



the Australian College
of Mental Health Nurses Inc.

ACMHN SUBMISSION

The Queensland Mental Health Select Committee – Inquiry

4 February 2022

Contact:

Dr Mike Hazelton

President



Content

Key considerations

Introduction

Responses

1. Responding to demand and addressing workforce shortages
2. Opportunities to improve economic and social participation of people with mental illness
3. Service safety and quality, workforce improvement and digital capability
4. Mental health funding models in Australia
5. Mental health nurses can provide care across the geography of Queensland
6. Relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health Inquiry Report

Conclusion

References

Key considerations

The ACMHN identifies the following key points in response to *the Queensland Mental Health Select Committee – Inquiry*:

1. The ACMHN welcomes the inquiry, and we assert that it is critical that any proposed changes do not unintentionally delay people accessing specialist mental health care.
2. Mental health consumers, their families and communities have a right to receive nursing care and treatment from suitably qualified and experienced nurses.
3. The Australian and/or Queensland health care system will not be able to meet the predicted mental health needs of Australians now and into the future, without the growth of the specialist mental health nursing workforce.
4. Supporting the development and growth of the mental health nursing workforce is a priority, including establishing clearer pathways into mental health nursing.
5. Recruitment and retention of the existing mental health nursing workforce is essential and includes recognition that mental health nursing requires highly specialised skills; being recognised as specialist mental health providers across the health care continuum, not just within hospital settings; and being remunerated in line with other mental health specialist providers.
6. Recognition and/or credentialing of subspeciality skill areas of mental health nurses including (but not limited to): drug and alcohol, child and youth, consultation liaison, forensic, perinatal etc.
7. Optimise scope of practice across multi-disciplinary teams for specialist mental health nurses to meet skill gaps and the broader needs of community; of note as per 'Credentialing and defining the scope of clinical practice; Health Service Directive # QH-HSD-034:2014'; there is to be a project formed in collaboration with OCNMO to develop recognition and/or credentialing of mental health nurses within HHS's.
8. The ACMHN and mental health nurses recognise the value of the peer workforce, including carers and advocate for models to be co-designed and developed in consultation with people with lived experience.
9. Nurses in all areas of health care should be upskilled so they can identify and respond to mental health issues throughout the health care sector, to improve the quality and access to mental health care across the board.
10. Supporting the development of the enrolled nursing workforce's knowledge and clinical skills in mental health so they are able to work with registered nurses to support mental health nursing care across all settings.
11. With one in five women experiencing pre-natal or post-natal depression or anxiety there needs to be greater mental health knowledge and skills specifically across the midwifery and child and family nursing workforce.
12. With an identified increase in eating disorders¹ there needs to be greater mental health knowledge and skill specifically in the child and paediatric nursing workforce.

¹ Ivancic, L., Maguire, S., Miskovic-Wheatley, J., Harrison, C., & Nassar, N. (2021). Prevalence and management of people with eating disorders presenting to primary care: a national study. *Australian & New Zealand Journal of Psychiatry*, 55(11), 1089-1100.

13. Workplace safety for nurses is a significant issue in building a mental health nursing workforce; nurses are frightened given the stigma of mental health to enter the mental health nursing workforce.
14. Enhancing actual and perceived safety of nurses is essential to achieving further reductions in seclusion and restraint in mental health settings.
15. It is likely that improving mental health nurse safety at work will support increased retention of the existing workforce and further recruitment into the specialty.
16. Developing and sustaining a specialist mental health nursing workforce is a critical success factor to any planning to improve access and equity for people with mental health problems across the age spectrum.
17. Mental health nurses provide a cost-effective health care solution that has demonstrated outcomes.
18. Given the substantial segment of the mental health workforce that MHNs represent, it is imperative that the Queensland Government and the health sector more broadly respond to the existing and future mental health nursing shortages that have been identified.
19. Policy decisions taken by government, higher education, professions and employers will have significant impacts on the scale of the projected workforce shortages.

Introduction

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of excellence in mental health nursing, and by supporting improvement of services and care delivery to people affected by mental ill-health, their families, carers and communities. The ACMHN also sets standards of practice for the profession, is the credentialing body for mental health nurses and promotes best practice of mental health nursing in Australia.

The focus of our submission is to reflect the experiences of those in the mental health nursing workforce in relation to their professional practice when working alongside people with lived experience of mental ill-health and psychological distress, their families, carers and other supporters.

“Mental health nursing constitutes a transformative force for good in health care by applying a holistic view to health and recovery, challenging the false and problematic division of human needs of body and mind²”.

The ACMHN has a growing and active membership in Queensland working across a diverse range of settings including public bed-based and community mental health services, hospital consultation and liaison, primary care, alcohol and other drug services, with comprehensive skillsets and in many instances advanced scope of practice across a range of speciality areas. Currently there are 744 members and 323 (43 per cent) of those members are Credentialed Mental Health Nurses. We have a recently revived South Queensland Branch as well as an active North Queensland Branch. Mental health nurses are the largest health profession *dedicated* to

² Gabrielsson, S., Tuveesson, H., Wiklund Gustin, L., & Jormfeldt, H. (2020). Positioning psychiatric and mental health nursing as a transformative force in health care. *Issues in mental health nursing*, 41(11), 976-984 (p978).

the provision of mental health care and provide both cost effective and a wide range of clinical expertise and skills for the combined management of both mental and physical health care to the Australian public. Increasing the supply of mental health nurses is critical if Queensland is to adequately address some of the shortcomings of the current system³.

Successful mental health nursing consists of a positive, non-medicalised, strengths-based, and empowering approach toward mental health with a focus on building resilience⁴. Mental health nurses have the clinical leadership and capability to provide holistic, trauma-informed mental health care to mental health consumers and their families. Mental health nurses are best placed to provide evidence-based care across a range of settings. Mental health nurses **provide the bulk of direct clinical mental health care within specialist mental health care settings**, including specialist public and private hospitals/units, specialised community mental health care and specialised residential mental health care services (e.g. rehabilitation, treatment or extended care).

The scope of practice of mental health nurses in Australia is influenced by diverse contextual, cultural, educational, environmental, ethical, financial, informational, political, regulatory and/or legislative, social, technological, and other factors. Consequently, the scope of practice of mental health nurses in Australia is dynamic - responding effectively to change and developing over time.

Responses

The ACMHN welcomes the opportunity to provide a submission to the *Queensland Mental Health Select Committee – Inquiry*. The ACMHN identifies the following key points for consideration to improve mental health outcomes for Queenslanders, as outlined in the terms of reference for the inquiry.

Responding to demand and addressing workforce shortages

Mental ill-health is a significant burden for Australia in terms of health outcome, quality of life, co-occurring illness, death and disability. It impacts on individuals, families and communities; and poses significant economic and social costs to the nation.

Mental health nurses remain dedicated to the people they work alongside and want to see better outcomes and have led the way in successfully implementing new initiatives such as Safewards within Queensland. Developing and sustaining a specialist mental health nursing workforce is clearly an important strategy which can improve service access and equity for people with mental health problems. Comprehensive recognition of the contribution, clinical leadership and capability of the current mental health nurse workforce within the broader mental health and substance use system and the health system in general, must be considered in response to this inquiry.

³The Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) reply to Productivity Commission Draft Report Mental Health, 2020.

⁴ Gabrielsson, S., Tuvevsson, H., Wiklund Gustin, L., & Jormfeldt, H. (2020). Positioning psychiatric and mental health nursing as a transformative force in health care. *Issues in mental health nursing*, 41(11), 976-984.

The Mental Health Australia: Select Committee's Final Report recommends that the Australian Government appoint a Chief Mental Health Nurse to work alongside the Deputy Chief Medical Officer for Mental Health and encourages states and territories to adopt an equivalent position, if they have not yet done so⁵. A Chief Mental Health Nurse would ardently promote the recognition of the mental health nursing profession, heighten the importance of evidence-based education and training opportunities and pathways, and promote scope of practice and best practice standards of care. Importantly, a Chief Mental Health Nurse would provide oversight and leadership to promote mental health nursing workforce planning and development as a priority across Queensland, taking into account the diverse needs of the population of Queensland.

It is important for all nurses, not just mental health nurses, to be adequately trained and prepared to help patients experiencing mental health issues. Health Workforce Australia in 2014 produced the *Future Health Workforce Report* which revealed a predicted shortage of 18,500 mental health nurses in Australia by 2030 and a shortage of 123,000 nurses overall.⁶

As outlined by the QNMU this submission supports that undergraduate nursing or midwifery degrees should be bolstered with more mental health content that includes models of suicide prevention and relevant clinical placement. Mental health should not be a separate curriculum but be included in the nursing or midwifery undergraduate degrees to build a flexible, holistic and integrated mental health workforce with the capacity to address mental health concerns and suicide prevention across all health services.

The appointment of a Chief Mental Health Nurse would support the broader mental health system to lead a sharp focus on best practice care and promotion of care across the care continuum and direct key initiatives that will grow and develop the mental health nursing workforce. Specific and deliberate leadership is needed to inspire, motivate and engage the workforce and optimise outcomes for individuals. Effective leadership provides a clear direction and vision, creates an environment in which change is more readily accepted and continual improvements to service delivery can be made.

The ACMHN supports **the appointment of a Chief Mental Health Nurse** in Queensland and/or the appointment of a Mental Health Nurse Advisor to the Chief Nurse with strategic links to the Queensland Mental Health, Alcohol and other Drugs Branch.

Mental health nurses are an affordable, accessible specialist mental health resource. However, as outlined above, the size of the available workforce is shrinking while demand for mental health services is increasing. Immediate Queensland and Australian government action are required to ameliorate the effects of the ageing workforce, retain existing mental health nurses in clinical leadership roles, and support new entrants into the mental health workforce – both by younger nurses and nurses currently in the profession working in other areas of nursing.

Supporting the existing mental health nursing workforce to work to their full scope of practice possibly will provide some of the healthcare and workforce solutions required to enhance outcomes for Queenslanders requiring mental health treatment and support. Mental health nurses require additional structural supports and resources to enable capacity for mentoring and

⁵ Mental Health and Suicide Prevention – Select Committee Final Report Commonwealth of Australia 2021.

⁶ Mental Health and Suicide Prevention – Select Committee Final Report Commonwealth of Australia 2021.

clinical supervision which can address some of the issues of safety and staffing shortages in public mental health services. There must be resourcing. Support and encouragement for innovation in the development of mental health nursing practice models in both inpatient and community settings, notably enhancing nurse led options. The ACMHN supports including nurse practitioners to work in the diverse areas of mental health as they hold numerous additional qualifications, often have decades of mental health nursing experience. Mental health nurse practitioners have fast experience of formalised supervision from their NP candidature and like our generalist colleagues undertake academic and regulatory assessment to achieve endorsement via national regulation, which approves advanced scope of practice. The ACMHN advocates for strategies to increase the number of and diversity of mental health nurse practitioners.

The ACMHN promotes that it is essential to review and reinforce specific career pathways for mental health nurses across all domains of mental health service delivery that are clear, sustainable, and well promoted; develop leadership skills and promote recovery orientated reflection and supervision.⁷ Some of the key areas for consideration include:

- Expansion of mental health nurse practitioner program
- Areas for mental health nurse-led priorities / models
- Expansion of HHS credentialing to expand scope of practice for mental health nursing
- Investment in students and graduates
- Review of training pathways including “direct entry”
- Enhancement of training for mental health nurses within the public health setting

There must be a commitment to further development of career pathways for mental health nurses across all domains of mental health service delivery. These career pathways can demonstrate and optimise scope of practice for mental health nurses in Queensland. This commitment must be accompanied by necessary support for the existing nursing and midwifery workforce to develop their knowledge and clinical skills around the identification, intervention and treatment of people experiencing mental health challenges, in order to provide appropriately stepped care mental health services and encourage and support those who are interested to transition into mental health through establishing clearer clinical pathways.

The ACMHN supports the recommendation of the Commonwealth Department of Health report titled *Educating the Nurse of the Future: Report of the Independent Review of Nursing Education*. There are a number of options to be considered, designed and implemented in collaboration with the tertiary education sector. The current three-year bachelor of nursing degree could be expanded to a four-year undergraduate degree with the fourth year being a capstone year in mental health which would enable the recognition of mental health as a specialty. This approach would also enable the provision of dual qualification which should be recognised by NMBA and added to AHPRA as an endorsement.

The expansion of the current three-year bachelor of nursing degree to a four-year undergraduate degree would enable the broader nursing profession to develop skills to provide care for patients presenting with mental health concerns to receive comprehensive care reducing duplication,

⁷ Gabriëlsson, S., & Looi, G. M. E. (2019). Recovery-oriented reflective practice groups: Conceptual framework and group structure. *Issues in mental health nursing*, 40(12), 993-998.

achieving better value for services, and addressing inequity and responding to the needs of underserved and at-risk populations. The four-year undergraduate degree would give all nurses a better foundational knowledge in mental health; a four-year undergraduate degree with a substantive practical requirement in the final year would assist new graduate nurses in assimilating into the workplace, be more inclusive of interprofessional learning and align Australia's system with leading international standards.⁸

Consistent with the *Productivity Commission Report Recommendation 16*, another option would be to work with tertiary education partners and support the re-introduction of a three-year direct entry program in Queensland. The number of mental health nurses practicing in Australia, in GP clinics, community health services, and aged care facilities should be significantly increased to support the recommended expansion in community mental health services and inpatient bed-based services⁹. Recommended measures to promote this are focused on training, because Australia is unlikely to be able to continue to rely on recruiting mental health nurses from overseas. The development of a three-year direct entry (undergraduate) degree in mental health nursing, similar to options available in midwifery in Australia and for nurse training in the United Kingdom, is recommended¹⁰.

The Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) response to the *Productivity Commission Draft Report Mental Health (2020)* outlined support that mental health nurses play a key role in the current mental health workforce. Mental health nurses are the largest health profession *dedicated* to the provision of mental health care and provide both cost effective and a wide range of clinical expertise and skills for the combined management of both mental and physical health care to the Australian public. Increasing the supply of mental health nurses is critical if Queensland is to adequately address the shortcomings of the current system¹¹.

Alongside this consistent approach, Queensland must also advocate to establish the Nursing and Midwifery Board of Australia (NMBA) endorsement for nurses with mental health qualifications to be recognised for mental health as a specialty area¹² on the National Register (AHPRA). The National Law sets out how specialisation of professions is recognised under the National Law and provides for approved area of practice endorsement under section 98.¹³

There must be process and infrastructure to ensure all nursing students are being adequately prepared with mental health education and skills to function effectively in regard to addressing people's mental health needs as beginning practitioners regardless of what clinical practice setting, they are working in, including providing opportunities to engage with innovative mental health clinical practicum placements which support and encourage them to move into mental health as a specialty.

⁸ The Australian College of Nursing submission to the Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health Draft report, 2019.

⁹ *Productivity Commission, Mental Health, Inquiry Report (2020)*.

¹⁰ *Productivity Commission, Mental Health, Inquiry Report (2020)*.

¹¹ The Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) reply to Productivity Commission Draft Report Mental Health, 2020.

¹² QNMU Submission to Productivity Commission (2020).

¹³ The Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) response to the Productivity Commission Draft Report Mental Health (2020).

The ACMHN **recommends** a review of the current undergraduate nursing pathways in order to increase the number of nurses entering mental health as a speciality. This must also be supported by robust advocacy for mental health nursing to be established the NMBA endorsement and recognition on the National Register (AHPRA).

The call for nursing to become a more research-based profession has gained considerable momentum in recent years¹⁴. There is an urgent need for research into the mental health knowledge and skill set of nursing graduates from Australian comprehensive nursing programmes along with improved recruitment and retention. In addition to workforce priorities there is a range of clinical and professional research opportunities into service delivery that mental health nurses are well positioned to lead. There must be support for the development of mental health nurses to become researchers and to lead service evaluation and research, specifically into mental health nursing models, and advocacy for the establishment of joint appointments with the tertiary education/research sector.¹⁵

The ACMHN **recommends** the development of resources and systems to enable optimise scope of practice for mental health nurses in Queensland.

The ACMHN would endorse the goal of a person-centred delivery system, so that people have the right support at the right time. The result will be mental health care that is fully integrated into our health system, across the care continuum from prevention, crisis response, harm reduction, treatment and recovery. This will require a coordinated approach to care for people who need intensive or varied support and mental health nurses are best placed to provide the range of services across the continuum of care.

The Mental Health Nurse Incentive Program (MHNIP) was a Commonwealth-funded collaborative care program established in 2007 which supported engagement of MHNs in primary care to provide MHN services to people with complex and severe mental illness. Along with a number of other evaluations, the government's own 2012 MHNIP evaluation found broad support for the program, with the model of care—involving flexible, one-on-one clinical treatment and support provided by Credentialed Mental Health Nurses working with eligible medical practitioners—receiving strong endorsement from GPs, psychiatrists and mental health nurses, as well as people with lived experience, their families and other support people and relevant peak bodies. In 2013–14 about 300 FTE mental health nurses nationally provided services to about 45,000 people with severe mental health problems at a cost of about \$100,000 per nurse.

Mental health nurses are a critical part of the current mental health workforce, being the largest clinical occupational group dedicated to mental health, and one of the most geographically dispersed and cost-effective sources of expertise for combined management of mental and physical health, and care coordination¹⁶. Since 1993 there have been nine reports that made recommendations on the role of mental health nursing in the delivery of better mental health

¹⁴ Happell, B. (2004). The centre for psychiatric nursing research and practice: an innovative approach to enhancing clinical nursing research in the psychiatric/mental health field. *Issues in Mental Health Nursing*, 25(1), 47-60.

¹⁵ Wynaden, D., Heslop, K., Al Omari, O., Nelson, D., Osmond, B., Taylor, M., & Gee, T. (2014). Identifying mental health nursing research priorities: A Delphi study. *Contemporary nurse*, 47(1-2), 16-26.

¹⁶ *Productivity Commission, Mental Health, Inquiry Report* (2020).

care for all Australians. They have all recommended urgent action to address the looming workforce shortage.

The ACMHN Workforce Project 2017-2018 funded by the Australian Government did develop *Mental Health Practice Standards for Australian General Practice Nurses* and an online learning program to complement these standards and support primary care nurses to develop their knowledge and mental health literacy. The stepped care approach to mental health services delivery, specifically with a focus on the development of strong, deliberate and robust partnerships with NGO and/or private sector can enhance outcome for mental health consumers and their families.

The ACMHN **endorses** the stepped care approach to mental health services delivery with the development of robust opportunities for mental health nurses to provide coordination and integration across the healthcare domains.

As outlined, in the *Clinical Supervision Framework for Queensland Nurses and Midwives* (March 2021)¹⁷ in 2019, the Australian College of Midwives, Australian College of Nursing and the Australian College of Mental Health Nurses published the *Joint Position Statement Clinical Supervision for Nurses and Midwives*. This position statement formally recognised the value of clinical supervision for all nurses and midwives in Australia. Clinical supervision provides a forum for all nurses/midwives to receive support and maintain psychological wellness while promoting reflective practice, critical thinking and ongoing professional development¹⁸. There is also emerging evidence that clinical supervision of health-care staff impacts positively on outcomes for service-users.

Clinical supervision is increasingly recognised as a core component of professional support for contemporary nursing and midwifery practice. There is consistent evidence that effective clinical supervision impacts positively on the professional development as well as the health and wellbeing of supervisees. It has been recommended that organisations need to resource/identify a clinical supervision coordinator to act as a key contact person for a clinical supervision program¹⁹ but the health and wellbeing of nurses and midwives is vital for recruitment and retention and ultimately a healthy and sustainable workforce.

The ACMHN strongly **advocates** for resourcing, structure and coordination for appropriate governance systems that are essential to ensure safety, transparency and accountability of clinical supervision in the workplace.

The ACMHN has raised workforce development as a priority with successive Commonwealth Health Ministers over the past decade. While some steps have been taken through a number of projects to support nursing workforce development at Commonwealth and state levels, the mental health nursing workforce is in crisis and the mental health needs of the community are

¹⁸ Clinical Supervision Framework for Queensland Nurses and Midwives; State of Queensland (Queensland Health), March 2021.

¹⁹ Clinical Supervision Framework for Queensland Nurses and Midwives; State of Queensland (Queensland Health), March 2021.

growing and are currently largely unmet. The issue of workforce development in mental health, and in particular, mental health nursing workforce development is critical and urgent. The funding models relating to the mental health workforce, particularly to the mental health nursing workforce, need to change in order to support mental health nurses to work to their full scope of practice in every clinical practice setting and provide access to specialist mental health care to all Australians, specifically Queenslanders.

The scope of practice of mental health nurses in Australia encompasses a wide range of nursing roles, functions, responsibilities, accountabilities, activities and creativities, modalities and innovations; and is founded upon ethical decision-making. This diversity is fundamental to promoting optimal physical and mental health; preventing physical and mental illness; and providing therapeutic interventions and treatment to support the physical and mental health preferences and needs of individuals, communities, and population groups.

Mental health nursing is a highly specialised area of nursing practice. Consumers and families who access mental health services are entitled to high-quality health care provided by nurses with requisite qualifications and expertise. Recruitment and retention are crucial to ensuring a future workforce of appropriately skilled mental health nurses are available to meet consumer needs. However, the *Draft National Mental Health Workforce Strategy* background paper projects a shortfall of mental health nurses of between 11,500 and 18,500 by 2030²⁰. Combined with population health trends and poor retention rates, there will be a large overall nursing shortfall.²¹ Concerningly, some workforce planning projections have the *mental health nursing workforce* as the largest undersupply of all the nursing sectors in 2030.²²

Mental health nurses are critical to the specialist mental health care provided to people in crisis in emergency departments and general medical wards (through consultation liaison services), in correctional facilities and justice services, through primary care (commissioned by PHNs), in private practice, in residential aged care and through other health settings such as alcohol and other drug services, as well as support services (e.g. welfare services, NGOs, telephone triage and counselling services, schools).²³

Mental health nurse-led interventions can deliver best practice, person-centred, recovery-focussed care and are integral to a quality mental health system. It is essential to invest in this workforce as a priority to continue to deliver a cost effective and efficient response to the mental health needs of the people of Queensland. There is an urgent need to build capacity including strategic policy to create an intentional focus on the training, mentoring and supervision of the mental health nursing workforce across Queensland. The scope of practice of mental health nurses in Australia is:

- nested within a holistic theoretical and clinical framework encompassing the biological, cognitive, cultural, educational, emotional, environmental, functional, mental, occupational, physical, psychological, relational, sexual, social, and spiritual aspects of individuals and communities;

²⁰ Mental Health and Suicide Prevention – Select Committee Final Report Commonwealth of Australia 2021.

²¹ Health Workforce Australia, (2014).

²² Health Workforce Australia, (2014)

²³ ACMHN SUBMISSION to: The Royal Commission into Victoria's Mental Health System (p4).

- distinguished by person-centred and consumer-focused therapeutic approaches, to deliver specialised, recovery-oriented, evidence-based care to all people, from all cultures, across the lifespan and developmental stages, across diverse settings;
- characterised by engagement and relationships with consumers, partnerships and collaboration with carers, families, significant others, other members of the multidisciplinary team, and communities;
- underpinned by personal and professional reflection.²⁴

Acute mental health wards are busy, noisy and sometimes very distressing places and our members working in the acute wards really want the sector to change for the better. However, whilst the ACMHN is supportive of the aspiration to 'move away from a crisis-driven model to a more balanced mental health and wellbeing system' we note there are significant actions and resources that are required to move from the current to the future.

Mental health nurses have been advocating for system improvements for years, including but not limited to; adequate funding and resources to provide the evidence-based specialist care they signed up for, talking about the ongoing and increased pressures and impacts on all who find themselves admitted to or working in these environments.

Recent Australian research suggests nurses have concerns and can experience fear associated with managing aggressive or violent patients without restrictive measures²⁵. The issue of fear at work as a feature of clinical practice in mental health nursing is yet not fully elucidated, though there is a need to explore this more comprehensively.²⁶

That fear is an issue for mental health nurses is perhaps not surprising given that mental health nurses experience a higher rate of physical aggression than nurses in any other health care settings and other professionals within the mental health environment.²⁷ The lifetime risk of assault for nurses in mental health settings is estimated to be 'approaching 100 per cent'²⁸. This high risk of assault is known to negatively influence emotional, social and psychological well-being in nurses and can generate a range of physical injuries such as open wounds, bruising and sprains and emotional injuries including self-doubt, confusion, anger, guilt, shame and an increased risk of developing post-traumatic stress disorder.

An important part of having a 'well workforce' is a safe workplace. All HHS's and Queensland Health have clear and defined obligations under the WHS Act for the safety of their staff and it is important to note that nurses (and midwives) are the most vulnerable occupational group. In 2014-15, about 3325 of the 5030 (66 per cent) of all reported incidents were from the nursing profession.²⁹

All health workers need a safe work environment free from violence and verbal abuse where staff complaints are taken seriously.³⁰ According to examined literature, workplace violence mostly

²⁴ ACMHN SUBMISSION to: The Royal Commission into Victoria's Mental Health System (p4).

²⁵ Muir-Cochrane, E., O'Kane, D., & Oster, C. (2018).

²⁶ Muir-Cochrane et al. (2018).

²⁷ Muir-Cochrane, E., O'Kane, D., & Oster, C. (2018)

²⁸ Renwick et al, 2019, p. 269.

²⁹ Occupational Violence Prevention in Queensland Health's Hospital and Health Services (Queensland Health), May 2016

³⁰ 2016-2021 – Mental Health Alcohol and Other Drug Workforce Development Framework.

occurs in psychiatric departments, emergency services, polyclinics/waiting rooms, and geriatric units. Most violence in health institutions is perpetrated by patients and their relatives in the forms of verbal abuse, psychological violence, physical assault, and sexual abuse. Workplace violence can lead to various negative psychological and physical outcomes in health workers. This submission fully supports the imperative of physical safety and mental wellbeing of the health workforce through access to, stress mitigation measures and effective staff support services.

Workplace violence amongst healthcare professionals has many negative and adverse consequences, such as job dissatisfaction, diminished productivity, drug abuse, excessive drinking, and low health and life satisfaction working conditions and occupational characteristics play a significant role. Mental health settings are complex, as such there is a clear need for practical approaches addressing the negative impact of stressors on the health workforce's mental health, specifically nursing.³¹

The ACMHN **recommends** that there is an ongoing commitment to the reduction of occupational violence for all staff in settings where mental health care is provided, specifically mental health nurses.

Whilst we appreciate the reference to operational issues as a rationale, the past 18 months have demonstrated the ability for consultant psychiatrists to effectively utilise telepsychiatry. The ACMHN reminds the department that current provisions enable a safety mechanism for people, which should be maintained.

As outlined, there are opportunities to optimise scope of practice across multi-disciplinary teams for specialist mental health nurses to meet skill gaps and the broader needs of community; of note as per 'Credentialing and defining the scope of clinical practice; Health Service Directive # QH-HSD-034:2014'. It is proposed that a partnership between Mental Health Branch and the Office of the Chief Nurse lead a project to develop recognition and/or credentialing of mental health nurses within HHS's.

The ACMHN **recommends** that a review be conducted to determine how the mental health nursing scope of practice can be expanded to include leading and contributing to digital solutions including but not limited to telehealth, especially in rural and remote settings.

Mental health funding models in Australia

The ACMHN emphasizes that mental health nurses are working within a sector that has been severely under-resourced and many of our members continue to work within environments that are very dated and often not designed or built to address the requirements of contemporary mental health care. There must be a commitment to funding, capacity and infrastructure to support the current and future mental health nursing workforce.

³¹ Mento, C., Silvestri, M. C., Bruno, A., Muscatello, M. R. A., Cedro, C., Pandolfo, G., & Zoccali, R. A. (2020). Workplace violence against healthcare professionals: A systematic review. *Aggression and violent behavior, 51*, 101381.

Mental health nurse-led interventions deliver best practice, person-centred, recovery-focussed care and are integral to a quality mental health system and investing in this as a priority is a cost effective and efficient approach to delivering system improvements. *The Department of Health – Productivity Commission Inquiry (2019)* provided options for the ‘road ahead’ and mental health nursing is best placed to contribute to and/or lead many of the key components, relief workforce shortages and continue to provide evidence based best practice to people who are experiencing mental health conditions and their families.

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

There has been a multitude of reports³² which highlight the influence and best practice outcomes mental health nurses can make in various roles across the care continuum from prevention, crisis response, harm reduction, treatment and recovery. *The Report of the National Review of Mental Health Programmes and Services –National Mental Health Commission (2014)* identified several key recommendations in relation to mental health nursing workforce which included:

- improving research capacity;
- improve supply, productivity and access for mental health nurses and the mental health peer workforce;
- improve access to mental health care nursing in a community context;
- improve education and training of the mental health and associated workforce to deploy evidence-based treatment;
- evidence-based approaches on mental health and well-being to be adopted in early childhood worker and teacher training and continuing professional development.³³

Nurses are the backbone of the health care system in Australia and mental health nurses are the backbone of mental health care services. Without an appropriately qualified mental health nursing workforce, Australian and Queensland mental health services will not be able to provide safe, appropriate and therapeutic treatment for people who experience mental illness. Without an appropriate knowledgeable and clinically skilled nursing and midwifery workforce, stepped mental health care will not be a reality.

Recognising mental health nursing as a specialty is essential for recruitment and recognition. Specialist recognition was previously provided via separate registration for psychiatric/mental health nursing for Queensland registration. This recognition was given following a process of endorsement of mental health nursing qualifications on the nursing register. Endorsement was successfully established in Queensland under the former state registration guidelines. The Australian College of Mental Health Nurses sees this as a strategic approach to workforce development and a priority for attracting and retaining staff.

To ensure we are better able to quantify the mental health nursing workforce it is also deemed essential that the National Nursing and Midwifery Board recognises mental health nursing as a

³² Improving the physical health of people with severe mental illness: No mental health without physical health (2012); Evaluation of the Mental Health Nurse Incentive Program Final Report (2012).

³³Report of the National Review of Mental Health Programmes and Services –National Mental Health Commission (2014).

speciality on the national register. Such recognition of the mental health nursing speciality is a national priority for the Australian College of Mental Health Nurses and would enable vulnerable and marginalised members of the Australian community to be cared for by educated and skilled mental health nurses.

The ACMHN Credential for Practice Program is the only nationally consistent standard for recognition of specialist mental health nurses. The Mental Health Nurse Credential recognises the qualifications, skills and experience of nurses who are practicing as specialist mental health nurses. Recognition as a Credentialed Mental Health Nurse demonstrates to employers, professional colleagues and importantly to consumers and carers that an individual nurse has achieved a high standard for practice in mental health nursing.

The Mental Health and Suicide Prevention – Select Committee Final Report Commonwealth of Australia 2021 proposes that the 2021-22 Budget include an \$11 million to boost the psychiatrist workforce. In the development of response for Queensland, there must be a specific strategy for funding an inclusive mental health nursing workforce, specifically additional funding to provide scholarships and clinical placements for nurses.³⁴ Of note specific to Queensland, there needs to be a collaboration with rural and remote health partners with a specific commitment to regional and remote areas.

The ACMHN also recognises that at this time, there are increasing reports of high levels of fatigue and distress amongst the Queensland specialist mental health workforce that although sometimes recognised do not appear to have been responded to. If left unaddressed, this poses a serious threat to realisation of the objective to deliver on “opportunities to improve mental health outcomes for Queenslanders and opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health care”³⁵.

The ACMHN **recommends** that there is a commitment to support the credentialing of mental health nurses in Queensland. It is essential for building current and future workforce that there is recognition of the contribution, clinical leadership and capability of the current mental health nurse workforce within the broader mental health and substance use and the broader health system.

³⁴ Mental Health and Suicide Prevention – Select Committee Final Report Commonwealth of Australia (2021).

³⁵ Terms of Reference, Mental Health Select Committee, (2021).

References

Australian College of Mental Health Nurses. (2010). *Standards of Practice for Australian Mental Health Nurses*. ACMHN, Canberra. <https://acmhn.org/publications/>

Australian College of Mental Health Nurses. (2013). *Mental Health Nurses in Australia Scope of Practice*. ACMHN, Canberra. <https://acmhn.org/publications/>

Australian Commission on Safety and Quality in Health Care. (2019). *Australian Charter of Healthcare Rights (second edition)*. <https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/review-of-the-charter-of-healthcare-rights-second-edition>

Bigwood, S & Crowe, M. (2008). 'It's part of the job, but it spoils the job': a phenomenological study of physical restraint. *International Journal of Mental Health Nursing*, 17(3), 215-222. <https://doi.org/10.1111/j.1447-0349.2008.00526.x>

Muir-Cochrane, E., O'Kane, D., & Oster, C. (2018) Fear and blame in mental health nurses' accounts of restrictive practices: Implications for the elimination of seclusion and restraint. *International Journal of Mental Health Nursing*, 27(5), 1511-1521. <https://doi.org/10.1111/inm.12451>

Renwick, L., Lavelle, M., James, K., Stewart, D., Richardson, M., & Bowers, L. (2019). The physical and mental health of acute psychiatric ward staff, its relationship to experience of physical violence. *International Journal of Mental Health Nursing*, 28(1), 268-277. <https://doi.org/10.1111/inm.12530>

State of Queensland. (2021). *Royal Commission into Queensland's Mental Health System, Final Report, Volume 4: The fundamentals for enduring reform*, Parl Paper No. 202, Session 2018–21 (document 5 of 6). https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/03/RCVMHS_FinalReport_Vol4_Accessible.pdf