

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

- **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 growth of the 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 workforce's 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 also needs to be greater mental health knowledge and skills across the midwifery and child & family nursing workforce.
- Workplace safety for nurses is a significant issue 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.
- Enhancing 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.**

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

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

- Examine the cost-effectiveness of including extension of Better Access to nurses with postgraduate qualifications in mental health.
- Extend MHNIP eligibility to include residential aged care facilities and Multipurpose Services.
- 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.
- 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.
- Enable PMHNs to contract directly with mental health nurses instead of through an “eligible organisation” to provide greater flexibility across multiple settings.
- 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.

3. What is already working well and what can be done better to prevent suicide?

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.

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.

The above strategy will better prevent increased suicide in the community.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

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.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

In Victoria, approximately two-thirds of the clinical workforce (over 5000 workers) comes from a nursing background (approximately 3000 nurses). **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, 303 Victorian nurses were solely qualified in the area of mental health – 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.

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.

6. What are the needs of family members and carers and what can be done better to support them?

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 settings². Since 1993–94, the number of FTE staff employed in admitted patient hospital services nationally 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).

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

- **Establish national standards on levels of patient care and staffing**
- **Increase support for community based mental health care nursing**
- **Develop a strategy to encourage retention of mental health nurses**
- **Conduct a 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.**
- **Re-establish the national registration of Specialist Mental Health Nurses with AHPRA.**

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Mental health nurses are an affordable, accessible specialist mental health resource. However 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.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

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,

increased acuity, 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.
- 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 and state wide MHN shortages have been identified as impacting on planned opening of forensic mental health beds at [REDACTED] hospital and on increasing workload and bed closures
- In Victoria, staffing shortages have been associated with critical incidents and staff safety at [REDACTED] Hospital, staff coming under increasing pressure, and staff and patient safety, 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
- In TAS, critically short staffing levels have resulted in excessive use of seclusion in the adult mental health unit, and serious incidents and bed closures in the state's only older person mental health service. International recruitment and relocation packages have been established to fill current vacancies
- In WA, staffing shortages are cited as problematic in regard to serious incidents at [REDACTED] hospital in 2019 and employment

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.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

- 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.
- Policy decisions taken by government, higher education, professions and employers will have a significant impact on the scale of the projected workforce shortages.
- 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.
- 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.

- 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.

11. Is there anything else you would like to share with the Royal Commission?

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

- 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.
- The provision of sufficient inpatient and community mental health facilities to meet the demand.
- Vacant mental health nursing positions must be filled.
- Ensuring all nurses working in mental health services are appropriately qualified.
- 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.
- Inexperienced nurses with limited mental health knowledge should not be promoted to senior nursing positions (nurse manager, team leader).
- Ensuring staff to patient ratios and skill mix across all shifts appropriately reflect consumer needs and clinical acuity.
- Ensuring service funding models reflect clinical realities.
- 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.

Privacy acknowledgement	<p>I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>