Thank you for the opportunity to provide a submission on the recommendations of the Productivity Commission report into Mental Health Draft Report. Our submission will focus on the nursing workforce and education models to support this, particularly the three-year direct entry degree in mental health nursing.

The Council of Deans of Nursing and Midwifery (CDNM) acknowledges that mental health nurses are crucial within the current mental health workforce and that growing the stream of mental health nurses is paramount if the country is to resolve some of the failings of the current system.

We accept that stigma, unsupportive workplace cultures, and a high risk of verbal and physical abuse are deterrents of a career in mental health, and as noted, these concerns are not unique to the nursing profession. Therefore, we do not believe that these issues will be addressed by providing separate registration or a direct entry three-year degree. These are workforce issues and the solution to these issues, lie within the practice area and not the education sector.

We agree that returning to a separate endorsement would be a backward approach; the value of nursing lies in the preparation of the generalist practitioner, which prefaces a holistic approach to patient care. For nursing to remain the backbone of the health care system, the generalist must not be lost. Specialisation should only occur in the postgraduate space, where practitioners build on the knowledge and skills developed in their undergraduate education, to scaffold their practice.

Moreover, under the current National Law, NMBA does not have the capability, to create a separate register for nurses working in mental health nor to create categories of RNs on the General Register.

We accept that the number of nurses working in mental health is well below the current workforce requirement and that mental health should be a highly valued specialisation, but it is perceived as a poor career option. The reasons for this are likely to be multifactorial, but the cultural issues referred to earlier are likely to be one factor.

Currently, there is not a nursing shortage, and, in some areas, an oversupply of graduates who are seeking entry to practice to positions. At the same time, there are vacancies in mental health shortage. Given this, the reasons for this shortage must be examined.

Rather than develop a stand-alone direct entry three-year degree, we suggest that improving and increasing opportunities for our students to be placed in positive practice mental health environments is one way of attracting a future workforce. It is important that students can see the types of knowledge and skills mental health nurses use within their clinical practice.

One of the benefits of a Bachelor of Nursing is that it provides graduates with broad experiences that enable a graduate to work across specialty areas on graduate and throughout their career. Students enter a BN with minimal thought as to the area they wish to work after graduation, and they often change their mind many times throughout the degree. They are influenced by several factors including, clinical experiences, an academic role model, high achievement in a subject /unit of study or in the subject matter. Anecdotally, we often find students develop an interest in Mental Health after completion of a subject/unit of study or a practicum experience.

We are concerned with the entry requirements for a possible standalone MH course and whether attrition would be an issue. Transfer to a Bachelor of Nursing would be difficult, as the course material would be orientated towards mental health. We question how the work-integrated learning perspective will be managed within a stand-alone course; we currently find securing quality clinical placements in mental health difficult- how would we obtain sufficient clinical placements for students in both courses (and given the number of hours needed)?

Providers of pre-registration nursing education already include mental health content areas in their degrees, and many universities have large number of academics who identify as being specialised in mental health. Furthermore, students do attend a mental health placement during their degree. However, universities struggle with placing students in mental health, and at times, placements are not in areas we believe are well suited to attracting a future MH workforce.

A number of government reviews have been recently released, including the *Educating the Nurse of the Future report 2019*, which will have consequences for nursing education. The interim report from the Royal Commission into Victoria's Mental Health System also proposes an increase in the number of nurses working in mental health through a variety of mechanisms. These include; an increase in the number of graduate year places, an increase in postgraduate mental health scholarships and an improvement in the quality of undergraduate mental health clinical placements.

CDNM suggests that to increase the supply of nurses seeking to work in mental health settings, proposals should relate to:

- improving in the quality of undergraduate mental health nursing clinical placements

- growing in the number and quality of graduate year places in mental health, and

- increasing postgraduate mental health scholarships for new graduates to extend their knowledge and skills in mental health care and,

- increasing postgraduate mental health scholarships for experienced nurses in mental health to encourage progression to endorsement as Nurse Practitioners

Yours sincerely

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