Queensland Nurses & Midwives' Union

Submission to

Mental Health Select Committee

Inquiry into the opportunities to improve mental health outcomes for Queenslanders

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106 Victoria St, West End Q 4101
GPO Box 1289, Brisbane Q 4001
(07) 3840 1444
(07) 3844 9387
qnmu@qnmu.org.au
www.qnmu.org.au

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks Mental Health Select Committee for the opportunity to comment on *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 67,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

The current mental health nursing workforce is under considerable strain to meet service demands, with widespread staff shortages, occupational violence and aggression, and barriers to career development. To ignore these issues and fail to act in strengthening the workforce would be dangerous and to the detriment of the mental health of the community.

We acknowledge that the mental health workforce is only one contributing factor to an entire mental health system. However, we believe it is one of the most important factors, if not the most important. Indeed, without a workforce, there would not be a service at all.

In our submission, the QNMU will respond to selected terms of reference that impact on or are influenced by the mental health workforce.

Recommendations

The QNMU recommends:

- Urgently addressing the unacceptable levels of occupational violence and aggression, stagnant career progression and inappropriate and unsafe admissions
- Developing targeted strategies for vulnerable populations needs to address existing health inequities in access to healthcare, health literacy, and standards of healthcare provision.
- Funding research into the efficacy of innovative approaches to mental health care and introducing scholarships and grants to train the health workforce in these approaches.
- Introducing an ongoing scholarship or financial incentive scheme specifically for nurses and midwives to support and encourage them to obtain a mental health qualification in Queensland.
- Funding and promoting models of care that employ Nurse Practitioners and Nurse Navigators and enabling these roles to work to their full scope of practice.
- Introducing incentives for nurses to pursue and obtain higher qualifications to become Nurse Practitioners and Nurse Navigators through scholarships, grants, or supported training pathways.
- Implementing the recommendations made by the Nurse Practitioner Reference Group (NPRG) to the Medicare Benefits Schedule (MBS) Review Taskforce.
- Appointing a Queensland Chief Mental Health Nurse.
- The Nursing and Midwifery Board of Australia reinstates the endorsement for nurses with a mental health qualification.
- The Nursing and Midwifery Board of Australia actively collects data on mental health nurses or nurses who work in mental health, during the annual registration process to aid workforce planning.
- Changing the pre-requisites for entry into mental health courses to allow midwives to undertake them.
- Funding models of care that utilise midwives with a mental health qualification.
- Introducing legislated caseload hours for community mental health services.
- Reforming the mental health funding allocation in primary health to directly fund point of care services.
- Introducing an incentive program for primary health clinics to employ mental health nurses.

- Strengthening and expanding existing community-based mental health services, such as:
  - Expanding Co-Responder programs,
  - Extended-hours mental health services.

- Growing and strengthening roles that utilise the experiences of people with lived experience of mental illness, such as consumer consultants and peer workers.

- Implementing all recommendations from the *Inquiry into Mental Health and Suicide Prevention*.

The economic and societal impact of mental illness in Queensland

Mental illness does not only affect the individual, but may also affect that person's family, friends, colleagues and acquaintances. It is not only enduring and complex but also has the ability to impact generations, communities, and society at large. While there are and will be undoubtedly countless studies, reports, and analyses that quantify mental illness in economic terms, it is important to remember that, at its core, mental illness affects people and people's ability to lead fulfilling, meaningful and productive lives.

By way of example, we can look to the impact of mental illness on families. Generational trauma is real and perpetuating, with the children of people with mental illnesses at far greater risk of developing a mental illness themselves, of unresolved emotional trauma, and the potential to impact upon their educational needs and subsequent employment. Another example is the criminal justice system, which often focuses on law enforcement and punishment, rather than investing in preventative measures. Without mental health care, social and emotional welfare, drug rehabilitation, and education on mental illness to support people back into society, the cycle perpetuates.

The costs cannot be measured only in terms of economic productivity, but also in the costs to society and to people.

The current needs of and impacts on the mental health service system in Queensland.

There is a critical than the urgent need for a robust, sustainable mental health workforce in Queensland. This must be a health policy priority at the state and national levels. Without a mental health workforce, there would not be a mental health service system to run. And the backbone of mental health services are nurses.

Mental health nurses are the largest occupational group within the mental health workforce. There are approximately 24,000 mental health nurses working across Australia, of which 4,630 are employed in Queensland (Australian Institute of Health and Welfare, 2020). Mental health nurses also make up the bulk of hospital-based mental health care and prison mental health services. They are:

> "… *one of the most geographically dispersed and cost-effective sources of expertise for combined management of mental and physical health, and care coordination*." (Productivity Commission, 2020)

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There is projected to be an undersupply of 18,500 mental health nurses by 2030 based on data from 2014 (Health Workforce Australia, 2014). After factoring in current and future demand arising from global changes, population movement and the pandemic, the true figure is likely to be much higher. And given that it takes, at minimum, three to four years to train a fully qualified mental health nurse, it is critical that workforce supply issues are addressed immediately.

The was highlighted in the recent report released by the Select Committee on Mental Health and Suicide Prevention, which recommended that:

> *"… a workforce strategy is key to improving the mental health of all Australians and on this basis recommends that the Australian Government provide funding and other supports needed for the immediate development of a national workforce institute for mental health*." (Select Committee on Mental Health and Suicide, 2021)

However, our hospitals and emergency departments are overflowing with people seeking mental health treatment and there are simply not enough staff to treat everyone. Acute hospital wards are routinely understaffed, community mental health nurses report untenable workloads, and residents of rural and remote areas struggle to receive timely mental health treatment due to the lack of services. The impact of workforce shortages is being felt keenly across the state.

The current mental health nursing workforce is already at crisis point. Failure to act on major issues have contributed to the current state of workforce shortages, compounded by lack of investment in mental health services. Inadequate nursing staff numbers is a contributing factor to:

- Workloads above the legislated nurse-to-patient ratios,
- High levels of reported staff burnout,
- Increased intention to leave the profession, and
- Subsequent loss of clinical expertise.

In drafting this response to the Inquiry, the QNMU consulted our members who currently work across a range of mental health services. The following issues have been identified and require urgent attention:

1. *Occupational aggression and violence*

Our members report facing near-daily threats of and actual violence, verbal and physical assaults, and clinical aggression. Over the past year, our members have suffered broken limbs, punches to the face, biting and scratching drawing blood, and severe psychological and emotional distress, and post-traumatic stress disorder. These incidents must not be viewed as occupational hazards of being a mental health nurse, but systemic failures in keeping workers safe in their workplace.

2. *Stagnancy of career progression*

Firstly, the cost of attaining a specialist degree in mental health nursing can be prohibitively high, with few avenues for financial assistance (discussed in more detail under *Section 3*).

Secondly, members have expressed frustration at the difficulties in gaining much needed experience in senior and leadership roles, as staff shortages mean that managers are reluctant to release staff for secondments or transfer. As a result, few are given the opportunity to develop their clinical skills in other areas or practice at a more senior level. This compounds

into further issues where programs that require highly specialised and experience clinicians fail to adequately recruit these positions.

3. *Inappropriate and unsafe admissions*

Members have reported an increase in the number of inappropriate and unsafe admissions to acute mental health care wards.

Wards are being pressured to go above legislated nurse-to-patient ratios (1:4 in public sector adult acute mental health wards), i.e., admitting more patients than can be safely cared for at any time with any additional staff. This pressure typically arises from overcrowded emergency departments or lack of psychiatric emergency care resources.

Members also report an increase in the number of patients with a disability who do not have a mental health diagnosis nor require mental health treatment, and yet are admitted to acute mental health wards for 'behavioural' concerns. These inappropriate admissions are primarily due to insufficient community services or other specialist services that are able to support the complex health or behavioural needs of these patients.

Inappropriate and unsafe admissions not only compromise the safety of staff and patients and the standard of care that can be safely provided, but also contributes to work-related stress and burnout.

> The QNMU recommends developing strategies to urgently address unacceptable levels of occupational violence and aggression, stagnant career progression and inappropriate and unsafe admissions.

The experiences and leadership of people with lived experience of mental illness, problematic substance use and suicidality and their families and carers

The QNMU supports the growth and strengthening of roles that utilise the experiences of people with lived experience of mental illness, such as consumer consultants and peer workers. Collaborative care between the peer support workforce and mental health clinicians should be encouraged where possible.

The QNMU also acknowledges the importance of families and carers in supporting the journey to recovery.

> The QNMU recommends strengthening of roles that utilise the experiences of people with lived experience of mental illness, such as consumer consultants and peer workers.

The mental health needs of people at greater risk of poor mental health

The QNMU acknowledges that there are many demographics at greater risk of poor mental health, and that a targeted approach requires extensive consultation with the particular demographic. The QNMU has previously highlighted the particular needs of people living in rural and remote communities (especially women), people from migrant communities, people

from non-English speaking backgrounds, and people from lower socioeconomic backgrounds. Developing targeted strategies for vulnerable populations needs to be a priority to address existing health inequities in access to healthcare, health literacy, and standards of healthcare provision.

More recently, the QNMU has received reports on how the COVID-19 pandemic has greatly impacted Aboriginal and Torres Strait Islander communities, including increased domestic violence, alcohol and other drug use, and anxiety across households. Social distancing and quarantine measures have reduced connections to the community, and heavy-handed government interventions have contributed to bringing past traumas to the surface. The inaccessibility of resources and culturally safe mental health and wellbeing services during this period has been especially concerning.

Members from our First Nations Branch identified the need to promote and use different, innovative approaches to mental health that resonate with Aboriginal and Torres Strait Islander people.

Trauma-informed care, narrative therapy, and social and emotional wellbeing models, as promoted by the Queensland Aboriginal and Islander Health Council (QAIHC) and used in many community-controlled health services, are culturally responsive approaches to mental health that have been shown to be effective.

However, these approaches must be strengthened through:

- Funding research into the efficacy of these approaches by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people.
- Funding scholarships, grants, and training programs for Aboriginal and Torres Strait Islander people to develop skills in these areas.

The QNMU recommends developing targeted strategies for vulnerable populations needs to address existing health inequities in access to healthcare, health literacy, and standards of healthcare provision.

The QNMU recommends funding research into the efficacy of innovative approaches to mental health care, and introduces scholarships and grants to train the health workforce in these approaches.

How investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support

1. *Increasing accessibility to mental health nursing pathways through government-funded scholarships, subsidies, or financial incentives*

Nurses who wish to obtain specialist qualification in mental health face significant financial barriers. The cost of a graduate diploma in mental health nursing can be prohibitive, especially to graduate nurses who are still paying off their undergraduate degree.

While Queensland Health provides some financial assistance in the form of the *Mental Health Scholarship Scheme*, there are limited scholarships available, and nurses compete with allied health clinicians for places. QNMU members report missing out on these scholarships year on year, which is especially galling considering many of these members live and work in

regional Queensland, where there is a severe dearth of nurses with mental health qualifications. The scheme would benefit from greater transparency around the distribution and outcomes of scholarships.

This is in contrast to Victoria, which not only provides a *Postgraduate Mental Health Nurse Scholarship* worth $300,000 annually to registered nurses employed in the public sector who wish to gain a mental health qualification, but also *Psychiatric State Enrolled Nursing Grants* (PSENs) payable to employers to backfill PSENs undertaking clinical placements while they are studying to become a registered nurse (State Government of Victoria, 2019). Scholarships and grants such as the Victorian models have the capacity to encourage nurses to undertake higher education in mental health nursing, while supporting workplaces who wish to upskill their staff.

Recently, the federal government announced $5.15million towards a *Mental Health Nursing and Allied Health Scholarship Program* to fund 126 postgraduate nursing scholarships. This is a welcomed and long-awaited step towards developing the mental health workforce across Australia, and yet a mere drop in the ocean compared to the projected workforce needs. It remains to be seen whether there will be equitable allocation of scholarships across states and territories.

> The QNMU recommends the Queensland Government introduces an ongoing scholarship or financial incentive scheme specifically for nurses and midwives to support and encourage them to obtain a mental health qualification in Queensland.

2. *Strengthening the role and function of Nurse Practitioners and Nurse Navigators within the mental health system*

Nurse Practitioners (NPs) are experienced Registered Nurses who are educated to the Master level and are competent to function autonomously and collaboratively in an expanded clinical position. NPs are particularly valuable in rural and remote areas and residential aged care facilities, where continuity of care is of utmost importance for maintaining equitable access to health and health literacy. NP models have been successfully implemented in Emergency Departments, Community Mental Health services, Alcohol and other Drug services, and Primary Health.

NPs are eligible providers under the Medicare Benefits Schedule (MBS), however there are inappropriate and unnecessary limitations on the items for which patients may receive MBS rebates when cared for by an NP. This results in health access inequity for patients whose primary health provider is an NP. These issues were highlighted in the 2019 report by the Nurse Practitioner Reference Group (NPRG) to the Medicare Benefits Schedule (MBS) Review Taskforce. Disappointingly, none of the recommendations made in the report have since been implemented.

And despite the success of NP-led or NP-based models of care, and the benefits they provide to the healthcare system, they remain few and far between. QNMU members who are NPs report frustration and dissatisfaction with how few NP roles and programs are available across Australia.

Another advanced practice nursing role is the Nurse Navigator (NN), which operates under the key principles of co-ordinating person-centred care, creating partnerships, improving patient outcomes, and facilitating systems improvement. NNs commonly work with individuals

and community who face additional barriers and challenges to accessing health services, such as migrant populations. NNs working within the mental health sector are especially beneficial in supporting patients with complex mental health (and often co-morbid physical health) issues who require advanced knowledge and competency in navigating the healthcare system.

There is much potential for both these roles to be expanded within the healthcare system. However, this requires active and deliberate action by the government to fully embed NPs and NNs in the healthcare system by funding and promoting models of care that employ these roles and enabling these roles to work to their full scope of practice. In addition, there should be incentives for nurses to pursue and obtain higher qualifications to become NPs and NNs through scholarships, grants, or supported training pathways.

The QNMU recommends funding and promoting models of care that employ NPs and NNs and enabling these roles to work to their full scope of practice.

The QNMU recommends introducing incentives for nurses to pursue and obtain higher qualifications to become NPs and NNs through scholarships, grants, or supported training pathways.

The QNMU recommends that the federal government implements the recommendations made by the Nurse Practitioner Reference Group (NPRG) to the Medicare Benefits Schedule (MBS) Review Taskforce.

3. *Appointing a Chief Mental Health Nurse for Queensland*

The QNMU supports *Recommendation 16* from the final report of the Select Committee on Mental Health and Suicide Prevention, namely:

> "[…] *the Australian Government appoint a chief mental health nurse to work alongside the Deputy Chief Medical Officer for Mental Health, and encourage states and territories to adopt an equivalent position, if they have not yet done so."*

We believe, part of the role of the Queensland Chief Mental Health Nurse would be to oversee and promote initiatives in mental health nursing workforce development, including training and education opportunities, career progression pathways especially for clinical roles, and enabling advanced mental health nursing roles (such as Nurse Practitioners, Nurse Navigators) to work to their full scope of practice within the current healthcare system.

The QNMU recommends that the Queensland Government appoints a Queensland Chief Mental Health Nurse.

Service safety and quality, workforce improvement and digital capability

1. *Nursing and Midwifery Board of Australia (NMBA) to recognise and reinstate the endorsement for mental health nurses*

Currently, the NMBA does not recognise mental health as a specialty area of practice, unlike the Psychology and Medical Boards. This fails to acknowledge the specialist training, skill, and

knowledge required to become and practice as a mental health nurse. It also diminishes the important role of the mental health nurse in the healthcare system, the ability of mental health nurses to advocate for their clients, and the public perception of mental health nursing.

While it is possible to become a credentialled mental health nurse, this does not afford any greater autonomy, scope, regulatory recognition, or entitlements such as a provider number. Advanced practice clinical expertise and higher education are not rewarded; indeed, there are few clinical roles that allow expert mental health nurses to autonomously practice to their full scope of practice.

We assert that this lack of regulatory and government recognition of mental health nursing specialty skills is a contributing factor as to why some senior mental health nurses are leaving the professional altogether.

Given the current and future projected workforce shortages, there must be real professional and financial incentives to being a mental health nurse, to aid in retention of the existing workforce and encourage new nursing graduates to pursue the mental health specialty.

The QNMU recommends the NMBA reinstate the endorsement for nurses with a mental health qualification.

2. *NMBA to actively collect data on mental health nursing*

Mental health workforce planning must be aided and informed by data on the current workforce. National Boards that do recognise mental health as a specialty area of practice are able to provide up-to-date information on the numbers, density and distribution of practitioners working in mental health based on yearly registration data.

Without accurate data on the mental health nursing workforce, the ability to monitor, develop and plan is greatly diminished. The existing data on the mental health nursing workforce is patchy, especially in identifying the total number of nurses with a mental health qualification vs actual number of nurses working in mental health.

This issue could be resolved through consideration of additional questions posed during annual NMBA registration, such as “Do you identify mental health as your main area of practice?” and “Do you have a qualification in mental health nursing?” would also have the benefit of identifying the proportion and distribution of nurses working in mental health but who do not have a mental health qualification.

Harnessing NMBA registration data to capture more insight into the mental health workforce would enable the government to undertake planning and estimates on future health service capacity, identify gaps in the workforce, and training and education needs for mental health practitioners.

The QNMU recommends the NMBA actively collect data on mental health nurses or nurses who work in mental health, during the annual registration process to aid workforce planning.

3. Increase the number of midwives with a mental health qualification

An estimated 15 per cent of women experience depression or anxiety during pregnancy, and even more in the postnatal period. Other mental health illnesses such as relapses of bipolar disorder or schizophrenia, and post-partum psychosis, are also potential risks. In addition, maternal mental health can impact upon the wellbeing of the baby. Midwives are therefore well-placed to recognise, support, and act upon signs of mental ill health in the women they work with.

An example model of care that successfully incorporated midwifery and mental health services was the Metro South Hospital and Health Service Perinatal Wellbeing Service that employed mental health qualified nurse practitioners and midwives and psychologists to provide primary mental health to women.

However, there are currently few midwives with a mental health qualification. Midwives are required to be dual registrants (i.e., also have a degree in nursing) in order to be eligible to enrol in a mental health degree. This barrier is a missed opportunity to expand the accessibility of perinatal mental health for women and receive early intervention. Midwives should be encouraged to pursue specialist qualifications in mental health by having this barrier dismantled and be employed in models of care that utilise midwives with a mental health qualification.

The QNMU recommends changing the pre-requisites for entry into mental health courses to allow midwives to undertake them.

The QNMU recommends funding models of care that utilise midwives with a mental health qualification.

4. Introduction of legislated caseload hours in community mental health

Queensland is one of the few jurisdictions in the world that has introduced legislated minimum nurse-to-patient ratios. Coming into effect on 1 July 2016, minimum ratios now exist in acute medical and surgical wards and two mental health wards in Queensland Health. It is now time to progress the legislation of minimum ratios in other nursing and midwifery services.

However, ratios are not suitable for Community Mental Health Services due to the casework nature of the roles. Instead, face-to-face client contact time offers a simple methodology for the basic management of caseloads within community settings.

In accordance with the QNMU's *Ratios Save Lives Phase* 2 campaign, the following caseload hours should be legislated in all public health services across Queensland:

Service type	Caseload hours
Community Mental Health	No more than 4 hours of direct client contact time per 8-hour shift, averaged over a week.
Community Mental Health Acute Care Teams	No more than 3.5 hours of direct client contact time per 8-hour shift, averaged over a week.

(QNMU, 2021)

Note that face-to-face hours may also be known as direct care and as such do not include travel time and administration tasks otherwise considered indirect care.

The QNMU recommends the Queensland Government introduces legislated caseload hours for community mental health services.

Mental health funding models in Australia

1. *Reform of the mental health funding allocation in primary health*

Increasing the accessibility of mental health services in primary health is crucial. For many people, their first experience with mental health is managed by their primary health provider such as a General Practitioner (GP) or Nurse Practitioner (NP). Employing mental health clinicians in general practices or multidisciplinary clinics enables a "one stop shop" approach where clients are less likely to be lost to follow up (as can happen during transfers of care), allows for greater continuity of care, and also de-stigmatises mental health by promoting it as another facet of health and wellbeing.

Therefore, funding for mental health services that are currently allocated to primary health networks (PHN) would be better served directly allocated to point of care services, such as general practices or multidisciplinary clinics. This would also support greater regional equity, remove incentives to engage in cost shifting, and put into place an incentive for individual clinics to employ mental health clinicians, such as mental health nurses.

This could be further strengthened by the introduction of a separate scheme that incentivises General Practitioners to employ mental health nurses, similar to the general practice nurse incentive program, such as the previous Mental Health Nurse Incentive Program.

The QNMU recommends reforming the mental health funding allocation in primary health to directly fund point of care services.

The QNMU recommends introducing an incentive program for primary health clinics to employ mental health nurses.

2. *Strengthening and expanding community-based mental health services*

Community mental health services includes community clinics, out-reach models of care, and rehabilitation (long and short term) residential models. A significant role of community mental health services is to act as a preventative measure against more restrictive hospital-based models of care. By bolstering community-based care, there is the potential to reduce the pressure on hospital-based services to admit patients and aid the discharging of patients from hospital by providing assertive, high-quality follow-up care.

Strategies might include:

- Expanding the Co-Responder program, where emergency services (police and ambulance) and mental health nurses respond to mental health emergencies to provide on-the-spot and in-home assessment and treatment plan.

- Extended-hours mental health services to reduce the number of after-hours emergency department presentations from consumers who are already engaged in mental health treatment (through a clinic or a GP) but are unable to reach a suitably qualified mental health clinician outside of business hours.

The QNMU recommends strengthening and expanding existing community-based mental health services, such as:

- Expansion of the Co-Responder program
- Extended-hours mental health services

Relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health Inquiry Report.

The QNMU supports the findings and recommendations from the 2021 *Mental Health and Suicide Prevention - Final Report* by the Select Committee on Mental Health and Suicide Prevention.

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