

CHAPTER 6

Term of Reference F: Staffing levels in New South Wales health services, including comparisons with other jurisdictions

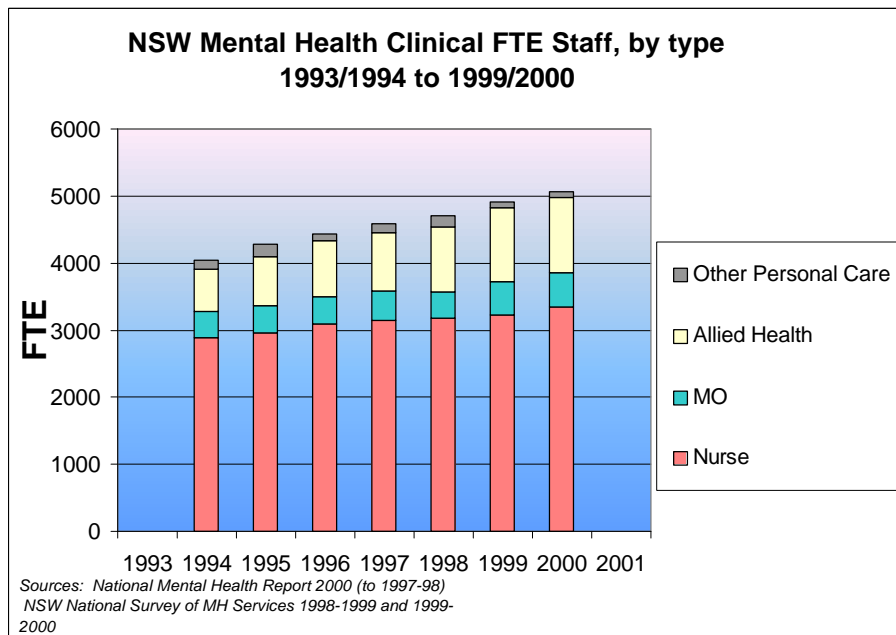
Mental Health Workforce Planning

Across Australia there are significant pressures on the mental health workforce in terms of the numbers of speciality workers and their distribution. Defining and counting the mental health workforce is difficult. Shortages are present across Australia for mental health nursing: there is an ageing workforce and difficulties with recruitment and retention. National reports have identified options but have not provided solutions and endeavours are now being incorporated into the national review of nursing generally. Medical workforce has also been reviewed in terms of specialist psychiatrists and problems of access, distribution and numbers have all been taken up, particularly in response to shortages in rural and remote areas.

NSW Health has developed a strategic planning process (draft) to urgently address mental health workforce development in response to current and future need. Monitoring, evaluation and future development are vital in workforce planning and the strategy will also encompass the projection of future need and training as well as new workforce components. A linking of workforce skills and competencies to evidence-based assessment and interventions and a linkage of these through to improved outcomes is one of the goals of such a workforce strategy over time.

Workforce planning mental health

- Identified shortages in all mental health disciplines across Australia, especially nursing and medicine and in rural/remote areas
- Strategic process for mental health workforce - medical, nursing, allied health
- Key issues in future service developments



Mental Health Nursing is a major workforce issue, and a number of strategies have been put in place:

Workforce planning mental health nursing

- Mental Health Nursing Working Group
- Joint initiative between the Centre for Mental Health and the Office of the Chief Nursing Officer
 - Support for mental health clinical placements for about 2,500 undergraduate nursing students.
 - Scholarships and clinical support for about 350 registered and enrolled nurses.
 - Mental health nursing introductory courses in a range of general hospital settings.
 - Mental health refresher programs for registered and enrolled nurses who either wish to re-enter the mental health workforce or to change their nursing specialty

Medical Workforce is also under significant pressure.

Workforce planning medical

- Centre for Mental Health collaboration with the Royal Australian and New Zealand College of Psychiatrists (NSW Branch), the NSW Country Psychiatrists Association and Area Mental Health Services:
 - support packages for Area of Need Psychiatrists
 - support for rural medical workforce
 - innovative approaches to provision of specialist psychiatric services (eg fly in consortium Wagga and Coffs Harbour)

Allied Health workforce issues are also being addressed.

Other workforces contributing to mental health care include:

- primary care, especially general practitioners to whom most people with mental health problems turn for assistance. Commonwealth and NSW initiatives are in process to enhance skills of general practitioners to improve partnerships with mental health care.
- Non-government organisations also contribute to mental health work and workforce, and their identification and further development as a component of the workforce will be addressed as a strategy in this field.
- Consumers, families and carers are also important in the work done in mental health, and the development of their knowledge and skills is a significant further component.

Education and Training

Education and training are essential for a skilled and valued workforce. Education occurs in undergraduate and postgraduate programs and continuing education for all professional grants. In addition there is education for specific program implementation.

Education and training for the current and future workforce is being supported through the development of mental health modules for mental health professionals. Centre for Mental Health has provided a series of grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.

Other initiatives include funding to:

- Develop and deliver support, supervision and training of Psychiatrists working in area of need positions in rural and outer metropolitan areas.
- Suicide prevention training.
- Training for prevention and management of violence in the health workplace.
- Mental Health Outcomes and Assessment Tools Training for enhancing clinical skills.

The Institute of Psychiatry is a major educational body established by Act of Parliament. It both provides courses and works collaboratively with other tertiary sectors.

- (i) *Staffing levels across different Area Health Services in hospital, community based and related services both in absolute terms and in relation to national benchmarks and interstate and international comparisons*

The Mid-Term Review of the Second National Health Plan recommended that a concerted nationwide action programme is necessary to:

- (i) understand the extent of the current and likely future shortages of mental health professionals, especially nurses;
- (ii) introduce the measures necessary to retain current staff;
- (iii) make mental health career choices increasingly attractive in future.¹

International Benchmarks

There are a number of models and data on international services but benchmarking is difficult.

Although the evidence on the rates of disorder at different severity levels is consistent, the models of service provision vary a great deal. Where services are provided in the community, a great deal depends on the supporting services available, not only for health care, but also disability pensions, general health services, housing, and so on. In addition, the nature of the populations provided with mental health services can vary significantly. For example, not all countries provide universal coverage for mental health services for the whole population.

National/State Benchmarks

The Richmond Report suggested that the number of community FTE required for a catchment area of 250,000 people was 29 staff, namely 4 psychiatrists, 10 nurses, 5 social workers, 4 psychologists, 3 occupational therapists and 3 clerical assistants/ typists². Thus the 'Direct Care' staff was 26 FTE, or about 10 per 100,000.

In 'Leading the Way' access to community based treatment services was to be achieved by ensuring a minimum of 20 community treatment beds per 200,000 of the population and promoting the ideal of 10 mobile community mental health workers and 10 rehabilitation workers per 200,000 of population.³

As at 1999/2000 NSW had 32.6 direct care FTE per 100,000 in ambulatory care services, near the Australian average of 33.3 FTE/100,000. The range for States and Territories is from 22.9 to 37.5 FTE/100,000.⁴

(ii) *The retention rate for specialist medical practitioners, nursing and allied health staff in public and private mental health facilities*

This information is not maintained by Area Mental Health Services in comparable formats. The proposed Workforce Strategy Development, a collaborative project involving the Centre for Mental Health and the area health services will include comparable data from 2003.

What can be said, however, is that the recruitment and retention of mental health specialists of all disciplines is difficult especially in rural areas where most positions tend to attract recent graduates who have enormous supervision and support needs that may not be able to be met from existing human and financial resources. Of particular concern are the difficulties of attracting and supporting staff specialist (psychiatrists) and mental health nurses.⁵

A number of factors impact on retention rates. They vary from Area to Area and cannot be generalised as there are always exceptions. Nevertheless, from the information at hand it appears that non acute services have the best retention rate across all service categories. Senior nursing staff, nearing retirement seem to remain in the same location while there is a higher turnover in the younger age group. Retention rates for specialist vary from 100% to 60%, nursing from 93% to 56% and allied staff from 100% to 60% (with significant variations according to profession, location and client base). As mentioned the information provided is not always comparable and is indicative only of the workforce situation.

Nursing

In December 1999 the NSW Health Nursing Branch conducted a think tank, which identified six issues affecting the mental health nursing workforce. These issues were the:

- need for educational opportunities (both undergraduate and postgraduate);
- image of mental health nursing;
- recruitment and retention of experienced and skilled nursing staff;
- models of care and the role of the mental health nurse;
- culture of mental health facilities; and
- mix of skills and need for collaboration with other stakeholders.

The *NSW Nursing Workforce Research Report (2000)*⁶ found that there was a number of issues affecting the nursing profession that was contributing to a loss of staff from the nursing workforce. Family and lifestyle responsibilities affected by shiftwork was cited as a significant reason for leaving nursing.

Increased flexibility and choice concerning working hours is seen as an important incentive to encourage nurses back into the NSW workforce. Other incentives include financial recompense commensurate with the level of qualifications and responsibility, improvements to working conditions and financial assistance with retraining.

Some of the image problems in mental health nursing stem from its origins in institutions which offered only custodial care, some from a generalised lack of knowledge about the field and some from the stigma still attached to mental health problems.

Another major issue has been the educational preparation of mental health nurses. While metropolitan nurses can access a range of education in mental health nursing, there are limited opportunities for rural nurses, particularly for inservice and short courses. Enrolled nurses can only undertake mental health education in Sydney or Newcastle. There is a growing interest in clinical supervision but limited opportunities for new graduates to join transition programs in mental health.

Initiatives taken to address some of these issues for mental health nursing are:

- The establishment of a Ministerial Taskforce for the Management and Prevention of Violence in the Health Workplace, chaired by Professor Duncan Chappell and Professor Beverley Raphael.
- The establishment of a Mental Health Nursing Working Group, chaired by Professor Beverley Raphael to provide a new vision for mental health nursing and to improve the image of mental health nursing.

The work of the Mental Health Nursing Working Group was supported by funding to undergraduate and postgraduate programs to strengthen mental health nurse training and training for the mental health workforce. Funding has been provided to all NSW Colleges and Universities providing nursing education to develop a range of mental health education modules. Details of grants are mentioned in Term of Reference G, Issue (vi).

The education program aims to assist the development of specialised skills in the provision of mental health care for inpatient and community settings. This includes distance learning programs for nurses in rural and remote Areas; specialist modules for postgraduate nurses and nursing managers; programs for nurses wanting to work with children and young people and clinical nursing leadership in mental health. In addition, a major initiative has been to strengthen the mental health undergraduate programs' clinical placements through clinical supervision and peer support. In rural and remote areas, this is being supported through the telepsychiatry program, which is providing, consultation/liaison, education and supervision to nurses in even the remotest regions of NSW

(iii) The aggregate cost of employing the services of Visiting Medical Officers compared to public medical practitioners, and the reasons for the shortage of public psychiatrists

Visiting Medical Officers are employed on an hourly rate, currently \$152.95 per hour. Staff Specialists from are remunerated at \$62.06 to \$83.85 per hour. (The rate is adjusted from staff specialists award rates which include entitlements to leave and other on-costs.)

The professional expertise bought by senior practitioners in VMO roles can contribute very positively to clinical governance and leadership and area mental health services are encouraged to utilise this resource.

Across Australia there has been a decline in psychiatrists participating in public sector mental health over the last decade. The Australian Medical Workforce Advisory Committee considered the adequacy and projected need for psychiatrists and reported in November 1999. From survey results, the Committee found that over the two decades preceding the report there had been a reduction in the proportion of psychiatrists employed in the public sector from about 50% to 38% of the total number of psychiatrists.

There is an overall shortage of psychiatrists, with metropolitan areas better supplied than non- metropolitan areas. In the 1970s there were three full time psychiatrists in the New England Area: 'Despite growth in workload including two units for in-patients, there are now only two full time psychiatrists to cover the area, one in Armidale and one in Tamworth'.⁷ The financial impact is more obvious in the rural area health services where fly-in VMOs have been introduced to keep psychiatric services going and provide appropriate clinical governance.

Specific programs are in place to support the development of the psychiatric workforce in rural, remote and growth areas. They are being carried out in partnership with the NSW branch of the Royal Australian and New Zealand College of Psychiatrists and include special monitoring and education to support rural psychiatrists and rural trainees in psychiatry.

¹National Health Report 2000, op cit, page 6.

² Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled, op cit, Part 3, Division 6.1.

³ Leading the Way. op cit, page 49.

⁴ National Mental Health Report 2002, unpublished. Embargoed until publication.

⁵ New England Area Health Service, correspondence February 2002.

⁶ NSW Health Department 2000 *NSW Nursing Workforce Research Report*. NSW Nursing and Health Services Research Consortium.

⁷ Dr M de Groot, retired psychiatrist, correspondence dated 21 February, 2002.