Government of **Western Australia**
Mental Health Commission

Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025

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Acknowledgements

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The Mental Health Commission wishes to pay its respects to Elders past, present and emerging.

The Mental Health Commission would like to acknowledge the valuable participation of all employees, as well all external stakeholders, who have contributed to the development of the Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025.

Accessibility

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Foreword

Hon Roger Cook MLA
Deputy Premier;
Minister for Health; Mental Health

Jennifer McGrath
A/Commissioner
Mental Health Commission

I am pleased to release the *Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025* (Workforce Strategic Framework). The Workforce Strategic Framework reaffirms the State Government's commitment to build the right number and appropriately skilled mix of staff to deliver high quality mental health, alcohol and other drug (AOD) services and programs to the Western Australian community.

The Government is committed to building a sustainable, suitably qualified and skilled workforce that is able to meet the needs of those impacted by mental health, alcohol and other drug related issues within the Western Australian community. This document will guide the important workforce planning and development activities required to achieve our aim.

I would like to thank the Mental Health Commission for leading the development of the Workforce Strategic Framework and I also want to acknowledge and thank the consumers, families, carers, service providers, government agencies and non-government organisations who provided valuable input into its development.

Hon Roger Cook MLA
Deputy Premier;
Minister For Health; Mental Health

I am proud to present the *Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025* (Workforce Strategic Framework). The Workforce Strategic Framework has been developed in consultation with a vast array of stakeholders including consumers, families and carers, government agencies, non-government organisations, professional bodies, and key mental health and alcohol and other drug peak bodies.

The development of the Workforce Strategic Framework addresses a key action in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan), which indicates a requirement for significant service reform, growth and development across the service spectrum.

The mental health and alcohol and other drug sectors continue to progress significant reforms, requiring the workforce to simultaneously evolve to ensure we have a balanced, high quality and sustainable service system.

The implementation of the Workforce Strategic Framework will require a contribution across all levels of government and non-government sectors and I look forward to the development and strengthening of our mental health, alcohol and other drug workforce.

Jennifer McGrath
Acting Commissioner
Mental Health Commission

Executive Summary

The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan) identifies the requirement to develop a comprehensive mental health, alcohol and other drug (AOD) workforce planning and development strategy. The Plan outlines the optimal mix of mental health and AOD services required to meet the needs of the Western Australian community.

The *Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025* (Workforce Strategic Framework) aims to guide the growth and development of an appropriately qualified and skilled workforce that will provide individualised, high quality mental health and AOD services, and programs for the Western Australian community. The Workforce Strategic Framework provides suggested evidence-informed strategies and actions that may be implemented by a range of organisations, including government agencies and non-government organisations (NGOs) at the state and/or national level.

The development of the Workforce Strategic Framework was led by the Mental Health Commission (MHC) in collaboration with key stakeholders including consumers, families and carers of those with a lived experience of mental health and AOD-related issues[i]; senior representatives from a range of government departments; key NGOs; peak mental health and AOD bodies; and clinicians and their representative bodies, including direct consultation with the Royal Australian and New Zealand College of Psychiatrists – WA Branch. An external Workforce Strategy Advisory Group including representatives of the mental health and/or AOD sectors was also formed to guide the development of the Workforce Strategic Framework. A range of key stakeholders were consulted during the Workforce Strategic Framework development, and the sector peak bodies: the Western Australian Network of Alcohol and Drug Agencies (WANADA), and the Western Australian Association for Mental Health (WAAMH), were commissioned by the MHC to map the existing mental health and AOD sector workforce, and to develop key recommendations for workforce development and planning. The views of consumers, families and carers have been, and will continue to be one of the central guiding principles upon which workforce planning and development is based.

State and national strategies and standards have also informed the content of the Workforce Strategic Framework, including the *Fifth National Mental Health and Suicide Prevention Plan*, the *National Drug Strategy 2017-2026* and the *Australian Standard for Workforce Planning*. Of particular importance is the Plan, which identifies key mental health and AOD service development initiatives until 2025. The Plan highlights a range of system reforms that require corresponding workforce planning and development.

The Workforce Strategic Framework key principles and priority areas were informed through a review of the literature including existing strategic workforce documents; through consideration of the recommendations provided by WAAMH and WANADA in their workforce project reports; and with input from the Workforce Strategy Advisory Group. Strategies and suggested actions for workforce planning and development within the mental health and AOD sectors address key issues which impact the workforce at the individual, organisational and systemic level. Ensuring systems, organisations and individuals are equipped to adapt to the changing work landscape is essential.

The strategies aim to develop a responsive, flexible and collaborative approach to guide workforce planning and development until 2025. The strategies and suggested actions in the Workforce Strategic Framework are provider and funder neutral.

i. 'Lived experience' can also be referred to as "people who identify as having experienced problems associated with alcohol and other drug use and/or mental health" or "people with experiential knowledge of alcohol and other drug use and/or mental health".

Provider and funder neutral: refers to the fact that the Workforce Strategic Framework suggests workforce planning and development actions for implementation across the State; however, it does not specify who funds and/or implements the suggested actions. The responsibility to fund, implement and monitor the Workforce Strategic Framework actions lies with the respective agencies. It is recognised that the implementation of the suggested actions may require additional funding which is subject to regular government budgetary processes.

An overview of the Workforce Strategic Framework is provided in **Table 1** which summarises the key principles, priority areas, strategies and actions that have been identified to guide the growth and development of the mental health and AOD workforce in Western Australia. The information contained in **Table 1** is presented in more detail later in the document and follows important background and contextual information.

Implementation of the Workforce Strategic Framework will require leadership, change management and continued collaboration from the MHC and key stakeholders such as the Department of Health (DoH), Health Service Providers (HSP), the WA Primary Health Alliance (WAPHA), peak bodies and other key agencies within the government, non-government and private sectors. A large proportion of the mental health workforce in Western Australia is employed by HSPs who are responsible and accountable for the delivery of safe, high quality, efficient and sustainable health services to their local areas and communities.

Under the *Health Services Act 2016*, the DoH is the 'system manager', and HSPs are established as statutory authorities. HSPs are autonomous entities with responsibility for their own local workforce planning, with DoH having a coordination role. The MHC will continue to work closely with the DoH and the HSPs to assist in workforce planning and development.

To progress implementation, organisations and agencies are encouraged to review their workforce planning and development activities to ensure they align with the Workforce Strategic Framework. The MHC will implement its own workforce activities and support stakeholders to implement their own initiatives where appropriate. All workforce planning and development activities are required to ultimately improve services and programs for the benefit of consumers, families, carers and communities.

Table 1. Executive summary of the Workforce Strategic Framework

AIM	To guide the growth and development of an appropriately qualified and skilled workforce that will deliver individualised, high quality mental health and AOD services and programs for the Western Australian community.
PRINCIPLES	The following principles underpin the Workforce Strategic Framework and align to the Plan, and key workforce development concepts 1. The preferences of consumers, families, carers and communities are appropriately reflected. 2. Workforce planning and development occurs across the service spectrum. 3. Equity, respect for diversity, cultural inclusivity and cultural security are of paramount importance. 4. All staff within the mental health and AOD workforce, are actively involved in workforce planning and development issues. 5. Recovery-oriented practice[ii] underpins service delivery. 6. Holistic, whole-of-person services are common practice. 7. Trauma-informed and family-inclusive methods are common practice. 8. Workforce configuration is flexible and responsive. 9. Changes within the workforce are sustainable.
PRIORITY AREAS	1. Support the current and future workforce to deliver high quality, modern, culturally appropriate and secure, services and programs. 2. Ensure the specialist workforce is adequately configured and supported to meet the requirements of the Western Australian community. 3. Promote innovation in service delivery and encourage the uptake of best practice and evidence informed practices, including the integration of services and delivery of holistic, whole of person support. 4. Support relevant health and human service agencies outside of the mental health and AOD specialist providers, and their staff, to deliver appropriate mental health and AOD services. 5. Improve workforce data collection and continually monitor and evaluate workforce data to enable effective planning and development activity.
EVALUATION, MONITORING AND REPORTING	The Workforce Strategic Framework will influence the work of, and be implemented by a range of key agencies, sectors and levels of Government. A proposed Program Logic model is provided to assist stakeholders with monitoring and evaluation. The Program Logic model includes outputs and outcomes where appropriate.
RESPONSIBILITIES	The Workforce Strategic Framework is a guide containing a range of suggested evidence informed strategies and actions that could be implemented by stakeholders of the mental health, AOD and broader health sectors. Whilst the purpose of the Workforce Strategic Framework is not to specify who is to fund and/or implement specific strategies and actions, stakeholders are encouraged to use this document as a guide to develop plans which incorporate the appropriate suggested strategies and actions which align to their current and future workforce planning and development priorities and responsibilities. As such, the responsibility to fund, implement and monitor the Workforce Strategic Framework lies with all levels of Government (Local, State and Commonwealth), a variety of Government sectors (including mental health; health; communities, particularly housing and child protection; corrections; education; and employment), NGOs and communities.

ii. See Glossary.

Introduction

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) outlines the optimal mix and level of mental health, alcohol and other drug (AOD) services required for the population of Western Australia until 2025. The Plan indicates significant service reform, growth and development is required across the service spectrum, which includes services ranging from mental health promotion and primary prevention, through to treatment, including national, state-wide, community-based and acute hospital-based services.

In order to progress system-wide reform in Western Australia, the mental health and AOD workforce must also go through reform.

To deliver on the commitments made in the Plan, it is necessary to substantially grow the workforce as well as build workforce capacity and capability in the mental health and AOD sectors. Significant transformation supported through effective change management is also required to achieve sustainable, longer-term outcomes.

The Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025 (Workforce Strategic Framework) provides a guide for all levels of government, non-government and private sectors in the commissioning, enhancement and delivery of workforce planning and development.

In the majority of cases, the Workforce Strategic Framework intentionally provides broad, high-level guidance on the workforce planning and development actions that can be implemented across the State. Based on the Workforce Strategic Framework suggested actions, agencies, organisations and other stakeholders can use these to guide their own detailed research and environmental analysis and can consider the applicability of programs and strategies to their own work.

The Workforce Strategic Framework has been informed by a number of national and state strategic planning documents and reports including (but not limited to) the *Fifth National Mental Health and Suicide Prevention Plan*, the *National Drug Strategy 2017-2026*, the *National Alcohol and Other Drug Workforce Strategy 2015-2018*, and the *National Mental Health Workforce Strategy*. The *Australian Standard for Workforce Planning* and the *National Practice Standards for the Mental Health Workforce* have also guided the development of the Workforce Strategic Framework. In addition, the Mental Health Commission (MHC) commissioned the Western Australian Network of Alcohol and other Drug Agencies (WANADA) and Western Australian Association for Mental Health (WAAMH) to undertake comprehensive workforce mapping projects[iii] to assist in the identification of key workforce issues, challenges and recommendations.

A range of changes and reforms are underway in the mental health and AOD sectors, which present challenges and opportunities for the workforce. The Plan identifies an urgent requirement to build the mental health and AOD community sector in order to support re-balancing the service system, supporting people to remain in the community where possible, and reducing pressure on the hospital system and other acute services. This will require a corresponding boost and development of the workforce, particularly the community sector workforce, to ensure a balanced, high quality service system is available to meet the requirements of the community in the future. At the same time it is important to undertake workforce planning to ensure an appropriate mix of clinical workforce is available.

The AOD sector requires an increase in community-based services and substantial growth in all services across the service spectrum from prevention through to treatment. This will require a corresponding increase and development of a range of workers including (but not limited to): those with expertise in prevention,

iii. WAAMH and WANADA mapping projects are explained in further detail on pages 14 and 15.

counsellors, social workers, peer workers, Aboriginal[iv] health practitioners, medical staff and nursing staff.

State and national documents and consultations have also identified challenges and issues affecting the workforce such as: staff shortages across various professions; increased expectations placed on staff; a requirement to increase work roles such as the peer workforce; work overload and stress; and a requirement to remain up to date and responsive to changing funding models as well as dynamic health and social issues. Shifting paradigms and large scale reforms including the move to greater consumer involvement; co-design and co-production; and an increased focus on recovery-oriented services which are trauma-informed and family-inclusive, also impact the workforce.

Recovery and recovery-oriented practice

It is acknowledged that there are different definitions and connotations between the mental health and AOD sectors for the term 'recovery' and 'recovery-oriented practice'. For the purposes of this document, being a framework that addresses mental health and AOD concurrently, the term 'recovery-oriented practice' is defined as follows:

Recovery-oriented practice ensures that services are being delivered in a way that supports the wellbeing of mental health and AOD consumers. Recovery-oriented practice acknowledges that a person's path to recovery is individual and unique, and informed by their strengths, hopes, preferences, experiences, values and cultural background. It is important to note that in this context, recovery can include, but is not always synonymous with, a cure for mental illness or abstinence from AOD use.

The National Disability Insurance Scheme (NDIS) presents a significant service system change. The change poses new opportunities as well as challenges for the mental health sector and subsequently the workforce. The introduction of the NDIS will require a substantial increase in the community support workforce to ensure that the quality of services provided to consumers is continually improved.

There are a number of existing workforce planning and development activities across Western Australia and nationally that aim to address the issues and challenges identified in the Workforce Strategic Framework. The content of the Workforce Strategic Framework is intended to complement and align with the current and future workforce planning and development already underway across the state and nationally.

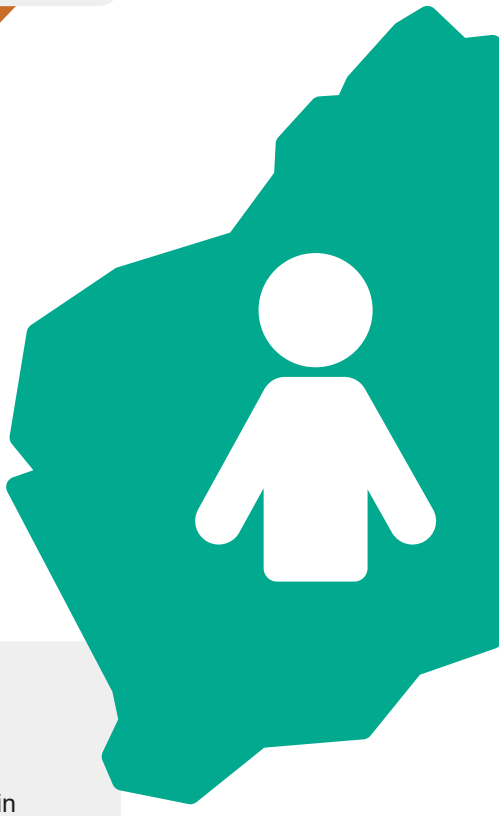
Existing programs include workforce planning and development activity funded and/or provided by the MHC, the State Government, the Commonwealth Government and other key agencies such as the Department of Health (DoH), Health Service Providers (HSP), WAAMH, WANADA, WA Primary Health Alliance (WAPHA), Royal Australian College of Psychiatrists – WA Branch (RANZCP), and peak bodies representing professional groups. For example, the MHC has a workforce development team dedicated to developing the workforce, and the Strong Spirit Strong Mind Aboriginal Programs team are a Registered Training Organisation delivering the nationally recognised Certificate III and IV Aboriginal Alcohol and Other Drug Worker Training Programs.

A range of stakeholders play a role in workforce planning and development, therefore the implementation of the strategies and actions identified in this Workforce Strategic Framework are applicable to a range of agencies and organisations. The MHC will continue to work with key agencies and organisations to coordinate workforce planning and development activity; however, it is intended that these agencies will also use the Workforce Strategic Framework to guide their own workforce planning and development.

iv. The reference to Aboriginal peoples within this document is inclusive of the Torres Strait Islander population. No disrespect is intended with the use of this terminology.

Key Facts

- **One in five Australians** aged 16 to 85 are affected by a **mental illness** each year[1].
- It is estimated that **over 440,000 people will experience mental illness** and almost **70,000 people will experience AOD-related problems**, with different levels of severity and distress[v, 2 3].
- **Severe mental health disorders** are experienced by approximately **3%** of the Australian population[4].



- In Western Australia, an average of **one person loses their life to suicide every day**[5].
- In Western Australia in 2018, 383 people died by way of suicide, **more than twice the number of fatalities** on Western Australian roads (158) for the same year[6, 7].

- **Alcohol is the most used drug in Western Australia** and over one in five drink at risk of lifetime harm[8].
- In 2016, approximately **one in nine (11.6%) Western Australians had recently used cannabis** and over one in 40 (2.7%) had **recently used meth/amphetamines**[9].
- In Western Australia, **alcohol consumption by lifetime risk for Aboriginal people has reduced**, from 21% in 2008, to 16.8% in 2014-15[10].
- However, in Western Australia, compared to non-Aboriginal people, **Aboriginal peoples are more likely to be hospitalised for alcohol-related causes**[11].

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

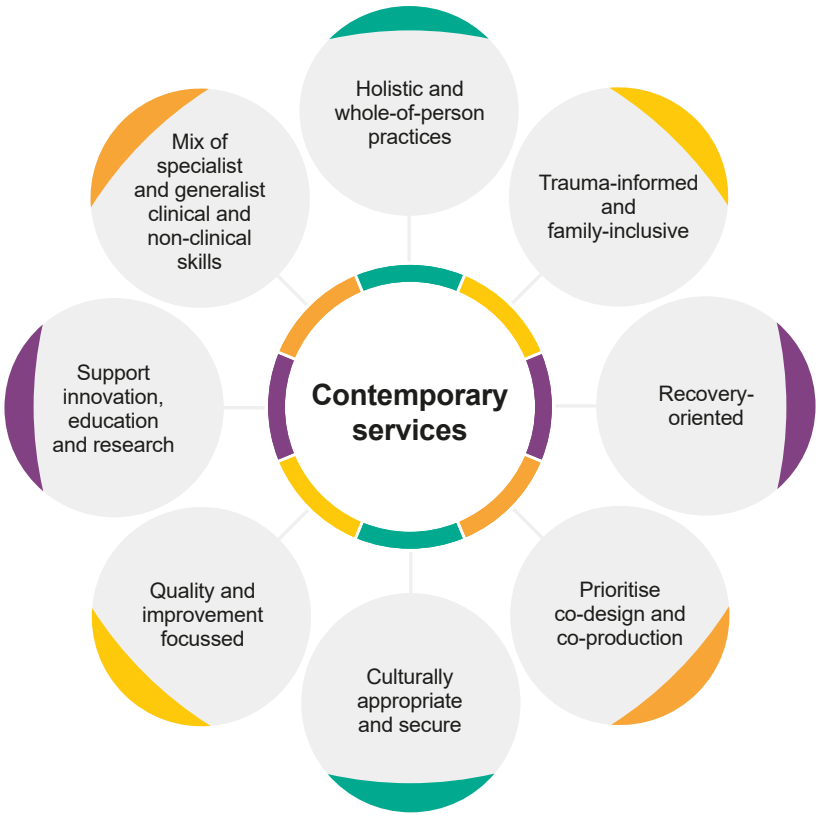
Purpose of this document

The Workforce Strategic Framework presents a provider and funder neutral guide for key agencies to support the growth and development of the mental health and AOD workforce. The Workforce Strategic Framework has been developed through consultations with a range of agencies involved in the commissioning and/or delivery of mental health and AOD services; clinicians; and consumers, families and carers with a lived experience of mental illness and/or AOD issues. The implementation of the Workforce Strategic Framework will require a collaborative approach at national, state and local levels and where funding is required to be accessed for the implementation of the suggested actions, this would be subject to regular government budgetary processes. Identified roles and responsibilities of the mental health and AOD workforce in implementing the Workforce Strategic Framework are presented in **Appendix A**.

Ensuring systems, organisations and individuals are equipped to adapt to the changing work landscape is essential. Strategies and actions identified in this Workforce Strategic Framework aim to enable the development of a responsive, flexible and collaborative approach to guide workforce planning and development.

A well-coordinated and high quality workforce will enable the development and delivery of individualised and responsive services and programs for the population of Western Australia. **Figure 1** shows the key components of contemporary services which are described throughout the document.

Figure 1. Contemporary mental health and AOD service delivery [vi].



vi. Refer to page 9 for explanation of 'recovery-oriented practice'.

In addition to the key components for contemporary services depicted in **Figure 1**, the following elements are also important in ensuring service delivery is of a high standard and meet the needs of the Western Australian community.

Services, organisations and agencies should:

- be responsive to new and emerging mental health and AOD-related risks and issues;
- be 'learning' organisations that enable and support innovation, education and research;
- be connected to other sector organisations via partnerships;
- ensure staff are ethical and appropriately skilled;
- support and provide for staff with an appropriate mix of specialist and generalist clinical and non-clinical skills;
- have strong governance; and
- be embedded with quality assurance and quality improvement.

Background

What is workforce planning and development?

Workforce planning and development aims to build the capacity of organisations and individuals to prevent and respond to mental health and AOD-related issues[12]. Workforce planning and development involves determining current and future workforce requirements and challenges and then designing and delivering systemic, structural, organisational and individual level strategies, policies and actions that will build a skilled and capable workforce[13].

As identified in the Workforce Development model[14], workforce development can be addressed at a number of levels including at the individual, organisational and systemic level. At the organisational and systemic levels the accommodation of work practice changes and the integration of new knowledge is required, and at the individual level there is the need to improve access to information and encourage the development of appropriate skills. For example:

- Individual initiatives can include education, training, up skilling/skill development and supervision.
- Organisational initiatives can include recruitment and retention practices, policy and planning, contracting, worker health and wellbeing programs, leadership and succession planning, and consumer, family, carer and supporter participation.
- Systemic initiatives can include cross-sector partnerships, linkages, and advocacy.

Development of the Workforce Strategic Framework

In developing the Workforce Strategic Framework a number of actions and processes were undertaken, including:

- review of issues raised during the consultation for the Plan;
- review of key strategic documents to collate relevant workforce related issues;
- commissioning of workforce mapping projects by WAAMH and WANADA;
- formation of internal and external stakeholder groups to discuss key issues and recommendations; and
- stakeholder consultation, including with consumers, families and carers.

Undertaking these actions have identified gaps within the mental health and AOD workforce, key challenges and opportunities, and have formed an evidence-base which has informed the development of the Workforce Strategic Framework.

Mental Health, Alcohol and Other Drug Services Plan 2015-2025 consultation

The Plan outlines the optimal mix and level of mental health and AOD services required to meet the needs of Western Australians over a ten year period.

A comprehensive consultation process was undertaken to inform the development of the Plan which involved more than 2,300 individuals and organisations. Expert reference groups were formed and online surveys, consultation forums, and individual meetings were undertaken to ensure key stakeholders had an opportunity to contribute their experience, thoughts, opinions and ideas.

A key finding from the extensive consultation process for the Plan was that in order to progress system-wide reform in Western Australia, the mental health and AOD workforce must also go through reform ensuring that the required, suitably skilled workforce is available to deliver the services, programs and initiatives identified within the Plan. This resulted in an action within the Plan for the development of a comprehensive mental health and AOD workforce planning and development strategy.

Strategic documents and initiatives

The following strategic documents, initiatives and reforms were reviewed and have influenced the development of the Workforce Strategic Framework:

- National Alcohol and Other Drug Workforce Development Strategy 2015-2018
- National Mental Health Workforce Strategy 2011
- WA Aboriginal Health and Wellbeing Framework 2015–2030
- WA Health Aboriginal Workforce Strategy 2014–2024
- Australian Standard for Workforce Planning
- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025
- Western Australian Alcohol and Drug Interagency Strategy 2018–2022
- Sustainable Health Review – Interim and Final Report
- National Drug Strategy 2017-2026
- Fifth National Mental Health and Suicide Prevention Plan
- National Disability Insurance Scheme

These documents are expanded on in **Appendix B**.

Project reports

Western Australian Network of Alcohol and other Drug Agencies workforce development report (WANADA workforce project report)

WANADA was commissioned by the MHC to evaluate the current delivery of AOD workforce development in Western Australia against the relevant key performance indicators in the *National AOD Workforce Development Strategy 2015-2018* (National AOD Strategy). The WANADA workforce project report outlines key issues of relevance and recommendations that have helped inform the Workforce Strategic Framework, and draws on a comprehensive model of workforce development.

The WANADA report was developed in collaboration with the National Centre for Education and Training on Addiction. Consultation with stakeholders, including AOD service sector, government agencies and peak bodies representing community services, was conducted through forums, focus groups, face-to-face interviews, phone interviews and online surveys.

Data analysis and reporting followed the completion of the consultation component and focussed on current issues, practices, challenges and solutions. The workforce development strategies were classified under three themes: individual; organisational; and system-wide.

The report provided 21 unique recommendations which were categorised into four key areas: policy and funding; sector and network level initiatives to strengthen the sector; good practice and support at the organisational, team and individual worker level; and support for specialist workforces.

Western Australian Association for Mental Health mapping project (WAAMH workforce project report)

The MHC commissioned WAAMH to identify future workforce development requirements and issues in the non-government mental health sector including peer workers, consumers and carers. The WAAMH workforce project report includes a summary of consultation results and provides 38 recommendations to address the identified current and future workforce issues.

The methodology of the project consisted of a review of national and local policies, research and workforce related materials; agency consultations including face-to-face and telephone interviews; worker and agency surveys for agency staff such as Chief Executive Officers, managers, coordinators and the general mental health workforce; an online consumer, family and carer survey; and mapping of advertised mental health jobs in the NGO sector of Western Australia.

Key research and recommendations in the report focussed on issues such as the impact of current State and Commonwealth funding models; contracting and procurement arrangements regarding the mental health workforce; training and skills development; recruitment and retention; and regional and remote area challenges.

Consultation and community engagement

Consultation and community engagement is an important component of the development of the Workforce Strategic Framework. In December 2016, an external Workforce Strategy Advisory Group was formed including representatives from key organisations, agencies, consumers and family and carer representatives.

Considerable consultation with key stakeholders has been undertaken to inform the development of the Workforce Strategic Framework (**Appendix C**), including:

- targeted consultation consisting of discussions with, and presentations to, clinicians, various peak bodies, government agencies and NGOs;
- a consumer, family and carer forum providing participants with the opportunity to share their opinions and ideas for the Workforce Strategic Framework; and
- a period of community consultation through various online channels.

All feedback and comments received via these consultation processes has been considered and where appropriate, informed the development of the Workforce Strategic Framework.

The Workforce

Who is the mental health and AOD workforce?

The mental health and AOD workforce is made up of a range of staff types, organisations and agencies and includes staff whose primary role is the delivery of mental health and AOD services and programs (specialist mental health and AOD workers) as well as staff from other relevant generalist health and human services (generalist workforce) (**Table 2**). A large proportion of the mental health workforce in Western Australia are employed by the HSPs. Consumers, families and carers also play an increasingly important role in the mental health and AOD sectors and make positive contributions to planning, implementation, delivery and evaluation of mental health and AOD programs and services.

The generalist and specialist mental health and AOD workforce bring specific capabilities, skills, and a variety of knowledge and expertise to deliver high quality services. They provide support to the Western Australian community who have, or are at risk of, mental health and AOD issues.

The generalist and specialist mental health and AOD workforce spans across private, non-government and government service providers. Services are delivered in a range of settings from peoples' homes and communities through to specialist inpatient services. Services are delivered across all stages of life. Prevention programs, and in some cases treatment programs, can be delivered at the national, state and/or local level.

Together, the mental health and AOD workforce plays a crucial role in ensuring the delivery of high quality services and support for mental health and AOD consumers, families, carers and communities in Western Australia.

Specialist workforce

Specialist mental health and AOD workers are involved in a range of roles and are employed by mental health and AOD treatment services and/or in the area of prevention (**Table 2**). The specialist workforce have roles dedicated to addressing AOD and mental health, which can involve prevention, early intervention, treatment, support, data recording and analysis. Staff employed to ensure the safety and quality of services are also an important element of the workforce. It is important that staff providing services are competent and possess the appropriate level of skill and qualifications. It is equally important that appropriate training and development opportunities via suitable career pathways are available and accessible to staff at all stages of their career. **Appendix D** provides a list of specialist mental health and AOD worker types and suitable qualifications.

Specialist workers can also be employed in highly specialised areas, such as forensics, neuropsychology, child psychiatry, and eating disorder services. Additionally, they may require specific skills, such as the ability to assist people with mental health and/or AOD issues to obtain and maintain safe and secure accommodation.

It is acknowledged that specialist workers have a particular mental health and AOD focus. It is also important for this workforce to be competent in responding to co-occurring problems as well as having an ability to effectively work with priority groups, such as youth, the ageing population, and Aboriginal peoples and communities. As such, the development and effective use of multidisciplinary teams (MDT) are valuable in ensuring that there is a holistic and comprehensive view of the issues experienced by consumers receiving care and support. This is especially important given the presence of co-occurring mental health, health, AOD, and social-related issues experienced within the community.

What does an effective Multidisciplinary Team look like?

An MDT includes a range of different professions with different areas of expertise, creating a combined skill set suitable to address complex and challenging mental health-related issues and conditions. Whilst MDTs are typically used within the mental health clinical workforce, the same concept, also referred to as multi-team approaches, is also applicable within the AOD sector. MDTs are especially important in ensuring the provision of holistic and person-centred care.

An MDT can often consist of psychiatrists, clinical nurse specialists, community mental health nurses, psychologists, social workers, occupational therapists and peer workers. However, MDTs could also include other staff types such as Traditional Healers. Effective MDTs have agreed goals and approaches; effective communication styles; respect for professional skills; scope of practice; established ground rules; clear team roles; and competent leadership. The strengths of effective MDTs include having a clear and comprehensive understanding of the issues faced by the consumer; access to a broad range of skills and expertise; a shared sense of responsibility with mutual support and education available[15], and the capability to reduce stigma and discrimination experienced by the consumer.

Historically the specialist mental health workforce has been centred around clinical positions such as doctors, allied health (clinical psychologists, social workers, occupational therapists) and nurses, whilst the AOD sector has had stronger origins in the grass root non-professional sector and has become professionalised over time. Regardless, across both sectors there is increasing recognition of the importance of other types of workers in effectively supporting people with mental health and AOD issues. With this in mind, peer workers, who have a core role in the workforce, are likely to continue to grow in the future and play a positive role within the mental health and AOD workforce.

There is also an increased involvement of community members, consumers, families and carers in service planning and delivery, and a growing number of people who contribute their time to assist in policy development, planning and service delivery.

Table 2. The mental health and AOD workforce

WORKFORCE	EXAMPLES
Specialist mental health and AOD workforce Specifically involved in identifying and providing specific evidence-based interventions to respond to and prevent further harm for people experiencing mental health and AOD-related issues.	• AOD workers [vii] (including AOD counsellors, youth workers and needle and syringe program workers) • Medical staff • Nurses • Allied health professionals (for example, clinical psychologists, social workers and specialist pharmacy workers) • Aboriginal mental health and AOD workers • Peer workers (including those who are carers) • Prevention workers • Addiction medicine specialists • Neuropsychologists, clinical psychologists and specialist psychiatrists • Recovery and support workers • Dual-trained staff with knowledge and understanding of the comorbidities between mental health, alcohol and other drug-related issues and physical health.
Generalist workforce Employed in positions outside AOD or mental health specific roles, and come into contact with people who have mental health and/or AOD issues through their daily work.	• Generalist health and human service workers (including primary care, housing, family services and social welfare) • Corrections staff (for example, prison guards) • General pharmacy workers • Education sector employees • Police • Emergency medical services (including paramedics and emergency department staff) • Medical staff • Nurses • Allied health professionals (for example, occupational therapists, physiotherapists, speech pathologists, dieticians and exercise physiologists) • Other staff types and professions that connect with and provide services to specific groups including Aboriginal peoples (e.g. Traditional Healers), people from Culturally and Linguistically Diverse (CALD) backgrounds, young people and the ageing population.

vii. Nationally there is currently no agreed definition of what constitutes an AOD worker (for example, the required competencies).

The Aboriginal workforce

The Aboriginal workforce is an integral component of the mental health and AOD workforce. Aboriginal workers are employed in both the specialist and generalist workforce.

Supporting the growth and development of the Aboriginal workforce at all levels, including in leadership and senior management areas is a priority. Alongside this is a requirement to ensure the non-Aboriginal workforce are able to provide culturally secure services and programs to Aboriginal peoples. These priorities are identified in the *WA Aboriginal Health and Wellbeing Framework 2015-2030,* which is an important document informing the content of the Workforce Strategic Framework.

Generalist workforce

Generalist health and human service staff are an integral part of the workforce. Generalist workers are employed in other sectors including the broader health workforce, corrections, housing, education, police, and welfare and support services. The workforce in these sectors may not be dedicated AOD or mental health roles, but regularly come into contact with people at risk of, or experiencing mental health and/or AOD issues. There is a requirement for generalist staff to be competent in relation to the prevention, treatment and support of mental health and AOD issues; be able to provide an appropriate level of support and treatment and not contribute to levels of stigma and discrimination currently faced by consumers, families and carers. This may involve the delivery of:

- brief interventions;
- treatment and support for people with mild to moderate mental health and AOD issues;
- support for relapse prevention and recovery;
- shared care arrangements; and
- referrals to other services where necessary to assist consumers, families and carers to receive appropriate services and to navigate the mental health and AOD service system.

Current configuration of mental health and AOD services and the corresponding workforce

Currently, the mental health and AOD sectors do not have the workforce capacity to deliver on all of the services and programs outlined in the Plan. As progress is made in implementing the Plan over time, this will involve substantial service development and expansion, and a corresponding need for growth in existing and new or emerging roles in mental health and AOD workforce.

The Plan indicates that currently within the Western Australian mental health sector, service provision is heavily focussed on acute hospital-based services[16]. Inadequate investment in prevention and community-based services puts pressure on other parts of the system, such as hospital-based services. AOD services are also well below the estimated demand.

Figure 2 depicts the optimal level of service provision that would be required to meet 100% of estimated demand compared with actual services available in the mental health and AOD sectors (respectively). There is a significant gap between demand and actual services in the community support service area. Although there is a requirement to grow all services, particular attention to growing the community based services and its corresponding workforce is essential.

SERVICE DEMAND AND INVESTMENT

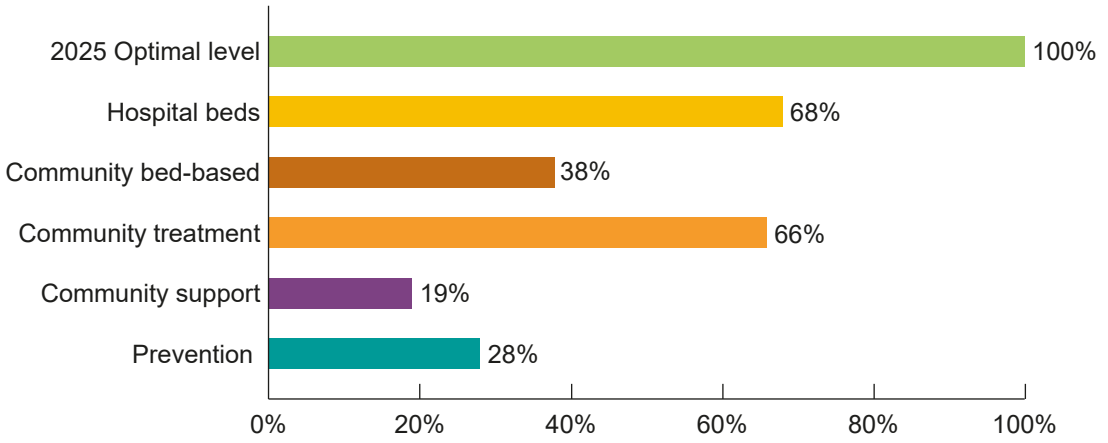
Based on information underpinning the Plan[17] and the Plan Update 2018[18]:

- Prevention service delivery and funding is well below optimal levels. In 2017, approximately 2% of the MHC budget was allocated to prevention services dedicated to mental health, and there is a requirement to increase this investment to 5% by the end of 2025. The Plan also indicates that for 2015, 108,000 hours were allocated to dedicated AOD prevention activity with an action to increase this to 208,000 hours by the end of 2025.
- Mental health promotion and prevention services are currently only meeting 28% of optimal levels by the end of 2025. Community support (19% of optimal levels), community treatment (66% of optimal levels), and hospital-based services (68% of optimal levels).*
- AOD prevention services are meeting 52% of optimal levels by the end of 2025. Community support beds (76% of optimal levels), community support hours (15% of optimal levels), community treatment (36% of optimal levels), and hospital-based services (38% of optimal levels).*

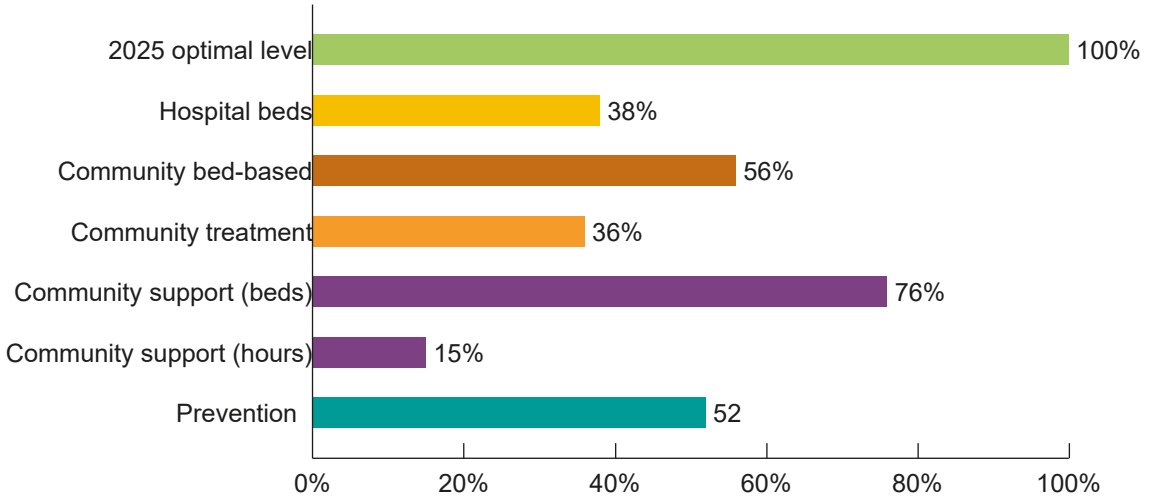
* These figures are based on 2025 optimal service level projections

Figure 2. Current services[vii] as a proportion of revised 2025 optimal levels[ix].

Mental health



Alcohol and other drugs



A shift towards increasing community-based services requires an increase in suitably qualified and/or trained community-based workers, such as vocationally qualified staff (for example, peer workers).

Further, the move towards an optimal mental health and AOD workforce will result in a more balanced service system and workforce that is able to meet population demand. A re-balanced system that comprises suitable levels of service types supported by staff with appropriate competencies and qualifications can enable improved access to services when and where they are required including increased prevention of mental health and AOD issues and earlier delivery of treatment and support services within the community. Over time, a boost in prevention and community-based services will reduce the current reliance on costly acute hospital based services, thereby improving overall system efficiency. More information on the financial impact of current and optimal investment is provided in the Plan.

viii. 2017 Actual figures.

ix. Data in Figure 2 is based on the modelling output and baseline data collected to inform the development of the Plan and the Plan Update 2018.

Community-based services and staff types

With ongoing state and national reforms, there is a large focus on increasing the provision of community-based services. A growth in these services requires an increase in suitably qualified community-based staff. Community-based services, as identified in the Plan, comprise the following service and staff types:

Community support services provide individuals with mental health and AOD issues access to help and support to participate in their community. Community support includes programs that help people identify and achieve their personal goals, personalised support programs, peer support, initiatives to promote good health and wellbeing, home in-reach support to attain and maintain housing and accommodation, family and carer support, flexible respite, individual advocacy services and harm-reduction programs. Staff types working in this area can include tertiary qualified staff (for example, nurses and occupational therapists), vocationally qualified staff (with specific mental health, AOD or community health vocational qualifications or similar), and consumer and carer peer workers and Traditional Healers.

Community treatment services provide clinical care in the community for individuals with mental health and AOD issues. Community treatment services generally operate with multidisciplinary teams who provide outreach, transition support, counselling, relapse prevention planning, physical health assessment and support for good general health and wellbeing. Community treatment services include carers in relevant treatment decisions, are family-inclusive, trauma-informed and recovery-oriented. AOD community treatment services can also include pharmacotherapy programs, screening, and assessment programs. Staff types working in this area can include general practitioners, addiction medicine specialists, psychiatrists, nurses, social workers, occupational therapists, psychologists, counsellors, and welfare/case managers.

Community bed-based services provide 24-hour, seven days per week recovery-oriented services in a residential-style setting (in the case of mental health services) and structured, intensive residential rehabilitation for people with an AOD related issue (following withdrawal). Community bed-based services support a person to enable them to move to more independent living. The primary aim of interventions is to improve functioning and reduce difficulties that limit an individual's independence. They assist people with mental health and AOD issues who may require additional support, but where admission to hospital is not required. They can also provide additional support to assist people to successfully transition home from hospital, as well as work with an individual to prevent relapse and promote good general health and wellbeing. Staff types working in this area can include nurses, psychiatrists, social workers, peer workers, psychologists, counsellors, welfare/case managers, and other medical specialists.

Key challenges and opportunities

A number of key challenges, opportunities and factors impacting the workforce have been identified through a review of key state and national strategic planning documents and projects, discussions with key stakeholders, including those on the Workforce Strategy Advisory Group, the WAAMH and WANADA project reports, and through the consultation process. The identified challenges and opportunities are summarised below.

Rapid service expansion, workforce supply and demand issues: There are a number of factors impacting on workforce supply and demand which have potential implications for the expansion of a suitably qualified and skilled workforce, including (but not limited to):

National Disability Insurance Scheme

With the introduction of the NDIS and expansions in community-based services in general, there is increased pressure and service demand placed on the current workforce and competition between services to attract suitably qualified and experienced staff. A requirement to urgently expand the supply of qualified and skilled workers, particularly those competent in the delivery of community based, recovery-oriented services, is apparent.

Potential challenges (as identified in research) relating to the introduction of the NDIS include[19, 20]:

- an increase in the casualisation of the workforce;
- staff recruitment and retention challenges;
- reduced allowance for staff induction, training, development, collaboration and innovation;
- potential loss of experienced and qualified staff; and
- the inability to meet minimum workforce qualification standards .

Further information regarding the Western Australian roll out of NDIS can be found here: www.ndis.gov.au/about-us/our-sites/WA

Sustainable Health Review

In June 2017, the Government of Western Australia announced the Sustainable Health Review to prioritise the delivery of patient-centred, high quality and financially sustainable healthcare across the State. As a result, an Interim Report has been developed which presents a number of preliminary directions, many of which intersect with the development of the mental health and AOD workforce and align with aspects of the Workforce Strategic Framework.

On 10 April 2019, the Sustainable Health Review Panel released the Final Report which includes eight strategies and 30 recommendations for change in the Western Australian health system.

Critical skill shortages: Skill shortages exist in a number of areas of the workforce especially within regional and remote areas[21, 22]. For example: shortages in youth mental health staff; mental health specialists and sub specialists; and experienced/knowledgeable AOD nurses and addiction medicine specialists. This emphasises the requirement to build the supply of qualified and trained workers, attract a skilled and experienced workforce, ensure appropriate training and education is provided, focus on ensuring an appropriate level of professional employment readiness and improve retention rates within the mental health and AOD sectors.

The expansion of developing work roles: Suitably skilled prevention officers and peer workers are an important part of the workforce and an essential element of the service system, particularly in relation to keeping people well and supporting recovery. As such, the growth and development of these workforces are important areas to progress.

Inconsistency in staff skills and capabilities: Consistency in staff competencies, particularly within the mental health and AOD sectors, helps ensure a minimum standard of service is available across the State. Without an agreed set of core competencies for certain work roles, the quality of service delivery across services may be impacted.

Work-related stress: Factors such as increased work demands and high community expectations can impact on work related stress, potentially leading to decreased worker satisfaction and staff burnout[23].

Remuneration differences: Differences in levels of remuneration between the government and NGO sectors can have an impact on the ability to attract and retain staff within the NGO mental health and AOD workforce[24, 25].

An ageing workforce: Many health occupations have an ageing workforce, including the mental health and AOD workforce[26]. As staff retire, this will result in the loss of highly skilled workers and services will increasingly compete with one another to attract and retain suitable staff. Additionally, this will require an increase in the availability of training and education to ensure that there are sufficient numbers of competent workers entering the workforce.

Stigma and discrimination: People with mental health and/or AOD related issues can often experience stigma and discrimination within the community but also within mental health and AOD services. This can prevent consumers from accessing support and negatively impact on their mental health and AOD use. Similarly, stigma and discrimination can also be experienced by peer workers and those with a lived experience working within the sector. In reforming the mental health and AOD system, the workforce needs to address and be more aware of the stigma and discrimination faced by consumers, families, carers and fellow staff, and increase empathy towards those we provide services and support for.

Increased community, consumer, family and carer expectations: The community, including consumers, families and carers, have the right to receive high quality mental health and AOD services, and be equal partners in the design and delivery of services. As such, services must continually seek ways to ensure they are providing services that reflect the preferences of the community they serve, and address the existing barriers impacting engagement including stigma and discrimination.

A requirement to work in a more multi-disciplinary, holistic and integrated way: Consumers, families and carers often present to services with a range of health and/or social issues. To minimise the requirement for people to access multiple services, and be moved around from one service to the other, services are increasingly expected to be integrated and provide a seamless service. This will require collaboration across services to streamline the consumer journey to ensure, for example, consumers obtain and maintain safe and secure accommodation and support with general physical health problems.

Evolving technology: Technology is ever changing and evolving. As technology evolves, it is imperative that there is adequate training and support for effective and efficient use. Services and staff will need to continually strive to be innovative and adapt to technological changes. Technology is especially important in supporting shared care for MDTs, effective collection and analysis of data, and for the regional and remote workforce who rely on technology for training, education, upskilling, communication and collaboration.

Gender composition of the workforce: Within the mental health and AOD sectors there is often a dominance of female workers across various roles. This highlights a need to address gender imbalance and encourage the recruitment of more males. In Australia, women make up 78.3% of the health care and social assistance industry[27] and the mental health nursing workforce also includes a high percentage of female staff (68% of the workforce[28]). It is also important to ensure members of the mental health and AOD workforce who are non-binary and identify as a gender other than man or woman are able to work in a safe and inclusive environment.

A requirement for culturally secure service delivery: Aboriginal peoples experience higher rates of mental health and AOD issues than the general population[29, 30] and therefore the importance of culturally secure services is paramount. Aboriginal peoples also experience discrimination in accessing mainstream mental health and AOD services, which emphasises the importance of embedding cultural security as a core element of service delivery. Further increases in the proportion of Aboriginal peoples who are employed, trained and supported in the workforce are also required, as is ensuring the non-Aboriginal workforce are culturally competent.

Recruitment and retention challenges, particularly in regional and remote areas: Whilst there are recruitment and retention challenges across the mental health and AOD workforce, within regional and remote areas there are additional challenges which can hinder the recruitment and retention of appropriately qualified staff, ultimately impacting on the ability to provide high quality, modern and appropriate services to the community. There is a need for appropriate training, education and development opportunities, succession planning and ongoing recruitment and retention strategies to address these challenges.

Regional and remote recruitment and retention challenges

Services and the workforce located in regional and remote locations face unique challenges, for example:

- increased living and travel costs;
- access to affordable accommodation;
- insufficient infrastructure to fulfil roles; and
- lack of qualified and experienced applicants, particularly from local areas.

Data collection and data integrity problems: There is a current challenge in ensuring that workforce data is accurate, consistent, timely, and of good quality. Reliable data collection and monitoring and evaluation are required to inform current and future workforce planning and development.

Changing population demographics and diversity: Consumers, families and carers accessing mental health and AOD services come from a range of diverse backgrounds. For example, Aboriginal peoples, people from CALD backgrounds, people with disability, young people and older people are just some of the groups accessing services. Population characteristics are also dynamic and evolving. The mental health and AOD sectors must be able to accommodate Western Australia's diverse population and provide appropriate services, support and care for Australia's ageing and culturally diverse population.

Changing social problems and differing drug use patterns: Consumers are increasingly presenting to services with a range of complex social and health issues, such as co-occurring drug, alcohol, and health issues, housing and financial problems. The mental health and AOD workforce across both specialist and generalist settings require training and support in order to work in a more multidisciplinary, holistic and integrated way to be able to appropriately address the holistic requirements of consumers and to adapt and respond to changing social problems and drug use patterns amongst the community.

Co-competent skills: Mental health and AOD issues frequently co-occur and are often associated with other health and social issues. Whilst there have been increases within the AOD sector's capacity to address co-occurring AOD and high prevalence mental health issues, a requirement remains for the mental health and AOD workforce to continue to develop the appropriate competencies which allow them to provide appropriate care and support to people with co occurring problems and to meet the requisite minimum standards.

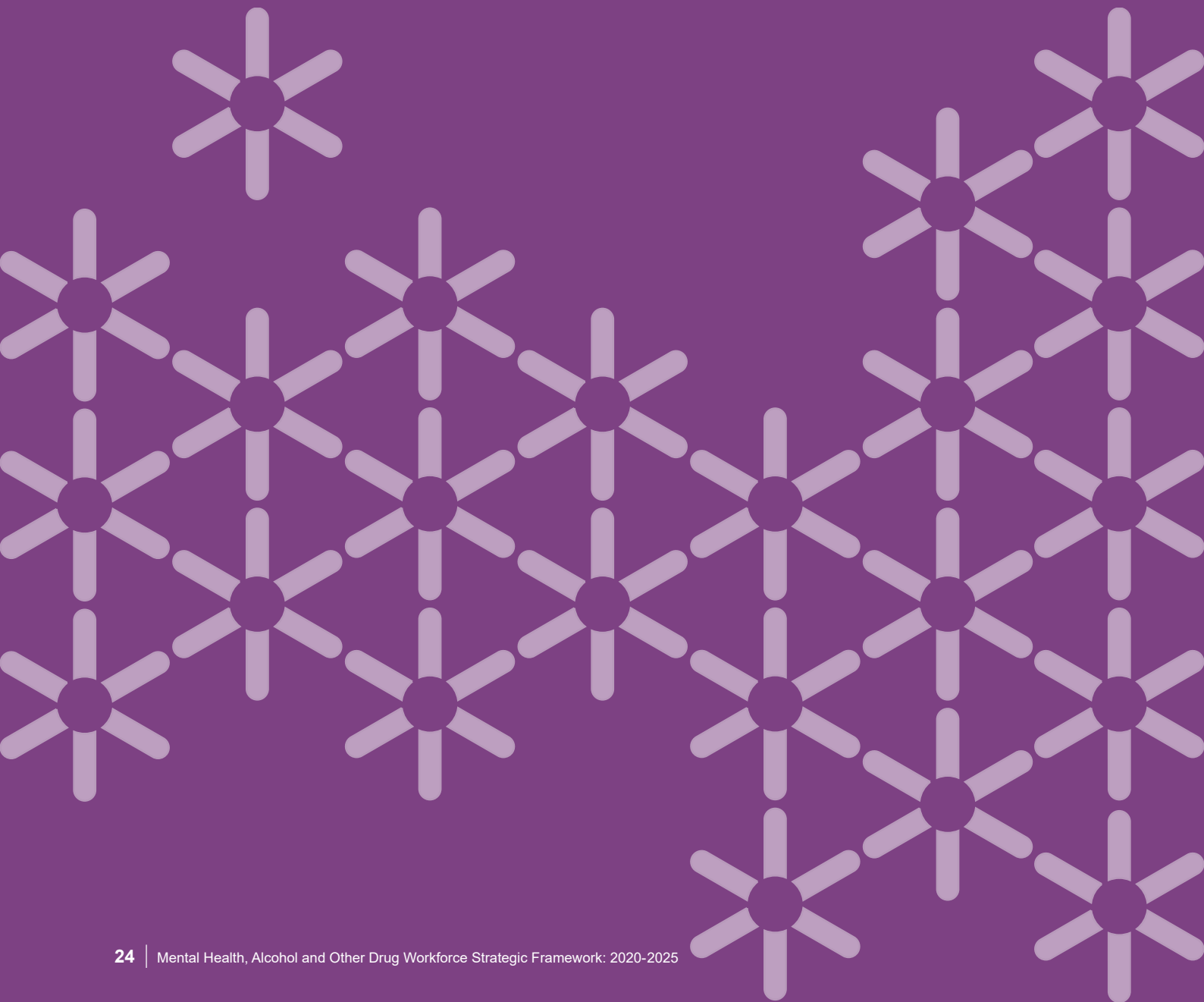
Current workforce planning and development activities: It is acknowledged that there are a number of workforce planning and development initiatives currently in progress across the mental health and AOD sectors in Western Australia, some of which are also included within the Workforce Strategic Framework. This includes the development and implementation of agency-specific workforce planning and development strategies.

The Workforce Strategic Framework is not intended to replace current strategies, but rather guides future directions as appropriate.

Examples of current workforce planning and development activities include (but are not limited to):

- The development and implementation of a variety of courses, training and workforce development programs to increase workforce competencies.
- Accreditation processes to ensure high quality, modern services are available.
- Competency mapping projects.
- Advocacy by key stakeholders and professional bodies for the professions and/or services they represent
- Development of the WA Aboriginal Health and Wellbeing Framework 2015-2030.
- Provision of nationally recognised training by the Strong Spirit Strong Mind Aboriginal Programs team (as a Registered Training Organisation) and comprehensive workforce development programs delivered by the Workforce Development team from the MHC.

The Strategic Framework



The Strategic Framework

Principles

The development of the Workforce Strategic Framework has been predicated on key principles that are of particular importance to workforce planning and development. These principles have been informed by the principles of the Plan as well as through the review of existing state and national workforce development strategies, information from the WAAMH and WANADA workforce reports, and through targeted consultation.

1 Principle 1.

The preferences of consumers, families, carers and communities are appropriately reflected.

It is essential that services are designed and developed with the preferences of consumers at the centre of all decisions. Supporting consumers, families, carers and communities to actively partner in decision making including co-production and co-design of policy, planning, service delivery, evaluation and research is important. Conversely, service staff also need support to be able to effectively promote and reflect the preferences of consumers, families, carers and communities.

In achieving equal partnership in the design and delivery of services, consumers, families and carers also need to be active partners in workforce planning and development. Strategies include involvement in staff education, recruitment, performance appraisals, planning and evaluating workforce development initiatives, and having access to appropriate skill development opportunities. Their direct involvement in these decisions helps to ensure that the needs and preferences of consumers, families and carers are taken into account; and builds empathy amongst the workforce which contributes to the reduction of stigma and discrimination.

Support for consumers, families and carers in representation roles

Education, training and ongoing support regarding advocacy, representation, orientation and support is required for consumers, families and carers to be active partners in policy and service design. Ongoing support to discuss information, seek clarity and debrief is also valuable.

These are important to ensure that consumers, families and carers develop the knowledge, skills and confidence for effective participation. Similarly, organisational preparedness to support, engage with, and genuinely involve consumers, families and carers is essential. This can involve training, mentoring and team building to foster a culture of inclusion and partnership between staff, consumers, families and carers.

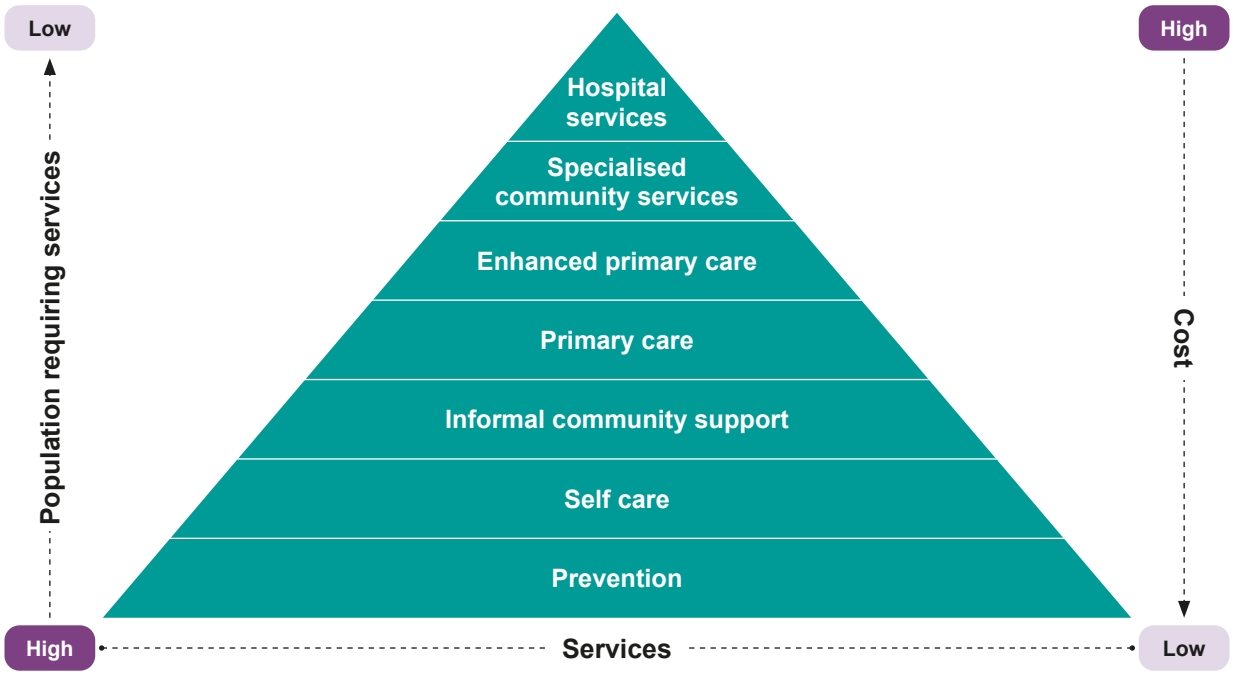
2 Principle 2.

Workforce planning and development across the service spectrum.

The service spectrum ranges from mental health promotion and primary prevention through to treatment, including national, State-wide, community-based and acute hospital-based services (**Figure 3**). Workforce planning and development is important to address the requirements of the workforce across this service spectrum, particularly the community and prevention sectors, which are currently well below the optimal level.

To be effective, it is important that workforce development and planning is addressed at an individual, organisational and systemic level (see Breakout Box page 13).

Figure 3: Optimal service mix[31, 32]



3 Principle 3.

Equity, respect for diversity, cultural inclusivity and cultural security are of paramount importance.

Across the mental health and AOD sector, consideration of equity, respect for diversity, cultural inclusivity and cultural security is paramount. The mental health and AOD sectors consist of a broad, socially and culturally diverse workforce providing support and services to an equally diverse and dynamic Western Australian population. For this reason, equity, inclusivity and cultural security are essential requirements of workforce planning and development.

Cultural Security: A guiding principle to ensure the respect of the cultural rights, values, beliefs, and expectations of the variety of cultural groups in Australia and Aboriginal peoples in particular.

Cultural security means upholding a commitment to the provision of services which does not compromise the legitimate cultural rights, views, values and expectations of cultural groups and communities. This concept argues that it is the service and/or system that are responsible for cultural security[33]. A culturally secure approach is essential when developing programs, services, policies and strategies[34].

Cultural Inclusivity: Requires mutual respect, effective relationships, clear communication, explicit understandings about expectations and critical self reflection. In an inclusive environment, people of all cultural orientations can:

- freely express who they are, their own opinions and points of view;
- fully participate in teaching, learning, work and social activities; and
- feel safe from abuse, harassment or unfair criticism[35].

Cultural Competence: Development of knowledge, skills and awareness that will enable healthcare providers to work competently in culturally diverse situations, including being aware of one's own world view, developing positive attitudes towards cultural differences and gaining knowledge of different cultural practices and world views.

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4 Principle 4.

All staff within the mental health and AOD workforce are actively involved in workforce planning and development issues.

Providing avenues and opportunities for all workers to contribute to workforce planning and development decisions is essential. Mental health and AOD workers, including clinicians, have a wealth of knowledge and expertise that can aid in determining how to improve services for consumers, families and carers, as well as better support the workforce. It is important that mental health and AOD workers and clinicians are recognised as distinct, valued, and essential partners in care, whose engagement in mental health and AOD sector planning and development is actively sought and supported.

5 Principle 5.

Recovery-oriented practice underpins service delivery.

Recovery can be defined as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health and/or AOD issues[36], and may mean different things to different people. In this circumstance recovery-oriented practice ensures that services are being delivered in a way that supports recovery, whatever that may personally mean to an individual, and focuses on the requirements of people who use services rather than on organisational priorities. This is a key underlying philosophy of the mental health and AOD sectors. It is important to note that the term recovery as it relates to AOD, does not necessarily imply abstinence.

6 Principle 6.

Holistic, whole-of-person services are common practice.

To ensure co-occurring mental health and AOD issues, along with other health and social issues are appropriately addressed, the provision of holistic, whole-of-person services and programs should be common practice not only for mental health and AOD sectors, but also for general health services.

Meeting the requirements of people with co-occurring problems continues to be a challenge for some mental health and AOD services. It is essential that staff work together across primary care, community and hospital-based services and across the health and human service sectors in an integrated, coordinated way to improve consumer, family and carer service experience and outcomes.

An effective and integrated system with holistic, whole-of-person services and programs is essential to ensure individuals do not fall through the gaps when transitioning across the service continuum, and that each individual receives the appropriate level of care and support to meet their requirements.

Holistic, whole-of-person services

Holistic, whole-of-person services and supports recognise the whole person and the varying elements that may impact on the individuals' wellbeing including personal beliefs, cultural background, connection to country, values, spirituality, social and family contexts, physical health, housing, education and employment.

In delivering holistic, whole-of-person services and support it is important for the mental health and AOD workforce to understand the relationship between physical health, mental health, AOD use, disability and co-existing conditions and the importance of collaboration to address needs simultaneously[37].

7 Principle 7.

Trauma-informed and family-inclusive methods are common practice.

Implementation of trauma-informed care is necessary across health and human service systems, not just within mental health and AOD settings.

Trauma-informed care: recognises that past trauma experiences affect a person's present perspectives and responses[38]. Trauma-informed approaches commit to and act upon core principles of safety, trustworthiness, choice, collaboration and empowerment[39].

Trauma-informed services[40]:

- are informed about, and sensitive to, trauma-related issues;
- are attuned to the possibility of trauma in the lives of all clients;
- commit to and act on the core principles of safety, trustworthiness, choice, collaboration and empowerment;
- emphasise physical and emotional safety for all – clients, practitioners and service providers; and
- collaborate with clients, and affirm their strengths and resources; and recognise the importance of respect, information, hope and possibilities for connection.

The relationship between the individual with mental health and/or AOD issues and their family is bi-directional and can affect the family in many ways. Family inclusivity encourages working in partnership with families and directly involving them in relevant service interventions. This can involve raising awareness of the impact of mental health and AOD issues upon the whole family, and addressing the requirements of families, which is important for improving the sustainability of treatment outcomes[41].

8 Principle 8.

Workforce configuration is flexible and responsive.

Models of service and population demographics change over time so it is important the workforce remain flexible and responsive to these changes. New evidence and emerging trends continue to inform the provision of prevention strategies through to treatment services, and therefore the staff types, skills and competencies required to deliver services must be able to adapt.

9 Principle 9.

Changes within the workforce are sustainable.

Sustainability as it relates to the workforce involves a requirement to develop the workforce in a way that can be maintained on an ongoing basis, whilst continually improving worker wellbeing and providing high quality, safe and accessible services. With the increasing population, changes in health, social issues and price increases, spending on mental health and AOD services is growing. It is essential the configuration of the workforce provides value for money, whilst prioritising safety and quality. Workforce sustainability requires a focus on workload and worker wellbeing, thereby reducing staff turnover and retaining the skills of the workforce.

Aim, Priority Areas, Strategies and Actions

Aim

The overall aim of the Workforce Strategic Framework is to guide the growth and development of an appropriately qualified and skilled workforce that will deliver individualised, high quality mental health and AOD services and programs for the Western Australian community.

Priority areas

The strategies and suggested actions have been categorised into the following five priority areas:

1. Support the current and future workforce to deliver high quality, modern, culturally appropriate and secure services and programs.
2. Ensure the specialist workforce is adequately configured and supported to meet the requirements of the Western Australian community.
3. Promote innovation in service delivery and encourage the uptake of best practice and evidence informed practices, including the integration of services and delivery of holistic, whole-of-person support.
4. Support relevant health and human service agencies outside of the mental health and AOD specialist providers, and their staff, to deliver appropriate mental health and AOD services.
5. Improve workforce data collection and continually monitor and evaluate workforce data to enable effective planning and development activity.

Strategies and actions

The following tables present the strategies for each of the priority areas and the suite of suggested actions to address these priorities. The strategies and actions provide options for workforce planning, development and investment, and are likely to evolve and change over time. A number of actions provided below will require further development and input from the various areas of the mental health and AOD sectors.

The strategies and suggested actions in the Workforce Strategic Framework are provider and funder neutral, where the responsibility to fund, implement and monitor the Workforce Strategic Framework actions lies with all levels of Government (Local, State and Commonwealth) and a variety of Government sectors (including mental health, health, housing, education and employment), NGOs and communities. Whilst it is acknowledged that the organisations and agencies within the current mental health and AOD workforce have a range of measures already in place to address a number of workforce issues and challenges, it is anticipated that the suggested actions are undertaken in line with their own priorities, timeframes and resources.

It is recognised that some of the suggested actions may already be common practice for agencies and organisations. By providing a broad range of actions, it is expected that all areas of the mental health and AOD workforce will be able to identify and implement actions based on their current and future workforce composition, capacity and practices.

Priority Area 1

Support the current and future workforce to deliver high quality, modern, culturally appropriate and secure, services and programs

The provision of safe, healthy workplaces and the delivery of appropriate support and development opportunities for the current and future mental health and AOD sectors will strengthen the capacity of the workforce to respond effectively to current and emerging mental health and AOD issues. Access to appropriate support and development opportunities for the workforce should be equitable across the workforce and assist in maintaining worker health and wellbeing.

The responsibility to implement the strategies and actions in Priority Area 1 includes (but is not limited to) the MHC, peak bodies, service providers, professional bodies, associations and workers.

PRIORITY AREA 1 STRATEGIES	SUGGESTED ACTIONS
1. Provide safe, healthy, culturally inclusive and supportive workplaces that secure and retain the current and future workforce.	• Regularly make available and review core workplace initiatives, including orientation/induction programs, regular and consistent supervision (including clinical, reflective, professional and peer group supervision), mentoring opportunities, clear career pathway options, leadership development programs, training opportunities (including longer-term training initiatives to suit professions requiring extended training periods, for example, within specialist areas), employee assistance programs and wellness initiatives. • Provide flexible and family-friendly workplaces that promote the health, safety and wellbeing of all staff as standard. • Encourage collaboration between key organisations within the government and non-government sectors to reduce stigma and discrimination through leadership and training informed by consumers, families and carers.
2. Establish and achieve agreement on key role definitions and core competencies, ensuring that roles are matched with capabilities and implemented where relevant.	• Develop and promote agreed national and/or state-wide role definitions and core competencies for relevant specialist and generalist work roles, including peer work, management, policy and research roles. • Ensure agreed competencies reflect role descriptions and meet the job-related requirements and the requirements of consumers, families, and carers. • Regularly review and update core competencies to reflect and address emerging research evidence. • Work with groups, such as the Mental Health Networks, to ensure models of service and/or models of care make appropriate reference to workforce requirements, including key competencies.
3. Undertake a competency development needs analysis to inform future training and development initiatives.	• Seek clinician, worker and other key stakeholder input to inform a competency development needs analysis, which will include a range of roles and required competencies, as well as the education, training and development required for each role. • Ensure the competency development needs analysis includes reference to the competencies required in specialised areas. For example, child and youth psychiatry, addiction medicine, perinatal and infant mental health, custodial mental health and forensic mental health.

PRIORITY AREA 1 STRATEGIES	SUGGESTED ACTIONS
4. Based on the outcomes of the competency development needs analysis, provide a range of education, training and development initiatives for the workforce (through a variety of mechanisms such as train the trainer, online and in-service).	• In collaboration with relevant professional bodies and associations, advocate for the inclusion of mental health and AOD competencies in relevant undergraduate, post-graduate and vocational courses of study to build the capacity and readiness of the future workforce. • Develop and make education, training and development programs available to enhance the capacity of the workforce (with varying levels of experience and expertise) to cater for the changing requirements of the population and deliver best practice services. This could include programs to support workers in meeting the requirements of the ageing and culturally diverse population and people with co-occurring health and social issues (including co-occurring AOD and mental health issues), as well as addressing changing AOD use and patterns, child and family sensitive practice, trauma-informed care, addressing family domestic violence and sexual violence. • Ensure education, training, leadership and development programs addressing specific competencies for specialist areas are available. For example, child psychiatry, addiction medicine, and perinatal and infant mental health. • Provide workforce and lived experience leadership programs. • Ensure workforce training and professional development programs strive for inclusion, access and participation of individuals, families, carers and volunteers, in addition to the paid workforce, such as through inclusive design and access to scholarships and subsidies. • Develop and implement programs to drive systemic, organisational and individual change, across all relevant services to increase the provision of recovery and trauma-informed practice (for example, through the implementation of recovery-focussed staff development programs). • Enable flexible access for all staff (particularly for regional and remote health professionals) to participate in networking, education/training, professional registration, mentoring and development opportunities through online, video-conferencing, train the trainer, and telehealth mechanisms. • Provide training, development and ongoing support to primary care services and staff to enable effective and timely responses to existing, new and emerging mental health and AOD issues, including brief interventions. • Develop and disseminate current best practice guidelines and other resources to further support workers to implement best practice. These may cover areas such as prevention, counselling, family-inclusive practice, supervision and other clinical and non-clinical areas.

PRIORITY AREA 1 STRATEGIES	SUGGESTED ACTIONS
5. Continually seek to improve training and development options and the quality of services provided.	• Develop an appropriate number of qualified and skilled staff to deliver workforce development programs across the service spectrum. • Where appropriate, support the implementation of standardised national/state workforce development programs and resources (including digital approaches). • Through cross-sector coordination, develop and maintain a register of all evidence-based training, which identifies accreditation status, level of education/qualification, experience and expertise required for the training. • Continually explore and pursue joint agency approaches to training and workforce development where appropriate. • Promote multiple pathways to professional registration to increase the recruitment of professional registered workers in regional and remote areas. • Establish dedicated training positions, with priority given to areas of need, to enable access to and facilitate appropriate training and development opportunities amongst both the specialist and generalist mental health and AOD workforce. • Explore the benefits and value of registration and/or credentialing to ensure a minimum standard and to attract professionals to a career in the mental health and/or AOD sectors. • Include and monitor appropriate key performance indicators regarding workforce (for example training, in service agreements and contracts), ensuring appropriate consultation occurs throughout relevant decision making processes. • Participate in quality improvement processes using relevant quality-improvement frameworks.

PRIORITY AREA 1 STRATEGIES	SUGGESTED ACTIONS
6. Support the workforce to deliver culturally secure services for Aboriginal peoples.	• Incorporate the Aboriginal preferred holistic definition of 'social and emotional wellbeing' in workforce training programs, models of care and service delivery. • Deliver accessible and ongoing training, support and professional development opportunities and resources for staff to enable the delivery of culturally secure services. • Make available workplace leadership and mentoring opportunities for Aboriginal staff, and where relevant, students and volunteers. • Ensure models of service have cultural security as a core requirement and/or principle. • Improve role matching for Aboriginal workers. • Support the provision of culturally grounded interventions ensuring there is appropriate engagement with local communities. • Where relevant, include a requirement for workers to undergo cultural awareness training within contracts and service agreements, and ensure procurement and commissioning practices are culturally secure and include Aboriginal peoples in the procurement process. • Government agencies adhere to the Aboriginal Procurement Policy[x] when awarding government contracts. • Include and monitor appropriate key performance indicators regarding workforce (for example culturally secure training, in service agreements and contracts). • Ensure workplaces are culturally inclusive and welcoming (for example, by providing acknowledgments to country, promoting cultural awareness training, celebrating events such as National Aborigines and Islanders Day Observance Committee week and using culturally sensitive language and terminology). • Ensure Aboriginal staff are provided with adequate training, and are supported to deliver cultural awareness training. • Ensure cultural awareness training is primarily delivered by Aboriginal peoples, noting that this could include co-delivery with a non-Aboriginal facilitator.
7. Support the workforce to deliver services and programs that meet the requirements of the dynamic and diverse Western Australian population *(for example: people with disability, older adults, youth, CALD peoples, and lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ+) individuals).*	• Promote the recruitment of suitably qualified, diverse workers across the service spectrum, ensuring that there are appropriate training and development opportunities available. • Strengthen relevant links between mental health, AOD and other relevant agencies[xi] with strong connections to diversity at clinical, professional and management levels and ensure appropriate interagency referral processes are in place. • Ensure workforce development programs are available to increase workers' capacity to deliver appropriate services for specific populations including people with disability, Aboriginal peoples, LGBTIQ+, CALD, ageing and youth populations. • Where relevant, include in contracts and service agreements a requirement for workers to undergo diversity training.

x. Government of Western Australia (2018). Aboriginal Procurement Policy. Retrieved from: https://www.finance.wa.gov.au/cms/Government_Procurement/Policies/Aboriginal_Procurement_Policy.aspx

xi. LGBTIQ+ agencies in Western Australia include (but are not limited to) the WA Aids Council, Freedom Centre and Living Proud.

PRIORITY AREA 1 STRATEGIES	SUGGESTED ACTIONS
8. Provide targeted support for key workforce groups such as the regional and remote workforce.	• Encourage the development and use of regional recruitment initiatives and incentives (for example, housing, access to education and health services) to engage people in mental health and AOD careers, including initiatives to recruit professionally registered staff with high level clinical and professional skills. • Promote the benefits of upskilling, training and supporting local community members to obtain relevant knowledge and skills to fill relevant mental health and AOD roles. • Encourage and support regional and remote agencies to form consortia in order to access and fund training and development opportunities. • Support regions to coordinate localised training opportunities. • Review current metropolitan mental health and AOD service delivery to determine effectiveness and the potential for adaptation and duplication within regional and remote areas.
9. Seek to achieve parity of remuneration and conditions within the mental health and AOD sectors.	• Improve the portability of leave and benefits to address remuneration disparities. • Where possible, ensure equality of remuneration across equivalent work roles. • Work with the Commonwealth with the aim to establish Medicare Benefits Schedule items for relevant sessions, in line with other medicine specialities (including addiction medicine specialists).
10. Ensure tendering, contracting and funding models and arrangements support the development of a high quality, suitably skilled workforce.	• Advocate for state and/or national funding models to support agencies/organisations to recruit and retain suitably qualified, skilled and experienced workers. • Advocate for tenders and contracts to encourage partnerships and allow sufficient time for the development of partnerships. • Advocate for, and where possible provide longer-term service contracts and funding periods to support the recruitment and retention of a suitably qualified and experienced workforce. • Dedicate allocated funding for developing work areas, such as peer work and prevention. • Include training, supervision and appropriately qualified staff for appropriate service delivery in the design and offered price when responding to contracts/tenders. • Provide sufficient notice to relevant parties pending any anticipated changes to contract requirements that may have workforce implications.

Health and wellbeing of the workforce

The health, safety and wellbeing of the workforce is essential. Work overload, stress, the nature and requirements of work can take its toll on even the healthiest, most resilient staff members. Self-care, realistic expectations, supportive and safe workplaces that place the wellbeing of staff at the forefront are all important to ensure staff are able to provide the highest quality service to the Western Australian community.

Priority Area 2

Ensure the specialist workforce is adequately configured and supported to meet the requirements of the Western Australian community.

An increased workforce mix and supply is essential across the mental health and AOD sector, including prevention, community support, community treatment and bed based services. As identified in the Plan, substantial growth is required, in the community-based and prevention workforce. Equally, it is imperative that workforce growth is sustainable and flexible to respond to changing requirements.

Detailed planning and implementation of a range of workforce initiatives and programs and aligning with, and building upon, existing state and national workforce strategies is important for ensuring the right number and mix of appropriately qualified skilled staff.

The responsibility to implement the strategies and actions in Priority Area 2 includes (but is not limited to) the MHC, DoH, HSPs, peak bodies, service providers, professional bodies and associations and tertiary institutions.

PRIORITY AREA 2 STRATEGIES	SUGGESTED ACTIONS
1. **Work with relevant national, state and local organisations, departments and stakeholders to increase the supply of staff in areas where there are shortages** (for example, community-based service staff).	• Together with key agencies, departments, and peak bodies, implement a coordinated approach when working with tertiary and vocational education providers to increase the supply of under resourced staff types and professions. • Ensure there are appropriate placements and specialist training positions available, including in psychiatry and addiction medicine. • Establish and make available entry-level positions for inexperienced and new graduates, with a focus on the community-based sector. • Recruit suitable overseas trained professionals where required. • Support the use of relevant volunteer programs and explore opportunities to build upon existing programs. • Develop additional incentives to attract workers in areas where there are the largest gaps between current and required service provision such as regional and remote areas. • Support Chief Health Professions to deliver on strategies that support the growth and development of their workforce.
2. **Increase the supply of trained staff to fill growing workforce roles, such as peer workers and prevention workers.**	• Establish and promote relevant vocational or tertiary courses and scholarships for growing specialist work areas, such as peer work (for example, the Cert IV Mental Health Peer Work). • Develop training options that provide for equal peer worker opportunities for peer work across both the mental health and AOD sectors. • Promote the employment of suitably qualified prevention staff to fill prevention worker roles (for example, Health Promotion qualifications). • Make available appropriate training, development, mentoring, guidelines and resources to support staff in growing specialist work areas (for example, peer work and prevention) and for those who provide direct support to staff. • Utilise best practice guidelines to support a consistent approach to peer workforce growth, retention and development.

PRIORITY AREA 2 STRATEGIES	SUGGESTED ACTIONS
(continued) **2. Increase the supply of trained staff to fill growing workforce roles, such as peer workers and prevention workers.**	• If appropriate, support consumer, carer, family and peer worker access to recovery college[xii] courses and programs in order to develop their skills. • Establish a peer mentoring support network for the mental health and AOD peer workforce.
3. Establish a variety of mechanisms to support recruitment and retention of staff, as well as promote careers in mental health and AOD.	• Promote the mental health and AOD sector as an attractive area to work through: - Implementing a coordinated approach to working with vocational, undergraduate and postgraduate education and training providers in the promotion of mental health and AOD careers. - Developing and implementing targeted marketing and recruitment strategies to attract existing health workers to the mental health and AOD sectors with a focus on regional and remote areas. - Implementing strategies and incentives to facilitate the re-entry of past and/or retired mental health and AOD workers. - Offer adequate remuneration and incentives to attract, employ and retain workers within the mental health and AOD sector wherever possible, such as non-salary benefits including employee assistance programs, professional training and development opportunities, supervisor mentoring, support to achieve formal qualifications, flexible work practices and travel allowances. • Establish and provide additional placements in the mental health and AOD sectors, including in regional and remote areas. • Access existing pools of mental health and AOD volunteer workers to fill relevant vacancies and expand these pools. • Prioritise sector and consumer-informed strategies to address and reduce stigma and discrimination associated with working in AOD and mental health (including within the peer workforce). • Develop, implement and monitor staff satisfaction and organisational culture. • Enhance the availability of succession planning for staff and management. • Ensure clinical supervision and support for clinicians, mental health and AOD workers is developed and sustained to promote reflective practice, professional development and to provide good clinical governance.

xii. The Mental Health Commission has developed a co-produced Recovery College Model of Service which will guide the delivery of future Recovery Colleges across Western Australia.

PRIORITY AREA 2 STRATEGIES	SUGGESTED ACTIONS
4. Aim to ensure the percentage of Aboriginal peoples in the mental health and AOD workforce is in line with, or exceeds the target of the Public Sector Commission.	• Promote the value of the existing applicable tertiary and vocational qualifications to Aboriginal peoples and relevant organisations/ sectors. • Promote the value of working in the mental health and AOD sectors to Aboriginal students undertaking relevant undergraduate and post-graduate studies. • Expand and build upon existing programs such as Aboriginal worker placements, cadetships, traineeships and scholarships to increase the Aboriginal workforce. • Continually increase access to Aboriginal mentors and supervisors within the mental health and AOD sectors. • Ensure Aboriginal workers in regional and remote areas have access to appropriate infrastructure to carry out their role(s). • Encourage and promote the recruitment of specialist mental health and AOD workers within Aboriginal Community Controlled Health Services, especially within regional and remote areas. • Establish a network specifically for Aboriginal mental health and AOD workers to identify and prioritise key Aboriginal mental health and AOD workforce development issues (such as a model similar to the Aboriginal Drug and Alcohol Network). • Promote the adaptation of the WA Health Aboriginal Workforce Strategy 2014-2024[42]. • Ensure there are appropriate career pathways for Aboriginal peoples into the mental health and AOD workforce and encourage Aboriginal staff representation from entry level to senior positions. • Provide opportunities for Aboriginal staff to be involved in policy development, service planning and service delivery. • Where appropriate, promote and support engagement with Traditional Healers as part of providing holistic, whole-of-person care.

Priority Area 3

Promote innovation in service delivery, and encourage the uptake of best practice and evidence-informed practices, including integration of services and delivery of holistic, whole of person support.

It is essential mental health and AOD services are integrated where possible to ensure a seamless, holistic service system is provided for consumers, families and carers. Holistic and whole-of-person services consider various aspects of a person's life and are not only concerned with the absence of illness, but with positive social and emotional wellbeing. Furthermore, encouraging innovation, underpinned by evidence, inspires new approaches to current and future challenges and ensures services are at the forefront of best practice.

The responsibility to implement the strategies and actions in Priority Area 3 includes (but is not limited to) the MHC, DoH, HSPs, WAPHA, peak bodies, service providers and general health and human services.

PRIORITY AREA 3 STRATEGIES	SUGGESTED ACTIONS
1. Encourage the trialling and adoption of new approaches to workforce planning and development.	• Promote ongoing internal staff development, peer review/ supervision, knowledge and skill sharing within and where possible, across agencies. • Improve access to, and promotion of, best practice evidence to inform up-to-date practice and service improvement. • Provide opportunities for the mental health and AOD sector staff and consumers, families, and carers to co-design models of care, with processes established to implement the models as part of everyday practice. • Implement approaches and opportunities to embed consumer, carer and family-led services into service delivery models, further contributing to the reduction of stigma and discrimination. • Promote co-production and co-design training initiatives for the mental health and AOD workforce, and consumers, families and carers.
2. Improve collaboration between the mental health and AOD sector to ensure coordinated and integrated responses to service use and demand.	• Provide mental health and AOD training and professional development opportunities for community-based services, generalist health services (such as emergency services staff, and human services staff). • Promote and encourage opportunities for the community, peer, family and specialist mental health and AOD sectors and the wider health sector to share knowledge, experiences, innovation, current priorities and new initiatives. • Promote and share best-practice examples of service partnerships. • Collaborate with relevant agencies and organisations to build upon innovative initiatives such as care pathways, particularly in regional and remote areas. • Ensure appropriate support and guiding principles are available for the development and operation of effective MDTs (for example, through the provision of effective leadership, management and clinical governance). • Promote and encourage staff secondment and cross-sector mentoring within and across mental health and AOD sectors to increase knowledge and understanding.

PRIORITY AREA 3 STRATEGIES	SUGGESTED ACTIONS
3. Increase consumer, family and carer partnerships in workforce development.	• Support remuneration, training, supervision, mentoring and support for consumers, families and carers involved in workforce planning and development. • Explore options to establish a peak AOD consumer, family and carer agency. • Enable consumers, families and carers to be active partners in relevant staff recruitment and training. • Enable consumers, families and carers to lead the development and delivery of consumer representation and advocacy training. • Develop organisation/agency-wide policies (for example the provision of resourcing, support, training, mentoring and supervision) in order to support the appropriate involvement of consumers, families and carers. • Provide education, training and other relevant support for consumers, families and carers involved in representation roles and those who are engaged in service areas that may play a part on the delivery of holistic, whole-of-person support (such as in the culture and the arts, sport and recreation, youth, seniors and multicultural sectors).

Priority Area 4

Support relevant health and human service agencies, outside of the mental health and aod specialist providers and their staff to deliver appropriate mental health and AOD services.

People experiencing mental health and AOD issues often have other health and social issues they are managing. Individuals may therefore present to a range of general health and human service agencies seeking assistance. The generalist health and human service sectors are an integral part of the overall mental health and AOD sector and require support to deliver an appropriate level of assessment, intervention and appropriate referral to more specialist services.

The responsibility to implement the strategies and actions in Priority Area 4 includes (but is not limited to) the MHC, WAPHA, peak bodies and service providers.

PRIORITY AREA 4 STRATEGIES	SUGGESTED ACTIONS
1. Establish and promote an agreed set of mental health and AOD core competencies for staff in relevant health and human service agencies.	• Seek agreement on the core competencies required by relevant generalist staff through building upon the work to establish a minimum set of core competencies for specialist staff. • Promote agreed core mental health and AOD competencies to generalist health and human service providers, encouraging adoption into job descriptions where appropriate.
2. Enhance the capacity of the generalist health and human service workforce through the establishment of systemic, organisational and service level initiatives.	• Advocate for the inclusion of mental health and AOD content in existing relevant generalist health and human service education and training programs and courses. • Where appropriate, promote evidence-based gatekeeper suicide prevention and brief intervention training programs to front line staff, such as housing support staff, community support workers, police and emergency services staff. • Provide targeted AOD and mental health training and development programs, such as risk management and de-escalation techniques for front line staff, and early identification and brief intervention skills. • Promote the mental health and AOD sector as an attractive area to work for new graduates and existing generalist staff.
3. Build capacity and capability of primary care to intervene early and support people with mental health and AOD issues.	• Expand General Practitioner training and support to improve access to pharmacotherapy maintenance and increase the delivery of brief interventions[xiii]. • Mental health and AOD services, professional bodies, and other agencies advocate for the inclusion of mental health and AOD competencies in undergraduate and post-graduate health courses to build the capacity of primary care workers.

xiii. Refer to Appendix D for further detail regarding recommended registration and training for the mental health and AOD workforce.

PRIORITY AREA 4 STRATEGIES	SUGGESTED ACTIONS
4. Promote shared care, service coordination, and cooperation.	• Further develop the mental health and AOD workforce local networks to promote increased shared care, coordination, and cooperation with staff working in generalist health and community services (for example, corrections, human services, culture and the arts, sport and recreation, youth, seniors, Aboriginal and multicultural sectors etc.). • Develop cross-sector partnerships that are monitored and evaluated for their effectiveness. • Support and promote new and existing multi-disciplinary services and the co-location of relevant services, where appropriate and possible. • Promote existing mental health and AOD services to relevant generalist health and human service agencies, such as through networking and information sharing initiatives.

Priority Area 5

Improve workforce data collection and continually monitor and evaluate workforce data to enable effective planning and development activity.

Ensuring that collected workforce data are accurate, consistent, timely and of good quality is a current challenge. Reliable data collection and monitoring have the potential to inform effective current and future workforce planning and development. Improved data consistency and linkages will also support the workforce in the delivery of high quality services.

There is a requirement to continue to work across the mental health and AOD sector in Western Australia and nationally to strengthen the knowledge base required for workforce development and planning. The information required includes issues such as employee demographics, qualifications, roles and employment conditions. Data about specialist workers within non specialist organisations are also necessary.

The responsibility to implement the strategies and actions in Priority Area 5 includes (but is not limited to) the MHC, DoH, HSPs, peak bodies and service providers.

PRIORITY AREA 5 STRATEGIES	SUGGESTED ACTIONS
1. Improve consistency in mental health and AOD data collection and monitoring, data sources and agreed role definitions.	• Support national agencies to ensure future mental health and AOD workforce data initiatives are harmonised, consistent and well-coordinated, such as through the development of nationally agreed workforce data sources. • Develop improved, cost-effective ways of collecting and monitoring workforce data. • Determine an agreed method of data collection and monitoring within the mental health and AOD sectors. • Promote collaboration amongst relevant organisations and agencies to ensure workforce data collection processes are consistent and sufficient for workforce planning and development requirements, and to identify potential and existing overlaps and duplications across data collections. • Collect relevant and consistent information and data relating to Aboriginal peoples and diverse groups and communities to contribute to better planning and monitoring of the mental health and AOD workforce. • Collect relevant information to monitor staff, consumer, family and carer satisfaction and organisational culture improvement measures. • Collect relevant information and data to map and monitor the availability, employment conditions and job prospects for developing areas (such as prevention and peer work).
2. Strengthen the clinician, consumer, family and carer voice within data collection and monitoring.	• Partner with clinicians, consumers, families and carers as part of the monitoring, research and evaluation of workforce initiatives in the mental health and AOD sectors.

Next Steps

Strategy implementation

The Workforce Strategic Framework provides a suite of strategies and suggested actions to inform current and future workforce planning and development decisions, development and investment. Strategic workforce investments that are aligned with the Workforce Strategic Framework can further develop workforce capacity and capability, thereby contributing to improved consumer, family and carer outcomes.

Collaboration and coordination across service providers, organisations, and sectors is essential for implementing the Workforce Strategic Framework. Examples of what the MHC and other key stakeholders can do to implement the Workforce Strategic Framework are provided in **Appendix E**.

Collaboration between the MHC, DoH, HSPs, peak bodies and other key agencies within the government, non-government and private sectors will be necessary in order to determine appropriate allocation of actions to address the priority areas and ensure successful implementation of the Workforce Strategic Framework.

Further, the DoH has a large focus on workforce planning to enable evidence informed decision making about the workforce. Centrally, the DoH plays a key role in coordinating workforce planning and activity across the HSPs. HSPs also undertake planning and development for their own workforce.

Given the continually changing mental health and AOD environment of Western Australia, exploring new approaches and focussing on innovation in service provision will be required in order to strengthen and expand the mental health and AOD workforce. It is important that appropriate support is provided to mental health and AOD service staff to enable continued flexible responses to emerging evidence, changes in service delivery and trends of the Western Australian population. Additionally, the preferences of people with mental health and AOD issues, their families and carers must be at the centre of all workforce planning and development activity. Professional development, including attendance at training and education to maintain registration, is the responsibility of individual professionals. In addition, it is acknowledged that individuals, organisations and agencies have their own responsibilities regarding workforce planning and development, including continual professional development.

Evaluation and monitoring

The aim of the Workforce Strategic Framework is a long-term goal that guides current and future directions regarding workforce planning and development across the mental health and AOD sectors.

Activity and outcome indicators contained within agency initiatives that align with the Workforce Strategic Framework will assist in facilitating progress towards the Workforce Strategic Framework long-term aims. The Workforce Strategic Framework can act as a guide for organisations and agencies when reviewing their workforce planning and development activities.

The MHC will evaluate and monitor its own workforce planning and development activities and other stakeholders are encouraged to conduct their own evaluations guided by the Program Logic model in **Appendix F**.

A Program Logic model which includes suggested input, output and outcomes is provided as a guide for relevant agencies and organisations to use to inform their evaluation of workforce planning and development activity.

Glossary

Glossary

The following terms have been used throughout the Workforce Strategic Framework and are defined below.

Aboriginal social and emotional wellbeing: Aboriginal peoples have a holistic view of mental health and prefer a social and emotional wellbeing approach to mental health. The domains of wellbeing that typically characterise Aboriginal definitions of social and emotional wellbeing include connection to: body, mind and emotions, family and kinship, community, culture, language, country, spirit, spirituality and ancestors[43].

Carer: A person who provides ongoing care, support and assistance to a person with disability, a chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide[44].

Clinician: a health professional, such as a physician, psychologist, or nurse, whose practice is based on direct observation and treatment of a patient.

Co-design: Identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in and will be affected by the plan.

Community bed-based services: A service that provides 24-hour, seven days per week recovery-oriented services in a residential-style setting (in the case of mental health services) and structured, intensive residential rehabilitation for people with an AOD-related issue (following withdrawal). Community bed-based services support a person to enable them to move to more independent living.

Community support services: Services that provide individuals with mental health and AOD issues access to help and support them to participate in their community. Community support includes:

- programs that help people identify and achieve their personal goals;
- personalised support programs (for example, to assist in accessing and maintaining employment/ education and social activities);
- peer support;
- initiatives to promote good health and wellbeing;
- home in-reach support;
- family and carer support (including support for young carers and children of parents with a mental illness);
- flexible respite;
- individual advocacy services; and
- harm-reduction programs.

Competency: The consistent ability to apply knowledge and skills to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments.

Core competencies are the minimum set of competencies that constitute a common baseline for a specific role. They are what all employees/ practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in their specific field[45].

Consumers: People with a lived experience of mental health and/or AOD issues, who may or may not access mental health and/or AOD services and supports.

Co-production: Implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.

Cultural inclusivity: Requires mutual respect, effective relationships, clear communication, explicit understandings about expectations and critical self reflection. In an inclusive environment, people of all cultural orientations can:

- freely express who they are, their own opinions and points of view;
- fully participate in teaching, learning, work and social activities; and
- feel safe from abuse, harassment or unfair criticism[46].

Cultural security: A guiding principle to ensure the respect of the cultural rights, values, beliefs, and expectations of the variety of cultural groups in Australia and Aboriginal peoples in particular.

Cultural security means upholding a commitment to the provision of services which does not compromise the legitimate cultural rights, views, values and expectations of cultural groups and communities. This concept argues that it is the service and/or system that are responsible for cultural security[47]. A culturally secure approach is essential when developing programs, services, policies and strategies[48].

Enhanced primary care: Interventions delivered by primary health care providers such as GPs, nurses and allied health professional who have additional training in mental health[49].

Evidence-based and best practice: Evidence-based practice can be considered the integration of the best research evidence with expertise and consumer and community values[50].

Family-inclusive practice: Involves working in partnership with families and directly involving them in any service intervention, raising awareness of the impact of AOD use and mental health issues upon the whole family, and addressing the requirements of families.

Funder neutral: The Workforce Strategic Framework suggests workforce planning and development actions that are required to be implemented across the State. However, it does not dictate who is required to fund the suggested actions.

Individualised services: Services that have been tailored to suit the preferences of an individual.

Informal community support: Comprises services provided in the community that are not part of the formal health and welfare system. Examples include Traditional Healers, professionals in other sectors such as teachers, police, services provided by non-governmental organisations, user and family associations and lay people[51].

Integrated care: Care that is "coordinated across professionals, facilities, and support systems; continuous over time and between visits; tailored to the patients' needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health"[52]. Please note, in the AOD sector 'integrated' services have historically referred to the combining of Government and non-government AOD specific services in a single location.

Lived experience: Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress, mental health and/or alcohol other drug issues, irrespective of whether they have a diagnosed mental illness and/or AOD issue and/or have received treatment.

This definition also extends to family and friends who have a lived experience of providing ongoing care and support to a person who has a lived or living experience as outlined above. It is also acknowledged that the term 'experiential knowledge' may also be used within the AOD sector as an alternative to lived experience.

Multidisciplinary approach: The involvement of a range of professionals, often including medical, nursing, community and allied health professionals to provide health care and support. Multidisciplinary teams can be involved in assessment, treatment, support for self-management and follow-up[53].

National Disability Insurance Scheme: An Australian insurance scheme that supports people with a disability to build skills and capability so they can participate in the community and employment.

Peer workers: Roles in which having a lived experience of mental health and/or AOD issues is essential to the role (for example, consumers, family members and/or carers). Peer workers are deployed within the public and non-government sector to use their lived experience to advocate, advise, represent and/or support their peers within services[54].

Pharmacotherapy: The use of medication to assist in the treatment of drug and/or alcohol dependence to achieve detoxification, relapse prevention and/or opioid maintenance.

Primary care: Involves the first (primary) layer of services encountered in health care and requires teams of health professionals working together to provide comprehensive, continuous and person centred care. While most Australians will receive primary health care through their GP, primary health care providers also include nurses (including general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists, and Aboriginal health workers[55].

Primary prevention: Aims to target the general population and at-risk groups to promote mental health and wellbeing, keep people well and to prevent and reduce AOD-related harm and mental illness.

Provider neutral: The Workforce Strategic Framework suggests workforce planning and development actions that are required to be implemented across the State. However, it does not dictate who is responsible for providing particular services or initiatives as provided in the suggested actions.

Recovery: Personal recovery is defined within the National Framework for Recovery-oriented Mental Health Services as "being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues." It is acknowledged recovery is personal and means different things to different people. In regards to AOD use, recovery can include, but is not always synonymous with a cure or abstinence from AOD.

Recovery-oriented practice: Ensures that services are being delivered in a way that supports the recovery of mental health and AOD consumers. Recovery-oriented practice acknowledges that a person's path to recovery is individual and unique, and informed by their strengths and hopes, preferences, experiences, values and cultural background. It is important to note that in this context, recovery can include, but is not always synonymous with a cure or abstinence from AOD.

Secondary prevention: Targets groups or individuals at high risk and/or showing early signs of problematic AOD use and/or mental ill-health. The aim with secondary prevention is to reduce the duration and severity of harmful AOD use and/or mental ill-health.

Shared care: Systemic cooperation about how systems agree to work together and operational cooperation at local levels between different groups of clinicians[56].

Traditional Healers: "In contemporary contexts traditional healing finds new interpretations by applying ancient cultural knowledge to address trauma and restore and sustain holistic wellbeing... Traditional Healers have extensive knowledge and are able to interpret symptoms and provide traditional healing treatments including bush rubs and medicines. Their knowledge is passed on from generation to generation."[57]

In respect to the *Mental Health Act 2014*, a Traditional Healer in relation to an Aboriginal or Torres Strait Islander community, means a person of Aboriginal or Torres Strait Islander descent who:

a) uses traditional (including spiritual) methods of healing; and

b) is recognised by the community as a Traditional Healer.

Trauma-informed care: An approach which recognises and acknowledges trauma and its prevalence amongst people using and delivering services, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery, in order to prevent further trauma and support healing.

Workforce planning and development: Workforce planning and development aims to build the capacity of organisations and individuals to prevent and respond to mental health and AOD-related issues [58]. Workforce planning and development involves determining current and future workforce requirements and challenges; and then designing and delivering systemic, structural, organisational and individual level strategies, policies and actions that will build a skilled and capable workforce[59].

Appendices

Appendix A – Roles and responsibilities

There are a range of agencies and organisations that have a responsibility to implement workforce planning and development, and will therefore play a key role in implementing the Workforce Strategic Framework. A brief summary of some (not all) key agencies/ organisations and their roles and responsibilities is provided below:

Mental Health Commission: The MHC strives to establish mental health and AOD systems that meet the needs of Western Australia's population and deliver quality outcomes for individuals and their families.

The MHC is the lead State Government mental health and AOD agency in Western Australia. The MHC commissions, provides and partners in the delivery of prevention, treatment, research and policy services, and leads system improvements. The MHC also provides workforce development opportunities including a large range of training focussing on AOD and related harms. The majority of mental health and AOD services are purchased from a range of providers including HSPs, a wide range of non-government organisations (NGO) and private service providers. As the lead agency in system development, the MHC will continue to work with key stakeholders to undertake workforce strategic planning. The MHC will continue to play a lead role in the implementation of the Workforce Strategic Framework together with other key organisations and agencies such as those listed below. The MHC will align its own workforce planning, development and commissioning activity with the priorities of the Workforce Strategic Framework.

Department of Health: Under the *Health Services Act 2016*, the DoH is the 'system manager', and HSPs are established as statutory authorities. The DoH influences and contributes to system coordination, including through setting policy direction and reform agendas. The MHC and the DoH will continue to work together to progress and align system planning and reform initiatives, including through the implementation of the Workforce Strategic Framework.

Health Service Providers: A large proportion of the mental health workforce in Western Australia are employed by Health Service Providers (HSP), with approximately 35,000 full-time equivalent (FTE) employed in 2017-18. The HSPs are statuatory authorities responsible and accountable for the delivery of safe, high quality, efficient and economical health services to their local areas and communities[60]. This includes credentialing and defining the scope of clinical practice for medical practitioners to ensure that the medical workforce is appropriately skilled and competent to undertake their clinical workload[61]. HSPs are autonomous entities with responsibility for their own local workforce planning and development, with DoH having a coordination and system-wide management role. The MHC and the HSPs will continue to partner in progressing system reform where appropriate, including initiatives that may be aligned to the Workforce Strategic Framework. For example, this may involve HSPs ensuring adequate placements are available for students and registrars, and facilitating access to supervision for all staff.

Chief Health Profession representatives: The Chief Health Professionals employed at DoH, including the Chief Medical Officer, Chief Nurse and Chief Health Professions Officer provide leadership and strategic advice on issues such as workforce planning and development. They also have the ability to identify trends in their respective workforces and to implement workforce planning and development strategies across Western Australia.

Western Australian Association for Mental Health: WAAMH is the peak body for the community mental health sector in Western Australia. WAAMH plays a key role in strategic planning relating to the workforce, and in the development of the Workforce Strategic Framework. WAAMH are funded to deliver a range of workforce development activities and will be fundamental to the implementation of the Workforce Strategic Framework.

Western Australian Network of Alcohol and other Drug Agencies: WANADA is the peak body for the AOD education, prevention, treatment, rehabilitation and support sector in Western Australia and leads a range of workforce planning and development activities. WANADA continues to be a key partner in the development and implementation of the Workforce Strategic Framework.

WA Primary Health Alliance: WAPHA has the lead role in building a robust and responsive primary health care system through innovative and meaningful partnerships, planning and commissioning at the local and state-wide level. WAPHA commissions a range of services as well as undertakes and funds workforce planning and development initiatives. WAPHA involvement will be essential for the implementation of Workforce Strategic Framework initiatives particularly in relation to the primary care workforce.

AOD and mental health service providers: There are a range of non-government and private organisations that provide mental health and/or AOD services to the community, and therefore have a responsibility to implement workforce planning and development activities. This could involve, for example, ensuring they have core workplace initiatives such as orientation/induction and worker wellbeing programs in place.

General health and welfare services: Many general health and welfare service providers, including government and non-government providers such as health, housing and corrections regularly come into contact with people impacted by mental health and/or AOD issues, or in some cases, employ mental health and AOD specialist staff. These agencies therefore have a responsibility to ensure their staff are competent in the delivery of mental health and AOD services. For example, this could involve the inclusion of applicable mental health and AOD core competencies in relevant job descriptions.

Professional bodies and associations: Professional bodies and associations represent the interests of key professional groups, for example, nurses, doctors or psychologists. In relation to workforce planning and development, professional associations may undertake advocacy in relation to their workforce and contribute to the implementation of other key strategies such as working with universities to influence curriculum.

Department of Education, tertiary institutions and associated organisations: These agencies and organisations plan for, and provide, the education and training for the workforce of the future, and are therefore integral to the development and implementation of the Workforce Strategic Framework. Tertiary institutions and associated organisations may implement the Workforce Strategic Framework through offering additional placements in courses where there is an identified skill shortage, or they may alter course content in response to evolving workforce and industry requirements. The Department of Education, through the implementation of the Workforce Strategic Framework, has the opportunity to increase and strengthen the level of mental health and AOD knowledge and promote positive health outcomes within the school setting, and hence decrease the stigma and discrimination experienced by mental health and AOD consumers, families and carers.

Consumer, family and carer organisations: There are several consumer, family and carer organisations in Western Australia, including Carers WA, Consumers of Mental Health WA, Mental Health Matters 2 and Helping Minds. These organisations engage, consult with, represent and advocate for consumers, families and carers. They assist agencies and organisations to progress consumers and carer partnership, co-design and co-production in workforce initiatives.

Local Government: Local Governments are involved in the development and implementation of local Alcohol and other Drug Management Plans (AODMPs) that can protect and improve the health and wellbeing of their community. As such, Local Governments may use the Workforce Strategic Framework to guide the development and implementation of their AODMPs where appropriate.

Other departments, agencies and stakeholders: There are a number of other departments, agencies and stakeholders that also have an impact on, and a vested interest in, the planning and development of the mental health and AOD workforce. They include (but are not limited to) those working in the areas of employment, education, justice and corrections, housing, planning, and environmental health.

Appendix B – Key documents and initiatives informing the Workforce Strategic Framework

The following strategic documents, initiative and reforms have been reviewed and considered in developing the Workforce Strategic Framework and identifying challenges, opportunities and gaps within the mental health and AOD sectors.

Strategic documents and initiatives

National Alcohol and Other Drug Workforce Development Strategy 2015-2018[62]

The National AOD Strategy was developed at the request of the Intergovernmental Committee on Drugs. The National AOD Strategy aims to enhance the capacity and sustainability of the AOD (and related) workforce into the future to meet changing demands and emerging issues.

National Mental Health Workforce Strategy 2011 (National MH Strategy)[63]

The National MH Strategy was published in 2011, however much of the content of the document remains relevant. The aim of the National MH Strategy is to develop and support a well led, high performing and sustainable mental health workforce delivering quality, recovery-focussed mental health services.

The National MH Strategy discusses a range of challenges facing the workforce, including shortages of particular professionals and the ageing of the workforce, recruitment and retention difficulties (particularly in regional areas), overwork and stress, a lack of standardisation (in work roles as well as models of service), and differing remuneration rates for public versus NGO employees.

WA Aboriginal Health and Wellbeing Framework 2015-2030[64]

The WA Aboriginal Health and Wellbeing Framework 2015-2030 identifies a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia for the next 15 years. Strategic outcomes relating to the Aboriginal health workforce include:

- A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles.
- The non-Aboriginal workforce is able to understand and respond to the needs of Aboriginal people.

WA Health Aboriginal Workforce Strategy 2014-2024 (Aboriginal Workforce Strategy)[65]

The Aboriginal Workforce Strategy aims to develop a strong, skilled and growing Aboriginal health workforce across WA Health including clinical, non-clinical and leadership roles. The key strategies addressed in the Aboriginal Workforce Strategy include attraction and retention, workforce skill development, workforce design, and workforce planning and evaluation. The Aboriginal Workforce Strategy provides a useful framework to inform the growth and development of the Aboriginal mental health and AOD workforce.

Australian Standard for Workforce Planning[66]

The Australian Standard for Workforce Planning provides guidance on how to approach workforce planning and development, including providing definitions and suggested models and frameworks. The aim of the guide is to encourage consistency across Australia for to workforce planning and development activity.

Overarching strategic documents

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025[67]

The Plan signifies a commitment to substantially expand and develop mental health and AOD services over the ten years of the Plan, until 2025. In order to deliver upon commitments made in the Plan, there is a requirement to grow and develop the mental health and AOD sector workforces and the following related actions are included in the Plan:

By the end of 2017:

- Develop and commence implementation of a comprehensive mental health, AOD workforce planning and development strategy that includes key priorities and strategies to build the right number and appropriately skilled mix of staff, and clarifies roles and responsibilities of commissioning agencies and service providers.

By the end of 2020:

- Continue the implementation of evidence-based strategies to establish and maintain the optimal number and mix of suitably qualified and skilled staff to effectively deliver the services and programs outlined in the Plan.
- Monitor and evaluate the effectiveness of the workforce planning and workforce development strategies employed and adapt strategies as appropriate.

Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (AOD Strategy)[68]

The AOD Strategy provides a guide for the Western Australian government, NGOs and the community in addressing the adverse impacts of AOD-related issues in Western Australia. The Drug and Alcohol Strategic Senior Officer's Group, consisting of representatives from key human service departments, are responsible for implementing the strategies contained within the AOD Strategy over the next four years. The five key strategy areas are: focusing on prevention, intervening before problems become entrenched, effective law enforcement approaches, effective treatment and support services, and strategic coordination and capacity building.

Sustainable Health Review – Interim[69] and Final Report[70]

The Sustainable Health Review was announced by the State Government in June 2017 to develop a more sustainable health system for Western Australia. An interim report was published in February 2018. The interim report identifies 12 preliminary directions, including a need to increase prevention action, as well as progress urgent improvements in mental health clinical services. Of importance to note is the suggestion that there is "opportunity to explore workforce models that better utilise other [non-medical] professions and their full scope of practice, supporting team based care." Direction 10 of the Sustainable Health Review Interim Report highlights the need to develop a supported and flexible workforce.

The Final Report, as released on 10 April 2019, acknowledges the need to take a more proactive role in shaping a health workforce fit for the future. Of particular relevance to the Workforce Strategic Framework is *Strategy 7: Culture and workforce to support new models of care*, which identifies a number of key recommendations, including to:

- Build a system-wide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change.
- Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability.
- Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability.
- Build capability in workforce planning and formally partner with universities, vocational training institutes and professional colleges to shape the skills and curriculum to develop the health and social care workforce of the future.
- Remove barriers to equity, flexibility and transparency in workforce arrangements.

National Drug Strategy 2017-2026 (National Drug Strategy)[71]

The National Drug Strategy provides a national framework identifying national priorities relating to AOD. Addressing the three pillars of harm minimisation (demand reduction, supply reduction and harm reduction), the National Drug Strategy identifies key priority actions such as the necessity for innovation, evidence informed treatment, information and data sharing, and improving national coordination. Building the capacity of the workforce to deliver services and respond to emerging issues was also identified as a strategy to reduce demand.

Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)[72]

The Fifth Plan identifies seven priority areas: integrated regional planning and service delivery, coordinated treatment and supports, suicide prevention, Aboriginal and Torres Strait Islander mental health and suicide prevention, physical health, stigma and discrimination, and safety and quality in mental health care. The Fifth Plan makes particular mention of the requirement to address stigma and discrimination in the workforce as this has a significant impact on consumers of mental health services.

Productivity Commission, Mental Health: Draft Report 2019 (Draft Report)[73]

This inquiry considers the mental health and wellbeing of Australia's population, the prevention and early detection of mental illness, and treatment for those who have a diagnosed condition.

The Draft Report acknowledges the need to strengthen and grow the current workforce, ensuring staff are appropriately trained, and have the capacity to provide care and support to those experiencing mental health issues.

The Draft Report includes a number of recommendations and actions relating to the mental health workforce, for example, actions relating to the forthcoming update of the National Mental Health Workforce Strategy, which has also influenced this Workforce Strategic Framework.

Other key reforms

National Disability Insurance Scheme[74]

The introduction of the NDIS has resulted in an individualised funding model being rolled out across Australia for eligible individuals with a disability, including a psychosocial disability. Through the NDIS, funding is directly allocated to consumers, as opposed to services, thereby ensuring greater choice and control over the services that individual consumers purchase. Individualised funding will significantly impact workforce planning and development and therefore has been given careful consideration in the Workforce Strategic Framework.

In response to the NDIS implementation, the disability and mental health sectors will expand and develop to ensure a diverse, innovative and well-equipped workforce is available to meet future workforce requirements. In particular, a large proportion of the mental health community support workforce will deliver NDIS services and therefore require relevant competencies in order to effectively support people with a psychosocial disability.

Appendix C – Workforce Strategic Framework contributors

The following organisations, agencies and groups were represented on the Workforce Strategy Advisory Group:

- Aboriginal Health Council of Western Australia
- Carers WA
- Consumers of Mental Health Western Australia
- Consumer and carer individual representatives
- Department of Health
- Mental Health Network
- National Drug Research Institute
- Western Australian Association for Mental Health (WAAMH)
- Western Australian Network of Alcohol and Other Drug Agencies (WANADA)
- WA Primary Health Alliance

The following organisations, agencies and groups have been consulted as part of the Workforce Strategic Framework development thus far:

- Mental health non-government sector (as part of the WAAMH workforce project report)
- Alcohol and other drug government and non-government sectors (as part of the WANADA workforce project report)
- Integrated Services Consumer Group
- Drug and Alcohol Strategic Senior Officers Group
- Mental Health Commission Aboriginal Advisory Group
- Mental Health Advisory Council
- Consumer, Family and Carer Forum representatives
- Mental Health Sub-Networks, Co-leads
- Perinatal Mental Health Steering Group
- Royal Australian and New Zealand College of Psychiatrists
- Health Service Providers
- MHC internal staff

Appendix D – Workforce staff types

The below table provides a brief, high level summary of staff types, capabilities and/or qualifications of the mental health and AOD workforce[xiv].

STAFF TYPE	SKILLS, KNOWLEDGE, QUALIFICATIONS CURRENTLY REQUIRED OR RECOMMENDED	REGISTRATION
MENTAL HEALTH AND ALCOHOL AND OTHER DRUG SECTORS		
Peer Worker	Can be vocationally qualified, but not essential. Relevant lived experience. Includes Consumer Peer Worker and Carer Peer Worker.	
Medical Staff	Junior Medical Officer, Senior Medical Officer, Registrar, Senior Registrar • Tertiary qualified (medical degree, 4-6 years) plus relevant experience. General Practitioners (GPs) • Tertiary qualified (medical degree, 4-6 years) plus 3 year specialist qualification in general practice for Fellowship of the Royal Australian College of GPs. • Completion of the Australian General Practice Training program. • GPs should also be supported to undertake General Practice Mental Health Standards Collaboration-accredited Mental Health Skills Training and Focussed Psychological Strategies training. • Attainment of the Fellowship of the Royal Australian College of General Practitioners (FRACGP)[xv] Other medical specialists (for example, Consultants, Psychiatrists, and Addiction Psychiatrists) Tertiary qualified (medical degree, 4-6 years) followed by relevant work experience and post graduate qualification (3-5 years) in relevant specialty i.e. geriatric or paediatric medicine via relevant medical colleges	Australian Health Practitioner Regulation Agency (AHPRA) Medical Board of Australia

xiv. Please note: this is not an exhaustive list and includes a mix of required and recommended skills, knowledge and qualifications.

xv. The attainment of the FRACGP signifies that a GP has been assessed as competent across the core skills of general practice enabling him or her to practice safely, unsupervised, anywhere in Australia.

STAFF TYPE	SKILLS, KNOWLEDGE, QUALIFICATIONS CURRENTLY REQUIRED OR RECOMMENDED	REGISTRATION
MENTAL HEALTH AND ALCOHOL AND OTHER DRUG SECTORS		
Nursing Staff	Enrolled Nurse (EN) • Vocationally qualified (Diploma of Enrolled Nursing). Registered Nurse (RN) • Tertiary qualified (Bachelor of Science (Nursing) or Bachelor of Nursing). Clinical Nurse Specialist (CNS) • Tertiary qualified (Bachelor of Science (Nursing) or Bachelor of Nursing) plus relevant experience. Nurse Practitioner • Tertiary qualified, nursing degree and relevant work experience. Post-graduate qualification (Masters). **Mental health specialist training is encouraged for Nursing staff.*	AHPRA Nursing and Midwifery Board of Australia
Allied Health	Occupational Therapist • Tertiary qualified (3-4 years).	AHPRA Occupational Therapy Board of Australia
	Social Worker • Tertiary qualified.	Membership with the Australian Association of Social Workers
	Physiotherapists • Tertiary qualified.	AHPRA Physiotherapy Board of Australia
	Speech Pathologist • Tertiary qualified.	Accreditation through Speech Pathology Australia
Aboriginal Health Worker	Aboriginal Health Worker • Vocational or tertiary qualified.	AHPRA Aboriginal and Torres Strait Islander Health Practice Board of Australia
Vocationally Qualified Worker	Vocationally qualified in related field (i.e. does not have to have mental health qualification).	

STAFF TYPE	SKILLS, KNOWLEDGE, QUALIFICATIONS CURRENTLY REQUIRED OR RECOMMENDED	REGISTRATION
MENTAL HEALTH SECTOR		
Medical Staff	Psychiatrist (consultant) • Tertiary qualified (medical degree, 5-7 years) followed by relevant work experience (minimum of two years) and post graduate qualification in Psychiatry (5 years) via completion of the RANZCP Fellowship Program or equivalent. Psychiatrists may specialise further i.e. Perinatal and Infant Psychiatry, Psychiatry of Old Age, Forensic Psychiatry, Addictions Psychiatry. • Positions oversee and are supported by junior medical staff and trainee psychiatrists.	AHPRA Medical Board of Australia
Allied Health	Psychologist • Tertiary qualified (4-6 years). Post-graduate qualification (Masters). • Tertiary qualified (4 years) plus 2 year internship. Clinical Psychologist • Tertiary qualified, post-graduate qualification (minimum 6 years).	AHPRA Psychology Board of Australia
Pharmacist	Tertiary qualified.	AHPRA Pharmacy Board of Australia
Aboriginal Mental Health Worker	Vocational or tertiary qualified. Recommended to work towards credentialing and registration through AHPRA (Aboriginal Mental Health Workers are currently not required to register through AHPRA).	
Vocationally Qualified Mental Health Worker	Vocationally qualified in mental health.	
ALCOHOL AND OTHER DRUG SECTOR		
Addiction Medicine Specialists	Tertiary qualified (Medical degree, 4-6 years) followed by relevant work experience. Post-graduate study leading to Fellowship of the Australasian Chapter of Addiction Medicine (desirable).	
AOD specialist workers	Can be vocationally or tertiary qualified. Basic AOD-related knowledge and effective communication skills. Those employed as Counsellors require assessment and counselling skills.	
Alcohol and Drug Support Line worker	Tertiary qualified.	

Appendix E – What Workforce Strategic Framework stakeholders can do

As the implementation of the Workforce Strategic Framework requires commitment from a broad range of stakeholders, a number of sample actions have been provided below as examples of what stakeholders can do to contribute to the implementation of the Workforce Strategic Framework. Key priorities for the MHC are also provided as an example.

Mental Health Commission

- Development of an internal implementation plan identifying relevant suggested actions from the Workforce Strategic Framework for the MHC to progress, outlining intended outcomes, required stakeholder collaboration and monitoring and evaluation measures.
- Seek to bring together key stakeholders to discuss the implementation of the Workforce Strategic Framework, including roles and responsibilities.
- Provide support to key stakeholders who wish to develop their own implementation plan, encouraging the uptake of relevant actions within the Workforce Strategic Framework.
- Include and monitor appropriate key performance indicators regarding workforce in service agreements and contracts (for example training outcomes).
- Continually explore and pursue joint agency approaches to training and workforce development, where appropriate.
- Ensure procurement and commissioning practices are culturally secure and where appropriate ensure Aboriginal peoples are included in the procurement process.
- Expand and build upon existing programs such as Aboriginal worker placements, cadetships, traineeships and scholarships to increase the Aboriginal workforce.

Other key stakeholders

The following are some examples of what key stakeholders can do to contribute to the implementation of the Workforce Strategic Framework.

Government agencies *(for example, the Department of Health and Health Service Providers)*

- Review the Workforce Strategic Framework and identify areas where internal strategies, processes, policies and procedures can better align with the suggestions of the Workforce Strategic Framework.
- DoH, as System Manager, develop a detailed Workforce Development and Implementation Plan, in line with the Workforce Strategic Framework in partnership with HSPs and the MHC to provide specific workforce direction and support continued training and development.
- Bring together key stakeholders to allocate roles and responsibilities.
- Contribute to the competency development needs analysis process.
- Initiate change management processes to support the implementation of the Workforce Strategic Framework.
- Ensure adequate placements are available for students and registrars, and facilitate access to supervision for all staff.

Specialist agencies (those whose core business is AOD and mental health service provision)

- Regularly make available and review core workplace initiatives including: orientation/ induction programs, regular supervision (including clinical, professional and reflective), mentoring opportunities, clear career pathway options, leadership development programs, training opportunities, employee assistance programs and wellness initiatives.
- Provide flexible and family-friendly workplaces that promote the health, safety and wellbeing of all staff as standard.
- Support, provide and promote work placements and work experience in the mental health and AOD sectors.
- Contribute to the competency development needs analysis process.

Generalist agencies

- Employ staff with existing mental health and AOD competencies, and support staff to develop these competencies through relevant training and development opportunities.
- Include mental health and AOD competencies within job descriptions.
- Raise awareness of mental health and AOD-related issues amongst the community and within the workforce, with the aim of reducing the stigma and discrimination experienced by consumers of mental health and/or AOD services.

Professional bodies and organisations

- Review the Workforce Strategic Framework and identify areas to contribute to implementation.
- Contribute to the competency development needs analysis process.
- Advocate for the inclusion of mental health and AOD competencies in undergraduate, post graduate and vocational courses of study to build the capacity and readiness of the future workforce.

Education providers

- Review the Workforce Strategic Framework and identify areas to contribute to implementation.
- Note workforce shortage areas and work with key stakeholders to increase the availability of placements in appropriate undergraduate and post-graduate courses.
- Ensure course curriculum is reflective of current mental health and AOD evidence and research.
- Promote undergraduate and postgraduate degrees relating to mental health and AOD.

Communities and individuals

- Seek out opportunities to contribute to co-designed and co-produced documents, policies and training programs.
- Advocate for the inclusion of mental health and AOD competencies in undergraduate, post graduate and vocational courses of study to build the capacity and readiness of the future workforce.

Appendix F – Program Logic Model

Inputs	Actions/Outputs	Output Indicators	Outcomes
Funding **Human resource (FTE)** **Workforce development** **Research and data** **Time**	Stakeholders to populate activities/outputs in relation to their organisation's relevant business activity and the appropriate priority areas. Examples of the types of actions which could be implemented under each key focus are provided below. 1. **Support the current and future workforce to deliver individualised, culturally secure and high quality services.** • Ensure the workforce is up to date with current best practice by providing access to a variety of training, education and development programs. • Provide access to cultural awareness training and training to deliver culturally secure services. • Support the development and implementation of core competencies for new and emerging workers by providing mentoring, supervision and appraisal programs. 2. **Ensure the specialist workforce is adequately configured, particularly focussing on the growth of the community based service workforce, to respond to the requirements of the Western Australian population.** • Support the recruitment and retention of staff, and promote careers in mental health and AOD, especially community-based staff. • Identify areas of staff shortages and develop specific initiatives to increase recruitment and retention. • Increase the supply of the growing specialist workforce such as Peer Workers and Prevention Workers. • Increase the number of available placements, and access to supervisors and mentors for Aboriginal and Torres Strait Islander students and staff	Stakeholders to populate output indicators in relation to their organisation's relevant business activity. Examples of the types of outputs which could be implemented are provided below. • Number and type of training and development opportunities available to staff and attendance rates. • Level of staff satisfaction regarding the content of training and development opportunities and level of knowledge of mental health and AOD issues and responses following attendance at training events. • Percentage of staff having attended cultural awareness training. • Level of perceived stigma and discrimination associated with working in AOD and mental health. • Number of staff working in growing specialist roles such as peer workers and prevention workers.	**Short-term** • There is an appropriate supply of peer and prevention workers in the mental health and AOD sectors. • Increased confidence of the workforce in delivering culturally secure services. • Improved service delivery through increased collaboration between the mental health, AOD and generalist health sectors. • Consumers, families and carers are actively involved in workforce development through increased support and opportunities. • Generalist health and human service workforce are better able to provide mental health and AOD services, support and referrals. • Accurate and robust evidence that captures that the consumer, family and carer voice is appropriately collected and utilised to inform existing and future practices.

Inputs	Actions/Outputs	Output Indicators	Outcomes
Funding **Human resource (FTE)** **Workforce development** **Research and data** **Time**	**3. Promote innovation in service delivery, including the integration of services, and delivery of holistic, whole-of-person support and the use of best practice and evidence-informed practices.** • Trial and adopt new approaches to workforce planning and development. • Provide relevant support and opportunities, and develop agency-wide policies to increase consumer, carer and family involvement in workforce development. **4. Support relevant generalist health and human service agencies and staff to deliver mental health, AOD services.** • Establish and promote an agreed set of mental health and AOD core competencies for relevant health and human service agencies. • Promotion of existing mental health and AOD services to relevant generalist health and human service agencies. **5. Improve workforce data collection and continually monitor and evaluate workforce data to enable effective planning and development activity.** • Include input from consumers, families and carers into workforce monitoring and evaluation processes to strengthen their voice in workforce planning and development. • Establish an internal process to collect, monitor and share reliable data of workforce initiatives implemented.	• Number and proportion of Aboriginal employees and staff from CALD backgrounds working in the mental health and AOD sectors. • Number of Aboriginal students with placements/ cadetships in the mental health and AOD sectors. • Number of organisations/ agencies with policies to support consumer, family and carer involvement. • Number and diversity of attendees at consumer, family and carer training events. • Relevant job descriptions in the generalist health and human service sector include agreed core competencies. • Number and type of education and training opportunities implemented to reduce stigma associated with mental illness and AOD issues. • Number of worker wellbeing initiatives implemented. • Reliable and consistent data is easily available and accessible on key staff demographics.	**Medium-term** • The current and future workforce delivers individualised, culturally appropriate and secure high quality services, ensuring consumers, families and carers are appropriately supported. • The workforce effectively responds to the mental health and AOD-related requirements of the Western Australian population. • Integrated services are able to effectively deliver innovative, holistic and whole-of-person support. • Generalist health and human service agencies and staff are better able to deliver mental health, AOD services improving outcomes for the Western Australian community. • Consistent and accurate data is utilised throughout the mental health and AOD workforce, resulting in effective planning and development activity. • Higher rates of staff recruitment and retention due to increased job satisfaction. **Long-term** • The mental health and AOD workforce are appropriately qualified, configured and supported to deliver high quality services for the Western Australian community. • Mental health and AOD consumers, families and carers have increased satisfaction with mental health, and AOD support and services.

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