Better Mental Health for Victoria

Here's what we can do **together** to re-establishing Victoria as Australia's leader in the sector.

HACSU
Health and Community Services Union

bettermentalhealth.org.au

Better MENTAL HEALTH

Authorised by HACSU State Secretary Lloyd Williams, 7 Grattan Street Carlton March 2019

Better Mental Health for all Victorians

HACSU is the only specialist union for mental health workers across Victoria. For years, frontline mental health workers have spoken about how Victoria's mental health system doesn't deliver for consumers. Consumers deserve a holistic, integrated and responsive service system, delivered by qualified, skilled and supported mental health workers.

To understand the crisis in mental health services you need only look to the Victorian Government's own Inspire report (June 2018), which found:

- **20,000 Victorians attempt suicide every year.**
- **Mental health related hospital admissions increased by 19% since the previous year.**

Despite spiralling demand, staffing increases have failed to keep pace, leading to ongoing service breakdowns where staff and consumers are exposed to physical and sexual violence. While all Victorians are suffering the consequences of a failing mental health system, older people, Aboriginal and Torres Strait Islanders and Victorians living in rural and remote locations are the most disadvantaged and require flexible and tailored supports, including models of earlier intervention across all ages.

The need for wholesale improvements to Victoria's mental health system has been acknowledged by the Victorian Government through its commitment to establish a Mental Health Royal Commission.

Community Consultations will now be held across the state to gather valuable opinions from all members of the community. HACSU will also be undertaking substantial research, including a workforce survey. HACSU members are encouraged to take part in both processes. Its is crucial that we gather as much information as possible to support our claims and we'll update you as to any future activities to support improvements to the sector.

What can YOU do?

1. **Complete our mental health workforce survey**
2. **Attend a Community Consultation near you**
3. **Talk to your colleagues about HACSU's proposals today!**

Five key changes we need now to deliver Better Mental Health for all Victorians

1 Introducing dedicated mental health emergency services workers

Police, paramedics and staff in hospital emergency departments are at the frontline of our broken mental health system. Whilst they lack the specialist mental health knowledge, this is now a large proportion of their daily work. The loss of dedicated, specialist CAT Teams has not delivered positive outcomes. Clinicians cannot provide continuing care. They only have capacity to focus on providing emergency care and there still aren't enough staff to provide the emergency care.

We've heard from our members and research has shown that the current PACER model works[1]. However the model remains chronically under-funded. Alongside dedicated CAT Teams, we need more mental health workers and more police available 24 hours a day to form part of the existing emergency services response teams to support the needs of the community.

This workforce requires dedicated, specialist training in mental health to de-escalate critical risks and enhance community, staff and consumer safety.

2 Expanded, strategic and sustainable workforce development

There are chronic staffing shortages across the mental health sector, with reports of over 450 vacancies across the state[2]. A major cause of the supply shortage is the mental health graduate intake system. Each year, over 800 prospective workers apply for 165 graduate intake positions in the clinical mental health system. These positions are all acute bed-based positions, with applicants required to complete two years of workplace training before becoming eligible to apply for a vacant position. Through surveying our members, we estimate an investment of at least 720 new staff is required over the next four years to adequately fill current and future vacanies, including:

- **90 Graduates in the 1st year**
- **90 Graduates and 90 Post Graduates in the 2nd, 3rd and 4th years**
- **90 Post Graduates in the 5th year**

HACSU is also advocating for an improved graduate training system involving rotations through teams to ensure new staff understand the entirety of the service system and are provided with opportunities to understand where they can make the greatest contribution.

[1]Huppert & Griffiths, 2015.

3 Mental Health educators are crucial

Our workforce surveys of the sector indicate the significant time and workload pressures clinicians face. There is little or no time for professional and career development, supervision and structured support. As a result, staff often enter the sector only to leave after a few years. There is significant value in clinical supervision for staff across their career and will greatly impact retention rates and workforce development. Recently 40 nursing educator roles were announced to fill the current gap, however services need more.

HACSU recommending increasing the amount of educators across nursing, allied health and the peer workforce, both in inpatient and community settings to provide much-need mentoring, training and support, and ensure Victoria has a sustainable mental health workforce.

4 Psychiatric Services Officers, Administrative & Peer Workforce

Mental health clinicians have unsustainably high caseloads. Compounding issues include case management and administrative work that can often be completed by non-clinical staff to maximise the time clinicians spend on supporting consumers' healing and recovery.

At present there are not enough non-clinical staff to support the function of clinical staff in the system, including supporting safe discharge pathways and referrals. All services need a significant investment in additional Psychiatric Services Officers (PSO), administrative staff and peer workers to assist with administrative tasks, transportation and engagement into connecting services such as housing and drug and alcohol services.

HACSU is recommending more PSO, peer worker and administratiive staff to ensure the right balance of staff are available for all service users to access. HACSU is also recommending further expansion of the Mental Health Engagement Workers Program currently being trialled by the Government.

5 Increasing and expanding forensic services

Forensic facilities provide mental health treatment and support to consumers who have involvement with the criminal justice system. These consumers are some of the most vulnerable and can pose a great risk to other members of the community.

Our current forensic facilities do not have the capacity required to service the needs of these consumers. With each new prison, more specialised forensic beds need to be built with improved security support along with appropriate discharge pathways including appropriate housing available to support safe transition back into the mainstream community when the time comes.

[2]Of the 165 positions, 56 are partially funded by the Victorian Government, with the remaining 109 funded by the various health services out of their existing budgets in order to grow workforce supply.

What else can the Royal Commission deliver for Better Mental Health for Victoria?



Victorian mental health service delivery needs substantial reform. Flagrant core structural problems are long-term under-investment and lack of accountability of funding. The chronic under-investment in mental health services has occurred over a lengthy period where service demand has spiralled, creating a dysfunctional system, because of unmanageable workloads. With a 37% increase in new service users recorded in the Department's latest annual report, we're seeing one mental health related emergency presentation every 10 minutes in our hospitals.

There are chronic skills shortages across the sector, and inadequate training models to address said shortages. Outdated paperwork and non-integrated IT systems continue to slow things down in all services.

These are the solutions the Royal Commission can deliver to address the chronic issues in Mental Health.

Better MENTAL HEALTH

HACSU's outline for Better Mental Health: Sustainable Infrastructure

1 Redesigning Therapeutic Environments

Many of the serious service breakdowns and violent incidents are occurring within our adult acute units. There are multiple precipitating factors, including stagging shortages, inadequately trained staff with an inappropriate mixture of skills, with prevalence of substance affected clients, aged clients, a lack of forensic facilities, etc. A key problem is consumers with physically and/or sexually violent behaviours inappropriately placed in acute units which increases the risk within the therapeutic environment and impacts the recovery of other consumers with chronic mental illness. It's a case of the bad behaviours of a small minority impacting the treatment of the majority.

HACSU members want to see the creation of more Psychiatric Intensive Care Units (PICUs) with specific staffing profiles including highly trained staff to provide services to consumers with violent behaviours to ensure our adult acute units can be the safe and supportive treatment environments they are designed to be. HACSU are proposing use of a model of co-design of services alongside those with lived experience of mental illness to ensure services meet their intended needs.

Our plan for Mental Health Hubs involves building service environments to suit consumer needs; rather than current medicalised hospital model in most services. Services will involve a 'step-down' model, whereby consumers can enter the system at any level, depending on the acuity of their illness.

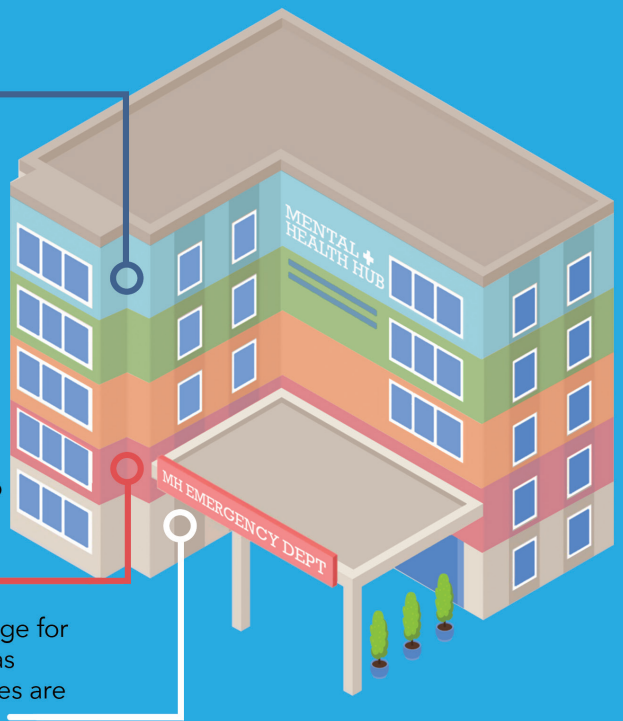
Support Accommodation is available to consumers requiring a safe place to stay whilst being provided with a range of life-skills and ability to access the Wellbeing and Recovery Centres as an outpatient.

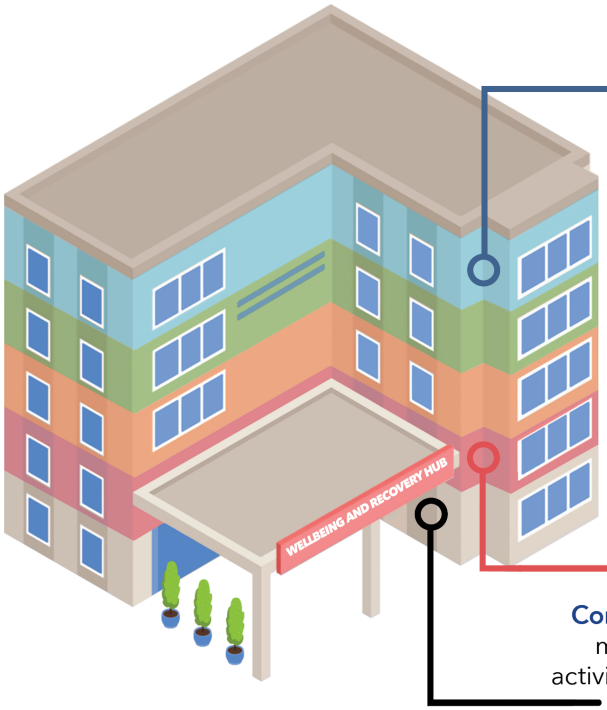
Wellbeing and Recovery Centres provide a wrap-around service network to consumers requiring a range of social, emotional and physical health supports.

Adult Acute Units are available for those consumers who are experiencing chronic or severe mental illness and require a high degree of support from clinical staff in an inpatient setting.

Psychiatric Intensive Care Units or **PICUs** are designed to care for and support the most acutely unwell mental health consumers within the community and provide a high level of support and care in an inpatient setting.

The Mental Health Emergency Department provides triage for incoming consumers and reviews physical health as well as mental health to ensure that no acute physical health issues are present that require treatment at a mainstream hospital.





General Health Clinics are available to consumers requiring treatment and response to physical health issues staffed by GPs and Nursing staff who can refer on to mental health or other support services.

Private Community and Social Services providing access to services and supports for issues such as housing, alcohol and other drugs, family violence, financial counselling, and vocational supports.

Public Community and Social Services providing access to services such as MCHN, legal aid, public housing, youth worker and Family Services providers direct to the community.

Public Mental Health within the wellbeing and recovery hubs sit Intensive Outreach (CAT) and Mobile Support Teams to provide response to outpatients, not currently admitted to hospital.

Community and Social Enterprise Space provides access for members of the community to lease spaces for community activities such as libraries, yoga studios, cafes, art galleries and other activities to promote overall wellbeing and enhance community engagement.

2 Wellbeing and Recovery Hubs & Supported Accommodation

HACSU is recommending the co-design of holistic wellbeing services.

The Wellbeing and Recovery Hub is available to all consumers requiring support across a range of social, emotional and physical health issues. The purpose of the hub is to promote overall health and wellbeing through a wrap-around model and service provision. Consumers can access the centre as either an inpatient or an outpatient when needing support with physical health issues, co-morbidity, housing, financial counselling, criminal justice and family violence.

This area of the hub is designed to provide support with many of the issues that exacerbate people's experience of mental illness and would be operated by peer workers who themselves come to the field with a lived experience of mental ill-health and illness. From the hub, referrals are made to the community for ongoing case management through either Community Mental Health or MHCC services. These hubs will operate 24 hours a day with a range of allied services available to consumers throughout each day.

Supported Accommodation is the final section of the centre whereby people can stay independently in accommodation, whilst transitioning out of the acute system and into the community or people who may have substantial housing issues and require a safe place to stay whilst transitioning back into the community. This group of consumers can continue to access the Wellbeing and Recovery Hub when staying in the Supported Accommodation. They are also provided with a range of coordinated life-skills classes to ensure consumers can enjoy a healthy life in the community.

By providing a model such as this in the community, consumers experiencing enduring mental illness are less likely to regress into severe illness requiring acute mental health services.



Overcoming chronic workforce and funding shortages

3 Ringfencing and accountability of funding services

Each hospital-based acute mental health bed currently receives $710 funding from the Government to provide services daily. However, HACSU estimates the cost to run each bed is $1100, resulting in a deficit of $390 each day for each bed in the state. That means every year each bed in the state is running at a deficit of $142,000. Hospitals are left to cover the cost. The result is the depletion of other non-acute services, such as community teams whose role it is to keep people well and out of hospital.

We need to ensure all mental health services have a variety of bed-stock; are fully-staffed and able to provide timely recovery-focussed services. HACSU is proposing a change to the model of funding hospitals receive to run mental health services. By separating the funding and creating accountability to fund all services adequately, across all levels of acuity, the robbing of community teams to fund acute bed-based services will be stopped.

4 Enhanced Intensive Outreach Teams

To reduce the number of critical incidents where police and emergency services are called, there needs to be significant reforms to Crisis Assessment Teams.

We must transition to a model utilising assertive and intensive outreach. CAT Teams will provide assertive outreach to high-risk consumers. In order to provide such a service, we need more staff. Across our mental health services there are ongoing reports of consumers not receiving a response from CAT Teams due to lack of staff availability.

By redefining the role to provide Intensive Outreach, specialised services can be provided as required and the number of critical incidents involving police and emergency services will be reduced, keeping consumers out of hospital.

To build a sustainable workforce, with the right mixture of skills to meet the growing needs of the community, more staff are needed. The current strategy in many services is to recruit from overseas, with high recruitment and salary costs. This is very poor employment practice and not sustainable in the long term.

Victorian mental health services need to build a sustainable local staffing strategy. This requires effective recruitment and retention processes, with multiple entry points, excellent professional development and a safe and satisfying working environment. HACSU has developed a clear strategy to improve recruitment and retention, better professional development and better supported working environments.

5 Cadetships will bolster recruitment

HACSU is advocating for the introduction of cadetships for all mental health staffing disciplines, creating a strong and diverse workforce making the mental health sector more accessible by creating alternative skilled entry points alongside university.

This new model of education with a different pathway will increase diversity of staffing across the workforce and provide opportunities for people with different learning styles.

New cadets will need guidance and support from experienced educators to build their careers in the sector to become highly-skilled practitioners (see mental health educators' role below), ensuring better outcomes for consumers and the entire community.

6 Bring back specialist training in Mental Health

Specialist mental health training programs were axed in an attempt to achieve greater efficiency in the 1990s; the training system has functioned poorly since.

HACSU is strongly recommending the return of the mental health major in undergraduate nursing degrees at Victorian Universities to streamline a specific, supported pathway into mental health services as a career. Due to the increased workforce pressures across the fields of family violence, drug and alcohol and mental health, HACSU is also recommending examining the efficacy of cross-training across the fields to up-skill the workforce.

By providing mental health specific tertiary-level education, new graduates are better equipped to deal with the pressures of the work they undertake and specialised knowledge can be passed on by experts in the field with a focus on contemporary principles.



Together, we can deliver Better Mental Health for all Victorians

Better MENTAL HEALTH

POST PO Box 206 Carlton VIC 3053 **CALL** 1300 651 931 **FAX** 9650 8122 **EMAIL** to hacsu@hacsu.asn.au **ONLINE** hacsu.asn.au & facebook.com/hacsu

BE PART OF SOMETHING BIGGER
JOIN HACSU

Please write in CAPITAL LETTERS

HACSU
Health and Community Services Union
ABN: 48 505 905 580

First and Last Name

Gender

Postal Address

Postcode

Phone Number

Date of Birth

Personal E-mail Address - *please print clearly*

@

I am of Aboriginal or Torres Strait Islander Descent

Employer/s

Job Title and Classification (if known)

Worksite/Group Home/Team Name/Casual

Referred by (if applicable)

If you work as a private practitioner, tick here
HACSU provide's Professional Indemnity Insurance to private practitioners whose income is less than $100,000 per annum in private practice alone.

Tick here to join Rainbow HACSU

I work 48 hours or more per fortnight.
*Applies if neither are selected

I work less than 48 hours per fortnight

Direct Debit Request:

Payment via Credit Card

Name on Credit Card

Credit Card Number

Expiry

Signature

Date

OR

Payment via Bank Account Direct Debit

Full Name/s on Account

Financial Institution/Bank name

Signature/s

BSB

Account #

Date

Billing Cycle; Fortnightly* Four weekly* Quarterly** Half Yearly** Yearly**

*Fortnightly + Four Weekly only available via bank account **Quarterly, Half Yearly and Yearly are all available by credit card or bank account direct debit

Fortnightly applies if none are selected

The above signature authorises and requests Health and Community Services Union (HSU Vic No. 2 Branch) Direct Debit User No.017325 to arrange for funds to be debited from my/our account of the financial institution identified and as prescribed below through the Bulk Electronic Clearing System (BECS). These drawings are for union membership dues as determined by the Branch Committee of Management. Refer to Service Agreement which can be found at hacsu.asn.au. This authorisation is to remain in force until further notice.

I authorise the following: 1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution. 2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details. The full service agreement can be found at www.hacsu.asn.au

Declaration - Civil Liability Professional Indemnity Insurance

Signature

Date

I, the above-signed being a financial member of the Health and Community Services Union (Health Services Union Victoria No.2 Branch), hereby give notice that I appoint the said union as my agent for the purposes of giving and accepting of notices in respect of Civil Liability Professional Indemnity Insurance in accordance with the Insurance Contracts Act 1984 and its Regulations. I also undertake to report any facts or circumstances, which might give, rise to a claim under the policy to the said Union as soon as I become aware of any facts or circumstances.

Office Use Only

4WF BP HM CM

DIRECT DEBIT REQUEST FORM

HACSU
Health and Community Services Union

Debit User's name: Health and Community Services Union (HSU Vic No.2 Branch) ("we" or "us") With ABN: 48 505 905 580

Debit User's address: 7 Grattan Street Carlton 3053

User ID: 017325

You have entered or are about to enter into an arrangement under which you make payments to us. You want to make those payments by use of the Direct Debit System. Therefore you authorise and request us to debit your account through the "Bulk Electronic Clearing System (BECS).

This agreement sets out the terms on which we accept and act under a Direct Debit Request ("your Direct Debit Request") you give us permission to debit amounts from your account under the Direct Debit System. It is additional to the arrangement under which you make payments to us.

Please ensure you keep a copy of this agreement as it sets out certain rights and obligations you have with us by giving us your Direct Debit Request

When are we bound by this agreement?

1. We agree to be bound by this agreement when we receive your Direct Debit Request complete with the particulars we need to draw an amount under it.

What we agree and what we can do:

2. We only draw money out of your account in accordance with the terms of your Direct Debit Request
3. If there is a variation to any of the debit arrangements, we will provide you with not less than 14 days' notice. These may be:
   - Change the terms of arrangement;
   - Change the terms of your Direct Debit request; or
   - Cancel your Direct Debit Request.

We may send you notices either electronically to your email address, or by ordinary post to the address you have given us. Any notice will be deemed received on the third banking day after emailing or posting.

4. You may ask, giving us not less than 14 days notice before payment date, to advise of:
   - Alteration of the terms of your Direct Debit Request;
   - Deferment of payment to be made under your Direct Debit Request;
   - Stop a drawing under your Direct Debit Request; or
   - Cancellation of your Direct Debit Request by:

Informing us in writing of the change you require and the reason for the change. Our contact details are: Membership Officer, PO Box 206, Carlton South 3053. Stops and cancellations of your Direct Debit Requests can be directed to us or your own Financial Institution.

5. You may dispute any amount we draw under your Direct Debit Request by notifying us of your dispute by letter and provide us details of the payment you are disputing and reasons for the dispute. We will endeavour to resolve any dispute within 14 days. Disputes may also be directed to your own Financial Institution.
6. We deal with any dispute under clause 6 of this agreement as follows: We will investigate the dispute and if it is found that the amount has been debited in error we will refund you the disputed amount within 14 days.

Where it is found that the disputed amount has been debited correctly and in accordance to the terms of the Direct Debit Agreement, we will notify you of that outcome in writing within 14 days.

7. Membership fees are paid in advance on a set cycle of payments occurring fortnightly, 4 weekly, quarterly, six monthly and yearly.

****Initial pro rata payment is made in order to align to the nominated cycle of payments and will occur on the next fortnightly payment date.**

2018 – 2019 Schedule of Payment

Fortnightly	Four Weekly	Quarterly	Half Yearly	Yearly
July - 5, 19	July - 5	July - 5	July - 5	July - 5
August - 2, 16, 30	August - 2, 30	October - 4*	January - 3	
September - 13, 27	September - 27	January - 3		
October - 11, 25	October - 25	April - 4*		
November - 8, 22	November - 22			
December - 6, 20	December - 20			
January - 3, 17, 31	January -17			
February - 14, 28	February - 14			
March - 14, 28	March - 14			
April - 11, 25	April - 11			
May - 9, 23	May - 9			
June - 6, 20	June - 6			

*If a payment date falls on a day which is not a business day, then the due date will be set 2 (two) days prior to the payment date.

8. If your financial institution rejects any of our attempts to draw an amount in accordance with your Direct Debit Request, we may charge you for any fees incurred to us by our financial Institution as a result of the reject. We will contact you within the next business day to discuss a reattempt to draw the funds from your bank account in accordance with your Direct Debit Request, or to arrange alternative methods of payment. If your credit card declines the payment, we will reattempt the payment without contacting you in the first instance.
9. We will not disclose to any person any information you give us on your Direct Debit Request, which is not generally available, unless:
   - You dispute any amount we draw under your Direct Debit Request, where we will be required to disclose your information to your Financial Institution in order to investigate the dispute;
   - You consent to that disclosure; or
   - We are required to disclose that information by law.
10. Direct Debit, through BECS is not available on all accounts. You are advised to check your account details against a recent statement from your financial institution (ledger FI) and if uncertain, please check with your financial Institution before completing the Direct Debit Request.
11. If you are uncertain as to when the debit will be processed to your account, then you should enquire direct to your financial institution (ledger FI)
12. It is your responsibility to ensure there are sufficient clear funds available in your relevant account, by the due date to allow for the payment of debit items according to the relevant Direct Debit Request.
13. We state that the Debit User's policy on the privacy of Customer records and account details, while noting that the Bank may require such information to be provided in the event of a claim or relating to an alleged incorrect or wrongful debit.
14. A member may resign from the union by notice in writing addressed and delivered to the Secretary of the branch. Following receipt of the notice, there are two ways in which the resignation may take effect;
    - When the member ceases to be employed in or in connection with the industries covered by HACSU;
    - At the date specified by the member in the notice of resignation; provided that date is later than (1) or (2).

Members are liable to pay all dues to the date on which the resignation takes effect. Any reference herein to the Health and Community Services Union also includes a reference to the Health Services Union.

For any queries or any matters relating to these direct debit arrangements members should contact our Membership Officer at PO Box 206, Carlton South 3053, or phone 1300 651 931/03 9340 4100, fax (03) 9650 8122 or e-mail hacsu@hacsu.asn.au.

I understand the terms and conditions of this membership agreement:

Signature _____ **Date** _____

HACSU current subscription rates (including GST)

Effective from 1st July 2018

Classification	Hours	Fortnightly	Four Weekly	Quarterly	Half Yearly	Yearly
Direct Care e.g. All Support Workers, Client Services	Regular fortnightly working hours are 48 hours or **MORE**	$25.80	$51.60	$167.60	$335.20	$670.40
	Regular fortnightly working hours are **LESS** than 48 hours	$15.10	$30.20	$97.90	$195.70	$391.40
Non Direct Care e.g. Administrative Staff	Regular fortnightly working hours are 48 hours or **MORE**	$24.50	$49.00	$159.40	$318.80	$637.60
	Regular fortnightly working hours are **LESS** than 48 hours	$14.30	$28.60	$93.10	$186.10	$372.20

Get in touch

EMAIL to hacsu@hacsu.asn.au **ONLINE** www.hacsu.asn.au **CALL** 1300 651 931 **FAX** 9650 8122

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