Mental Health Alcohol and Other Drugs Workforce Development Framework

2016-2021

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Contents

Glossary

Workforce - unless otherwise specified, refers to workers in mental health and/or alcohol and other drugs services funded by Queensland Health.

Generalist workforce - refers to health professionals (registered or self-regulated professions) working in Queensland Health funded health services in clinical areas that are not specifically mental health or alcohol and other drugs-specific services.

Individuals - are clients/consumers of mental health and/or alcohol and other drugs services. They may be individuals with mental health concerns and/or individuals with problematic substance use.

Peer workforce - refers to people who are employed in designated positions to provide peer support services. Peer workers are individuals who have lived experience of mental health concerns and/or problematic substance use. Peer workers are employed on the basis that they bring an experiential knowledge base to the workplace. This is distinct from and different to the existing mental health or alcohol and other drug workforce and its professional knowledge base. For this reason, mental health workers who have lived experience of mental illness are not considered to be peer workers[i].

Scope of practice - refers to establishing the extent of an individual's clinical practice based on:

(i) Individual factors: qualifications, competencies, performance and professional suitability.

(ii) Organisational factors: organisational needs and the capacity to support an individual practicing to the proposed scope.

Abbreviations

AOD	Alcohol and Other Drugs
FTE	Full-Time Equivalent
HHS	Hospital and Health Service
MHAOD	Mental Health Alcohol and Other Drugs

Introduction

Priority 2 of *Connecting care to recovery 2016-2021: A plan for Queensland's State-funded mental health alcohol and other drug services[1] (Connecting care to recovery)*, commits to the development of a mental health alcohol and other drug (MHAOD) workforce framework which identifies key priorities and strategies to guide workforce planning and development over the period of the plan.

The *Mental Health Alcohol and Other Drugs Workforce Development Framework* (the framework) has been informed by consultation with Hospital and Health Services (HHSs), MHAOD services, individuals, their families and carers, peak bodies, professional associations, unions and non-government organisations (NGOs). Development of the framework has been supported by analysis of data, reference to nationally recognised planning frameworks and a review of current literature.

The framework aligns with the vision, principles and directions of *My health, Queensland's future: Advancing health 2026[2]* and *Advancing health service delivery through workforce – A strategy for Queensland 2016-2026[3].* It also aligns with national MHAOD workforce strategies including, the *National Mental Health Workforce Strategy 2011[4]*, *National Alcohol and Other Drug Workforce Development Strategy 2015-2018[5]*, and the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026*.

The framework identifies strategies to address the significant challenges faced by the workforce over the coming years. While acknowledging important distinctions between the MHAOD sector, these challenges present against a backdrop of significant reforms which have taken place for at least the past two decades. Important reforms associated with individual-led care, community based treatment, and growth of the NGO sector has had an impact on the composition of the MHAOD workforce as well as notions of contemporary best practice. These changes require a workforce that is responsive to shifts in how services are delivered, where they are needed and who can best respond.

The framework is an overarching guide and provides strategies for HHSs to undertake workforce planning and development. It is acknowledged that each HHS faces challenges and will prioritise strategies in the framework with their own local needs in mind. The Department of Health provides state-wide direction, leadership and support.

Snapshot of the MHAOD workforce

The MHAOD workforce encompasses a range of disciplines and is highly diverse in terms of specialisation, skills and qualifications. It operates across area-based treatment and support services which can be broadly categorised as: community treatment services, community support services, hospital bed-based services and community bed-based services. Community and hospital bed-based services are provided across sixteen HHSs, which operate as the principal employers of the workforce. Queensland Health funded community treatment and support services are delivered service agreements through NGOs.

Within the broad service categories identified there are a range of service types or programs. People working in a MHAOD service usually work within a dedicated service type (for example, child and youth mental health or adult continuing care). The range of disciplines and skill mix varies according to service type. Across the service types, the workforce functions within a multidisciplinary team approach.

Figures 1 and 2 below summarise key workforce statistics. The MHAOD workforces operate within an integrated service. The statistics are displayed separately for ease of interpretation.

Figure 1: Mental Health Services Overview 2014-15
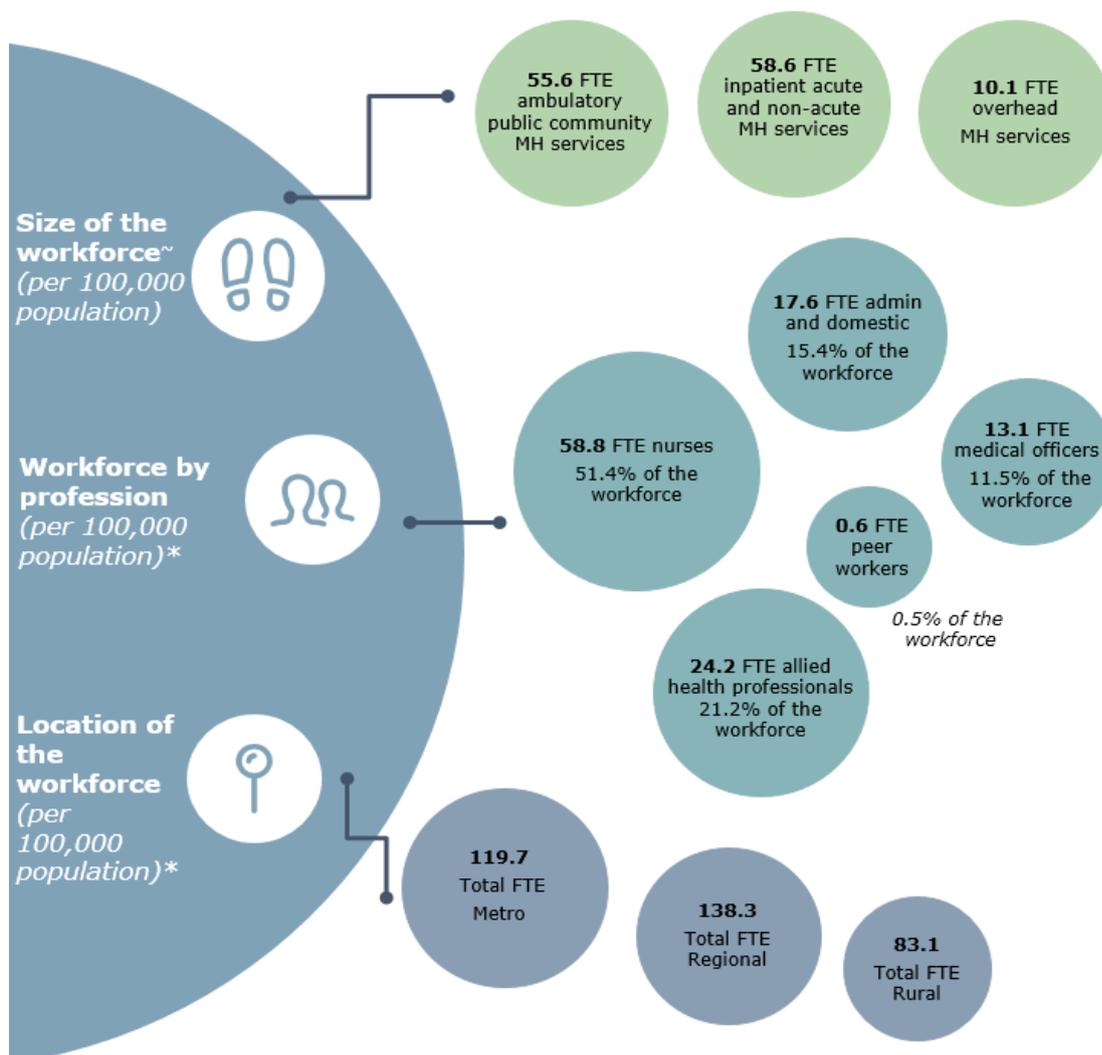
Source: Average FTE, Department of Health Specialised Mental Health Overhead and Direct Care Paid FTE 2014/2015, Population Projections (Medium Series) by Year and HHS, Queensland 2015. ^Queensland Public Sector Ambulatory Mental Health Services Review: Final Report 2014. Location allocated by HHSs ~Does not include Queensland Health funded NGO mental health services *excludes overheads Note: Totals by segment do not add to the same total FTE per 100,000 due to the impact of weighting by population groups

Figure 2: Alcohol and Other Drug Services Overview 2013-14
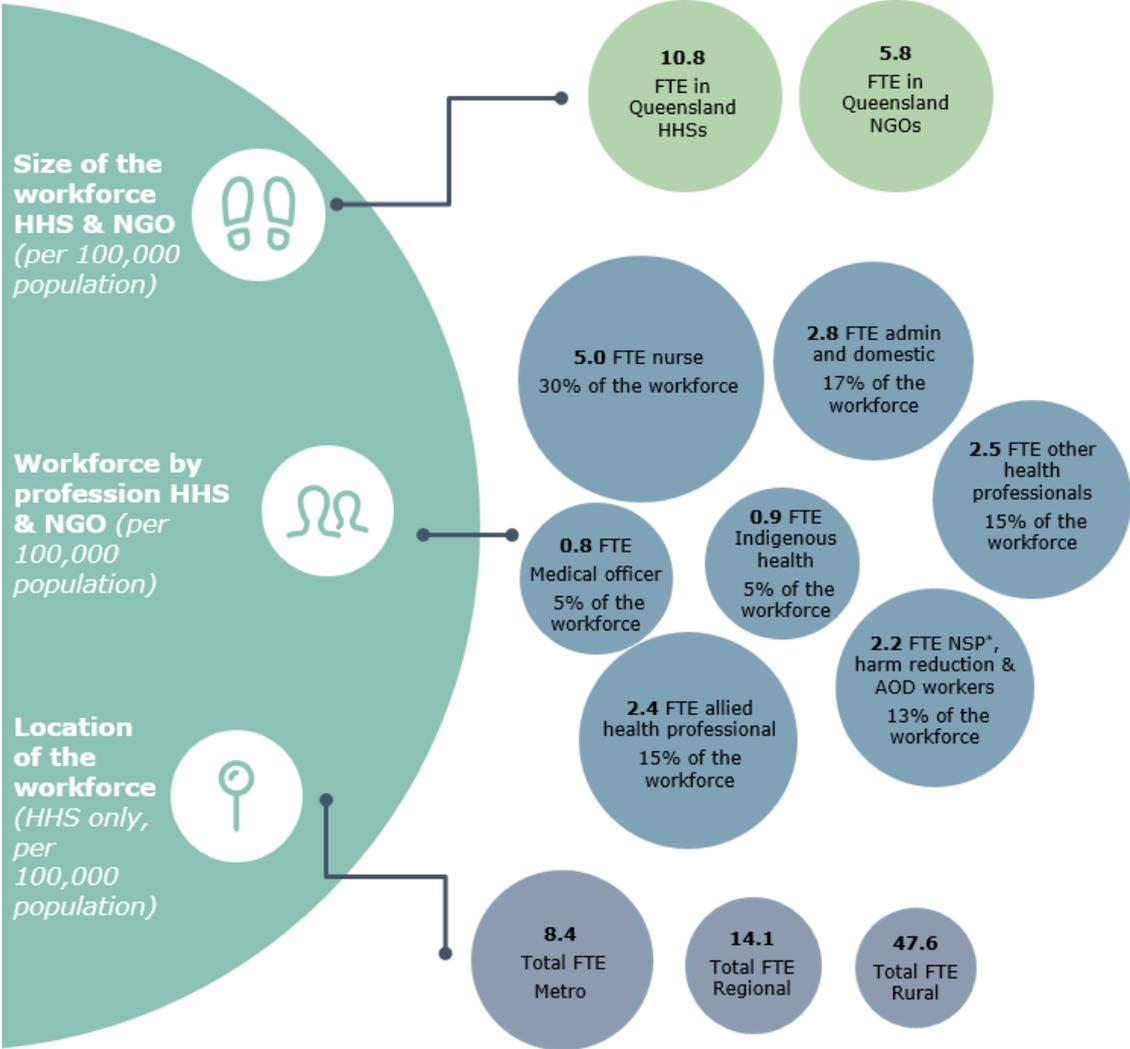
Source: Alcohol and Drug Treatment Services in Queensland, Final Report, April 2015
* NSP: Needle and Syringe Program
Note: Totals by segment do not add to the same total FTE per 100,000 due to the impact of weighting by population groups

Drivers for MHAOD workforce planning and development

Significant reforms have occurred to the service delivery environment for MHAOD services during the last two decades. This includes major legislative changes with the introduction of the new Mental Health Act 2016, new funding and policy reforms, the growth of the NGO sector in delivering MHAOD services and a greater focus on person-centred care, community-based treatment and support.

While these changes have been positive they have also brought about challenges. Emerging roles particularly those related to the peer workforce (or roles which require a lived experience) are increasingly being established. Early feedback from service providers, while positive, identifies complexities around how these roles are defined and utilised. In addition to creating new roles, evolving service models require the existing workforce to work in new ways. This fundamentally changes skill mix and notions of contemporary best practice.

Evidence suggests that MHAOD service providers are treating individuals with a greater range of complex problems. There are a number of factors impacting the clinical presentation of individuals accessing MHAOD services including:

- changes in availability and supply of both licit and illicit substances[6]
- an ageing population[7]
- increasing burden of chronic health conditions[8]
- an increasingly diverse population[9]
- rising incidence of comorbidities and multiple morbidities[8].

A review of the availability and resourcing of MHAOD services in 2015 identified some gaps in the current distribution of mental health services compared with projected estimates of need. Unmet demand for AOD treatment services and corresponding shortfalls in the clinical workforce have also been reported.

The provision of services in rural and remote locations is additionally challenging. Queensland is the second largest state in Australia by area and its geographically dispersed population presents significant challenges for how the workforce is deployed, the types of services required and how they are delivered[10].

Regional, rural and remote areas face challenges with recruiting and retaining staff as well as the difficulties associated with geographical isolation and the unique demands of working in rural or regional settings[11,12].

Additionally, of Queensland Health's current clinical workforce, 16 per cent is aged over 55 years, presenting a likely risk that a significant proportion of the workforce will retire during the next ten years[13]. At the same time, the proportion of the workforce working part-time is increasing and greater numbers of staff are required to make up full-time positions.

The MHAOD workforce operates in a highly demanding and at times stressful environment and in continuing to implement service improvements in workforce development, it is important to acknowledge the extent and impact of these reforms on the workforce.

The framework acknowledges that the knowledge and skill base of the MHAOD workforce needs to evolve alongside changing service models to keep pace with need.

The Framework

Purpose and Scope

The purpose of the framework is to outline a vision, goals and strategies to guide MHAOD workforce development and planning and their collaborative implementation at state-wide, regional and local service levels across the Queensland Health funded service system.

The workforce within scope of the framework includes:

- **MHAOD workforce**: Staff working in Queensland Health funded MHAOD services delivered through HHSs and NGOs.

- **Generalist health workforce**: Staff working in Queensland Health funded general health services, including those in hospital and community settings as well as ambulance services. Staff working in general health services may interact with individuals experiencing mental illness and/or problematic substance use.

This workforce encompasses a range of disciplines and roles including:

- Nurses

- Medical practitioners

- Psychiatrists

- Addiction medicine specialists

- Allied health (including social workers, psychologists, occupational therapists, speech therapists, exercise physiologists, dietitians, pharmacists)

- Indigenous MHAOD workers

- Peer workers

- Consumer and carer advocates and consultants

- Therapy aids and assistants

- Support or rehabilitation workers and other residential support workers

- Administrative support, managerial and leadership, quality and safety staff.

While not included in the scope of this framework, professionals and support staff working beyond Queensland Health funded services are an important part of the MHAOD system and play an essential role in the provision of integrated and collaborative care.

Vision

Our mental health alcohol and other drugs workforce is designed, strengthened, connected and enabled to provide responsive, high quality, recovery-focused services.

Principles

The framework is underpinned by three key principles as outlined below.

1. Person-centred

The design and development of the workforce focuses on providing services that respond to the needs and strengths of individuals, their families and carers. The workforce has the skills and competencies to meet the holistic needs of individuals in ways that are strengths-based and recovery-orientated. People with lived experience and service users are engaged as valued partners in guiding workforce design, planning, development and evaluation. The rights and dignity of individual and their families and carers are respected and upheld. The workforce is supported to recognise and be inclusive of the views, needs and strengths of people from diverse social, cultural and spiritual backgrounds.

2. Sustainable, accessible and equitable

Current and ongoing workforce planning and development should aim to provide a foundation for the workforce to meet future challenges. As demand for MHAOD services increases over time and community expectations grow there will be a greater need to ensure a sustainable supply of expertise, experience and skills to deliver MHAOD services. Workforce planning should ensure that the workforce is deployed in a manner that supports accessibility for individuals, their families and carers, and that there is equitable provision of services based on need.

3. Continuous quality improvement and service excellence

Workforce planning and development is motivated by a commitment to continuously improve service delivery outcomes for individuals, families, carers and the broader community with the ultimate aim to provide high quality and evidence-based care. Treatment and care is informed by innovation, research and the application of best practice. The workforce applies the highest ethical service and professional standards and participates in ongoing professional development to apply knowledge consistent with professional and organisational practice standards.

Core Focus Areas

The framework is organised in alignment with the four core focus areas in *Advancing health service delivery through workforce – A strategy for Queensland 2016-2026*:

1. **Designing the workforce** - health care tasks, roles, and teams are constructed in smart, safe, and innovative ways. Workforce models harmonise with service models, digital innovation, workforce supply, and the needs of a dispersed population. Effective, contemporary design can be seen in efficient, inter-disciplinary and team-based practice. System enhancements enable optimised roles and new workforce designs to flourish.

2. **Enabling the workforce** - innovative, streamlined work practices supported by effective legislative, regulatory, policy, and funding frameworks. Employment arrangements promote workforce quality, flexibility, and sustainability. Contemporary workforce data systems enable evidence-based workforce planning.

3. **Strengthening the workforce** - connections between stakeholders in health, education, training and professional development are strengthened to optimise responsiveness to changing sector requirements. Educational pathways and clinical practice programs are streamlined and enhanced. Health sector workplaces prepare and develop existing and emerging leaders to cultivate supportive, efficient and sustainable workplace cultures.

4. **Keeping connected** – strong relationships between health workforce stakeholders enable information sharing and the cultivation of a common understanding about priority issues. A culture of partnering and integration leads to the breaking down of 'silos' and the development and ownership of shared solutions.

Strategic alignment

The framework aligns with national and state strategic and workforce policy documents.

- *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programs and Services*

- *National Mental Health Workforce Strategy 2011[4]*

- *National Alcohol and Other Drug Workforce Development Strategy 2015-2018[5]*

- *Queensland's Health Vision – My health, Queensland's future: Advancing health 2026[2]*

- *Advancing health service delivery through workforce: A strategy for Queensland 2016-2026[3]*

- *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026*

- *Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021[14]*

- *Connecting care to recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drugs services 2016-2021[1]*

- *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*

- *National Mental Health Services Planning Framework (NMHSPF)*

- *Drug and Alcohol Service Planning Model (DASPM)*

- *National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019*

Focus areas	Goals	
Designing the workforce • Core knowledge and skills for the MHAOD workforce • A flexible workforce operating at its optimal scope of practice • Recruiting and retaining the MHAOD workforce	**Goal 1** The workforce is designed to deliver services to achieve optimal outcomes for individuals, their families and carers	**Goal 2** MHAOD services attract, develop and retain workers with the necessary attitudes, knowledge and skills to maintain a competent and sustainable workforce
Enabling the workforce • Flexible workforce practices • Building the future MHAOD workforce through workforce planning	**Goal 3** Flexible employment arrangements that focus on workforce sustainability, safety and quality are fostered	**Goal 4** Agreed, effective and sustainable workforce planning frameworks guide strategic workforce decision-making at state-wide, regional and local levels

Strengthening the workforce
• Education, training and professional development pathways
• Developing the future leaders of the MHAOD workforce
• Culturally safe care
• A well and safe workforce

Goal 5 Sustainable and responsive education, training and professional development support an engaged, competent and continually improving workforce

Goal 6 Organisational and professional support exists for current and emerging leaders in clinical and managerial positions with a focus on ongoing development

Goal 7 The cultural capability and competence of the workforce is continually enhanced

Goal 8 The workforce is able to deliver services in a culturally, physically and psychologically safe environment where staff wellness is actively promoted

Keeping connected
• Ability to effectively partner with other care providers and an individual's family and carer(s)
• Equipping the broader workforce with the necessary MHAOD skills

Goal 9 The MHAOD workforce fosters positive collaboration, partnership and engagement with individuals, their families and carers, as well as other care providers

Goal 10 The MHAOD workforce is connected to, and supports the general health workforce to respond to the needs of individuals, their families and carers

Workforce strategies

A number of strategies have been developed in alignment with the four focus areas and goals as a guide for state-wide, regional and/or local implementation.

Designing the workforce

Focus

- Core knowledge and skills for the MHAOD workforce
- A flexible workforce operating at its optimal scope of practice
- Recruiting and retaining the MHAOD workforce

Core knowledge and skills

The MHAOD workforce is characterised by a diverse level of specialisation, roles and service types offered across services. There are core sets of knowledge, skills and values which underpin how MHAOD workers should practice. In particular, there are core skills which are needed by both the mental health and AOD workforce. Identifying the set of core knowledge and skills is important for:

- maintaining consistency in care
- ensuring the MHAOD workforce maintains and develops skills that keep pace with emerging evidence
- working with education and training providers to ensure the workforce is trained to an appropriate standard.

Key areas of knowledge and core skills identified for further development include:

- communication and interpersonal skills that facilitate engagement and the development of positive rapport with individuals, their families and carers
- awareness of stigma and non-judgemental approach
- importance of therapeutic relationships
- knowledge of counselling micro skills
- competent in Motivational Interviewing
- comprehensive case formulation and treatment planning based on contemporary evidence and assessment
- understanding of and skills in delegation and task assignment
- risk assessment and management in the context of recovery oriented practice
- knowledge and skills to deliver trauma-informed care
- knowledge of different types of drugs, their uses and impact
- knowledge and skills relating to delivery of therapeutic interventions, such as cognitive behaviour therapy, and acceptance and commitment therapy
- knowledge and understanding of harm in relation to substance use
- knowledge about how to treat individuals with co-morbid mental health, substance use, and/or physical health issues.

Identifying core competencies does not diminish the separate competencies and skills particular to professional disciplines. The application of core skills and competencies is underpinned by practice standards. Concepts such as recovery-focused, person-centred care, respect for diversity, least-restrictive care, and involvement of individuals, their families and carers in treatment need to be understood, reflected on, and applied. Practice standards are a driver for engagement in ongoing professional development and the application of core knowledge and skills to service delivery.

Optimising scope of practice

There are opportunities to optimise the current scope of practice for the MHAOD workforce. In order to do this, the expected scope of practice for each aspect of the workforce, both across professions and across competency levels needs to be clearly defined. This includes identifying the relevant credentials and ongoing professional development required at each level. There is also a need to develop state-wide consensus on the evidence-based interventions required for each model of service. Current barriers to the MHAOD workforce practicing to their full scope need to be explored and addressed. This includes more accurately identifying clinical need and reorganising how the workforce is currently structured and governed to more effectively meet these clinical needs. Cultural reform and leadership support are required as new ways of practicing are tested and adopted.

Peer or lived experience workforce

Although evidence of the effectiveness of peer or lived experience workforce is still emerging, it is acknowledged that peer workers are valued by individuals, carers and families in a range of settings. However, improved clarity on the roles, education and training, career pathways, leadership responsibilities and supports required for the peer workforce, especially those working in MHAOD services, is required.

Administration staff

People working in administration, assistant and other clerical-type roles often interface with individuals engaged in the service system. Interpersonal and communication skills as well as an appropriate understanding of trauma-informed practices are important across this workforce and there is increasing recognition that people in these roles need to be better equipped to interface with individuals, their families and carers.

Non-clinical Support workforce

Increasingly as support workers from the NGO sector are engaged in providing MHAOD services there will be opportunities to develop innovative workforce design solutions. Training and professional development activities need to be inclusive of these roles, and a framework to support co-design and co-production of services will be required. Redistribution of tasks and processes to support appropriate delegation of work to these roles can be embedded in workforce design and models of service.

Recruitment and retention

Most MHAOD services report significant challenges in attracting, recruiting and retaining workers across a range of roles, locations and skill sets. There is a pressing need to support and develop existing workers as well as attracting new skilled workers capable of delivering high quality and contemporary services. Marketing of MHAOD services as an attractive career choice, both for graduates and the existing health workforce, needs to be targeted to areas of need. Currently graduates have limited

exposure to MHAOD workplaces. Placements, graduate programs and flexible employment arrangements for students would enable services to develop pathways into MHAOD careers.

Identified state-wide priority areas for recruitment include (not in any priority order):

- MHAOD workers in rural and remote locations
- Alcohol and other drugs (AOD) clinicians
- Addiction specialists
- Psychiatrists
- Aboriginal and Torres Strait Islander MHAOD workers
- Workers with a lived experience of mental illness and recovery

Goals	Strategies
Goal 1 A workforce designed to deliver services to achieve optimal outcomes for individuals, their families and carers	**Strategy 1.1** Develop and implement core competency frameworks across disciplines, including the peer and non-clinical workforces to clearly define required attitudes, values, knowledge and skills for MHAOD service delivery.
	Strategy 1.2 Work with the MHAOD professional groups, service managers and consumers to support optimisation of skills and scope of clinical practice, and better utilise the skills of non-clinical, peer and administrative workers.
	Strategy 1.3 Strengthen mechanisms for participation of individuals, their families and carers to engage in workforce design processes at a state-wide, regional and local level.
	Strategy 1.4 Review current practices, protocols and scope of practice of the existing mental health peer workforce to inform a peer workforce development plan.
Goal 2 MHAOD services that attract, develop and retain workers with the necessary attitudes, knowledge and skills to maintain a competent and sustainable workforce	**Strategy 2.1** Promote MHAOD services as a career of choice to students and new graduates through partnerships with the tertiary education and vocational training sectors. Increase student placements and graduate programs across settings.
	Strategy 2.2 Develop and promote career pathways to maximise recruitment and retention through optimal development, leadership and remuneration opportunities, including consideration of regional and remote settings and Aboriginal and Torres Strait Islander workers.
	Strategy 2.3 Target recruitment and tailor approaches to respond to identified workforce shortages and need across disciplines and geographical locations.

Enabling the workforce

- Flexible workforce practices
- Building the future MHAOD workforce through workforce planning

Flexible workforce practices

Flexible work practices are becoming increasingly important. From a service provider and staff member perspective this includes allowing the various parts of the workforce to perform different tasks within their scope of practice, work across employers and sectors and provide employment options that will suit the workforce as they age, or their circumstances change. This will maximise workforce utilisation.

Consideration needs to be given to what flexibility means for service delivery and innovative employment models demonstrating how these flexible arrangements can be implemented and at the same time meeting service delivery demands are required.

Workforce planning

Service and workforce planning at a state and local level is required to identify the priorities for workforce and service delivery based on community need. Improved information to support workforce planning, particularly in AOD services is needed to ensure the sustainable supply of the workforce into the future.

Workforce planning needs to align to recognised MHAOD planning frameworks.

Goals	Strategies
Goal 3 Flexible employment arrangements that focus on workforce sustainability, safety and quality are fostered	**Strategy 3.1** Embed employment arrangements that promote workforce flexibility and sustainability to produce high quality and safe outcomes.
	Strategy 3.2 Support the needs of ageing workers to remain in the workforce.
	Strategy 3.3 Ensure there are mechanisms for succession planning.
Goal 4 Effective and sustainable workforce planning frameworks to guide strategic workforce decision making at state-wide, regional and local levels	**Strategy 4.1** Collaboratively develop models of workforce planning that align with national and state strategies, which are more effective and responsive to changing needs and regional and local workforce variation.
	Strategy 4.2 Review and develop mechanisms to continually enhance availability and utilisation of valid, reliable and timely data and information that supports responsive and longer-term evidence-based workforce planning.
	Strategy 4.3 Establish a clear governance structure for MHAOD workforce planning ensuring participation and engagement of internal and external stakeholders, key experts, and individuals, their carers and families.

Strengthening the workforce

Focus

- Education, training and professional development pathways
- Developing the future leaders of the MHAOD workforce
- Culturally safe care
- A well and safe workforce

Education, training and professional development

The MHAOD workforce needs accessible and appropriate education and ongoing training pathways to:

- ensure graduates have the skills they need when entering the workforce
- support therapeutic skills development to enable professionals to utilise their full scope of practice
- guide ongoing professional development [15]
- improve the workforce's ability to respond to changes in best practice[5].

There are a range of skills and competencies required of the future MHAOD workforce that should be reflected in workforce education and training programs and align with national practice standards.

As service delivery models change and the skills and mix of competencies evolve, it is imperative for Queensland Health to effectively collaborate with the tertiary and vocational education sector, professional colleges and accreditation bodies to ensure new graduates are equipped with contemporary skills and knowledge. This includes guiding the standards and competencies expected of graduates.

Leadership

Leadership is needed to inspire, motivate and engage the workforce and optimise outcomes for individuals. Effective leadership provides a clear direction and vision, creates an environment in which change is more readily accepted and continual improvements to service delivery can be made. Providing opportunities for leadership and professional growth has been found to contribute to job satisfaction, retention and improved patient outcomes in mental health nurses. Leadership needs to be identified and fostered at all levels within the organisation and applies to those who wish to move into management role and well as those who wish to develop in an advanced clinical role. Understanding how current MHAOD services develop future leaders and what can be done to better support this is an important consideration. A consistent approach to leadership development is needed, as is the ability to share innovations and lessons in leadership across the MHAOD workforce.

Cultural safety

Supporting the development of a culturally capable workforce is a focus of both national and state MHAOD strategies including *Connecting Care to Recovery*[1] and the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021*[14]

These strategies and plans acknowledge the need to develop culturally and clinically safe and effective models of service. Cultural safety refers to a culturally optimal state of the relationship between care provider and recipient. A culturally safe MHAOD service needs to represent cultural safety not only for individuals receiving a service but also for its workforce. The key aspects to developing a workforce that delivers culturally safe, appropriate care include:

- improved cultural safety of the existing workforce
- expansion of that part of the workforce who identify as Aboriginal and Torres Strait Islander
- expansion of the that part of the workforce that is culturally and linguistically diverse.

Workforce wellbeing and occupational safety

The workforce needs to be well and feel safe. There are a number of factors which affect the health and wellness of the workforce. The National Mental Health Commission and the Mentally Healthy Workplace Alliance have identified three (3) groups of factors:

- job design - control over the role, level of resources available to workers, job characteristics and regular exposure to trauma
- team factors - support from colleagues and managers, the quality of interpersonal relationships and leadership
- organisational factors – organisational changes, organisational support, stigma, recognition and reward and the physical environment.

In addition to workplace factors, other factors including home and work balance (i.e. conflicting demands and significant life events) and individual biopsychosocial factors (personality, resilience, genetics, mental health history, lifestyle) need to be considered in the design of a well and safe workplace.

The MHAOD workforce is variously impacted by the levels of need and complexity in treating and supporting individuals, families and carers affected by mental illness and problematic substance use. An important part of having a 'well workforce' is a safe workplace. Workers need a safe work environment free from violence and verbal abuse where staff complaints are taken seriously. Some characteristics of a well and safe workforce include:

- Access to support for vicarious trauma
- Availability of resources
- Connection with fellow workers
- Access to appropriate clinical supervision and mentoring.

Goals	Strategies
Goal 5 Sustainable and responsive education, training and professional development supporting an engaged, competent and continually improving workforce	**Strategy 5.1** Review and embed mechanisms for the development and provision of training programs and education for specialist MHAOD workers which align with identified competencies. These programs need to include the use of new technologies and be tailored to meet the needs of culturally diverse workers and those in rural and remote areas.
	Strategy 5.2 Develop and enhance formal systems for training, professional development, mentoring and supervision for new MHAOD workers.
	Strategy 5.3 Provide ongoing training and professional development for advanced and skilled professionals including a focus on further education, therapeutic skills development, translation research, specialisation, advanced practice and other opportunities including provision of mentoring and supervision.
	Strategy 5.4 Develop and deliver education and training programs that support competencies and scope of practice of peer, non-clinical and administrative MHAOD workforces.
	Strategy 5.5 Implement and promote innovative training, education and professional development programs developed through cross-sectoral partnerships including collaboration with research institutions that support translation of new evidence into practice.
Goal 6 Organisational and professional support exists for current and emerging leaders in clinical and managerial positions with a focus on ongoing development	**Strategy 6.1** Enhance training and support to develop leadership skills across all elements of the workforce including Aboriginal and Torres Strait Islander and peer support workforces.
	Strategy 6.2 Develop and deliver targeted programs for senior clinicians and managers to enhance individual leadership skills and implement organisational strategies to support leaders.

Goals	Strategies

Goal 7
The cultural capability and competence of the workforce is continually enhanced

Strategy 7.1
Build positive workplace cultures that value and respect cultural diversity by promoting cultural awareness, strengthening skills to provide culturally appropriate services, and ensuring the availability of culturally appropriate resources.

Strategy 7.2
Improve the capability and capacity of the Aboriginal and Torres Strait Islander workforce by providing a clear career structure and enhanced leadership and dedicated training and professional development opportunities.

Goal 8
A workforce able to deliver services in a culturally, physically and psychologically safe environment where staff wellness is actively promoted

Strategy 8.1
Identify opportunities to improve the physical safety of workplaces and embed practices that protect staff, reduce the likelihood of occupational violence, and respond to its effects, in line with the recommendations contained within *Occupational Violence Prevention in Queensland Health's Hospital and Health Services* (2016).

Strategy 8.2
Implement training programs that equip staff (including administrative staff) with skills to manage high risk situations.

Strategy 8.3
Support a culture of staff psychological wellness through the provision of appropriate training and supervision, peer-to-peer support and counselling; and provide support to build resilience and minimise the effects of vicarious trauma.

Strategy 8.4
Implement the *Workplace Mental Health Wellbeing Framework 2017* in all MHAOD services.

Keeping connected

Focus

- Ability to effectively partner with other care providers and an individual's family and carer(s)
- Equipping the broader workforce with the necessary MHAOD skills

Effectively partner with other care providers, carers, and families

System coordination and connectedness is important to ensure the best outcomes for individuals, families, carers and communities. *Connecting Care to Recovery*[1] and *My health, Queensland's future: Advancing health 2026*[2] and *Advancing health service delivery through workforce – A strategy for Queensland 2016-2026*[3] support initiatives to reduce service fragmentation and improve planned, integrated and coordinated services.

Integrated and holistic responses are best achieved through effective partnerships. This involves identifying and removing systemic barriers to collaboration between health and other government providers, and also between government and non-government service providers. Working across an integrated system relies on well-articulated skill sets, scope of practice and support through organisational and clinical governance frameworks. Engaging families and carers as partners in service delivery requires a workforce which views individuals in the context of their families and community connections, and works towards effective participation and inclusion in society. The workforce must be equipped with the skills and resources required to assist individuals (and their families or carers) to navigate a complex service system.

Technology and information management can play a pivotal role in achieving this by improving access to and sharing of information. The workforce will require ongoing support to develop skills related to information management, including processes for recording clinical information and sharing information across service providers. This includes access to mobile technology for use in clinical settings.

There is a need to improve information sharing and flow across the service system – including between mental health and AOD services.

Equipping the broader workforce with the necessary MHAOD skills

Developing the capacity and capability of the generalist health workforce to respond appropriately to individuals, families and carers to mental illness and/or substance use are key focus areas of the *National Mental Health Workforce Strategy 2011*[4] and the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*[5].

Connecting Care to Recovery[1] prioritises actions across the health workforce to build capacity to more effectively assess and respond to people at risk of suicide.

There are currently limited and inconsistent mechanisms available to collaborate with other care providers in effective and sustainable ways. Connections with police and ambulance services, emergency department services and primary health care must be strengthened at the local and state-wide level.

Goals	Strategies
Goal 9 A MHAOD workforce that fosters positive collaboration, partnership and engagement with individuals, their families and carers, as well as other care providers	**Strategy 9.1** Explore opportunities at the individual staff, organisational and systemic levels to enhance meaningful engagement and participation of individuals, their families and carers. **Strategy 9.2** Improve working relationships with other care providers through innovative models of care where possible (i.e co-location of services); and strengthen processes such as joint-training, information sharing, shared data collection and evaluation and joint case conferencing to ensure the successful implementation of models of care.
Goal 10 A MHAOD workforce connected to, and supporting, the general health workforce to respond to the needs of individuals, their families and carers	**Strategy 10.1** Strengthen formal and informal relationships, communication, systems and processes to support frontline and general health services to plan and deliver shared care, including consideration of models for rural and remote settings. **Strategy 10.2** Collaboratively design and implement sustainable education and training programs and pathways to develop attitudes, values, knowledge and skills of generalist health workforces to improve service delivery and outcomes for MHAOD patients and clients, including participation of individuals, their families and carers.

Mental Health Alcohol and Other Drugs Workforce Development Framework

Vision

Our mental health alcohol and other drugs workforce is designed, strengthened and connected to work with individuals, their support networks, and their communities to improve wellbeing.

Focus areas

Designing the workforce
- Core knowledge and skills for the MHAOD workforce
- A flexible workforce operating at its optimal scope of practice
- Recruiting and retaining the MHAOD workforce

Enabling the workforce
- Flexible workforce practices
- Building the future MHAOD workforce through workforce planning

Strengthening the workforce
- Education, training and professional development pathways
- Developing the future leaders of the MHAOD workforce
- Culturally safe care
- A well and safe workforce

Keeping connected
- Ability to effectively partner with other care providers and an individual's family and carer(s)
- Equipping the broader workforce with the necessary MHAOD skills

Goals
1. The **workforce** is designed to deliver services to achieve optimal outcomes for individuals, their families and carers
2. MHAOD services attract, develop and retain workers with the necessary attitudes, knowledge and skills to maintain a competent and sustainable workforce
3. Flexible employment arrangements, that focus on workforce sustainability, safety and quality, are fostered
4. Agreed, effective and sustainable workforce planning frameworks guide strategic workforce decision making at state-wide, regional and local levels
5. Sustainable and responsive education, training and professional development support an engaged, competent an continually improving workforce
6. Organisational and professional support exists for current and emerging leaders in clinical and managerial positions with a focus on ongoing development
7. The cultural capability and competence of the workforce is continually enhanced
8. The workforce is able to deliver services in a culturally, physically and psychological safe environment where staff wellness is actively promoted
9. The MHOAD workforce fosters positive collaboration, partnership and engagement with individuals, their families and carers, as well as other care providers
10. The MHOAD workforce is connected to, and supports the general health workforce to respond to the needs of individuals, their families and carers

Enablers
- Leadership & supervision
- Technology
- Data and information
- Contemporary best practice models of care
- Service planning frameworks
- Practice standards
- Contemporary employment arrangements
- Ongoing professional development

Drivers

- Population ageing and changing complexity of need
- Changing legislation, policy and funding
- Changing consumer and community expectations
- Changing workforce make-up and expectations of work
- Changing best practice

References

1. Queensland Government. (2016). Connecting Care to Recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drugs services. Brisbane, Queensland.

2. Queensland Health. (2016). My Health, Queensland's Future: Advancing Health 2026. Brisbane, Queensland.

3. Queensland Health. (2016). Advancing health service delivery through workforce: A strategy for Queensland, 2016-2026 Brisbane, Queensland.

4. Mental Health Workforce Advisory Committee. (2011). National Mental Health Workforce Strategy. Canberra, ACT.

5. Intergovernmental Committee on Drugs, (2014), National Alcohol and other Drug Workforce Development Strategy 2015-2018

6. Australian Institute of Health and Welfare 2014 Illicit drug use—current and future issues, Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

7. Queensland Government Statistician's Office, Queensland Treasury, Population growth highlights and trends, Queensland, 2016 edition.

8. Queensland Health 2011, Increasing burden of chronic health conditions, Queensland Burden of Disease and Injury series 2 circular 1

9. Queensland Government 2012, Diversity Figures, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs

10. Queensland Centre for Mental Health Research. (2015). Understanding regional variations in mental health and alcohol and other drugs services in Queensland. Brisbane, Queensland.

11. Queensland Mental Health Commission. (2016). Towards A Queensland Rural And Remote Mental Health And Wellbeing Action Plan: Discussion Paper. Brisbane Queensland.

12. Cosgrave, C., Hussain, R., & Maple, M. (2015). Retention challenge facing Australia's rural community mental health services: Service managers' perspectives. *Australian Journal of Rural Health*, 23(5), 272-276.

13. Queensland Health. (2013). Future Workforce Strategy for Better Healthcare in Queensland 2013-2018. Brisbane, Queensland.

14. Queensland Health. (2016). Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021. Brisbane, Queensland

15. Mental Health Coordinating Council (2016), Mental Health Recovery Philosophy Into Practice - A workforce development guide
http://www.mhcc.org.au/home/publications/workforce-development-guide.aspx