
NSW Mental Health Workforce Plan 2018-2022

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Workforce Plan overview

A capable and compassionate workforce is required to deliver services for and with people with lived experience of mental illness, their families, carers and support people.

The *NSW Mental Health Workforce Plan 2018-2022* (Workforce Plan) is the eighth enabler of the *NSW Strategic Framework for Mental Health 2018-2022*. The documents are interdependent and establish a platform for NSW Health action in mental health across the next five years.

The mental health workforce comprises a significant proportion of the broader NSW Health workforce.

The *Health Professionals Workforce Plan (HPWP) 2012-2022* provides guidance for the entire NSW Health workforce in meeting the future needs of the community to 2022. For this reason, the Workforce Plan has been aligned with the HPWP. The Workforce Plan does not duplicate the actions outlined in the HPWP, but identifies mental health specific activities that build on the HPWP.

The Workforce Plan assists NSW to deliver against the strategic directions of the Reform and priority actions under the recently released Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan).

The Workforce Plan supports the vision, goal and objectives of the Framework, presented in the [Framework and Workforce Plan on a Page](#) (p14-15). The wellbeing and experience of consumers, carers and staff is central to the Workforce Plan.

Workforce Plan monitoring will be incorporated into Framework processes.

HEALTH PROFESSIONALS WORKFORCE PLAN 2012-2022

REVISED 2015



Structure of the Workforce Plan

The Workforce Plan follows the structure of the *HPWP* which has a three-part strategic framework:

1. STABILISING THE FOUNDATIONS

The first section is stabilising the foundations, which recognises that the challenges facing the NSW Health system are complex and solutions need to be multi-owned. Integrated and comprehensive workforce planning is an important component of this strategy.

Actions outlined in Workforce Plan Action Table 1 focus on:

- » Integrating mental health workforce planning with local service and facility planning
- » Improving the availability of and access to mental health workforce data.

2. BUILDING BLOCKS

The second section of the HPWP focusses on ensuring the health system is oriented to support the attraction and retention of staff.

Actions outlined in Workforce Plan Action Table 2 aim to improve:

- » Recruitment and retention
- » Collaborative ways of working with service partners, consumers and carers.

3. RIGHT PEOPLE, RIGHT SKILLS, RIGHT PLACE

The third section of the HPWP aims to ensure an appropriate NSW Health workforce is available, trained and located where services are needed.

Actions outlined in Workforce Plan Action Table 3 focus on growing and supporting a skilled workforce, including:

- » new staff
- » emerging workforces
- » partner workforces
- » mental health leaders.

Workforce Plan Action Tables mirror the format of the HPWP and identify key activities over the next five years. Workforce actions are also captured in the Strategic Framework Action Tables to provide a comprehensive overview of all initiatives. The **Supporting Initiatives** section in Appendix 6 provides more information on workforce initiatives.

Workforce resources follow the tables in the [Workforce training and development initiatives](#) and [Workforce considerations for specific populations](#) sections. These sections offer links to key resources and training to assist the NSW Health workforce fulfil the Framework vision.

NSW Mental Health Workforce Profile

The following workforce profiles provide an overview of the composition of both the total workforce and the clinical workforce employed in NSW Mental Health Services. Workforce priorities are outlined to inform planning. An increasing number of Australians are receiving mental health services from GPs, psychiatrists, psychologists and other allied health professionals, with GPs providing the largest proportion of these services.³³

Services provided under Commonwealth funding have been expanded through initiatives such as the [Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS \(Better Access\) initiative](#) and the [PHN flexible funding pool for mental health](#).

In addition to private community based services, NSW had 25 private psychiatric hospitals in 2015-16.

Specialist mental health services are funded to deliver services for people experiencing severe illness and disability. People with lived experience often have complex physical health and/or drug and alcohol and/or developmental coexisting conditions. They may also require acute services during periods of increased mental distress or illness or at times when risk of harm is greater to themselves or others.

Figures 9 and 10 show the breakdown of the NSW Health total workforce and clinical workforce employed in mental health services in 2015-16.

Thousands of other Health staff in partnership with specialist mental health services provide care through NSW Emergency Departments, ambulance services, drug and alcohol, general health and custodial health services.

Substantial partner workforces in other health (primary care, general health and private settings), ACCHSs, community managed, education, police and social service organisations also deliver care to people with lived experience and work with them, their families, carers and support people to improve health, mental health, wellbeing and social outcomes.

Partnering with these workforces is essential to ensuring consumers experience a streamlined journey through care.

THE CMO WORKFORCE

The workforce employed in CMOs plays an important role in the NSW mental health service system. The size of the CMO workforce is difficult to estimate. A national mental health non-government organisation landscape survey conducted in 2009 and a 2010 workforce scoping survey provided some information on this workforce, however low response rates mean findings may not be broadly representative.³⁴

These surveys estimated that there were approximately 800 mental health non-government organisations in Australia with a total workforce of more than 12,000 FTE employees. Approximately 43 per cent of the NGO workforce surveyed had a bachelor degree or higher qualification in one of the health disciplines and 34 per cent had a certificate or diploma level qualification.³⁵

The NSW Public Mental Health Workforce

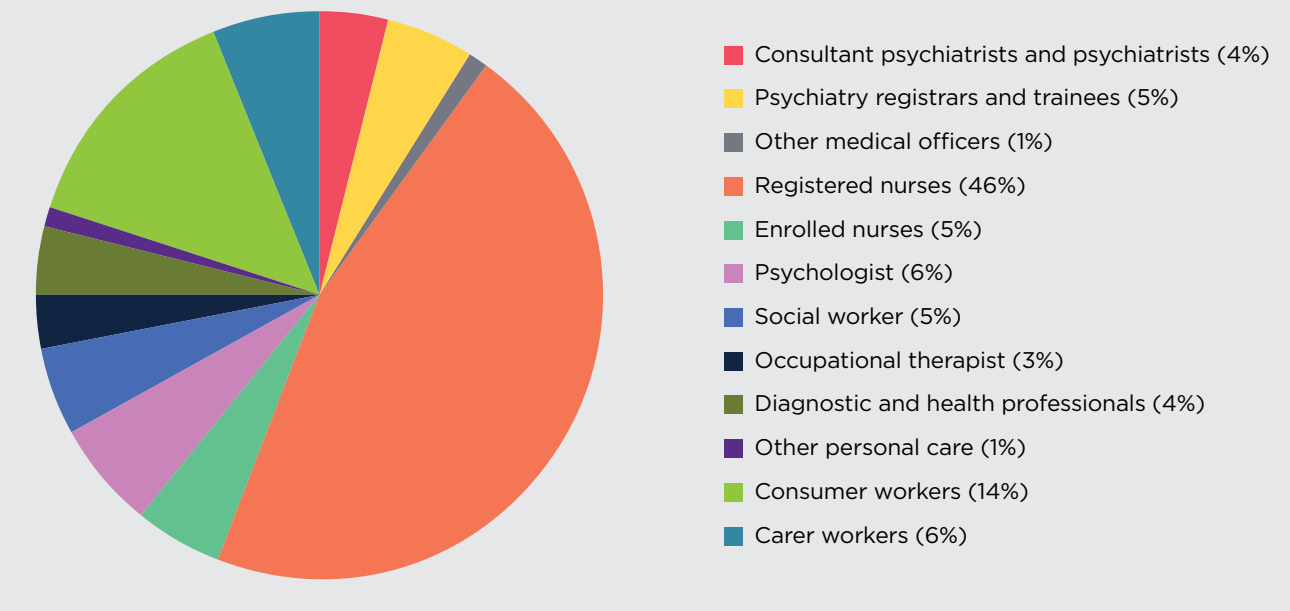
NSW reported 10,634 FTE staff in specialist mental health services (including forensic services) in 2015-16.

The NSW **total** mental health workforce is comprised of:

- » nurses (52%)
- » allied health (17%)
- » medical staff (10%)
- » other personal care, consumer and carer workers (1%)
- » non-clinical support staff (20%).

Diagnostic and health professionals refers to qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff).

Figure 9 | NSW mental health service composition by staffing category, 2015-16



Source: National Mental Health Establishments Dataset 2015-16, provided by System Information and Analytics, NSW Ministry of Health

The NSW Public Mental Health Clinical Workforce

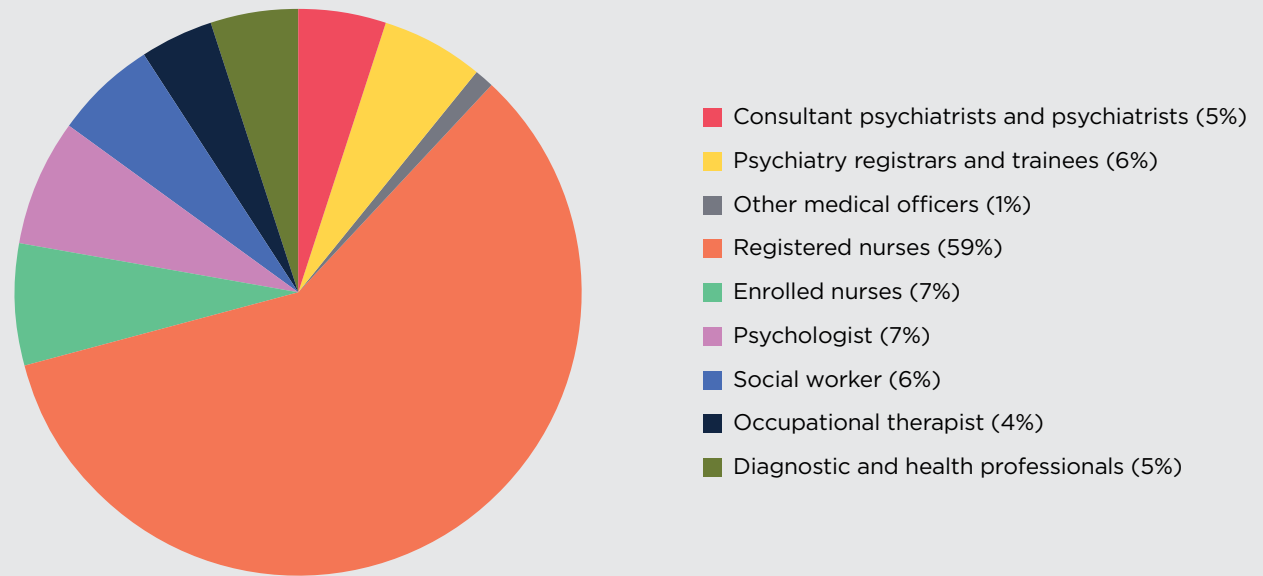
The NSW public mental health **clinical workforce** is comprised of a range of allied health, nursing and medical professions.

In 2015-16, NSW reported 8,384 clinical FTE. Figure 10 shows a breakdown by profession.

Nursing is by far the most frequently employed clinical workforce, comprising 66% of the total FTE staffing. Allied health make up approximately 22 per cent and medical comprise 12 per cent of the clinical workforce.

The range and mix of professions employed in NSW LHD/SHN teams is variable.

Figure 10 | NSW clinical mental health service composition by staff category, 2015-16



Source: National Mental Health Establishments Dataset 2015-16, provided by System Information and Analytics, NSW Ministry of Health

Workforce composition by professional grouping

The psychiatry workforce

Psychiatry is a small but critical workforce with a key role in mental health system clinical leadership. Along with appropriate staffing, distribution of the workforce is also essential to ensure specialist mental health service access across NSW.

The psychiatry workforce appears unevenly distributed. In 2015, NSW had a lower rate of psychiatry FTE per 100,000 (10.0) than the national average (10.5).³⁶ Adequate coverage is required for all age groups, including for children and adolescents and older people, where population growth is estimated to be higher.

The mental health nursing workforce

Nurses make up the largest proportion of the NSW public mental health workforce. They comprise approximately 66 per cent of the clinical workforce and 52 per cent of the total mental health workforce.

Nurses employed under a range of classifications work within mental health services. These include registered nurses, enrolled nurses and assistants in nursing. The most common pathway for entering mental health practice as a nurse is [Transition to Professional Practice](#). This pathway guides new graduate nurses via a central access point to a range of experiences in mental health nursing within NSW Health from community-based services through to inpatient care.

NSW Health mental health nursing is guided by a strategic plan that contributes to safety and quality within mental health nursing through:

- » Supporting the professional development of the existing and future workforces
- » Enhancing clinical leadership skills and attributes
- » Application of research and innovation to support best practice
- » Partnering with consumers, carers and other disciplines.

The mental health allied health workforce

Allied health comprises approximately 17 per cent of the mental health workforce and 22 per cent of the mental health clinical workforce. Consumers need access to the full range of allied health professionals, to support their physical health, mental health and wellbeing.

Feedback during consultations strongly reinforced the need for NSW Health to work across mental and physical health settings and partner with CMOs, PHNs and other community based partners to improve access to allied health professionals. Consumers particularly need improved access to dietitians, exercise physiologists, speech pathologists, physiotherapists, pharmacists and occupational therapists.

NSW MoH Mental Health Branch is partnering with the Directors of Allied Health and Workforce Planning and Development Branch to scope and take forward priorities for the allied health mental health workforce.

The Aboriginal mental health workforce

NSW Health is implementing a range of workforce approaches to improve the mental health and wellbeing of Aboriginal people, including those who receive care from mental health services.

The first approach focuses on improving the cultural capability of the health workforce to better understand and respond to Aboriginal people with mental health and wellbeing problems and their family and carers.

[Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health](#) provides a strong foundation for all NSW Health staff to undertake training and become familiar with issues affecting Aboriginal people throughout NSW. Respecting the Difference has been implemented across NSW Health as mandatory training.

The second approach is to increase the number of Aboriginal people working in mental health through recruitment into the [NSW Aboriginal Mental Health Workforce Program](#) and increasing the Aboriginal mental health workforce under [NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016 – 2020](#).

Under the Reform, seven new Aboriginal Mental Health Worker positions have been funded, including four clinical leaders, one clinician and two trainees. In addition, a new project officer role has been funded to support statewide coordination and strategic projects.

ABORIGINAL MENTAL HEALTH WORKER TRAINING PROGRAM

This program provides permanent full-time NSW Health trainee positions for Aboriginal people. The program employs a unique approach through growing local Aboriginal mental health workforces. Trainees are recruited from local communities to work in these communities. Trainees are supported through structured on-the-job supervision and training program as well as degree level tertiary education.

ABORIGINAL MENTAL HEALTH LEADERSHIP

The [Aboriginal Clinical Leadership Program](#) establishes clinical leaders in Aboriginal mental health in a number of LHDs. Aboriginal clinical leaders play a vital role in supporting the growing

Aboriginal mental health workforce including trainees; promoting mental health service use by Aboriginal people; and assisting services to provide culturally appropriate care to Aboriginal people and communities.

GOOD HEALTH-GREAT JOBS

This framework encourages the recruitment of more Aboriginal people in identified and targeted positions in specific health services identified as being of critical importance in “Closing the Gap” in health outcomes. Mental health is identified as one of the priority health services. NSW Health promotes a range of [initiatives](#) encouraging Aboriginal people to become nurses, allied health, medical and other health professionals.



The mental health peer workforce

Consumer Peer Workers have a personal lived experience of mental ill-health and mental distress. They draw on their recovery journey and experiences accessing mental health services together with skills, training and education and are employed to support consumers throughout the mental health system by inspiring hope, modelling recovery and challenging stigma.

Carer Peer Workers have the personal experience of providing care for a person with lived experience. They use their experience as a carer together with skills, experience and qualifications and are employed to support the families, carers and support people of consumers who are on a recovery journey.

Peer workers help services to strengthen recovery-oriented ways of working and offer hope and empathy, support and mentorship to others facing similar situations.³⁷

Research evidence on the contribution of the emerging peer workforce in relation to impact on outcomes is developing.

Title **My Journey**
Artist **Connections Aboriginal Women's Art Therapy Group**

NSW Health recognises peer workers as an important addition to multidisciplinary mental health teams, offering a complementary role to other team members.

Peer workers have been found to give hope to consumers, helping them reduce feelings of fear and self-stigma, encouraging them to take on new strategies for recovery, and empowering them to develop life skills and have more control over their wellbeing.³⁸

Research has shown that peer work can have positive impacts on a range of outcomes for consumers, staff and for individual peer workers themselves.³⁹ Outcomes for consumers include greater engagement in care, empowerment, social functioning, housing, recovery needs and quality of life⁴⁰ along with outcomes including reduced re-admission rates, increased discharge rates and longer time spent in the community.⁴¹

Reported benefits for staff and services include peer workers insights, reminders of the courage and effort required for individuals to make progress and helping consumers to be open to new approaches to care. Peer worker benefits include an enhanced sense of empowerment, development of better social support and further personal recovery.⁴²

A peer worker program involving older people developed in NSW has shown promise of effective results.⁴³

As with any emerging workforce, strategies need to be developed to support planning and implementation. For example, research has found it is important to clarify peer worker roles and job descriptions and how they work as part of the team with non-peer staff. It is also important to develop organisational support strategies and approaches to training and supervision, as with any staff members.⁴⁴ This will ensure that any clinical risks are dealt with and the health and safety of the workers is maintained.

An Australian study overwhelmingly indicates executive/senior management commitment and action is critical to the success of lived experience roles. Greater or lesser understanding of lived experience work and perceived value by executive/senior management proportionately affected the degree of commitment and action demonstrated by management. Subsequently, the degree of management commitment influenced organisational factors and ultimately, the evolution and future growth of designated lived experience roles both within organisations and outside the mental health sector.⁴⁵

Under the Reform, extra LHD/SHN peer worker positions are being funded to enhance assertive community mental health teams. These roles will provide support for people transitioning between acute mental health services and the community.

Positions are being integrated into existing community teams and will provide assertive in-reach support to consumers in acute care prior to discharge. The roles will work in partnership with existing clinical roles.

The service model delivers:

- » Flexible, tailored support packages for up to six weeks following an acute mental health admission
- » Direct face-to-face follow up for people discharged from an acute mental health inpatient setting within seven days
- » Links between acute mental health services and the community, including referrals to community managed support services
- » Direct follow-up within 72 hours of discharge from acute care.

Workforce priorities

There are many priorities for the mental health and partner workforces delivering services to people with lived experience. The priorities in the Workforce Plan have been identified through stakeholder consultation, evidence review and alignment with policy priorities. Many other local priorities will exist.

In line with the Reform and Fifth Plan, workforce planning and development over the next five years should consider:

Strengthening mental health leadership –

Mental health leaders and managers are key to implementing a recovery-oriented culture and driving safety and quality improvements in mental health. Leaders also have an important role in ensuring adequate support for the workforce and improving staff experiences.

Strengthening the psychiatry workforce

– The NSW psychiatry workforce is a small but critical workforce. Action is required to support retention of this workforce and its distribution across geographical settings and subspecialty populations.

Increasing access to allied health – Enhanced consumer access is required to allied health professionals, particularly speech pathologists, dietitians, exercise physiologists, physiotherapists, occupational therapists and pharmacists. Such access contributes to improved consumer functional recovery and physical health, physical and emotional wellbeing and social participation and inclusion.

Developing emerging workforces – NSW Health is supporting the growth and development of the mental health peer workforce and Aboriginal mental health workforce under the Reform. In addition, an opportunity exists to scope the development of an allied health assistant workforce in mental health.

Workforce planning – Until recently, NSW has had limited access to real-time mental health workforce data. A key action for the next five years is to improve access to workforce data to facilitate effective local and statewide planning.

Workforce development – Recent mental health reviews and reforms identified the need for targeted training and support to improve workforce capability and culture to increase consumer safety and outcomes.

Mental health training is currently provided by a range of agencies and individuals on an ad hoc basis. Finding and accessing quality mental

health training is challenging for staff in both NSW Health and other sectors. There is a need for targeted, capability-based training that can be readily accessed. Increasing the capability of the workforce to work with new and emerging technologies is also an important focus.

In addition to training, it is important for all staff to be able to access appropriate levels of supervision, mentoring, coaching, professional development opportunities and other support required in their role.

Supporting capacity in partner workforces –

People with lived experience often require a range of services. Strengthening capacity in partner workforces such as education, aged care, disability, other health and social care providers to identify and respond to the needs of people with lived experience of mental illness is supported.

Workforce Plan Action Tables

Workforce Plan Action Tables outline initiatives to address the workforce priorities.

Workforce Plan Action Table 1 – Stabilising the Foundations

Workforce Plan Action Table 1 outlines key strategies and actions aligned with the HPWP Stabilising the Foundations strategic direction.

Stabilising the Foundations				
Guiding principle	Strategy HPWP reference	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
1. Integrated and comprehensive workforce planning	1.1 Integrate mental health workforce planning with local service and facility planning 2.1	1.1.1 State level mental health and workforce planning forums include mental health workforce as a standing agenda item	■ MoH (MH, WP&D) ◆ LHDs/SHNs, PHNs	8.1
		1.1.2 Mental health planning is integrated with health workforce and service planning at state and local levels	■ MoH, LHDs/SHNs ◆ PHNs	8.1
		1.1.3 - The NMHSPF is considered as one of a range of resources that could be used in mental health service planning	■ MoH, LHDs/SHNs ◆ PHNs	8.1
	1.2 Ensure availability of and access to mental health workforce data 2.3	1.2.1 Updated NSW mental health service, career and workforce development information is available on the NSW Health website	■ MoH (MH, WP&D)	5.3
		1.2.2 Improve state and local access to mental health workforce data	■ BHI, MoH (MH, HSI&PR, WP&D) ◆ LHDs/SHNs	8.1
		1.2.3 Mental health peer worker data is collected through routine reporting	■ MoH (MH, WP&D, HSI&PR) ◆ LHDs/SNs, eHealth NSW	2.2
		1.2.4 Aboriginal mental health worker data is collected through routine reporting	■ MoH (MH, WP&D, HSI&PR) ◆ LHDs/SNs, eHealth NSW	1.3
		1.2.5 Statewide rostering systems support demand based mental health rostering requirements	■ MoH (WP&D), ehealth ◆ LHDs/SHNs	8.1

Workforce Plan Action Table 2 – Building Blocks

Workforce Plan Action Table 2 outlines key strategies and actions aligned with the HPWP Building Blocks strategic direction.

Building Blocks					
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads	◆ Partners	Strategic Framework Alignment
2. Provide effective working arrangements	2.1 Improve recruitment and retention 3.3	2.1.1 Scope development of a Mental Health Attraction Campaign that includes a focus on value-based recruiting	■ MoH (MH, WP&D, NaMO, WR)	◆ LHDs/SHNs, Colleges, Tertiary Institutions, HETI	1.1
		3.1.1 Implement tertiary consultation models that use modalities including telehealth to increase service collaboration, provide support to rural areas and build subspecialty capacity	■ MoH (MH), LHDs/SHNs Tertiary service providers		2.8
3. Develop a collaborative health system	3.1 Strengthen linkages within and between rural and metropolitan services and professionals to facilitate opportunities for secondments, professional development and service collaboration 4.1	3.1.2 Statewide tertiary mental health outreach models consider offering rotating time-limited learning opportunities to build subspecialty workforce capacity	■ Tertiary service providers, LHDs/SHNs		2.7
		3.1.3 Consider opportunities and formalise arrangements supporting service collaboration and professional development opportunities between metro and rural services	■ LHDs/SHNs	◆ PHNs	2.7
		3.1.4 Investigate expanding programs such as the Bob Fenwick Memorial Grants program and the Nurse Transition to Professional Practice rural metro placements to include mental health	■ MoH (MH, NaMO)	◆ LHDs/SHNs	2.7

Building Blocks				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
3. Develop a collaborative health system	3.2 Develop skills for collaboration that support mental health teams to operate effectively as a unit and in partnership with other workforces in delivering stepped and integrated care 4.2 adapted	3.2.1 Develop resources to support successful mental health co-design processes	■ NSW MHC, ACI HETI	1.1
		3.2.2 Implement co-design approaches and use consumer, carer and staff feedback mechanisms to understand stakeholder perspectives in planning and service delivery	■ NSW Health	1.1
		3.2.3 Implement training through the NSW School-Link Initiative to develop mental health workforce skills in partnering with school staff in the collaborative care of students with complex mental health needs	■ MoH (MH), Education, LHDs/SHNs	9.3
		3.2.4 Develop collaboration and partnership skills training to assist the mental health workforce in partnering with disability, social care, aged care services and other workforces	■ MoH, HETI, LHDs/ SHNs ◆ PHNs, CMOs, and partner service providers	9.3

Workforce Plan Action Table 3 – Right People, Right Skills, Right Place

Workforce Plan Action Table 3 outlines key strategies and actions aligned with the HPWP Right People, Right Skills, Right Place strategic direction.

Right People, Right Skills, Right Place				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
4. Grow and support a skilled workforce	4.1 Support new health practitioners in undertaking their roles and ensure that all practitioners have appropriate access to professional education and support 8.2, 8.4	4.1.1 Ensure training, supervision and mentoring arrangements are in place to support practitioners newly entering mental health practice, including peer workers and Aboriginal mental health workers	■ LHDs/SHNs ◆ HETI, MoH (MH, WP&D, CAH)	5.6
		4.1.2 Professional development and support is available to staff new to subspecialty mental health practice	■ HETI, MoH (MH), LHDs/SHNs ◆ Tertiary providers	5.6
		4.1.3 Recruit to and support the education, supervision and mentoring roles of senior nursing, allied health and Aboriginal mental health clinical leaders, educators and clinicians	■ LHDs/SHNs ◆ HETI, MoH (MH, WP&D)	5.6
		4.1.4 Support senior peer workers to assist the professional development of new peer workers in mental health	■ LHDs/SHNs, Training providers	2.2
		4.1.5 Leaders support multidisciplinary teams to work in partnership with the emerging peer and Aboriginal mental health workforces	■ LHDs/SHNs ◆ MoH (MH)	1.5
		4.1.6 The composition of teams has adequate senior and junior staff and skill mix to ensure consumer safety and outcomes as well as provide support and development opportunities for junior clinicians	■ LHDs/SHNs ◆ CRRMH	5.6
		4.1.7 Resources and training are available that develop workforce capability to deliver therapeutic interventions, including for consumers with complex needs such as people with IDMH, borderline personality disorder and eating disorders	■ Tertiary providers, LHDs/SHNs, MoH (MH)	5.6

Right People, Right Skills, Right Place				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
4. Grow and support a skilled workforce	4.2 Develop and implement coordinated mental health education for mental health and partner workforces No aligned action	WP 4.2.1 – Scope the development of a Mental Health Training Program that delivers capability based training	■ MoH (MH), HETI ◆ MoH (NaMO)	2.1
		4.2.2 Conduct a mental health training needs analysis of NSW Health, CMO, other partner workforces	■ MoH (MH) ◆ HETI, MHCC, MH CAWG	2.9
		4.2.3 The NSW Health Mental Health Workforce Development Portal is updated and content expanded	■ MoH, HETI	2.1
		4.2.4 Develop information and clinical resources to support trauma-informed practice in mental health	■ ACI ◆ HETI	2.1
		4.2.5 Mental health staff are progressively trained in trauma-informed care	■ LHDs/SHNs	2.1
		4.2.6 Resources are developed to support the Health and commissioned CMO workforces in working with people accessing the NDIS who have mental illness	■ MoH (MH), HETI ◆ CMOs, Disability sector,	2.9
	4.3 Grow and support a skilled mental health nursing workforce in line with forecast health service demand and delivery requirements 7.7	4.3.1 Implement a professional development pathway for mental health nursing	■ MoH (NaMO), LHDs/SHNs ◆ HETI, Training Institutions	2.5
		4.3.2 Increase the uptake of available nursing scholarships by mental health nurses	■ MoH (NaMO), LHDs/SHNs ◆ HETI, Training Institutions	2.5
		4.3.3 Expand mental health training opportunities for enrolled nurses	■ LHDs/SHNs ◆ TAFE, Training institutions	2.5
		4.3.4 Develop models of care that support nurse practitioner roles in mental health	■ LHDs/SHNs ◆ MoH (NaMO)	2.5
		4.3.5 Expand the number of positions under the Transition to Professional Practice program that support a mental health and general nursing exchange	■ LHDs/SHNs ◆ MoH (NaMO)	2.5
		4.3.8 Align the work of Productive Wards with other Quality and Safety initiatives	■ MoH (NaMO), LHDs/SHNs	5.1

Right People, Right Skills, Right Place				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
4. Grow and support a skilled workforce	4.4 Grow and support a skilled mental health allied health workforce in line with forecast health service demand and delivery requirements 7.8	4.4.1 Scope and take forward priorities for the mental health allied health workforce, commencing with the development of guidance for Allied Health Assistants in Mental Health	■ MoH (MH, WP&D), Directors of Allied Health Leadership Group (LHDs/SHNs), Chief Allied Health Officer, HETI	2.4
		4.4.2 Provide scholarships to support attainment of Certificate IV in Allied Health Assistant for staff working in mental health	■ HETI, MoH (MH, WP&D), LHDs/SHNs ◆ Training providers	2.4
		4.4.3 Increase allied health recruitment in mental health	■ LHDs/SHNs, MoH (MH, WP&D), Directors of Allied Health	2.4
		4.4.4 Increase allied health student placements in mental health	■ LHDs/SHNs, MoH (MH), Tertiary Institutions, Directors of Allied Health ◆ Professional bodies, HETI	2.4
	4.5 Grow and support a skilled psychiatry workforce in line with forecast health service demand and delivery requirements 7.3	4.5.1 A statewide Psychiatry Workforce Plan is developed and implemented	■ MoH (WP&D, MH) ◆ LHDs/SHNs, RANZCP, HETI, PHNs	2.6

Right People, Right Skills, Right Place				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
4. Grow and support a skilled workforce	4.6 Grow and support a skilled mental health peer workforce in line with forecast health service demand and delivery requirements	4.6.1 NSW Health is developing NSW specific guidance to support the growth and embedding of this new and highly valued workforce. NSW Health will also collaborate with the Commonwealth in preparing National Peer Workforce Development Guidelines.	■ MoH (MHB)	2.2
		4.6.2 Recruit and train peer workers across all LHDs/SHNs	■ LHDs/SHNs, MoH (MH)	2.2
	No aligned action			
	4.7 Grow and support a skilled Aboriginal mental health workforce in line with forecast health service demand and delivery requirements	4.7.1 Recruit to new Aboriginal mental health worker trainee and clinician positions funded under the Reform	■ LHDs/SHNs ◆ MoH (MH, CAH, WP&D), HETI	1.3
		4.7.2 Improve role delineation for Aboriginal mental health worker positions	■ MoH (MH, CAH, WP&D), HETI ◆ LHDs/SHNs	1.3
		4.7.3 Promote clinical placements for Aboriginal Mental Health trainees in a variety of mental health settings including subspecialty streams (child and youth, perinatal and older persons' settings)	■ LHDs/SHNs ◆ TAFE, Training institutions, MoH (MH)	1.3
		4.7.4 Explore a range of training programs and pathways to increase Aboriginal staff in mental health	■ MoH, HETI ◆ LHDs/SHNs	1.3

Right People, Right Skills, Right Place				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
4. Grow and support a skilled workforce	4.8 Strengthen the capacity of partner workforces to respond to the needs of consumers No aligned action	4.8.1 Provide gatekeeper and suicide awareness training to non-mental health workforces including drug and alcohol workers, housing and older persons' services	■ MoH (MH, CAH), LHDs/SHNs, PHNs ◆ MH CMOs, Housing, Aged Care, ACCHSs, Social services and Disability	7.2
		4.8.2 Statewide implementation of Project Air and Project Air for Schools	■ MoH (MH), LHDs/SHNs, Education	7.2
		4.8.3 Make training and resources on the physical health care of consumers available to non-mental health workforces	■ MoH (MH), LHDs/SHNs, Education	2.9
	4.9 Improve mental health engagement in leadership programs No aligned action	4.9.1 Increase the number of mental health practitioners engaged in management, leadership and talent development programs	■ LHDs/SHNs ◆ HETI, CEC, MoH (MH)	1.5
		4.9.2 Increase participation of Mental Health Nurse Unit Managers in the 'Take the lead 2' program	■ MoH (NaMO, MH), LHDs/SHNs ◆ HETI	1.5
		4.9.3 Increase participation of senior mental health nurse managers with the 'In the lead' program	■ MoH (NaMO, MH), LHDs/SHNs ◆ HETI	1.5
	4.10 Increase mental health staff involvement in clinical redesign, research and improvement science No aligned action	4.10.1 Support more mental health staff to participate in clinical redesign, research and improvement science education and practice	■ ACI, CEC, OHMR, LHDs/SHNs ◆ HETI, MoH (MH)	5.1

Right People, Right Skills, Right Place				
Guiding principle	Strategy Aligned HPWP No.	Actions	■ Leads ◆ Partners	Strategic Framework Alignment
4. Grow and support a skilled workforce	4.11 Strengthen workforce skills in commissioning of mental health services No aligned action	4.11.1 Increase access to training and resources for health service commissioning	■ ACI, MoH, HETI, LHDs/SHNs	8.1
	4.12 Strengthen workforce cultural capability No aligned action	4.12.1 Develop and implement a resource to support the Health and commissioned CMO workforces in working with refugees, migrant communities and people from culturally and linguistic diverse backgrounds who have mental illness	■ Transcultural mental health, MoH (MH) ◆ LHDs/SHNs, HETI, CMOs	1.4

Workforce Training and Development Initiatives

The capabilities that mental health staff demonstrate can vary widely, depending on education and training, scope of the profession and individual factors. The NSW Government is committed to supporting capability based training for the mental health workforce.

The Fifth Plan and recommendations of [the Royal Commission into Institutional Responses to Child Sexual Abuse](#) identify trauma-informed care training as a priority for the mental health workforce. Mental health staff should be supported to access training that includes:

- » an awareness of historical, cultural and contemporary experiences of trauma for Aboriginal people
- » understanding of the experiences of specific populations such as refugees and asylum seekers
- » how mental health service providers can partner with consumers and their families, carers and support people to:
 - > conduct holistic, trauma-informed assessments
 - > include information in clinical documentation
 - > respond to trauma-related needs in safety and treatment planning
 - > partner with and make appropriate referrals to trauma service providers
 - > share information during transfer of care.

A range of training is offered by a variety of service providers including [HETI](#) and the [Mental Health Coordinating Council \(MHCC\)](#).

HETI training and resources

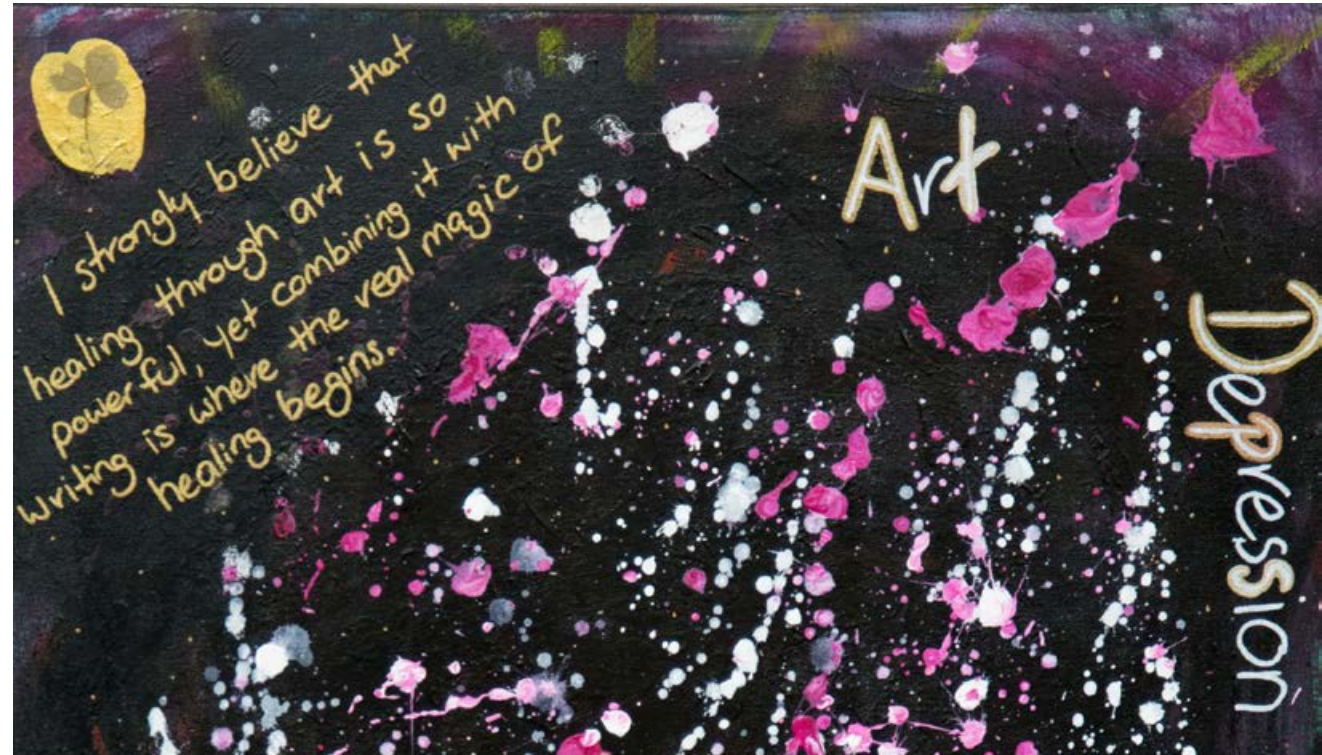
HETI provides [mental health education and training](#) for the NSW Health mental health workforce and the wider health workforce on mental health-related matters. HETI also works with sector partners such as GPs for improved mental health and wellbeing.

A range of courses are available through the HETI my Health Learning platform, including MH-POD, the national Mental Health Professional Online Development course. HETI also delivers Higher Education courses through frameworks for [Psychiatric Medicine](#) and [Applied Mental Health Studies](#).

To complement existing undergraduate and post-graduate tertiary training, NSW Health has established an [online portal](#) for public sector Mental Health Workforce Development which hosted by HETI.

The portal contains a wide range of innovative, recovery-oriented, trauma-informed and evidence-based mental health education and training resources.

LHDs and SHNs can share locally developed high quality education and resources through the portal. The site also hosts communities of practice for subspecialty areas such as perinatal and infant mental health and emerging areas of practice such as family focussed recovery approaches.



Title **Healing through Writing**
Artist **Sue Kennedy**

MHCC

The [MHCC](#) develops flexible accredited training and professional development in response to the needs of the CMO sector. MHCC training is informed by recovery oriented and trauma-informed practice principles and is delivered throughout NSW by experienced trainers including those with a lived experience.

Peer workforce training options

Training and resources are available for peer workers and for managers supporting the lived experience workforce. A range of training options can be found on the [Mental Health Coordinating Council \(MHCC\)](#) and [myskills](#) websites and resources can be found at the NSW Mental Health Commission [Peer Work Hub](#).

Workforce Considerations for Specific Populations

The Workforce Plan indicates actions for a range of subspecialty and diverse populations including CALD groups, people with intellectual disability and mental health problems (IDMH), people with eating disorders and people with personality disorders. Workforce development considerations and resources are highlighted for these groups.

People from CALD backgrounds

It is important that staff and services are responsive to different cultural experiences of mental health and recovery. People from culturally and linguistically diverse backgrounds may have a different understanding of mental ill-health to that of mental health staff.

Language can be a barrier to accessing the right care. When people who are not fluent in English access health care services, they should be provided access to a professional interpreter.

Refugees are a priority group for mental health services. NSW is in the process of resettling a high number of refugees from Syria and Iraq. This population will have unique and significant mental health needs due to their experience of trauma in zones of conflict and civil unrest. Greater capacity in the mental health workforce is required, especially in refugee resettlement regions, to support the mental health needs of refugees.

Immigration, including a significant humanitarian intake, will be a continuing major contributor to NSW's population growth. This creates a pressing need for mental health services to respond in culturally inclusive ways.

Access to mental health services by migrant and refugee populations can vary widely between different population groups. Community and cultural traditions, beliefs and values play a significant role in and have a significant influence on a person's understanding of mental health, mental-ill health and recovery.

Given the diversity within NSW's migrant and refugee populations the strengthening of mental health-promoting assets in communities will need to be reached through multifaceted strategies including:

- » on-line information
- » building partnerships between mental health services, multicultural services and community managed organisations
- » improved staff mental health literacy with CALD populations.

CALD workforce resources

A range of resources support the NSW Health workforce in working with CALD populations. These include:

Resources: HETI My Health Learning courses and course codes:

- » Working in Culturally Diverse Contexts (39962639)
- » Connecting with Carers from CALD backgrounds (43286675)
- » MHPOD: Culturally Sensitive Practice Course (97553113)
- » Meeting the healthcare needs of refugees (116308950)
- » Course name: COPSETI – A CALD Community and Mental Health podcast is currently under development.

Resources: Online websites and resources

[Transcultural Mental Health Centre](#)

[Cross Cultural Mental Health Care: A resource kit for GPs and Mental Health Professionals](#)

[RACGP: Subject Portal: Resources in refugee and migrant health](#)

[BlackDog Expert insights podcast: Episode 8 – Cultural and Contextual Considerations](#)

[Working with Interpreters in the Healthcare Setting – Training DVD: Vignette 6: Communicating through interpreters in mental health interviews](#)

[Mindframe: reporting and portrayal on mental illness and CALD communities](#)

Resources: Organisations working in multicultural and/or mental health

These include but are not limited to:

[Transcultural Mental Health Centre](#)

[Multicultural NSW](#)

[NSW Refugee Health Service](#)

[Settlement Service International \(SSI\)](#)

[Education Centre Against Violence \(ECAV\)](#)

[STARTTS](#)

People with IDMH and other disabilities

A recovery-oriented approach supports people with an intellectual disability's right to self-determination and informed choice. Mental health staff can ensure that people with an intellectual disability are supported through all phases of service use and assisted to make decisions as far as possible given their capacity.

Supporting the health workforce to respond to the needs of people with intellectual disability and mental ill-health is essential to improving access to preventive mental health care and appropriate treatment and reducing early mortality from preventable causes.

A multifaceted approach is also required to identify and provide early mental health treatment for people who are deaf, non-verbal people, or those who have limited or restricted ability to communicate. Mental health services also need to consider the needs of people with physical disabilities to ensure mental health services are accessible for this group.

This aligns with the [NSW Disability Inclusion Action Plan 2016-2019](#) in seeking to remove systemic and attitudinal barriers so that people have a better opportunity to live a meaningful life and enjoy the full benefits of membership in the community. Partnering with carers, disability carer support networks, NDIS service providers and the NDIA is important in this work.

IDMH workforce resources

Resources: Let's Talk Disability

The HETI [Let's Talk Disability](#) online training module assists Health staff to implement a person-centred approach and use a variety of strategies to communicate effectively with people with a disability.

Resources: IDMH Online learning and resources

The University of NSW Department of Developmental Disability Neuropsychiatry (3DN) has been funded by NSW Health to build subspecialty workforce capacity that improves health outcomes for people with an intellectual disability. A range of resources including e-learning courses are available at [Health and mental health professionals](#).

People with Eating Disorders

The NSW Government provided funding under the [NSW Service Plan for People with Eating Disorders 2013-2018](#) to improve access to treatment, support innovation and improvements in care for people with eating disorders.

Addressing stigma and discrimination is a key focus of the Service Plan, to ensure people with eating disorders have the same access to mental health and physical health services as people with other mental health issues. Under the Plan, evidence based treatments for people with eating disorders and their families, carers and support people should be offered as part of routine practice in specialist mental health care.

Resources: Eating disorders online learning and resources

A range of online learning courses and other resources to support the capability of health staff are found at the [InsideOut Institute for Eating Disorders](#) website (formerly Centre for Eating and Dieting Disorders).

People with borderline personality disorder

NSW Health is funding the statewide rollout of the internationally recognised [Project Air Strategy for Personality Disorders](#) led by the Illawarra Health and Medical Research Institute at the University of Wollongong. The Project Air team partners with NSW Health services, justice, drug and alcohol services, as well as communities, schools, families and individuals to support better treatments for people with personality disorders.

A broad range of resources are available on the Project Air website.



Title **Melancholy**
Artist **Jeff Thurkett**