

21 October 2021

Consultation response: Mental Health and Wellbeing Workforce Strategy Forum Summary

About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

As well as providing a unified voice for the sector, the VHA delivers value for its members by offering tailored professional development programs, networking opportunities, and informative events. The VHA advocates on behalf of its members on sector-critical issues by engaging and influencing key decision-makers involved in policy development and system reform.

Executive summary

The VHA urges the Department of Health (the Department) to take a longer-term approach to the development of the Mental Health and Wellbeing Workforce Strategy (the Strategy). The Mental Health and Wellbeing Workforce Strategy Forum Summary (the Forum Summary) highlights the need for further healthcare sector consultation – while some strong ideas have been identified for the Strategy, there are critical gaps, including the need for a holistic health sector approach and longer-term direction. The specific initiatives in the Forum Summary are welcome, however further opportunities remain to strategically support delivering the vision of the Royal Commission into Victoria's Mental Health System's recommendations. The VHA is committed to supporting the vision of the Royal Commission, while ensuring the rollout focuses on outcomes over outputs.

Feedback on the Mental Health and Wellbeing Workforce Strategy Forum Summary

The VHA welcomes the opportunity to respond to the consultation on the Mental Health and Wellbeing Workforce Strategy Forum Summary to support the development of the Strategy.

The Department's [consultation](#) asks for feedback on four priority themes:

What additional opportunities are there to address workforce challenges within the priority themes of:

- **workforce wellbeing**
- **workforce supply**
- **workforce capability**
- **rural and regional workforce issues?**

The VHA, broadly, supports the proposed approach for the Strategy and its vision of addressing the four identified priority themes. However, this submission highlights a number of issues that the department should address during the development of the Strategy: the Strategy must ensure broader healthcare issues are considered, ensure there is a longer-term vision, and recognise that health services need to have the right resources and skills to implement a 'One Health' approach.

The Forum Summary identifies some important ideas for the future Strategy

Firstly, it is important to recognise that the Forum Summary has collected some ideas that should be included, and developed further, in the Strategy. For instance, it is pleasing to see recognition that funding and implementation supports will be required to ensure the capability framework is meaningfully translated into practice, as well as

acknowledgement that appropriate workforce supply and retention initiatives will be a critical enabler of capability development. The majority of the proposals to address rural and regional workforce issues are prescient, particularly the need for funding certainty and targeting issues around training and social isolation. These are vital elements that would enable health services to support the mental health and wellbeing workforce.

Targeted and deeper sector consultation is required for the development of the Strategy

Further insights from the healthcare sector would assist in delivering a more effective Strategy. The current process is welcome, however there is opportunity to refine the development of the Strategy with more detailed conversations with health services. There are concerns that the goals of the strategy will be compromised if a complete health system perspective is not taken into account.

The VHA recognises that the Royal Commission's deadline for release of the Strategy (the end of 2021) is fast approaching, however meeting the deadline should not come at the expense of full consultation, which may impact the efficacy of the Strategy. Victoria's Health Services have been under significant pressure due to the pandemic response and has limited its capacity to engage with the short consultation timeframes involved. Targeted and specific consultation with the healthcare sector would provide further insight without delaying implementation.

The implementation of the Royal Commission's recommendations needs to adapt to the highly complex and dynamic environment if it is to continue to be relevant and effective. The Department should identify and prioritise its implementation process to ensure it can appropriately consult with public and community health services, who are vital stakeholders on this issue. Failure to do so will have an impact on the delivery of reforms. As the Royal Commission noted as a major theme in its final report, there is a need to integrate services.

The issues to be addressed in the Strategy need to be looked at through a broader health lens

There is an opportunity to ensure that the Strategy helps to address larger health and wellbeing workforce issues through its priority themes, which would support the long-term sustainability of the mental health and wellbeing workforce. All four of these priority themes are issues for the larger health and care workforce; they are not unique to the mental health and wellbeing workforce.

If the Strategy does not consider its position and role in the larger health workforce environment, it risks being undermined by long-term systemic issues. For instance, if the Strategy only focuses on addressing mental health and wellbeing workforce supply, it may potentially lead to shortages in other health workforces, which could have an impact on requirements for mental health support. The rural and regional workforce issues, and the proposals to address them, are relevant for the entire rural and regional health workforce. The Strategy cannot be seen in isolation; it needs to be tied in and connected to a broader health and wellbeing workforce strategy if it is to be successful.

The Strategy needs to work towards the requirements of a reformed system

There also needs to be further consideration of what the future mental health and wellbeing system will look like, and what the workforce will need to be to deliver that. The Forum Summary does not provide any indication of the larger thinking and direction behind the Strategy, nor does it include information on what participants think the future mental health system will look like. If that is the case, then it means this Strategy will struggle to ensure the mental health and wellbeing system will have the workforce it thinks it will need as it is reformed. Instead, most of the solutions and ideas presented are focused on procedures and processes to support the current workforce; while this is important, this is a short-term focus for a strategy.

It is difficult for a Strategy to ensure there is appropriate workforce supply and capability if it is not clear what vision or goal it is working towards. The Strategy needs to have a bigger vision to ensure that it can supply the workforce required to deliver the mental health system that Victorians deserve, and the Royal Commission intended. This re-emphasises the need for further consultation with the wider healthcare sector.

The Strategy needs to ensure that the impact of the COVID-19 pandemic is recognised and addressed

The Strategy needs to include proposals to address the short and long-term impacts of COVID-19 on the mental health and wellbeing workforce. The Forum Summary includes a single reference to the pandemic, recognising that a key

message from the sector was that ‘the pressures of the current system, combined with the continuing toll of the COVID-19 pandemic, have compounded workforce fatigue and burnout.’

The pandemic, and its impacts, has major implications for all four priority themes, and addressing these impacts is an opportunity that the Strategy should not ignore. An example is workforce wellbeing; while the pandemic has exacerbated immediate issues of workforce burnout, the increased demand of mental health support stemming from the pandemic and pandemic response will continue to have an impact on workforce wellbeing. If the Strategy does not support the workforce to have the capacity and capability to be able to respond to this, it risks creating longer-term workforce wellbeing issues that will undermine the rest of the Strategy. While COVID-19 is just one pressures of many on the system and workforce, its special nature and impacts need to be recognised in the Strategy.

Conclusion

Overall, the VHA supports the development of the Strategy, and welcomes the opportunity it provides to deliver the workforce required to deliver Victoria’s new mental health and wellbeing system. Facilitating and integrating the perspectives of the healthcare sector will help ensure that the Strategy supports broader reforms and deliver the mental health and wellbeing workforce required to deliver a reformed mental health and wellbeing system. Failure to consider these opportunities risks inhibiting the Royal Commission’s vision.

The VHA would welcome further opportunities to work with the Department to support the development and implementation of the Strategy.



For further information contact

Ben Rogers
Senior Advisor, Policy and Advocacy
ben.rogers@vha.org.au
03 9094 7777