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**Attention**: The Hon. Daniel Andrews MP, The Hon. Martin Foley MP, The Hon. James Merlino MP, Steve Dimopoulos MP, Steve McGhie MP, Anthony Carbines MP.

By email: daniel.andrews@parliament.vic.gov.au, martin.foley@parliament.vic.gov.au, james.merlino@parliament.vic.gov.au, steve.dimopoulos@parliament.vic.gov.au, stephen.mcghie@parliament.vic.gov.au, anthony.carbines@parliament.vic.gov.au

Dear Daniel, Martin, James, Steve, Steve, and Anthony,

## RE INCLUSION OF COMMUNITY MENTAL HEALTH TEAMS - HOSPITAL SURGE ALLOWANCE

HACSU welcomes the hospital surge allowance and supports any boost to the wages and conditions of healthcare workers tasked with providing care to COVID-19 patients. However, we are writing to you asking for the expansion of the hospital surge allowance, to include all community mental health teams. We are concerned that many workers are left behind. As it stands the following health and community care workers <u>are not</u> included:

- Community and Police Response (PACER)
- Crisis Assessment and Treatment Teams (CATT)
- Mobile Support Team (MST)
- Homeless Outreach Psychiatric Services (HOPS)
- Hospital Outreach Post-Suicidal Engagement
- Secure Extended Care Unit
- Prevention and Recovery Care Units (PARCs)
- Community Care Units (CCU)

The mental health workforces have and continue to work incredibly hard to ensure that some of our most vulnerable community members are cared for under extremely challenging circumstances. The workforces in the community sector are the very definition of frontline. Many have interacted with community members who have COVID-19 or are suspected of having COVID-19 and are often required to don full PPE.

Victorian community mental health workers are routinely out in the community working with highrisk consumers and clients. This situation is amplified by the severe staffing shortages in the community mental health sector, with HACSU members across all public area mental health services reporting that they seldom operate with a full team. There are times where mental health members are not aware that consumers may be COVID positive or suspected of having COVID. This, coupled with staffing shortages, has led to high rates of staff burnout and our members routinely working in unsafe conditions.

The work of the community mental health workers is invaluable to inpatient mental health services, the Victorian Ambulance Service and the wider Victorian community. We note that hospital in the home services is eligible for the allowance as they are providing a "hospital" service. It is HACSU's



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view that the community mental health sector is no different, as the services they provide are equivalent in terms of labour and reduce the severity and prevalence of hospitalizations. The treatment, care, and support of consumers in the community reduces the frequency of inpatient admissions, which is essential for all Victorians at a time when beds are constantly full and staff are exhausted.

To bolster and retain this workforce, we are calling on the Victorian State Government to urgently include the community mental health sector in the hospital surge allowance. The mental health sector, as per the Royal Commission into Mental Health, must have the capacity for the bed-based services and community services to work together and in partnership. To deny one half of the sector an allowance, when the workforces are engaged in the same work, is out of step with the recommendations and will lead to more recruitment and retention issues at a time when the State needs the mental health workforce now more than ever.

Victorians deserve a healthy, thriving, and well-supported mental health workforce regardless of whether they are seeking assistance in an inpatient service or in the community.

In unity,

Paul Healey
State Secretary,
Health and Community

Services Union

KModol

Kate Marshall

Assistant State Secretary, Health and Community Services Union Rebecca Sprekos

Mental Health Policy Officer, Health and Community Services Union

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