



Australian College of Nursing

**THE AUSTRALIAN COLLEGE OF NURSING
SUBMISSION TO THE PRODUCTIVITY
COMMISSION INQUIRY INTO THE SOCIAL
AND ECONOMIC BENEFITS OF IMPROVING
MENTAL HEALTH DRAFT REPORT**

Comments on the Recommendations in the Draft Report

The Australian College of Nursing (ACN) is of the view that examining Australia's mental health system is critically important and would like to acknowledge the work of the Productivity Commission in producing the Mental Health Draft Report. Mental health affects all Australians and the data reveal that approximately 50 per cent of Australians will experience a mental health issue at some point in their lives¹. Nurses working in all health care settings will encounter patients and family members experiencing poor mental health. It is important for all nurses, not just mental health nurses, to be adequately trained and prepared to help patients experiencing mental health issues. Health Workforce Australia in 2014 produced the Future Health Workforce Report which revealed a predicted shortage of 18,500 mental health nurses in Australia by 2030 and a shortage of 123,000 nurses overall².

ACN has read the Draft Report and would like to acknowledge and congratulate the Productivity Commission on the work that has gone into this and the recommendations put forward. Our submission will focus on the recommendations which relate to the nursing profession. Below are the draft recommendations and ACN's response to them.

DRAFT RECOMMENDATION 11.1 – THE NATIONAL MENTAL HEALTH WORKFORCE STRATEGY³

ACN supports the need for a National Mental Health Workforce Strategy that aligns health workforce skills, availability and location with the need for mental health services.

DRAFT RECOMMENDATION 11.3 – MORE SPECIALIST MENTAL HEALTH NURSES

Australia's health care system is considered world class and nurses make up over 50% of the healthcare workforce of licensed clinical professionals. Over the last 23 years, Nursing as the largest, single health profession in Australia has been highly regarded by the public as the 'most trusted and ethical profession'⁴.

ACN agrees there is a need to increase the number of mental health nurses in Australia and this will need to be considered in the broader predicted nursing workforce shortage. According to the Commonwealth's Job Outlook, healthcare and social assistance is forecast will be the top industry for job growth to 2023⁵. After aged and disabled carers, Registered Nurse is the job expected to grow the most in coming years.

¹ Australian Institute of Health and Welfare 2018, *Australia's health 2018*. Chapter 3.12 Mental health. Australia's health series no. 16. AUS 221. Canberra: AIHW.

² Health Workforce Australia 2014, Commonwealth Department of Health, Australia's Future Health Workforce - Nurses: Detailed Report, pp. 3 and 52.

³ Productivity Commission 2019, Mental Health, Draft Report. Overview & Recommendations, p. 61, Canberra

⁴ Roy Morgan Image of Professions Survey. 2017: June 07 2017 Finding No. 7244 <http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543> Accessed 14 January 2020.

⁵ Job Outlook, *Future Outlook*, Australian Government, accessible at <https://www.joboutlook.gov.au/future-outlook.aspx>.

ACN does not support the recommendation to develop a three year direct-entry (undergraduate) degree for mental health nursing. ACN instead argues that the current three year Bachelor of Nursing degree should be expanded to a four year undergraduate degree as recommended by the Commonwealth Department of Health report titled *Educating the Nurse of the Future: Report of the Independent Review of Nursing Education*⁶.

Nurses are meeting the requirements of the current system however we believe there is a better way of providing more comprehensive undergraduate curricula, including additional mental health clinical placements and theory by extending the current three year Bachelor of Nursing Degree to four years. This would give all nurses a better foundational knowledge in mental health and is supported by ANMACs inclusion of content related to mental health in its proposed RN accreditation standards. The fourth year would provide additional practical experience in all settings where care is delivered. This will enable students to consolidate their knowledge and skills in an equitable manner, learning through clinical practicums that monitor and evaluate their progress⁷. Ideally, this additional year would include a research component, so the students can contribute to the environments and contexts in which they are practicing.

Other health professional undergraduate programs such as occupational therapy and social work are of four year duration each with a greater portion of allocated practical hours. Most other clinical degrees registered with the Australian Health Practitioner Regulation Agency (AHPRA) are four years or more to complete. While three years is the most frequent duration for a Bachelor of Nursing internationally, there is a trend to move from a three year to four year degree⁸. A four year undergraduate degree with substantive practical requirement in the final year would assist new graduate nurses in assimilating into the workplace, be more inclusive of interprofessional learning and align Australia's system with leading international standards.

To apply to become a registered nurse (RN) in Australia, individuals must first complete a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA). ANMAC develops the accreditation standards for which programs of study are assessed against. It undertakes this function under section 48 of the National Law.

Programs of study eligible for accreditation (often referred to as entry to practice programs or pre-registration programs) are delivered by a government accredited university or higher education provider and lead to the award of a Bachelor of Nursing Degree and or Master of Nursing. The majority of undergraduate degrees are offered over three years full time, with mid-program entry available to candidates with previous tertiary qualifications, and for enrolled nurses (EN) articulating higher level within the profession. There are also longer, dual degree programs that partner nursing

⁶ Schwartz, S 2019, *Educating the Nurse of the Future – Report of the Independent Review into Nursing Education*, Australian Government Department Health

⁷ Milton-Wildey K, Kenny P, Parmenter G, Hall J, 2013, 'Educational preparation for clinical nursing: The satisfaction of students and new graduates from two Australian universities', *Nurse Education Today*, vol 34, pp 648 – 654, doi: <http://dx.doi.org/10.1016/j.nedt.2013.07.004>

with a second discipline (most commonly midwifery but other options include paramedicine, psychology, public health and health promotion).

The Nursing and Midwifery Board's (NMBA) Registered Nurse Standards for Practice⁹ outline the core practice standards required for RN registration. These standards have been developed following extensive literature and evidence reviews, gap analysis, a survey of RNs, interviews with RNs, observation of RNs in practice, and consultation with consumers and other stakeholders including education providers¹⁰. These standards articulate the core requirements used to assess the performance of those wanting to obtain and retain a license to practice as a registered nurse in Australia. It is intended that the pre-registration program provides a comprehensive generalist foundation approach to the profession and provides a platform on which graduates can undertake post registration specialisation across a number of nursing practice areas.

Higher education providers use the NMBA's Registered Nurse Standards of Practice when developing nursing curricula and assessing student performance. Whilst the RN curriculum content is created and reviewed with input from other disciplines and consumers, it is nurse led, by nurse educators, academics, clinicians and researchers. While ANMAC provides the mandatory minimum components (including clinical placement hours, and the inclusion of Aboriginal and Torres Strait Islander health issues) and every degree is overseen by the national accreditation authority, each degree is unique to each higher education provider. There are currently 36 higher education providers for the Bachelor of Nursing Degree in Australia.

ANMAC undertakes periodic reviews of the accreditation standards to ensure they remain relevant. The Registered Nurse Accreditation Standards 2019 adopt a five-standard format: safety of the public, governance, program of study, student experience and student assessment¹¹. The standards include program content and unit learning outcomes that ensure integrated knowledge of care across the lifespan, including aged care, primary health care and digital health.

There are conflicting views and opinions between academia and industry on new graduates being prepared for practice and being "job ready". All of the entry to practice programs in Australia have a course length of 3 years (with the exception of programs that provide a dual qualification). Curtin University in WA is the exception to this providing a Bachelor of Science (Nursing) which is 3.5 years FTE.

Australia should have a minimum four year entry to practice Bachelor of Nursing Degree with increased clinical hours. The Australian College of Nursing strongly recommends the Productivity Commission considers a recommendation of a four year Bachelor of Nursing Degree in place of a direct entry undergraduate program for mental health nurses.

Further to this, ACN would like to draw the Productivity Commission's attention to the December 2019-published report from the Commonwealth Department of Health titled Educating the Nurse of the Future: Report of the Independent Review of Nursing Education. Specifically, section 5.1.2

⁹ Nursing and Midwifery Board of Australia. Registered Nurses Standards For Practice. 1 June 2016. Accessed on 13 January 2020 at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

¹⁰ Nursing and Midwifery Board of Australia. Registered nurse standards for practice. Fact Sheet. Updated June 2019.

¹¹ Australian Nursing and Midwifery Accreditation Council, ANMAC Registered Nurse Accreditation Standards 2019, *Frequently Asked Questions*, 28 November 2019, accessed 15 January 2020 at <https://www.anmac.org.au/sites/default/files/documents/faqrnas2019.pdf>



discusses nursing education in light of the growing prevalence of mental health problems¹². ACN supports Recommendation 18 in the Report, which states:

‘Mental health is a national priority area; it should also be a priority area for educational institutions preparing nurses for practice. ANMAC has added “content related to mental health” to its proposed RN accreditation standards. The EN and NP accreditation standards should be amended to contain a similar requirement. To ensure that all nurses are adequately prepared, the accreditation standards should be specific about the core areas of mental health that must be covered and the required learning outcomes.’¹³

ACN would also like to articulate that it agrees with Recommendation 12 in the report which pertains to extending the Bachelor of Nursing degree. It states:

‘As RNs take on increasing responsibility for complex care, it is likely that three years of higher education will be insufficient to prepare the nurse of the future. Working with NMBA, ANMAC, the Commonwealth education department, and other stakeholders, HEPs [Higher Education Providers] should explore ways to extend nursing education, including the option of nesting an associate degree in a four-year bachelor’s degree’¹⁴.

In ACN’s view, adding an additional year to the Bachelor of Nursing degree would permit a deeper analysis of content and an expansion of material which in many cases is truncated due to the requirement to fit the mandated content into a dense degree.

Other Comments

In addition to a holistic view of the consumer of mental health service provision apart from addressing the social and behavioural determinants, the use of data, strategic partnerships and appropriately trained and readily available nursing and allied health workforce are necessary to support effective mental health service provision.

The safety and quality of care must be supported by appropriate clinical governance systems and compliance with recognised standards. A skilled and culturally competent workforce is necessary but there are currently many challenges in achieving the workforce that is needed, particularly in rural and remote areas.

Mapping of mental health needs and services is necessary for reducing duplication, achieving better value for services, and addressing inequity and responding to the needs of the underserved and at-risk populations. Rural and remote mental health consumer and carer can be addressed by the development of emerging digital mental health platforms.

¹² Schwartz, S 2019, Educating the Nurse of the Future – Report of the Independent Review into Nursing Education, Australian Government Department Health, p. 45.

¹³ Schwartz, S 2019, Educating the Nurse of the Future – Report of the Independent Review into Nursing Education, Australian Government Department Health, p. xi.

¹⁴ Schwartz, S 2019, Educating the Nurse of the Future – Report of the Independent Review into Nursing Education, Australian Government Department Health, p. xi.

ACN would also like to address a point of concern in the Draft Report about the employment of unregulated health care workers (UHCWs) as pseudo security guards (see page 309 of Draft Report Volume 1). ACN's view is that UHCWs play an important role in the health care team in assisting people with personal care needs and activities of daily living under the direction and supervision of registered nurses (RNs) and enrolled nurses (ENs)¹⁵. However, UHCWs should never be employed as a substitute for RNs or ENs. In a similar vein, security guards are appropriately trained to manage people who pose a threat or risk to the safety of others. If required, security guards should receive additional training in how to diffuse situations where people with poor mental health present a danger to others and themselves.

ACN would like to commend the Productivity Commission on its Draft Recommendation 20.1 – National Stigma Reduction Strategy. As is outlined in the Draft Report, stigma continues to play a big role in people with mental illness not seeking professional help. ACN stresses, however, that nurses are bound by the NMBA's Code of Conduct and in relation to stigma, particularly section 2.3; principle 3.2, 3.3 and 3.7; and section 7.2 which requires nurses to 'adopt practices that respect diversity, avoid bias...[and avoid] discrimination...'¹⁶ The Code of Ethics reinforces the conduct expected, specifically *Element 1: Nurses and people* which requires nurses to 'Provide care that respects human rights and is sensitive to the values, customs and beliefs of people'¹⁷. ACN is of the view that stigma in the community about mental illness should be focused on more than any stigma that may be coming from health professionals. Nurses do not stigmatise patients, regardless of their condition. They break down barriers, are compassionate and empathetic. Any training for nurses on stigma reduction must be nurse led ie must be developed, designed and implemented in close consultation with registered nurses, especially those in rural and remote areas where nurses are often the only or the first point of contact for all health needs including mental health needs.

Early childhood social and emotional development

On page 658 of the Draft Report, there is discussion around expanding health checks for three and four-year-old children by maternal and child health nurses. ACN supports this suggestion and believes a funding commitment from State and Territory Governments to facilitate this expansion will lead to risk factors being more likely to be detected early to assist families and young children.

ACN agrees with the assessment that there is a lack of adequate training in child development, particularly social and emotional development, making identifying risk factors in children's behaviour, and supporting their development, difficult. However, a major oversight in the Draft Report is the lack of inclusion of children with behavioural symptoms, and how they are managed for example, prior to a diagnosis of as Asperger's syndrome. ACN would like to see the inclusion of

¹⁵ Australian College of Nursing (ACN). 2019, 'Regulation of the Unregulated Health Care Workforce across the Health Care System – A White Paper by ACN 2019', ACN, Canberra.

¹⁶ Nursing and Midwifery Board of Australia, Code of Conduct for Nurses, 2018, p. 8, available at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

¹⁷ International Council of Nurses 2012, *The ICN Code of Ethics for Nurses*, page. 2, Geneva, Switzerland, available at https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf



recommendations to address this with appropriate funding and training requirements allocated to ensure the workforce are appropriately trained to support this need.

Concluding comments

ACN supports a well-resourced and appropriately-trained nursing workforce that can meet the challenges posed by mental-ill health in Australia. To meet future demand, consideration will need to be given to ensure there are enough mental health nurses to meet population demands. There are problems in the mental health sector that need addressing and the Productivity Commission Draft Report is a welcome acknowledgment of the issues and presents some appropriate recommendations which governments should consider. Existing services will be required to collaborate closely with mental health stakeholders to build the social and cultural competency of the workforce to provide appropriate care to Aboriginal and Torres Strait Islanders, CALD and LGBTIQ communities to ensure the provision of right care.

Value based consumer centred care is a way of thinking and doing things that is inclusive of the mental healthcare consumers and carers currently using mental health services, with the mental health nursing workforce developing and monitoring care to make sure it meets their needs. It puts consumers and their carers at the centre of decisions and sees them as experts, working alongside professionals to get the best outcome. Consumers are assisted to manage their treatment, through a partnership approach to their care needs. Families and carers are included with the mental health review process for the consumer, as they are a central part of a consumer's network and integral to their recovery and health progression.

ACN would like to restate its view that it does not support the recommendation made for a direct entry three year undergraduate mental health nursing degree. ACN does, however, support the expansion of the existing three year undergraduate nursing degree to a four year degree.