

2019-2020

Pre-Budget Submission

CONTACT:

Adj Assoc Prof Kim Ryan
CEO ACMHN
E: executive@acmhn
M: 0417 289 189

Introduction

The Australian health care system will not be able to meet the predicted mental health needs of Australians now and into the future, without engaging nurses and midwives.

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 has an inherent responsibility and sense of urgency around ensuring that the mental health nursing workforce becomes more responsive to the needs of the community and that it is sustainable, and that the broader nursing and midwifery workforce are supported to develop mental health knowledge and clinical skills.

Mental Health Nurses

MH nurses have the specialist skills, knowledge and experience required to be a part of the solution to the growing mental health need of the community.

Provide specialist mental health care:

MHNs work in clinical, policy, administration, education, management and research roles. They provide the bulk of direct clinical mental health care within specialist mental health care settings, including specialist public and private hospitals/units, specialised community mental health care, specialised residential mental health care services. Nearly 32,000 full-time-equivalent staff were employed by state and territory mental health services in 2015–16. About half were nurses (51.0%, or 16,318 FTE staff), with most of those being registered nurses (14,001).

MHNs also provide specialist mental health care in emergency departments and general medical wards (through consultation liaison services), in correctional facilities, through primary care (commissioned by PHNs), in private practice, in residential aged care and through other support services (e.g. welfare services, NGOs, telephone triage and counselling services).

Are geographically dispersed:

MHNs comprise the largest group of professionals working clinically in the mental health workforce and are a critical component in mental health service provision. MHNs are more geographically dispersed than any other health professional (see Table 1 below), creating enormous potential for increasing access to specialist mental health services across Australia, including in rural and remote locations.

Professional group	Number	FTE per 100,000	Major city FTE/% per 100,000	Very Remote FTE per 100,000	Average hrs worked per week	Average clinical hours per week
Mental Health Nurses (MHN)	21,500	85.1			36.3	
MHN working clinically		78.1	90.8	31.1		33.3
Registered Psychologists (RP)	24,500	88.1				
RP working clinically		63.9	82.7%	23.2	32.4	23.5
Psychiatrists	3200	13			36.3	
Psychiatrists working clinically		10.8	13.2	3.3		33.3

(AIHW, 2018)

Are experiencing current and predicted workforce shortages:

The policy focus of shifting care provision from acute care settings to primary health care means that increasingly, MHNs are in demand for roles in community and primary health care settings¹. Since 1993–94, the number of FTE staff employed in admitted patient hospital services has remained relatively stable (averaging about 13,000), while those employed by community mental health services has almost tripled (from about 4,000 in 1993–94, to more than 12,000 in 2015–16).

By 2030, HWA predicts the mental health nursing workforce will move to the largest undersupply of all sectors, with a project shortfall of approximately 18,500 due to a number of factors - including the ageing of the workforce, high exit rates and low new entrants into the workforce in the younger age groups².

Key Considerations

1. Mental ill-health is a significant burden for Australia in terms of health outcome, quality of life, co-occurring illness, death and disability. It impacts on individuals, families and communities; and poses significant economic and social cost to the nation.
2. The mental health nursing workforce is well-placed to respond to mental health demand, across the full range of clinical and service settings. However, the specialty is facing significant workforce shortages, which will impact on Australian's ability to access suitably qualified specialist mental health nursing services into the future.
3. Policy decisions taken by government, higher education, professions and employers will have a significant impact on the scale of the projected workforce shortages.
4. Given the substantial segment of the mental health workforce that MHNs represent, it is imperative that Government and the health sector respond to the existing and future mental health nursing shortages that have already been identified³.
5. Developing and sustaining a specialist mental health nursing workforce is an important strategy to improve access and equity for people with mental health problems across the age spectrum.
6. A multi-pronged approach is required.
7. Education, professional development and mentoring are essential components of efforts to sustain and build the mental health nursing workforce, to cope with the current and projected demand of mental ill-health now, and into the future.

¹ Ashley, C., Halcomb, 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

² (HWA 2014 Australia's Future Health Workforce – Nurses Detailed report).

³

ACMHN Pre-Budget Submission: A mental health nursing solution Responding to demand and addressing workforce shortages

Developing and sustaining a specialist mental health nursing workforce is an important strategy to improve access and equity for people with mental health problems. Mental health nurses are an affordable, available specialist mental health resource. However, as outlined above, the size of the available workforce is shrinking while demand for MHN services increases.

The ACMHN recommended in the 2015-16 and 2016-2017 Pre-Budget Submission that the Government's response to the NMHC 2014 Review incorporate specific strategies to utilise the mental health nursing workforce to its full capacity and support the development of a mental health nursing workforce strategy. The ACMHN believes both these recommendations remain relevant and important and should be undertaken as part of the mental reform implementation process and as a matter of increasing urgency.

Immediate government action is required to ameliorate the effects of the ageing workforce, retain existing mental health nurses in clinical leadership roles, and support new entrants into the mental health workforce – both by younger nurses and nurses currently in the profession working in other areas of nursing. In addition, all nurses and midwives need to be supported to develop their knowledge and clinical skills around the identification, intervention and treatment of people experiencing mental health challenges, in order to provide appropriately stepped care mental health services. A multi-pronged approach is required.

The ACMHN 20198-2020 Pre-Budget Submission focusses on a number of key priorities that will address these issues and provide numerous potential benefits for the Australian government, including:

- A nursing and midwifery workforce more able to respond to the government's mental health reform priorities and consumer demand
- Alignment with the recommendations of the National Mental Health Commission (2014) to improve the supply, productivity and access to MH nurses, building workforce capacity to support systemic change and growing need in the community
- Increased availability of cost-effective access to evidence based mental health care for all Australians who require it, through supporting increased mental health literacy of the nursing & midwifery workforce, and by providing a clear pathway to grow the MH nursing workforce.
- Builds on the current investment into the *Mental Health (Nurse) Workforce Program (2017-2018)* funded by the Australian Government and developed and implemented by the ACMHN
- Builds on existing digital resources, to ensure cost-effectiveness and broad access to mental health learning, that is clinically relevant to the day to day practice of nurses and midwives across Australia
- Improves the mental health awareness and competency of front line professionals to identify and respond to the early signs of mental health issues and refer people to appropriate services and supports, in support of a stepped care approach to mental health service delivery
- Provides support by mental health nurses to regional, rural and remote nurses and midwives.

Priority Action: Expand access to mental health nursing services in primary care and through Mental Health Nurse Practitioners

1. MBS Reform

The ACMHN notes the MBS review being undertaken by the MBS Review Taskforce for the Australian Government. The ACMHN discussed in the 2015-16 and 2016-17 Pre-Budget Submission the dominance of the MBS in the primary health care system in Australia and that alternative funding mechanisms that promoted patient-centered and holistic care needed to be developed and implemented. It is also important that funding models recognise and enable the autonomous scope of practice of nurses and midwives, and the capacity of specialist nurses to provide cost-effective and comprehensive care to Australians.

The MBS Review Taskforce scope states that the Review is examining the entirety of the MBS to ensure it reflects best clinical practice and promotes health service provision that improves health outcomes, and is looking at reform over the short, medium and long term. The Terms of Reference (TOR) do not preclude recommending new items or services being added to the MBS.⁴

In light of the MBS Review Taskforce TOR, the ACMHN reiterates the following recommendations, which were put forward in the 2015-16 and 2016-17 Pre-Budget Submission and a joint submission to the Senate Select Committee on Health Inquiry into Health Policy, Administration and Expenditure:

- Enable Credentialed Mental Health Nurses and Mental Health Nurse Practitioners to claim under MBS items falling under 'Better Access', which "provides better access to mental health practitioners through Medicare". Better Access item numbers are able to be claimed by psychiatrists, psychologists, occupational therapists and social workers, however, highly skilled and qualified mental health nurses are currently excluded.
- 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 centered 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. Options include increasing the number and value of MBS items for specialist nurses and midwives and the provision of grants or block funding for the provision of much needed specialist nursing and midwifery services.

The reform processes occurring with the MBS and in mental health need to be considered together to ensure that the system change sought and required for person-centered care; outcomes for consumers and carers; addressing under-serviced populations; and making optimal use of the workforce are actually achieved. The Government response to the NMHC 2014 Review specifically states that in improving services and coordination of care for people with severe and complex mental illness, services delivered by specialist mental health nurses will be enhanced. Considering how this enhancement can be achieved not just through the mental health reform process but in how nurses and the services they provide are funded, are both important elements.

⁴ Medicare Benefits Schedule Review Taskforce, The Department of Health, <http://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce>

2. Mental Health Nurse Practitioners

The efficacy of the nurse practitioner role has been identified in the literature: Internationally, the nurse practitioner has been associated with health service improvement for over 40 years and was first implemented in Australia in 1998⁵. Nurse practitioner service has been extensively researched, with investigations on patients' acceptance and satisfaction, safety⁶ and effectiveness of service⁷, cost effectiveness⁸, clinical leadership⁹ and descriptions of service models^{10 11 12}.

Consequently, over the years since the inception of the role, thousands of articles evaluating, describing and arguing the relativities of the nurse practitioner role have been published in medical, nursing and allied health journals. In addition to this international body of literature, several Australian national health workforce inquiries have recommended development of the nurse practitioner role to support Australian health service improvement. These include the Productivity Commission's Australia's Health Workforce Position Paper (2005), the report from the Australian Health Workforce Advisory Committee, Health workforce planning and models of care in emergency departments (2006), The National Review of Nurse Education (2002) and the National Nursing and Nurse Education Taskforce (2008).

The ACMHN reiterates recommendations made in the MBS Review Taskforce ACMHN Nurse Practitioner SIG submission for:

- Item numbers to reflect the clinical reality - the time clients need for adequate and appropriate consultation, and the time required for MHNPs to provide specialist MH clinical services. Provide equity in rebate payment of MBS items to NP item numbers – commensurate with MHNP expertise and with other mental health professionals who have similar levels of specialisation.
- A billing item that allows for out of clinic assessment and treatment (home visit) that would expand the MHNP capacity for in-home service delivery and allow a more flexible clinical service for consumers who are significantly disabled by MH symptoms.
- Establish NP items that enable MHNPs to provide family based therapy or mental health education and support to enable parents/family or carers, to be more effectively involved in the individual's treatment.
- Establish NP items that enable MHNPs to provide group based therapy or mental health education
- A billing item that enables NP to have provider number with limitations to referrals and pathology, only when working in the public sector, to enable their extensions to practice i.e. not for bulk billing purposes
- Provide options for NPs under MBS provider numbers to refer to allied health professionals

3. Credentialed Mental Health Nurses working in Primary Care

There has been much reform in the mental health and primary health care sectors since 2016 and despite the opportunities these reforms provide, some issues have arisen which continue to be of significant concern to the ACMHN.

The Mental Health Nurse Incentive Program (MHNIP) transition to the PHNs began in July 2016, the College has continued to receive calls from Credentialed Mental Health Nurses (CMHN) who are leaving primary care to work in the hospital setting, or to take early retirement, due to the uncertainty surrounding the ongoing commissioning of their services and the impact of this on their employment security. The very effective MHNIP

⁵ Gardner et al. 2004

⁶ Fischer, Steggal & Cox 2006

⁷ Laurand, Sergison & Sibbald 2003

⁸ Sakr et al. 1999

⁹ Samuel, Griffin, White and Fitzpatrick, 2015

¹⁰ MacLellan, Gardner & Gardner 2002

¹¹ O'Keefe & Gardner 2003

¹² Considine, Martin & Smit 2006

program that was built up from 2007-2016 and which the 2014 Review of Mental Health Services¹³ actually recommended be expanded has effectively been dismantled. Given the level of unmet need that already exists in the community, this is disappointing and does not represent a preventative approach.

The focus of Primary Health Networks on regional solutions to local health care problems, is a principal which everyone supports. However, the lack of clear guidelines that each PHN is to follow and implement according to local needs has resulted in a disparate approach to the provision of mental health nursing services and significant disruption to mental health nursing service delivery and continuity of care in some areas.

PHNs have reported difficulties in recruiting MHNs impacting their ability of PHNs to provide equitable geographic access to services. Some PHNs have looked at employing other health professionals to ensure geographic access to the service. However, this raises questions over the trade-off between providing *any* service and providing a *quality* service.

CMHN working under the MHNIP were impacted by suspensions applied to MHNIP from 2012-2016, leading to ongoing uncertainty about their future, often reduced session allocations, and a lack of capacity to build their practice. The employment/ engagement status of mental health nurses working within MHNIP was been tenuous, and coupled with the significant disruption in mental health nursing service provision resulting from the changed approach in 2016, the removal of guidelines that supported mental health nurses working in primary care, and the ongoing insecurity of working arrangements and restriction on scope of practice, it is not surprising that recruitment of mental health nurses in to primary care has been difficult.

While the ACMHN understands that there are always opportunities that come with reform, there is concern that a very positive independent review of the Mental Health Nurse Incentive Program (MHNIP) conducted in 2012 has been forgotten. The *Mental Health Nurses Transition (across settings) Program*, funded by the Australian Government conducted a detailed case study analysis of seven (7) Primary Health Networks (PHNs) in 2018. The project report has been submitted to the Department of Health and the recommendations will provide significant information in further developing a mental health nursing service in primary care.

The ACMHN recommends that:

- MHN funding be quarantined by PHNs for workforce development of MHN as well as to support the provision of mental health nursing services to general practice and primary care more broadly.
- Consider a targeted program to enable every general practice in Australia access to a mental health nurse.
- CMHN are specialist mental health providers and should be considered eligible to develop and coordinate a mental health treatment plan and should be appropriately remunerated.

¹³ National Mental Health Commission, 2014: *Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*. Sydney: NMHC.

Priority Action: Expand and increase the MH nursing workforce by establishing and supporting professional pathways into mental health for nurses.

Australians have a right to receive mental health care from nurses whose educational preparation meets their needs, meets the standards of the profession, the scope and demands of practice, and also incorporates the principles of recovery for people living with mental distress.

The National Mental Health Commission (2014) identified that improving supply, productivity and access to MH nurses is essential for supporting system change. There is an ongoing need for people with chronic disease to receive more comprehensive care, including mental health care, in the primary health care setting. Meeting both these imperatives requires that more accessible pathways into mental health nursing be established.

Expanding and increasing the mental health nursing workforce requires a focus on establishing and supporting professional pathways in to mental health for nurses.

1. Establish the Mental Health Nursing Preceptor & Mentoring Forum

The ACMHN will establish a Mental Health Nursing Preceptor & Mentoring Forum with a focus on supporting students and nurses who are interested in mental health to develop their clinical nursing mental health skills.

The Forum will be established considering the learnings from the successful 2009 ACMHN project 'Mental Health Student Online Support' MHNSOS project (funded by the DoHA), where student nurses were matched with experienced mental health nurse preceptors, to provide clinical support and mentoring through a totally online functionality.

In establishing the preceptor and mentoring forum, the ACMHN will also consider adaptations to the successful Royal Australian & New Zealand College of Psychiatrists (RANZCP) Psychiatry Interest Forum (PIF). The RANZCP developed the PIF program to address professional stigma and improve recruitment of junior doctors and GPs into the specialty. It has been operating since 2013 and was funded through the Australian Government's specialist training program. The PIF program provides participants with professional development opportunities, and to date, over 1200 students and doctors have signed up to the program, with a significant number transitioning to psychiatry training. Establishing and supporting professional pathways for students, GP Nurses, newly graduated RNs and existing RNs who want to transition into mental health requires that the issue of professional stigma be addressed: Research on the attitudes of undergraduate nursing students towards MH nursing has consistently shown that many nursing students regard MH nursing as the least preferred career option^{14 15 16 17}.

It is anticipated that basing the Forum on the successful PIF model, with adaptations for nursing requirements and reflecting the differing educational and practice trajectory of nurses, and, responding to the learnings from the MHNSOS project, will result in greater numbers of nurses from all levels (students, newly registered, experienced) participating in mentoring and preceptoring programs, clinical nursing mental health skill development and knowledge increase, and that a proportion of these will transition into mental health as a specialty.

¹⁴ Chadwick & Porter, 2014

¹⁵ Stephens, Brown, Graham, 2012

¹⁶ Happell & Gaskin 2012

¹⁷ Schafer, Wood, Williams 2011

The Mental Health Nursing Preceptor & Mentoring Forum will be an important adjunct to the 'Transition to Mental Health Practice' program for nurses (see 2 below), as it is anticipated that a proportion of nurses who participate in the Forum will undertake the Transition program, and from there, choose to specialize more formally in MH nursing.

INDICATIVE BUDGET: \$1.2m over 2 years [\$600k 2019-2020 and \$600k 2020-2021]

2. Develop a National 'Transition to Mental Health Practice' program for nurses

Nurses who are interested in working in mental health settings face a number of barriers. It is particularly difficult for those who have limited clinical experience in the area and no postgraduate qualifications in mental health. While postgraduate qualifications in mental health nursing are required if one is to consider themselves a specialist MHN, developing a more seamless pathway into the specialty is required if we are to achieve the goal of increasing the supply of nurses with mental health knowledge, skills and experience. An intermediary step is required.

The Transition to Mental Health Practice program is an important tool in increasing the size and improving retention and flexibility of the MH nursing workforce. The program will provide a comprehensive introduction to MH nursing, with content applicable to nurses interested in increasing their mental health expertise and enhancing career development opportunities, delivered in a nationally consistent way.

The ACMHN will engage with nursing education stakeholders (universities, clinical nursing educators), primary health care providers and health service directorates to collaborate around providing a national evidence-based high-quality, 'Transition to Mental Health Practice' program.

This program will provide a clear pathway to specializing in mental health and will provide educational consistency for newly registered nurses, non-MH nurses working in mental health services, and nurses working in generalist and primary care settings around Australia who want to transition into mental health. New graduates and nurses from other areas of practice will achieve a significantly increased knowledge of mental health issues by participating in the Transition program and their ability to gain employment in mental health positions will be substantially improved.

The program will be provided online and aligned with and provide introduction to mental health and primary mental health care for a nursing audience, articulating to AQF Level 8/9 subjects in a nationally consistent way.

INDICATIVE BUDGET: \$1.5m over 2 years [\$750k in 2019-2020 and \$750k in 2020-2021]

3. Scholarships for nurses to undertake specialist mental health nursing post-graduate study

Without ongoing investment and support around mental health (nursing) development, workforce shortages are likely to become critical and one of the most vulnerable groups in the Australian population will be denied access to quality mental health nursing care. Education, professional development and clinical placements are essential components of efforts to sustain and build the mental health nursing workforce, to cope with the current and projected demand of mental ill-health now, and into the future.

The ACMHN strongly recommends that the Australian Government provide scholarships to address the range of educational needs of nurses - across undergraduate, post graduate, clinical placement and re-entry - through supporting nurses and midwives to access mental health (nursing) specific content.

The ACMHN is well placed to determine the type of support and eligible programs, the award criteria and payment and expected outcomes. It is recommended that the government establish scholarships for Postgraduate courses in mental health nursing – Grad Dip/Masters – for RNs and ENs working in public mental health or primary care and that this be funded to a maximum amount, per student for a full scholarship, determined by the period of study required. With a shortfall of 18,000 mental health nurses predicted by 2030, just 12 years away, it is recommended that scholarships be awarded annually.

INDICATIVE BUDGET: \$5m plus management fee annually

Priority Action: Upskill the current and future nursing and midwifery workforce in relation to integrated physical and mental health care.

1. Online Mental Health CPD addressing the learning needs and day to day practice issues of nurses and midwives

The ACMHN will conduct a Training Needs Analysis (TNA) of Australian nurses and midwives to identify their contemporary mental health learning needs. An online TNA survey will be conducted throughout the nursing and midwifery profession via the Coalition of National Nursing & Midwifery Organisations (CoNNMO), as well as through the ACMHN's strategic nursing connections across professional nursing and midwifery organisations and health services nationally. All responses will be analysed and a report that identifies the key mental health learning needs of Australian nurses and midwives will be provided and used as the basis for establishing appropriate mental health CPD.

The TNA will identify the learning needs of nurses and midwives working in a range of health care settings. For example:

- *Mental health nurses'* learning needs may relate specifically to the physical health care of people with mental illness and advanced mental health triage;
- *Remote Area Nurses'* learning needs may relate to undertaking a mental health assessment, communication, grief and loss and/or identifying co-occurring substance abuse;
- *Nurses working in Aboriginal Medical Services* and community health settings may identify issues related to integrated physical and mental health care as a priority;
- For nurses working in the *Emergency Department* undertaking mental health triage and developing skills in de-escalation and risk assessment may be the focus;
- For nurses working in *Residential Aged Care* settings, differentiating between depression, dementia and delirium, and managing aggression and behavioural interventions might be important;
- For *Midwives* working in maternal health services, perinatal mental health assessment and communicating with someone experiencing mental illness may be required.

The ACMHN will respond to whatever mental health learning needs are identified in the TNA by developing online Mental Health CPD for nurses – building on the Learning Management System (LMS) developed and the success of the Mental Health Training Program for Primary Health Care Nurses as part of the Mental Health (Nursing) Workforce Development project funded by the Australian Government 2017-2018 (with over 4,000 views and 1,300 completions since July 2018) and the Chronic Disease and Mental Health Online Learning Program funded by the Australian Government (2013-2014) (with over 2,300 views and 730 completions over the past six months alone). CPD will be delivered via a program of online eLearning topics and a range of topic-specific webinars.

This project would aim to develop targeted CPD over the project period and to attract 10,000+ nurses and midwives annually thereafter.

INDICATIVE BUDGET: \$1m over 2 years [\$500k 2019-2020 and \$500k 2020-2021]

2. Improve access to contemporary mental health content for nurse educators and academics through digital excellence

An important strategy in improving the mental health and wellbeing of all Australians is to ensure that all nurses who graduate as beginning practitioners from Australian Schools of Nursing and Midwifery have received appropriate education and training, and developed competency in the nursing care of people with mental health issues – regardless of the clinical specialty they choose to work in. In 2018 the ACMHN undertook an Australian Government funded project to develop a National Framework for mental health content in pre-registration (undergraduate) nursing programs, which included a literature review and a survey of key stakeholders.

If undergraduate nursing courses are to produce graduate nurses who are competent and clinically orientated towards providing mental health care to all patients within their scope of clinical practice, access to high quality, contemporary, mental health teaching and learning materials is essential.

This priority speaks directly to the Australian Government’s National Digital Health Strategy, using digital innovation and technology to improve health outcomes for the community.

In 2011 Mental Health Teaching & Learning Clearinghouse (MHTLC) was established based on the MHNET report, where a clearinghouse was identified as a priority for supporting quality mental health content in pre-registration nursing courses. The objectives of the MHTLC project were to:

- Enhance learning and teaching about mental health in higher education
- Develop a comprehensive information database containing links to relevant websites, best practice guidelines, audio-visual resources and teaching and learning tools for educators in mental health Australia-wide
- Establish and maintain a dedicated, user-friendly website providing access to the information contained in the database
- Make available a wide variety of information and tools on mental health and MH nursing to support the development and dissemination of good practices in learning and teaching about mental wellbeing and ill-health
- Encourage the exchange of resources and ideas between educators
- A one stop shop for student and providers

The MHTLC provided a nationwide service, which accommodated the needs of mental health educators (involved in teaching, learning and assessment, curriculum design and related activities) across Australia. However, funding for the continued hosting, maintenance and ongoing promotion and development of this site was withdrawn in 2013, prior to it achieving self-sustainability and the site is currently decommissioned.

The ACMHN will reinstate the MHTLC, update links and guidelines and undertake to promote this resource as a teaching and learning repository – building on government’s original investment. Its content will not only be accessible to nurse educators and academics, but it will be of relevance to and accessible to students, nurses working in primary health care settings and all other areas within nursing.

The MHTLC will be further expanded to include:

- Nursing focused teaching and learning resources around mental health (e.g. teaching guides and references, reports and documents that relate to the provision of mental health care in Australia);
- A scoping exercise to identify inspirational mental health educators, who will be supported to tell their story of their own educational practice in such a way so as to motivate other (novice) mental health educators.
- A symposium, carefully video-recorded, that showcases these educators’ stories to an audience and introduces them to the online learning community
- Production of edited digital stories regarding mental health
- A report documenting the impact that this on-line learning community experience has on the teaching confidence and capabilities of participants, and recounts the number of new ideas and stories that are generated

The MHTLC will be promoted to clinical nursing/midwifery educators, clinical education units and transition to practice programs, TAFEs and universities. The ACMHN will collaborate with other nursing specialties to provide access to already developed specialty-specific content e.g. around Indigenous mental health. A sustainability strategy for ongoing maintenance of the site will be essential.

INDICATIVE BUDGET: \$500,000 over 2 years [\$250k 2019-2020 and \$250k 2020-2021]

3. Mental Health Nursing support for Rural, Regional and Remote nurses: A 1800 MHN Support Phone Line

The Issue: Until such time as the mental health nursing workforce can be successfully established and engaged across every PHN nationally, and until all nurses and midwives are upskilled in working with people around their mental health and wellbeing, it is recommended that the government consider a MHN Mental Health Support Line for nurses and midwives. This is particularly vital to support nurses and midwives working in rural, regional and remote health services across Australia.

The Mental Health Nursing Solution: Mental health Nurse Practitioners working to their top of scope can provide supervision, consultation and support to non-mental health nurses and midwives working across a range of clinical settings. Rural and remote nurses and midwives, nurses and midwives working in Aboriginal Medical Services, primary care nurses, emergency department nurses and nurses working with people who are experiencing mental illness would benefit from access to the input and advice of an experienced Mental Health Nurse Practitioner in the identification, assessment and/or care planning process. This would include advice about medication effects and side effects, suicide and risk assessment. Such a service is not about triaging or referring consumers to a mental health nurse, rather, keeping consumers who are able to be treated in their current clinical setting under the care of their current treatment team, but with the input of an accessible and affordable mental health specialist.

A Mental Health Nurse Support Phone Line could be facilitated easily by the ACMHN and for a limited budget, could potentially provide high impact and support to clinical nurses. It would require limited financial input and establishment, plus one (1) FTE equivalent of Mental Health Nurse Practitioner, resourcing of a 1800 number, and promotion and marketing to ensure practitioner awareness of the service, which would operate Monday-Friday 9-5pm.

This would also provide vital mentoring and supervision to those nurses and midwives.

INDICATIVE BUDGET: \$300k establishment year, \$200k thereafter for 2 years 2019-2020 and 2020-2021.

(NB Additional cost associated with evaluation of any element as required)

Conclusion

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 2019-2020 Pre-Budget submission reiterates a number of recommendations made in previous pre-budget submissions and submissions to the MBS Taskforce. It also makes new recommendations regarding workforce development – a critical aspect of ensuring access to specialist mental health services for all Australians. Mental health nurses are effective, affordable and well located to address the mental health needs of the community.

This work is a priority and cannot wait, the mental health workforce is in crisis and the mental health needs of the community are growing and are currently largely unmet.

Key issues raised and recommendations made in this submission include:

- Reform the MBS fee-for-service funding model to better support the ongoing, multi-disciplinary care people with chronic illnesses and mental illness require, and provide additional funding streams to increase access to specialist nursing and midwifery services.
- The reform processes occurring with the MBS and in mental health need to be considered together to ensure that the system change sought and required for person-centred care; outcomes for consumers and carers; addressing under-serviced populations; and making optimal use of the workforce are actually achieved.
- The Government response to the NMHC Review specifically states that in improving services and coordination of care for people with severe and complex mental illness, services delivered by mental health nurses will be enhanced. Considering how this enhancement can be achieved not just through the mental health reform process but in how nurses and the services they provide are funded, are both important elements.
- The ACMHN recommends that the Government incorporate specific strategies to utilise the mental health nursing workforce to its full capacity, and support the development of a mental health nursing workforce strategy. The ACMHN believes both these recommendations are important and should be undertaken as part of the mental health reform implementation process.
- Expanding and increasing the MH nursing workforce by establishing and supporting professional pathways in to mental health is vital. A pathway approach includes a preceptoring and mentoring forum, a National Transition to Mental Health Program, and scholarships for nurses to undertake postgraduate mental health nursing study.
- Upskilling the current and future nursing and midwifery workforce to provide a stepped care response to the mental health needs of the community is vital. Online learning targeted to the day to day practice issues of nurses and midwives has proven to have high impact and be cost effective.
- Mental health nurses are well placed to provide much needed mentoring and clinical support to rural, regional and remote nurses. A 1800 MHN Support line, staffed by a Mental Health Nurse Practitioner would provide practical support and mentoring to nurses who are often professionally isolated and under-skilled in working with people who have significant mental health needs.
-

