Fact Sheet 12 – What this means for workforce and research capacity

Key issues

- The ‘mental health workforce’ is being redefined and expanding to include not only medical and health professionals but also workers in the welfare, community and education sectors and the growing peer workforce.

- Short-term challenges for the workforce include:
  - resolving the current and potential future shortfalls in mental health nurses, psychiatrists and key allied health professionals; and
  - supporting training of generalist health workers and workers in welfare and education on mental health-specific skills through additional opportunities for training in the Certificate IV in Mental Health or Mental Health First Aid.

- Skewed distribution of the registered workforce directly contributes to inequitable access to mental health services and interventions in rural and remote communities.

- More Aboriginal and Torres Strait Islander mental health workers and culturally appropriate services will help attract Aboriginal and Torres Strait Islander people to use mental health services and improve outcomes.

- Mental health research in Australia is of an excellent standard but the sector is small in global terms and tends to be driven by investigator priorities rather than strategy. For the work of Australian researchers to have a noticeable impact on mental health programme and service reform, it must be strategically prioritised to identify those things which work – including models of care, prevention, early intervention, and recovery pathways – aligned with policy and practice challenges, and efficiently translated into practice.

Key responses

- The Commission proposes the development of a more flexible workforce, driven by consumer demand and trained and distributed by competencies rather than professional categories; and encompassing whole-of-life approaches, including mental health and social supports across health, human services and social services sectors.

- Address current shortfalls in the mental health nursing workforce by retraining general registered nurses to increase the number of mental health nurses by 1000 and ending the freeze on the Mental Health Nurse Incentive Programme (MHNIP) and extending eligibility.

- Merge a proportion of the MHNIP with the Practice Nurse Incentive Programme to create additional incentives for the employment of mental health nurses within general practice.

- Embed the primary health care sector as the locus of care in community collaborative settings, particularly the role of GPs in improving access to services, reducing stigma, identifying mental health issues, and managing mental and physical health comorbidity.
- Improve workforce productivity through better use of e- and tele-mental health and increase reach of the professional workforce by using specialist workers as consultants across services in the community through technology and direct assistance to primary health care teams.
- Embed the role of peer workers within the mental health team.
- Grow the Aboriginal and Torres Strait Islander mental health workforce at least proportionate to their three per cent presence in the population.
- Tie research funding to strategic priorities in mental health rather than investigator-driven goals.

**Per capita mental health-specific MBS expenditure ($)** by provider type and remoteness area, 2012–13

Source: Mental health services in Australia, Medicare-subsidised mental health-related services 2012–13.
Australian mental health workforce

- Psychiatrists: 2,913
  - 1% are employed in remote and very remote areas
  - 1 in 6 are 65 years and older

- Psychologists working in mental health: 14,753
  - Less than 1% are employed in remote and very remote areas
  - More than 3/4 are female

- Registered nurses working in mental health: 16,157

- Total mental health nurses (enrolled and registered): 19,048
  - 1% are employed in remote and very remote areas
  - 69% are female
  - 29% are over 55 years of age

**Medicare-subsidised (MBS) mental health-related services, by provider type, 2012–13**

- Psychiatrists: 25.0%
- Other allied health providers: 3.0%
- Other psychologists: 25.5%
- Clinical psychologists: 18.3%
- General practitioners: 28.2%

**8.5 million** MBS-subsidised mental health-related services.

**Australian Government expenditure in 2012–13** $874 million

**Mental health-related subsidised prescriptions, by prescribing practitioner, 2012–13**

- Psychiatrists: (6.1%)
- Non-psychiatrist specialists: (8.1%)
- General practitioners: (85.7%)

**31.1 million** dispensed mental health-related prescriptions (both subsidised and under co-payment)

**Australian Government expenditure in 2012–13** $788 million