission[11]
- In TAS, critically short staffing levels have resulted in excessive use of seclusion[12] in the adult mental health unit, and serious incidents and bed closures in the state's only older person mental health service[13]. International recruitment and relocation packages have been established to fill current vacancies[14]
- In WA, staffing shortages are cited as problematic in regard to serious incidents at Kalgoorlie hospital in 2019[15] and employment uncertainty identified as contributing to staffing shortages that limit access to mental health services[16].

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[5] https://www.canberratimes.com.au/story/5998659/act-health-to-look-overseas-to-stem-mental-health-nurse-shortages/
[6] https://news.flinders.edu.au/blog/2018/10/09/flinders-tackles-mental-health-nurse-shortage/
[7] https://www.abc.net.au/news/2019-02-12/royal-adelaide-hospital-patient-shackled-for-four-days/10799424
[8] https://indaily.com.au/news/2018/09/12/leaked-email-sa-health-congratulates-staff-on-failing-to-fill-mental-health-vacancies/
[9] https://www.abc.net.au/news/2018-08-22/latrobe-regional-health-flynn-mental-health-attacks/10149072
[10] https://www.theage.com.au/national/victoria/victoria-s-failing-mental-health-system-following-path-of-us-cities-20180613-p4zla3.html
[11] https://www.theage.com.au/national/victoria/sexual-and-violent-assaults-spike-in-mental-health-hospitals-20181013-p509g5.html
[12] https://www.abc.net.au/news/2018-09-25/mentally-ill-teenager-monitored-remotely-due-to-staffing-claim/10299916
[13] https://www.abc.net.au/news/2019-02-27/staff-shortage-roy-fagan-mental-health-centre-tasmania/10854704
[14] https://www.abc.net.au/news/2019-01-11/tasmanian-health-staff-off-to-uk-to-recruit-mental-health-nurses/10706708
[15] https://www.abc.net.au/news/2019-01-24/kalgoorlie-hospital-mental-health-unit-unfit-says-advocate/10737646
[16] https://www.perthnow.com.au/news/health/170m-to-aid-mental-health-across-wa-ng-b881075543z

Since 1993 there have been nine reports that made recommendations on the role of mental health nursing in the delivery of better mental health care for all Australians. They have all recommended urgent action to address the looming workforce shortage (See Attachment 1).

Several themes emerged across all report recommendations, including the need to:
• Establish national standards on levels of patient care and staffing
• Increase support for community based mental health care nursing
• Develop a National strategy to encourage retention of mental health nurses
• Conduct a National review of mental health education and training systems
• Establish a national standard for mental health nursing education and training
• Provide more support for tertiary based mental health nursing and education and training
• Provide more support for mental health care professional development for nurses
• Provide more support for professional development for mental health nurses
• Strengthen the role of peak body organisations
• Promote community based mental health nursing and mental health care
• Promote the role of mental health nursing increased scopes of practice.

Responding to demand and addressing workforce shortages

Mental ill-health is a significant burden for Australia in terms of health outcome, quality of life, co-occurring illness, death and disability. It impacts on individuals, families and communities; and poses significant economic and social cost to the nation.

Developing and sustaining a specialist mental health nursing workforce is clearly an important strategy to improve service access and equity for people with mental health problems.

Mental health nurses are an affordable, accessible specialist mental health resource. However, as outlined above, the size of the available workforce is shrinking while demand for MHN services increase. Immediate government action is required to ameliorate the effects of the ageing workforce, retain existing mental health nurses in clinical leadership roles, and support new entrants into the mental health workforce – both by younger nurses and nurses currently in the profession working in other areas of nursing.

Improving access to quality mental health nursing care for all Australian's requires a multi-pronged approach and includes:
• Responding to the spectrum of mental ill-health

- Understanding and responding appropriately and in a timely way to fluctuations in the MH nursing workforce as well as anticipating long-term trends and demand for mental health care of Australians
- Consideration of broader issues surrounding health and mental health, including the drive towards providing more comprehensive mental health care in primary health care settings, as well as the emergence of critical aspects of clinical practice e.g. co-occurring physical health problems, chronic disease and mental health, the mental health of ageing, and mental health and substance abuse issues.
- Supporting the existing mental health nursing workforce to work to their full scope of practice, providing support in the form of mentoring and clinical supervision, and addressing issues of safety and staffing shortages in public mental health services
- Encouraging and supporting innovation in mental health nursing practice models
- Supporting all existing nursing & midwifery workforce to develop their knowledge and clinical skills around the identification, intervention and treatment of people experiencing mental health challenges, in order to provide appropriately stepped care mental health services, and encourage and support those who are interested to transition in to mental health through establishing clearer clinical pathways.
- Ensuring all nursing students are being adequately prepared with mental health education and skills to function effectively in regard to addressing people's mental health needs as beginning practitioners regardless of what clinical practice setting they are working in, including providing opportunities to engage with innovative mental health clinical practicum placements which support and encourage them to move in to mental health as a specialty.

Key Considerations

1. Policy decisions taken by government, higher education, professions and employers will have a significant impact on the scale of the projected workforce shortages.
2. Given the substantial segment of the mental health workforce that MHNs represent, it is imperative that Government and the health sector respond to the existing and future mental health nursing shortages that have already been identified.
3. Developing and sustaining a specialist mental health nursing workforce is an important strategy to improve access and equity for people with mental health problems across the age spectrum. It is cost effective and has demonstrated outcomes.
4. A multi-pronged approach is required including (but not limited to) significant focus on recruitment and retention efforts, education, professional development, mentoring and clinical supervision - all essential components of efforts to sustain and build the mental health nursing workforce, to cope with the current and projected demand of mental ill-health now, and into the future.

RECOMMENDATION 1: Better support for and retention of the existing MHN Workforce

1.1 Better support for the workforce through increasing Safety

Recent Australian research evidence suggests nurses have concerns and can experience fear associated with managing aggressive or violent patients without restrictive measures[17]. The issue of fear at work as a feature of clinical practice in mental health nursing is as yet not fully elucidated, though there is a need to explore this more comprehensively particularly given findings reported by Bigwood and Crowe (2008), Muir-Cochrane et al. (2018) and others.

That fear is an issue for mental health nurses is perhaps not surprising when considering that mental health nurses experience a higher rate of physical aggression than nurses in any other health care setting[18] and other professionals within the mental health environment[19].

The lifetime risk of assault for nurses in mental health settings is estimated to be 'approaching 100%'[20]. This high risk of assault is known to negatively influence emotional, social and psychological well-being in nurses and can generate a range of physical injuries such as open wounds, bruising and sprains and emotional injuries including self-doubt, confusion, anger, guilt, shame and an increased risk of developing post-traumatic stress disorder[21].

Fear of assault has also been shown to influence clinical decision-making in relation to management of aggression, seclusion and restraint[22] [23]. Staff feelings and perceptions of their own personal safety have been associated with use of coercive containment methods such as seclusion and restraint in mental health settings[24].

Workplace safety for nurses is a significant issue in achieving organisational and professional goals around reduced incidence of seclusion and restraint. Accordingly, addressing the work environment to enhance actual and perceived safety of nurses is essential to achieving further reductions in seclusion and restraint in mental health setting.

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[17] Muir-Cochrane, O'Kane & Oster 2018
[18] Jalil et al. 2017
[19] van Leeuwen & Harte 2017
[20] Renwick et al. 2019, p. 2
[21] Jalil et al. 2017
[22] Bigwood & Crowe 2008
[23] Muir-Cochrane, O'Kane & Oster 2018
[24] Ching et al. 2010

In honouring the commitment to ensure best possible care for service users and aiming to reduce seclusion and restraint reduction in Australian mental health settings, it has become clear that increasing safety in care and enhancing safety for staff, particularly nursing staff, is a crucial aspect of achieving further reductions in use of seclusion and restraint.

Actions that will increase safety in care and safety at work include:

1. A continued and sustained focus on improving safety for all within Australian mental health services, including the provision of appropriate funding for safety-related activities.
2. The provision of sufficient inpatient and community mental health facilities to meet the demand.
3. Vacant mental health nursing positions must be filled.
4. Ensuring all nurses working in mental health services are appropriately qualified.
5. Ensuring the skill mix recruited to mental health services includes leadership from experienced mental health nurses and that less experienced nurses are supported to develop their knowledge and practice skills.
6. Inexperienced nurses with limited mental health knowledge should not be promoted to senior nursing positions (nurse manager, team leader).
7. Ensuring staff to patient ratios and skill mix across all shifts appropriately reflect consumer needs and clinical acuity.
8. Ensuring service funding models reflect clinical realities.
9. Explore and implement innovative models focused on improving safety in care, such as the *Scottish Patient Safety Program – Improving Observation Practice* which reflects a shift in mind-set based on emerging good practice within mental health inpatient culture and practice, utilising a proactive intervention based approach to care, treatment and safety based on prevention, early recognition and early response strategies to address potential or actual patient deterioration of health, wellbeing or risk. This approach applies proactively to all patients in the ward. This guidance moves away from centralising the use of observation status to determine and describe the nature and extent of care, treatment and safety planning and associated intervention and interaction an individual requires. Instead care, treatment and safety planning is guided by the identified specific clinical needs of the individual.

1.2 Better support for the existing workforce through Clinical Supervision

Clinical Supervision is increasingly recognised as a core component of professional support for contemporary nursing and midwifery practice. There is consistent evidence that effective Clinical Supervision impacts positively on the professional development as well as the health and wellbeing of supervisees. The health and wellbeing of nurses and midwives is vital for recruitment and retention and ultimately a healthy and sustainable workforce. There is also emerging evidence that Clinical Supervision of health-care staff

impacts positively on outcomes for service-users. It is the joint position (2019) of the ACMHN, the Australian College of Nursing and the Australian College of Midwives that:

1. Clinical Supervision should be embedded in all nursing and midwifery undergraduate and vocational education as a component of professional practice.
2. All nurses and midwives should be fully orientated to Clinical Supervision upon entry to their relevant workforce and have access to Clinical Supervision that meets their individual needs.
3. All Clinical Supervisors of individuals and groups should undertake specific educational preparation for this role and engage in their own regular Clinical Supervision.
4. A national standard for educational preparation of Clinical Supervisors should be established.
5. All employers of nurses and midwives must positively support and actively promote quality Clinical Supervision through organisational policies, procedures and workplace culture.
6. Regular systematic evaluations of the quality and efficacy of Clinical Supervision arrangements should be undertaken at the local service level, taking care not to compromise the integrity of confidentiality agreements between supervisors and supervisees.
7. Investment in robust Clinical Supervision programs throughout the health and aged care systems should occur to support implementation and sustainability.
8. Investment in outcomes-related research to strengthen the Clinical Supervision evidence base and for continuous improvement, should be made.
9. Clinical Supervision should be included as a part of Enterprise Bargaining Agreements.

1.3 All nurses employed to work in mental health settings must be appropriately qualified

All nurses who work in mental health services should be appropriately qualified – that is, they should be Registered Nurses who have postgraduate mental health nursing qualifications, or, at the very least, be enrolled in a postgraduate mental health nursing program. The employment of non-specialised and inexperienced nurses compromises consumer outcomes and reduces safety for all.

Substitution of Mental Health Nurses by Registered Nurses with no qualifications in mental health nursing, or by Enrolled Nurses, or by Assistants in Nursing, or by any other type of health care provider, is not appropriate and potentially compromises safety.

Services should have a responsibility to ensure that if staff do not have an appropriate qualification that they are supported to develop appropriate skills and knowledge to work in the clinical setting.

RECOMMENDATION 2: Expand access to mental health nursing services in primary care

2.1 MBS Reform

The ACMHN notes the MBS review being undertaken by the MBS Review Taskforce for the Australian Government. The ACMHN discussed in the 2015-16 and 2016-17 Pre-Budget Submissions the dominance of the MBS in the primary health care system in Australia and that alternative funding mechanisms that promoted patient-centered and holistic care needed to be developed and implemented. It is also important that funding models recognise and enable the autonomous scope of practice of nurses and midwives, and the capacity of specialist nurses to provide cost-effective and comprehensive care to Australians.

The MBS Review Taskforce scope states that the Review is examining the entirety of the MBS to ensure it reflects best clinical practice and promotes health service provision that improves health outcomes, and is looking at reform over the short, medium and long term. The Terms of Reference (TOR) do not preclude recommending new items or services being added to the MBS.

In light of the MBS Review Taskforce TOR, the ACMHN reiterates the following recommendations, which were put forward in the 2015-16 and 2016-17 Pre-Budget Submissions and a joint submission to the Senate Select Committee on Health Inquiry into Health Policy, Administration and Expenditure:

- Enable Credentialed Mental Health Nurses and Mental Health Nurse Practitioners to claim under MBS items falling under 'Better Access', which "provides better access to mental health practitioners through Medicare". Better Access item numbers are able to be claimed by psychiatrists, psychologists, occupational therapists and social workers, however, highly skilled and qualified mental health nurses are currently excluded which limits consumer access to specialist mental health treatment – particularly in rural, regional and remote areas where nurses are the most accessible health professionals. CMHN/MHNP rebates should be commensurate with other providers (e.g. psychologists)
- Reform the fee-for-service funding model to better support the ongoing, multi-disciplinary care people with chronic illness and mental illness require. Funding models should deliver values centered incentives, connect primary health care to other sectors of the health care system and spur innovation.
- Provide additional funding streams to increase access to specialist nursing and midwifery services. Options include increasing the number and value of MBS items for specialist nurses and midwives and the provision of grants or block funding for the provision of much needed specialist nursing and midwifery services.

The reform processes occurring with the MBS and in mental health need to be considered together to ensure that the system change sought and required for person-centered care; outcomes for consumers and carers; addressing under-serviced populations; and making optimal use of the workforce are actually achieved.

The Government response to the NMHC 2014 Review specifically stated that in improving services and coordination of care for people with severe and complex mental illness, services delivered by specialist mental health nurses would be enhanced. To date, this has not occurred. For this to occur, workforce development and funding models need to be considered.

2.2 Expand Access to Mental Health Nurse Practitioners

The efficacy of the nurse practitioner role has been identified in the literature: Internationally, the nurse practitioner has been associated with health service improvement for over 40 years and was first implemented in Australia in 1998[25]. Nurse practitioner service has been extensively researched, with investigations on patients' acceptance and satisfaction, safety[26] and effectiveness of service[27], cost effectiveness[28], clinical leadership[29] and descriptions of service models[30][31][32].

Consequently, over the years since the inception of the role, thousands of articles evaluating, describing and arguing the relativities of the nurse practitioner role have been published in medical, nursing and allied health journals. In addition to this international body of literature, several Australian national health workforce inquiries have recommended development of the nurse practitioner role to support Australian health service improvement. These include the Productivity Commission's Australia's Health Workforce Position Paper (2005), the report from the Australian Health Workforce Advisory Committee, Health workforce planning and models of care in emergency departments (2006), The National Review of Nurse Education (2002) and the National Nursing and Nurse Education Taskforce (2008).

The ACMHN reiterates recommendations made in the MBS Review Taskforce ACMHN Nurse Practitioner Special Interest Group submission for:
- Item numbers to reflect the clinical reality - the time clients need for adequate and appropriate consultation, and the time required for MHNPs to provide specialist MH clinical services.

[25] Gardner et al. 2004
[26] Fischer, Steggal & Cox 2006
[27] Laurand, Sergison & Sibbald 2003
[28] Sakr et al. 1999
[29] Samuel, Griffin, White and Fitzpatrick, 2015
[30] MacLellan, Gardner & Gardner 2002
[31] O'Keefe & Gardner 2003
[32] Considine, Martin & Smit 2006

- Equity in rebate payment of MBS items to NP item numbers – commensurate with MHNP expertise and with other mental health professionals who have similar levels of specialisation (e.g. psychologists).
- A billing item that allows for out of clinic assessment and treatment (home visit) that would expand the MHNP capacity for in-home service delivery and allow a more flexible clinical service for consumers who are significantly disabled by MH symptoms.
- Establish NP items that enable MHNPs to provide family-based therapy or mental health education and support to enable parents/family or carers, to be more effectively involved in the individual's treatment.
- Establish NP items that enable MHNPs to provide group-based therapy or mental health education
- Provide options for NPs under MBS provider numbers to refer to allied health professionals
- MHNP should be considered eligible to develop and coordinate a mental health treatment plan and should be appropriately remunerated in line with other specialist providers.

MH Nurse-practitioner led clinics and the use of MHNP to support and mentor newly registered nurses should also be supported and developed.

2.3 Expand Access to Credentialed Mental Health Nurses in Primary Care

As described above, there has been much reform in the mental health and primary health care sectors since 2016. While the ACMHN understands that there are always opportunities that come with reform, there is concern that a very positive independent review of the Mental Health Nurse Incentive Program (MHNIP) conducted in 2012 has been forgotten.

The ACMHN recommends that:
- The recommendations of the NMHC 2014 regarding mental health nurses and the MHNIP be implemented as a matter of urgency.
- Any unspent MHN funding (resulting from MHN recruitment difficulties) be quarantined by PHNs for workforce development of MHN as well as to support the provision of mental health nursing services to general practice and primary care more broadly.
- A targeted program to enable every general practice in Australia access to a CMHN should be established – this could be based on the successful model of nurse-led clinics rolled out by APNA utilising CMHN and MHNP.
- CMHN are specialist mental health providers and should be considered eligible to develop and coordinate a mental health treatment plan and should be appropriately remunerated in line with other specialist providers.

RECOMMENDATION 3: Expand and increase the MHN workforce by establishing and supporting professional pathways into mental health for nurses

Australians have a right to receive mental health care from nurses whose educational preparation meets their needs, meets the standards of the profession, the scope and demands of practice, and also incorporates the principles of recovery for people living with mental distress.

The National Mental Health Commission (2014) identified that improving supply, productivity and access to MH nurses is essential for supporting system change. Expanding and increasing the mental health nursing workforce requires a focus on establishing and supporting professional pathways in to mental health for nurses.

3.1 Establish scholarships for nurses to undertake specialist mental health nursing post-graduate study

Without ongoing investment and support around mental health (nursing) development, workforce shortages are likely to become critical and one of the most vulnerable groups in the Australian population will be denied access to quality mental health nursing care.

Education, professional development and clinical placements are essential components of efforts to sustain and build the mental health nursing workforce, to cope with the current and projected demand of mental ill-health now, and into the future.
The ACMHN strongly recommends that the Australian Government provide scholarships to address the range of educational needs of nurses - across undergraduate, post graduate, clinical placement and re-entry - through supporting nurses and midwives to access mental health (nursing) specific content.

It is recommended that the government establish scholarships for Postgraduate courses in mental health nursing – Grad Dip/Masters – for RNs and ENs working in public mental health or primary care and that this be funded to a maximum amount, per student for a full scholarship, determined by the period of study required.
With a shortfall of 19,000 mental health nurses predicted by 2030, just 11 years away, it is recommended that scholarships be awarded annually.

3.2 A National Transition to Mental Health Nursing Practice Program

Nurses who are interested in working in mental health settings face a number of barriers. It is particularly difficult for those who have limited clinical experience in the area and no postgraduate qualifications in mental health, because many postgraduate mental health nursing courses require that the student be employed in a mental health

service. While postgraduate qualifications in mental health nursing are required if one is to consider themselves a specialist MHN, developing a more seamless pathway into the specialty is required if we are to achieve the goal of increasing the supply of nurses with mental health knowledge, skills and experience. An intermediary step is required.

A National Transition to Mental Health Nursing Practice Program is an important tool in increasing the size and improving retention and flexibility of the MH nursing workforce.

A National Transition to Mental Health Nursing Practice Program could provide a comprehensive introduction to MH nursing, with content applicable to nurses interested in increasing their mental health expertise and enhancing career development opportunities, delivered in a nationally consistent way. The ACMHN could engage with nursing education stakeholders (universities, clinical nursing educators), primary health care providers and health service directorates to collaborate around providing a national evidence-based high-quality, 'Transition to Mental Health Nursing Practice' program, provided online, which could articulate to more formal postgraduate mental health nursing programs provided by universities.

A National Transition to Mental Health Nursing Practice Program would provide a clear pathway to specializing in mental health and provide educational consistency for newly registered nurses, nurses currently working in mental health services who do not yet have mental health nursing postgraduate qualifications, and nurses working in generalist and primary care settings around Australia who want to transition into mental health (including Enrolled Nurses).

3.3 A Mental Health Nursing Preceptor & Mentoring Forum

A Mental Health Nursing Preceptor & Mentoring Forum with a focus on supporting students and nurses who are interested in mental health to develop their clinical nursing mental health skills should be established - considering the learnings from the successful 2009 ACMHN project 'Mental Health Student Online Support' MHNSOS project (funded by the DoHA), where student nurses were matched with experienced mental health nurse preceptors, to provide clinical support and mentoring through a totally online functionality.

The successful Royal Australian & New Zealand College of Psychiatrists (RANZCP) Psychiatry Interest Forum (PIF) could be adapted to a nursing participant group. The RANZCP developed the PIF program to address professional stigma and improve recruitment of junior doctors and GPs into the specialty. It has been operating since 2013 and was funded through the Australian Government's specialist training program. The PIF program provides participants with professional development opportunities, and as of 2017, over 1200 students and doctors had signed up to the program, with a significant number transitioning to psychiatry training.

It is anticipated that basing the Forum on the successful PIF model, with adaptations for nursing requirements and reflecting the differing educational and practice trajectory of nurses, and, responding to the learnings from the MHNSOS project, will result in greater numbers of nurses from all levels (students, newly registered, experienced) participating in mentoring and preceptoring programs, clinical nursing mental health skill development and knowledge increase, and that a proportion of these will transition into mental health as a specialty.

The Mental Health Nursing Preceptor & Mentoring Forum will be an important adjunct to the 'National Transition to Mental Health Practice' program for nurses, as it is anticipated that a proportion of nurses who participate in the Forum will undertake the Transition program, and from there, choose to specialize more formally in MH nursing by undertaking Postgraduate study in mental health nursing.

RECOMMENDATION 4: Address workplace culture, workforce stigma and promote MHN to nursing students

4.1 Understand and address issues related to workplace culture

A recent integrative review by Hopper et al (2016)[33] reported on the experience of graduate nurses during their transition to mental health nursing practice, which highlighted negative clinical experiences (e.g. role ambiguity, inadequate clinical preceptorship) and increased attrition from mental health services by recently graduated nurses.

Workplace culture needs to be better understood – including the services' role in transitioning new graduates into clinical practice – in order to clarify the reasons why new graduates might not be attracted to the discipline and/or are leaving early in their career. This should include a critical examination of all aspects of services (e.g. including environmental design, staffing, a focus on through-put rather than positive consumer outcomes) and identification of system-level changes that may be required.

4.2 Address professional stigma

Establishing and supporting professional pathways for students, newly graduated RNs and existing RNs who want to transition into mental health requires that the issue of professional stigma be addressed.

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[33] Hooper M-E, Browne G, O'Brien AP, 2016 Graduate nurses' experiences of mental health services in their first year of practice: An integrative review **https://doi.org/10.1111/inm.12192**

Research on the attitudes of undergraduate nursing students towards MH nursing has consistently shown that negative attitudes towards people with mental illness are common in nurses and other health professionals[34] and that many nursing students regard MH nursing as the least preferred career option[35] [36] [37] [38]. Clinical placements do not necessarily prepare a student to work as a mental health nurse or encourage them to pursue specialisation as a mental health nurse[39]

Addressing professional stigma is an important part of promoting mental health nursing and includes:
- Supporting the utilisation of consumer academics within undergraduate mental health nursing programs as teachers and researchers[33]
- Supporting the role of peer workers in mental health service delivery[40]
- Establishing innovative Clinical Placement opportunities for students, which showcase the diversity of mental health nursing practice e.g. with Mental Health Nurse Practitioners, with CMHN working in primary care, in a MHN-led clinic; or which provide non-traditional clinical emersions which have been demonstrated to have an impact on student clinical competence[41]and student confidence
- Better addressing the myth that people with mental illness are all violent, as is often portrayed in the media.
- Addressing safety issues in mental health services as outlined above.

4.3 Promote Mental Health Nursing

Mental health nursing should be actively promoted and marketed to high school students, to nursing students and to the broader community through a marketing campaign similar to the current campaign being run through the RACGP to recruit more medical students and junior doctors to consider a career in General Practice[42]. This could include digital elements to be promoted on social media, billboards and other targeted advertising.

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[34] Happel, Bocking, Platania-Phung https://doi.org/10.1080/01612840.2018.1490834

[35] Chadwick & Porter, 2014

[36] Stephens, Brown, Graham, 2012

[37] Happell & Gaskin 2012

[38] Schafer, Wood, Williams 2011

[39] Hunter, Weber, Shattell and Harris 2014 https://doi.org/10.3109/01612840.2014.935901

[40] Byrne L, Happell B, Reid-Searl K, 2016 https://doi.org/10.1111/ppc.12171

[41] Patterson C, Moxham L, Taylor EK et al 2017 https://doi.org/10.1111/inm.12288

[42] https://campaignbrief.com/racgp-shows-a-day-in-the-life/

Recommendation 5: Upskill the current and future nursing and midwifery workforce in relation to integrated physical and mental health care

5.1 Online Mental Health Nursing CPD addressing the learning needs and day to day practice issues of nurses and midwives

There is a plethora of mental health CPD available online; however, for CPD to be valuable in terms of practice-change for nurses and midwives, it needs to specifically address the day-to-day clinical practice issues they experience. This practice issues (and therefore, their learning needs) are distinctly unique from other members of the multi-disciplinary team.

A Training Needs Analysis (TNA) of Australian nurses and midwives should be conducted to identify their contemporary mental health learning needs – this could happen online, distributed via the Coalition of National Nursing & Midwifery Organisations (CoNNMO). Analysis would establish the key mental health learning needs of Australian nurses and midwives and could be used as the basis for establishing appropriate online mental health (nursing and midwifery related) CPD.

A TNA would identify the learning needs of nurses and midwives working in a range of health care settings. For example:
- *Mental health nurses'* learning needs may relate specifically to the physical health care of people with mental illness and advanced mental health triage;
- *Remote Area Nurses'* learning needs may relate to undertaking a mental health assessment, communication, grief and loss and/or identifying co-occurring substance abuse;
- *Nurses working in Aboriginal Medical Services* and community health settings may identify issues related to integrated physical and mental health care as a priority;
- For *nurses working in the Emergency Department* undertaking mental health triage and developing skills in de-escalation and risk assessment may be the focus;
- For *nurses working in Residential Aged Care settings,* differentiating between depression, dementia and delirium, and managing aggression and behavioural interventions might be important;
- For *Midwives working in maternal health services,* perinatal mental health assessment and communicating with someone experiencing mental illness may be required.

The ACMHN could then respond to the identified mental health learning needs by developing online Mental Health CPD for nurses – building on the Learning Management System (LMS) and program framework developed and the success of the

Mental Health Training Program for Primary Health Care Nurses as part of the Mental Health (Nursing) Workforce Development project funded by the Australian Government 2017-2018 (with over 4,000 views and 1,300 completions since July 2018) and the Chronic Disease and Mental Health Online Learning Program funded by the Australian Government (2013-2014) (with over 2,300 views and 730 completions over the past six months alone).

Cost effective, nursing/midwifery-focused mental health CPD would be developed to address day to day practice experiences, could be delivered via a program of online eLearning topics and a range of topic-specific webinars.

5.2 Mental Health Nursing support for Rural, Regional and Remote nurses: A 1800 MHN Support Phone Line

Until such time as the mental health nursing workforce can be successfully established and engaged across every PHN nationally, and until all nurses and midwives are upskilled in working with people around their mental health and wellbeing, it is recommended that a MHN Support Line for nurses and midwives be established, based on the model established by the Psychiatry Support Line for GPs operational in some jurisdictions.

Mental health Nurse Practitioners working to their top of scope can provide mentoring and clinical supervision, consultation and care planning support to non-mental health nurses and midwives working across a range of clinical settings. Rural and remote nurses and midwives, nurses and midwives working in Aboriginal Medical Services, primary care nurses, emergency department nurses and nurses working with people who are experiencing mental illness would benefit from access to the input and advice of an experienced Mental Health Nurse Practitioner in the identification, assessment and/or care planning process. This could include advice about medication effects and side effects, suicide and risk assessment. Such a service is not about triaging or referring consumers to a mental health nurse, rather, keeping consumers who are able to be treated in their current clinical setting under the care of their current treatment team, but with the input of an accessible and affordable mental health specialist.

A Mental Health Nurse Support Phone Line could be facilitated easily by the ACMHN and for a limited budget, could potentially provide high impact and support to clinical nurses. This is particularly vital to support nurses and midwives working in rural, regional and remote health services across Australia.

Conclusion

This ACMHN submission relates specifically to the critical issue of workforce development in relation to mental health and nursing, which is essential if Australians are to have access to effective, affordable and appropriate mental health care.

The ACMHN has raised workforce development as a priority with successive Health Ministers over the past decade. While some steps have been taken through a number of projects to support nursing workforce development, the mental health nursing workforce is in crisis and the mental health needs of the community are growing and are currently largely unmet.

The issue of workforce development in mental health, and in particular, the mental health nursing workforce development is critical and urgent. The funding models relating to the mental health workforce, particularly to the mental health nursing workforce, need to change in order to support mental health nurses to work to their full scope of practice in every clinical practice setting and provide access to specialist mental health care to Australians.

Nurses are the backbone of the health care system in Australia and mental health nurses are the backbone of mental health care services. Without an appropriately qualified mental health nursing workforce, Australian mental health services will not be able to provide safe, appropriate and therapeutic treatment for people who experience mental illness. Without an appropriate knowledgeable and clinically skilled nursing and midwifery workforce, stepped mental health care will not be a reality.

APPENDIX 1

Table: Nursing, mental health and a stepped care response

LEVEL OF DISTRESS	LEVEL OF NEED FOR SUPPORT	FOCUS OF CARE	CARE SETTING	KEY NURSES INVOLVED
STEP 5 Severe distress	*Very High Level of Need* (Risk to life; Severe self-neglect)	**Risk assessment Management of critical incidents Medication Treatment**	**Emergency Departments**	**Consultation-Liaison MHNs MH Nurse Practitioners (MHNP) Emergency Department (ED) Nurses**
			Acute MH Services Acute Care MH Teams	**MHN/CMHN/MHNP**
			Acute AOD Services	**Alcohol & Other Drug (AOD) Nurses**
		Acute MH care Medication	**Acute MH Acute Care MH Teams**	**MHN/CMHN/MHNP**
STEP 4 Moderate to severe distress	*High level of need for support* (Recurrent, atypical and those at significant risk)	**Brief psychological interventions Medication Education & Management Social support & referral**	**Emergency Departments**	**Consultation-Liaison MHN Credentialed MH nurses MH nurse Practitioners**
		Brief psychological interventions Complex psychological interventions Medication Social support & care coordination	**Inpatient MH Community MH**	**MH nurses**
			Primary health care	**MH nurse Practitioners Credentialed MH nurses**
STEP 3 Moderate distress	*Moderate level of need for support* (Moderate or severe mental health problems)	**Psychological interventions Medication Education &Management**	**Community MH & Primary health care**	**MH nurse Practitioners Credentialed MH nurses MH nurses**
		Identifying distress Appropriate Referral Social support	**Medical settings Primary health care**	**Emergency Department (ED) Nurses Alcohol & Other Drug (AOD) Nurses Nurses working in Chronic Disease settings GP nurses**
STEP 2 Mild to moderate distress	*Low level of need for support* (Mild mental health problems)	**Guided Self Help Brief psychological interventions**	**Primary health care**	**MH nurse Practitioners Credentialed MH nurses MH nurses**
		Identifying distress Raising awareness Flagging risk Watchful waiting	**Medical settings Primary health care**	**Emergency Department (ED) Nurses Alcohol & Other Drug (AOD) Nurses Nurses working in Chronic Disease settings GP nurses**
STEP 1 Minimal to mild distress	*Need for wellbeing and resilience promotion*	**Recognition MH literacy Mental health promotion**	**All health care settings Primary health care**	**All nurses in all settings Practice Nurses Credentialed MH nurses MH nurses**

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