Submission

Meeting Victoria's funded specialist mental health workforce needs

October 2011

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ORGANISATIONAL INFORMATION

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The comments provided in this submission are from the perspective of (please tick those that apply):

☐ Education providers to the mental health workforce

☐ Clinical Mental Health service provider

☐ Non-clinical mental health service provider

☐ Other health services provider

☐ Indigenous mental health services provider

☐ Rural and remote mental health service provider

☐ A regulatory body

☐ A professional group(s)

(Please specify).....

☐ A consumer group

☐ A carer group

☐ Government

☒ Other (Please specify) non-government organisation

CONSULTATION QUESTIONS:

PLEASE PROVIDE YOUR FEEDBACK BY RESPONDING TO THE CONSULTATION QUESTIONS BELOW.

These questions have been developed based on the four goals of this strategy which are outlined in the consultation paper. In addition there are questions posed which apply to the strategy as a whole.

GOAL 1: People

To attract and retain a sustainable and balanced workforce with the attitudes, knowledge, values and skills to provide high quality contemporary mental health treatment and care.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

There are multiple, significant barriers to people with depression and anxiety participating in employment. These include issues specific to the nature of mental illness; stigma and discrimination; the perceptions, attitudes and understanding of employers; and structural issues associated with poorly coordinated services and financial disincentives to participate in work. These barriers to participating in employment may have a significant impact on the recruitment and retention of health professionals within the specialist mental health workforce.

Health professionals experience high rates of depression, anxiety and other mental health problems, which may be a significant challenge to the attraction and retention of the workforce. In 2010 *beyondblue* commissioned a systematic literature review on the mental health of doctors.[i] This review highlights the high rates of suicide, depression, anxiety disorders, substance use and self-medication throughout the profession, and suggests that a significant proportion of medical students and doctors are unwilling to seek help for these problems. A range of barriers to seeking professional and informal help were identified, which included concerns about stigma, career development, impact on colleagues, impact on patients, confidentiality, embarrassment and professional integrity. There is also evidence to suggest significant stigma relating to mental illness within the nursing profession.[ii]

Workplace psychosocial stressors have been linked to poor mental health in a growing body of scientific evidence.[iii] Stressors with the strongest evidence linking them to poor mental health include job demands, job control (how much say you have over how to do your work), the combination of high job demands and low job control (defined as 'job strain'), job insecurity, low social support at work and effort-reward imbalance. [iv] The job stress intervention evidence, however, also shows that job stressors can be effectively addressed by a combination of work- and worker-directed interventions.

(b) Are the proposed objectives and strategies appropriate and relevant in your context?

To ensure that goal 1 acknowledges and addresses the high prevalence of mental health problems within the workforce the *Mental Health Workforce Development Strategy*, needs to

adopt the following strategies:

1. Develop awareness within the specialist mental health workforce of the prevalence of depression and anxiety.

2. Recognise and address the barriers to seeking help within the workforce, with a particular focus on reducing stigma and increasing help seeking.

3. Recognise the impact of workplace psychosocial stressors within the sector.

Research findings identify the need to address the upstream determinants of job stress (working conditions) as well as its downstream consequences (including depression, job turnover and lost productivity). [v] Strategies that explore aspects of workforce roles and the working environment which may contribute to job stress therefore need to be considered.

There is a need for organisations to be able to effectively respond to mental health issues within their own workforce. Organisations need to consider providing mental health training for workers at all levels within their organisation. Workers who have undertaken training in dealing with mental illness in the workplace, such as the *beyondblue* National Workplace Program and other evidence-based mental health awareness and skills training, are more likely to feel that they, and their organisation, are better equipped to support a person with depression or an anxiety disorder.[vi] The development of mental health policies, and the inclusion of mental health in existing health and wellbeing programs, both raises awareness and breaks down stigma.

These strategies will complement the objectives relating to workplace cultures and leadership, that are vital components of promoting and providing a positive and health promoting work environment, that are incorporated in goals 3 and 4.

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

The ***beyondblue*** **Doctors' Mental Health Program (bbDMHP)** has been developed to address the prevalence of depression and anxiety in Australian medical students and doctors (http://www.beyondblue.org.au/index.aspx?link_id=4.1262). The key objectives of the bbDMHP are to:

- increase awareness of the symptoms of depression and anxiety
- identify risk factors for depression and anxiety
- reduce barriers to, and encourage, help-seeking
- promote existing services and develop self-help resources.

The bbDMHP aims to promote broad engagement across the medical and mental health sectors through an overarching Advisory Committee, chaired by Dr Mukesh Haikerwal AO, and an Expert Reference Group comprising doctors with a personal experience of mental illness and their carers, deans of medical schools, academics and representatives from doctors' health advisory services, government, medical specialist colleges, and postgraduate medical education councils.

The Program is currently focusing on two key projects – a national survey investigating issues associated with the mental health of Australian medical students and doctors; and the development of an Online Mental Health and Wellbeing program for medical students and

doctors. Programs such as the bbDMHP could be adapted to meet the particular needs of the specialist mental health workforce, to help ensure that the mental health and wellbeing of the workforce is promoted.

Another program that may successfully support the mental health and wellbeing of the specialist mental health workforce is the ***beyondblue*** **National Workplace Program (NWP).** The NWP was developed in 2004 and is an awareness, early intervention and prevention program specifically for workplace settings. It aims to increase the knowledge and skills of staff and managers to address mental health issues in the workplace. The program has been evaluated and shown to:

- increase awareness and knowledge about the high prevalence disorders of depression, anxiety and related drug and alcohol problems
- reduce stigma
- increase confidence to recognise, assist and manage depression and related disorders in the workplace
- increase willingness to assist and support colleagues to access appropriate healthcare.

(d) Are there broader health or community service initiatives that mental health can build on or contribute to that may support the achievement of this goal?

Community-based mental health promotion activities and events provide an opportunity to reduce the stigma associated with mental health problems; promote awareness of the high prevalence of depression and anxiety disorders; and encourage individuals to look after their own mental health and support their colleagues. Existing mental health awareness-raising events, such as Mental Health Week and Movember, could be built on and contribute to the promotion of mental health and wellbeing within the mental health workforce.

(e) Who is best placed to take responsibility for driving the implementation of strategies proposed under this theme?

Addressing mental health issues in the workplace is the shared responsibility of Government, employers, staff, unions, industry and health professional associations and mental health sector stakeholders. *beyondblue* and other organisations, such as the Australian Human Rights Commission,[1] have developed a range of resources to assist staff and employers address mental health issues in the workplace.

[1] For example, Australian Human Rights Commission, 2010 Workers with mental illness: a practical guide for managers (http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide.html)

GOAL 2: Place

To achieve a distribution of the mental health workforce that meets community needs for high quality contemporary mental health treatment and care.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

(b) Are the proposed objectives and strategies appropriate and relevant in your context?

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

Strengthening the mental health workforce in rural and remote communities is essential to increase access to specialist services. One approach to help achieve this goal includes adopting a stronger focus on the **role of service coordination and integration**. *beyondblue,* the Australian General Practice Network and Divisions of General Practice implemented the *Mental Health in Drought Affected Communities Initiative* from 2007 – 2011. This Initiative aimed to develop community capacity and resilience in drought affected communities. Central to the success of this program was the role and function of Community Support Workers (CSWs), who were based in the Divisions of General Practice and performed outreach services; networking and brokerage between service providers; and crisis intervention. The Evaluation of this Initiative concluded that *"The role of the Community Support Worker has been fundamental to building awareness and creating greater access to mental health information, training and support services to organisations, businesses and individuals experiencing or at risk of environmental threats, such as the drought."* [vii] Strategies to enhance the capacity of the mental health workforce should therefore focus not only on clinical service delivery, but also on improving service coordination and integration.

It is also important that alternative service delivery models are developed to both support the workforce and help to ensure that services are available in rural and remote communities. The ***beyondblue*** **Community Access Program** (bbCAP) is a proposal to pilot an alternative service delivery model. If found successful, it will assist in providing easily-accessible and affordable care to people with depression and anxiety, regardless of their geographical location. Based on a successful United Kingdom scheme operating since 2005, the Improving Access to Psychological Therapies program, the bbCAP has the potential to address the barriers to seeking help for depression and anxiety disorders, and increase access to low intensity treatment and care. Investing in low intensity models such as the bbCAP may help to reduce the burden on high intensity care, and help to achieve a distribution of the mental health workforce that meets community needs. These alternative

models of care may enable mental health treatment to still be delivered instances where specialist services are not available.

(d) Are there broader health or community service initiatives that mental health can build on or contribute to that may support the achievement of this goal?

(e) Who is best placed to take responsibility for driving the implementation of strategies proposed under this theme?

GOAL 3: Environment

To foster learning and working environments that support high quality contemporary mental health treatment and care.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

A key issue that impacts on the delivery of high quality and effective mental health treatment and care is the stigma associated with depression and anxiety disorders. Research suggests that people with depression and anxiety and their carers may experience stigma and negative attitudes from health professionals.[viii,ix] These stigmatising attitudes may impact on the expectations health professionals convey to consumers and carers, and mental health outcomes.[x,xi] The feelings and experiences of stigma may also be as debilitating as the illness itself. This issue was explored in *beyondblue* focus groups with consumers and carers:

- *"One day I had a suicidal attempt and the doctor treated me like I was dumb."* Consumer
- *"I feel like I've had these flings with psychologists! I've had a really bad run with about five terrible psychologists. Two were quite demeaning. I didn't feel like they genuinely cared. I think OCD's one of those things, it's even frustrating for people who understand the illness, because I understand how irrational it is. They're like, 'why don't you just like, not do it?' I have a fear of going to a psychologist because I've had just such bad experiences."* Consumer
- *"...health professionals are taught how to wash people, give medications, look for specific illnesses, but when it comes to a patient who's having a panic attack it's 'oh, they're just weird'."* Consumer
- *"The medical ward at the hospital is where you're admitted. The staff on that ward are not trained in mental health in any way, shape or form. Therefore, when we're admitted to hospital we can be treated without respect or dignity, and often totally ignored. They have no understanding of mental health. And sometimes, the nurses are so frightened they don't want to come near you. It's just a horrible, degrading experience."* Consumer

It is essential that the specialist mental health workforce and other health professionals treat all people with depression and anxiety disorders, and their carers, without stigma or discrimination of any kind. The objectives and strategies to enhance the specialist mental health environment should therefore incorporate a focus on addressing stigma.

It is also important that the learning and working environment of the specialist mental health workforce supports mental health nurses to implement best-practice care for depression and anxiety disorders. The training provided to mental health nurses appears to focus on severe and psychotic mental illnesses, and there is a lack of training to support nurses to identify and respond to depression and anxiety, and deliver evidence-based therapeutic approaches such as Cognitive Behaviour Therapy. Training on the identification and treatment of alcohol and other drug issues should also be incorporated into undergraduate training, to ensure that these conditions are incorporated within the 'core business' of mental health nursing.

(b) Are the proposed objectives and strategies appropriate and relevant in your context?

The proposed Objective 6, which recognises the importance of workplaces cultures that are responsive to diversity and are culturally competent and safe, is an important component of ensuring that mental health treatment and care is inclusive and appropriate. Australia is increasingly recognised as a culturally and linguistically diverse society, which includes Indigenous populations and migrant groups. The context of mental health across these communities varies greatly and is often not in alignment with a Western model of mental health. A key challenge for the workforce is to work with these communities in a culturally competent manner. Additional skills and understanding are required to develop culturally appropriate journeys of care for people from diverse communities, which far exceed the objectives of cultural awareness training that may currently be offered in the workplace.

It is also important that strategies to address diversity incorporate gay, lesbian, bisexual, transgender and intersex (GLBTI)-inclusive practice. GLBTI populations face discrimination including verbal and physical abuse, which places these people at a higher risk for poorer mental health than heterosexual people. A number of studies have found that GLBTI populations are at increased risks of developing depression and anxiety, substance use disorders or self harm and thoughts of suicide, and this is strongly related to abuse and discrimination.[xii, xiii, xiv] Research also suggests that satisfaction with health services may be lower among GLBTI populations than among their heterosexual peers, and people who are same or both sex attracted, trans or intersex, sometimes face discrimination when receiving services.[xv,xvi,xvii] Including a particular focus on GLBTI-inclusive practice, together with strategies that address the particular needs of Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities, is an important component of responding to diversity.

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

(d) Are there broader health or community service initiatives that mental health can build on or contribute to that may support the achievement of this goal?

(e) Who is best placed to take responsibility for driving the implementation of strategies proposed under this theme?

GOAL 4: Performance

To achieve a high performing mental health workforce that contributes to effective outcomes for consumers, their families and carers.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

(b) Are the proposed objectives and strategies appropriate and relevant in your context?

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

(d) Are there broader health or community service initiatives that mental health can build on or contribute to that may support the achievement of this goal?

(e) Who is best placed to take responsibility for driving the implementation of strategies proposed under this theme?

FOR THE STRATEGY AS A WHOLE:

(a) Do the goals of the strategy provide clear direction to further develop the specialist mental health workforce?

(b) What are the strengths and weaknesses of the objectives and strategies proposed in this paper?

(c) Does this paper address the needs of the workforce and the organisations that employ them?

(d) Does this paper address the needs of your organisation's workforce?

(e) Are there any further information or comments you wish to provide?

Written submissions must be received no later than Monday 24 October 2011 via email to mhworkforce@health.vic.gov.au.

The Department of Health thanks you and your organisation for taking the time to provide input into the strategy development and for providing your perspective and advice.

Thank you for completing this submission.

[i] Elliot, L., Tan, J. & Norris, S. (2010). *The mental health of doctors: a systematic literature review. beyondblue*: Melbourne

[ii] Joyce, T., Higgins, I., Magin, P., Goode, S., Pond, D., Stone, T., Elsom, S. and O'Neill, K. (2011), Nurses' perceptions of a mental health education programme for Australian nurses. International Journal of Mental Health Nursing, 20: 247–252.

[iii] LaMontagne, A. D., Keegel, T., Louie, A. M. & Ostry, A. (2010). Job stress as a preventable upstream determinant of common mental disorders: A review for practitioners and policy-makers. *Advances in Mental Health,* 9, 17-35.

[iv] LaMontagne AD, Sanderson K, & Cocker F (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression.* Victorian Heath Promotion Foundation (VicHealth): Carlton

[v] LaMontagne AD, Sanderson K, & Cocker F (2010): Estimating the economic benefits of eliminating job strain as a risk factor for depression. Victorian Heath Promotion Foundation (VicHealth), Carlton, Australia. 37 pages.

[vi] *beyondblue* (2011). *Annual Business and Professions Study*. Available at: http://www.beyondblue.org.au/index.aspx?link_id=105.1343

[vii] Juriansz, D. (2010). *Mental Health in Drought affected Communities Initiative (MHDI): Independent Evaluation Report 2010. beyondblue*: Melbourne.

[viii] Horsfall, J., Clearly, M. & Hunt, G.E. (2010). Stigma in mental health: clients and professionals. *Issues in Mental Health Nursing, 31,* 450 – 455.

[ix] Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H. & Henderson, S. (1999). Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. *Australian and New Zealand Journal of Psychiatry, 33,* 77 – 83.

[x] Hugo, M. (2001). Mental health professionals' attitudes towards people who have experienced a mental health disorder. *Journal of Psychiatric and Mental Health Nursing, 8,* 419 – 425.

[xi] Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H. & Henderson, S. (1999). Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. *Australian and New Zealand Journal of Psychiatry, 33,* 77 – 83.

[xii] Corboz, J., Dowsett, G., Mitchell, A, Couch, M., Agus, P., Pitts, M. (2008). *Feeling Queer and Blue: A review of the literature on depression, and related issues among gay, lesbian, bisexual and other homosexually active people*. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

[xiii] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A. (2010). *Writing themselves in 3*. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne

[xiv] McNair, R., Hughes, T., and Szalacha, L. (2011). *Mental health and violence amongst young Australian women of diverse sexual orientation*. PowerPoint presentation prepared for *beyondblue* GLBTI Reference Group, January 2011.

[xv] Australian Human Rights Commission (2011). *Addressing sexual orientation and sex and/or gender identity discrimination.* Accessed online 22 September 2011: http://www.hreoc.gov.au/human_rights/lgbti/lgbticonsult/report/SGI_2011.pdf

[xvi] Avery, A.M., Hellman, R.E. & Sudderth, L.K. (2001). Satisfaction with mental health services among sexual minorities with major mental illness. *American Journal of Public Health, 91* (6), 990 – 991.

[xvii] Australian Human Rights Commission (2011). *Addressing sexual orientation and sex and/or gender identity discrimination.* Accessed online 22 September 2011: http://www.hreoc.gov.au/human_rights/lgbti/lgbticonsult/report/SGI_2011.pdf