



# Workforce development in the community mental health sector (non-government)

Final Report

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# Introduction

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This project was conducted by the SA Health & Community Services Skills Board to focus on the workforce development needs of the community mental health sector (non-government) workforce in South Australia. Its broad aims were to:

- review the impact of the changing workplace environment and the structures that support people with mental illness now and in the future,
- examine the workforce issues associated with that new service context,
- develop customised training resources and
- promote models of practice that are readily adaptable within the mental health care system.

This report details the research and findings made in the initial stage of the project, ongoing workforce development issues identified and recommendations for future activities.

The initial research provides a profile of the community mental health sector (non government) workforce, examining how it adapts to the current needs of the industry and how well it is positioned for the future. These findings will assist the mental health sector, government and training providers in planning to ensure the community mental health sector is able to attract and retain a skilled and committed workforce for the future, one that is able to meet the changing needs of industry and consumers.

Consultation with industry stakeholders provided the basis for the next stage of the project - the development of strategies to support workforce development. Given that the nature of workforce development is one that is not an exact science, these strategies continued to vary to adapt to the needs of the industry as the project progressed. Where possible every attempt has been made to transition these strategies into industry to bring about systemic change for the longer term.

This project was undertaken by the South Australian Health and Community Services Skills Board (SAHCSSB) and funded by the Government of South Australia through the Workforce Development Fund of the Department of Further Education Employment Science and Technology (DFEEST).

The SAHCSSB would like to acknowledge the following people and organisations for their contribution to this project:

**Government of South Australia:**

The Minister for Employment Training and Further Education and the Government of South Australia for providing funding through the Workforce Development Fund of the Department of Further Education Employment Science and Technology (DFEEST).

**Steering Committee:**

Sue Cummins, Public Service Association

Suzanne Heath, SA Health

Geoff Harris & Kate Hawke, Mental Health Coalition of SA

Michelle Marriott, Dept of Correctional Services

Rob Bonner, Australian Nursing Federation

Libby Craft & Judi Cameron & Tom Steeples, Uniting Care Wesley Port Adelaide

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**Mental Health Providers and staff**

Managers and staff of the following providers who willingly participated in consultation for the project:

Anglicare, Assoc of Relatives & Friends of the Mentally Ill, Baptist Community Services, Carers Assoc of SA, Catherine House, Centacare, Diamond House Clubhouse, Eating Disorders Assoc, GROW Community Mental Health Movement, Helping Hand, Life Without Barriers, Mental Illness Fellowship SA (MIFSA), Mood Disorders Assoc, Mental Health Reform Alliance, NEAMI, Obsessive Compulsive Disorders Support Service, Panic Anxiety Disorder Assoc, Richmond Fellowship, Roofs Housing Assoc, Southern Cross Homes, Survivors of Torture & Trauma Assist & Rehab Services (STTARS), Uniting Care Wesley Adelaide, Uniting Care Wesley Port Adelaide.

# Project Rationale:

***“While poor mental health costs the economy directly through medical and social costs, for each dollar spent directly on services, four more dollars are lost indirectly through poor education and training achievement, reduced workplace productivity, lost tax earnings and reduced participation by carers in the wider economy”<sup>1</sup>***

The South Australian State Government has identified Mental Health as a priority issue. It has done so through the Strategic Plan and through budgetary decisions including the allocation of \$45M over 4 years.

South Australia’s STRATEGIC PLAN states:

<b>Psychological distress</b>	
<b>Where we are now:</b>	<i>South Australia has the highest proportion of people with high and very high levels of psychological distress of all Australian States.</i>
<b>Target:</b>	<i>Equal or lower than the Australian average within 10 years. (T2.4)</i>
<b>Measuring tool:</b>	<i>Level of non-specific psychological distress.</i>

The State Government’s health policy has been informed by the Generational Health Review which prioritises prevention, early intervention, primary health care and a system focussed on the needs of the population. It also includes in its priorities people with a mental illness.

These priorities are:

<b>Priority actions:</b>	<i>Implement the Generational Health Review which, among other things, will:</i> <ul style="list-style-type: none"><li><i>• provide health services closer to home</i></li><li><i>• give greater priority to prevention, early intervention and health promotion</i></li><li><i>• strengthen primary health care services, including opportunities for general practitioners, allied health workers and nurses to work together to provide easier access to their services</i></li><li><i>• improve health services for the most vulnerable people in the community, in particular Aboriginal people, children and young people, people with a mental illness and the frail aged</i></li><li><i>• develop a health system that focuses on the needs of the population rather than those of health institutions.</i></li></ul> <b>Primary responsibility: State Government</b>
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<sup>1</sup> Investing in Australia’s Future: the personal, social and economic benefits of good mental health Dec 2004

The SA Government has also adopted a new direction under the Mental Health Reform policy. These reforms will result in a shift in the way services are delivered increasing the role of community based treatment and the de-institutionalisation of mental health care.

Mental Health Reform future directions and strategies are

Key Directions for the Future

- *Increased community-based treatment and care services with caseload/clinical load ratios that permit relapse prevention and recovery focussed service delivery.*
- *New initiatives are proposed for SA. The resources and services required to deliver best practice in mental health care for SA have been assessed and six (6) new strategies have been identified to bridge existing service gaps in conjunction with new regional health services:*

**Strategy 1:** *The specific targeting of prevention and early intervention services where there is a risk of mental health problems and disorders.*

**Strategy 2:** *Accessible and responsive community based treatment and care to those for whom the failure to receive it is likely to result in relapse, or social disruption.*

**Strategy 3:** *Responsive partnership support to the broader human service sector where the interface has a significant impact.*

**Strategy 4:** *Recovery focused support services, which demonstrate outcomes in improved functioning, and reduced demand on high cost specialist services.*

**Strategy 5:** *A system of service allocation and monitoring, which facilitates appropriate streaming of consumers into packages of care.*

**Strategy 6:** *The development of an available and appropriately skilled workforce that supports the building of a sustainable system of mental health care.*

The implementation of the Government's reform of mental health services will require the non-government sector to develop and implement new services that will, in partnership with public sector services, meet the needs of the community. The level and type of non-government services will become more varied and complex. Workers will require a greater variety of skills and will in many cases be working with clients with greater support needs.

Increasing the range and variety of services required to meet the needs of the community as well as increasing the capacity of health care workers to respond to growing needs of clients has contributed to

- increased job complexity,
- role confusion,
- the need to acquire new skills & competencies,
- shifting levels of accountability and delegation,
- a shift in balance between clinical and non clinical services,
- work classification issues,
- difficulty in recruiting and retaining appropriately skilled staff and
- unclear career pathways.

In response to these identified needs, this Workforce Development project has focussed on workforce & skill development in the non government / non acute care provision of mental health services.

The project has reviewed the impact of the changing workplace environment and the structures that support people with mental illness now and in the future. It has examined the workforce issues associated with that new service context, developed resources and models of practice that are readily adaptable within the mental health care system.

Project activities were conducted around the following 3 stages:

Stage 1: Workforce and Skills Audit: to engage stakeholders, identify and collate their key workforce issues and provide priorities for the next stage.

Stage 2: Capacity Building: to identify, develop and document the different models and resources that could be used in building the capacity of the sector to provide better services.

Stage 3: Implementation and Evaluation: identification and recommendation of initiatives, change strategies and promotional opportunities beyond the project.

# Research Findings:

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Recent reviews of the mental health system in Australia, with subsequent changes in models of service delivery and amounts of funding, have created significant challenges for the community mental health sector in South Australia. Increases in the number of consumers receiving support in the community have led to considerable growth in the size of the workforce and integration of a recovery-based approach to service delivery is creating a need for more highly skilled workers.

Based on a search of existing data and literature, combined with a survey of workers, and in-depth interviews with service managers, other key stakeholders and training providers, this report seeks to answer the following questions:

1. What skills are required to work in the sector and does current training provision meet these needs?
2. How well are current recruitment and employment practices equipping the sector to meet workforce demands?

The findings expand these two major questions into key areas covering the community mental health workforce profile, tenure, current training activity, and an exploration of how the industry is coping with rapidly changing delivery needs.

The key findings of the research are:

- **The workforce is mature-aged, predominantly female and employed part-time.**

At the time of consultation (February/March 2006) approximately 300 people were employed in non-government mental health programs. (Note: As a result of rapid expansion in the sector over the past twelve months, those numbers have now more than doubled.) They are predominantly female, with a ratio of 5:2 female to male workers. They are generally over 35 years of age. Managers of services indicated that the majority of workers work part-time - averaging 0.5FTE.

- **Almost 80% of the workforce hold qualifications.**

The community mental health (non-government) workforce is significantly more qualified than the employed workforce in general with 78.9% holding some qualification. Of these, half were VET qualifications (39.4%) and half were from Higher Education (39.4%). This contrasts with the total Australian workforce, 58% of whom held qualifications in 2005: 34.6% from VET and 22.4% from Higher Education. (The effects of the rapid expansion of the sector with regard to the proportion of people with qualifications has not been investigated or documented at this stage.)

[2005 figures cited were taken from the seminar "Skills Deepening in the Australian Labour Market and the Future Demand for Qualifications" presented by Dr Chandra Shah, 28 September 2006.]

- **The Community Services Training Package provides the core skills training for the industry, but is not currently framed by the recovery-based approach.**

There are a range of qualifications within the Community Services Training Package CHC02 that have some relevance for mental health work. At the time of the last review of the Training Package, industry indicated that the Certificate IV in Mental Health Work (Non-clinical) was the preferred minimum for working in the sector.

Training based on the current Training Package is seen as relevant, but all service providers indicated that further skills development was frequently required, especially regarding recovery as well as the use of some specific tools. TAFE and some of the private Registered Training Organisations have worked to integrate a recovery approach into the training they deliver in order to meet industry expectations.

The Training Package is currently under review (consultations commenced in Adelaide in Sept 06). It is expected that the next Training Package will more fully reflect the recovery philosophy as this has been incorporated into Drafts 1 and 2 of the revised package.

- **Professional development opportunities for existing workers, outside of the workplace, consist primarily of a range of short non-accredited workshops and the VICSERV training.**

A limited range of professional development is available for existing workers. At the time of this report this included Mental Health First Aid; short non-accredited workshops that focus on specialist knowledge (eg the Camberwell Assessment of Needs) offered by the SA Mental Health Training Centre; and the VICSERV Psychosocial Rehabilitation training (in the process of being accredited) facilitated by the Mental Health Coalition of SA.

The Psychosocial Rehabilitation training initiative aims to build capacity in the sector to provide for the future skill development of the workforce. People in key service organisations have completed this training and have undertaken the Certificate IV in Training and Assessment TAA04, providing a pool of skilled facilitators and assessors with expertise in the recovery approach.

- **There is a high degree of industry retention, but a high level of inter-organisation mobility.**

Almost half (48%) of all recruitment currently is from within either the mental health sector (35%) or other community services sectors (13%), indicating that workers are moving between organisations but are retained in the industry.

However, many organisations had only recently (within six months prior to this study) commenced to deliver services in the mental health sector or had rapidly expanded. Therefore information on retention rates may not prove indicative of longer term trends.

- **The majority of organisations experienced difficulties with recruitment.**

The rapid expansion of services has led to significant difficulties with recruitment are experienced by the majority of organisations. Positions are generally advertised in the Advertiser and through organisational and professional networks. Managers report that word of mouth and personal contacts are also very important in sourcing potential workers. Scarcity of candidates has contributed to improvements in salary levels and conditions of service as organisations compete to attract new workers. Most organisations also report that, due to a shortage of qualified candidates (ie. with the Certificate IV in Mental Health Work (Non-Clinical)), they are employing people

with a Certificate III in one of the relevant community services fields (ie. aged care, disabilities work, as well as mental health work).

- **Values-based motivation was the most important attraction factor for existing staff.**

The majority of responses to the worker survey (71%) indicated an interest in social justice or a specific interest in mental health as reasons for working in the sector. These figures may reflect not only attraction factors, but also working conditions and recruitment practices. Most managers of service organisations indicated that they preferred to recruit for values and, if necessary, train for skills. Career progression was also seen as an important factor in the decision to work in mental health. The majority of workers reported that they had a career plan.

- **Conditions of service were also a factor for half of the workforce, with flexibility of hours the most important.**

Although conditions of service did not rate highly as a significant attraction factor to the type of work chosen, it was important in the decision to accept a particular role (52%). Flexibility of hours was the factor cited most often (20%). Salary was much less significant (4%) with most respondents indicating that they took the role despite the salary offered. Workers are employed under six different awards, with a broad range of salary and other conditions. (Clearly, this survey of current workers does not indicate what factors may act as disincentives to work in the sector.)

- **Most workers receive induction and/or initial training, with the majority considering it inadequate.**

More than 70% of workers reported receiving induction upon commencement, however what this comprised varied considerably. Just over half of respondents (58%) considered their induction insufficient for their needs. Most workers (68%) reported that they have received further training or professional development since commencement.

- **Majority of workers receive regular supervision and support.**

More than two thirds of workers receive very regular supervision. Small organisations are less able to provide regular, appropriate supervision to workers. Supervision usually involves discussion and problem-solving around client issues and other practice-related topics. Workers reported that they also valued the encouragement and support offered. The majority of workers (73%) said that the supervision and support they received met their needs. Most managers indicated that they saw skills in supervision, particularly in reflective practice, as very important for all senior practitioners/ team leaders/ coordinators.

- **Supervision and support were identified as the most important retention factors.**

Satisfaction with their role; opportunities for development and advancement; and the availability and quality of supervision were rated very highly by workers (61%) as factors in their decision to stay with their job. Only 21% of those currently working in the sector indicated that salary and conditions were important factors in their decision to remain in the sector.

# Workforce Development Issues:

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## **Research Recommendations:**

Based on the research conducted within this project, 9 strategies were recommended to address workforce development issues affecting the skills development and attraction and retention of employees.

As this project progressed the specific needs of the industry brought about some variations in these strategies. Whilst this project initially looked to provide solutions to support the immediate needs of stakeholders, over time it was recognised that systemic change was needed to support the long-term workforce development needs of the sector.

In response to the need for a more flexible approach, the project Advisory Committee endorsed variations to strategies resulting in the achievement of the following outcomes:

## **Skills development**

### ***Initial strategy:***

1. Participate in the development of new draft unit/s of competency – particularly in regard to the Recovery approach and how to implement it in practical terms. This will occur as part of the consultation process in the review and development of the Community Services Training Package.

### ***Varied to:***

- Work with national Industry Skills Council re validation of revised training package qualification, and
- Consult with local industry stakeholders (re competencies and certificate level relevant to role)

### ***Outcomes:***

The Community Services and Health Industry Skills Council (CSH ISC) is currently finalising the Community Services Training Package CHC02 review. Draft 2 material was made available for stakeholder review and feedback. Validation Focus Group Sessions were conducted in Adelaide in February 2008.

SAHCSSB have actively promoted these sessions through email & newsletter and invited stakeholders to participate and provide feedback. It is anticipated that further input will be provided to the Draft 3 of the package and any mini-drafts related to this area of work.

***Initial strategy:***

2. Develop a handbook for frontline workers that will support skill and knowledge development in a range of contexts. The resource will be developed collaboratively with training providers and representative service provider managers to ensure ownership and broad take-up. It will be made freely available via the internet as well as in hard copy for all current workers.

***Varied to:***

- Development of handbook based on the alcohol handbook for frontline workers
- Distribution of draft chapters to subject 'experts' for comment and revision
- Format for online version (PDF)
- Development of a final draft for the Mental Health Coalition
- Negotiation of further funding for the graphic design and printing
- Launch of the Handbook at the Mental Health Week in Oct 08

***Outcomes:***

After a lapse, the writing is now proceeding again. Most of the chapters are completed and ready for review and comment. The final chapters will be completed after consultation with workers and key industry contacts. Reviewers and subject 'experts' have been identified through Uniting Care Wesley.

The SAHCSSB is currently seeking quotes from a number of Graphic Designers and Printing companies for style and layout and processing of 1000 copies.

A revised timeline should see amendments made and a completed final draft by July 2008. It is anticipated that the further design and printing of the handbook will be completed by August 2008.

In conjunction with the Mental Health Coalition, the SAHCSSB is currently negotiating the funding of the final print through the SA Health Department's Mental Health Unit. If successful, the Mental Health Coalition has agreed to promote the handbook through a launch within Mental Health Week in October 2008.

The completed Frontline Workers Handbook will also be published online for public access through the SAHCSSB, Mental Health Coalition and SA Department of Health websites.

***Initial strategy:***

3. Work with training providers to encourage adoption of the recovery model in training provision and utilisation of the resources created through this project.

***Varied to:***

- Develop contacts/networks with training providers
- Provide information/resources on recovery
- After development of competencies (recommendation 1) – professional development workshops with training providers

***Outcomes:***

In response to a query to DFEEST on who provides Mental Health training at Cert IV level, they have advised that the Cert IV is included on Traineeship & Apprenticeship Schedule and that the number of RTOs providing mental health training is expected to rise when User Choice funding becomes available for the Cert IV (expected to be July 2008).

To further develop the contacts and networks with training providers, the SAHCSSB has organised a Mental Health & RTO Networking Event on the 20<sup>th</sup> of June. This forum will provide information and advice on workforce development within the sector, traineeships and the principles of user choice and future directions for the Mental Health Sector. Service providers and RTOs have been invited to this event.

A follow up evaluation on the impact of this event will be conducted to determine how the SAHCSSB can create a greater awareness of the relevant information and resources on mental health recovery.

***Employment practices***

***Initial strategy:***

4. Develop an induction package to provide an introduction to the mental health sector and an overview of mental health work within the framework of recovery. This resource would be available to service providers and could be contextualised with the addition of materials specific to the individual organisation.

***Varied to:***

- Review similar induction packages and processes
- Develop generic checklist & support materials
- Make available on-line
- Promote to the sector

***Outcomes:***

The SAHCSSB has researched a wide range of example information on induction and developed an Induction Package as a guide. This package includes an overview on induction to highlight why it is so important to get it right, a fact sheet on how to support new workers, an example Induction Checklist and a list of useful online induction references.

This package is currently under final review and due for release on the SAHCSSB website. It will be promoted through the SAHCSSB Newsletter.

***Initial strategy:***

5. Develop resources based on relevant competencies to support good supervision practices. Resources could include a 'tool kit' as well as intensive workshops and possibly an on-line tutorial. This resource will be available to RTO, employers, and individual supervisors.

***Varied to:***

- Identify & review existing relevant supervision resources
- Distribute draft to sector for comment and revision
- Layout & design; cost for printing
- Launch & promote
- Format for online version (PDF & book)

***Outcomes:***

The SAHCSSB has conducted discussions with industry and identified a clear preference for this project to provide advice on other resources that might add-value to existing recourses rather than developing new ones.

After extensive research the NCETA "Clinical Supervision: A Practical Guide for the Alcohol and Other Drugs Field" resource was chosen for a review by experienced practitioners. Based on a very positive response to this resource, the SAHCSSB has chosen to provide a link to it on their website. Again, this link will be promoted through the SAHCSSB Newsletter.

***Initial strategy:***

6. Document examples of 'good practice' in management of workers. This could be published in booklet format and made available to service managers.

***Varied to:***

- Draft a template for 'good practice' based on the Human Services at Work Awards categories
- Identify organisations implementing good practices through the Human Services at Work Awards process

***Outcomes:***

The SAHCSSB has developed a model to record examples of good practice through its Excellence in Workforce Development Awards process. This model includes categories for:

- Strategic Workforce Planning – Good practice in planning and recruitment
- Investing in people – Good human resource and frontline management practices
- Creating a Learning Culture – Valuing learning and skills development
- Innovation in Workforce Development – Fresh, original approaches to any aspect of workforce development
- Individual Achievement – A workforce development ‘change champion’

The first annual ‘Excellence in Workforce Development Awards’ were conducted from March to May 2008. Service Providers were invited to identify areas of good practice, interviews were conducted, evidence gathered and finalists chosen.

The Mental Health Coalition were successful in being a finalist in the ‘Creating a Learning Culture’ and ‘Judges Award’ categories.

All ‘good practices’ are being collated and documented for further publicity on the SAHCSSB website. Again this information will be promoted through the SAHCSSB Newsletter.

## **Attraction and Recruitment**

### ***Initial strategy:***

7. Develop “value” based promotional materials about the mental health sector that can be used by service providers as the basis for marketing or recruitment drives.

(Addressing industrial conditions and wages are outside the scope of this project. The Skills Board is however involved in activities with SACOSS exploring these issues.)

### ***Varied to:***

- Consult with sector re values associated with MH work
- Develop recruitment resources for service providers.
- Develop broad recruitment campaign strategies with DFC

### ***Outcomes:***

The Disability Sector Workforce Development project is looking at a similar strategy to develop an attraction resource in that sector. The strategy looks at developing resources on innovative attraction & recruitment strategies. Research has been done on similar resources. It was agreed that attraction and retention as a campaign requires funding of its own as this is a national issue. A similar project has been ear-

marked to address this issue at State level. Similar resources already exist such as the WA 101 Recruitment Strategies booklet.

This project now proposes to use the Disability project resource as the basis of a MH resource and include examples from innovative practices identified through activity in recommendation 8 (Explore and document existing industry programs....).

The SAHCSSB has participated in several discussions with DFC regarding the role Government could take in addressing issues affecting attraction and recruitment (similar throughout the community services sector). It is unlikely that a community services wide campaign will occur in the duration of this project. DFC have indicated however that “piggyback” activities such as providing space, or distributing information, at events such as Graduate Recruitment events is possible.

***Initial strategy:***

8. Explore and document existing industry programs that demonstrate innovative approaches to attraction and recruitment.

***Varied to:***

- Research service provision & identify examples of good practice
- Interview service providers
- Research innovative attraction & recruitment models
- Document exemplary practices
- Publish & promote

***Outcomes:***

The SAHCSSB has developed a model to record examples of good practice through its Excellence in Workforce Development Awards process. This model includes categories for:

- Strategic Workforce Planning – Good practice in planning and recruitment
- Investing in people – Good human resource and frontline management practices
- Creating a Learning Culture – Valuing learning and skills development
- Innovation in Workforce Development – Fresh, original approaches to any aspect of workforce development
- Individual Achievement – A workforce development ‘change champion’

The first annual ‘Excellence in Workforce Development Awards’ were conducted from March to May 2008. Service Providers were invited to identify areas of good practice, interviews were conducted, evidence gathered and finalists chosen. The judging for these awards was conducted by a joint Industry, Union and Government panel. Winners for each category were announced at the SAHCSSB inaugural ‘Human Services at Work’ conference in May 2008.

All 'good practices' are being collated and documented for further publicity on the SAHCSSB website. Again this information will be promoted through the SAHCSSB Newsletter.

The 'good practice' process has been further refined and a draft template has now been developed for the Disability Sector Workforce Development project.

***Initial strategy:***

9. a) Investigate the benefits of and barriers to the use of traineeships within the sector; and conduct activities to encourage their uptake.
- b) Explore and document the potential for government/non-government partnerships especially in relation to early placements (first six months) in group support settings for people undertaking traineeships.

***Varied to:***

- Research 'partnership' models
- Consult with DFC / ODACS re potential for 'partnership' approach
- Consult with DFEEST re traineeships
- Promote benefits of traineeships to sector

***Outcomes:***

Several discussions have been held within the sector to identify current models. Some organisations currently make use of 'cadetships' and/or traineeships. DFEEST has advised that their listing on TAS and Existing Worker Exemptions has already commenced. (see recommendation 3)

The cost of training has been a major barrier to the take up of training. Traineeships have previously only been available at Cert III level, and not considered suitable by the sector. The Government has now indicated that it will make User Choice funding available for Cert IV and will make provision for existing employees to access traineeships. This discussion is continuing.

The SAHCSSB is currently coordinating a Mental Health & RTO networking event to provide an opportunity for information sharing and a better awareness of traineeships to the Sector. This event is scheduled for 20<sup>th</sup> June 2008. Any issues highlighted through this forum will be communicated to the DFEEST Traineeship and Apprenticeship Services branch and further supported through advocacy by the SAHCSSB if required.

Discussions are being held with DFC regarding greater mobility of workers between the government and non government sectors. These discussions are ongoing and are unlikely to be actioned by the completion of this project.

# Conclusion and Recommendations:

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In conclusion, this project has reviewed the impact of the changing workplace environment and the structures that support people with mental illness now and in the future. It has examined the workforce issues associated within that new service context, developed resources and models of practice that are readily adaptable within the mental health care system.

Extensive consultation within the SA Mental Health Sector has shaped a profile that provides a sense of the “reality” of the current workforce. This research indicates that:

- The workforce is mature-aged, predominately female and employed part-time
- Almost 80% of the workforce hold qualifications
- The Community Services Training Package provides the core skills training for the industry, but is not currently framed by the recovery-based approach
- Professional development opportunities for existing workers, outside of the workplace, consist primarily of a range of short non-accredited workshops and the VICSERV training
- There is a high degree of industry retention, but a high level of inter-organisation mobility
- The majority of organisations experience difficulties with recruitment
- Values-based motivation was the most important attraction factor for existing staff
- Conditions of service were also a factor for half of the workforce, with flexibility of hours the most important
- Most workers receive induction and/or initial training, with the majority considering it inadequate
- Majority of workers receive regular supervision and support
- Supervision and support were identified as the most important retention factors

The findings of this research provided the direction for identifying the key workforce development priorities within this sector and the following key strategies to explore and support them:

## **Skills development**

- Work with national Industry Skills Council re validation of revised training package qualification, and consult with local industry stakeholders (re competencies and certificate level relevant to role).
- Development of a Frontline Workers Handbook to support their skills and knowledge development in a range of contexts.

- Work with training providers to develop contacts and networks and provide information and resources on recovery.

### **Employment practices**

- Development of an online induction package that provides example templates for service providers to customise and contextualise specifically to their individual organisation.
- Identification and promotion of good practice supervision resources to add value to existing practices.
- Development of a 'good practice' in management of workers template to identify organisations implementing good practices within the Mental Health Sector

### **Attraction and Recruitment**

- Development of recruitment resources for service providers to assist them with their recruitment campaigns.
- Research and promotion of innovative attraction and recruitment models.
- Research into the use of traineeships within the sector and exploration of possible partnership models that provide group support settings.

The combination of the research and these strategies has supported the auditing of skills within the workforce and the building of capacity within the sector to provide better services.

### **Future Recommendations**

Much of the work that has been done to-date forms a good foundation for further activities. Further implementation and evaluation of key change strategies and promotional opportunities are required to continue building on the strategies developed within this project.

The following 6 key recommendations will support the ongoing sustainability of the activities that have been embedded within industry during this project:

- 1. Ongoing consultation between the SAHCSSB and local industry stakeholders in support of the review and development of the Community Services Training Package**
- 2. The provision of ongoing support to the Mental Health Coalition to negotiate further funding for the printing of the Mental Health Frontline Workers Handbook and assist in the launch of this publication at the Mental Health Week in October 2008**
- 3. Ongoing promotion of the future directions for the Mental Health Sector and resources and tools to support service providers through SAHCSSB networks, website and newsletter**
- 4. Ongoing evaluation of the impact of project activities on industry through future workforce planning and development activities facilitated through the SAHCSSB**

- 5. The development of a joint state-wide “Attraction and Retention” initiative within the Mental Health and Disability Sectors by the SAHCSSB and DFEEST**
- 6. The facilitation of ongoing Sector/RTO forums by the SAHCSSB to enhance engagement and the development of the SA Mental Health workforce.**