Australian Services Union Submission to the Royal Commission into Victoria's Mental Health System

July 2019

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- Longer funding cycles
- Direct commissioning
- Block funding

[2.5] improved data collection and research strategies to advance continuity of care and monitor the impact of any reforms.

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"So we can talk from anything from understanding your disability and your diagnosis, to stress-management and techniques for meditation, to referral to a drugs and alcohol organization; getting mediation and court support services, working with child protection services, coming up with a plan for your finances. Actually supporting them out to have a meeting at [a] job network meeting, because those are very stressful places…"
(ASU member and psychosocial support worker)

Key Recommendations

Prioritisation and Expansion of Psychosocial Services

- **Expanding the availability and community understanding of psychosocial support services should be made an immediate priority of the government, and funded accordingly.** Specialist psychosocial support services have had a major role in effectively preventing mental illness and suicide, supporting people to recover from mental illness, early in life, early in illness and early in episode. Effectively funding a specialised psychosocial sector could mean the community is the first and last stop for many people who experience mental ill health.

Funding

- **The government should immediately increase investment into the Early Intervention Psychosocial Support Response (EIPSR) in the 2020/21 budget.** Existing data suggests the level of current investment in EIPSR is insufficient

to meet demand for service. EIPSR service availability means those who are most unwell must be prioritised, restricting the stated preventative or early intervention function. Increased funding for this program is a practical short term solution to this service gap while the Royal Commission's findings are handed down and implemented. However the ASU advocates that commissioning psychosocial services via area mental health services, or any other "third party", should not be a feature of future service design. Psychosocial services should be available to those not accessing clinical mental health services, which is limited by the current funding structure. Agencies providing psychosocial services should be block funded directly via the department.

- **The psychosocial sector should be funded to meet the level of need in Victorian communities.** The psychosocial sector's early intervention and preventative potential means it can and should be the first and last stop in the mental health system for consumers. Ample funding is required to realise this potential for prevention. Effectively increasing funding and accessibility can ensure more people's mental health is supported holistically and in the community, decreasing the need for more restrictive, expensive clinical and acute services.

- **The psychosocial sector should be block-funded**. Block funding allows service providers to respond to fluctuating consumer needs while also being able to attract, develop and maintain a quality, stable psychosocial workforce. The unpredictable nature of mental illness recovery means that the intensity of support required varies substantially at any given time. Ensuring these services are available when consumers need them is impossible under a completely individualised funding model. A serious mental health episode cannot be scheduled twelve months out, with clinical appointments ready to go. A key characteristic of effective psychosocial support services is that these services are provided on a needs basis, rather than

according to a plan laid out a year in advance. Without a block funded psychosocial sector there are no guarantees these services will be available as and when they are required, meaning a higher likelihood that a person will end up in the clinical or hospital system due to a lack of early intervention.

Workforce Development

- **Service commissioning decisions should consider psychosocial workforce development as a priority.** Short-term funding cycles and the resulting insecure funding environment are major barriers to rebuilding a stable, skilled, specialist psychosocial workforce. Longer term funding cycles should be a major priority for Victoria's regenerated psychosocial sector. The ASU recommend six year funding cycles. There should also be an expectation by the funding body that the primary means of employment offered to workers in the sector is ongoing work, rather than short term contracts, to attract and retain an experienced workforce. The practice of inserting gag clauses into funding contracts should also be ended, and advocacy from within the sector should be valued and funded. These measures would allow those on the front line of mental health service provision to advocate for improved services for all Victorians.

- **That appropriate policy guidelines on fair remuneration for specialist psychosocial service delivery staff are developed and built into funding contracts.** If the Victorian Government is serious about making the psychosocial sector, and mental health more broadly, an industry of choice then remuneration should be fair and reflective of the level of skills and experience required to perform the work to a high standard. The practice of competing on labour costs should be ended, so providers are not forced to cut wages and conditions in order to win tenders, Government contracts to

providers should stipulate that fair remuneration for staff is a condition of their contract.

Commissioning and Governance

- **The psychosocial sector and its workforce should have targeted policy, planning and governance**. The psychosocial sector has been considered as ancillary to clinical and acute mental health services. This perspective should be reversed. With sufficient support, psychosocial services could form the foundation of Victoria's mental health system, serving as both a cost effective early intervention program and ongoing support even when additional services are required. Psychosocial services are a valuable specialisation within the broader health system and the sector requires specialised policy and planning. This is an essential first step towards securing sufficient service funding, and attracting and retaining a quality psychosocial workforce.

- **Specialist community mental health/ psychosocial providers should be commissioned directly for service delivery**. Commissioning via area health networks, as is occurring via EIPSR, constrains the specialist function of the psychosocial sector. Collaboration between the two sectors can be better supported through other mechanisms which do not impose a service hierarchy.

- **The Victorian government should commit to benchmark industrial standards for the psychosocial workforce**. The psychosocial workforce requires certain work conditions to ensure safe workplaces. Strong, consistent industrial standards will have directly flow on effects for the quality of mental health service delivery. Oversight should also be increased so that contracts are reviewed or cancelled when poor employment practices are identified.

Research and Data Collection

- **Psychosocial sector workforce data should be regularly collected and publicly available.** Information, research, policy and strategy regarding the mental health workforce often treats psychosocial workforce issues as ancillary to the clinical workforce. Data on the psychosocial workforce should be collected and made publicly available through a channel such as Victoria's Health and Human Services Workforce Information Portal, Knowledge Bank. This information would support government and service providers with targeted psychosocial workforce planning.

- **The Victorian government should complete research into what capabilities are required to deliver high quality psychosocial work.** Establishing the essential capabilities for the psychosocial support workforce would be a valuable first step towards standardising training and professionalizing the psychosocial sector. This will have flow on effects for service quality for people accessing psychosocial services both within and outside the NDIS. This research should include consideration of the capital and environmental resources required for psychosocial specialists to deliver high quality services.

1.0 Background

1.1 Who is the ASU Vic Tas?

The Australian Services Union (ASU) is one of Australia's largest unions representing over 135,000 members across a diverse range of industries. The ASU's Victorian and Tasmanian Authorities & Services Branch (ASU Vic Tas) represents workers in Victoria's psychosocial support sector[1]. Victoria's psychosocial support workforce provides support in the community for people living with mental health challenges.

The ASU welcomes the opportunity to contribute to Australia's first Royal Commission into Mental Health (RCMH). The ASU's contribution to this Royal Commission will centre on the psychosocial support sector and its workforce.

1.2 Context for submission

Funding Crisis

Prior to the NDIS rollout, the Victorian Psychosocial support sector was funded by both state and Commonwealth governments. In 2014, decisions were made to redirect psychosocial funding from both jurisdictions into the National Disability Insurance Scheme (NDIS). Defunded programs include

- Mental Health Community Support Service (MHCSS) programs [Victoria]
- Personal Helpers and Mentors (PHAMS) Program [Commonwealth]

[1] The psychosocial support sector has been known alternatively as the community mental health sector and the community managed mental health sector. This submission uses psychosocial support sector to remain consistent with Commonwealth terminology.

- Day to Day Living Program (D2DL) [Commonwealth]
- Mental Health Respite: Carer Support (MHR: CS) [Commonwealth]
- Partners in Recovery (PIR) Program [Commonwealth]

148,264 Victorians experience severe mental illness every year[2]. Less than 10% of that number will be eligible for NDIS funded psychosocial support[3]. This means the approximately 135,000 Victorians who are ineligible for the NDIS will depend on non-NDIS psychosocial supports[4]. MHCSS at its highest funding point pre-NDIS roll out provided service to 12,354 people with 128 million dollars[5] annually.

Funding announcements in 2018 from both the Victorian and Commonwealth governments were welcomed by the psychosocial sector, however the funding is ultimately insufficient to provide psychosocial support services for the 135,000[6] Victorians who will rely on non-NDIS psychosocial supports post July 2019 (and July 2020 for Commonwealth programs), or to preserve the majority of the skilled, experienced psychosocial workforce. Even at its highest level funding for psychosocial support was never sufficient. There is significant untapped potential for early intervention and recovery support if adequate funding is provided to the sector.

Workforce Instability

The Victorian psychosocial mental health workforce has experienced protracted disruption and uncertainty over the past five years as it has anticipated the conclusive defunding of their sector in line with the NDIS roll out. The current funding environment remains uncertain as new Commonwealth funding for psychosocial

[2] Saving Lives. Saving Money (2018) Mental Health Victoria, p. 10
[3] *Ibid*
[4] *Ibid*
[5] Victoria's Mental Health Services Annual Report 2015-16 p. 47
[6] *Saving Lives. Saving Money.*

supports delivered via the Primary Health Networks (PHNs) is fragmented and short term and Victoria await the outcomes of this Royal Commission. The uncertain funding environment for psychosocial support programs has precipitated a crisis in the psychosocial support workforce, as skilled and experienced workers have been made redundant and are often choosing to leave the mental health sector altogether in search of more stable employment opportunities. Future workforce planning should acknowledge and address the way funding models and sector instability undermine the wages and work conditions in the sector, which in turn impacts on service quality for consumers.

1.3 Approach to Submission

The ASU is a member based organisation. We consulted our membership on their experience of delivering services and priorities for this submission. The ASU has also conducted research with Victoria's psychosocial workforce. Findings arising from both our member consultations and our research into the sector inform our submission.

The submission will address the following terms of reference and our submission is organised according to these terms

1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.
2. How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages, including through:
   2.2 strategies to attract, train, develop and retain a highly skilled mental health workforce, including peer support workers;

2.4 better service and infrastructure planning, governance, accountability, funding, commissioning and information sharing arrangements; and

2.5 improved data collection and research strategies to advance continuity of care and monitor the impact of any reforms.

2.0 ASU's response to the Terms of Reference

2.1 Term 1: How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.

Specialist psychosocial support services, accessed early and throughout treatment, can play a major role in treating mental illness and preventing suicide. These services support recovery, in many cases without the need for more serious clinical intervention. Psychosocial services are client directed, and psychosocial support workers can provide a central connecting point to the other services required to address material circumstances exacerbating mental ill health. If properly funded, psychosocial support services would be a cost-effective constant in the mental health journey of any Victorian who required support.

What is Psychosocial Support?

The psychosocial workforce and the function of the sector as a whole has not been well understood or prioritised in state and Commonwealth mental health sector policy and planning. This was demonstrated when the Commonwealth and the Victorian state government transferred the vast majority of psychosocial program funding into the NDIS, despite the fact 90% of clients who would have been eligible for MHCSS programs do not qualify for NDIS packages.

Specialised psychosocial support services are an essential foundation of a mental health system.

Community-managed psychosocial support is the next step for people who are functionally impaired by their mental illness to a degree which requires more support than is available through primary health (GP, Better Access Scheme counselling), however does not constitute permanent disability under the NDIS. Psychosocial programs work collaboratively with consumers to look beyond symptom management and towards recovery, building strength in other life domains which support mental health and wellbeing. Psychosocial support is a cost-effective way to intervene early before mental illness becomes permanently disabling, reducing pressure on various crisis services. Research done by KPMG on behalf of Mental Health Victoria showed the Return on investment (ROI) for community based psychosocial services is $3 for every $1 invested[7]. In 2014 the National Mental Health Commission found that the amount spent on average for one nine day hospitalisation due to mental health could fund support from a psychosocial support service for a consumer for a full year.[8]

Recovery Orientation

Psychosocial services have been underpinned by principles of personal recovery. Mental health practice has been moving towards a recovery orientation for well over a decade; the approach is considered best practice across the service system and is supported by a substantial evidence base[9]. In the recovery literature, 'personal recovery' is distinguished from medical recovery as referring to living a life of meaning and purpose, with or without

[7] Mental Health Victoria, *Saving Lives. Saving Money* (2018) Available at: https://www.mhvic.org.au/images/PDF/Policy/FINAL__Saving_Lives_Money_Brochure_HR.pdf
[8] National Mental Health Commission *Contributing lives, thriving communities: Report of the national review of mental health programmes and services*. (2014)
[9] See for example: Victorian Government, *Recovery-oriented practice: literature review, Department of Health* (2011)

the presence of mental ill health symptoms[10]. Specialist psychosocial services are able to work under a recovery framework with integrity due to the sector's delineation from clinical services. ASU members and participants in ASU research emphasise the value of recovery-oriented practice in psychosocial supports.

"I guess support work is with the model based around autonomy and a recovery-oriented approach which for anyone who doesn't know, is the idea of recovery being that recovery is living a fulfilling life with or without mental illness symptoms. Not necessarily becoming well or anything like that." (Research participant)

Holistic Approach to Mental Health and Wellbeing

A holistic approach is an important element of specialist psychosocial services. Victoria's psychosocial sector has been funded by a number of different programs, with varying sub-specialisations. For example MHCSS & PHaMs connected individual consumers with individual psychosocial workers for support, whereas Support for Day to Day Living in the Community's (D2DL) emphasis was on delivering group based mental health supports. Partners in Recovery (PIR) had a specialist role in coordinating the multiple services involved with consumers with complex support needs. Mental Health Respite: Carer Support focused on the wellbeing of people caring for someone with a mental illness. However each of these programs had a common focus on responding to consumer needs across multiple life domains, with the understanding that each has a role to play in supporting mental health and wellbeing.

This holistic approach to mental health and wellbeing means the on the ground reality of psychosocial service delivery is incredibly diverse and psychosocial workers require a varied skill set and knowledge base.

[10] Oades, L. et al. 'Collaborative recovery: an integrative model for working with individuals who experience chronic and recurring mental illness'

Poor mental health can be the outcome of, and a risk factor for, a range of social issues including homelessness, drug and alcohol misuse and family violence. Ensuring Victoria's remodelled mental health system is underpinned by specialist psychosocial services would recognise that many life domains are impacted by mental illness. Psychosocial services provide vital early intervention, but should also remain available to clients as they progress through their mental health journey, underpinning their recovery and linking in with clinical and acute services.

Psychosocial services and clinical mental health services

The psychosocial sector is distinct from, yet complemented by, clinical community mental health services and NDIS disability supports. Community based clinical mental health workers undertake needs assessments with consumers and approach treatment with an emphasis on pharmacology and psychological therapies[11]. Participants in ASU research and ASU members have emphasised the strength and specialisation of the psychosocial sector is the holistic approach to supporting mental health and wellbeing. Psychosocial support employs a range of social, vocational, educational, cognitive and behavioural interventions, considering the full range of life domains.

"Clinical services; of course we work very closely with clinical people like psychiatrists, psychologists and they focus a lot on medication treatment. They do not have sufficient resources or information [about] what's out there and we know that medical model of health is not sufficient to support for mental health recovery. We need other components. The social network, family support, the strategy, the resilience, the skills and the other area like employment, accommodation, all this is important. Clinical

[11] Department of Human Services, 'An introduction to Victoria's public clinical mental health services', Victorian Government, http://www.health.vic.gov.au/mentalhealthservices/intro-mhservices.pdf[Accessed on June 15 2019

team, they do not have the time and the resources to cover those area. So, I feel that it's a good complement" (Research participant)

Establishing goals and plans for change

An important part of psychosocial workers' roles is to support clients to identify goals or areas for change which will support mental health and wellbeing. Workers then, using principles of coaching and motivational interviewing, establish a plan with the consumer for working towards that goal and monitoring progress:

"You had certain things you had to fill out and work on, and individual recovery plan was one of those ones that we did, and that lasted three months. It was about setting goals, who was going to do what, and then what were the outcomes. How do we break down the goal? What are we going to do? Who is doing what? What sort of timeframe? We try teach them a SMART goal principle…" (ASU member)

Psychosocial workers who participated in ASU research identified that ensuring goals setting was client-direct was essential for quality psychosocial support

"It's no use the workers saying, "Well, I think this is what's best for you." It's not like a doctor, you get them with a broken leg and they say, "Stay off your leg for six weeks, we'll put it in plaster and that's it." Really, you are being driven, or you should be driven by what the client wants, what the consumer wants. And that's it. That's the fundamentals of it" (Research participant)

Building Capacity, Promoting Autonomy

Specialist psychosocial workers from the outgoing community mental health sector are clear that building capacity and autonomy is a major priority of their services:

"I guess our model is based around having exit conversations early as well saying we're ideally a stepping stone for you. We don't want to be around forever." (Research participant)

While psychosocial support sometimes has elements of practical support, these supports are typically part of a plan to achieve a larger goal. For example, travelling with a consumer and attending a GP appointment may be a part of a larger staged plan to build capacity for navigating health services independently. There is nuance in balancing the right level of support which promotes autonomy while also taking into account the very real barriers people can face in pursuing their goals. These practitioner skills are developed with experience, professional training and effective formal supervision. Accessing these services early can make a significant difference in the length, outcomes and cost of a person's mental health treatment. Early intervention can mean in many cases that clinical services, or hospitalisation, are never required

Associated Service Tasks

ASU research with psychosocial workers has shown that there are a range of 'behind the scenes', non-client facing activities which are essential for quality psychosocial service. Specialist psychosocial workers require time to build service knowledge and relationships with a range of stakeholders across the service spectrum in order to effectively respond to variable client needs. Workers conduct assessments on various issues such as physical health, alcohol and drug use and social connection with consumers, which help identify areas for change. The time required for effective risk assessment and management planning is particularly important:

"…and then there's office day stuff like completing risk assessments and emails, and liaising, with other services, all that stuff….the risk assessments. We have a standardized form for that. We ideally complete the risk assessment in a way that the consumer will feel comfortable reading it. We don't use over-clinical language. We want it to be a document

that they feel they have some ownership over so that it really reflects what's risky for them and what their strategies are and supports are for when those risky things become problematic for them. So we will often even do it with a consumer" (Research Participant)

The diversity of client needs and shifting nature of best practice means workers must also have time for ongoing training and development. The ASU survey of the psychosocial workforce[12] found that workers had often completed training in multiple areas on top of their tertiary qualifications.

Training	%
Suicide Prevention (ASSIST or similar)	89
Trauma Informed Care	76
Motivational Interviewing	70.5
Identifying and Responding to Family Violence	55
Dual Diagnosis/ Mental Health Alcohol and other Drugs	65
Working with Families	36
Acceptance and Commitment Therapy	24

[12] Australian Services Union, *The Psychosocial Workforce in Transition: Final Report, (2019).*

Narrative Therapy	20.5
Dialectical Behaviour Therapy	13
Borderline Personality Disorder specific training	62

Psychosocial Supports and Prevention

"…For consumers, I feel like MHCSS as it was really valuable in supporting people in the community and, thus, reducing the, I guess, chance of people becoming acutely unwell and coming back into acute settings like psychiatric units and such, as well. So I feel like there's a danger of that increasing." (Research participant)

Specialist psychosocial services have had a valuable preventative function in Victoria's mental health service system. Psychosocial services have tended to have more frequent engagement with consumers, as they engage with people on varied recovery goals and throughout fluctuating level of wellbeing. This means the psychosocial support workers are in a good position to monitor consumers' mental states. If consumers and/or psychosocial workers identify signs warning of deteriorating mental state, psychosocial services can proactively respond through increased psychosocial support and/or advising clinical services.

"If you saw a decline, then you'd be going to your team leader or supervisor and saying, "Okay, there's been this decline with my client. I've noticed this decline all week, over two weeks." It may be that you're calling the case manager if they've got any mental health

services and saying, you know, and the client would be aware you're calling the case manager" (Research participant)

One ASU member thought of his role as being the 'canary in the coalmine', in that identifying early warning signs means mental health services can intervene early in episode, reducing the potential for escalation, associated distress and more restrictive care. Emergency intervention during a mental health crisis can be highly traumatic for consumers, so ensuring the service system can more effectively respond to people early in episode should be a top priority.

"It's really preventative mental health rather than reactionary. I think it puts us in a really strong space to make sure people have less harm caused to their overall recovery, because by the time they go into a clinical setting it's often critical or at a moment of great risk to themselves or others. It's no longer focusing so much on what are your goals, what would you like out of a service? It's more, you're really unwell, we need to treat you, and there's no real say, unless someone's prepared an advanced statement, which is very low currently" (Research participant)

Having a quality, accessible and well-funded psychosocial support sector would mean these services could be the first and last stop in the mental health system for consumers. While psychosocial supports are often complemented by clinical supports, many people do not require clinical or pharmacological interventions, or they may reject the medical model of care. Participants in ASU research have emphasised consumers should have a choice to access psychosocial services prior to or as an alternative to clinical care.

"Having it available sooner to people, it could mean that it's really nice community based intervention that occurs, particularly to get people back on their feet after a lapse in their mental health, and not to have to have too much interventions on the medical, clinical

sector. That should be a choice for people too, to have a community based intervention..." (Research participant)

2.2 Term 2: How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages,

[2.2] including through strategies to attract, train, develop and retain a highly skilled mental health workforce, including peer support workers;

Attracting, developing and retaining a highly skilled, specialist psychosocial mental health workforce, including peer support workers, is an essential foundation for quality psychosocial service delivery.

Who are/were the psychosocial workforce?

There is little recent, publicly available data on the psychosocial workforce. Knowledge bank, Victoria's Health and Human Services Workforce Information Portal does not report on the psychosocial/community mental health workforce[13]. A census taken on Victoria's Psychiatric Disability and Rehabilitation Support Services (PDRSS) workforce in 2012 indicated the workforce was female dominated, well-qualified but professionally diverse[14]. Victoria's current Mental Health Workforce strategy reports of the approximately 1300 psychosocial workers pre-NDIS, around 6% were employed in peer work roles.

Survey research completed by the ASU also indicated the workforce is professionally diverse with respondents holding qualifications in areas such as mental health, social work, psychology, counselling, community development and occupational therapy. Over 70% of

[13] https://vicknowledgebank.net.au/current-workforce/community-services/
[14] PDRSS programs transitioned into MHCSS

respondents had a Bachelor's level degree or above, and Social Work was the highest represented profession at around 30% of survey respondents. Only 6% of respondents said their qualifications did not prepare them well for the work that they do. As psychosocial workers are typically co-located in teams, this multidisciplinary quality can be considered a real strength of the workforce. Workers can draw on the knowledge and experience of their colleagues to better respond to the complex problems presented in their day to day work.

Workforce attraction and retention

The psychosocial sector clearly plays a valuable role in a strong, prevention focused mental health system. Developing and maintaining the workforce within the psychosocial sector is important, given the relationship between a skilled mental health workforce and quality mental health services delivery.

The disruption experienced by the psychosocial workforce in Victoria throughout the NDIS transition may have implications for workforce planning into the future. The gradual defunding of the psychosocial sector means many quality staff moved into other roles throughout the transition. Those workers who remained until the end of transition could be a valuable resource for NDIS service providers to draw on: they are experienced, qualified and trained in delivering psychosocial supports. However ASU survey research indicates the majority of this workforce is choosing not to take on work in the NDIS, rather are moving to adjacent social and community service sectors.

In order to develop a disability workforce capable of delivering quality psychosocial support, and rebuild Victoria's specialist psychosocial sector and workforce for NDIS ineligible clients, the Victorian government should consider how to position specialist psychosocial mental health as an attractive sector to work in.

There are several barriers which feasibly inhibit psychosocial sector becoming an industry of choice.

1. *Low wages and job insecurity: Work in community managed mental health is remunerated poorly when compared with comparable roles in the clinical sector*[15]*. Short term funding models compound the insecurity felt by many workers about their future in the sector.*

ASU members and participants in ASU research were clear that fair remuneration matters. There is the anecdotal assumption that this workforce will accept substandard pay and conditions due to the value they find in their work; however ASU research has shown there is a tension point for this. The result of chronically under paying the psychosocial workforce is hampered workforce development and compromised service quality.

"The mind boggles when workers are expected to support people with mental health issues, but they're not given any kind of degree of permanency in their work, and they're not being paid adequately and I think it's an issue that needs to be addressed like across the board… I mean, if you're wanting a highly-skilled workforce, you need to attract it through adequate salaries. Yeah, if you're not prepared to invest in people financially, then what kind of ... Yeah, where's the incentive, really?" (Research Participant)

Short term funding cycles for NGOs means short-term employment contracts are common, providing little incentive for skilled workers to consider building a career in the sector. Longer term funding cycles of six years and an expectation by the funding body that the primary means of employment on offer is ongoing will be vital for attracting and retaining experienced workers in future.

[15] https://trove.nla.gov.au/work/172920453?q&versionId=188494997

"For workers it's very stressful to have short contracts; you can't plan your life you can't maintain your wellbeing and that can impact the quality of service that you're able to provide people. And for consumers who are receiving a service it's difficult to go through lots of changes, and ruptures and having to repeat your story and going through new workers…it's really exhausting and it I think it would diminish, I think, a person's hope for the future…." (Research Participant)

Job insecurity affects worker wellbeing which also has negative flow on effects for their quality of work and limits opportunities for career progression.

"You need at least 6-12 months just to learn your role before you're a super effective worker and if you're leaving that job after 12 months then you're constantly struggling to learn what the next role is…so workers don't get down to that deeper level of work until after the first year. How are we going to prevent that cyclical problem? It doesn't really give us time to become a specialist in any area – you're just jack of all trades. You don't become a specialist in an area you could build a career on say…if you're jumping from lily pad to lily pad" (ASU member).

ASU members also shared with us the way job insecurity impacts them out of work, including on their personal relationships.

"It's got an effect on people's home life, their health, their mental health…worrying about 'my contract expires in six weeks' time' what am I going to do? I'm going to drop a pay rate…there's a whole lot of ramifications, not just to the people we work with but the people we live with. There's damage there." (ASU Member)

ASU research[16] has identified that when funding is too low for the delivery of quality psychosocial support work, the likely outcome is that frontline psychosocial support will be conducted by people new to the mental health sector, who are unlikely to have the requisite capabilities at the time of recruitment. This in turn is likely to have negative implications for the quality of service delivered.

2. *Job stress: Psychosocial support is complex, often interpersonally intensive work, with worker burnout and vicarious trauma possible outcomes of poorly supported work.*

ASU members and participants in ASU research were consistent in reporting the value they find in their work. Nonetheless, they are also clear that the nature of the work can have significant impacts on their own mental health and wellbeing if appropriate work conditions are not available, if they are overloaded with work, or if they have insufficient ongoing training and development.

"And I've seen people not want to take their lunch breaks because they're needing to meet their KPIs and that is what supervision was just to talk around whether you're meeting your targets or not. Which resulted in very high staff turnover which then impacts on consumers because you don't get the relationship, and you don't get to know your workers and you're constantly having to go through endings and changes" (ASU member)

This is a workforce with high mental health literacy; they know being under resourced in this work will have poor outcomes for their own wellbeing and result in poor service delivery for consumers. Workers need to be able to respond to fluctuating client need, complete a range of non-client facing tasks and attend to their own wellbeing and professional development. Unmanageable workloads compromise all of these necessities.

[16] Australian Services Union, *The Psychosocial Workforce in Transition: Final Report, (2019).*

3. *Work environment: Skilled and experienced psychosocial workers know they need a supportive work environment in order to delivery high quality services. They will avoid roles where insufficient work resources or poor management structures constrain the quality of their work.*

ASU research shows that regular professional supervision, informal team support and quality managerial relationships offset the potential for stress and burnout in psychosocial support work. ASU members consistently raised the value of working among a team of peers.

"Especially in mental health there's a lot of times where you have a rough day or a rough appointment and having that team to ... like a family or whatever you come back and debrief and peer to peer debriefing is probably the most powerful thing. I think people just want to be around people when you're at work unless you just love being left alone in a closet then I think that's important" (Research Participant)

Supportive line managers and available professional supervision were also vital to support staff wellbeing and professional development. ASU members were highly concerned by the prospect of limited supervision they understand is part of working in psychosocial disability under the NDIS. Workers consistently described a supportive, trusting relationship with their line manager as fundamental to their wellbeing at work, which in turn enables them to do their jobs well.

"Yeah, I think knowing that you're valued and you're important, you're not a drone who's just expected to hit targets, and the work you do matters. All of that contributes to a really strong workforce" (Research participant)

Workers also raised the importance of leadership style in how long they stayed in a job. Participants spoke about valuing managers who showed trust and empowered them as workers, promoting their autonomy in the work.

"I think the structure's been excellent because we've all got autonomy. There's no micromanagement. But we all pull together really well" (Research participant)

The availability of capital resources required to perform psychosocial work safely and effectively was also a key factor for many workers in how they viewed the future of their work. The looming transition to the NDIS put this front and centre in the minds of workers.

"Even seemingly innocuous things like not having an office space where people can go to and chat with a colleague or a manager or having things like a well-resourced office with literature or computers…fleet vehicles, that kind stuff. And I feel like all those things add up. And it's consumers that will end up losing out in the end. If you don't have a good workplace for people to come and go to, and feel safe, and feel supported, and well resourced, and well trained, then, it's gonna trickle down. And I feel like it's a slippery slope." (Research participant)

Workforce training and development

While a high proportion of the psychosocial workforce is degree qualified, the quality and quantity of training in the sector currently varies widely. Lack of enforceable or regulated qualification and training standards means workers have inconsistent access to ongoing training and professional development opportunities, and consumers are supported by inconsistently trained staff. ASU members highlighted the importance of training in improving the quality of service they could provide

"[training] is important for a lot of reasons, it's good to get other people's opinions when you go to those training days and you hear something that changes the way you were thinking which changes the way you work. There are a whole lot of benefits to training. It's not just ticking a box ….you get better tools to work with people. You get a better staff member" (ASU Member)

Psychosocial support teams are often intentionally diverse, so workers can draw on the discipline specific knowledge of their colleagues in approaching complex practice issues. Research participants generally valued this professional diversity, however were clear that the work requires a high degree of knowledge, skill and ongoing professional development. Workers in this field require competency in a range of areas, including mental illness presentations, alcohol and drug use, suicide intervention, trauma informed care, motivational interviewing, goal setting and monitoring, responding to family violence and family inclusive practice. These skills cannot be developed without adequate time and financial support allocated for professional development and training.

There are risks to service quality if staff are conducting psychosocial work in the community without sufficient training or support.

"If we do not have the necessary understanding about mental illness or we do not have the necessary training, it can be dangerous because we can't provide the help that they need when they're very unwell or we cannot provide the support they need to achieve good recovery. So, in our life sometimes we met workers from other agencies who in a job but not trained or do not know mental health. Well, it affected consumers in a very bad way and the impact will affect the trust in consumers in other workers, agencies. When the trust is not there, the belief is not there, it's really hard to work on things. So, to me, it's very important" (Research Participant)

Work should be done to establish what core capabilities are required for the provision of high quality psychosocial support, and funding provided to develop training programs to be made available to all workers in the sector.

The government should also introduce a staged process for the introduction of mandatory qualifications (social work or equivalent degree) for specialist psychosocial support staff, to ensure that the necessary expansion of these services does not result in a reduction in service quality. For the existing longer term workforce, a process for the recognition of current competencies should be established.

"My organisation very much had a culture of promoting growth and development of workers, and a I suppose a peer learning environment, it was very supportive, there was space for reflection and de-briefing and to develop as worker. And I felt the skills were really utilised – the work was really dynamic and challenging and it didn't feel like what I'm guessing NDIS feels like – this is what you do for this hour – yeah it's quite restrictive. The fact that the work was creative in a way, was really good" (ASU Member)

2.3 Term 2: How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages,

[2.4] better service and infrastructure planning, governance, accountability, funding, commissioning and information sharing arrangements; and

Funding amounts and cycles

Increased funding, long term funding cycles and improved commissioning arrangements can support the development of a stable, quality psychosocial support sector and workforce.

Individualised funding, fragmentation of supports, low support pricing and the potential for fluctuating custom all pose a significant challenge for service providers in designing work roles and engaging quality staff for quality psychosocial disability service delivery.

"I don't work for the NDIS, and I'm glad I don't, but I wouldn't want to open the door for someone and say I've only got an hour, and that's all I can give you... That's bad for me and it's crap for you [the consumer] They're not a dollar…they're humans…they're already suffering social isolation, mental health, lack of money, most of them don't have transport, family members and now we've turned them into cash cows" (Research participant)

Funding cycles should be extended to six years to allow for better workforce and service planning and improve service quality. Simply put, insecure funding arrangements lead to insecure employment arrangements. This not only impacts on the capacity of the psychosocial services sector to attract and retain quality staff but it undermines the quality of service provision to consumers. A consumer forced to deal with a constant turnover of staff will be less inclined to engage with the services that are being offered. Short term funding cycles often lead to fixed term contracts for staff. As a fixed term contract comes to an end it forces workers to seek more secure employment in other parts of the community sector. Longer term funding cycles, such as six years, would enable employers to offer on-going employment. This would help to attract and retain staff.

"We've been working for a program that's new to a certain area, and we're only funded for a year. And similar to someone using a service needing to develop a relationship with a worker, communities develop a relationship with a service. How are you supposed to do that with one year funding that might get ripped out from under you? How is anybody supposed to know, to build that trust, see your consistency and stability in service provision when you're only potentially there for 12 months?"

- *[continued from another participant] 'And how do you invest yourself in it?"*

- *"You've just got to live off the scent of an oily contract"* (ASU Members)

Direct commissioning

Psychosocial service providers should be commissioned directly by the department to provide services. Commissioning services through "third parties" such as the recent Early Intervention Psychosocial Response (EIPSR) means that area mental health networks are inclined to see this funding as a way to fill gaps in their clinical services. The EIPSR funding model also means that the area mental health networks are providing different services across the state. Commissioning directly to agencies would mean that there would be a consistent, evidence based, set of services provided to consumers regardless of where in Victoria they live.

Block funding

Funding should be delivered through a block funding model, as under MHCSS. In order for Victoria to deliver quality psychosocial support services, we need a quality psychosocial workforce. The Victorian government needs to identify what funding amounts and models are required in order for service providers to pass on improved employment conditions to their workforce, and therefore improve attraction and retention rates in the sector.

It is critical this investigation accounts for both the growing number of Victorians needing mental health support, the impact of the NDIS transition, and recognises the funding currently provided to service providers is wholly inadequate to properly compensate the workforce. NGOs delivering psychosocial support services under MHCSS had received block funding from governments to cover all aspects of service delivery. Individual support packages were the main element of MHCSS and funding amounts for service providers were calculated based on the price and volume of Consumer Support Units (CSU). The CSU is a single-price unit based on the average; efficient total cost of providing one hour of

consumer related support[17]. Service providers were block-funded for a specified total volume of CSUs on a catchment basis.

Pricing for 'front line' disability supports under the NDIS varies along with the fragmentation of supports, making comparisons with previous funding levels difficult. However, there is agreement among a range of stakeholders that pricing under the NDIS, per support hour, is too low for the delivery of quality psychosocial support work[18]. The Consumer Support Unit (CSU) for MHCSS Individual Support Packages was priced at $95.22/ hour in 2018[19]. Comparable line items under the NDIS are priced at almost half that amount. For example, the 'capacity building' support type includes the line item for 'Individual skill development and training including public transport training' under the 'Improved Daily Living Skills' support category. This support is priced at $44.54 per hour[20].

"When people's support becomes a commodity it's very de-humanising, whereas that wasn't really a part of the dynamic [with block funding]" (ASU Member)

Early research on the broader disability workforce under the NDIS shows that the marketised funding model combined with insufficient pricing is effectively eroding possible wages and employment conditions.[21] Unsurprisingly, reports from Victorian specialist mental health services indicate an equivalent downgrading of pay and conditions for workers delivering NDIS funded psychosocial supports, although more targeted research is needed in this area.

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[17] Victorian Government, *MHCSS Reform Consumer Support Unit Fact Sheet,* July 2014.
[18] VICSERV, *Key Points for NDIS Price Review*, 2017.
[19] Victorian Government, *Department of Health and Human Services Policy Funding Guidelines: Chapter 3 – Pricing Arrangements for Victoria's Health System,* 2018, p. 152.
[20] National Disability Insurance Agency, NDIS Price Guide 2018-19, p. 67.
[21] See for example Natasha Cortis, Fiona Macdonald, Bob Davidson & Eleanor Bentham, *Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs* (2017)

"The value of block funding – under the NDIS model there's no opportunity for supervision or that sort of thing. It's very autonomous work and in terms of managing risk, especially in an outreach capacity it's hugely compromised there's not always someone available because the leadership role is super under-funded, understaffed, there's not always somebody to report to…. I think that's a massive downside and a really great thing about block funding is there is enough money and time and resources to have thorough risk management procedures and policies in place" (ASU Member)

2.4 Term 2: How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages,

[2.5] improved data collection and research strategies to advance continuity of care and monitor the impact of any reforms.

Psychosocial services data

Psychosocial sector workforce data should be regularly collected and publicly available. Information, research, policy and strategy regarding the mental health workforce often treats psychosocial workforce issues as ancillary to the clinical workforce. Data on the psychosocial workforce should be collected and made publicly available through channels like Victoria's Health and Human Services Workforce Information Portal, Knowledge Bank. This information would support government and service providers with targeted psychosocial workforce planning. As the services provided through psychosocial support are significantly more varied than in a clinical setting, data collection and comparisons can prove difficult. Consumer reported data focusing on personal recovery outcomes would provide government and the sector with an improved understanding of the benefits of the psychosocial support model.

"I think clinical does focus a lot on diagnosis and medication and that's a really important role they play. But sometimes, particularly for our clients who are chronically unwell, their

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whole life centres around that so our service can be really good to not focus on that…" (Research participant)

Research priorities

The Victorian government should complete research into what capabilities are required to deliver high quality psychosocial work. Understanding the core capabilities required for the psychosocial support workforce would be a valuable first step towards standardising training and professionalizing the psychosocial sector. This will have flow on effects for attraction and retention of staff and therefore on service quality for people accessing psychosocial services. This research should include consideration of the capital and environmental resources required for psychosocial specialists to deliver high quality services, to establish best practice guidelines for service providers and provide a framework for funding decisions.

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