Department of Health

GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Clinical Workforce Action Plan

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Contents

Foreword

From the Minister for Health; Mental Health

I am pleased to present the Western Australian Mental Health Clinical Workforce Action Plan.

Many teams and individuals have contributed to the development of this important plan, including from the Department of Health, the Mental Health Commission, across sectors, and most importantly, those currently working in mental health services across our state. The Action Plan compliments the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025*. Specifically, the Action Plan outlines the immediate steps to address clinical workforce issues in the next 3 years. I extend a sincere thanks to all those who have contributed to this Action Plan that will support the ongoing delivery of safe and high-quality mental health care.

Mental health issues touch the lives of many Western Australians. The personal toll on the lives of individuals, families and carers can be significant, and in recent times the rapidly increasing demand for services has only amplified the impact on the workforce tasked with delivering this support. I have great admiration for our mental health frontline workers who work tirelessly to ensure that all Western Australians continue to receive the mental health care and support they need.

The McGowan Government has a long-standing commitment to support the mental health needs of the WA community. Alongside the Premier, I was pleased to announce a record investment to bolster mental health, alcohol and other drug services in Western Australia in the 2022–23 state budget. This investment will support reforms that will reshape our mental health system, putting community care and early intervention front and centre. A strong, resilient and effective workforce is vital to successfully delivering mental health care and intervention. The Mental Health Clinical Workforce Action Plan sets out a clear plan for how the Department of Health, Mental Health Commission, and Health Service Providers will work together and in partnership with the broader health and community sectors to support the workforce required to meet current and future demand.

I cannot overstate the importance of mental health care, and a strengthened and appropriately supported workforce to deliver it. I thank the mental health workforce for their determination, perseverance, compassion and commitment to helping people experiencing mental ill-health. This Action Plan will lay addresses work required in the immediate to medium term to address the clinical mental health workforce context.

Statements

From the Director General

The Western Australian mental health system is undergoing a significant period of reform. It is important that we continue to drive new approaches and models to deliver safe and high-quality mental health care, while the system prepares to onboard new services to meet the growing demand. At the same time, it is also essential that we build and enable an interprofessional workforce to develop and apply specialist skills to ensure those with mental ill-health are supported in their recovery journey.

Our Mental Health Clinical Workforce Action Plan will guide us as we take a more comprehensive approach to building a strong workforce across the mental health system for the next 3 years. Developed in close collaboration with the Mental Health Commission, the action plan outlines initiatives to review, reform, train, attract, retain, maximise and support a clinical mental health workforce to adapt and be flexible to changing community needs. I would like to take this opportunity to thank our mental health clinicians working tirelessly across our public system. Not only are they a vital part of our health workforce, their generosity and willingness to share insights has been invaluable in the development of this document. I also thank the Mental Health Commission for their ongoing contribution and collaboration. As we move to implementation, I look forward to working closely with our service providers across the health sector, in association with education providers, regulatory bodies and other key stakeholders, as we endeavour to continue to strengthen our capable and responsive mental health workforce.

From the Mental Health Commissioner

The Mental Health Commission (MHC) is committed to addressing the challenges faced by our mental health workforce. As such, I am pleased to endorse the Mental Health Clinical Workforce Action Plan which addresses some of the significant workforce challenges we face in providing mental health services that meet the needs of the WA community.

This Action Plan builds on the work the MHC has already undertaken in this area, including the *Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in WA (ICA Taskforce)* and the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020–2025*.

The Mental Health Clinical Workforce Action Plan outlines the gaps and challenges we face in growing our workforce and ensuring our workers have the skills and knowledge and support they need to work confidently in mental health. The Action Plan identifies a clear pathway to strengthen, support and expand the clinical workforce, to enable the delivery of high-quality care to Western Australians.

The implementation of the Action Plan will require a systemwide approach and strong collaborative efforts from all key stakeholders to ensure we achieve the best outcomes for our workers and consumers. I look forward to working closely with the Department of Health and Health Service Providers implement the Action Plan and work to develop contemporary models of care and the diverse future workforce required to deliver them.

I would like to thank everyone who generously shared their time and expertise to help shape the Action Plan. In particular, I wish to honour our mental health consumers, carers and those with lived experience who have contributed their voices and acknowledge the courage it takes for these people to share their most intimate and vulnerable experiences to influence change. I would also like to acknowledge our mental health workforce for their continued dedication and perseverance in the face of significant pressure. Our workers are the backbone to a mental health system, which is complex and ever evolving. It is only through the determination and adaptability of our workforce that we are able to make improvements to the care we provide to the WA community.

Executive summary

Mental health conditions are becoming more prevalent, creating additional pressures within WA inpatient mental health settings. In recognising the need to support the rising demand, a significant expansion of mental health services is planned to occur in WA over the next 3 years. To facilitate this expansion, it is acknowledged that the mental health workforce needs to be well supported to operate to the full extent of its capacity and potential. The capabilities and skill mix of the mental health workforce is a crucial component of developing contemporary models of care to deliver system reform.

The Mental Health Clinical Workforce Action Plan (the MHCW Action Plan) outlines actions to address current workforce shortfalls while building the capacity, capability and sustainability of the mental health workforce to support the increase in mental health services delivered to the community and further building on the significant reform projects and initiatives currently underway. This Action Plan builds on the work the Mental Health Commission has already undertaken in this area, through the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025*.

The MHCW Action Plan recognises the government agencies involved in planning, developing and supporting the mental health workforce, and acknowledges the mental health workforce spans across private, non-government and government service providers and the associated impacts of alcohol and other drugs on mental health services. The development of the MHCW Action Plan has enabled an understanding of the issues impacting the mental health workforce, both nationally, and within WA. An environmental scan of interjurisdictional workforce strategies, plans and initiatives informed the approach to phase 1 consultations, to focus on identifying opportunities to:

- enable a sustainable workforce
- grow workforce supply
- support staff wellbeing and retention
- support workforce training and capability.

Through targeted interviews and an online survey, phase 1 consultations enabled the mental health workforce, education providers, professional representative bodies, carers, and consumers to identify the challenges and opportunities to support the mental health workforce. Reoccurring themes were recognised through analysis of phase 1 consultations, and these are reflected within the MHCW Action Plan. Discussion of the themes reveals a WA mental health workforce that is in crisis. A lack of understanding and workforce planning across the system has contributed to a system that is reactive and unable to respond effectively to the current demand. Leadership of the mental health workforce is not supported by existing governance arrangements, and professions are limited in providing highly skilled care, and are burnt out by the increasing workload with limited support.

The MHCW Action Plan outlines actions that prioritise the need to:

- review and reform
- train
- attract and retain
- maximise capability and
- support wellbeing of the workforce.

In order to successfully reform the mental health system, a greater understanding of the current mental health workforce is required. Key actions to initiate this process include a undertaking a review of professional roles, undertaking a review of position establishment, release of validated workforce data, and establishing mental health leadership positions to advocate for the needs of each professional group and support the development of a clinical mental health workforce capability framework.

The MHCW Action Plan also captures the work underway across the system, as identified through phase 2 consultations, including initiatives led by the health service providers (HSPs) to better attract, develop and support the workforce.

Responsibilities for oversight and implementation of the MHCW Action Plan actions outlined will be shared between the Department of Health, Mental Health Commission and HSPs, across several horizons. A phased approach to implementation will inform later actions to progress the workforce. The Clinical Workforce and Leadership Unit (CWL), within the Department of Health will support the coordination, monitoring and reporting against actions, to inform future iterations of the MHCW Action Plan, and ensure the MHCW Action Plan responds to the evolving needs of the mental health system in WA.

Part 1

Mental health in WA

The prevalence of mental health conditions in Australia is steadily increasing. In 2020, almost one in 6 Western Australian adults reported experiencing a mental health condition in the last 12 months.[1]

This increase in mental health conditions has increased pressure within inpatient mental health settings. In January 2022, there were 1,325 inpatient admissions to WA public hospitals for mental health presentations.[2] For the same period, the average length of stay following admission for mental health was 23.7 days. This represents an increase, compared to previous months which maintained an average length of stay of between 17 to 20 days. Total bed days for mental health in January 2022 was 27,403, with majority of these occurring within metropolitan hospitals (25,957 total bed days).

The prevalence of mental illness in regional, rural and remote Australia is comparable to that experienced in metropolitan areas.[3] However, a lower service provision rate indicates difficulties for people in regional, rural and remote areas in accessing specialised mental health care. Limited access to primary health and specialist care contributes to people accessing services later in the development of disorders, resulting in delayed diagnosis and intervention.[4]

The mental health workforce

Western Australia's mental health workforce includes a diverse range of people who treat, interact with and provide support to those experiencing mental distress and/or mental ill-health. At its core, this includes people who work exclusively in the mental health sector (for example nurses, psychiatrists and some allied health professions). More broadly, the mental health workforce also includes those who work in other health settings who provide treatment, interaction, care and support of people experiencing mental distress (for example allied health professionals, nurses, general practitioners and other medical professionals). The focus of the MHCW Action Plan is the mental health workforce that work exclusively in the public mental health sector providing clinical care.

Project background

To support the increased demand for mental health services, a significant expansion of mental health services is planned to occur in WA over the next 3 years. The Mental Health Workforce Planning Project (MHWPP), led by the Clinical Workforce and Leadership Unit, Clinical Excellence Division, has been established to develop an interprofessional MHCW Action Plan to support the expansion of mental health services across the system.

Project aims and objectives

The aim of the MHWPP is to develop an action plan to build the capacity, capability and sustainability of the workforce to support significant expansion of mental health services in the next 3 years.

[1] Epidemiology Directorate, 2021. Health and wellbeing of Adults in Western Australia 2020, Overview and Trends. Department of Health, Western Australia.

[2] Admitted Patient Activity Summary – Mental Health. Department of Health, Western Australia. Accessed 2 May 2022. Admitted Patient Activity Summary (health.wa.gov.au)

[3] Mental Health in rural and remote Australia. National Rural Health Alliance inc. Accessed 1 August 2022. nrha-mental-health-factsheet-dec-2017.pdf (ruralhealth.org.au)

[4] WA Country Health Services Mental Health and Wellbeing Strategy 2019-2024. Accessed 1 August 2022.

Objectives of the MHWPP include:

- identify the current issues facing the mental health workforce
- identify actions to increase recruitment and retention of mental health workforce
- identify actions to upskill mental health workforce capability and support clinicians to work to full scope of practice
- identify actions to enable a sustainability of the mental health workforce to appropriately supports expansion of mental health services and changing populations needs in WA.

Out of scope

A dearth of valid workforce data exists in relation to the current and projected public mental health workforce. Therefore, the MHCW Action Plan has focused on a broader review of the workforce issues that need to be addressed in order to facilitate system reform and enable a workforce that is flexible to meet the changing needs of the population now and into the future. The MHCW Action Plan does not attempt to prescribe FTE for existing services or services on-boarding in coming years, noting that the workforce configuration is informed by models of care that are determined at the service level.

The MHCW Action Plan does not aim to prescribe actions to address the workforce needs of specific professions, rather aims to develop and support the clinical mental health workforce more broadly. The MHCW Action Plan does not specifically address the Lived Experience (Peer) workforce or the Aboriginal mental health workforce. It acknowledges these groups are important members of contemporary multidisciplinary mental health teams and is aligned with the work the Mental Health Commission is progressing in this area. The MHCW Action Plan does not attempt to address the mental health workforce of non-governmental organisations that deliver community mental health psychosocial support services.

A number of specific workforce projects and plans have been released, or are in development, to address the needs of specific professional groups within the mental health workforce. This includes:

- The Office of the Chief Medical Officer's *Psychiatry & Medical Workforce Five-Year Action Plan 2022–2027*
- The Mental Health Commission's Lived Experience (Peer) Workforce Strategy (in development)
- The Chief Nursing and Midwifery Office's Mental Health Nursing Workforce Framework (in development)
- The Department of Health's Aboriginal Health Practitioner Project which includes strategies to support introduction of Aboriginal Health Practitioners into areas of identified need, including mental health.

WA's mental health system

Western Australia's mental health system consists of prevention, community support and accommodation, community treatment and hospital-bed based services. The MHCW Action Plan focuses on the workforce that occupies public clinical mental health services (including community treatment and hospital bed based mental health services provided by HSPs).

The governance of public mental health services in WA is complex, having undergone significant change within the past decade. Several reports have attempted to clarify the governance of the mental health system, and clearly articulate the roles and responsibilities of the state agencies and departments responsible for mental health services.[5] [6] A summary of the roles of the WA Government agencies responsible for the WA mental health system is summarised below in Figure 1.

[5] Review of the Clinical Governance of Public Mental Health Services in Western Australia Final Report. October 2019. Accessed 06 April 2022
[6] Review of Safety and Quality in the WA health system – a strategy for continuous improvement. July 2017. Accessed 06 April 2022.

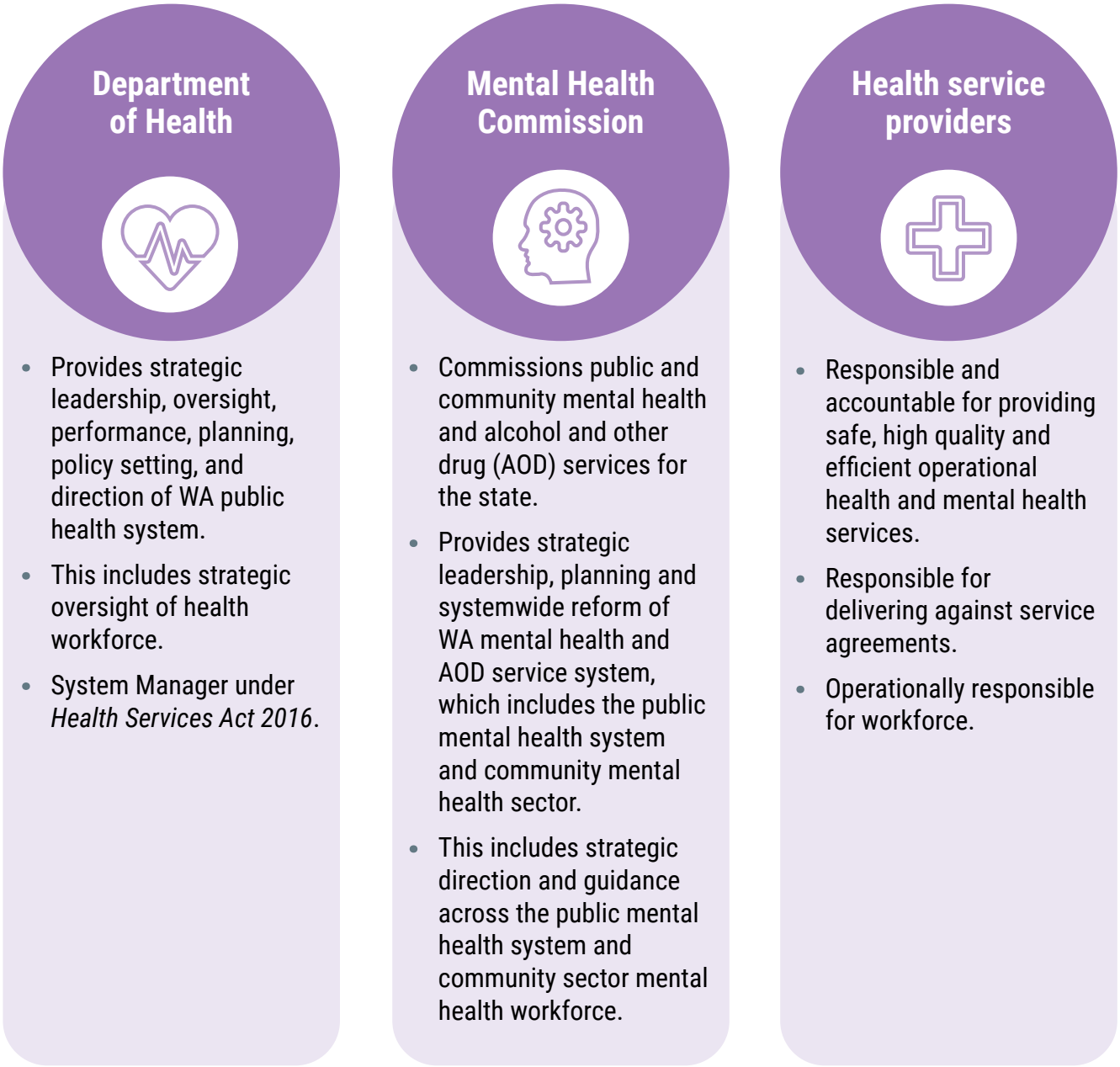


Figure 1: Agencies responsible for the public WA mental health system

Mental health reform in WA

A number of strategic documents and reports have articulated a vision for the future of mental health services in WA, with many providing recommendations and actions that align to the objectives of the MHWPP. The alignment between the strategic documents and priority reform projects is summarised in appendix 1.

Part 2

Project approach

The following summarises the approach to developing the WA MHCW Action Plan. A detailed record of the project methodology is provided in Appendix 2.

Environmental scan

To support the initial development of the MHWPP, an environmental scan of the workforce strategies and plans developed in other jurisdictions was undertaken. Mental health workforce priorities across Australian jurisdictions were identified, and state and territory mental health workforce strategies and plans were compared. Specific workforce initiatives and incentives were noted.

The environmental scan enabled the development of high-level focus areas for consideration in the development of a WA MHCW Action Plan. These focus areas formed the basis of phase 1 consultations, and included:

- enabling a sustainable workforce
- growing workforce supply
- staff wellbeing and retention
- training and capability.

Phase 1 consultation

Phase 1 consultation began on 21 February 2022 and ended on 25 March 2022. Interviews and an online survey were used to identify the common themes and issues impacting the WA mental health workforce.

Interviews were conducted via Microsoft Teams (apart from 2 face-to-face interviews) with Chiefs from within the Clinical Excellence Division, nominated HSP representatives, representatives from the Mental Health Commission, the Chief Psychiatrist, Chief Mental Health Advocate, and representatives from consumer advocacy, primary care and Aboriginal health organisations.

An initial 12-question survey was constructed and hosted on Citizen Space, to gather information from a wide range of stakeholders including service providers, education providers, professional bodies, consumer and advocacy organisations. When the survey closed on 25 March, 236 responses had been received. Most responses were received from people who worked within mental health (67.8%) and identified as providing mental health clinical care (58.05%) or non-clinical mental health care or support (8.90%).

Inductive coding was undertaken to analyse phase 1 consultation data, until a small number (3 to 8) key themes emerged. Analysis of interview and survey data were undertaken as separate processes. A summary of the themes identified through analysis of phase 1 consultation data is presented in figure 2. Discussion of the themes is provided within the section ‘findings’.

Figure 2. Themes identified through analysis of phase 1 consultations

Follow up interviews were conducted face-to-face with key internal stakeholders, including the Chief Nursing and Midwifery Officer, Chief Allied Health Officer and Chief Medical Officer, to validate themes identified through survey data, and to clarify or expand on key components identified through the interview transcripts. In all instances, key internal stakeholders supported the identified themes.

Phase 2 consultation

Phase 2 consultation began on 18 May 2022 and ended on 3 June 2022. The primary purpose of phase 2 consultation was to identify feedback in response to a draft document and proposed actions, in order to finalise the MHCW Action Plan.

The draft document articulated the themes identified through phase 1 consultations and outlined a series of actions for implementation. The document was circulated to key stakeholders including Chiefs from within Clinical Excellence Division, representatives from the Mental Health Commission, and the Chief Psychiatrist. Key stakeholders were asked to provide written feedback relating to implementation of proposed actions, including identification of appropriate leads, timeframes and perceived barriers.

In addition, a 19-question survey, hosted on Citizen Space, was designed to collect information from a wide range of stakeholders, at both individual and organisational levels regarding:

- the identified issues impacting the mental health workforce in WA
- appropriateness of the proposed actions for implementation
- perceived barriers to implementation of the proposed actions
- activities planned or underway, that would align to the objectives of the MHCW Action Plan.

A total of 91 submissions were received in response to the survey. More than 75% of survey respondents supported the proposed actions within each priority area. The survey respondents raised a number of barriers and issues in response to the proposed actions. An overview of the main themes in relation to the barriers and issues raised are tabled in Appendix 2.

Both the written feedback and survey responses identified a number of activities planned and underway across the WA mental health system that align to the objectives of the WA MHCW Action Plan. These are summarised within Appendix 3.

Findings

The key themes identified throughout phase 1 consultations are summarised below, in no particular order.

Workforce attraction and retention

Stigma

Stigma and negative stereotypes of mental health impact the desirability of mental health careers. Consultations revealed that, broadly, there is limited understanding of the varied care settings and the diverse range of mental health career opportunities. The impact of secondary stigma, whereby the workforce themselves are stigmatised for working in mental health, is further explored in discussion of workplace culture.

'We need better pay as many of us are underpaid in our roles, hence people leave for private practice, or end up working part time.'

Work conditions

Careers in public mental health settings are felt to be unattractive in comparison with private sector mental health positions. This was attributed to many factors including, but not limited to:

- higher acuity of patient presentations and increased caseloads
- inefficient administrative processes increasing clinician workload
- rigid work conditions and salaries disproportionate to workload
- short term employment contracts, contributing to job insecurity
- establishment of multiple fractional part-time positions in place of full FTE
- delays to human resource processes impacting on the duration of the recruitment processes
- increased reliance on locum workforce, contributing to unstable team environments.

The expansion of the Better Access program, and the increased pricing for services provided under the National Disability Insurance Scheme (NDIS), were also raised as an attractive alternative for allied health professionals.

Drawn out human resource processes, the provision of short-term contracts for periods of 3 or 6 months, and increased reliance on locum workforces were noted to contribute to high staff turnover, unstable team environments and negatively impacting on continuity of patient care.

'Employing interstate and international staff on lucrative long-term contracts, along with wasting money on overuse of locums is a large part of the problem. This occurs at the expense of passionate locals who are employed on short term contracts and treated poorly with little advancement for training and advancement.'

Regional workforce attraction

Challenges in attraction of professionals to mental health services are exacerbated in regional, rural and remote areas of WA. There is often limited interest from potential candidates to pursue opportunities in regional locations due to changes in lifestyle and perceived limited professional development, training and career progression opportunities. Metropolitan solutions were felt to be unsuccessful in attracting workforce to regional areas, and instead initiatives to 'grown your own workforce' and support the local community to pursue mental health careers should be prioritised.

Training and professional development

The theme of training and workforce development was apparent across consultations, with emerging subthemes including student and graduate training, supervision, professional development, and career progression.

Student and graduate training

Consultations revealed several issues impacting training of mental health professionals and support for new graduates in mental health careers. This included:

- the quality of mental health components within undergraduate nursing, medical and allied health qualifications, and limited opportunity to incorporate additional mental health content into existing curriculum
- limited placement opportunities impacting on awareness of mental health career opportunities
- inconsistent engagement with education providers limiting opportunities for students to undertake mental health practicums in public settings
- exposure to negative workplace cultures, deterring students from mental health careers
- limited support for graduates, particularly in community settings
- limited supply of psychiatry supervisors impacting psychiatry trainee throughput.

'As someone who has worked in mental health for very many years, I have seen a steady decline in the general mental health knowledge and practical experience of new graduates.'

Career pathways

There is a lack of pathways to progress careers within mental health. Development of training pathways to enable professions typically underutilised in mental health settings was encouraged throughout consultations. Pathways to support professionals working outside of the mental health sector to transition into mental health settings are also required to be identified and promoted. Consultations reflected a need to establish more mid-level and senior clinical roles to enable career progression opportunities within specialty areas and across settings, prioritising those in community mental health services. Such pathways would support professionals to achieve a level of seniority to influence and promote the voice of the mental health clinicians, and support effective long-term leadership within the mental health workforce.

Capability framework

There is a limited understanding of the skills and capabilities of professions within the mental health workforce. Across these professions, and within the varying settings and services, there is inconsistent application of professional skills. A capability framework to clearly articulate the skills and capabilities required to manage mental health presentations, would support consistent care across public mental health services. This would also extend to capabilities and competencies required of clinicians to support Aboriginal people with mental health presentations. Such a framework would also assist clinical leaders to assess the clinical skills within their relevant teams, and support identification of targeted professional development.

Supervision

The mental health workforce's desire for increased access to clinical supervision was consistently raised throughout consultations. Clinical supervision was not only vital for graduates but also for mid-level and senior professionals across all professional groups, and is recognised as a critical strategy to provide psychological support for employees whilst also supporting skill and knowledge development. Existing workload, and limited staff capacity were acknowledged as a barrier to receiving ongoing and regular supervision.

'There is no clinical supervision here. That is very poor. Nobody seems to know what it is, it is not encouraged and staff are not supported to access it in work time.'

'Right now, it's really hard for our staff on the ground to even access education or opportunities because they are so busy doing their day job, so there's none of that capacity for time out to even do a 2-hour training.'

Professional development

The mental health workforce reported difficulties accessing professional development opportunities due to demanding workloads. What limited time was available during work hours was often used to complete generic and non-specific mandatory training. The cost of training is expensive, and quality of training available was felt to be inadequate. Access to professional development presented a significant issue for mental health workforce in regional and remote areas, with geographic distance an additional challenge to those mentioned above.

Models of care

Scope of practice

Across all professional groups, consultations revealed that clinicians are not working to their full scope of practice. This is creating inefficiencies in both patient care and service expense and contributing to lower levels of staff satisfaction. Existing, medical focused, models of care were felt to diminish contributions and opportunities for other professions. This was particularly evident across allied health professionals, who are often employed to undertake generic case management roles with limited opportunities to apply profession specific skills to support patient recovery. Similarly, it was identified through both medical and nursing that practitioners in these professional groups were unable to work to the full extent of scope of practice. This was reported to contribute to feeling undervalued, leading to poor staff retention.

'… in the ED for example, they might transfer the care to psychiatric medicine. And so then in their own minds, they're like, "well, that's not our patient anymore", even though the patient is sitting in the ED, might be yelling at their staff as they walk past. They don't see them as their patient.'

Holistic care approach

Consultations reflected a view that existing models of care did not support optimal patient outcomes and provided limited support to meet the physical needs of mental health consumers. Consultations also noted more support is required to ensure appropriate approaches to support mental health consumers from Aboriginal or culturally and linguistically diverse populations. Additionally, consultations reflected a perception that clinicians working outside mental health settings do not see treating the mental health needs of their patients within their role, and there is a lack of engagement with professionals from other disciplines. Consultations acknowledged that contemporary, multidisciplinary models of care that support a patient-centred approach must first be identified to inform the staffing requirements and workforce roles, in order to ensure the workforce is flexible to meet the changing needs of the population.

Service design and resourcing

Interface with community settings

Consultation reported a need to increase focus on supporting community-based services, in order to relieve pressure on hospital-based services. Concerns were raised regarding lack of engagement with community services to support the workforce, despite community services being acknowledged as a priority area. There appears to be limited information sharing at the interface between community and inpatient services, particularly with non-government organisations. Consumer groups and advocacy organisations raised the challenges in navigating WA's mental health system, with access to appointments or even receiving referrals to enter the mental health system often subject to long waitlists and delays.

'I hear people going "the non-government sector won't take people because they're too difficult, but we want to send them there because we don't need to see them". And then the public sector saying, "the non-government sector are cherry picking" and then the non-government sector saying "the public sector won't support us and help use deal with difficult patients so we can't see them". It's this vicious cycle.'

Resourcing and workload

Fatigue and burn-out significantly impact the wellbeing of the mental health workforce. Consultations reflected a lack of staff to support the existing demand in services. In many instances, it was reported that caseloads were so high that clinicians felt they could not provide the standard of care required to meet consumer needs. Additional reporting requirement, inefficient processes, and burdensome administrative duties also negatively impact clinician workload.

'It feels like mental health is the bottom of a barrel, and that newer operating theatres are prioritised over mental health. … everyone says "Isn't it terrible" but nothing ever changes. And that's why people don't feel like their work is valued.'

Aboriginal people working within mental health services are at a particularly high risk of fatigue and burn out, managing expectations to meet the workload of their professional role while also supporting the mental health needs of their community outside of work hours. Aboriginal people working in mental health services felt additional pressure and responsibility to provide education and support to non-Aboriginal colleagues to ensure services were culturally safe and secure.

Infrastructure

Staff are working in dated and unappealing work environments. Consultations reflected an opinion that resourcing for mental health was not prioritised in comparison to other areas of health. There is a need to invest in contemporary infrastructure to support a high level of mental health care. This again was reported to have a negative impact on the morale of the workforce, contributing to clinicians feeling undervalued.

Wellbeing and culture

Wellbeing supports

Burn out and fatigue was also attributed to a lack of supports available to employees. Disappointingly, staff feel their wellbeing is not prioritised, and that the supports available are only provided to 'tick a box'. Consultation revealed that staff feel there is little recognition of the vicarious trauma often experienced by the mental health workforce. Increased opportunities to debrief through reflective practice discussions, or provision of professional counselling services were favoured by staff.

'…. supporting staff wellbeing is a buzzword, it doesn't exist.

… We say help the help, and we got a box of Favourites every few weeks or so.'

'[We need to] improve culture – the mental health workforce is often subject to the same stigma as patients which makes working in the field challenging given the level of abuse, disrespect and neglect faced.'

Culture

Negative workplace culture is also impacting on the staff wellbeing. Secondary stigma and stereotypes were noted to be occasionally enforced by the non-mental health workforce. Within some mental health professions, the culture facilitated by senior staff also posed a barrier to career progression and development. Additionally, staff feel confidential mechanisms to report workplace misconduct and bullying are lacking. Consultations also revealed a belief that some mental health clinicians lacked empathy and compassion towards patients, often as a result of increased stress due to staff workload.

Leadership and governance

Leadership

Leadership within mental health services has slowly diminished over time. It is believed that organisational reporting structures, where mental health clinicians report to senior leadership with no experience in mental health settings, has created difficulties in advocating for the mental health workforce. Leadership development opportunities were felt to be limited. Staff with strong clinical capabilities were believed to be appointed to managerial positions with little assessment of their leadership skills, and this often contributed to a breakdown between clinicians and their line managers.

'…And if you want to grow your leaders, you've obviously got to identify them early and make sure that you don't throw them to the wolves early, that you provide them with opportunities.'

'It's a really complicated governance structure that I think makes it very, very hard to agree on a shared vision and everything descends from a shared vision in terms of how we might enact that vision.'

Governance

Changes to clinical governance and unclear system governance were raised as an issue impacting the mental health workforce throughout consultations. Consultation reflected a view that governance contributed to a lack of accountability of workforce planning and exacerbates a disconnect between policy staff and the clinicians working within mental health services. Consultations also indicated ongoing clinical governance restructures within mental health services had resulted in change fatigue and contributed to a negative staff culture and poor wellbeing.

Workforce data and planning

Consultations acknowledged that workforce planning is a weakness across the system. A lack of both operational and systemwide strategic workforce planning has contributed to a system overwhelmed by workforce shortages. Many existing workforce datasets are inconsistent, and a lack of agreed terminology is contributing to confusion about the existing establishments, vacancy and shortages, impacting the ability to identify the current workforce needs across the mental health system.

'I think it's a case of, we are just reactive, so there's been no planning and there's been no strategic workforce planning at all across any of the hospitals. There is no view of what is our talent pipeline? Where [are] our gaps?'

Collaboration and engagement

The need for the mental health workforce to collaborate and engage with other sectors, including the education sector, and the non-government sector was supported throughout consultations. In addition, there is a need to increase engagement with consumers and consumer advocates to inform workforce planning across all levels, both operationally (utilising existing hospital-based consumer networks) and through consistent and increased representation of consumers on system level workforce planning governance committees.

Part 3

Discussion

The themes identified throughout consultations reflect a workforce crisis. Blurring and diminishment of professional responsibilities, together with inconsistent workforce data and resourcing, has altered the ability of the system to sustain the workforce required to support service demand. A loss of professional identity, and uncertainty around professional scope and capabilities required to provide care has impacted the ability of the workforce to work efficiently as a team to support patient outcomes. Drawn out recruitment processes, provision of short employment contracts, and increased reliance on locum workforces has contributed to a lack of consistent care. Staff are fatigued from managing increasingly high workloads, with limited opportunities to access professional development, without support to care for their own wellbeing. Without strong leadership to navigate and overcome these challenges, these factors have resulted in negative workplace cultures that are unattractive to prospective employees.

Interdependencies between the themes identified are apparent. For example, strong leadership can significantly influence staff wellbeing and culture of the workforce. Likewise, providing ongoing training and development, and opportunities for clinicians to contribute their professional skills and expertise will support better patient outcomes, and subsequently provide more rewarding careers.

It is clear from the themes identified, that further work needs to be undertaken to resolve the existing issues, to prepare a foundation for change. The professional roles within the public mental health system need to be clarified, in order to maximise care provided within multidisciplinary settings. Simultaneously, a review of existing mental health position establishment is necessary to ensure accurate workforce data is available to inform workforce planning. Action is required to support the development of strong leadership in the mental health workforce.

A reinvigorated mental health leadership, with an understanding of current workforce roles and validated data, will be equipped to identify and document the professional skills and capabilities required to deliver a high standard of care. Engagement with training providers will enable the stigma and negative perception of working in mental health to be challenged and will support the attraction of newly qualified professionals to a range of careers, across a variety of mental health settings. The system needs to develop and provide opportunities to maximise the workforce through models of care that support the various professions to provide their expertise and knowledge.

A workforce that can contribute their profession-specific expertise and is provided opportunities to develop their professional careers within the public mental health system will become positively engaged in the workplace. Employees need to support the current workforce to manage caseloads and recognise and support the realities of vicarious trauma. Services need to invest in developing leaders at all levels across the mental health workforce to support ongoing mental health system improvements.

There were 5 priority areas for action proposed in response to the issues identified and outlined in Figure 3.

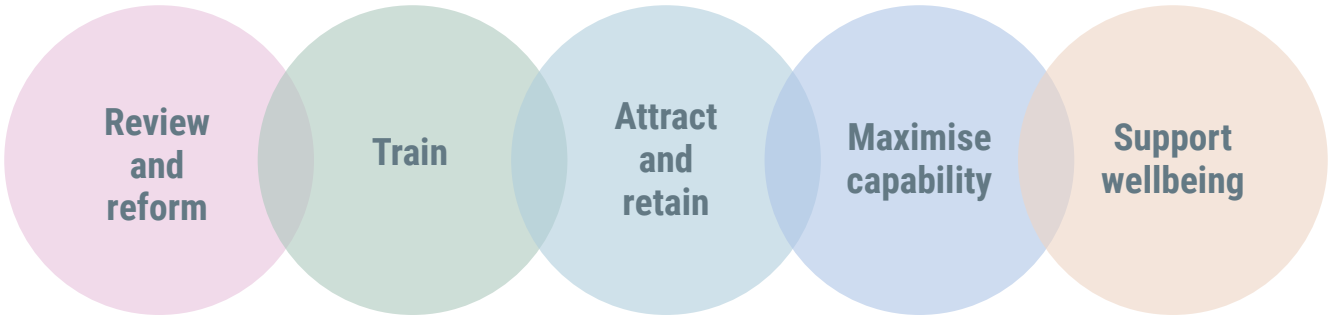


Figure 3: WA mental health workforce – priority areas for action

Specific actions for implementation, that align to these priority areas, are identified below.

Priority area – Review and reform

In order to support the sustainability of the mental health workforce and be proactive to support the changing needs of the WA population, action is required to review the current mental health workforce and establish a foundation for longer-term reform. This includes collating available workforce data, making consistent workforce data available across the system, undertaking a review of existing mental health position establishment reports, and developing procedures and guidelines to support and inform workforce planning at all levels of the system.

As acknowledged above, strong leadership is vital to successfully implement reform. To guide and support the above-mentioned reviews, and to facilitate lasting reform within the mental health workforce, the voice of mental health needs to be elevated equally across professions and within the executive leadership. Establishment of Class 1 positions for Executive Director Nursing– Mental Health and Executive Director of Allied Health – Mental Health at the Mental Health Commission, will ensure the nursing and allied health professions are represented and able to contribute clinical expertise to strategic planning and workforce policy development within the mental health sector.

A greater understanding and awareness of each professions scope of practice is a necessary precursor to identifying opportunities that support the mental health workforce to work to full scope. HSPs, supported by the CWL Unit, will be responsible for undertaking a review of the professional roles within their mental health workforce.

HSPs have initiated various projects aimed to review, map and establish a greater understanding of the mental health workforces within their services. This includes:

- functional review of Community Mental Health Services in the South West, led by the WA Country Health Service
- mapping medical establishment within the Mental Health Division of Royal Perth Bentley Group, led by East Metropolitan Health Service
- review of roles and responsibilities of mental health clinicians, as part of the South Metropolitan Health Service Mental Health Workforce Strategy.

Additionally, Health Support Services is leading the Human Resource Management Information System (HRMIS) Program, to build and implement a new application that streamlines manual HR processes, reduced manual processing and provides easier access to information regarding staff pay, leave and rosters. Delivery of the HRMIS is anticipated for June 2025.

Further information relating to these projects is captured within Appendix 3.

Review and reform actions	Leads	Horizon	Timeframe
Undertake review and remediate establishment data, and recruit to vacant positions	HSPs	1	6 months
Draft establishment reporting guidelines for workforce data	Department of Health – Clinical Excellence Division (CED) and Systemwide Classifications, and Health Support Services (HSS)	1	6 months
Establish ongoing reporting to the Mental Health Executive Committee on mental health workforce entries and exits	HSPs	1	6 months
Establish executive leadership positions for Class 1 Executive Director of Nursing (Mental Health) and Executive Director of Allied Health (Mental Health), with review after 12 months	Mental Health Commission (MHC)	1	3 months
Ensure all HSP Boards have specific mental health representation	Department of Health – Legal and Legislative Services (LLS)	1	Ongoing
Develop and publish Mental Health workforce dashboard	Department of Health – Clinical Workforce and Leadership (CWL) and Office of the Chief Medical Officer (OCMO)	1	Underway
Undertake review of current workforce roles	Department of Health – CWL and HSPs	1	6 months

Priority area – Train

To ensure the increased demand for mental health services is supported by high quality care, action is needed to develop the skills and capabilities of the current and future mental health workforce.

Several activities already underway should be expanded to support the training of mental health professionals. The Chief Nursing and Midwifery Office (CNMO) coordinates and supports GradConnect, a streamlined online recruitment system that provides opportunities for newly qualified nurses and midwives in WA. In 2021, the Director General endorsed a 6-month program to support additional mental health graduate nurses enter the system. Following successful implementation of this initiative throughout 2021, the CNMO will expand support for additional graduate placements to continue to provide greater opportunities for graduates to pursue careers in mental health.

The Registered Nurse Graduate Program (mental health), provides the opportunity for graduates to enrol in a Graduate Certificate of Mental Health Nursing. The CNMO supports this program by funding the cost of the first 2 units. The cost of the remaining course requirements to complete the Graduate Certificate is supported through the CNMO established scholarship program. The CNMO must prioritise contribution to Graduate Certificate in Mental Health Nursing, to ensure continued development of mental health professional skills.

As no equivalent program is currently offered for allied health graduates, a similar graduate program (mental health) is required to be established and supported by the Department of Health, to expand opportunities to continue the development of mental health professional skills for allied health graduates. Establishment of scholarship programs to support a wider range health professional to upskill in mental health is needed to remain competitive with private health providers who have recently establish their own scholarship programs to upskill their existing clinical workforces.

A number of WA education providers have begun expanding the number of postgraduate courses and qualifications available in mental health. Further information is available within Appendix 3. While some HSPs have initiated a partnership with education providers to integrate graduate pathways, further collaboration with education and training providers is required to strengthen student exposure to mental health settings and expand opportunities for graduates to develop capabilities and skills to become accomplished mental health professionals.

Train actions	Leads	Horizon	Timeframe
Increase graduate placements for mental health	HSPs	1	Underway
Contribute to funding higher degree postgraduate nursing education in mental health	Department of Health – CNMO	1	Underway
Facilitate structures to support student placements in mental health	Department of Health – CWL and HSPs	2	12 to 18 months
Contribute to funding higher degree postgraduate allied health education in mental health	Department of Health	2	12 to 18 months
Foster formal partnerships with the Education Sector to deliver mental health workforce capability	MHC (Executive Directors – Mental Health), and Department of Health – CED	2	12 to 18 months

Priority area – Attract and retain

The WA mental health workforce will need to increase capacity to address the increased demand.

A review of relevant awards and industrial agreements was considered in developing actions to increase the attraction and retention of the public mental health workforce. In WA, the Systemwide Industrial Relations Unit is responsible for managing WA health systemwide industrial relations on behalf of the Director General, pursuant to section 20 (1(f) of the *Health Services Act 2016*. It is important to note that consideration and implementation of changes to WA health systemwide industrial agreements and subsidiary agreements is subject to negotiation and agreement with relevant unions through established mechanisms and, therefore, a review of the relevant awards and agreements is not reflected within this Action Plan.

However, there is an opportunity to entice and retain the mental health workforce within the public health system by offering secure and stable employment. Existing relevant industrial instruments must be utilised to support the provision of employment contracts of a minimum 12 months. Further, existing relocation incentives will be expanded to provide further financial incentives to attract an interstate workforce into the WA public mental health system, by offering an additional $6000 for candidates entering employment in public mental health positions.

Through engagement with education providers, there is an opportunity to develop a marketing campaign, specifically tailored to senior high school students and recent high school graduates to consider furthering their education to pursue careers in mental health. The campaign will enable the stigmas and negative perception of working in mental health to be challenged, while demonstrating the breadth of career possibilities, including in allied health and nursing.

Some HSPs have developed localised strategies to attract and retain a mental health workforce within their health services. This includes:

- South Metropolitan Health Service have launched the local 'Mental Health Career Opportunities' campaign to highlight career opportunities and benefits of working with mental health within Fiona Stanley, Fremantle and Rockingham-Peel services.
- East Metropolitan Health Service, through the Talent Acquisition Team, have instigated several key strategic initiatives including streamlining and centralising recruitment processes and targeting interstate and international applicants

Further information relating to these initiatives is captured within Appendix 3.

Attract and retain actions	Leads	Horizon	Timeframe
Utilise industrial instruments to awards employment contracts of a minimum 12 months	Department of Health – CWL, HSS and HSPs	1	Underway
Expand relocation incentives for recruits that enter employment in a mental health position	Department of Health – CWL and HSS	1	Underway
Develop a marketing campaign to attract students to careers in mental health	Department of Health – CWL	2	12 months

Priority Area – Maximise capability

To support the optimal outcomes for consumers across a range of settings, the workforce will need to work to the top of their scope within contemporary multidisciplinary teams. Following the review of professional workforce roles, and the development of the mental health capability framework, models of care must be re-evaluated, to identify opportunities to support qualified professions specialisations to work to their full scope of practice.

Importantly, the workforce needs to understand the capabilities required to deliver a high standard of care. Following the review of workforce roles, the Mental Health Commission's Executive Director Nursing – Mental Health, Executive Director of Allied Health – Mental Health, and Chief Medical Officer – Mental Health, together with the Clinical Excellence Division, is required to develop a capability framework to outline the skills, knowledge and ways of working required both broadly across all professional roles, and specific to individual specialties, within the mental health workforce.

Multiple opportunities to support professional groups to work to full scope have previously identified and must be considered by HSPs to pilot within WA mental health services. For example, within nursing, use of assistants in nursing in mental health services to undertake lower skilled duties would enable enrolled nurses and registered nurses to undertake duties at the top of their scope. Similarly, work is already underway, and as outlined in the Mental Health – Medical Workforce Action Plan, to consider opportunities to upskill senior medical practitioners, service registrars, career medical officers and general practitioners to support the rural psychiatrist workforce.

The *Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in WA* highlighted the Nurse-Practitioner (NP)-led Mental Health Service Model as an alternative for people presenting to emergency departments experiencing episodes of mental-ill-health. A memorandum of understanding between the CNMO and WA Country Health Services has been executed to initiate a pilot program to implement the NP-led Mental Health Service Model. The pilot will run over 4, and will include NP candidates to assist in growing this professional workforce. Evaluations will be undertaken throughout the pilot to identify the effectiveness of the services model and the experience of candidates.

Aboriginal mental health workers perform a crucial role in ensuring that services are, and are perceived as being, culturally safe, appropriate, and trustworthy. As such, building the capability of Aboriginal mental health workers and improving pathways for Aboriginal people, will be critical for the mental health workforce. Aboriginal mental health workers are an entry point to a career pathway as an Aboriginal Health Practitioner. In partnership with the Aboriginal Health Directorate, the Office of the Chief Medical Officer is leading a project to define the role of Aboriginal health practitioners within the WA public health system. Following a robust consultation process, mental health was identified as a clinical setting in highest need of the Aboriginal Practitioner role. Establishing a role for Aboriginal health practitioners within mental health settings would also support development of career pathways for Aboriginal health officers willing to undertake additional training.

Opportunities to incorporate peer support workers into multidisciplinary teams should also be considered when piloting new workforce roles. Further information relating the Lived Experience (Peer) Workforce Project, led by the Mental Health Commission, is outlined in Appendix 1.

Maximise capability actions	Leads	Horizon	Timeframe
Develop a systemwide mental health capability framework	MHC (Executive Directors - Mental Health) with support from Department of Health – CED	2	12 to 18 months
Identify alternative, evidence-based workforce models that support multidisciplinary care	MHC	2	12 to 24 months
Pilot new workforce roles to support changes in models of care	HSPs + Department of Health – CWL	3	12 to 24 months

Priority area – Support wellbeing

The mental health workforce in WA needs to be better supported, with efforts focused towards addressing the issues impacting the workforce retention. Action is required to support the wellbeing of the workforce, adjust the workplace culture, support leadership to elevate the voice of the workforce and promote the development of strong clinical leaders within the mental health workforce.

In 2019, the Minister for Health launched the 'Your Voice in Health' survey, to provide a platform for employees to share their opinions about their workplace and ensure the WA health system is an employer of choice. The results of the 2019, 2020 and 2021 surveys provide valuable insights for improving the health system for patients, employees and community. HSPs are operationally responsible for the workforce they employ to deliver mental health services and have committed to responding to survey results to ensure support is provided to particular areas where improvement is necessary. Additionally, several supports are already consistently available to staff across the HSPs, including access to free counselling services available through the Employee Assistance Program. Despite this, HSPs need to undertake further steps to address and support the wellbeing needs of their mental health staff.

At a system level, leadership of the mental health workforce needs to be developed and supported to facilitate long-term change. The Institute for Health Leadership (IHL), within the CWL unit works across the Department of Health, HSPs and external agencies to identify opportunities to build leadership capacity and capability in alignment with strategy system goals. IHL supports a variety of programs, courses and opportunities for leadership development. To support the development of leadership capabilities within the mental health workforce, positions for leadership courses offered by IHL must be quarantined and prioritised for clinicians working within mental health services.

Support wellbeing actions	Leads	Horizon	Timeframe
Quarantine positions in leadership and training for those working in mental health	Department of Health – CWL	2	12 to 24 months

MHCW Action Plan Summary

The following table summarises actions to support the mental health workforce. A diagram of the implementation of actions across Horizons 1 to 4 is available in Appendix Four.

Action	Leads	Horizon	Timeframe
Review and reform			
Undertake review and remediate establishment data, and recruit to vacant positions	HSPs	1	6 months
Draft establishment reporting guidelines for workforce data	Department of Health – Clinical Excellence Division (CED and Systemwide Classifications, and Health Support Services (HSS)	1	6 months
Establish ongoing reporting to the Mental Health Executive Committee on mental health workforce entries and exits	HSPs	1	6 months
Establish positions for Class 1 Executive Director of Nursing (mental health) and Executive Director of Allied Health (Mental Health)	Mental Health Commission (MHC)	1	3 months
Ensure all HSP Boards have specific mental health representation	Department of Health – Legal and Legislative Services (LLS)	1	Ongoing
Develop and publish mental health workforce dashboard	Department of Health – Clinical Workforce and Leadership (CWL) and Office of the Chief Medical Officer (OCMO)	1	Underway
Undertake review of current workforce roles	Department of Health – CWL and HSPs	1	6 months

Train			
Increase graduate placements for mental health	HSPs	1	Underway
Contribute to funding higher degree post-graduation nursing education in mental health	Department of Health – CNMO	1	Underway
Facilitate structures to support student placements in mental health	Department of Health – CWL and HSPs	2	12 to 18 months
Contribute to funding higher degree post-graduation allied health education in mental health	Department of Health	2	12 to 18 months
Foster formal partnerships with the education sector to deliver mental health workforce capability	MHC (Executive Directors – Mental Health), and Department of Health – CED	2	12 to 18 months
Attract and retain			
Utilise industrial instruments to awards employment contracts of a minimum 12 months	Department of Health – CWL, HSS and HSPs	1	Underway
Expand relocation incentives for recruits that enter employment in a mental health position	Department of Health – CWL and HSS	1	Underway
Develop a marketing campaign to attract students to careers in mental health	Department of Health – CWL	2	12 months

Maximise capability			
Develop a systemwide mental health capability framework	MHC (Executive Directors – Mental Health) with support from Department of Health – CED	2	12 to 18 months
Identify alternative, evidence-based workforce models that support multidisciplinary care	MHC	2	12 to 24 months
Pilot new workforce roles to support changes in models of care	HSPs + Department of Health – CWL	3	24 to 36 months
Support wellbeing			
Quarantine positions in leadership and training for those working in mental health	Department of Health – CWL	2	12 to 24 months

Implementation, monitoring and evaluation

Actions are to be implemented across 3 horizons. Horizon 1 indicates actions to be implemented as a priority within the first 6 months, following the release of the MHCW Action Plan. Actions specified in Horizon 2 indicate medium-term actions that will be implemented between 6 to 18 months following the release of the MHCW Action Plan, and actions outlined in Horizon 3 indicate longer-term actions for implementation within the 18 to 36 months following release of the MHCW Action Plan.

Implementation of each action will be led by stakeholders across the Department of Health, Mental Health Commission and HSPs. A detailed implementation plan for Horizon 1 actions is currently in development and will be finalised subsequent to endorsement and publication of the MHCW Action Plan. Separate implementation plans will be developed to support implementation of actions under Horizon 2 and 3.

Evaluation of actions will occur at the end of each Horizon and inform development and refinement of the implementation plans for actions in subsequent horizons. Regular updates will be provided as workforce reforms are delivered. Significant milestones will be shared via media releases, and the Department of Health website and intranet, as well as through emails direct to key partners and stakeholders. The oversight and monitoring of program implementation will be undertaken by the Mental Health Workforce Planning Project – Program Control Group, reporting to the Minister for Mental Health via the Mental Health Executive Committee.

Conclusion

The MHCW Action Plan aims to identify opportunities to increase the capacity, capability and sustainability of the mental health wokforce in WA to support the expansion of mental health services. The MHCW Action Plan aligns with existing reform priorities, including the recently released ICA Taskforce Final Report, and will support the service reforms underway, including the Graylands Reconfiguration Taskforce review. In the course of developing the MHCW Action Plan, clear and consistent themes emerged, highlighting areas that need to be prioritised for action, including to review and reform, train, attract and retain, maximise and support the mental health workforce. The Department of Health, in partnership with the Mental Health Commission and the HSPs, will implement these actions to ensure a workforce that is able to deliver the highest quality of care to the people of Western Australia now and into the future.

Appendix 1

Alignment of Mental Health Workforce Planning Project (MHWPP) with WA strategic documents and reform projects under development is outlined in the table below. A summary of these documents is also provided.

Strategic document or project	Component and/or recommendation	Alignment with MHWPP	Alignment with other WA strategic documents
Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (Plan Update 2018)	Outlines a number of systemwide reform initiatives to support the transformation of mental health and AOD service system, including workforce initiatives (such as the Workforce Strategic Framework, growth of the peer workforce, and expansion of frontline training).	MHWPP algins with the priorities of the plan update and the subsequently released Workforce Strategic Framework.	Document sets the strategic direction for mental health and AOD sector in WA.
WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024	Sector development: • critical skills shortage • contemporary patient care • partnerships • safety and support for staff.	The state priorities recognises that the people who work in mental health will provide greater quality of person-centred care if they are provided with essential training, education and supports. The MHWPP priorities actions to support the training of the mental health workforce.	*Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (Plan Update 2018)*

Strategic document or project	Component and/or recommendation	Alignment with MHWPP	Alignment with other WA strategic documents
Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020–2025	Priority areas: 1. support current and future workforce to deliver high quality programs 2. ensure specialist workforce is adequately configured and supported 5. improve workforce data collection and continually monitor and evaluate workforce data to enable effective planning and activity development.	Under Appendix E, the workforce strategic Framework suggests the Department of Health, as System Manager, develop a detailed workforce implantation plan in partnership with HSPs and the MHC, to provide direction and support for the mental health workforce. The Mental Health Clinical Workforce Action Plan (MHCW Action Plan) addresses this suggestion.	*Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (Plan Update 2018)* *WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024*
Sustainable Health Review	Strategy 2: Recommendations 6 and 7 Strategy 7: Recommendations 25	The SHR recognises that the system to date has been slow to adapt to address the growing community demand, and that services remained siloed. These themes were evidenced across the MHCW Action Plan, which also recognises that whole WA mental health system requires sustained, holistic and transformational reform. The SHR acknowledges the need to implement contemporary workforce roles and scope of practice where proven record to support health outcomes. The MHCW Action Plan, recognising new models of care are required to support mental health professions to work to full scope of practice, proposed actions to review professional roles and develop a clinical capabilities framework to enable opportunities to identify and implement new models of care.	Document provides recommendations to prioritise the delivery of patient-centred, high quality and financially sustainable health care across WA.

Strategic document or project	Component and/or recommendation	Alignment with MHWPP	Alignment with other WA strategic documents
Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce)	Key action 5: Recommendations 18, 21, 22 Key action 6: Recommendations 23, 24, 25	Through key action 5, the taskforce has recognised the need to support a workforce to operate to its full potential. This is true of the whole mental health workforce and aligns to the themes heard through phase 1 consultations. The MHCW Action Plan provides for actions to support training and to maximise the workforce, following review and reform of the workforce professional roles and development of a clinical capability framework. Similarly, key action 6 calls for action to grow and sustain the capacity of the ICA mental health workforce. This is again reflective of the needs of the whole mental health workforce. Actions to prioritise the attraction and retention of the mental health workforce are outlined in the MHCW Action Plan, including through provision of longer-term employment contracts and relocation incentives.	*WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024*
The Graylands Reconfiguration and Forensic Taskforce	In development	The taskforce will need to consider the impact on the mental health workforce to ensure it adequately supports the expansion of beds, as well as community services, in the state.	*WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024*

Strategic document or project	Component and/or recommendation	Alignment with MHWPP	Alignment with other WA strategic documents
Lived Experience (Peer) Workforce Project	In development	The mental health workforce will need to have capacity and capability to support integration of the lived experience (peer) workforce into patient care.	*WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024* *Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020–2025* *Ministerials Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce) Key Action 5: Recommendations 19*
The WA Mental Health Medical Workforce Five-Year Action Plan 2022–2027	All	The medical mental health workforce is a vital component of the broader, interprofessional mental health workforce. Implementation of the Medical Workforce Action Plan is led by the Office of the Chief Medical Officer, with oversight provided through MHWPP governance structures.	*WA Mental Health Clinical Workforce Action Plan*

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the services plan)[7]

The services plan sets the 10-year strategic direction for the mental health and alcohol and other drug (AOD) sector and outlines the systemwide reforms required to support its implementation.

The services plan details the optimal mix and level of mental health and AOD services required to meet the needs of Western Australians over a 10-year period.[8]

It identified that reform of the mental health workforce was essential to ensure that the required, suitably skilled workforce is available to deliver the services, programs and initiatives identified within the services plan.

WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024 (State priorities)[9]

State priorities identifies the immediate priorities for action by the State Government to reform and improve the mental health and AOD sector over 4 years to 2024.

The 6 priority areas identified to balance the system and work towards a world-class mental health and AOD system are:

1. Prevention
2. Community support
3. Community accommodation
4. Treatment services
5. Sector development
6. System supports and processes.

The sector development priority area recognises that a large proportion of the mental health and AOD workforce are employed by public HSPs, and that for an effective system to provide quality patient care, staff should be provided with essential training, education and supports. The State priorities acknowledges that a well-coordinated, high quality workforce will enable development and delivery of individualised and responsive services.

Several key projects to support sector development, specific to mental health and AOD workforce, include:

- initiatives of the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020–2025* (outlined below)
- the development of the Aboriginal Workforce Development – Cultural Government Framework Implementation, led by the WA Country Health Service, and
- introduction of an Aboriginal Liaison Office position in the Child and Adolescent Mental Health Service (CAMHS).

[7] Western Australian Mental Health, Alcohol and Oher Drug Services Plan 2015-2025. Accessed 06 April 2022

[8] The Plan estimates resources to service people with a severe mental illness only, and for people with mild, moderate and severe AOD problems. It is considered that people with a moderate or mild mental illness will be treated in primary care, and that people with AOD problems are primarily seen in publicly funded services.

[9] WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024. Accessed 06 April 2022

Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020–2025 (the Workforce Strategic Framework)[10]

The Mental Health Commission released the Workforce Strategic Framework in October 2020. It aims to guide the growth and development of qualified and skilled workforce to deliver quality mental health and AOD services and programs for the WA community.

The Mental Health Commission, in consultation with sector peak bodies and consumer organisations, developed a package of released initiatives to support the implementation of the Workforce Strategic Framework.

Initiatives focus on:

- Aboriginal workforce development
- Lived Experience (peer) workforce capacity building
- mental health and AOD sector capacity building
- expansion of training to support the provision of trauma-informed care and practice in Western Australia.

A second package of initiatives have recently been approved. These initiatives build on the outcomes achieved through the released initiatives.

Sustainable Health Review[11]

The *Sustainable Health Review Final Report*, published in April 2019, provides 8 enduring strategies and 30 recommendations which seek to drive cultural and behavioural shifts across the WA health system. The report recognised mental health as one of the most critical issues to be addressed to meet sustainability objectives, noting that the entire mental health system requires sustained, holistic transformation.

Strategy 2 provided several recommendations specific to the investment in mental health services and implementation of models of care to support service provisions in appropriate settings. The Mental Health Commission, and the WA public health system (through East Metropolitan Health Service) have partnered to lead the implementation of projects to address recommendation 6 and 7 of the *Sustainable Health Review Final Report*.

Strategy 7 acknowledges the importance of culture and workforce reform in supporting new models of care to deliver services that focus on the needs of the population. Specifically, recommendation 25 outlines the need to 'implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability'. Collectively, the Chief officers within the Department of Health Clinical Excellence Division are responsible for implementing initiatives to address recommendation 25.

Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce)[12]

The ICA Taskforce was launched in March 2021, to provide recommended actions and a costed implementation plan aimed at achieving better mental health outcomes for children aged 0 to 18 in WA. The final report, released in March 2022, provides 32 recommendations across 8 Key Actions. Two key actions in particular are in strong alignment with the objectives of the MHWPP.

[10] Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025. 2020. Accessed 06 April 2022

[11] Sustainable Health Review Final Report to Government. 2019. Accessed 06 April 2022.

[12] Final Report – Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA. March 2022. Accessed 06 April 2022.

Key action 05 calls for further investment in the capability and wellbeing of the ICA mental health workforce, with recommendations to:

- implement training and development opportunities that maximise and grow the capabilities of the ICA mental health workforce
- establish clear roles, capabilities and career pathways for peer workers
- establish clear roles, capabilities and career pathways for Aboriginal mental health workers
- increase overall capability of the ICA mental health workforce to appropriately support the diversity of all children across WA
- ensure staff feel safe, valued and connected across the ICA mental health system.
- Key action 06 advocates for growing sustainability of the ICA mental health workforce to better meet needs, with recommendations to:
- invest immediately in the core capacity of the workforce, especially for services in regional and remote WA
- grow and sustain the pipeline of the ICA workforce to meet needs
- increase the capacity, flexibility and diversity of the ICA mental health workforce.

The WA Government is fully committed to implementing all recommendations of the final report.

Many actions of the MHCW Action Plan articulate solutions that align to the recommendations of the key actions above and apply to the broader mental health workforce.

The Graylands Reconfiguration and Forensic Taskforce (GRAFT)

The GRAFT was officially appointed in January 2021 to undertake detailed planning for the decommissioning and reconfiguration of mental health services and progression of divestment activities at the Graylands hospital site, forensic services, and the nearby Selby Older Adult Mental Health Service.

Demand modelling for the statewide forensic mental health services and specialised adult mental health services (non-forensic) has been undertaken as part of the proposed accommodation concept for future mental health services. The demand modelling was used to inform an Application for Concept Approval (ACA) presented for consideration by Government in October 2021, as part of the 2022–23 State Budget.

As part of this work, the GRAFT will need to consider the impact on the mental health workforce to ensure it adequately supports the expansion of beds, as well as community services, in the state.

Lived Experience (peer) workforce project

The Mental Health Commission, in partnership with key sector stakeholders, is undertaking the Lived Experience (Peer) Workforce Project. The project aims to guide the development of a thriving statewide consumer, family and carer Lived Experience (peer) workforce across mental health sectors through development of a Framework and accompanying strategies to build capacity of the workforce, specific to the WA context.

An objective of the project is to demonstrate how a peer workforce can best be incorporated into prevention, support and treatment teams to ensure the peer worker is viewed as a highly skills, legitimate, unique, supported and valued profession. The MHWPP will consider the opportunities presented to meet this objective, including identified models of care that support integration of peer workers into public mental health services.

The WA Mental Health Medical Workforce Five-Year Action Plan 2022–2027 (Mental health – medical workforce plan)

The mental health – medical workforce plan, developed by the Office of the Chief Medical Officer (OCMO), was released in early 2022 to address the critical shortages in the psychiatry workforce in Western Australia (WA) by increasing access to skilled medical workforce mental health practitioners throughout the WA community.

The mental health – medical workforce plan is reflective of the priorities in the MHCW Action Plan, while providing specific actions to address the needs of the medical workforce. Implementation of the mental health – medical workforce plan is led by the Office of the Chief Medical Officer, with oversight provided by the MHWPP governance.

The Mental Health Commission is currently leading the development of the roadmap. The purpose of the roadmap is to provide a clear vision for public community mental health treatment and mental health emergency response services that will best meet the needs of people in Western Australia of all ages who require specialist community mental health care and/or emergency mental health care. It is anticipated that the roadmap will be completed by August 2022.

Appendix 2

The following provides a detailed outline of the project governance and methodology adopted to undertake the development of the Mental Health Clinical Workforce Action Plan (MHCW Action Plan).

Project governance

Mental Health Workforce Planning Project Program Control Group (MHWPP-PCG) was established to provide direction, guidance and support towards the development of the MHCW Action Plan. Chaired by the Assistant Director General – Clinical Excellence Division, the MHWPP-PCG comprises key internal stakeholders in addition to representatives from the Mental Health Commission, Office of the Chief Psychiatrist and consumer and carer representatives.

The Mental Health Executive Committee (MHEC) is responsible for endorsement of the MHCW Action Plan. Regular briefings on the progress of the MHWPP have been provided to the MHEC, and the associated Mental Health Leads Sub Committee, since project establishment.

Project methodology

The MHWPP adopted a mixed-methods approach to draw on potential strengths of both qualitative and quantitative methods. The mixed-method approach enabled exploration of diverse perspectives and the determination of relationships that exist between the layers of multifaceted research questions, such as those proposed in the objectives of the MHWPP.

The mixed-methods approach for the MHWPP consisted of:

- initial interviews with key mental health workforce stakeholders utilising a semi-structured approach
- online surveys for a wide range of stakeholders (including clinicians, education providers, professional bodies, consumers, and carers) consisting of dichotomous (for example, 'yes or no') questions, multiple choice questions and free text responses
- follow up face-to-face interviews with key stakeholders within the Clinical Excellence Division, with semi-structured interviews designed to further explore identified interview themes
- written feedback from key stakeholders via template response.

Phase 1 consultation

The phase 1 consultation period began on 21 February 2022 and ended on 25 March 2022.

Initial interviews

Interviews were conducted via Microsoft Teams (apart from 2 face-to-face interviews) with Chiefs from within Clinical Excellence Division, nominated Health Service Provider (HSP) representatives, representatives from the Mental Health Commission, the Chief Psychiatrist, Chief Mental Health Advocate, and representatives from consumer advocacy, primary care and Aboriginal health organisations. Interview PowerPoint slides were developed to introduce the project objectives, progress to date, and facilitate semi-structured interviews. The PowerPoint slides were developed to elicit respondents' experiences regarding perceived issues and experiences impacting the mental health workforce and opportunities for improvement, both within their represented professions (where relevant) and the workforce more generally.

Interviews were conducted by 3 members of the MHWPP team, 2 leading the interview, with a third team member in attendance to take notes. Consent to record the interviews was obtained from respondents, and immediately post-interview, an autogenerated transcription was reviewed, corrected (where necessary) and deidentified by removing any mentions of names.

Survey

An initial 12-question survey was constructed and hosted on Citizen Space, designed to gather information from a wide range of stakeholders regarding:

- strengths of the mental health workforce in WA
- opportunities to improve and support the mental health workforce in WA
- response to the 4 proposed focus areas
- general comments in response to the focus areas.

Only dichotomous questions were mandatory, with options to provide free text to elaborate on these responses. A letter was sent by the Assistant Director General (ADG), Clinical Excellence on 4 March 2022 to a range of stakeholders including service providers, education providers, professional bodies, consumer and advocacy organisations, outlining the purpose of the survey and seeking support to circulate the survey link to their networks.

When the survey closed on 25 March, 236 responses had been received. Most responses were received from people who worked within mental health (67.8 per cent) and identified as providing mental health clinical care (58.05 per cent) or non-clinical mental health care or support (8.90 per cent).

Analysis

Analysis of qualitative data commenced immediately post transcription of the first interview to track and identify the point of thematic saturation. Analysis of quantitative data commenced upon the closing of the survey in order to identify overall trends. Data analysis continued for a further 5 days post the data collection period, ending 1 April 2022.

For the initial interviews, inductive coding was the chosen approach to analysis as it allows research findings to emerge from the frequent, dominant or significant themes inherent in raw data. The inductive coding process involved:

- an initial close reading of transcripts to familiarise the coders with the content
- breaking down excerpts into sentences and short paragraphs (text segments)
- assigning numerical value to the frequency each text segment or similar identified key points were raised
- ongoing refinement and prioritisation of themes until a small number (3 to 8) of key themes emerge, and no new themes emerge from incoming data (thematic saturation).

For the survey, answers to free text questions were analysed thematically utilising the same process outlined for the initial interviews above.

Follow-up interviews

Follow-up interviews were conducted face-to-face with key internal stakeholders, including the Chief Nursing and Midwifery Officer, Chief Allied Health Officer and Chief Medical Officer. Interview guides were developed to support semi-structured interviews and elicit respondents to indicate the validity of the themes identified through analysis of survey data. Interview guides also prompted respondents to clarify or expand on key components identified through the transcripts of the initial interviews.

Follow-up interviews were conducted by 2 members of the project team who had not been involved in conducting the initial interviews, to remove potential bias when eliciting responses from the subjects. In all instances, interview subjects supported the identified themes.

Phase 2 consultation

The phase 2 consultation period began on 18 May and ended on 3 June 2022.

Written feedback

Written feedback in response to the draft MHCW Action Plan was sought from key internal stakeholders, including the Chief Nursing and Midwifery Officer, Chief Allied Health Officer and Chief Medical Officer, and representatives from the Mental Health Commission, and the Chief Psychiatrist. Feedback templates were developed to summarise the outcome of phase 1 consultation, the processes undertaken to develop the draft MHCW Action Plan, and introduce the purpose of phase 2 consultations. Templates proposed a series of 5 questions in relation to the draft MHCW Action Plan for response, regarding accuracy in capturing the issues impacting the workforce, support for the draft document, barriers to implementing the actions, activities planned or underway, or any additional feedback.

Written feedback was submitted by the Chief Nursing and Midwifery Officer, Chief Allied Health Officer, Chief Medical Officer, using the template provided. Additional written feedback was also submitted by the Department of Health's Aboriginal Health Policy Unit, and the Aboriginal Health Council WA via email.

Survey

A 19-question survey was constructed and hosted on Citizen Space, designed to gather information from a wide range of stakeholders regarding:

- support for the actions proposed to achieve the aims of the MHWPP
- perceived barriers to implementing the proposed actions
- any additional activities planned or underway that align to the aims of the MHWPP.

Only dichotomous questions were mandatory, with options to provide free text to elaborate on these responses. A letter was sent by the Assistant Director General (ADG), Clinical Excellence on 17 May 2022 to invite nominated HSPs, education providers, professional bodies, consumer and advocacy organisations, to participate in the survey.

When the survey closed on 3 June, 91 responses had been received. Most responses were submitted by individuals (84.6 per cent), with a smaller proportion of responses submitted on behalf of an organisation (15.4 per cent).

Support for the actions within each priority area in the MHCW Action Plan was as follows:

- 79.1% for Review and reform
- 80.2% for Train
- 76.9% for Attract and retain
- 79.1% for Maximise
- 82.4% for Support.

Analysis

The written feedback was collated and grouped according to responses to each question. The feedback was reviewed and assessed as to whether it should be accepted or rejected. Feedback was rejected if it was already reflected in the MHCW Action Plan, if it will be addressed during implementation or has been addressed elsewhere (e.g., in previous policy or reports). Amendments were made to the draft MHCW Action Plan to address feedback that was deemed relevant.

Analysis of the survey data began 4 days before the survey closed and concluded on 10 June 2022. Answers to free text questions were analysed thematically utilising the same process outlined in phase 1. The qualitative data for each MHCW Action Plan priority area was sorted into excerpts within each priority area, which were then further grouped into overarching themes. A summary of the themes commonly raised for each priority area is outlined in the table below.

Priority area	Theme	Survey feedback
Review and reform	Workforce	Workforce shortages and capacity constraints were re-iterated as key issues impacting mental health service delivery. Respondents noted that frontline staff needs should be met and that the distribution of staff and resources across Health Service Providers (HSPs) should be equitable.
	Governance, leadership, management	The actions within the priority area were perceived to be a 'top heavy' approach. Respondents expressed that Department of Health support towards HSPs is lacking and management is failing to meet the needs of staff.
	Action plan	Respondents felt that the actions presented were either too bureaucratic or in need of further detail and clarification.
Train	Training and supervision	Training is perceived to be important across all mental health professions. A number of barriers and enablers were identified, which largely centred on workforce supply and capacity constraints.
	Workforce	Workforce supply and capacity constraints are barriers to undertaking and providing training opportunities. Increased staff support was identified as a key enabler to improving training rates and outcomes.
	Graduates and placements	Improving placement opportunities for students is required, so that they are exposed to different workplace settings.
Attract and retain	Professional development and training	Students should be provided with more placement opportunities. Staff also require improved professional development and training opportunities and pathways.
	Support, conditions, workload	Respondents indicated that staff generally feel under-supported, and experience inadequate working conditions and unsustainable workloads.
	Contracts, wages, permanency	The '12-month contracts' discussed in the Action Plan was raised as an area of concern or needing further justification. Respondents also felt that wages should be increased, and that the lack of permanent positions needs to be addressed.

Priority area	Theme	Survey feedback
Maximise capability	Workforce	The need to address workforce shortages was reiterated, with some highlighting the need for a trained and experienced workforce.
	Change and innovation	Respondents felt that resistance to change maybe be a barrier across different workforce levels. Some respondents felt that changes need to be made to current practice (for example, moving away from the medical model of care in mental health).
	Action plan	Respondents felt that further clarification and detail was needed on the actions presented.
Support wellbeing	Workforce	Workforce shortages should be addressed. Pathways to permanency was identified as a key gap. Experienced and trained staff should be recruited.
	Leadership	Respondents identified a need for strong, supportive leadership.
	System change and support	There is a need for system-level changes. However, appropriate leadership, infrastructure and staff support will need to be in place.
	Action plan	Respondents felt that further clarification and detail was needed on the actions presented.

Additional activities planned or underway at the point of data collection, that were reported during the phase 2 consultations, were collated into a table (see below). The activities were reviewed, duplicates and irrelevant activities were removed. Where further clarification or detail was required in the activity, research was undertaken to fill in the gaps.

Appendix 3

A number of activities planned or underway have been identified to align with the aims of the Mental Health Clinical Workforce Action Plan. These are summarised below.

Additional activities – Individual responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
1	Review and reform	Western Australia Country Health Service – South West	Functional Review of Community Mental Health Services in South West	• Identify if there is a need for further early intervention response, assessment, and treatment outreach models to provide immediate assistance to people experiencing a mental health crisis in the community, including through telehealth. • Further development, evaluation and spread of models to allow people with mental health, alcohol and other drug presentations to move out of emergency departments and access the right care as early as possible. • Assist to develop a service model that incorporates all community mental health programs located in South West Mental Health to improve across all programs, non-government agencies and key regional stakeholders. • Balance capacity and demand and improve consumer mental health outcomes. • Review and reform the existing organisational structure to develop a collaborative approach to improve models of care that focus on patient centred and safe care to the south west community. • Improved service delivery from an efficiency and quality perspective with service coordination across the whole of the south west.	2022–23 financial year

Additional activities – Individual responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
2	Review and reform	Royal Perth Bentley Group (RPBG)	Mapping medical establishment within the Mental Health Division of RPBG	• Project commenced January 2022 with the aim of capturing current medical workforce across all levels of seniority. • Initial findings notable for heavy reliance on locums in consultant and registrar space and no clear alignment of FTE/budget with reliance on historical data and 'piggybacking' of positions. Very little capacity for leave relief and admin time. • Current situation - to develop 'heads of department' and this will progress with the recent appointment of a Medical Co-Director. • Next steps to review new services coming on board and overview of current consultant work plans and models of care.	Ongoing throughout 2022
3	Review and reform	Health Support Services	HR Management Information System (HRIMS)	The HRMIS Program is a project being delivered by Health Support Services (HSS). HSS is working with Deloitte Australia and the WA health system to design, build and implement the new system. HSS has also entered into a licensing agreement with SAP Australia for access to contemporary HR, payroll and rostering software applications. The new HRMIS aims to streamline HR processes, reduce manual processing and provide easier access to information for staff about their pay, leave and rosters. Work is being done at NHMS to align FTE to services within affordability.	February 2022 to June 2025
4	Train	North Metropolitan Health Service	Centre for Clinical Interventions (CCI) – Training in Evidence-Based Psychological Interventions	The CCI offers a series of clinically relevant workshops for health professionals in evidence-based treatment for a number of mental disorders. The workshops are facilitated by clinical psychologists and, are usually held face-to-face. They are designed to equip participants with the knowledge and skills to implement evidence-based treatments for a range of mental health problems.	Ongoing

Additional activities – Individual responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
5	Train	Royal Perth Hospital	Pain Management Health Practitioner Education Strategy Project	The Australian Government funded the National Pain Management Health Practitioner Education Strategy Project to support goal 3 of the National Strategic Action Plan for Pain Management 2019. The project aims to develop a strategic approach to promote evidence-based pain management education across health practitioner disciplines, through undergraduate, postgraduate and continuing education. Included is an interdisciplinary training approach for biopsychosocial pain care that includes physical and mental health care.	2021 - Ongoing
6	Train	Armadale Hospital (East Metropolitan Health Service)	Occupational Therapy (OT) Student Placements	Within the OT team, at least 2 placement opportunities with an 8 week duration each are provided to OT students. This year Armadale is taking total 3 OT students and 1 Allied Health student. The aim is, by end of placement, for OT students to be able to independently perform 1:1 assessments and to run various groups, for instance, mood management skills groups.	Ongoing
7	Train	Royal Perth Bentley Group	Recommencement of Training Activities at Bentley Health Service (BHS)	• Overview of trainee positions in Mental Health Division at Royal Perth Bentley Group (RPBG) • Liaison with WA Jurisdiction and to ascertain local and regional trends and challenges • Assessment of why 50 per cent of positions are vacant at RPBG • Liaison with consultants and new co-director • Leading to overview of training and collaboration across sites	2022 - Ongoing

Additional activities – Individual responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
8	Train	Edith Cowan University (ECU)	Post-graduate Mental Health Courses	1. ECU currently runs a Graduate Certificate in Mental Health – offered to all health professionals 2. ECU is currently working on Graduate Diploma in Mental Health - to be offered to all health professionals 3. ECU School of Nursing and Midwifery has a Master of Clinical Nursing (Mental Health Stream) - offered to registered nurses. 4. ECU runs core mental health units in the undergraduate and graduate entry master's programs in nursing.	All training activities are currently running
9	Train	North Metropolitan Health Service - Mental Health, Public Health and Dental Services	Mental Health Preceptor Training	Mental Health Preceptor Training session are run at Graylands Hospital. A one-day session including expectations of newly qualified clinicians, the role of preceptorship, application of adult learning principles, identifying learning opportunities, skills development in giving feedback. Managers can nominate staff by emailing MHPHDS Staff Development. Alternatively, staff can self-nominate with their managers approval.	Ongoing
10	Train	Edith Cowan University (ECU)	Edith Cowan University's Master of Counselling course	Edith Cowan University has a new, fully accredited, Master of Counselling program. The first cohort of students will be completing their professional field placement in July 2022, with subsequent cohorts entering this final phase of the course every 8 weeks thereafter. These students would then enter the field as fully trained, capable, accredited mental health practitioners. The course has been accredited by the Australian Counselling Association and provides students with the tools to work with individuals and communities through the emphasis of cultural awareness and person-centred approaches.	July 2022 - Ongoing

Additional activities – Individual responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
11	Train	Perth Psychological Services	Training of clinical psychology masters students and registrars	The objective of the training is to produce competent clinical psychologists through placement in a clinical psychology practice and provision of supervised practice and professional mentoring.	Ongoing
12	Maximise capability	North Metropolitan Health Service	Partnered Charting	The Partnered Charting Pharmacist Program involves medication charting performed by pharmacists as part of the admission process and following MDT consultations. • Partnered charting is the model of care where a Partnered Charting Pharmacist (PCP) and a Medical Officer (MO) team up to review patients. The MO refers the patient to the PCP and hands over the treatment plan. • The PCP then: 1. Completes a medication history and management plan (MHMP) 2. Charts the patient's regular medications 3. Charts any medications requested by the MO 4. Withholds or adjusts doses as appropriate and discussed with the MO 5. Provides clinical handover of the plan and medication charts to nursing staff	Piloted at SCGH 2020 to 2021 Trailed at PCH 2022 – Ongoing
13	Support wellbeing	Western Australia Country Health Service	Local or Regional L&D Coordinator for Mental Health Services	Currently creating an expression of interest and JDF to advertise for a L&D coordinator facilitating engaging and optimising junior workforce and entry level positions within community mental health services.	August 2022
14	Support wellbeing	Perth Psychological Services	Professional Supervision	Experienced clinical psychologists provide professional supervision for counsellors working with young people and clients with alcohol and other drug use problems.	Ongoing

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
15	Review and reform	South Metropolitan Health Service (SMHS)	SMHS Mental Health Workforce Strategy – develop a sustainable workforce model	• SMHS is conducting a review of roles and responsibilities of mental health clinicians in order to develop alternative, more sustainable mental health workforce models.	TBD
16	Review and reform	Speech Pathology Australia	Speech Pathology Workforce Mapping Project	This project has been completed, with mapping conducted in each state and territory. However, the results are still being analysed, and therefore, it is not yet publicly available. Preliminary results suggest that there is a workforce shortage of speech pathologists to fill positions across Australia.	End of 2022, beginning of 2023
17	Review and reform	East Metropolitan Health Service	• Review of medical workforce to update and define establishment. • Review to determine barriers to attract and retain a sustainable mental health workforce to be progressed in July 2022. • HRMIS cleanse of Establishment.	• Document completed which captures current medical workforce across Mental Health Division at RPBG (will be expanded to AKG). • Being refined with commencement of new services and proposed heads of department models (and consideration of multidisciplinary service leads – e.g. new Transitional Care Unit currently has a Clinical Psychologist as commissioning service lead). • Review of consultant job plans and attempt to 'benchmark' community services (benefit in considering this for other professional groups e.g. allied health also). • Focus on reduction in locum usage.	Ongoing – completion by end of 2022

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
18	Review and reform	Aboriginal Health Policy Directorate	Aboriginal Workforce Policy	• Implementation of the Aboriginal Workforce Policy that supports strategic direction 5 of the WA Aboriginal Health and Wellbeing Framework 2015–2030. • Using Section 51 and Section 50(d) of the *Equal Opportunity Act 1984*. • Collection and profiling of Aboriginal workforce data.	End of 2022, beginning of 2023
19	Train	SMHS	SMHS Mental Health Workforce Strategy – increase graduate intake	Partnerships and collaborations with WA Universities to develop integrated graduate pathways into SMHS mental health services and increase skills development for existing staff.	TBD
20	Train	Mental Health Commission	Ongoing liaison with the Department of Training and Workforce Development (DTWD) and Community Skills WA (CSWA)	Ongoing work within the Mental Health Commission to work with DTWD and CSWA to increase access to vocational training for people wishing to enter or upskill in mental health and alcohol and other drugs. Work is progressing to develop and promote vocational courses that we enable people to gain entry level skills and provide career development pathways for people wishing to upskill. Scholarship opportunities for people wishing to complete the Certificate IV in Peer Work.	Ongoing
21	Train	St John of God Mt Lawley Hospital	Scholarship program supporting post graduate studies in MH	Scholarship program supporting post graduate studies in MH.	2022

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
22	Train	Australian College of Nursing (ACN)	The Mental Health Nursing, Allied Health and Psychology Scholarships Program	The Mental Health Nursing, Allied Health and Psychology Scholarships Program is an Australian Government Department of Health initiative, administered by the Australian College of Nursing. The program provides a range of scholarships for mental health nurses, allied health professionals and psychologists to undertake studies in mental health related fields. As part of action 6 and supporting nurses and allied health professionals within the mental health workforce to undertake a course, which commences or is continuing at the following level: • short courses • conferences • workshops. All courses must be relevant to the applicants work in the mental health sector and enhance expertise in mental health and suicide prevention. The Australian College of Nursing is administering all the scholarships and grants on the department's behalf.	End of 2022, beginning of 2023
23	Train	Exercise Sports Science Australia	Exercise is Medicine	Exercise Sports Science Australia (ESSA) manages the Exercise is Medicine program which is a global initiative offering free-of-charge workshops to upskill practice nurses as well as GPs and to provide information to assist primary care practices in engaging their patients in conversations about physical (in)activity. Action item 2 aims to improve health practitioners' knowledge on the importance and effectiveness of exercise prescription in the treatment and management of mental health disorders.	Ongoing

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
24	Train	Australian Association of Psychologists Inc.	Headspace early career program	Australian Association of Psychologists Inc. is supporting Headspace in the development and implementation of an early career/graduate program, which is federally funded. The program is in its initial implementation stages. The program will deliver outcomes to grow and upskill the mental health workforce by increasing placements for students and graduates in headspace services nationally.	2021–22 to 2022–23.
25	Train	Institute of Clinical Psychologists (WA)	Postgraduate mental health placements	Private clinical psychology practices are supporting mental health placements in the postgraduate training years. Institute of Clinical Psychologists is actively involved in supporting these initiatives. The initiatives aim to bolster the mental health workforce and provide a wider range of training experiences.	Ongoing
26	Train	Chief Nursing and Midwifery Office	Post graduate scholarships	Post graduate scholarship support is offered to midwives who work in perinatal MH to further develop skills knowledge and experience.	Ongoing
27	Train	Aboriginal Health Policy Directorate	Aboriginal Cadetship Program and Health Pathways Grant	• Aboriginal Cadetship Program • Implementation of Health Pathways grant funding to promote higher education and training opportunities for Aboriginal people.	Ongoing
28	Train	Office of the Chief Medical Officer (OCMO)	Facilitating support for the Psychiatry Rural Training Pathway	Coordinating letters of support to assist WACHS' application for Accreditation for the Psychiatry Rural Training Pathway.	27 Jun 22

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
29	Train	OCMO	Facilitating support for funding to establish Director of Training roles	Applications for the Flexible Approach to Training in Expanded Settings (FATES) grant opens on 15 June. The Office of the Chief Medical Officer is supporting WACHS's submission to apply for funding to establish a Director of Training position.	15 Jun 22
30	Train	OCMO	Psychiatry training pipeline dashboard	The Data and Analytics team within the Office of the Chief Medical Officer have developed a dashboard to identify the throughput of the psychiatry training pipeline in WA. The Office are now liaising with the Director of Training (NMHS) to validate the psychiatry training pipeline with establishing training placement data.	Unknown
31	Train	OCMO	Upskilling medical workforce to deliver mental health care in primary care settings	OCMO are developing a discussion paper to outline options to better equip medical workforce in primary care settings to provide mental health care	Unknown
32	Attract and retain	SMHS	SMHS MH Workforce Strategy – Market our service	Engaged a marketing consultancy firm. Launched a microsite and first round of digital advertising including social media. Established EOI forms and related pools. Changed templates for advertising through HSS - need a different approach to advertising and selection process to make it easier for candidates to apply. The SMHS 'Mental Health Career Opportunities' campaign videos highlight the career opportunities and benefits of working within mental health at SMHS.	May 2022 – ongoing

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
33	Attract and retain	East Metropolitan Health Service	Talent Acquisition Program	As part of the EMHS Talent Management Strategic Priority area, the Talent Acquisition Program for Mental Health Nurses has been established to fast-track appointments and reduce burden on clinical leaders. The EMHS Talent Acquisition Team, has instigated a number of key strategic initiatives that include: • streamlining and centralising the process to make things easier on applicants and the nurse managers • targeting interstate and international applicants to diversify the skill mix.	2021 – ongoing
34	Attract and retain	Chief Nursing and Midwifery Office	Mental Health Nursing Workforce Advisory Committee	Standing up a Mental Health Nursing Workforce Advisory Committee (subcommittee of WAHNMAC) to advise of other strategies and initiatives that can be put in place to grow, attract and retain a sustainable mental health nursing and midwifery workforce.	Underway
35	Attract and retain	OCMO	Promoting contract length	Seeking advice from HSS and PSC regarding opportunities to promote contract length to align with relevant industrial agreements.	Underway
36	Maximise capability	SMHS	SMHS MH Workforce Strategy – sustainable workforce model	Have commenced a comparison of Community MDT clinical skills by discipline. Initial work only.	TBD
37	Maximise capability	East Metropolitan Health Service	Relocation and New Workforce Roles	Armadale Kalamunda Group will have MHEC and BAU commencing in coming years that will require new workforce roles and support. We are planning a relocation of the community MH services and CRHTT project within the next 6 to 12 months. Currently planning to recruit an Aboriginal Liaison Officer on a fixed term initially (then position creation for permanency) to support the patient journey with a split function across inpatient and community.	TBD

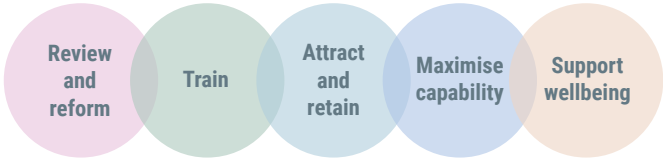
Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
38	Maximise capability	Aboriginal Health Policy Directorate	Partnerships and networks	Partnerships and networks with the Aboriginal community sector, health services, education providers, and other relevant stakeholders.	
39	Support wellbeing	Australian College of Nursing (ACN)	Programs within the ACN Institute of Leadership: Emerging Nurse Leader Program, the ACN Mid-Career Nurse Leadership Program, the Nurse Executive Leadership Program	(1) The Australian College of Nursing developed the Institute of Leadership in 2019 with prestigious nursing leadership programs to develop nurses at whatever stage they are up to in their career, from undergraduate to the executive. (2) The Emerging Nurse Leader (ENL) program aims to develop leadership skills and confidence through unparalleled access to high profile nurse leaders, mentoring, career coaching and professional development opportunities. The program is open to undergraduate nursing students through to those nurses in their fifth year of nursing. (3) The ACN Mid-Career Nurse Leadership Program represents a powerful opportunity for mid-career nurses to develop the skills and behaviours that will differentiate them as a leader in today's changing health care environment, giving them confidence to lead change and manage people. The program is suitable for registered nurses who have more than 6 years of professional experience and have worked in or are new to the management and leadership roles. (4) The Nurse Executive Leadership Program will develop those in, or those aspiring to, nurse executive roles with the capabilities required to meet the future social, political, and economic challenges in health and aged care. The program is structured to meet the requirements of ACN's Nurse Executive Capability Framework supporting nursing executives nationally to continue in the health and aged care industry as they navigate the current health care landscape and strengthen their knowledge and influence in their existing and future roles.	Ongoing

Additional activities – Organisation responses					
#	Priority area	Organisation	Activity or project name	Summary	Delivery date
40	Support wellbeing	East Metropolitan Health Service	Succession planning	EMHS will be looking at succession planning over the next 12 months (CN to CNS) and for CN's to act in CNS/NUM positions with accompanying training to support skills development and pipelines.	2022 to 2023
41	Support wellbeing	Aboriginal Health Policy Directorate	Aboriginal Leadership Excellence and Development (LEAD) Program	Co-sponsoring Aboriginal Leadership Excellence and Development (LEAD) Program and the First Steps Leaders Program.	

Appendix 4

The below image outlines actions proposed to be implemented to review and reform, train, attract and retain, maximise and support the mental health workforce. Note, actions will be reviewed at each horizon to inform development of further actions.

Mental Health Clinical Workforce Action Plan



Contribute to funding postgraduate scholarships in mental health (nursing)**

Increased grad placements for mental health**

Review and remediate establishment, and recruit to vacant positions

Establish ongoing reporting to MHEC on workforce entry and exits

Undertake review of current mental health workforce roles

Develop and publish Mental Health Workforce Dashboard**

Draft establishment reporting guideline

Establish and appoint Executive Director Mental Health leadership positions

Ensure all Boards have specific mental health representation†

Mandate min 12-month employment contact**

Expand interstate relocation incentives**

Facilitate structures to support student placements

Foster partnerships with education providers

Contribute to funding postgraduate scholarships in mental health (allied health)

Develop and launch systemwide mental health capability framework

Identify alternative, evidence-based workforce models that support multidisciplinary care

Quarantine positions in leadership for people working in mental health

Marketing campaign to promote mental health careers to students

Pilot new workforce roles to support changes in models of care

** indicates initiative already underway
† indicates initiative will be ongoing

Horizon 1 | **Horizon 2** | **Horizon 3**

2022 **2023** **2024** **2025** **2026**

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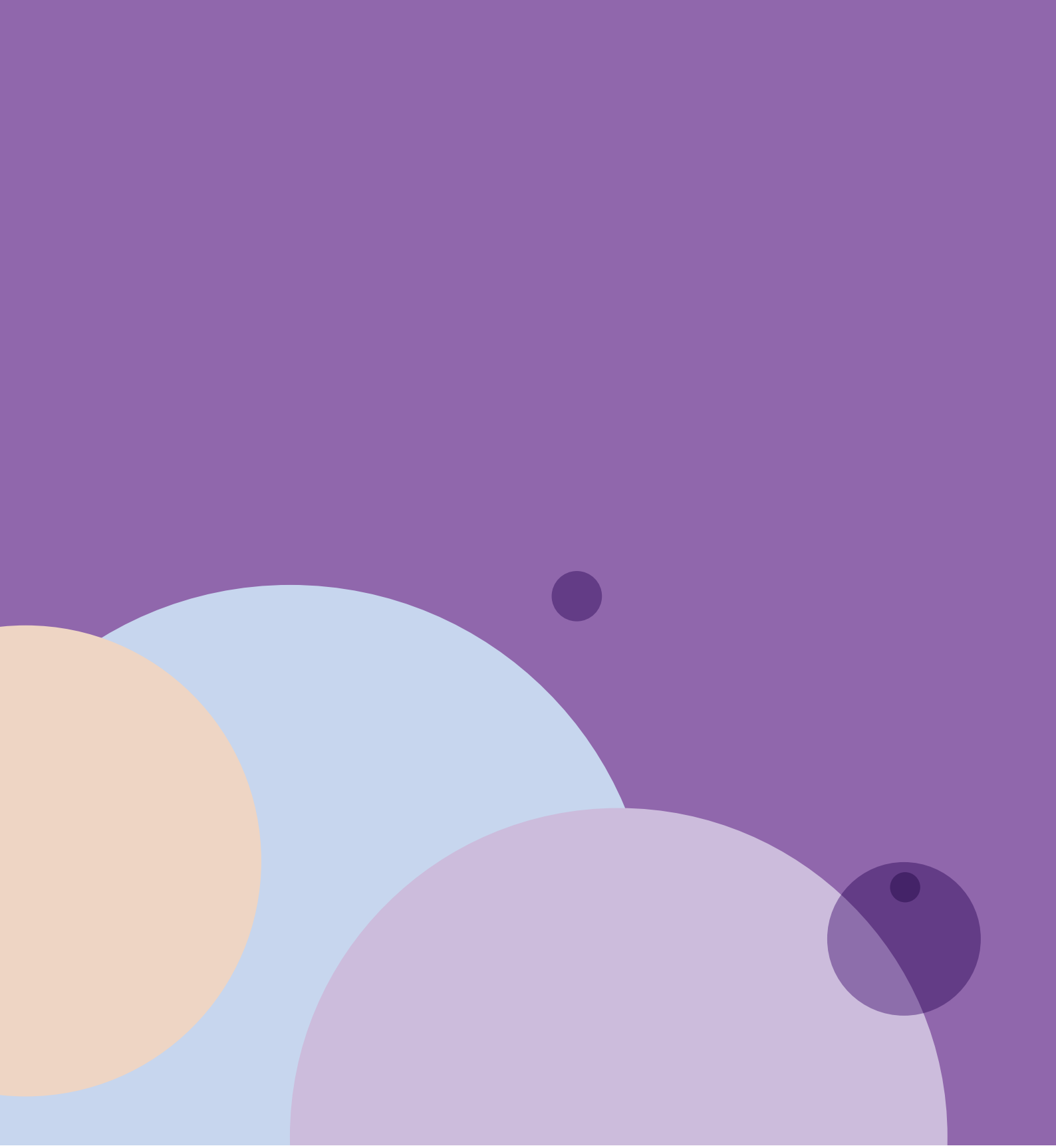

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