# National AOD Workforce Development Strategy

# Submission By: Australian Private Hospitals Association (APHA)

Australian
Private Hospitals
Association

# Draft National Mental Health Workforce Strategy

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**Australian Private Hospitals Association ABN 82 008 623 809**

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# Executive summary

APHA is appreciative of the opportunity to comment on the draft National Mental Health Workforce Strategy. However it is noted with concern that although the Strategy refers to the private sector in general, the development process has not been informed by any specific consultation or engagement with the private hospital sector despite the sector having a major and distinctive role in the delivery of mental health services.

To address this point, in addition to responding to the consultation questions, this submission provides an overview of the services provided by private psychiatric hospitals and particular workforce issues confronting the sector. The submission also outlines the way in which the sector contributes to the training and ongoing development of the mental health workforce.

The private hospital mental health sector is significant, providing 3,722 psychiatric beds over 72 private hospitals. Approximately 43,000 people accessed private hospital mental health services in 2019-2020. They include people paying for services on a full-fee basis, people using private health insurance, compensable patients and clients of the Department of Veterans Affairs.

Private hospitals provide acute in-patient psychiatric care:

- Psychiatrist referred intensive multi-disciplinary care delivered on either an overnight basis or, where clinically appropriate, to people living in the community and attending on a day-basis.
- Psychiatrist referred community/out-reach programs targeting people at high risk of hospital readmission with multi-disciplinary care and linkages to social supports and other services.

The treating psychiatrist continually assesses which setting of psychiatric care is safe and most appropriate for the patient and may use a combination of treatments across overnight in-patient, ambulatory, private consultation and community settings.

In conjunction with specialist evidence-based therapies, some psychiatric illness may also require pharmacotherapy and/or brain stimulation procedures such as electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS). Deep brain stimulation (DBS) is also emerging as an effective treatment for certain psychiatric illnesses.

Therapeutic treatments are delivered by multi-disciplinary teams that may include the private treating psychiatrist, psychiatry registrars, nurses, psychologists, mental health occupational therapists, mental health social workers, exercise physiologists, drug and alcohol counsellors, music therapists, art therapists, diversional therapists and peer support workers. Teams are both multi and inter-disciplinary in nature and may also draw on expertise from a range of other supporting clinicians and providers including pharmacists, dietitians and community support organisations.

The private hospital sector provides substantial education and training, driven by the need to address workforce shortages, ensure quality of care and support organisational culture and values. Private hospitals provide an ideal and positive introduction to interdisciplinary team based mental health, improving the attractiveness of careers in mental health and providing exposure to a mix of settings.

The private hospital sector looks forward to a closer engagement with other stakeholders in the finalisation of the National Mental Health Workforce Strategy and the establishment of mechanisms that will enable genuine partnerships and allocation of resources to realise the aims and objectives of the Strategy once it is finalised and adopted.

To this end we strongly recommend direct representation of the private hospital sector in processes to finalise the Strategy and implement decisions flowing from its endorsement.

# Answers to the consultation questions

1. **To what extent does the aim of the draft Strategy address the key challenges facing Australia's mental health workforce?**

The Strategy addresses many of the key challenges which have faced the workforce in the past, but the document also needs to be updated in light of the immediate and longer term impacts on the health workforce of the COVID-19 pandemic. This assessment needs to take account of both Australian and global impacts on workforce retention, migration flows and training opportunities.

2. **To what extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?**

In broad terms the aim and objectives provide a suitable framework to meet the needs of the Australian community. What is lacking are the mechanisms that will enable meaningful engagement and partnership between all stakeholders, government and non-government, in order to realise meaningful change.

It is particularly disappointing that the private hospital sector has had no role in the process until this point.

3. **Are there any additional priority areas that should be included?**

Although the Strategy mentions the 'private sector' in general terms, it fails to acknowledge the role of the private hospital sector within the broader mental health sector. In doing so it fails to capture adequately both an understanding of the strategic challenges facing the sector and the opportunities offered by the private hospital sector in meeting these challenges. The Strategy also fails to consider the impact of government policy and markets on the career choices of mental health professionals working in the private sector and the extent to which these forces lead to unevenness in service provision.

Another area that is lacking in the Strategy is consideration of the mental health workforce in a global context. Prior to 2020, temporary and permanent migration has played a significant role in supporting the mental health workforce by providing skilled and experience staff; particularly nurses with expertise in mental health. While the global landscape has now changed as a result of the COVID-19 pandemic, it will not be possible to address Australia's mental health workforce needs without consideration of the global context and the challenges and opportunities it presents.

4. **The draft Strategy seeks to balance the need for nationally consistent approaches that support the reform agenda with sufficient flexibility for states, territories and service providers to pursue priorities that reflect their specific contexts and challenges across occupations and settings (public, private and community-based). To what extent does the draft Strategy achieve an appropriate balance?**

See the response to question 3

**5. The draft Strategy provides a high-level roadmap to improve the attractiveness of careers in mental health, with implementation approaches differing across occupations and locations. To what extent does the draft Strategy provide a useful approach to addressing issues that impact on the attractiveness of the sector?**

APHA agrees with the priorities and actions against Objective 1 however these actions should include specific initiatives to increase opportunities to raise awareness of and provide exposure to the private hospital sector.

The private hospital sector has an extremely valuable role to play in attracting professionals to the mental health sector. It offers valuable training opportunities in an acute care setting, exposure to a broad case-mix and exposure to multi-disciplinary models of care. Private hospitals continuously interact with the public hospital sector, psychiatrists and psychologists in private practice and the community sector. As such the private hospital sector offers a vantage point from which new entrants can gain an overview and introduction to the sector as a whole.

Private hospitals also offer stable long-term employment opportunities and development pathways. Private hospitals provide opportunities for clinicians to work flexibly to their full scope of clinical practice supported by the security of an organisational infrastructure that is able to provide clinical governance, supervision and professional development. Private hospitals provide a permanent infrastructure and organisational capacity which is often difficult to sustain in the community sector. Partnerships between private hospitals and community sector providers can overcome these limitations providing support for mental health professionals to work across both hospital and community settings.

**6. A key issue for the mental health workforce is maintaining existing highly qualified and experienced workers. To what extent does the draft Strategy capture the key actions to improve retention?**

APHA agrees with the focus on measures to improve retention and welcomes the acknowledgement that the way in which services are funded can constrain providers in their ability to provide secure employment, supervision and career pathways.

APHA recommends the creation of multiple pathways and a diversity of opportunities for professionals to obtain and retain mental health credentials.

**7. The Productivity Commission and other inquiries have identified the importance of improving integration of care and supporting multidisciplinary approaches. How can the Strategy best support this objective?**

Private hospitals are extremely well placed to demonstrate the value of multidisciplinary care and to provide training opportunities in multidisciplinary settings.

**8. There are recognised shortages across the mental health workforce, including maldistribution across metropolitan/regional locations and settings. To what extent does the Strategy address the issues and supports required to improve workforce distribution?**

While shortages in regional locations are undeniable, there are also persistent shortages and maldistributions within metropolitan areas.

The need to provide increased training opportunities in regional areas should not come at the expense of expanding and enriching the diversity of training opportunities to the benefit of the mental health workforce overall.

**9. Adopting a broad definition of the mental health workforce provides a platform for innovation to ensure all occupations are able to work effectively. How can the Strategy encourage innovation in service delivery models and workforce optimisation approaches?**

The Strategy can best encourage innovation by broadening the range of opportunities available to trainees and early career clinicians including opportunities in private hospitals.

# Current workforce challenges

The private hospital sector has experienced long running workforce shortages particularly in psychiatrists with a focus on treating inpatients and experienced mental health nursing staff. To support this submission, APHA recently surveyed private hospitals that provide psychiatric care.

Respondents to this survey confirmed that the majority of private hospitals experience significant shortage especially in mental health nursing, registered nurses and enrolled nurses, clinical psychologists and general psychologists. It is also increasingly evident the percentage of psychiatrists interested in treating patients in the acute setting is declining.

These results suggests that in addition to an overall shortage in supply for some professions there is also competition between segments within the mental health sector. Drivers of this competitive tension include not only lack of awareness of career paths but also differences in remuneration and practice opportunities. For example psychiatrists and psychologists appear increasingly to prefer community based private practice over hospital-based practice.

The COVID-19 pandemic has further exacerbated workforce challenges as a number of issues intersect:

- Secondment of clinical staff to support the COVID-19 pandemic response including testing, quarantine and mass vaccination programs.
- Curtailment of permanent and temporary skilled migration, (including people on working holidays) especially from the United Kingdom, Ireland and Asia and disruption of onshore training for international students.
- Loss of experienced overseas trained staff because of a lack of pathways to permanent residency and migrants electing to return to their home countries for personal reasons in the wake of the pandemic.
- Increased competition for experienced mental health workers as government and non-government services strive to meet growth in demand.
- An acute shortage of agency staff.
- Difficulties in covering shifts when absences occur due to isolation/testing requirements.
- Restrictions on deploying casual staff and agency staff across multiple locations especially during moderate/high risk times and lockdown.
- Restrictions on movement of clinical staff across borders in cross-border communities.

The existing workforce is under strain:

- Staff fatigue due to prolonged periods of moderate/high risk.
- Increased absenteeism related to sickness.

- Many nurses are electing to reduce their hours.
- Sick leave is trending much higher than 2020 and 2019.
- Recreational leave deferrals are also higher in areas where travel has been restricted.
- Anecdotal reports of increased intention to retire.

At the same time private hospital psychiatric services, like other mental health providers, have experienced the higher than ever levels of demand, providing services for almost 43,000 people in 2019-2020, increased demand of overnight admissions[1] and anecdotal reports of high levels of acuity. On top of this the private hospital sector has also been called upon to support mental health services in the public sector by providing beds for public patients and seconding staff into the public sector.

All of these factors, combined with the fact universities and registered training organisations have reduced intakes as they struggle to find sufficient clinical placements, mean workforce shortages will worsen. Previous projections need urgent revision.

The data in the draft Mental Health Workforce Strategy is flawed and out-of-date in its reporting of workforce shortages. The report fails to take account of the immediate and longer-term impact of COVID-19. Government and service providers need to work together to urgently address these pressures.

[1] PPHDRAS Annual Statistical Report for the 2019-20 Financial Year.

# The role of private hospitals in mental health in Australia

Private hospitals provide specialist psychiatric services across the full range of psychiatric conditions: depression and affective disorders, psychotic disorders, PTSD, anxiety disorders, alcohol and substance abuse, eating disorders and personality disorder. The private hospital sector provides an essential service to those with the most serious levels mental illness.

In 2019–20, there were 72 private hospitals providing specialist psychiatric services in Australia[2]:

- 37 were stand–alone private psychiatric hospitals
- 29 were private general hospitals that had psychiatric units
- 6 were psychiatric hospitals providing medical services.

In 2019–20, Private hospitals admitted 42,942 patients for psychiatric care[2]. Of those patients, 32,936 had a total of 48,412 separations for overnight inpatient care, and 20,363 patients received any care on a same day or outreach basis[2].

The private mental health sector provides a unique set of services based upon the fundamentally different casemix of patients to those in the public mental health sector. Almost half of the episodes in the private mental health sector have a diagnostic profile of Affective and Other Mood Disorders, followed by 21 percent for alcohol and other substance use disorders.

[2] PPHDRAS Annual Statistical Report for the 2019-20 Financial Year.

**Table 1: Mean Mental Health Questionnaire (MHQ-14) Total Scores (Mean) for episodes of overnight in-patient care by principal Mental Health Diagnostic Groups**

| **Principal Mental Health Diagnostic Group** | Episodes by Diagnostic Group (%) | MHQ-14 Total Score at Admission Mean |
|---|---|---|
| Schizophrenia, Schizoaffective and Other Psychotic Disorders | 6.2% | 34 |
| Major Affective and Other Mood Disorders | 48.6% | 25 |
| Post Traumatic and Other Stress Related Disorders | 8.3% | 23 |
| Anxiety Disorders | 7.4% | 26 |
| Alcohol and Other Substance Use Disorders | 20.9% | 33 |
| Eating Disorders | 2.6% | 26 |
| Personality Disorders | 3.4% | 21 |
| Other Disorders NEC | 2.6% | |
| Total (47,314 episodes) | 100% | 27 |

**Table 2: Mean Mental Health Questionnaire (MHQ-14)4 Summary and Total Scores (Mean and S.D.) for patients at admission to overnight in-patient care compared with the general population**

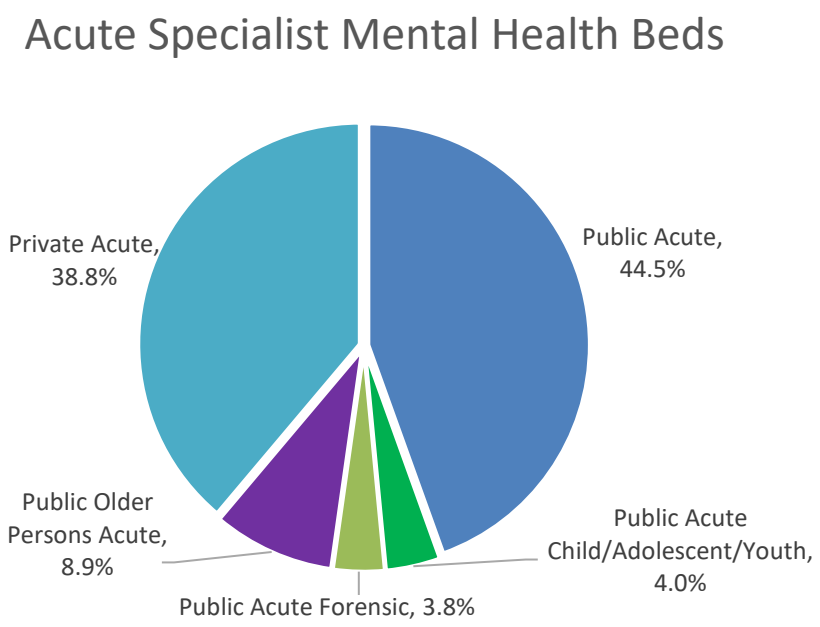
| **MHQ-14 summary score** | **Patients at admission** | **General population** |
|---|---|---|
| Vitality | 26 (21) | 65 (20) |
| Social Functioning | 28 (24) | 85 (23) |
| Role Functioning | 16 (30) | 83 (32) |
| Mental Health (anxiety and depression) | 34 (21) | 76 (17) |
| Total Score | 27 (19) | 75 (18) |

Across all summary scores and the total score patient responses at admission to overnight in-patient care put them in the lowest fifth percentile of the general population, indicating that they have very high levels of anxiety and depressed mood accompanied by very poor social and role functioning, and very low feelings of vitality.

## How does the private hospital sector compare to the public hospital sector in mental health?

The private hospital sector provided acute inpatient psychiatric care. Comparing like-for-like, the private hospital sector accounts for 39 percent of acute specialist mental health beds and 45 percent of acute adult general psychiatric beds[3].

**Figure 1: Acute Specialist Mental Health Beds - Australia**




However it is important to note that there are major qualitative differences between the two sectors. Of necessity, public hospitals must give priority to involuntary admissions and those patients most at risk of doing immediate harm to themselves or others, consequently it is generally acknowledged that public hospital services focus primarily on severe, low prevalence disorders. Public psychiatric wards are often stretched to capacity and unable to meet the demand for admitted patient care. Apart from this issue of limited capacity, historical differences in casemix mean that the knowledge and skill base of public psychiatric facilities is less focused on high prevalence mood and anxiety disorders and more focused on the management of psychotic illness.

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[3] Australian Institute of Health and Welfare (AIHW). Mental health services in Australia: Specialised mental health care facilities. AIHW; 2020. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialised-mental-health-care-facilities Accessed 22 January 2021.

The model of care in the public sector, due to the nature of the patient population who often are treated under involuntary treatment orders due to lack of insight into their mental health disorder, necessitates a custodial and often adversarial approach.

Patients with high prevalence disorders are more likely to actively seek treatment for their mental illness. Therefore patients with moderate to severe high prevalence mental health disorders are the most common diagnoses treated in private psychiatric hospitals. The therapeutic relationship with the treating team in the private hospital sector is more cooperative. Private psychiatric hospitals complement the public hospital sector by accepting patients who require acute psychiatric care who cannot be accommodated in the public hospital sector and providing a care environment which is qualitatively different from that available in the public acute care sector.

Due to this history, public hospitals have not developed to the same degree the knowledge and skill-base to manage non-psychotic disorders on an in-patient, ambulatory, out-reach or private consultation basis. As a consequence of these differences, the private hospital sector also provides a work and training environment that is quite different to that offered by the public hospital sector.

## What is the nature of acute psychiatric care in the private hospital sector?

In 2018-19, private psychiatric hospitals treated 42,135 people:

- 32,062 received overnight in-patient care.
- 10,721 received both overnight in-patient and ambulatory care.
- 10,073 received only ambulatory care[4].

In 2019-20, 42,942 people were treated and, partly due to the COVID-19 pandemic the percentage receiving some or all of their care as an overnight in-patient increased[5].

Treatment and care delivered in private hospitals is provided in accordance with the *Guidelines for Determining Benefits for Private Health Insurance Purposes for Private Mental Health Care (Mental Health Guidelines)*[6].

The decision about which type of care is most appropriate for the patient is made by the treating psychiatrist who undertakes a thorough assessment. The treating psychiatrist continually assesses which setting of psychiatric care is safe and most appropriate for the

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[4] PPHDRAS Annual Statistical Report for the 2018-19 Financial Year, July 2020.
[5] PPHDRAS Annual Statistical Report for the 2019-20 Financial Year, Feb 2020. The impact of the COVID-19 Pandemic has not been examined in this report but will be the subjects of a separate study.
[6] Private Mental Health Alliance. Guidelines for Determining Benefits For Private Health Insurance Purposes for Private Mental Health Care, 2015 Edition. Belconnen: PMHA; 2015. https://nla.gov.au/nla.obj-299533756/view. Accessed 22 January 2021.

patient and may use a combination of treatments across overnight in-patient, ambulatory, private consultation and community settings.

Therapeutic treatments are delivered by multi-disciplinary teams that may include the private treating psychiatrist, psychiatry registrars, nurses, allied health professionals (psychologists, mental health occupational therapists) mental health social workers, exercise physiologists, drug and alcohol counsellors, music therapists, art therapists, diversional therapists and peer support workers. Teams are both multi and inter-disciplinary in nature and may also draw on expertise from a range of other supporting clinicians and providers from pharmacists, dietitians, gym, yoga and tai chi instructors through to community support organisations.

In conjunction with specialist evidence-based therapies, some psychiatric illness may also require pharmacotherapy and/or brain stimulation procedures such as electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS). Deep brain stimulation (DBS) is also emerging as an effective treatment for certain psychiatric illnesses.

## Overnight in-patient care

In-patient care is managed by the treating psychiatrist, so that in-patient services are ideally part of an integrated treatment plan that both begins before the admission and continues upon discharge. In-patient care can be seen in a stratified or progressive way. After a thorough assessment period, the treating team can decide on the optimal package of evidence-based treatments and their sequence of delivery.

The private hospital will ensure access to a variety of treatments to tailor services to this continuum of care, so that patients can be offered the most appropriate and least restrictive treatment option. Hence, it would not be unusual to find a breadth of treatments in any particular hospital that extend from those which are trying to settle agitated patients (e.g. relaxation, mindfulness), to focus concentration (e.g. creative activities, art therapy), to foster behavioural activation (e.g. physical activity, walks, improving activities of daily living), to manage mood (e.g. psychoeducation, cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT)), to manage disordered personality and relationships (e.g. dialectical behaviour therapy (DBT), distress tolerance skills and interpersonal therapy (IPT)). Sometimes these programs will be delivered to patients with a variety of diagnostic presentations and at other times they may be delivered to homogenous diagnostic groups (e.g. post-traumatic stress disorder (PTSD), eating disorders, substance use, perinatal, older persons, children and adolescents). These treatment types will be delivered in various formats, such as in open and closed groups, to individuals and couples/families, or with carers and other supporters with the patient's consent.

## Ambulatory care

In private psychiatric hospitals, ambulatory care is the term given to any therapeutic treatment intervention delivered to a patient who is not an overnight in-patient. This means that a wide diversity of specialist treatment therapies and programs are captured within this term. Ambulatory care is an effective treatment option that enables the delivery of specialised psychiatric treatment by a multi-disciplinary team to patients with moderate to

severe mental health conditions who are assessed by the treating psychiatrist as not requiring 24-hour in-patient care. Programs can include:

- Post Traumatic Stress Disorder (PTSD)
- Cognitive Behaviour Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Addictive Disorder Programs
- individual and group therapy sessions
- Provision of continuation or maintenance ECT.
- Relapse prevention to allow patients to access therapeutic interventions in line with either a relapse prevention or crisis intervention plan.

## Out-reach

Out-reach (including Hospital-in-the-Home) care enables specialist psychiatric treatment that would normally be delivered in a hospital to be delivered in the patient's home and/or community. This model of care may be beneficial to those patients experiencing moderate to severe mental illness who have been assessed by the treating psychiatric as not requiring 24-hour care. It allows for clinicians to undertake in-home assessment whilst providing intensive one-on-one interventions. This type of care may also assist to moderate a developed reliance on institutional care that can be a consequence of some mental health conditions.

## Partnership with community-based providers

Private hospitals are increasingly partnering with community-based providers to provide mental health programs in the community. These include programs funded through Primary Health Networks. Private hospitals are able to provide multi-disciplinary teams of mental health and allied health professionals whose skills and capabilities complement the skills and capabilities of community based providers.

# Opportunities for training in the private hospital sector

The private hospital sector provides an ideal environment to introduce students and early career clinicians to multidisciplinary care across a range of models, programs and mental health conditions. APHA's survey results indicate a high degree of support for training opportunities. Placement in the private hospital sector provides students with exposure to a wider range of case-mix and acuity than found in the public hospital sector and further rounds out awareness of the wider mental health sector as a whole. Below is a summary of what survey respondents said about training opportunities and priorities in the private hospital sector.

Clinical placements for students:

- All respondents reported that they provide clinical placement for students.
- All participant hospitals reported that they would increase opportunities for student clinical placements in the hospital if funding was provided. They acknowledged in their response that funding needs to provide adequate support. Staff on the floor are managing high acuity patients, supporting and working with junior staff, and students are an additional responsibility.

Psychiatric registrars:

- For a number of years now, funding from the Australian Government has enabled the placement of psychiatric registrars in private hospitals.
- Many survey respondents reported that they employed 1 to 3 FTE funded psychiatric registrars. On top of this some respondents supported un-funded and non-accredited positions.
- All respondents reported that opportunities for psychiatric registrars would increase if funding was provided.

Links with universities and training organisations:

- Almost all the hospitals that responded, reported that they have particular links with universities or other training organisations.

Where possible some private hospitals are expanding their intake of mental health graduates to grow local workforces. At the same time, the private hospital sector faces significant challenges as it considers future education and training priorities. Workforce shortages not only limit capacity to provider services, they also constrain the sector's ability to provide supervision to trainees and mentoring for junior staff. Partnership with government and other mental health providers will be crucial in overcoming this limitation.

# The Australian Private Hospitals Association

The Australian Private Hospitals Association (APHA) is the largest peak industry body representing the private hospital and day surgery sector.

The APHA Psychiatry Committee brings together representatives from private hospitals providing mental health services in all states in Australia.

The APHA manages the Private Psychiatric Hospital Data Reporting and Analysis Service collecting data from 72 private hospitals across Australia.