Key Considerations for Mental Health Workforce Planning

Literature review

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Contents

Background

Purpose

The mental health workforce is recognised as a key driver in facilitating the delivery of mental health services and therefore the mental health and wellbeing outcomes across the community. This discussion paper has been prepared to provide an overview of the key themes identified through reviewing key policy documents, reports, and relevant academic literature relating to mental health workforce planning and provide insights into the key considerations for future mental health workforce planning in the ACT. A table summarising these key considerations is provided in *Appendix A* and is provided as a suggested framework to use as a basis for discussions on workforce planning for the ACT.

Policy context

Nationally and locally, there are various policy documents and reports providing recommendations for best practices and in setting the future directions for mental health workforce planning. Current, recent and upcoming policy drivers for mental health workforce planning are mapped out in *Appendix B*.

The *Office for Mental Health and Wellbeing Workplan 2019-2021*[1] *(OMHW Workplan)* recognises the importance of workforce planning in *Theme 3- System Capacity and Workforce* identifying *Enhancing the capabilities of the workforce* as an action area. The OMHW Workplan has committed to the following actions in response:

- Support the lead agencies to develop a mental health workforce strategy including developing the peer workforce.
- Work with lead agencies (including educational institutions and professional bodies) to increase mental health competencies across the current and future mental health, health and community sector workforce.
- Work with lead agencies to support the ongoing refinement of NDIS in the ACT.

The *ACT Regional Mental Health and Suicide Prevention Plan 2019-2024*[2] *(ACT Plan)* outlines the vision and priorities for mental health and suicide prevention in the ACT. Workforce planning is identified as a priority area under *Priority 3. A Highly Skilled and Sustainable Mental Health Workforce* with the following outcome statements outlined as the benchmark:

- The ACT's mental health workforce feel safe, supported, valued and fulfilled in their work.
- The ACT has the highly-skilled, multidisciplinary workforce that is required to meet the needs of the population, now and into the future.

There is currently a range of strategic policy and planning relating to mental health workforce planning in development. The *National Mental Health Workforce Strategy 2021-2031* is being developed by the Department of Health and the National Mental Health Commission. A draft strategy is currently undergoing public consultation and a final report is due to be delivered on 30 September 2021[3]. A recent review of the mental health workforce planning policies commissioned by the National Mental Health Workforce Taskforce identified the ACT as the only jurisdiction in Australia without a current

[1] Office for Mental Health and Wellbeing 2019, *Office for Mental Health and Wellbeing Workplan 2019-2021*, ACT Government: Canberra.
[2] Capital Health Network 2019, *Australian Capital Territory Mental Health and Suicide Prevention Plan 2019-2024*, Canberra: Capital Health Network.
[3] Department of Health 2021, *National Mental Health Workforce Strategy Taskforce*, viewed 12 August 2021 < National Mental Health Workforce Strategy Taskforce | Australian Government Department of Health >.

workforce policy[4]. The ACT Health Directorate are developing the *Territory-Wide Health Service Plan 2021-2016* and the *Mental Health Service Plan 2019-2024.*

Key Considerations for Mental Health Workforce Planning

Defining the workforce

The literature recognises that the mental health workforce is currently not clearly defined and is an evolving landscape that can present challenges to planning. It is argued that there is a need to clearly define the mental health workforce in planning and policy initiatives and to ensure that the definition reflects population demands and mental health system reforms[5].

The HWA propose the following definition for the mental health workforce[6]:

- Psychiatrists
- Mental health nurses
- General registered nurses
- Enrolled nurses
- General and other primary care professionals
- Occupational therapists
- Social workers
- Psychologists
- Aboriginal mental health workers
- Consumers/lived experience/ peer support workers
- Carers

Other professionals that may be considered include:

- Mental health promotion professionals
- Mental health education officers
- Mental health policy professionals
- Mental health service planning professionals
- Cultural liaison officers
- Other government services like housing, education, justice, youth and alcohol and other drugs.

Ideas guiding workforce planning

Workforce planning in the Australian context is underpinned by the principles of stepped-care. This has been mandated by the Federal Government through the *Roadmap for National Mental Health Reform*[7] and the *Fifth National Mental Health and Suicide Prevention Plan*[8]. These key policy documents emphasise the importance of principles of co-design and embedding holistic, person-centred and recovery-oriented approaches in the planning and practices surrounding the mental health workforce[9].

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[4] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.

[5] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.

[6] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.

[7] Council of Australian Governments 2012, *The Roadmap for National Mental Health Reform 2012-2022*, COAG: Canberra.

[8] Australian Government Department of Health 2017, *The Fifth National Mental Health and Suicide Prevention Plan,* < https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>.

[9] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.

A person-centred system is also emphasised by the Productivity Commission (2019). Their recommendations to support this approach include[10]:

- Enabling greater involvement of consumers and carers.
- Investing in low intensity and community-based services.
- Ensure sufficient data is available on mental health carers, peer workers and community mental health workers to support workforce planning.
- For workforce planning to strengthen supports for carers through workforce planning.

Riddout (2014) argue for an approach to workforce planning that is consumer demand-driven, they explain that workforce planning should be dependent on the labour required to meet the needs of what consumers want from their mental health services[11]. However, Segal argues that this only works when the principles of supply and demand meet the conditions of a perfect market. Instead, they propose a needs-based workforce model to support planning. This approach uses core questions to determine the health status of the population with best-practice care to estimate the skills sets and competencies required to address the need. Competencies are then mapped to occupations to estimate the workforce requirement, which is compared with the current workforce to inform workforce reforms[12]. The Institute for Social Science Research (2020) identify that workforce planning is not support by outcomes based approaches, which should also be considered as a potential option.[13]

Education and training

The role of education and training in both meeting the needs of mental health consumers and in supporting the values of a holistic, person-centred and recovery-oriented system and supporting the retention of staff is emphasised across the literature. Analysis by the Productivity Commission (2019) argues that training should be about improving quality of care, and outcomes, rather than solely to acquire skills[14]. They further describe that mental health consumers value qualities of empathy and have preferences for community-based care. Additionally, it has been raised that workforce shortages are difficult to rectify quickly due to the time it can take to adequately train staff.

The literature identifies opportunities from early on in the training of future mental health professionals to support the needs of the mental health system. The Institute for Social Science Research (2020) describe a training pipeline as being critical to supporting a sustainable mental health workforce. This, they argue, starts with positive early exposure to the range of careers in mental health and continues through the career pathways to ensure that the workforce is retained. They further suggest that the values of services being person-centred and recovery-oriented need to be embedded training beginning from the undergraduate level. Currently, there is a lack of opportunities to specialise in mental health in undergraduate programs. Another recommendation is to invest in marketing and communications promoting mental health as an attractive career choice to students in relevant fields and addressing any negative perceptions[15].

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[10] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[11] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.
[12] Segal, L., Guy, S., Leach, M., Groves, A., Turnbull, C and Furber, G., 2018, "A needs-based workforce model to deliver tertiary-level community mental health care for distressed infants, children, adolescents in South Australia: a mixed-methods study", *Lancet Public Health, 3:e296-303.*
[13] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland
[14] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[15] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland

For those already engaged in employment in the mental health sector, supporting professional development opportunities is acknowledged as being critical to ensuring the ongoing capability of the mental health workforce to be responsive to the evolving needs of consumers[16]. Roberts et al.(2017) note gaps in training opportunities outside clinical skills such as in leadership, project management or using data to inform practice. They further identify gaps in professional development opportunities for the non-traditional sectors of the workforce[17].

The Productivity Commission (2019) also suggest for mental health stigma reduction programs to be incorporated into the initial training as well as the continuing professional development requirements of all health professionals as well as government services like housing, education, justice, youth and alcohol and other drugs[18]. Additionally, Riddout et al (2014) assert the need for education and training opportunities across the continuum of care including in promotion, prevention, and early intervention[19].

Exploring options for retraining and redeploying staff has also been discussed in the literature. Adicott et al (2015) propose developing opportunities for hybrid roles and facilitating access to training that encourages and enables a diversity of expertise. They further suggest that new types of roles are developed to establish a multidisciplinary skill mix that will match the needs of mental health services in the future. These, they argue, will allow providers to use the existing skills in their organisations in different ways as needed to deliver care in more adaptive ways[20]. Barriers that will need to be addressed for successful support of this kind of model include shortening the time for staff to retrain and provide financial and other supports for retraining, as students tend to usually self-fund when studying. Riddout et al (2014) also propose that options to encourage the pool of people with psychology qualifications who could seek provisional registration and would just need two years of supervised practice to be explored[21].

Recruitment and Retention of staff

A range of issues are commonly raised with relation to the attraction, recruitment, and retention of staff in mental health fields. These include[22,23,24]:

- Negative perceptions of working in mental health
- Safety of staff and higher frequency of exposure to workplace violence
- Staff burn out
- Supporting the mental health and wellbeing of the workforce
- Managing the high risk of mental illness and suicidal ideation in staff

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[16] State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and Recommendations, Parl Paper No. 202, Session 2018-21 (document 1 of 6).

[17] Roberts, R & Maylea, C 2017, Australian mental health workforce: State and national policy imperatives and implications for workforce development. in *International Mental Health Conference 2017 Book of Proceedings.* Australian and New Zealand Mental Health Association, Nerang, pp. 49-61, 18th International Mental Health Conference 2017, Gold Coast, Australia, 21/08/17.

[18] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.

[19] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.

[20] Addicott, R, Maguire, D, Honeyman, M and Jabbal, J 2015, *Workforce planning in the NHS*, The Kings Fund: London.

[21] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.

[22] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland

[23] Roberts, R & Maylea, C 2017, Australian mental health workforce: State and national policy imperatives and implications for workforce development. in *International Mental Health Conference 2017 Book of Proceedings.* Australian and New Zealand Mental Health Association, Nerang, pp. 49-61, 18th International Mental Health Conference 2017, Gold Coast, Australia, 21/08/17.

[24] Capital Health Network 2019, *Australian Capital Territory Mental Health and Suicide Prevention Plan 2019-2024*, Canberra: Capital Health Network.

- Keeping staff motivated to remain in the field despite these challenges.
- High staff turnover
- High workloads
- Limited permanent and full-time positions
- Limited resources and support for staff
- Limited career pathways, and time and opportunities for training and professional development.
- The ageing workforce
- Increased demand for staff (due to the rollout of initiatives like the NDIS) creating competition for a limited pool of skilled people

The Institute for Social Science Research (2020) note that the workforce is an important enabler for the delivery of recovery-oriented mental health practice. They further state that addressing issues that negatively impact on retention of the mental health workforce will require a focussed effort in the areas of mental health worker wellbeing, mental health worker conditions and work satisfaction[25].

Mental health peer workforce

The peer workforce, or the lived experience workforce, is increasingly being recognised for its potential in having positive impacts on consumer outcomes. Research suggests that the inclusion of peer workers can reduce the use of emergency services and hospitalisations, can decrease the admission to inpatient units, lower the length of visits and reduce the rate of readmission[26,27]. There is also research that suggests reduced substance use with co-occurring substance use disorders[28]. Consumers who have been supported by a peer support worker reported a greater sense of empowerment and increased sense of independence and normalisation of emotional responses, reduced stigma, and a sense of hope for recovery[29].

There are arguments for including and incentivising people from diverse backgrounds as part of the mental health peer support workforce to introduce specialist skills and fill current gaps in the mental health workforce[30]. For example, developing the peer support workforce from priority populations, who are currently underrepresented in the mental health services and known to be less likely to seek and receive mental health treatments than the general population. These might include those from Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse backgrounds, which may help to fill in current gaps in the bilingual and bicultural mental health workforce[31].

Studies on peer workers indicate that they experience similar levels of burnout and satisfaction to those of other mental health professionals, suggesting the importance of ensuring they get adequate supervision and support[32].

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[25] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.

[26] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.

[27] Productivity Commission 2020, Mental Health, Report no. 95, Canberra

[28] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.

[29] Ibid.

[30] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.

[31] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.

[32] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.

Current challenges and barriers that inhibit the role of mental health peer workers include[33,34,35]:

- Insufficient recognition of their value
- Inadequate supervision and support
- Limited opportunities for professional development and career advancement
- Costs associated with attaining the Certificate IV in Mental Health Peer Work, including the time to pursue these studies
- The absence of a representative professional body
- Lack of clarity around the scope of their practice
- Lack of clarity of how other health professionals should work with them
- Vulnerabilities of peer workers when reliving the stress of others mental health problems

Suggestions to get the most value for money from peer workers include[36]:

- Careful consideration and a clear definition of their role
- Careful consideration of their workplace environment including in considering the attitude of other workers towards them
- Sufficient support for the mental health and wellbeing of peer workers
- Training and professional development opportunities for peer workers
- Better integration of peer workers into all components of the mental health system from prevention to early intervention through to complex care
- Developing peer support hubs
- Adequate support and compensation, of time and financially, to pursue qualifications and professional development pathways.
- Providing traineeships or scholarships for Certificate IV in Mental Health Peer Workforce.

The National Mental Health Commission is currently developing Lived Experience Workforce Development Guidelines by 2021[37]. This guidance will provide formalised guidance for governments, employers, and the Live Experience workforce about support structures required to sustain and grow the workforce and be a step towards professionalisation of the lived experience workforce.

Evidence-based workforce planning

There are challenges to accurately determining the number of people in the mental health workforce. Currently, no data set covers all of the mental health workforce or all of the services delivered. Aside from mental health nurses, psychiatrists and mental health workers, there is no way of determining whether the rest of the professionals described above are working in mental health and whether they are part-time or full-time[38]. Current estimates are determined through calculating the number of professionals and analysis of data from mental health service worker employees. The Productivity Commission (2019) also contend that current modelling approaches rely on pre-existing ways of delivering services, rather than seeking to explore new approaches to mental health service delivery[39].

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[33] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.
[34] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[35] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.
[36] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[37] NMHC n.d., *Lived Experience (Peer) Workforce Development Guidelines*, viewed 13 August 2021 < Lived Experience (Peer) Workforce Development Guidelines - National Mental Health Commission >.
[38] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.
[39] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.

The non-government mental health workforce is not well supported by comprehensive data collection making it difficult to create a clear representation of this workforce[40,41]. The role of peer support workers remains unclear and inconsistent across services and estimates of the number of peer support workers vary as is it not a recognised occupation or profession. There are also limitations to being able to estimate the number of people working in the mental health workforce with lived experience who use these experiences to shape their work, and how this may impact outcomes[42].

Another consideration is the evolving demographic, health, and social profile of Australia. The key drivers of these changes include the ageing population, increases in chronic disease, co- or multi-morbidities and the growing social and cultural diversity[43]. This presumably is shaping and will continue to shape the needs of mental health consumers now and into the future.

There are different ideas about approaches that might be taken to data analysis for workforce planning. The Kings Fund suggest reviewing the current skills mix and assessing whether this should be used as a basis for future planning[44]. Riddout et al (2014) suggest reviewing units of analysis when reviewing mental health workforce analysis to shift from the number of workers to an analysis of capability[45]. NHS Education for Scotland, by way of example, has developed a framework for workforce skills and competencies[46] that the Institute for Social Science Research (2020) promotes as a potential alternative to the current stepped care model used in Australia. This framework has been developed to guide the work of development knowledge and skill in mental health and suicide prevention across all public health services and beyond.

Monitoring and evaluation of workforce planning strategy efforts are currently not well implemented resulting in a lack of information on the progress and outcomes of workforce strategies. The Institute for Social Science Research (2020) found that few mental health workforce strategies have publicly facing implementation plans or monitoring and evaluation frameworks. They argue that these should be supported by data collection, management and analysis strategies that can provide information on the efficacy and outcomes of mental health workforce strategies being implemented, will need to consider how this will factor in the mental health workforce as it diversifies[47].

Cross-sector collaboration and the social determinants of mental health and wellbeing

The *Roadmap for National Mental Health Reform*[48] promotes social determinants focus and emphasises the importance of work having a cross-portfolio approach to improving mental health and wellbeing outcomes. It further emphasises the importance of ensuring that the consumer voice and people with lived experience are at the centre of mental health workforce planning and policies. The literature recommends that planning considers not just health and clinician services but also education, housing, employment, human services and social support. Employing a social determinants framework should seek to foster collaboration at the service level between the full range of public and

[40] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.
[41] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
[42] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.
[43] Ibid.
[44] The Kings Fund (2018), *Developing a strategy for the health and care workforce in England*, London: The Kings Fund.
[45] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.
[46] NHS Education for Scotland n.d., *Mental Health Improvement and Suicide Prevention Framework*, Scotland.
[47] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.
[48] Council of Australian Governments 2012, *The Roadmap for National Mental Health Reform 2012-2022*, COAG: Canberra.

private mental health and drug and alcohol services to ensure timely and effective referrals between services.

Community-based organisations are identified in the literature as an important sector to support robust mental health service delivery. They can be more responsive and adapting to changing circumstances, in comparison to Government organisations. They could be more responsive, mobilise quicker and have greater autonomy to make organisational shifts to fully integrate new responses[49]. Therefore, great investment and collaboration with these sectors by the government are encouraged in the literature.

Telehealth, e-mental health and workforce planning

Telehealth e-mental health programs are discussed with regards to their potential role in easing demands on the workforce. Telehealth mental health services are used for disorders like dementia, alcohol and substance abuse and with children, adolescents and the elderly. E-mental health programs are predominantly used for depressive and anxiety disorders. These approaches are suggested to have the potential in improving the productivity of the psychiatry workforce by enabling them to promote self-management techniques and through shorter appointments. Utilising these, it is argued will reduce the time required by the psychiatry workforce to support patients and enabling them to support more patients potentially[50].

Supporting priority populations through workforce planning

The importance of using workforce planning initiatives to promote culturally competent and culturally safe care for Aboriginal and Torres Strait Islanders and those from non-Anglo cultural backgrounds or non-English speaking backgrounds is recognised in the literature[51,52]. Lack of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse service providers is described as the main driver in their lack of representation in the workforce. As described earlier, the peer workforce is an area with the potential to help fill some of these gaps.

[49] Institute for Social Science Research 2020, *National Mental Health Workforce Strategy- A literature review of existing national and jurisdictional workforce strategies relevant to the mental health workforce and recent findings of menta health reviews inquiries*, University of Queensland: Queensland.
[50] Ridoutt, L., Pilbeam, V. and Perkins, D. (2014) *Final report on workforce requirements in support of the 2014 National Review of Mental Health Programs and Services*, National Mental Health Commission.
[51] Ibid
[52] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.

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Segal, L., Leach, M.J. 2011, "An evidence-based mental health workforce model for primary and community care", *Implementation Science,* 6(93):1-8.

Segal, L., Guy, S., Leach, M., Groves, A., Turnbull, C and Furber, G., 2018, "A needs-based workforce model to deliver tertiary-level community mental health care for distressed infants, children, adolescents in South Australia: a mixed-methods study", *Lancet Public Health, 3:e296-303.*

State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and Recommendations, Parl Paper No. 202, Session 2018-21 (document 1 of 6).

The Kings Fund (2018), *Developing a strategy for the health and care workforce in England*, London: The Kings Fund.

Appendix A: Summary of key considerations for mental health workforce planning

The key considerations listed below are a summary of the key recommendations and best practice options as described in the literature reviewed and is provided as a suggested framework to use as a basis for discussions on workforce planning for the ACT.

Scoping

- Clear definition of workforce and who interventions are targeting
- Determine desired mental health outcomes in the community and how workforce planning initiatives can support these

Strategic policy

- Develop guiding strategic framework
- Determine guiding values, principles and theoretical approach

Data and evaluation

- Develop evaluation framework to measure impacts of interventions
- Determine consumer needs in line with current consumer demographic profile
- Develop profile of the current NGO/CBO lived experience workforce
- Determine the modelling capabilities available
- Determine the data sources available

Diversity and inclusion

- Consider how workforce planning can support a social determinants approach to mental health
- Consider how workforce planning can support priority populations
- Consider how to include consumer and carer perspectives in planning processes
- Identify complexities that need to be addressed

Education and training

- Promotion of mental health as a career path to students
- Enable professional development and developing career opportunities
- Consider options for retraining and redeployment opportunities
- Enable education and training opportunities across the continuum of care

Recruitment and retention

- Consider the mental health and wellbeing needs of the mental health workforce
- Review workloads and resourcing
- Explore incentives to support staff to remain in the field
- Identify factors that foster mental health worker satisfaction

Non-clinical workforce

- Consider options for developing the peer workforce
- Consider strategies for developing the peer workforce from priority populations
- Identify professional development opportunities for non-clinical workforce
- Consider strategies to develop the CBO/NGO mental health workforce
- Explore options for using technology to reduce pressure on current workforce/ enhance their productivity

Cross-sector collaboration

- Explore strategies to build partnerships and collaboration across sectors to support a social determinants approach
- Review current skills mix and determine if this is appropriate basis for future planning

Appendix B: Map of key mental health workforce policy drivers