ACMHN Feedback on the National Strategic Framework for Suicide Prevention Consultation Paper

Introduction

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 in mental health nursing.

The College welcomes the opportunity to provide feedback on the Suicide Prevention Australia: Strategic Framework for Suicide Prevention Consultation Paper.

General comments

The ACMHN is supportive of the development of a strategic framework for suicide prevention. We offer the following issues for consideration in addition to those identified in the consultation paper:

It is important for the strategy to address not just those at imminent risk of suicide, or who have made a suicide attempt (although these are clearly two groups of people of primary concern). The suicide prevention approach should also seek to address the increasing gap in access to mental health care that precedes acute care. The system is currently crisis driven, with inadequate access to primary and secondary mental health care services. This is the predicament faced by the many thousands of Australians who need more intensive or prolonged mental health treatment than is currently available through the MBS, but are only able to receive the care they need once they have reached a crisis point and are at imminent risk.

Such an approach is also odds with how other types of illness are treated within the Australian health care system. For example, a person with diabetes or heart disease is not allocated 6-10 consultations with a specialist clinician a year and then expected to wait until they are acutely unwell before they can access additional specialist services. Yet this is how government expects our mental health system to operate. The gap in care is being further exacerbated by the reductions in funding for community mental health services by state and territory governments; as well as the Commonwealth Government’s lack of action on the National Mental Health Commission’s recommendations in its 2014 Review of Mental Health Services, which included expanding upon the Mental Health Nurse Incentive Program (MHNIP) – specifically because it had a strong evidence base and helped to close this identified gap in care.
Mental health nurses comprise the largest group of professionals in the mental health workforce and are a critical component in mental health service provision. Nurses in general are more geographically dispersed than other health professionals, which creates enormous potential for increasing access to mental health services across Australia, including in rural and remote locations. Mental health nurses provide the bulk of direct clinical care within hospitals, acute psychiatric units in hospitals, specialist community mental health teams, general practices, emergency departments, as well as working in policy, administration, management and research roles. The shift in care provision from acute care settings to primary health care means that increasingly, nurses are taking up roles to care for people with mental illness, as well as comorbid physical and mental health concerns, in community and primary health care settings1.

In representing its members across the broad range of mental health service settings, ACMHN has developed a comprehensive understanding of the issues and policies affecting the delivery of mental health care. ACMHN is regularly contacted by GPs and psychiatrists from around Australia, who wish to express their concern about the level of access to mental health care in their communities and share their views on the role they believe mental health nurses should be playing to fill those gaps in care.

The central role nurses have in service provision and the development and implementation of mental health and suicide prevention policy creates an imperative to ensure this workforce is represented in future discussions surrounding the design, implementation and review of the strategic framework for suicide prevention. Mental health nurses in Australia have valuable contributions to make to discussions surrounding suicide prevention and how to improve and better integrate care across the different service settings. For this reason, the College wishes to emphasise the importance of the mental health nursing workforce being represented on key advisory groups, committees and also through consultations. The College is happy to provide assistance to Suicide Prevention Australia in contacting members with the relevant skills and expertise to provide input and engage on various activities conducted under the Strategy.

**ACMHN Feedback on the proposed 2025 outcomes:**

The workshop participants agreed that, in 2025, Australia should address suicide prevention through a system which combines:

1. A whole system approach to suicide prevention
2. A properly resourced and funded suicide prevention system
3. A whole of community support and engagement model
4. A ‘Person centric’ and integrated approach in service delivery
5. High quality services through standards and the regulatory framework
6. A robust ‘Knowledge to Practice’ system

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1 Ashley, C., Hakomb, E., and Brown, A. (2016). Transitioning from acute to primary health care nursing: An integrative review of the literature. JCN. In press. DOI: 10.1111/jocn.13185
Questions

(1) Have we left anything out?

The ACMHN believes that the planning and workforce development that will be required to ensure that the Strategic Framework for Suicide Prevention can be successfully implemented needs to be teased out from (2) ‘A properly resourced and funded suicide prevention system’, such that it forms a separate area of strategy focus.

Historically, Governments continue to develop mental health and suicide prevention strategies and mental health workforce development plans in isolation from one another. This means that up to this point, we have developed policies for mental health and suicide prevention without reasonable consideration and planning given to what the workforce will need to look like in order to successfully implement those policies. Meanwhile, workforce development planning to date has been largely built upon a snapshot of what the existing workforce and mental health system looks like, largely in the context of the existing need. In fact, we should be developing a workforce plan for mental health and suicide prevention that is built upon what we imagine and expect the future mental health system to look like if it is to meet the projected need in the community. It is therefore essential that the Strategic Framework for Suicide Prevention includes the development of an appropriately skilled and qualified workforce as a stand-alone outcome, and that it consider/include the spectrum of issues that need to be addressed in order for there to be ‘people trained to provide quality services to prevent suicide’. Indeed, there are many workforce issues in mental health that have very little to do with funding and resources, such as the inconsistent and inadequate coverage of mental health in the undergraduate nursing curriculum and limited opportunities for quality clinical placements in mental health.

MH nursing has been identified as experiencing existing and predicted future workforce shortages of significant magnitude (approximately 19,000 nurses by 2030), which is indicative of a service provision crisis across all mental health care settings (Australia’s Future Health Workforce – Nurses Overview Report August 2014). The proportion of the MH nursing workforce nearing retirement age - aged 55 and over - increased from 25% in 2009 to 30% in 2013. The College anticipates this figure is in fact an underestimate. The estimated shortage is based on the 2014 model of service delivery and therefore does not take account of service areas where more MH nurses may be needed in the future. For example, the structure of the workforce in 2014 involves only a small proportion of MH nurses working in primary care and most MHN working in acute care. The estimated shortage does not take account of the current direction to invest in more evidence based care and intervention in the community and primary care settings, where the bulk of prevention can and should occur.

The 2014 National Mental Health Commission (NMHC) report notes that it is crucial to develop the MH nursing workforce, in addition to the broader nursing workforce, in order to address the burden of disease associated with mental illness and mental ill health. The NMHC recommended retraining less than 0.5% of the general nursing workforce as mental health nurses, as a stop-gap while longer term measures to increase supply of mental health nurses can be developed and implemented (Recommendation 21).

Policy decisions taken by government, higher education, professions and employers now will have a major impact on the scale of the projected workforce shortages and the flow-on effects to the quality of care delivered within the mental health system.
(2) Are there any outcomes you feel are not required, or which need amending?

As above – separate out workforce as a stand-alone outcome, instead of combining it with funding. Workforce is impacted by many issues that extend well beyond whether funding levels are adequate.

(3) Can you propose one target for each of the 2025 outcomes – one measure that would confirm we have achieved the outcome?

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target</th>
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<tr>
<td>1. A whole system approach to suicide prevention</td>
<td>People experiencing mental ill health who are at risk of suicide are able to access and continue to access care between and within services at key transition points, because services are well integrated and gaps in care for people needing support to prevent a crisis from occurring have been addressed (e.g. across age groups primary/high school, adolescent/adult, middle age/retirement/entering aged care); and also in response to changes in individual need (e.g. people experiencing crisis, or an escalation in symptom severity, entering acute care, being discharged from acute care etc).</td>
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<tr>
<td>2. A properly resourced and funded suicide prevention system</td>
<td>See comments at 1 &amp; 2 regarding having separate outcomes for funding and workforce: separate milestones for each outcome are suggested in the rows below.</td>
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<td>Funding outcome</td>
<td>People with mental illness receive specialist mental health care appropriate to their needs, because an appropriate level of funding is provided nationally, under an equal partnership between the Commonwealth and State and Territory governments to address the service gap in MH care for people who need clinical mental health support on a more ongoing basis (than 6 specialist sessions under the MBS per year) to avoid crisis care.</td>
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<td>Workforce outcome</td>
<td>Implement the recommendations from the National Mental Health Commission’s review of Mental Health Services and Programs Report regarding various actions to address the predicted mental health nursing shortage (Recommendation 21), noting that estimates will need to be adjusted as they were based on 2013-14 data and that this will have implications for both the Commonwealth and State and Territory governments.</td>
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<td>3. A whole of community support and engagement model</td>
<td>Every member of the community feels competent and confident and has the necessary skills/guidance to act if they have concerns about the mental wellbeing of another member of the community and their safety. Co-design at a local community level should be the aim, to ensure a whole of community support and engagement model is developed and the necessary buy-in is achieved for successful implementation.</td>
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4. A ‘Person centric’ and integrated approach in service delivery

People in need of mental health care are:
- Engaged in their own care and provided with extensive opportunity to direct their care and influence their care plan.
- Able to access the service they need, when they need it. This should not require people to be at imminent risk of suicide in order to receive care.
- Discharged from the mental health service when their clinician deems that their individual circumstances indicate they are ready to be discharged (as opposed to a blanket timeframe or a capped number of sessions)
- Able to choose which mental health professional they see; meaning they should not have to be a patient of a particular practice, or a particular doctor, in order to access a mental health service funded through a PHN (ACMHN is aware that this is occurring as a result of how some PHNs are commissioning mental health services)

5. High quality services through standards and the regulatory framework

Recognition of mental health nurses through credentialing and ACMHN Standards and the ACMHN CPD Portal is one step for improving the quality of services. [refer to (4) below for further explanation]

6. A robust ‘Knowledge to Practice’ system

An industry-led National Mental Health Cooperative Research Centre, operating across all sectors of Australia’s economy and society, is established to transform mental health outcomes by:
- Providing a forum for mental health research cooperation and collaboration to address the major challenges facing Australia in regard to mental health promotion, prevention, early intervention and treatment
- Delivering research to practice translation in an accessible way
- Ensuring cross-fertilisation of ideas and opportunities for innovation in clinical research
- Providing contemporary, evidence based resources and content for undergraduate and postgraduate health education

(4) Do you have any other comments on the proposed 2025 outcomes?

The following addition comment relates to Outcome 5: ‘High quality services through standards and the regulatory framework’.

ACMHN’s proposed target under this Outcome: Recognition of mental health nurses through credentialing and ACMHN Standards and the ACMHN CPD Portal.

Since the tertiary system moved from specialist nursing degrees to a general nursing degree, the mental health nurse credential is now the only system in Australia that formally recognises nurses with post graduate qualifications and experience in mental health.
As stated in the NMHC Review under recommendation 21, more work is needed to address the mental health content and relevant clinical placements in the undergraduate nursing curriculum. A lack of government action on mental health nursing shortages means that general nurses with very limited or no qualifications/experience in mental health continue to be relied upon to staff acute mental health units. This will continue to have significant impacts on the quality of care provided unless the MH system and governments recognise the need for specialist mental health nurses and adopt the mental health nurse credential to ensure recognition of qualifications and experience is standardised nationally.

**ACMHN feedback on the proposed first year Milestones:**

1. Agreed on shared national advocacy priorities and supporting public plans
2. Completed a needs analysis and skills matrix of the Lived Experience network (organisations and individuals)
3. Mapped existing community support models to enable communities’ capacity to respond
4. Mapped existing research activities and agreed national research priorities and identified potential partnerships (evaluation framework, shared tools)
5. Identified and agreed areas to benchmark and establish baseline measures
6. Published Version 1.0 of the Better Practice Register as catalyst for innovation
7. The Prime Minister has announced the establishment of National Suicide Prevention Office and budget allocated
8. We have a signed MOU and commitment of Coalition members

**Questions**

1. **Have we left anything out?**

The milestones should also include agreement from all levels of government to go back to the NMHC Review and implement more of the tangible recommendations that could have almost immediate impact (such as the recommendations around workforce).

2. **Are there any Milestones you feel are not required, or which need amending?**
   - Under ‘Identified and agreed areas to benchmark....’ [ACMHN suggests adding: ‘areas to benchmark that are relevant, evidence-based and meaningful for informing future planning and improvements’]. Many of the current reporting requirements centre on data that is either not relevant to what government is seeking to measure and draw conclusions from, or the data collected under the measures is incorrectly interpreted.
   - If this strategic framework is to be truly ‘national’, it is also very important that bipartisan commitment to its outcomes and targets is achieved, and that this occurs not just at the Commonwealth level, but at the state and territory level as well.

3. **Do you have any other comments on the proposed first year Milestones?**

   N/A
4. Which proposed Milestones align with your skills and experience (or that of your organisation)?

Each of the proposed Milestones will have direct implications for the mental health nursing profession, the ACMHN and its members. As the recognised national representative to the mental health nursing profession, the College therefore requests that ACMHN/member representation is sought in relation to any committees, advisory groups or meetings that seek to obtain input from mental health professionals, or that relate to systems and structure of the health care system.

Conclusion

Mental health nurses are specialist mental health providers, who work in across all health care settings in Australia and play an important role in the delivery of care to people at risk of suicide, or who are recovering from a suicide attempt. They have the specialist skills, knowledge and experience required to be a part of the solution to reducing the rate of suicide in Australia.

It is critically important that the Strategic Framework identifies outcomes and targets relating to the workforce that will be needed to ensure that opportunities for suicide prevention and care will be readily available, as previously explored and identified in the NMHC Review. If you require any further information regarding these comments, or would like to discuss the College’s workforce development activities, please contact the ACMHN.