AUSTRALIAN NATIONAL WORKFORCE INSTITUTE

FOR MENTAL HEALTH

[ANWIMH]

AUSTRALIAN NATIONAL WORKFORCE INSTITUTE

for Mental Health & AOD Workforce, Emergency Workers, Peer Workers & all Stakeholders

From: ***Professor Maree Teesson, AC, & Professor Alan Rosen, AO. August 2020.***

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Australian National Institute of Mental Health

-A Nationally Consistent Evidence-Based Workforce Capacity-Building Strategy for all Mental Health Service Providers & Stakeholders, August 2020

BACKGROUND:

The Australian National Workforce Institute of Mental Health [ANWIMH] will provide essential evidence-based national workforce capacity building in mental health

There is an acknowledged lack of consistent continuing professional training and education, expert leadership, ongoing supervision and pastoral support for the workforce for mental health and often co-occurring Alcohol & Other Drug [AOD] disorders,

- to ensure evidence based effective outcomes for all service-users, their families
- to aid recruitment, retention and ongoing availability and tenure of experienced, expert and dedicated service providers.

Australia needs a highly regarded evidence-based National Institute which can update skills, build capacity band support mentoring and supervision systems for the workforce encompassing:

- all mental health and AOD disorders and services.
- all service-user and family peer workers, managers and clinicians from all disciplines.

This type of workforce development is currently missing from most mental health plans.

The Opportunity:

A Federally funded Australian National Workforce Institute encompassing Workforce Development and Resource Centre, and a National Mental Health Translational Research Institute to co-ordinate resource and curriculum development; enable parallel development and/or co-ordination of existing centres in each jurisdiction.

In Scope: It will provide systematised, evidence-based practical training materials for continuing skills development for a broad range of workers, including: mental health and drug and alcohol workers ;first responders and emergency workers of all kinds (ambulance, paramedics, police, and fire service workers); primary care workforce; all mental health clinical professionals, support & disability workers; service user and family peer workers; transcultural; and indigenous. Workers in all sectors will be encompassed, eg public, fee-for-service, private or NGO sectors. All age groups will be encompassed, complementing the existing National Workforce Centre for Child Mental Health (www.emergingminds.com.au).

The Institute will provide nationally consistent resources at the appropriate level for each workforce category including:

- training curricula,
- coursework modules and
- postgraduate qualifications
- communities of practice,
- knowledge exchange network,
- supervision, mentorship & pastoral care framework & systems of support.

Out of Scope:
It will not take over or replace any basic vocational courses operated by existing educational or basic training institutions in any clinical professional or support work discipline.

The Need:

Effective early intervention and timely evidence-based treatment and support can significantly reduce disease burden by halting, delaying, and interrupting the onset and progression of disorders. Yet there is poor coordination and significant gaps in ensuring the capacity of our workforce to deliver cutting edge treatment and responses.

The Solution:

Development & Provision of a Federally funded multi-site Australian **National Workforce Institute** encompassing:

a) ***Workforce Resource Centre*** to develop and provide training materials, skills enhancement courses, and a continuing supervision and mentorship system for all mental health and substance use disorders for mental health workers, first responders, support workers, primary care professionals, transcultural, indigenous and for all age groups.

b) National Mental Health Workforce Implementation & Evaluation Unit.

The Institute of will provide an integrated platform to develop innovative responses across disciplines and disorders to build national and international multi-sectorial workforce capacity. Our vision is that world-class, innovative, evidence-based early intervention and effective treatments and care for mental health and substance use disorders will be available to all Australians. It will encompass:

Workforce Resource Hub to provide training, practice and leadership skills enhancement for all mental disorders and substance use disorders for mental health workers, first responders, support workers, primary care professionals, graduate mental health and substance use disorder professionals and transcultural, working with all age groups and sub-specialties. It will align and link with major Aboriginal and Torres Strait Islander workforce initiatives.

Knowledge Translation Hub utilising new technologies to enhance knowledge translation and undertake research to inform international best practice in implementation and knowledge exchange. A major focus is training in the use of digital technologies in healthcare

Key Priority:

Workforce capacity building and skills training: for evidence based and human rights-based implementation, leadership, fidelity monitoring, evaluation and research. Skills development in evidence-based interventions and service delivery systems for all mental health conditions and across all age groups.

Value-adding:

This Institute will not compete with professional courses conducted by tertiary educational institutions which lead to degrees as graduates in the relevant professions, including medicine, nursing, psychology, social work, occupational therapy, rehabilitation, diversional therapy, creative arts therapists, but will be available to provide input to those courses. It will endeavour to develop

relevant but missing tertiary level degree courses where they don't exist, where possible in partnership with existing tertiary educational institutions. A key development area is the integration of technology in health care.

Australian National Workforce Institute of Mental Health

ANWIMH will provide an Australian-first collaboration, bringing together the major innovators in workforce education and training with implementation and translational researchers currently working independently across disorder "silos" (eg. addiction, depression, suicide, anxiety, psychosis, psychosocial & cultural trauma, and stigma). The focus will be to share skills and harness new technologies to develop, pilot and ensure fidelity of implementation of practice, including: innovative evidence-based primary to tertiary prevention; early intervention; treatment and care programs for mental disorders and substance use; physical illnesses; developmental, learning and cognitive disorders; criminal justice and corrections related conditions and other co-occurring disorders.

It will be available to all workforces of services for mental health and co-occurring disorders, including:

- transcultural, rural-remote, first responder, e-health, forensic (corrections), and in-person public, private and NGO services.
- It will link with existing indigenous workforce development.
- It will also provide evidence-based training in cost-effective mental health promotion and prevention for all sectors beyond health, including education, employment, social services, housing, justice, and commerce, whether operated by governments, employers or professional organisations.
- It will ensure, that these organisations will work together with mental health services, to make a significant contribution to improving mental health and wellbeing, suicide prevention, economic participation and productivity.

Program Features

- Cost-sharing and outsourcing arrangements will be negotiated.
- Expertise in Education, Training, Supervision, Mentoring and Leadership in Mental Health, Substance Use and all Co-occurring disorders services alongside expertise in both evidence-based clinical and support interventions.
- The Institute will build its capacity to translate the evidence into routine workforce training, everyday practice, service evaluation and implementation research.
- Our program will be guided by the active involvement of service-users, their families, and other key-stakeholders, at all stages of the implementation, research and translation process. A key function of the Australian National Institute of Mental Health will be building the capacity of peer service-users in recovery. Family carers and service-users can be service providers as peer workers in interdisciplinary teams, active investigators and partners in service implementation research and evaluation.

Track Record

Initial partner organisations are the developers of:

a) **The Essential Components of Care (ECC)**: the most comprehensive national evidence-based mental health service planning tool so far developed for Australian conditions. It is potentially the keystone for:

- evidence based and service-user congenial reform, rational planning and assuring fidelity in practice.
- providing a framework to which resources can be clearly attached and devoted, and service systems can be comprehensively audited for both quality and quantity of care and resource expenditure/acquittal.

- Specifying a menu or potential repertoire of evidence-based interventions and service delivery systems for all mental health & substance disorders for all age-groups.
- Enabling regional mental health commissioning authorities to then choose priorities from a menu of the most evidence-based and promising interventions and service delivery systems.
- Ensuring a balance & integration between in-person and e-health or telehealth interventions & sub-systems (eg. e-health for wider access, triage, milder & non-complex disorders; and in-person, mobile outreach, family & team intervention systems for severe & complex disorders).
- capable of being strongly aligned with:

i) **National Mental Health Planning Framework,** following transparent appraisal, when it is ultimately released for scrutiny, and aligned with a) above and comparative international frameworks .

ii) **National MHS Mapping Atlas**, see e) below

iii) The **National Standards for Mental Health Services**, revised 2010, the National Quality of MH Service Accreditation process, the **National Practice Standards for the Mental Health Workforce**, 2013, all of which require updating, and the more recent **National Health Safety & Quality Commission Standards.**

iv) Jurisdictional **MH Workforce Initiatives**: eg. Centre for MH Learning developing standards of training, MH-Pod, being revised currently [Dept Health & Human Services, Victoria] & NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022: A Framework and Workforce Plan for NSW Health Services.

b) **Major Australian Government National Portals** recently launched for the dissemination of evidence-based resources and information to clinicians, policymakers, consumers, parents, teachers and young people and to provide training to clinicians to improve the identification, management and treatment co-occurring substance use and mental disorders. The National Comorbidity Guidelines were developed and disseminated by our team (www.comorbidityguidelines.org) including an innovative online training module. We have also developed the first evidence-informed portal for crystal methamphetamine ("*Cracks in the Ice"*) for clinicians and the general community to access prevention, and early intervention tools to prevent and reduce crystal methamphetamine use.

c) a virtual "**bridge**" between mental health and addiction services (*"eCliPSE"*) that provides a clinical pathway to care between the traditionally siloed systems, and that brokers access to evidence-based eHealth treatments for comorbid substance use and mental disorders. We have also been funded to build a similar online tool (*"Health-e **Mines"***) to engage the mining industry in online prevention and early intervention for alcohol and other drug use, mood, stress, and fatigue.

d) **Peer Co-Designed Implementation Research Programs:** Training and engaging peer service-users, family carers and service providers as co-researchers with mentoring and coaching by expert academics in implementation studies and action research.

e) **National MHS Mapping Atlas,** providing standardized methodology and categories for regional, national and international comparisons of range, intensity and patterns of community and hospital mental health service provision. It's application can pinpoint service duplications, overlaps and gaps, and decipher service contexts and complexities to allow full comparison with both international and national best practice services, using large datasets. It can compare resources against crucial mental health and suicide outcomes for different countries and regions, and provide recommendations regarding the staffing, skill sets, service contexts and facilities required to provide optimal services.

f) **An international network for Integrating mental health digital services (e-Health and Telehealth)** in optimum balance with face-to-face and home outreach services, to provide both digitally augmented in-person and outreach services, and in-person enhanced digital mental health services.

g) **"Djirruwang" Aboriginal Mental Health Worker Training** Batchelor of Health Science (Mental Health) Program, Charles Sturt University and the **Gayaa Dhuwii (Proud Spirit)** declaration and national education program will provide the foundation for dual 'Two-ways" training in both indigenous traditional healing and contemporary evidence-based practices.

h) **TheMHS Learning Network:** with a 30 year track record in bringing the mental health sector professional peer and support workforces together to learn and exchange knowledge and skills; to recognise and promote quality collaborative research, practice, policy-making and knowledge exchange through education, training and other learning experiences; to stimulate debates that challenge the boundaries of present knowledge and ideas about mental health care and mental health system.

i) **Australian Network on Developmental Trauma, Psychosis and Neuroplasticity for Trauma Specific Training** including Neurofeedback and Multimodal psycho-social interventions via STARTTS Torture & Trauma Counselling Service, hYEPP headspace Young Persons' Early Psychosis Program & ANFI Australian Neurofeedback Institute.

Developmental Phases

Phase 1: Establish Institute

Recruit & deploy core faculty. Establish links to training and educational training bodies. Establish Knowledge Exchange Centre and initial priority foci and support system for Communities of Practice, and engage expertise for development of Training, Supervision, and Implementation Research & Evaluation methods.

Phase 2: Initial Dissemination

Engagement with national stakeholders and establishment of Institute base with all stakeholder organisations across state/territory jurisdictions.

Phase 3. National Roll-out

Establishment of national institute.

Budget

Phase 1: (Year 1-2) Establish recruit and deploy core faculty. Cost: **$10M**

Initial Development of Knowledge Exchange Centre & Communities of Practice Support System, Curriculum, Training, Supervision, Implementation-Research & Evaluation Resource Materials: engaging and contracting course materials & training & supervision & mentoring expertise from all stakeholder groups. Cost: **$10M**

Phase 2: (Year 2-4) Engagement with national stakeholders and establishment of Institute base across state/territory jurisdictions, expanding to all age group services. Cost: **$10M**

Phase 3: (Year 4-5) Establishment of institute with all stakeholder organisations, and across all states & territories. Excluding jurisdictional cost sharing component, fully operational beginning year 5. Cost: **$12M**.

TOTAL COST over 5 years: **$42M**

Recurrent pa cost thereafter: $12M plus cost of living & leasing increments, repairs and maintenance.

Please address any comments to:

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Key Advisors & Organisations

Ms/ Vivienne Miller,

Founding Executive Director, TheMHS Learning Network Inc. A Network for mental health service interdisciplinary peer, indigenous and transcultural team and stakeholder conferences and upskilling forums across Australia & New Zealand, based in Sydney.

Professor Patrick McGorry,

Executive Director, Orygen, Professor of Youth Mental Health, Centre for Youth Mental Health, University of Melbourne, Victoria.

Professor Luis Salvador-Carulla,

Centre for Mental Health Research, Research School of Population Health, ANU College of Health & Medicine, Australian National University, Canberra.

Dr. Paul Fanning,

National Advisor for Mental Health, St Vincents de Paul, Australia, former Director, Centre for Rural & Remote Mental Health Research, University of Newcastle, former CEO and Former Director MHS, Greater West Health Area, based in Orange.

Mr. Thomas Brideson

Chair, National Australian Aboriginal & Torres Strait Islander Mental Health Leadership Group, CEO Gayaa Dhuwii Australia National Program, Canberra, Deputy Commissioner, NSW Mental Health Commission, Co-Chair, National Mental Health Workforce Strategy Taskforce, Commonwealth Dept of Health, Coordinator (on leave of absence), Aboriginal & Torres Strait Islander Mental Health Workforce Program, NSW Ministry of Health.

Ms. Irene Gallagher

CEO, Being Mental Health Consumers: a peak organisation for people with lived/living experience of mental health issues in NSW, formerly District Manager developing South Eastern Sydney Peer Workforce Program & Recovery College.

Associate Professor Roger Gurr

Western Sydney University, Chair, STARTTS, Transcultural Torture & Trauma Counselling Service, Clinical Director hYEPP, headspace Young Peoples' Early Psychosis Program, NSW, Co-founder, Australian Neurofeedback Institute of multimodal therapies for developmental and complex trauma.

APPENDICES

Rationale & Methodology

Mental Health and Co-occuring Substance Use Disorders are a leading global cause of burden of disease. The burden is greatest in young Australians. **Every year mental health and substance disorders conservatively cost the Australian community over $AUS 40 billion.** This includes alcohol and other drugs [$23.5 billion, 9], anxiety and depressive disorders [$12.6 billion, 10], psychosis [$4.9 billion, 10], and suicide [$1.7 billion, 11]. Suicide rates among young people are at their highest in over a decade, accounting for over one third of all deaths in Australians aged 15-44yrs. The burden of mental and substance use disorders now accounts for 1 in every 10 lost years of health globally. Governments take the lead in addressing this burden, with **investments in health across Australia estimated at $5.4 billion in 2012/2013**. Yet, **fewer than 1 in 4 Australians access treatment, some treatments routinely provided are neither evidence-based nor effective,** and we have not seen the expected gains in mental health at a population level.

Effective early intervention and treatment can significantly reduce disease burden by halting, delaying, and interrupting the onset and progression of disorders. For example, preventive interventions can lower the incidence of new episodes of major depression by 25% (up to 50% for stepped-care preventive interventions) and can do so cost effectively and timely early intervention for psychosis can prevent transition to schizophrenia and ensure and hasten full recovery. Early intervention is a good investment. It can be progressively implemented in conditions at every phase of the life cycle, and in every stage of most mental and substance use disorders. Studies have shown ***benefit-per-dollar cost ratios ranging from US$2·11 to $42·13, and savings per participant ranging from $1,348 to $31,036***. New interventions have been developed, but the delay to implementation in routine evidence-based care is now over 18 years. Sustainable models of workforce development are critical.

A new cohesive, integrated and focussed approach research, knowledge exchange and implementation is critical; one that capitalises on a range of advances in technologies and new models of implementation science.

Substantial barriers that hinder the widespread dissemination of evidence-based interventions include

a) lack of training in professional communities to change their knowledge, skills and especially their attitudes and work culture, and
b) restricted knowledge in the general public and policy arenas.

The focus of this institute on creative, experiential implementation and training models favouring cost-effective interventions, using new technologies and extensive networks has the potential to overcome some of the implementation barriers to traditional approaches. This aligns with Australian Government strategic directions for mental health reform in Australia. We are at the forefront of these developments and have a demonstrated track record of success in this arena. We have particular success in models for complex comorbidity.

We will implement a multi-modal translational model, with a focus on leveraging responsive and flexible technology, targeted towards clinicians, practitioners, support workers, peer professionals, policymakers, and service-users, to facilitate **knowledge exchange** and to encourage and evaluate the

implementation of evidence-based interventions (eg **Knowledge Exchange Center [KEC], Mental Health Commission of Canada).** The **Matilda Institute** University of Sydney, & **NHMRC Translational Centre for Research Excellence**, has used this model successfully to engage these audiences: our webinars attract over 400 participants monthly. **The Mental Health Services (TheMHS) Learning Network** is the largest organisation in Australia focussed on learning skills and knowledge translation in mental health. Each of its annual working conferences focussed on acquisition of evidence-based innovative skills and service systems attract between 300 to 1000 service providers, service users and family carers every year. The Institute will be a unique partnership between practitioners, learning networks, researchers and implementation science.

Communities of Practice

A support system will be provided to encourage the development of regional, jurisdictional and national communities of practice, for teams of each evidence-based component of integrated mental health services. These will provide opportunities for teams to exchange operational tips, to consider emerging evidence together and reciprocate extended peer support. Ample precedents included separate national in-person and electronic forums for crisis intervention, assertive community treatment, community living skills, community residential teams and early intervention in psychosis teams, originally hosted by Northern Sydney Mental Health Services, and later by TheMHS Learning Network, Orygen and headspace.

Knowledge Exchange

Poor communication of research findings is a significant barrier to population-level dissemination. Thus, a strong aim of the Institute is to develop user-friendly packaging of research findings, and increased dialogue between policy makers, researchers, professionals and practitioners. We will focus on practical workforce development, and on technology as critical information currency to directly engage end users, particularly young people.

Education (via professional and public communication, workforce development initiatives)**: Professional workshops, seminars and webinars:** Members of the team are affiliated with clinical, e-health self-help, support and research facilities across mental health and addiction, in Australia. We will use these established networks to implement clinician training and workforce development. In line with our established and successful dissemination models, the institute will provide national workshops, seminars, forums, and a webinar series to maximise the reach of new knowledge and programs. **Web and social media platform:** A key component of the translational model will be the development, hosting, and maintenance of a dedicated web and social media hub to disseminate research findings, and advertise, promote, and host other translation activities. Fact sheets, information booklets, practice guidelines, treatment summaries, and manuals to provide strong evidence-based recommendations to improve clinical practice will be disseminated via the website and online portals, and as hard-copy resources where appropriate.

Partial precedents and potential state, national and international collaborative partners for this initiative include:

TheMHS (The Mental Health Services) Learning Network of Australia & New Zealand, **Matilda Institute, Research Translational Centre for Research Excellence**, University of Sydney, in proposed collaboration with Australian **National Mental Health Commission, Orygen Youth Mental Health Centre, ANU Centre for Mental Health Research, "Being" Mental Health Consumers, and Gayaa Dhuwii Proud Spirit Australia, National Program of Mental Health Leadership,** and the **National Workforce Centre for Child Mental Health (Australia).**

Also in close consultation with **Royal Commission into Victorian MHS [RCVMHS]**, interim report, 2019, the first and highest priority recommendation of which is the **Victorian Collaborative Centre for Mental Health and Wellbeing,** (a potential state based component of this initiative), **Te Pou o te Whakaaro Nui**, the New Zealand national government funded centre of evidence-based workforce

development for the mental health, addiction and disability sectors and the Mental Health Commission of Canada, National **Knowledge Exchange Center** [KEC], and International Knowledge Exchange Network for Mental Health [IKEN-MH], with International Institute of Mental Health Leadership [IIMHL] Calgary, Canada, State & Territory mental health commissions & complaints commissions and workforce initiatives, Transcultural mental health services.

We welcome, as consistent with this initiative, the 1st recommendation by the Royal Commission into Victorian Mental Health Services proposing the creation of "the **Victorian Collaborative Centre for Mental Health and Wellbeing** to bring together expertise in lived experience, research and clinical and non-clinical care, disseminating the practice of evidence-informed treatment, care and support across the state."

-RCVMHS, Interim Report, 2020

We welcome, as consistent with this initiative, the recommendations of the Black Dog Institute Call to Action, Oct 2020: What can be done to decrease suicidal behaviour in Australia?
"Develop and embed a lived experience workforce for suicide prevention that includes appropriate support structures, professional development and a positive workplace culture, including:

- peer workers
- academic and non-academic researchers and evaluators
- leadership and management roles
- specialists in co-design/co-production, service design and integration, implementation, lived experience and consumer engagement."

"Support capacity building for clinicians, nurses, students, and health professionals who work with suicidal people and educate them about their needs."

-Black Dog Institute, Oct.2020: What can be done to decrease suicidal behaviour in Australia? A call to action, Chapter 1:Recommendations 3. & 4.

With consistent evidence-based training, supervision and support, the Mental Health Workforce has great potential to perform optimally, yet to be fully realized & translated into more effective services: **"The Workforce:** The mental health workforce is diverse but there are serious shortages, which are more pronounced in some specialities and in rural and regional areas. Despite their commitment and competence, many workers struggle to perform optimally in a system that constrains them. The value of lived experience work is being recognised; **there is great potential to expand and better support these workforces".** *RCVMHS,Interim Report,2020*

Gayaa Dhuwi (Proud Spirit) Declaration, 27 August 2015, NATSIMHL: "Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to....

- work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
- lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples.
- lead in all areas of government activity in Australia that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander people."