Submission to

Productivity Commission

Final review of National Mental Health and Suicide Prevention Agreement

March 2025

submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Productivity Commission for the opportunity to provide feedback on the *Final review of the National Mental Health and Suicide Prevention Agreement* (the Review).

The QNMU is Queensland's largest and only registered union for nurses and midwives, representing over 75,000 members. The QNMU is a state branch of the Australian Nursing and Midwifery Federation (ANMF) with the ANMF representing over 326,000 members.

Our members work in health and aged care including public and private hospitals and health services, residential and community aged care, mental health, general practice, and disability sectors across a wide variety of urban, regional, rural, and remote locations.

The QNMU is run by nurses and midwives, for nurses and midwives. We have a proud history of working with our members for over 100 years to promote and defend the professional, industrial, social, and political interests of our members. Our members direct the QNMU's priorities and policies through our democratic processes.

The QNMU expresses our continued commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity outcomes. The QNMU remains committed to the Uluru Statement from the Heart, including a pathway to truth telling and treaty. We acknowledge the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

The QNMU notes that under s 47 of the *National Mental Health and Suicide Prevention Agreement* (the National Agreement), the Commonwealth and the States agree to be jointly responsible for:

> *Undertaking mental health workforce planning, including national workforce standards, training and accreditation requirements, student support and placement and supervision availability, noting there is a shared responsibility to ensure a sustainable, sufficient and appropriately skilled mental health workforce.*

We note also that the Commonwealth developed the *National Mental Health Workforce Strategy 2022–2032* (the Workforce Strategy) as a means of identifying the challenges facing the mental health workforce and setting FTE targets for mental health nurses for 2023.

The primary focus of this submission will be on the topic of workforce in response to the following Terms of Reference:

> *d) the extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities.*

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Recommendations

> The QNMU recommends that as part of the Review, the Productivity Commission considers:
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> - How the National Agreement has addressed mental health nursing workforce shortages and the impact of its initiatives on building and developing the mental health nursing workforce, including supporting sustainable and attractive career progression.
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> - The need to strengthen the public reporting requirements of identified workforce targets in the National Agreement to support full transparency.
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> - Whether the exclusion of Enrolled Nurses constitutes a significant gap in the National Agreement's workforce development priorities.
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> - How the National Agreement can support more accurate identification and reporting on the education and qualifications within the mental health workforce to aid workforce planning.
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> - Whether the existing mental health nursing scholarship arrangements in Queensland are sufficient to fulfill their commitments in the National Agreement.
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> - The recommendation made by the 2021 Select Committee on Mental Health and Suicide that all states and territories appoint a Chief Mental Health Nurse, as a means to support the National Agreement.

Developing and building the mental health nursing workforce

The current mental health nursing workforce is under considerable strain to meet service demands. We acknowledge that the mental health workforce is only one contributing factor to a well-functioning mental health system, however, we believe it is one of the most important factors. Failure to act on major issues have contributed to the current state of workforce shortages, compounded by a lack of investment in mental health services. For example, inadequate nursing staff numbers is a contributing factor to:

- Workloads above the legislated nurse-to-patient ratios,
- High levels of reported staff burnout,
- Increased intention to leave the profession, and
- Subsequent loss of clinical expertise.

Our hospitals and emergency departments are overflowing with people seeking mental health treatment and there are simply not enough staff to treat everyone. Acute mental health hospital wards are routinely understaffed, community mental health nurses report untenable workloads, and residents of rural and remote areas struggle to receive timely mental health treatment due to the lack of services. The impact of workforce shortages is being felt keenly across Queensland.

QNMU members who currently work across a range of mental health services have identified stagnancy of career progression as a major issue that requires urgent attention. Members are frustrated at the difficulties in gaining much needed experience in senior and leadership roles, as staff shortages mean that managers are reluctant to release staff for secondments or transfer. As a result, few are given the opportunity to develop their clinical skills in other areas or practice at a more senior level. This compounds into further issues where programs that require highly specialised and experienced clinicians fail to recruit these positions.

> The QNMU recommends that as part of the Review, the Productivity Commission considers how the National Agreement has addressed mental health nursing workforce shortages and the impact of its initiatives on building and developing the mental health nursing workforce, including supporting sustainable and attractive career progression.

Mental health nursing workforce data

Reliable data on the number of mental health nurses in Australia is difficult to obtain. This has been a significant barrier for the QNMU, who represents most mental health nurses in Queensland working in the public sector, to advocate effectively using up-to-date and accurate information.

We note that the Workforce Strategy relies on the analysis of national mental health workforce demand and supply produced by the University of Queensland and commissioned by the Department of Health, however this analysis has not been made public. Moreover, access to the National Mental Health Service Planning Framework (NMHSPF) and its Planning Support Tool is limited to government agencies.

The QNMU considers that the public reporting requirements of the National Agreement are inadequate to support full transparency of the 2030 FTE targets for the mental health workforce. Moreover, the metrics to which the capacity, capability, and sustainability of the current mental health workforce and projection of the sustainability of this workforce, are also absent from both the National Agreement and the Workforce Strategy.

> The QNMU recommends that as part of the Review, the Productivity Commission considers the need to strengthen the public reporting requirements of identified workforce targets to support full transparency.

Enrolled Nurses

The Workforce Strategy (p. 17) provides data only on Registered Nurses and not Enrolled Nurses, citing that "Enrolled nurse and Other Medical officer workforce types have been excluded from the graph due to current FTE 2019 estimates exceeding NMHSPF 2030 target". We consider this reasoning to exclude data on Enrolled Nurses to be problematic, given that s 159 of the National Agreement stipulates that:

Parties agree that the following professions require immediate action by all governments to respond to the PC Report, address critical shortages and promote multidisciplinary care; or as specified in the Mental Health Workforce Strategy when finalised:

(c) Mental health Nursing

The mental health nursing workforce encompasses both Registered Nurses and Enrolled Nurses.

The QNMU considers that Enrolled Nurses constitute a significant and immensely valuable portion of the mental health workforce. Therefore, the exclusion of Enrolled Nurses from the NMHSPF suggests that no consideration is being given to develop or build the Enrolled Nurses workforce. This is despite the Queensland experience that Enrolled Nurses in mental health are in demand, and that public sector workplaces specifically seek to recruit Enrolled Nurses who have attained additional qualifications in mental health. This specialised nurse grade is also recognised within the *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* as Enrolled Nurse Advanced Skill.

We caution that complacency in this regard, namely the absence of acknowledgement of Enrolled Nurses as being a critical part of the mental health workforce within the Workforce Strategy, failing to promote and recruit a career in mental health among Enrolled Nurses, and the lack of opportunities for Enrolled Nurses to develop professionally, will compound existing complaints of feeling undervalued in the workplace and do little to assuage serious concerns about the attractiveness of Enrolled Nursing as a career pathway.

> The QNMU recommends that as part of the Review, the Productivity Commission considers whether the exclusion of Enrolled Nurses constitutes a significant gap in the National Agreement's workforce development priorities.

Mental health nursing qualifications

The QNMU draws attention to the distinction between a nurse who works in mental health and a nurse with a qualification in mental health nursing. Currently, the Nursing and Midwifery Board of Australia (NMBA) does not recognise mental health as a specialty area of practice, unlike the Psychology and Medical Boards. In Queensland, a postgraduate degree in mental health nursing is highly desirable but often not a prerequisite for an entry-level mental health nurse position. It is not uncommon for an acute mental health ward in Queensland to have only one or two nurses who are qualified in mental health nursing while the remainder of the nursing staff instead have a general nursing background.

As a result, information on the number of nurses who work in mental health who also have a mental health qualification is extremely difficult to obtain. Without accurate data on the mental health nursing workforce, the ability to monitor, develop and plan is greatly diminished.

This issue could be resolved through consideration of additional questions posed during annual NMBA registration. Harnessing NMBA registration data to capture more insight into

the mental health workforce would enable the government to undertake planning and estimates on future health service capacity, identify gaps in the workforce, and training and education needs for mental health practitioners.

> The QNMU recommends that as part of the Review, the Productivity Commission considers how the National Agreement can support more accurate identification and reporting on the education and qualifications within the mental health workforce to aid workforce planning.

Mental health nurse training and scholarships

Nurses who wish to obtain a specialist qualification in mental health face significant financial barriers. The cost of a graduate diploma in mental health nursing can be prohibitive, especially to graduate nurses or early career nurses who are still paying off their undergraduate degrees. Scholarships and grants have the capacity to encourage nurses to undertake higher education in mental health nursing, while supporting workplaces who wish to upskill their staff.

The subject of education and training for mental health nurses is broached in s 155 of the National Agreement, which states that:

> *All Parties will jointly plan and implement workforce initiatives to attract, upskill, retain and optimally distribute and utilise mental health and suicide prevention workforce, guided by the Workforce Strategy, and in consultation with professional bodies, specialist colleges, and education and training institutions.*

And in s 157 of the National Agreement, which reads:

> *The Parties agree that there will be an increase in effort to support the expansion of vocational undergraduate and post graduate scholarships, specialist training posts, and clinical placements across all settings (private and public, and acute and primary care) for mental health and suicide prevention professions with identified shortages, with a particular focus on sub-specialities in shortages, and on regional, rural and remote locations.*

In Queensland, there is only one grant program for nurses who wish to undertake additional tertiary studies to specialise in mental health. This is the Queensland Health Mental Health Scholarship Scheme, which provides up to $6250 per year to cover tuition fees and is available only to Queensland Health employees who "are currently working closely with people accessing mental health, alcohol and other drugs services" (Queensland Health, 2024).

As of 2025, it is also unclear how many scholarships were offered in the last round or will be in future rounds. In 2020, only 25 scholarships were available across the entire state. As the scheme is open to both nurses and allied health clinicians, there is no specific allocation for nursing applicants.

In other words, Queensland does not have a scholarship program that is available only to mental health nurses and specifically targets the critical need for more nurses with mental health qualifications. Therefore, since the signing of the National Agreement, Queensland

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does not appear to have made any increase in effort to support the expansion of postgraduate scholarships. The introduction of new scholarship programs or a substantial increase in the numbers of scholarships available to build and develop the mental health nursing workforce would have been more consistent with this commitment.

> The QNMU recommends that as part of the Review, the Productivity Commission considers whether the existing mental health nursing scholarship arrangements in Queensland are sufficient to fulfill their commitments in the National Agreement.

Chief Mental Health Nurse for Queensland

The QNMU supports Recommendation 16 from the final report of the *Select Committee on Mental Health and Suicide Prevention* (2021), namely:

> *"[…] the Australian Government appoint a chief mental health nurse to work alongside the Deputy Chief Medical Officer for Mental Health, and encourage states and territories to adopt an equivalent position, if they have not yet done so."*

We believe, part of the role of the Queensland Chief Mental Health Nurse would be to oversee and promote initiatives in mental health nursing workforce development, including training and education opportunities, career progression pathways especially for clinical roles, and enabling advanced mental health nursing roles (such as Nurse Practitioners, Nurse Navigators) to work to their full scope of practice within the current healthcare system.

> The QNMU recommends that as part of the Review, the Productivity Commission considers the recommendation made by the *2021 Select Committee on Mental Health and Suicide* that all states and territories appoint a Chief Mental Health Nurse, as a means to support the National Agreement.

References

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