Submission to

Productivity Commission

Mental health
Draft report

January, 2020

submission

Contents

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Productivity Commission (the Commission) for the opportunity to comment on the *Mental health draft report* (the report)*.*

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) and students who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 61,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

This year, 2020 will be dedicated to celebrating the International year of the Nurse and Midwife, in celebration of the 200th year anniversary of the birth of the founder of contemporary nursing, Florence Nightingale. The World Health Organisation (WHO) nominated Nurses and Midwives for their invaluable contribution to health care and to highlight the need for a strengthened Nursing and Midwifery workforce to achieve sustainable development goals (SDG) and universal health coverage. The QNMU is proud to embrace this opportunity to invest in the Nursing and Midwifery professions, particularly the investment into minimum safe staffing ratios and skill mix across all health sectors.

With an estimated 22,159 (6.9% of total nurses) indicating they were principally working in mental health in 2017, nurses and midwives are crucial providers of person-centred, value-based, efficient and accessible mental health care in Australia (Australian Institute of Health and Welfare, 2019b). Mental health nurses work in private and public hospitals, including emergency departments and medical wards, community mental health care, correctional facilities, primary care, residential aged care facilities, private practice and other support services such as counselling services, welfare services and alcohol and drug services (Australian College of Mental Health Nurses, 2019).

The QNMU supports the Commission's inquiry into improving Australia's mental health. The reform of Australia's mental health system is about the prevention of mental illness, the early detection and intervention of mental illness and treatment for those who need it. This is balanced with the need for ensuring a quality mental health care system is accessible for all

Australians. We believe nurses and midwives make significant contributions to the delivery of mental health care and are integral to achieving this reform.

The QNMU addresses the inquiry by providing a general response to each *Information section* stated in the report as they relate to nursing and midwifery. We also address the draft recommendation *11.3 More specialist mental health nurses*. We support this draft recommendation in principle; however, we have suggested alternative methods to achieving this recommendation.

Recommendations

The QNMU have kept our recommendations from our previous submission and added one more to the list, which is our last recommendation.

The QNMU recommends the Commission and the Government:

- As a component of increasing the number of nurses working in the specialty area of mental health and psychiatry, we believe registered nurses and midwives must be empowered to work autonomously and all nurses and midwives to their full scope of practice. This workforce includes services led by:
    - Psychiatric nurses;
    - Mental health nurses;
    - Nurse navigators;
    - Nurse practitioners;
    - School nurses; and
    - Midwives.
- Investigate and address the reasons why people presenting to a hospital emergency department with a mental illness or disorder are being turned away or referred to the private sector;
- Funding for more community-based extended-hours services. This would provide an alternative for people with a mental illness or disorder having to present to hospital emergency departments;
- Review the list of rural and remote hospitals eligible for the Section 19(2) exemption of the *Health Insurance Act 1973* with the view of expansion to align with growing mental health demands within regional, rural and remote communities;
- Develop regulations dealing with psychological health;
- Evaluate the funding to the Primary Health Networks (PHNs) to determine if the PHNs are distributing the funds to appropriate mental health care; and
- Advise the tertiary education sector to create, and the Government to fund, a new nursing and midwifery undergraduate degrees of 3.5 or 4-years duration that will provide the graduate with dual qualifications, being a generalist nursing or midwifery qualification, knowledge and skills as well as a mental health qualification, delivering knowledge and skill in caring for the mentally ill.

Recommendation 11.3 - More specialist mental health nurses

The QNMU supports the recommendation of increasing the number of mental health nurses as part of the mental health workforce strategy. However, we suggest changing the recommendation title and omitting the word 'specialist' mental health nurses as we propose a dual degree which would provide the graduate with a general nursing qualification and a mental health nursing qualification. We provide a general comment on mental health nurses followed by suggestions for the goals in the short and medium term.

We make the strong point here that, at present, Australia does not know how many nurses working in mental health have a recognised qualification in mental health nursing.

In our view, nurses and midwives must be encouraged to gain qualifications in mental health and competency in this specialty area of practice. Methods that can be used to achieve this include:

- Improving the data collected during nurses' annual registration renewal by asking an additional question when they identify mental health as their main area of practice. This question should be "Do you have a qualification in mental health nursing". This is the only way that governments and the health sector will become aware of the number and density of qualified mental health nurses working in mental health.
- Greater understanding of the motives that attract mental health nurses to work in mental health;
- Moving away from perfunctory clinical placements during undergraduate degrees to providing high quality mental health clinical placements that are regularly monitored and are provided across different health care sectors, including the community;
- Providing more attractive employment incentives;
- Promoting a career in mental health;
- Reinstating the Nursing and Midwifery Board of Australia (NMBA) endorsement for nurses with mental health qualifications to recognise mental health as a specialty area of practice, as do other National Boards such as the Psychology and Medical Boards;
- The establishment of a Chief Mental Health Nurse at the Commonwealth level (as a coordinating role) and in every state and territory to provide leadership in the mental health nursing sector, conduct workforce planning and development, collaborate with governments and other peak bodies and help address mental health stigma; and
- Providing funding or financial support to undertake additional study in mental health nursing, like the Victorian Government initiative which offers scholarships for RNs working in the Victorian public health sector to support the undertaking of a postgraduate mental health nursing qualification (State Government of Victoria, 2019).

As stated in the report, structural reforms to deliver the changes needed in mental health services could include the development of the role of care coordinators. We believe nurses, in particular mental health nurse practitioners and/or nurse navigators have the skills, qualifications and experience to be suited to the care coordinator role in mental health. The nurse navigator works in partnership with individuals, families and communities to enable and coordinate access to the type of services they need (McMurray & Cooper, 2017). Nurse practitioners are RNs educated at Master's degree level who function autonomously and collaboratively in an advanced and extended clinical role.

The Commission has stated there is scope for a greater role for mental health nurses to improve consumer outcomes. The QNMU sees these nurse-led models of care provided by nurse navigators and nurse practitioners, fit within the role of care coordinators and are one approach to helping people improve their mental health as well as growing the number of mental health nurses.

One approach being successfully used in addressing the needs of people with mental health concerns is an early intervention model of care where RNs deliver mental health treatment and care in Ipswich, Queensland. The Co-responder Mental Health Program sees RNs picked up from Ipswich hospital by a police car responding to an emergency call relating to mental health (Clinical Excellence Queensland, 2019). This program has reduced ambulance ramping and hospital patient numbers as these people are seen by the nurses and treated at home avoiding the need for assessment in emergency departments (Murray, 2018).

We believe another objective for the mental health care workforce reform is ratios. For many years the QNMU has been lobbying to improve quality and safety in health and aged care services by introducing nurse-to-patient or nurse-to-resident ratios. The QNMU and the Queensland Government are leading the way on this issue, where legislation was recently enacted, adding Queensland's acute adult mental health inpatient units to the already mandated minimum nurse to patient ratios in medical and surgical units.

In the short term (in the next 2 years)

The QNMU proposes an alternative short-term goal to the development of a three-year direct-entry (undergraduate) degree in mental health nursing. We suggest the creation of a dual undergraduate degree of 3.5 or 4-years for those wishing to pursue a specific mental health qualification in addition to a Bachelor of Nursing or Midwifery. This dual degree would provide nurses and/or midwives with general nursing or midwifery qualifications, knowledge and skill as well as a qualification, knowledge and skill in mental health.

There is precedent for having a dual nursing or midwifery degree with many universities offering a dual degree in nursing and midwifery and several offering a dual degree in nursing and paramedicine. Given the dire need for more mental health nurses, and more midwives

with a mental health qualification, it should not be too difficult to create a dual degree in nursing or midwifery, with a specialised mental health qualification as well.

We appreciate that discussions would need to occur with the Australian Nursing & Midwifery Accreditation Council (ANMAC) and other peak bodies to determine the feasibility and support for a dual degree. The QNMU recognises that maintaining course coherence is crucial as well as ensuring the course aligns with national and local needs and accreditation standards.

We also believe the inclusion of additional mental health education and clinical placement in current nursing and midwifery degrees is essential, where anti-stigma training and education can be taught which includes interventions focused on improving students' confidence, comfort and understanding of mental illnesses as being treatable and manageable (Knaak, Mantler & Szeto, 2017).

This mental health focus may also help nurses and midwives develop knowledge and skills to protect their own mental health and wellbeing (Schwartz, 2019).

Further, mental health should not only be incorporated into nursing and midwifery education but opportunities for experiential learning and ongoing education are crucial in ensuring nurses and midwives are able to provide mental health services (World Health Organization, n.d.).

Enrolled nurses are also an essential part of the nursing workforce and those working in mental health should be encouraged and supported to complete additional training in mental health, whether that be in the tertiary education sector or the VET sector.

In the medium term (over 2-5 years)

Section 13 of the *Health Practitioner Regulation National Law Act 2009*, as enacted in every state and territory, makes provision for specialist recognition in a health profession through a decision by the Ministerial Council, on the recommendation of the relevant National Board. In the medium term, the QNMU supports a specialist registration system for nurses with mental health qualifications. In our view, alongside support for further education in mental health for nurses and midwives would be for the NMBA to identify specialist mental health nurses or at least the possession of mental health nursing qualifications on the AHPRA Register of Practitioners. We believe this could be simply achieved during online registration. Once the registrant selects that they work in mental health, a second field could appear that asks, do you have a mental health qualification? This would assist in recognising the mental health nursing workforce and recognising mental health as a speciality. If nurses and midwives were able to be identified and recognised as trained and qualified in mental health

this may be an incentive for more mental health trained nurses and midwives and become a career pathway.

The QNMU will now address each information request listed in the report.

Part I   The case for reform

Information request 3.1 – Education activities that support mental health and wellbeing

No comment.

Information request 3.2 – Out-of-pocket costs for mental healthcare

No comment.

Part II   Reorienting health services to consumers

As part of this recommendation of reorienting health services to consumers, the QNMU asks the Commission to consider a review of mental health services provided at emergency departments in both public and private hospitals. Not only do emergency departments offer timely treatment for people presenting with mental health issues they may also be an entry point to the mental health system.

Data from emergency departments of public hospitals shows 286,985 presentations to emergency departments were mental health-related in 2017-18 (Australian Institute of Health and Welfare, 2019). The data also indicates that mental health presentations wait a longer than average time for assessment (Australasian College for Emergency Medicine, 2018). We recommend that emergency departments be bolstered with additional mental health qualified nurses to triage presentations in a timely manner and avoid the risk of walkouts and adverse outcomes for those people.

Public hospitals should be set up to allow mental health therapy interventions to become part of the patient's treatment options and not just used for containment, medication and assessment.

The QNMU also recommends that the Commission considers the prevalence of clients with intellectual disability being detained in mental health units because of challenging behaviours. In Queensland, we have had discussions with senior mental health clinicians and managers regarding disabled clients being admitted to their acute adult mental health

facilities for assessment, only to find that they do not require interventions for any mental illness, but cannot be discharged from the unit because there are no disability services willing or able to manage their challenging behaviours.

We are aware of at least one disabled client who has been detained in a locked mental health unit for more than three months without a mental illness and unable to be discharged because there are no NDIS services willing to accept them.

This situation is offensive to those suffering a disability without any comorbid mental illness and serves to perpetuate the community stigma associated with both mental illness and intellectual disability. It also occupies valuable mental health clinical and administrative services, as well as occupying beds and thereby reducing the availability of acute mental health beds for those that really need them. We recommend urgent research be undertaken by the Department of Health, in concert with the National Disability Insurance Agency, to identify and resolve service gaps in disability services which result in mental health beds being occupied unnecessarily by disabled clients who present with challenging behaviours, but are not mentally ill.

Information request 5.2 – Mental health treatment plans
No comment.

Information request 6.1 – Supported online treatment for culturally and linguistically diverse people
The QNMU supports the expansion for supported online treatment for culturally and linguistically diverse people. With over a quarter of a million first-generation adult Australians from culturally and linguistically diverse (CALD) backgrounds estimated to experience some form of mental disorder, this would assist in ensuring healthcare access for all who live in Australia (Department of Health, 2018). We believe however that this should not be a substitute for face-to-face mental health services but part of the reorienting health services to include a range of treatment options.

Information request 5.1 – Low-intensity therapy coaches as an alternative to psychological therapists
To assist patients gaining access to mental health care, the use of low-intensity therapy coaches could be considered as one method of delivering psychological care. Studies show that this model is effective and fits into stepped models of mental health care (Lawn, et al., 2019). The QNMU would support this model provided it is evidence-based and regularly monitored for effectiveness and outcomes.

Information request 7.1 - Freeing up psychiatrists for people who need them most

No comment.

Information request 11.1 – Aboriginal and Torres Strait Islander Health workers

The QNMU unreservedly supports Aboriginal and Torres Strait Islander peoples leading any discussions regarding barriers impeding career progression for Aboriginal and Torres Strait Islander health workers.

Part III   Reorienting surrounding services to people

Information request 14.1 – Individual placement and support expansion options

No comment.

Information request 14.2 – Incentives for DSP recipients to work

No comment.

Information request 16.1 – Transition support for those with mental illness released from correctional facilities

We support the Commission's recommendation that mental health screening and assessment of individuals in correctional facilities be undertaken to inform resourcing, care and planning for release. Research suggests the need for a national approach in the development and use of planning frameworks and guidelines for prison mental health services. This would provide nationally comparable data on the provision, resourcing and staff mix of correctional facilities and inform future service delivery and funding decisions for mental health services in prisons (Davidson et al., 2019).

In evidence given by John Wakefield (2018), then Deputy Director-General of Queensland Health to the Crime and Corruption Commission's Taskforce Flaxton, he stated that upon entry into prison around 30% report that they have a diagnosed mental health condition. Research shows that 1 in 4 (23%) prison entrants reported currently taking mental health-related medication and almost 1 in 5 (18%) prison entrants were referred to the prison mental health service after their reception assessment. Further, 1 in 7 prison discharges scored high or very high levels of psychological distress (Australian Institute of Health and Welfare, 2019a). These statistics suggest that prisoner mental health while in correctional facilities and on release must be addressed not only for the health of the prisoner but also to ensure the primary health networks and the public health system can support them.

Information request 16.2 – Appropriate treatment for forensic patients

The QNMU supports appropriate mental health assessment and treatment for forensic patients.

Part IV   Early intervention and prevention

As part of this reform objective, is developing and supporting mentally healthy workplaces. We suggest there is more work to be done on the issue of psychological health and safety in work health and safety legislation, in order to appropriately lift the profile of hazards to workers' psychological safety and wellbeing. This should also include work health and safety regulators and inspectors being well trained and skilled in identifying and assessing psychosocial hazards in the workplace, detecting non-compliance and empowering them to enforce remedies.

Information request 17.1 - Funding the employment of wellbeing leaders in schools

The QNMU supports the Commission in its commitment to children's health and wellbeing as lifelong health behaviour habits are often consolidated in childhood (Reid, Ervin & Kelly, 2019). The QNMU posits that school nurses are well-placed to be the wellbeing leaders in schools as they already provide mental health services and support to school-aged children within the school environment. School nurses promote wellbeing, reduce the stigma of mental health and support those children with mental health disorders (Ravenna & Cleaver, 2016).

Funding mechanisms for school wellbeing leaders must include a needs analysis of the school and the community and the location and demographics of the school.

Information request 18.1 – Greater use of online services

The QNMU supports tertiary institutions providing mental health and wellbeing support for students. This support should include online services as part of a mental health strategy and service but not at the expense of face-to-face mental health services.

Information request 18.2 – What type and level of training should be provided to educators

No comment.

Information request 18.3 – International students access to mental health services

No comment.

Information request 19.1 – How should the treatment be funded?

We support early intervention and giving workers the treatment they need as soon as possible. This includes treatment being delivered prior to claim determination.

Information request 19.2 – Personal care days for mental health

The QNMU supports personal care days taken for mental health and without the need for providing medical evidence.

At the QNMU's annual conference in 2017, a notice of motion was passed that the QNMU investigate the evidence to support sick leave entitlements in recognition of time taken off to address clinical workplace incidents / trauma / shifts, recognising that nurses' or midwives' deal with human trauma every working day and need to protect their own mental / psychological health as well as to promote and care for their own general health and wellbeing. As a result, this resolution was referred to the QNMU's policy committee where a *Wellbeing leave policy* was developed.

While the Commission has suggested that personal care days for mental health be taken from existing personal leave, the QNMU's *Wellbeing leave policy* (2019) supports employees being able to access two days paid wellbeing leave in addition to personal/carer's leave and annual leave entitlements. The QNMU's policy states: "Wellbeing leave is an acknowledgement by the employer that their employee's health is important to them and that sometimes a nurse or midwife may need a bit of extra time to focus on their health and wellbeing" (p.1).

The QNMU (2019) also recognises that "If a nurse or midwife chooses to take their wellbeing leave, this does not automatically invoke an employer's obligation to notify WorkCover Queensland"(p.1). However, an employer has a legal obligation to protect nurses and midwives at work. So, if a nurse or midwife sustains an injury, employers must comply with applicable legislation such as section 133 of the *Workers' Compensation and Rehabilitation Act 2003*.

The QNMU also believes that the taking of wellbeing leave does not invoke a registered health practitioner, employer and health education provider's obligation to report to the Australian Health Practitioner Regulation Agency (AHPRA) for a notifiable conduct.

Information request 19.3 – Barriers to purchasing income protection insurance

No comment.

Part V   Pulling together the reforms

The QNMU would like to reiterate our position from our initial submission on the need for value-based health care which fits within this objective. Value-based healthcare is an opportunity to deliver outcomes that matter to patients and to society in a financially sustainable manner (World Economic Forum & Boston Consulting Forum, 2017). While we acknowledge the term 'value-based' is not included in the proposed reforms or report, the concepts are nonetheless included in this reform through the development of standards, measuring outcomes, improving the quality of patient experiences and how care is received and provided which is crucial to the success of mental health care reform.

In pulling together the mental health service reforms we recognise both the public and private healthcare sectors and the role they play in providing mental health services.

Information request 22.1 – Governance arrangements for NHMC
No comment.

Information request 23.1 – Architecture of the future mental health system
As part of any future mental health system, whether it's the Renovate Model or the Rebuild Model, the QNMU advocates for specific funding that addresses the need for more mental health nurses and the models of care they provide.

Previous programmes and services such as the commonwealth funded Mental Health Nurse Incentive Program (MHNIP) was a collaborative program that supported mental health care nurses in Primary Health Networks (PHNs). Unfortunately, the responsibility of this funding has since been given to the PHN flexible funding pool. This has meant that mental health services are now commissioned to local providers by the PHNs to provide mental health care services which may not necessarily be provided by mental health nurses or other health practitioners with mental health training or qualifications. This has resulted in significant changes as to how mental health nursing services are delivered across PHNs.

The QNMU believes that any architecture of Australia's future mental health system must include models that increase accessibility to mental health services, including services provided by mental health nurses.

Information request 24.1 – Regional funding pools
No comment.

Information request 25.1 – Under-utilised datasets
No comment.

Information request 25.2 – Proposed indicators to monitor progress against contributing life outcomes

No comment.

Information request 25.3 – Data sharing mechanisms to support monitoring

No comment.

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