2018-19 Pre-Budget Submission

The Australian College of Mental Health Nurses

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice of mental health nursing. The ACMHN is the credentialing body for specialist mental health nurses in Australia.

Introduction

According to the World Economic Forum report, *The Global Economic Burden of Non-communicable Diseases*, mental health accounts for the greatest lost economic output of all non-communicable diseases. In high income countries including Australia, mental illness will account for $9 trillion in lost economic output, followed by cardiovascular disease ($8.5 trillion), cancer ($5.4 trillion) and diabetes ($0.9 trillion).

In Australia, people with mental illness are almost eight times less likely to seek treatment for their condition because of high out of pocket expenses (Callander, Corscadden and Levesque, 2016). Prevention of mental illness is imperative, but preventing existing symptoms from escalating to the point of crisis is at least just as crucial for minimising the future costs (both social and economic) for individuals, the community and the Australian economy.

Mental health nurses (MHN) comprise the largest group of professionals in the mental health workforce and are a critical to mental health service provision. However, a response by Government and the health and nursing sectors is required to ensure that existing and future mental health nursing shortages already identified are remediated, and to more effectively utilise the skills of the MHN workforce to improve the mental health of all Australians (as evidenced by the outcomes achieved under the Mental Health Nurse Incentive Program (MHNIP))

Nurses in general are geographically well dispersed, creating enormous potential to increase access to mental health services across Australia, including in rural and remote locations, providing the broader nursing workforce are provided with the knowledge and skills to undertake mental health stepped-care responses as appropriate to their scope of practice.

The shift in care provision from acute care settings to primary health care means that increasingly, MHN are taking up roles in primary and community health care settings. However, despite many having specific expertise and qualifications (e.g. family therapy, CBT, MI, psychotherapy, ACT), and specialising in identified high need areas (e.g. eating disorders, older adults mental health, child and youth, perinatal), highly skilled and qualified MHN continue to be limited in their access to funding to deliver clinical mental health services in primary care compared with other health and mental
health professionals. This directly contributes to access difficulties experienced by Australian consumers for specialist mental health services across all health jurisdictions. Given the growing need in the community, effectively harnessing this under-utilised workforce represents an opportunity for improving access to specialist mental health care for Australians with mental health issues, mental disorder or mental illness, and improving mental health outcomes for all Australians.

The purpose of the Australian College of Mental Health Nurses is to improve the mental health of the community, through the profession of nursing in general and mental health nursing in particular. Nurses are cost-effective, broadly distributed (as stated above), accessible and acceptable to consumers. As such, this submission speaks to the proposed nursing solutions to some of the challenges facing the contemporary health care system, as it relates to people experiencing mental health issues, disorder or illness.

The ACMHN has identified a number of priority areas where nursing has the potential to positively impact on the mental health outcomes of Australians:

1. Improving the mental health of older Australians, including reducing the high suicide rate of older men over 85 years
   - Strengthened health assessment of older persons encompassing full mental health check
   - The establishment of a nurse-led consultation-liaison older persons’ mental health outreach service.
   - Increase the nursing workforce in residential aged care and multipurpose facilities

2. Improving Australian’s access to affordable specialist mental health nursing services in primary care
   - Better utilisation of the mental health nursing workforce
   - Transitioning more nurses into mental health to address current and future shortages

3. Improve the mental health, social and emotional wellbeing of Indigenous Australians, reducing the inequities between Indigenous and non-Indigenous people
   - Embed cultural safety into regulation and accreditation of health professionals and services
   - Actively growing the Social and Emotional Wellbeing Workforce
1. IMPROVING THE MENTAL HEALTH OF OLDER AUSTRALIANS

As older people age, they have a greater chance of experiencing:

- Grief and Loss (spouse, family, friends; functioning; independence)
- Chronic disease
- Multi-morbidity

Each of these circumstances has a potential impact the social network and connectedness of older persons and significantly increases their risk of developing depression.

Figure 1: Age specific suicide rates. ABS, Commonwealth of Australia, 2015.

The ACMHN is particularly concerned about the mental health of older men whose circumstances place them at increased risk of suicide, particularly those aged 85 years and above. In 2015, the ABS reported that the rates of suicide among men aged 85 and above was 39.3 per 100,000 people – the highest of all age groups in Australia (ABS, 2015).

As was identified by the National Mental Health Commission in its 2014 Review, the ACMHN are also concerned about the limited capacity of older persons to access mental health care, particularly those who are receiving Commonwealth funded aged care services. While depression and anxiety tend to be the most common conditions among older people living in residential care, undiagnosed or untreated mental health conditions.

The Commonwealth Community Affairs References Committee’s Future of Australia’s Aged Care Sector Workforce report (2017) highlighted that the aged care workforce will need to “broaden its skills and capabilities in order to assist older Australians with increasingly complex needs” and made specific reference to mental illness and ‘complex psychological situations’. Similarly, the Oakden
Review highlighted the need not only for growth in the workforce but also the right skills and skill mix (SA Health, 2017). While the aged care workforce has continued to evolve, nursing practice still forms a strong foundation of the provision of aged care services and is based on a holistic approach that takes account of the broader psychosocial factors impacting a person’s health (physical and mental) and overall wellbeing. A unique opportunity exists to harness the mental health nursing workforce to respond to the high rate of suicide among men 85 years and above; and to meet the growing need for high quality, evidence based mental health services among all older Australians, regardless of whether they reside in the community, or in residential aged care.

The ACMHN proposes a tiered solution utilising mental health nurses and aged care staff, involving:

**Strengthened health assessment of older persons encompassing full mental health check**

Just 18% of men and 31% of women aged over 85 live in non-private dwellings (ABS, 2013). It is therefore reasonable to assume that a high proportion of older persons will make contact initially with their GP. Meanwhile, there is also an increasing number of older people accessing Commonwealth funded support through the Commonwealth Home Support Program (formerly the Home and Community Care, or HACC program) and residential aged care. Older persons undergo an Aged Care (ACAT) assessment to determine the level of support they need to continue living at home, or to assess suitability for entering residential aged care.

Each of these entry points present important opportunities to screen older persons for identifying existing mental illness, as well as identifying factors that are likely to place an older person at significantly increased risk of developing mental illness in the future. This is crucial for early identification of the need to involve specialist mental health services.

**Action:** In light of the reported poor application of the Depression Assessment under the Aged Care Funding Instrument (ACFI Review, 2017, p 131), and its limited scope to identify other mental health concerns, the ACMHN calls for the mental health assessment not be simplified to address the problem of the workforce not having the skills or confidence to use it, as was proposed in the Review. Instead, the tool should be updated to reflect the full range of mental health conditions that older persons may experience, and should be used by the mental health nursing workforce and general nurses who have been upskilled in mental health and appropriately trained in the tool’s use.

The establishment of a nurse-led consultation-liaison older persons’ mental health outreach service.

**Action:** The ACMHN recommends establishing a nurse-led consultation-liaison older persons’ mental health outreach service. The nurse led service could provide consultant liaison services to older Australians through GP practices, as well as to older persons in residential aged care and multi-purpose services.

A study evaluating the effectiveness of a nurse-led mental health service for older home care clients with depressive symptoms in Canada found that the service effectively reduced depressive symptoms (Markle-Reid et al, 2014). The study also found reduced use of expensive health services
and improved practice of home care providers. These outcomes were found to be sustained over a prolonged period.

In its 2014 Review report, the National Mental Health Commission also recommended expanding the funding for mental health nursing services to include older persons (NMHC, 2014, p 118). There is strong support and evidence for the development and funding of a nurse-led older person’s mental health outreach service that operates as a regionally based external consultant liaison service and draws on the strengths and learnings from the Mental Health Aged Care Partnership Initiative (CeRAPH, 2014).

The ACMHN believe the potential advantages of this service model could include:

- Provision of timely mental health assessment, care and treatment by highly qualified and skilled mental health nurses (MHN), with impacts for individuals and aged care services, such as reduced care needs and greater independence
- Opportunity for MHN to provide support for staff in the form of training general aged care staff to identify MH concerns and refer to speciality mental health service as needed; providing MH professionals and the broader care team with a mechanism for ‘complex case review’, so that the best possible solutions can be found for individuals experiencing mental illness who have particularly high and complex needs
- Geographical equity and flexibility to reach individuals that would others be hard to reach
- A model of care (nursing) that is well suited to older adults’ mental health in the context of being able to also consider and respond to co-existing physical health and social factors
- Supports continuity of care, so that older adults receiving mental health care in the community who then move into residential care are not forced to ‘exit’ that mental health service and ‘start over’ with a new mental health professional.
- Opportunity to develop local communities of practice in older persons specialist mental health care, encompassing specialist MHN expertise and the provision of clinical supervision and support for the broader aged care workforce around older persons’ mental health
- Opportunities for the service to with the Mental Health Professionals Network to develop specific webinar series and special interest networks to upskill the aged care sector

Increase the nursing workforce in residential aged care and multipurpose facilities
The high and increasing prevalence of health concerns and multi-morbidity among older persons in residential aged care and multi-purpose facilities creates a need for a staffing structure that is appropriate to meet the mental and physical health needs of older persons living in these facilities. Nurses are the most geographically distributed health workforce in Australia and are well placed to provide timely access to health care for older persons living in residential aged care and multipurpose facilities.

Action: Have the Aged Care Sector Workforce Taskforce consider the role of the nursing workforce in the provision of high quality care for older persons, including exploring the development of:

- a transition to speciality nursing practice program for nurses wishing to specialise in older person’s mental health; and
• nurse-led mobile outreach consultation liaison clinics to improve access to mental health care for older Australians living in residential aged care and multipurpose facilities.

**Action:** In line with the Australia’s Future Aged Care Workforce Report recommendations, the ACMHN recommends that the Aged Care Workforce Strategy Taskforce work with the Australian Nursing and Midwifery Accreditation Council (ANMAC) and the Australian College of Mental Health Nurses to establish mental health as a core part of the nursing curriculum alongside aged care.
2. IMPROVING AUSTRALIAN’S ACCESS TO SPECIALIST MENTAL HEALTH SERVICES IN PRIMARY CARE

Improving access to mental health services through better utilisation of the nursing workforce

In the context of the primary care commissioning and the flexible funding model, a lack of access to alternative funding sources and reliance on the flexible fund as the sole source of income continues to pose a significant barrier to MHN remaining in primary care, and also poses a significant barrier to MHN transitioning into primary care from other mental health service sectors. There is broad agreement across the sector and from government that prevention and early intervention is central to the much needed reform of the mental health system. Prevention and early intervention must not only be applied to those at risk of developing mental illness, but also to those with existing mental illness, to prevent their symptoms from deteriorating to the point of crisis and requiring more intensive and expensive care. Unfortunately, much of the community’s current access to mental health nursing services occurs through the crisis driven and overburdened acute mental health service setting, rather than in primary care where there are substantially greater opportunities for prevention and early intervention.

The findings of the MBS Review Taskforce Interim Report (2016) highlighted a number of key areas based on the feedback received from the sector which are relevant to nursing and mental health:

- Nursing services are commonly underutilised under the MBS
- Available items often did not support nurses to work to their full scope of practice, particularly where nurses had post-graduate qualifications in an area of specialty (e.g. mental health), generating an increased burden on GPs to fill the gap
- Access to mental health treatment under the MBS was limited, particularly for those with more chronic mental health conditions requiring access to more intensive and prolonged treatment than the 6-10 sessions currently available under the Better Access initiative.

Evaluations of the Mental Health Nurse Incentive Program found it to be effective in improving outcomes for people with complex mental illness and the National Mental Health Commission (DATE) recommended the program be expanded. However, since the transition of MHNIP funding to the Primary Health Networks, mental health nursing services in primary care have continued to face significant barriers, including the uncertainty identified above and workforce shortages not being addressed prior to funding transition. As a result, many mental health nurses have left primary care, and other mental health nurses consider primary care too risky and uncertain to move into.

Meanwhile, working to limited timeframes and owing to the above mentioned uncertainties, many PHNs have been unable to attract MHNs into primary care. Unfortunately, the available funding is then being redirected to other services, which is disappointing considering the very positive consumer outcomes achieved under the MHNIP over a decade.

Action: The ACMHN calls on the Commonwealth Government to:

- Quarantine the MH nursing funding to the PHNs to allow time for other workforce initiatives (some of which have already commenced) to be trialled and implemented. This would support the growth of MHN services in primary care and would be consistent with the
NMHC recommendation (pg. 118). By this point the evaluations of the Australian Primary Health Care Nurses Association (APNA) nurse-led clinics will also be available.

- Utilise the specialist mental health nursing workforce to improve access to services among hard to reach groups, particularly those who are geographically isolated, or for whom out-of-pocket MBS expenses are likely to present a barrier to care.
- Reform the fee-for-service funding model to better support the ongoing, multi-disciplinary care people with chronic illness and mental illness require. Funding models should deliver values centred incentives, connect primary health care to other sectors of the health care system and spur innovation.
- Provide additional funding streams to increase access to specialist nursing and midwifery services. One option includes increasing the number and value of MBS items for specialist nursing services reflecting areas of identified existing and future shortage as well as supplementing this with grants or block funding where nursing services are particularly relied upon (e.g. rural and remote areas).
- Ensure the MBS Review of the mental health items is used to:
  - identify ways to improve care for people experiencing mental illness, not only to reduce costs
  - recognise and enable the autonomous scope of practice of mental health nurses and the capacity of specialist mental health nurses to provide cost-effective and comprehensive mental health care to the Australian community.

**Transitioning more nurses into mental health to address current and future shortages**

MH nursing is expected to experience the largest workforce shortage of all nursing sectors in Australia – with a predicted shortage of approximately 19,000 nurses by 2030 (Australia’s Future Health Workforce – Nurses Overview Report August 2014). The College anticipates this figure is an underestimate and based on only a small proportion of MHN working in primary care and also does not take account of service areas where more MHN may be needed in the future, such as aged care.

**Action:** The Commonwealth Government can implement a number of activities to address these issues which have been identified in the National Mental Health Commission (NMHC)°. These include:

- Establish a nationally standardised transition to practice program by which nurses can transition into mental health
- Increase the number of graduate nurses becoming MHN by providing nurses with greater exposure to mental health nursing in their undergraduate education to encourage more nurses to choose mental health as a specialty:
  - The development and implementation of a structured clinical placement framework for undergraduate nurses across Australia to experience clinical placement in various mental health settings including in primary care. Clinical placements and graduate positions under a shared employment arrangement could also provide an opportunity to improve care integration and collaboration across services (e.g. primary care and acute care).
  - Scholarship incentives and broader adoption of double major nursing degrees at universities, so that nursing students can choose mental health as a second major.
- Retrain registered general nurses as MHN to address the immediate shortage while interventions to bring graduate nurses into mental health are developed and implemented. The
NMHC report cited evidence that predicted a shortage of over 1000 MHN nationally in 2016. It recommended retraining over 1000 nurses to become specialist MHNs would have little impact (<0.5%) on the general nursing workforce, but would have a dramatic effect on the MH nursing workforce within a period of just 12 months.

- Providing scholarships to nurses and nursing students wishing to become qualified MHN.
- Development of a Primary Care Workforce Framework, which outlines the roles of the different professionals and how they integrate their care. Such a model exists in the acute care system but does not exist in the Primary Care System.

3. **IMPROVING THE SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE BY GROWING THE ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE**

Aboriginal and Torres Strait Islander Australians are more likely to access health and wellbeing services that are respectful and culturally safe, and experience better outcomes from these services. Aboriginal and Torres Strait Islander nurses and health professionals have a unique practice that combines cultural and clinical knowledge and are critical for the delivery of culturally safe health services for Aboriginal and Torres Strait Islander people.

The ACMHN supports the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) position statement in calling for the amendment of the Health Practitioner Regulation National Law Act 2009 to clearly identify cultural safety as a priority. Ensuring culturally safe service delivery is one mechanism for addressing inequities in health services for Aboriginal and Torres Strait Islander people.

Access to health services by Aboriginal and Torres Strait islander people can also be facilitated by efforts to actively grow the Aboriginal and Torres Strait Islander health workforce (Commonwealth of Australia, 2014).

**Action:** The ACMHN supports the position of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives to embed cultural safety into regulation and accreditation of health professionals and services, by making the necessary amendment to the National Law and providing funding to support the provision of accredited cultural safety training for all health professionals working in Commonwealth funded health services, including mental health services.

**Action:** Implement evidence based initiatives to actively grow the Social and Emotional Wellbeing Workforce, with the aim of reaching a target of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing workers proportionate to at least 3% of the Australian health workforce.

**Conclusion**

Improved access to evidence-based primary mental health care is critical to improving mental health and wellbeing outcomes for all members of the Australian community and reducing the number of people requiring more intensive support services. Mental health nurses work in mental health across a variety of settings and are a key component of Australia’s mental health care system.
The ACMHN 2018-19 Pre-Budget Submission focusses on issues related to the mental health reforms announced by the Australian Government, in response to the NMHC Review of Mental Health Programmes and Services, and the completed and upcoming work of the MBS Review Taskforce.

As the peak mental health nursing professional organisation, the ACMHN has a significant interest in the role that mental health nurses will play in the implementation of the mental health and other reform processes occurring. The role of mental health nurses will be essential to ensuring people living with mental illness continue to receive the essential care and support provided by this workforce.