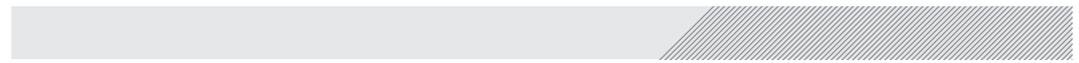




**MENTAL HEALTH
WORKFORCE**
ADVISORY COMMITTEE

National Mental Health Workforce Plan

PLAN



National Mental Health Workforce Plan

Published by the Victorian Government Department of Health, Melbourne, Victoria,
on behalf of the Mental Health Workforce Advisory Committee

© Copyright State of Victoria 2011

This publication is copyright, no part may be reproduced by any process except in accordance
with the provisions of the *Copyright Act 1968*.

This document may also be downloaded from the Department of Health and Ageing website at
www.health.gov.au

Authorised by the Australian Health Ministers' Conference.

The National Mental Health Workforce Strategy and Plan were endorsed by the Australian Health
Ministers' Conference in September 2011.

The development of the National Mental Health Workforce Strategy and Plan was funded by the
Australian Government Department of Health and Ageing.

Contents

Introduction	1
Implementation	1
Monitoring and evaluation	1
Outcome areas	2
Outcome area 1: Developing, supporting and securing the current workforce	3
Outcome Area 2: Building capacity for workforce innovation and reform	8
Outcome Area 3: Building the supply of the mental health workforce	10
Outcome Area 4: Building the capacity of the general health and wellbeing workforce	14
Outcome Area 5: Data and monitoring and evaluation	17
References	20

Introduction

The aim of the National Mental Health Workforce Strategy is to develop and support a well-led, high performing and sustainable mental health workforce that delivers quality, recovery-focused mental health services. This accompanying *Workforce Plan* identifies specific activities in support of the strategy. With regard to timeframes, short-term items are those commenced within less than two years; medium-term, two to five years; and long-term, five to ten years.

The mental health workforce includes mental health nurses, psychiatrists, general registered nurses, enrolled nurses, general and other medical practitioners, occupational therapists, psychologists, social workers, Aboriginal health workers, Aboriginal mental health workers, mental health workers, consumer workers and carer workers.

It encompasses workers in a range of settings, including hospitals, healthcare and community mental health services and correctional facilities across metropolitan, regional and remote areas of Australia. The mental health workforce is engaged in public, private and non-government services.

The National Mental Health Workforce Strategy and this accompanying *Workforce Plan* will direct current activity and inform future decisions on where government can make strategic workforce investments to further develop workforce capacity and contribute to improved consumer outcomes over the next ten years.

Implementation

The strategy and plan provide an overarching framework for the ongoing development of the mental health workforce in Australia. A range of specific activities has been identified, and are listed in this document. Growing and developing the health workforce is a priority for governments in Australia, and it is acknowledged that there is a sound base on which to build.

As a first step in implementation, a workforce scan that identifies both a baseline and examples of good practice, identified against specific activities, will be undertaken. Further detailed consideration will also be given to the relative priority of different activities in this plan across the plan's ten-year framework.

Monitoring and evaluation

It is essential to monitor and evaluate progress on implementation of the strategy and plan. This will require development of a detailed evaluation plan to be undertaken concurrently with implementation of the strategy, as identified in outcome area 5 (see Objective 5.1 for details). Appropriate resources to enable an effective evaluation to be commenced with implementation will be required.

A first key step in evaluation is to establish a clear approach to implementation and associated timelines. Not all activities will be undertaken concurrently or immediately. Performance indicators will need to be developed for each of the strategies and actions. Qualitative and quantitative information on performance will be required to assess the extent to which indicators are met.

Monitoring and evaluation of implementation of the strategy and plan will be the responsibility of the Mental Health Standing Committee (MHSC), through the Mental Health Workforce Advisory Committee (MHWAC). Governance may be supported by establishing a strategy and plan monitoring committee, which could report on the progress of the strategy and plan to the chair, MHWAC, and chair, MHSC, and then to the Health Workforce Principal Committee. The monitoring committee could provide advice at the outset on the detailed implementation planning and timeline for the strategy and plan and accompanying evaluation approach.

Outcome areas

Five outcome areas have been developed as the focus of this strategy, based on the literature, data and advice from consultations:

1. Developing, supporting and securing the current workforce
2. Building capacity for workforce innovation and reform
3. Building the supply of the mental health workforce
4. Building the capacity of the general health and wellbeing workforce
5. Data and monitoring and evaluation.

Outcome area 1

Developing, supporting and securing the current workforce

Objective 1.1

Through strengthening the workforce, promote increased quality and safety for consumers, families and carers and for staff.

Strategies

- 1.1.1 Develop national core competencies and an educational framework for mental health services (including clinical, community and peer support services).
- 1.1.2 Include management of comorbid drug and alcohol and mental health issues in the national core competencies for mental health.

Activities

Short, medium or long term

- | | |
|--|---|
| 1. Prepare a briefing paper that examines current developments in health competency framework development. For example, Health Workforce Australia (HWA)'s <i>Core Competencies and Educational Framework for Primary Health Maternity Services</i>). | short term |
| 2. Establish a steering committee and reference groups to oversee the development of national core competencies and an educational framework for mental health services, linking to the National Practice Standards for the Mental Health Workforce and mental health-related competencies in the Community Services Training Package . | short term to establish committee
medium term for project completion |
| 3. Work with peak and professional bodies, to pool resources to develop evidence-based training materials linked to the National Practice Standards for the Mental Health Workforce , which: <ul style="list-style-type: none">› support partnership with consumers, carers and families› enhance cultural competence in service delivery› facilitate cross-agency interventions› support home and community-based service delivery› support participation of mental health professionals in local multidisciplinary networks. | short-to-medium term |

Objective 1.2

Improved workforce capacity to contribute to reducing inequalities in health outcomes for Aboriginal and Torres Strait Islanders living with a mental illness.

Strategies

- 1.2.1 Provide better career pathways, supervision, mentoring and locum support programs for Aboriginal mental health workers in a range of settings.
- 1.2.2 Incorporate training in Aboriginal and Torres Strait Islander mental health in mental health workforce training programs.

Activities

Short, medium or long term

4. Work with National Aboriginal community controlled health organisations (NACCHOs) and affiliates, the National Indigenous Health Equality Council (NIHEC) and other relevant bodies to implement the strategies identified in the national *Aboriginal and Torres Strait Islander Health Strategic Framework (2010–2015)* to develop a competent mental health workforce to meet the needs of Aboriginal and Torres Strait Islander people.

Objective 1.3

Improved workforce capacity to deliver culturally appropriate services to people from culturally and linguistically diverse (CALD) backgrounds.

Strategies

- 1.3.1 Incorporate training in cultural competence in mental health workforce training programs.

Activities

Short, medium or long term

5. Pool expertise across the sectors to develop cultural appropriateness training for inclusion in mental health CPD programs.

Objective 1.4

Service cultures that support hope and optimism.

Strategies

- 1.4.1 Support the adoption of a recovery-oriented culture within mental health services, underpinned by appropriate values.
- 1.4.2 Develop a shared understanding of recovery-oriented practice and the implications for workforce development.
- 1.4.3 Link into and build on the work of the [National Practice Standards for the Mental Health Workforce](#).

Activities

Short, medium or long term

- | | |
|---|-------------|
| 6. Develop an additional standard related to recovery as part of the National Practice Standards for the Mental Health Workforce . | short term |
| 7. Promote the inclusion of the Principles of recovery-oriented mental health practice in curricula, continuing professional development materials, induction materials and staff performance evaluation. | medium term |
-

Objective 1.5

Increased opportunities for effective supervision, lifelong learning and continuing professional development.

Strategies

- 1.5.1 Work with Health Workforce Australia and the jurisdictions in promoting and supporting access for the mental health workforce across all sectors to investments in the areas of the development of clinical leadership, management development and clinical supervision.
- 1.5.2 Build on current initiatives, such as [Mental Health Professional Online Development \(MHPOD\)](#). Develop a national mental health e-learning portal where all mental health workers can access a one-stop shop for current and credible sources of information regarding evidence-based approaches to treatment, care, support and service development.
- 1.5.3 Continue to develop and implement on line discussion groups where mental health professionals and service managers, in both government and non-government (NGO) sectors, can engage with colleagues to share innovation and discuss solutions to challenging issues.

Activities	Short, medium or long term
8. Develop and support a sustained investment strategy in clinical leadership in mental health.	short term
9. Work with peak and professional bodies, and other departments, such as Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), to improve strategic investment in leadership and change management programs.	short term
10. Develop joint public, private and NGO sector continuing professional development offerings in specific areas of care, such as comorbidity and recovery.	medium term
11. Scope the feasibility of a national mental health workforce e-learning portal.	medium term

Objective 1.6

Increased retention of staff.

Strategies

- 1.6.1 Support timely and high quality induction and orientation programs for new entrants to the mental health workforce.
- 1.6.2 Support the provision of clinical supervision.
- 1.6.3 Develop clinical career pathways that encourage clinicians to stay in clinical roles.
- 1.6.4 Pilot modified case or care coordination work roles that include the capacity for workers to utilise discipline-specific expertise.
- 1.6.5 Develop mechanisms to showcase the achievements of the sector.
- 1.6.6 Develop flexible work arrangements across public, private and non-government settings.

Activities	Short, medium or long term
12. Using the National Practice Standards for the Mental Health Workforce as a base, audit existing resources and practices in the sector in relation to: <ul style="list-style-type: none"> ➤ induction and orientation programs ➤ clinical supervision ➤ existing training programs. 	medium term
13. Develop templates and guidelines for orientation, induction and clinical supervision, linked to the National Practice Standards for the Mental Health Workforce , and which can be tailored to meet local need.	medium term

Activities

Short, medium or long term

- | | |
|--|----------------------|
| 14. Exploring and expanding mixed clinical roles that support clinical, leadership and academic activities, including some roles linked to rural clinical schools. | short-to-medium term |
| 15. Develop incentives for the creation of conjoint service delivery and research/training and education roles in a range of sectors and geographic locations. | medium term |
| 16. Improve workplace culture to better support staff morale, motivation and job satisfaction. | medium term |
| 17. Consider options for improving workforce incentives and recognition, such as a national system of acknowledgment of excellence in the existing workforce. | medium term |
| 18. Support initiatives that promote staff training and development. | medium term |

Objective 1.7

Improved capacity to retain and support the mental health workforce in rural, regional and remote locations.

Strategies

- 1.7.1 Maximise opportunities for isolated mental health staff to further develop skills, work with mental health teams and access advice, support and education.

Activities

Short, medium or long term

- | | |
|---|----------------------|
| 19. Identify and support training opportunities for mental health professionals in rural and remote areas. | short term |
| 20. Develop education and training to support overseas-trained psychiatrists. | short-to-medium term |
| 21. Explore sustainable mechanisms to support access to secondary consultation and clinical supervision via eHealth . | medium term |
| 22. Establish supervision and networking support systems. | medium term |
| 23. Work with Health Workforce Australia to support flexible retention strategies for rural and remote mental health workers. | short term |
| 24. Increase service linkages in rural areas. | short term |

Outcome Area 2

Building capacity for workforce innovation and reform

Objective 2.1

Understand better what the work is, where it happens and where it needs to happen, in order to close gaps and improve continuity of care, treatment and support.

Strategies

- 2.1.1 Build and define work roles in clinical, community and peer support areas to better meet the needs of consumers, families and carers.
- 2.1.2 Link the development of work roles to the outcomes of the service model framework development arising from the [Fourth National Mental Health Plan](#).
- 2.1.3 Pilot innovative approaches to workforce development that align with a recovery approach.
- 2.1.4 Facilitate discussion between jurisdictions, professional associations and unions to arrive at nationally agreed scopes of practice, classifications, clinical supervision standards and career progression for mental health professions.

Activities

Short, medium or long term

- | | |
|---|-------------|
| 25. Conduct a mapping exercise of consumer, family and carer needs, and utilise the results in the definition of work roles. | medium term |
| 26. Link into the work of the Community Services and Health Industry Skills Council Mental Health Peer Workforce Competency Development Project . | short term |
| 27. Consider the findings and next steps arising from the Mental Health Non-government Organisation Workforce Study , which aims to provide data on existing non-government mental health workforce, and the future needs of the workforce. | short term |
| 28. Identify and commission trials in agreed priority workforce innovation, such as creating new roles or extending the scope or skills of existing roles. | medium term |

Objective 2.2

Build capacity to adapt to new structures and new ways of working.

Strategies

- 2.2.1 Promote and develop innovation, reform and research by developing and supporting a virtual network, building on the existing centres, institutes and units and the tertiary sector.
- 2.2.2 Expand workforce profiles and career pathways for community/recovery support workers, peer workers and assistants in agreed professions, which link, where appropriate, to nationally recognised vocational qualifications in the [Community Services Training Package](#).
- 2.2.3 Delineate the roles of consumer, carer and support worker, and assistant, necessary support mechanisms and their accountabilities; include training requirements and support mechanisms.
- 2.2.4 Build on recent investment in [Mental Health Professional Online Development \(MHPOD\)](#) and expand access to the non-government sector.

Activities

Short, medium or long term

- | | |
|---|----------------------|
| 29. Develop targeted national grants for the development of initiatives that support the workforce in delivering evidence-based practice. | short-to-medium term |
| 30. Explore suitable training, supervision, roles and career pathways for consumer and carer workers. | medium term |
| 31. Trial and evaluate 'assistant' roles in mental health services, building on Health Workforce Australia's work in the aged care sector. | short-to-medium term |
| 32. Work with consumer and carer representatives and other stakeholders to develop national guidelines for the training, mentoring and support of the paid consumer and carer workforce. | medium term |
| 33. Develop a business case for extending access to MHPOD to the NGO sector, including identification of current topics relevant to the NGO workforce and consideration of additional topics. | short term |
-

Outcome Area 3

Building the supply of the mental health workforce

Objective 3.1

Support provision of a workforce sufficient in number, skill mix and distribution to meet projected population growth and need.

Strategies

- 3.1.1 Use supply modelling with the outputs from the national service planning framework to determine the future quantum of the mental health workforce required nationally; determine targets and timelines for achieving that workforce and a development plan to ensure the availability of that workforce.
- 3.1.2 Utilise the outputs and care packages from the national service planning framework for mental health and the parallel national planning tool for drug and alcohol services to identify the future quantum of mental health and drug and alcohol workforce required nationally to manage comorbid presentations, determine targets and timelines for achieving that workforce, and a development plan to ensure the availability of that workforce.
- 3.1.3 Promote careers in mental health across disciplines and sectors.
- 3.1.4 Support or create workforce re-entry programs across disciplines.
- 3.1.5 Working with the DEEWR and other relevant bodies (such as Skills Australia), monitor and review the impacts of higher education reforms and the number and type of undergraduate and postgraduate enrolments in relevant health courses; and work with the states and territories to complement local targeted schemes.
- 3.1.6 Work with Health Workforce Australia to ensure that mental health continues to be an area of priority in HWA's programs, including clinical placement funding, supervisor support and simulated learning across all relevant disciplines.
- 3.1.7 Ongoing development and implementation of a national approach to the inclusion of foundation mental health material, linked to competencies, in the curricula of all health and human services-related education and training programs.

Activities

Short, medium or long term

-
- | | |
|---|----------------------|
| 34. Utilise results from supply modelling currently being undertaken to assess adequacy of current and projected training program intakes, including consideration of geographic location of training providers. | short term |
| 35. Support and coordinate a national communication strategy about the positive aspects of working in mental health, wellness and recovery; and, in partnership with consumers, carers, families and communities, develop a national program of recognition of the achievements of the mental health workforce. | short term |
| 36. Support and extend interventions that promote mental health as a specialisation of choice in relevant disciplines, including a focus on prevocational medical graduates. | short-to-medium term |
| 37. Develop options for a national incentive program to attract skilled people back into the workforce. | short term |
| 38. Work with Health Workforce Australia on key projects related to improving mental health clinical placements and supervision in the government, private and non-government sectors. | short term |
| 39. Support the development of training processes that ensure early exposure (rather than late exposure) for new trainees to commonly occurring mental health conditions. | medium term |
| 40. Provide additional support for implementation of the <i>Mental Health in Tertiary Curricula Measure</i> so that it provides for ongoing updating and monitoring of curricula, particularly for social work, nursing and occupational therapy; consider extending the approach to include relevant vocational education and training (VET) and continuing professional development (CPD) programs. | medium term |
| 41. Support expanded availability of Certificate IV in Mental Health traineeship opportunities. | short-to-medium term |
-

Objective 3.2

Contribute to the capacity to provide effective and culturally appropriate services for Indigenous Australians.

Strategies

- 3.2.1 Support the training of people of Aboriginal and Torres Strait Islander backgrounds to become mental health workers in a range of disciplines by supporting and promoting existing successful programs and piloting new programs.

Activities

Short, medium or long term

- | | |
|---|-------------|
| 42. Establish links with the National Aboriginal and Torres Strait Islander Health Registered Training Organisations Network (ATSIHRTON) and the National Aboriginal Community Controlled Health Organisation (NACCHO) to identify ways to enhance existing programs to attract and train Indigenous mental health workers. | short term |
| 43. Work with NACCHO and ATSIHRTON to pursue opportunities for Indigenous mental health workforce development in line with the <i>Aboriginal and Torres Strait Islander Health Strategic Framework (2010–2015)</i> . | short term |
| 44. Extend evaluated successful programs to train Indigenous mental health workers. | medium term |

Objective 3.3

Increase the cultural appropriateness of service delivery.

Strategies

- 3.3.1 Work with the culturally and linguistically diverse (CALD) sector and mental health services to promote career opportunities within the mental health sector to meet the changing demographics of mental health populations.

Activities

Short, medium or long term

- | | |
|--|------------|
| 45. Develop targeted resources and improved career pathways to increase the number of people from CALD backgrounds entering the mental health workforce. | short term |
| 46. Include cultural appropriateness modules in mental health training courses. | short term |

Objective 3.4

Improve the distribution of and access to the workforce across all geographic regions to better serve people in rural, regional, remote and other underserved areas.

Strategies

3.4.1 Promote regional recruitment mechanisms to engage people in mental health career pathways.

Activities

Short, medium or long term

- | | |
|--|----------------------|
| 47. Support the Industry Skills Council and relevant professional and peak bodies to collaborate to develop standard national articulation arrangements from mental health and drug and alcohol (AOD) programs in the VET sector into relevant degrees in the higher education sector. | short-to-medium term |
| 48. Develop incentives for people in target geographical areas to complete the VET CHC08 Training Package in Mental Health or dual training in Mental and Health and AOD. | short-to-medium term |
| 49. Work with industry partners (such as the Industry Skills Council and professional bodies) to develop data collection mechanisms that will assist in monitoring enrolments in mental health related courses in both the VET and higher education sector. | short-to-medium term |
| 50. In partnership with selected mental health services, trial the introduction of VET health units in secondary schools in regional or outer metropolitan areas, with a view to articulation into mental health qualifications, such as enrolled nursing or health assistants. | short-to-medium term |
-

Outcome Area 4

Building the capacity of the general health and wellbeing workforce

Objective 4.1

Improve mental health skills, literacy and confidence to work with and support people with mental illness in generalist health and community service workers.

Strategies

- 4.1.1 Facilitate mental health skills, system literacy and mental health first-aid training for the generalist health workforce and for identified front-line workers in emergency, welfare and associated sectors (such as ambulance officers, teachers, correctional officers and police) in accordance with national action recommended in the [Fourth National Mental Health Plan](#).
- 4.1.2 Facilitate access to Aboriginal and Torres Strait Islander mental health first-aid training for the front-line workforce of agencies working in rural, regional and remote areas.
- 4.1.3 Support and improve the integration of consumer and carer-informed mental health content into the existing content of relevant VET, undergraduate and postgraduate and CPD programs in the health and human services sector.

Activities

Short, medium or long term

- | | |
|---|-------------|
| 51. Support training to enhance the mental health skills of the generalist primary health care workforce, with particular attention to rural and remote workforce. | medium term |
| 52. Support training for generalists regarding the mental health system and in mental health first-aid. | medium term |
| 53. Support the review, updating and dissemination of national mental health first-aid training materials including the existing Aboriginal and Torres Strait Islander Mental Health First Aid Manual . | medium term |
| 54. Support the development of new national mental health first-aid training materials for special groups, such as CALD and refugee groups. | medium term |

Objective 4.2

Improve links and reciprocal supports between specialists and generalists.

Strategies

- 4.2.1 Further develop the capacity for specialist mental health professionals to act as secondary consultants at key points in the health and aged care systems (for example, emergency departments, aged care assessment teams, school counselling services, general practice, psychology and so on).
- 4.2.2 Promote shared care, service coordination and cooperation across the government, non-government and private sectors.

Activities

Short, medium or long term

- | Activities | Short, medium or long term |
|--|----------------------------|
| 55. Identify and promote uptake and expansion of existing successful models for secondary consultation and support. | short term |
| 56. Encourage participation of mental health professionals to further develop local multidisciplinary networks to support increased shared care and improved pathways to care. | medium term |

Objective 4.3

Further develop the capacity of health and community service providers to support people with complex health and social needs, wherever they present.

Strategies

- 4.3.1 Further develop and build on [Mental Health Professional Online Development \(MHPOD\)](#) as the platform for generalists and drug and alcohol (AOD) specialists to access online self-directed mental health modules, including material on comorbidity, based on a nationally consistent core curriculum.
- 4.3.2 Train drug and alcohol (AOD) workers in a range of sectors and types of services in mental health, early intervention and referral.

Activities

Short, medium or long term

-
- | | |
|--|-------------|
| 57. In consultation with professional organisations, continue to support and extend the content and availability of the MHPOD program nationally, across all sectors and types of health and human services. | short term |
| 58. Audit jurisdictional programs for training drug and alcohol (AOD) workers in mental health nationally, with a view to expanding successful programs. | medium term |
| 59. Develop incentives for take up of current VET programs in mental health and AOD, such as the model used in the NSW Aboriginal mental health worker training program . | medium term |
-

Outcome Area 5

Data and monitoring and evaluation

Objective 5.1

Monitor and evaluate national workforce initiatives.

Strategies

- 5.1.1 Develop and implement a monitoring and evaluation framework for this workforce strategy.
- 5.1.2 Include consumer and carer input as part of the monitoring and evaluation of mental health workforce initiatives.
- 5.1.3 Work with broader data initiatives in healthcare to identify ways to link consumer and provider data to determine equity of access and the relationship between services and outcomes.
- 5.1.4 Continue to support and enhance efforts to monitor workforce numbers (headcount and FTE), vacancy rates, work practices, and workforce distribution across sectors, geographic regions and professional groups at regular intervals and provide user-friendly feedback to the sector.

Activities

Short, medium or long term

- | | |
|--|---------------------|
| 60. Commission the development of a monitoring and evaluation framework for this workforce development strategy—consumer and carer input must be an integral part of the framework. | medium-to-long term |
| 61. Support the dissemination and implementation of the framework, including specific resource allocation to facilitate participation of consumers and carers. | long term |
| 62. Plan and cost the collaborative development of broader data initiatives in health care and human services to better determine equity of outcomes and the relationship between services and outcomes. | long term |
-

Objective 5.2

Support workforce planning and modelling.

Strategies

- 5.2.1 Improve consistency and coverage in mental health workforce data collection.
- 5.2.2 Support the inclusion of workers' specialisation as a mandatory item in key health workforce data collections to enable greater disaggregation of workforce categories and the identification of mental health professionals (for example, in human resource and payroll data systems and/or the national register).
- 5.2.3 Ensure that the work begun through the [Mental Health Non-government Organisation Workforce Study](#) to develop an agreed methodology for collecting mental health workforce data in the non-government community sector becomes part of regular and routine data collection for workforce planning and development in the sector.
- 5.2.4 Explore cost-effective ways for collecting data, wherever possible, longitudinally and continuing to follow respondents once they leave the workforce either short or long term; understand that both those who leave (for example, through exit interviews) and those who stay in the mental health workforce is equally important for workforce planning.
- 5.2.5 Work with the relevant agencies to identify overlaps and duplications across data collections, both in terms of data items and workforce coverage, to ensure that there is one authoritative agreed source nationally for mental health professions and the sector as a whole.

Activities

Short, medium or long term

- | | |
|--|-------------|
| 63. Liaise with Health Workforce Australia to consider the best way to implement the following activities: <ul style="list-style-type: none">➤ audit data definitions and develop a plan for introducing consistency across data collections in all jurisdictions and sectors➤ identify overlaps in duplication in existing data systems➤ recommend the best, most cost-effective single source of existing workforce data collection and how to develop it➤ coordinate an impact study and subsequent costing and implementation plan for greater better identification of the mental health workforce in existing data systems. | short term |
| 64. Through relevant peak bodies, support and facilitate the continuation of workforce data collection that has begun in the NGO sector. | medium term |
-

Objective 5.3

Increase the capacity to inform workforce planning.

Strategies

- 5.3.1 Assess the usefulness of existing data collections and their data items, identifying data gaps and needs, and make better use of existing data systems—both workforce and clinical data—to monitor, analyse and evaluate workforce activities and inform workforce planning.
- 5.3.2 Ensure data such as employment sector (for example, private, government, non-government), workforce intentions (for example, to retire or change industry) and actual workplace transitions (for example, moves within or between workforces or out of the labour force) are collected for all mental health professional groups and in a consistent way across data collections.
- 5.3.3 Support development of consistent measures of the ethnicity and bilingual skills of the workforce to better inform workforce planning issues in relation to Aboriginal and Torres Strait Islander and CALD populations.
- 5.3.4 Establish greater communication and links between data collections and bodies that collect data and across sectors.

Activities

Short, medium or long term

- | | |
|---|-------------|
| 65. Work with jurisdictions, other departments, the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), Aboriginal and Torres Strait Islander and CALD peak bodies to review and develop consistent, appropriate measures of ethnicity and bilingual skills in the workforce. | medium term |
| 66. Work with sectors to scope and plan the improvement of further data collection categories to inform workforce planning. | medium term |
| 67. Work with jurisdictions and sectors to scope and plan the consistent use of workforce, clinical and service delivery data from existing systems to analyse workforce activities in mental health. | medium term |
| 68. Provide assistance and support to Health Workforce Australia to take the lead in facilitating the establishment of greater communication links between existing data collection systems and data collection bodies, perhaps using mental health as the pilot project. | medium term |
-

References

Australian Government Department of Health and Ageing 2010, *Principles of recovery oriented mental health practice*, <[http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servpri.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servpri.pdf)>.

Australian Government Department of Health and Ageing 2011, *eHealth*, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/eHealth>>.

Australian Government Department of Human Services, *Mental Health Professional Online Development (MHPOD)*, <<http://www.mhpod.gov.au/>>.

Australian Indigenous HealthInfoNet 2011, *NSW Aboriginal mental health worker training program*, <<http://www.healthinonet.ecu.edu.au/health-resources/programs-projects?pid=139>>.

beyondblue 2010, *The beyondblue Aboriginal and Torres Strait Islander Health Strategic Framework*, <http://www.beyondblue.org.au/index.aspx?link_id=85.914&print=truehttp://www.beyondblue.org.au/index.aspx?ondblue.org.au/index.aspx?&tmp=FileDownload&fid=1796>.

Community Services & Health Industry Skills Council 2010, *Community Services Training Package*, <https://www.cshisc.com.au/index.php?option=com_content&task=view&id=60&Itemid=152>.

National Health Workforce Planning & Research Collaboration 2011, *Mental Health Non-government Organisation Workforce Study*, <<http://www.ahwo.gov.au/documents/Publications/2011/Mental%20Health%20NGO%20Workforce%20Project%20Final%20Report.pdf>>.

National Mental Health Education and Training Advisory Group 2002, *National Practice Standards for the Mental Health Workforce*, <[http://www.health.gov.au/internet/main/publishing.nsf/content/2ED5E3CD955D5FAACA25722F007B402C/\\$File/workstds.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/2ED5E3CD955D5FAACA25722F007B402C/$File/workstds.pdf)>.

