Dear Mr Brownwood,

The Australian College of Mental Health Nurses welcomes Health Workforce Australia’s consultation into Nursing Workforce Retention and Productivity. The nursing workforce is fundamentally important to Australia’s health care system and it is important that policies are put in place to ensure the nursing workforce can meet the needs of the Australian population in the future. While our specific feedback is provided in the attached feedback form, we also make some comments on overarching issues in this letter.

The ACMHN, like many other nursing organisations is experiencing first hand the changes to the nursing workforce. For at least 10 years, the ACMHN has been an active participant in numerous processes and strategic responses to the looming nursing workforce shortage. The three key themes identified in the HWA consultation paper reflect the focus of previous strategies and activities in this area.

A key ingredient that is needed to translate these reports and strategies into action is appropriate funding. With around a quarter of a million nurses working in health care related roles, a significant investment is required to implement approaches that will result in lasting and effective changes throughout the health care system. Such investment would, in turn, bring efficiencies in the health care system and improved health care to all Australians.

A common theme in the ACMHN’s responses to the consultation paper is that the nursing profession’s contribution and role in health care must be better understood and more visible within the health sector and the Australian community more generally. We believe it is incumbent on national nursing leaders, nursing organisations and nursing schools in universities to take responsibility and initiative in this area, however we need support and assistance from governments and agencies such as HWA.

The ACMHN is concerned that the long term workforce issues are not being considered when governments are making short term decisions, usually related to
budget cuts. Nursing jobs and resources supporting nurses are frequently a target when health budgets are under pressure. If staffing cuts are required, nurses approaching retirement age or considering leaving the profession are likely to take the opportunity – undermining retention initiatives. Programs and initiatives which aim to improve the practice environment are an easy target, particularly when balanced against maintaining ‘beds’. Likewise, innovative services and models of care, which could contribute to improving productivity are often the target of cuts.

Yours sincerely,

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3 May 2013
Specific comments on consultation questions

(this input is also provided in the feedback form template provided by HWA).

Themes:

The ACMHN agrees with the three key themes identified in the consultation paper. We also believe it is important to articulate the importance of recognition and acknowledgement of the value of nursing as a key theme. Recognition (and unfortunately, the lack of recognition) is an overwhelming theme in conversations among nurses at many levels. Nurses seek recognition for their contribution to the health of their patients and communities; recognition of their skills, and their role in the health care system. Nurses seek this recognition in both tangible and intangible forms including:

- Remuneration and conditions

We note that the consultation paper doesn’t specifically identify remuneration and related conditions as specific issues which need to be considered to address retention and workforce productivity issues. Whilst we appreciate that a national workforce agenda has limited capacity to influence these aspects of the employer – employee relationship, it should be acknowledged that remuneration and conditions are an important way to acknowledge the value and contribution of nurses. Remuneration and working conditions will also influence behaviour and choices at particular career points. Research and data on how remuneration and conditions affects nurses choices should be available to inform workforce strategies and activities.

- Recognition by the community, patients and their carers and family of the skilled contribution made by nurses

There is a limited understanding across the community of the professional skills of nurses and the contribution they make to health care delivery. An image of nursing as the ‘caring’ profession continues to dominate public perception. There is also a common perception of nurses as subordinate to the medical profession. These stereotypes and misperceptions detract from the recognition of nurses as skilled and qualified professions with diverse roles across the health system. Strategies are needed to promote a more realistic image of nurses across the community generally and to potential nurses and other health professions.

- Capacity to utilise nursing skills in autonomous practices and roles, particularly roles in primary care settings and private practices.

The ACMHN has seen the significant benefits arising to the mental health nursing workforce as well as the Australian community from providing funding mechanisms that enable mental health nurses to work collaboratively in the primary health care sector. Credentialed Mental Health Nurses can access programs such as Access to Allied Psychological Services, the Mental Health Nurse Incentive Program and some Medicare Benefit Schedule Item numbers. With the increasing burden of chronic disease and the ageing of the Australian population, similar opportunities should be available to enable other nursing specialities to provide services in primary health care settings.
However, we caution that funding mechanisms need to be appropriate to the delivery of services by advance practice nurses. The current programs available to Credentialed Mental Health Nurses lower paying than those available to allied health professionals delivering equivalent or similar services. There are other barriers, such as limited options for these advanced practice nurses to practice autonomously, program designs that do not reflect advance practice nurses’ scope of practice and other health professionals lack of understanding of nurses skills and roles. Providing mechanisms to enable nurses to practice in primary health care settings is potentially a highly effective strategy to improve retention and productivity of nurses and the health system, but only if the mechanisms used are based on understanding of the scope of practice of nurses and respect for their professional skills and roles.

**Effective preparation for practice:**

The ACMHN firmly advocates that every undergraduate nursing course must have a strong component of mental health content in the curricula. The Mental Health Nurse Education Taskforce (MHNET) developed a framework for mental health in pre-registration nursing courses. Education providers have been encouraged to implement the framework, with some initial funding made available via the Commonwealth Government. However there remain some universities that have not fully implemented the framework. Incorporation of mental health content as per the framework for every undergraduate nursing student must continue to be pursued to ensure every new graduate nurse has a foundation of knowledge and skills in the area of mental health.

Clinical placements are identified as important to preparing undergraduate nurses for practice. A positive clinical experience is a key influencing factor in a nurse’s decision to undertake a career in any specialty area. In line with the MHNET framework, clinical placements in mental health should be undertaken by all nursing students. Clinical placements more generally should expose undergraduate students to a variety of health care settings, not just acute settings. Ongoing funding is needed to ensure organisations that provide clinical placements in non acute settings have the capacity and support needed to provide high quality clinical placements.

Mental health nursing is often an area of practice which nurses come to once they have been nursing for several years. Support and clear pathways for nurses to transition into mental health at points in their career other than immediately after graduation would assist in recruiting mental health nurses.

**Productive Work practices**

**Productive work practices and specialisation**

In the complex health care environment, it is important to support nurses to specialise. This goes hand in hand with enabling nurses to work to their full scope of practice and to take on enhanced roles. This will lead to improved quality of services and support objectives in the area of increasing productivity and contributing to a positive practice environment. Nurses need support in the form of funding and time to build their skills in a specialist area and obtain additional qualifications.
**Skill mix:**

Changing the skill mix of nurses and other workers is not without challenges. The consultation paper presumes that it is clear and simple to identify what are nursing tasks and what are not nursing tasks. Much discussion around the introduction of assistant roles assumes that personal care is not a nursing task and can be carried out by a minimally trained and unregulated workforce (which brings risks). Providing holistic care is a core fundamental of nursing and many nurses would argue that personal care and other tasks that are not directly nursing tasks are part of the vehicle by which they observe and assess their patient’s needs, and are able to build strong therapeutic relationships.

In mental health care, nurses have experienced the negative impact on their roles as a consequence of use of other professions. The use of psychologists, social workers and occupational therapists in mental health services has changed perceptions and expectations about the functions of mental health nurses. Mental health nurse resources tend to be channelled to activities which allied health professions are not able to undertake, including medication administration. Mental health nurses are often burdened with additional workloads due to the lack of skill in others, for example, in a multidisciplinary mental health team comprised of social workers, psychologists and mental health nurses, only the mental health nurses have expertise in physical and medication issues. Such issues have contributed to a lack of job satisfaction among mental health nurses that may lead to reduced productivity and reduced retention of mental health nurses. Different remuneration and working conditions and alternative career pathways available to other professionals further contributes to the job satisfaction of mental health nurses.

Without a common and clear understanding of nursing scopes of practice, and recognition of the variety of nursing roles, functions and tasks, changing the skill mix and workforce profile is likely to be perceived as a challenge to nursing identity. The ACMHN is addressing this issue by undertaking a scope of practice project which will articulate the scope of practice of Australian mental health nurses, and once this foundation document is finalised, we anticipate this will need to be heavily promoted to employers, funders and policy makers.

**New settings and expanded roles**

The ACMHN strongly supports strategies and mechanisms to enable nurses to practice in new settings and to take on expanded roles. This is already occurring in mental health nursing in a variety of ways and the profession is open to further developing expanded roles and working in new settings. However, there are barriers which deter nurses from pursuing opportunities. One significant barrier is funding. The Mental Health Nurse Incentive Program should be a best practice model for delivering specialist nursing services in primary care settings, but the mental health nurses who use the program do not have their expertise and contribution recognised with appropriate remuneration. Without funding mechanisms, there is limited capacity for mental health nurses to deliver services in community and primary care settings. The ACMHN has also observed that funding cuts in state government managed health services often targets innovative programs that are delivering outreach, preventative and early intervention services, which often provide expanded roles for nurses.

The ACMHN believes new roles should be developed to retain older nurses and make the most of their experience and expertise, rather than simply losing those skilled nurses to retirement. The
ACMHN ran a one off project linking experienced mental health nurses with nurses studying post graduate mental health nursing qualifications. It was evident from this project that experienced nurses enjoyed the opportunity to mentor and felt their skills and experience were valued. New roles that offer nurses who are close to retirement the opportunity to mentor, support students on clinical placements, provide clinical supervision and guide less experienced nurses in other ways, would not only retain experienced nurses for longer, but would assist other nurses develop their skills and improve quality of care.

Workload management and re-engineering processes

The ACMHN believes that workload management and re-engineering initiatives must have a strong focus on improving safety and quality outcomes, rather than being driven by budget cuts. The ACMHN is not aware of any initiatives in this area that are specific to mental health nursing, and believes further investigation of the implementation of such approaches in mental health nursing service delivery should be undertaken.

Technology

Technology is providing an alternative medium by which continuing professional development is delivered and accessed by mental health nurses. The ACMHN’s activities in this area are increasingly focusing on online education. The Mental Health Professionals Network has demonstrated the popularity of online CPD to mental health professionals including nurses. However, there is still limited access to technology by nurses in their day to day work that needs to be addressed to support greater use of technology in the delivery of nursing care.

Data collection and sharing

The ACMHN is concerned that there is limited expertise and engagement across the profession in the area of clinical indicators, outcome measures, classification systems and the data and information systems that enable the use of this information to improve services. In the absence of nursing contributions in this area, others are making decisions which ultimately impact in nursing care and services delivery. There is also a failure to collect data related to nursing related activities. Nurses need to be educated in the importance of information and data and how it can be used to inform improve their practice at an individual and service level. Unless nurses appreciate the value of the information they are collecting, compliance with data collection requirements will be a problem.

Leadership and practice environment

Leadership is important for all nurses to understand and exercise irrespective of their role and level within their organisation. While the consultation paper presents this perspective under section 3.3 on developing nurse leaders, it also suggests in section 3.1 and 3.2 that leadership is a task nursing managers must adopt, thus implying that only nurse managers are required to demonstrate leadership. As long as leadership continues to be regarded as something only managers are required to demonstrate and is perceived as an additional ‘skill’, a supportive workplace culture and positive practice environment will remain out of reach. The knowledge and ideas of nurses working at the
grass roots needs to be recognised and supported to lead and contribute to a positive practice environment. This is also crucial in developing a nursing culture that is supportive of beginning practitioners. Whilst we acknowledge the benefit of HWA’s leadership initiatives and programs, HWA must also work to ensure leadership is not portrayed as a quality and responsibility only some nurses need to demonstrate.

The consultation paper also makes mention of the importance of aligning leadership with sufficient levels of authority and responsibility to effective enact change. The ACMHN believes this is an important element in developing nursing leadership and building positive practice environments. It is also a complex issue as structure and processes of administration and management and clinical leadership within health services are diverse and multi-layered. The ACMHN believes that recognition and better understanding of the contribution of nursing to health care would contribute to improving the capacity of nurses to enact change across the board. At the same time, it would be useful for HWA to identify factors which organisations with strong nursing leadership, supportive nursing workplace cultures and positive nursing practice environments have in common.

**Mental Health Nursing Specific comments**

**Definitions and data**

HWA’s identifies mental health nursing as the sector with the oldest population of nurses and the most acute projected shortage by 2025. The ACMHN is very concerned about the impact of nursing workforce shortages on mental health nursing. We believe that before the ACMHN and HWA can develop strategies and approaches to address the potential shortage, further work is needed to scope the make up of the current workforce.

There needs to be a common understanding between the profession and HWA on the definition of a mental health nurse. The Mental Health Workforce: Supply of Mental Health Nurses produced by the Mental Health Advisory Committee (September 2008) acknowledged the contested definition of a mental health nurse. The ACMHN defines a mental health nurse is a registered nurse who holds a specialist qualification in mental health nursing. However, in workforce data used by HWA, any nurse who identifies as working in mental health is considered to be a mental health nurse. Acknowledging the diversity within the nursing workforce working in mental health is important. The definition used by HWA masks the complexity of the workforce issues for nursing and mental health.

The ACMHN remains concerned about the lack of data available on recruitment into and retention of nurses within specialty areas of nursing, including mental health. Despite the work HWA has done to map the nursing workforce requirements into the future, there is no new data that provides insight into the current state of the mental health nursing workforce, likely shortages in the future and potential drivers to address shortages. We are concerned that the model does not take into account the impact of closing direct entry mental health nursing education and registration on the make up of the workforce and that strategies to recruit and educate specialist mental health nurses since the mid 90s have not matched the previous flow. Jurisdictions have developed mental health and or mental health nursing workforce strategies over the previous decade but there is no analysis and evaluation of the impact of these strategies or reporting of these specialised strategies in the reports HWA has produced. Given that HWA has identified mental health as a priority area of workforce
shortage, the ACMHN believes that more detailed data and analysis of the mental health nursing workforce must be undertaken.

The expertise, skills and knowledge of a nurse with a specialist mental health nursing qualification are different to those of a nurse without such a qualification. The availability of a mental health nursing workforce (with specialist qualifications) is critical to the delivery of high quality and safe mental health services. Developing and implementing new models of care, delivering care in community and primary care settings and other approaches to increase the efficiency of the health system relies on an appropriate skill mix, made up of both specialist mental health nurses as well as other nurses working in mental health. Until there is a better understanding of the nursing workforce providing mental health care, little progress can be made on developing strategies to increase the supply and improve the retention and productivity of these nurses.

**Barriers and opportunities**

Associated stigma is a particular barrier which impacts on the recruitment and retention of nurses in mental health. This is acknowledged in the National Mental Health Workforce Strategy (2011). Strategies such as providing good clinical placements, transition programs for new graduates, improved understanding of mental health among other health professionals, innovative service models, and supportive workplace cultures are all the more important to overcome the barrier of associated stigma.

The ACMHN is aware of many examples of services and organisations that have implemented effective productivity and retention strategies. We have encouraged College members to respond directly to HWA’s consultation providing information about their initiatives and activities in this area. The ACMHN also provides forums for mental health nurses to promote these initiatives and their effectiveness such as conferences. However there is a need for other dissemination strategies, including some comparison of outcomes and analysis of effectiveness of various approaches. In addition, more support and resources to assist other organisations and nurses implement strategies based on the experiences and evidence of others would also be beneficial.