National Mental Health Workforce Strategy - Consultation Draft

Questions

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

The aim of the strategy in pursuing the development of a suitably skilled workforce of adequate size and resources to promote prevention as a first line of defence, we feel, will be enormously beneficial in serving the needs of all Australians. We feel that this will lead to the easing of a previous deficit, effectively enabling health care workers to prevent many challenges before they arise and become more complicated.

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

The Aims and objectives are well placed to provide a good platform on which to move forward, creating not only a strategic framework for mental health in Australia, but importantly also providing support and structure to mental health workers ensuring lower levels of burnout and therefore less loss of skilled workers.

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

Under the banner of the entire mental health force being utilised, The inclusion of previously overlooked skilled, allied health professionals such as Clinical Hypnotherapists would be a valuable inclusion, providing further resources that are fiscally responsible due to the nature of such therapies to provide shorter interventions.

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?

We believe appropriate balance will be achieved by the draft strategy to implement plans according to priorities which will be decided in collaboration with all stakeholders; Commonwealth, state and territory driven in collaboration with educational institutions, regulators and peak professional bodies. The inclusion of all parties ensures a balanced view. The inclusion in the draft of a framework of implementation, governance, monitoring and evaluation strategies are also encouraging steps to ensure good balance is achieved.

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?

The draft strategy addresses many important variables such as: awareness of career opportunities, stigma of working in mental health, training pathways, and addressing perceived negative aspects of working in the sector, and seeks to address these by effective marketing to raise the attractiveness of the sector. This is important to attract students and new workers, but the reality of working in the sector is definitely something that needs to be addressed to retain staff and stop the skill drain when people burnout.

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?

The draft strategy acknowledges issues affecting maintenance of highly qualified staff by addressing the stigma of working in this area and seeking to make this sector more attractive to staff and students. Also by addressing the pre and post-graduate placements to provide trainees and graduates a positive experience in the health-care sector. The key to retaining staff will be in providing adequate support, mentoring and supervision. The draft addresses these measures.

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?

The strategy can best support this objective by being inclusive of many varied modalities of preventative health care. By being aware of the greater mental health workforce, including areas not governed by AHPRA such as clinical Hypnotherapy, a greater multidisciplinary approach can be achieved. This will therefore allow for more targeted interventions specific to the needs of the client, whilst also expanding the current mental health workforce to include other allied health workers, thus taking pressure off an already overburdened government sector.

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?

It is supportive in the goal to provide incentives for education and training pathways to rural and remote areas, offering preferential selection and scholarships to those areas in most need. The creation of a central online information and training resource platform as discussed in the draft document can lead to better access for remote students and staff, to learn and upskill no matter where their location. The aim that the entire mental health workforce be utilised, and a focus on a multidisciplinary team based approach, which seeks to develop and utilise a workers full scope of practice will go a long way to balancing out maldistribution between metropolitan and rural settings. Fully utilising existing staff whilst providing them with appropriate support and supervision may result in a retention of staff across all areas, also reducing the burden of maldistribution. The aim to provide accessibility of online learning for rural locations will create an investment in training initiatives to further develop mental health skills of existing staff in all locations remotely, whilst also training new staff. The aim of providing basic mental health training initiatives to other professions and first responders also has the potential to reduce the burden on areas of limited workforce distribution, by providing early interventions.

Objective seven also speaks of the objective to address that the mental health workforce be distributed when and where it is needed.

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?

By adopting a broad definition of the mental health workforce, it allows for an innovative approach whereby mental health workers and others can redefine the way they work and interconnect within a new multidisciplinary approach, which will hopefully lead to an inclusive workplace approach that will benefit the clients and mental health workforce.   Also, by adopting an innovative platform whereby many occupations, previously not considered mental health occupations, are trained in basic skills of mental health first aid, it is likely that the burden on the mental health sector may be lessened due to basic early intervention in the form of first line support,

10. Is there anything else you would like to add about the Consultation Draft (1,000 word limit)?

 It would seem a gross oversight, in no way due to any fault of the National Mental Health Workforce Strategy organising committee, that the profession of Clinical Hypnotherapy has been omitted from this very important document.

It is very clear that much planning and consultation has gone into this document, however, we respectfully request that we be considered for inclusion at this 11th hour, on the following grounds;

The Australian Hypnotherapy Association (AHA), the oldest and largest governing body for Clinical Hypnotherapy in Australia, are now taking on the role of Peak body after leaving the Hypnotherapy Council of Australia (HCA), who previously had this title, as recently as 2nd September 2021.

Unfortunately, the HCA did not see fit to have any input into the development of this document, an oversight the current National committee of the AHA, are very keen to rectify.

We understand that this is an extraordinary request, but we feel strongly, that the profession of Clinical Hypnotherapy has an important role to play in the mental health and wellbeing of Australians.

Since September 2nd. AHA have moved quickly to collaborate with education providers across the country to ensure the highest level of skills and training is available to members of our profession. We will lead the way forward in advocating for excellence in quality of care and ethical standards to provide the benchmark required of an effective leading Peak body governing Clinical Hypnotherapists in Australia.

We sincerely hope that this document can be amended to reflect the important role Clinical Hypnotherapy provides from its many applications that create improvements in the mental health and wellbeing of its recipients.

Due to the nature of hypnotherapy, it also has the added bonus of being an effective modality for short interventions, thus clients gain relief quickly and effectively.

Hypnosis has been shown to be effective in the treatment of insomnia, anxiety, depression, pain management, and irritable bowel syndrome, to name but a few applications. It has also been shown to be helpful in enabling clients to identify and connect to their strengths and resources creating optimal outcomes.

Clinical Psychologist Michael Yapko is renowned for leading the way forward with the treatment of depression utilising hypnotherapy as an effective modality to improve outcomes and with 1 million Australian adults currently estimated to have depression, and 2 million suffering anxiety, hypnotherapy has the very real potential to significantly reduce morbidity and mortality rates, and thus reduce the burden on the health system.

There is a growing body of research on the benefits of clinical hypnotherapy, and now with the assistance of fMRI scanning we are gaining more insight into the physical changes that happen in the brain during hypnosis, further validating hypnotherapy as a modality of significance for the future of healthcare. Bearing this in mind we respectfully ask for consideration to be included in the Mental health Workforce Strategy 2021-2031

Some studies showing the benefits of hypnotherapy are listed below.

*The efficacy of hypnotherapy in the treatment of psychosomatic disorders: meta-analytical evidence

*Cognitive Hypnotherapy for Depression: An Empirical Investigation: Assen Alladin und Alisha Alibhai: International Journal of Clinical and Experimental Hypnosis: Vol 55, No 2 (tandfonline.com)

*Experimental Pain Ratings and Reactivity of Cortisol and Soluble Tumor Necrosis Factor-α Receptor II Following a Trial of Hypnosis: Results of a Randomized Controlled Pilot Study | Pain Medicine | Oxford Academic (oup.com)

*Hypnosis can reduce pain in hospitalized older patients: a randomized controlled study - PReconditioning the stress response with hypnosis CD reduces the inflammatory cytokine IL-6 and influences resilience: A pilot study - ScienceDirectubMed (nih.gov)

*Clinical hypnosis in the treatment of postmenopausal hot flashes: a randomized controlled trial - PubMed (nih.gov)

*https://journals.lww.com/psychosomaticmedicine/Abstract/2014/06000/Efficacy,_Tolerability,_and_Safety_of_Hypnosis_in.

*Thieme E-Journals - The Thoracic and Cardiovascular Surgeon / Abstract (thieme-connect.com)

*https://pubmed.ncbi.nlm.nih.gov/23566167/