



ANNUAL REPORT 2020/21



CMHL SNAPSHOT

The 2020/21 Year in Review

TRAINING

This year the CMHL delivered **71 free training sessions** for **over 2000 public clinical mental health workforce attendees** across Victoria.

RECRUITMENT & GROWTH

The CMHL team has grown from **11 people in July 2020** to **21 in June 2021**.

New positions include **five discipline specific statewide educators** and a **three-person learning & practice development team**.

REFORM ACTIVITIES

CMHL have led numerous reform projects, including the **organisational readiness** and **placement support** projects, and **access to lived experience supervision**.

CONNECT & LISTEN

We are **leaders in connecting and listening** to the mental health workforce, colleagues and related organisations.

CMHL connects through
• **newsletters** • **consultations**
• **twitter** • **communities of practice** • **committees**

WEBSITE

The CMHL website has proven valuable as a **workforce development hub**. During 2020/21 we had **125,000 page views** with users looking for **training opportunities** and related **resources**.

LIVED EXPERIENCE WORKFORCES (LEW)

The statewide mental health consumer and family/carer workforce development coordinators are an essential part of CMHL. This year we established a **lived experience workforce leadership and collaboration model (LLLC)**.

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The CMHL acknowledges that as a statewide service we work across many different Aboriginal lands in Victoria, and that these lands are unceded. We recognise Aboriginal people’s continuing connection to land, waters and culture and pay our respects to Elders past, present and emerging.

A Message from the Director



Reflections on the past year

In March 2020, the Centre for Mental Health Learning (CMHL) had been in operation for two years. During that time, we worked hard to establish CMHL processes and structures that would allow your expertise, knowledge, and wisdom to guide our work.

Our early establishment work focused heavily on sector consultation, we wanted to know what your workforce development needs were, what the barriers were to meeting these needs, what was unique about your service or workforces, and how we could work together effectively. Although we engage in this conversation a bit differently now, our work still remains informed by and strongly connected to sector needs.

As with you, in March 2020 our work, and the way we went about this, changed significantly with the emergence of a worldwide pandemic, COVID-19. The pace of response was rapid, and at times overwhelming, but through it all the CMHL has remained flexible and has supported and maintained our partnerships with the sector. We aimed to be a conduit between needs and solutions, and responded with much needed spaces for workforces to connect and share.

There have been several critical influences impacting on our, and your, work in the past year including:

November 2019

Royal Commission into Victoria's Mental Health System (RCVMHS) Interim Report

March 2020

Training Clusters' transition to CMHL

March 2020

COVID (ongoing)

June 2020

Mental Health Productivity Commission Inquiry Report

February 2021

RCVMHS Final Report

Building on strong foundations

When COVID started, the CMHL was a team of five, we are now a team of 21. Almost exclusively, our team growth has been managed online. The growth in our team means more resources to respond to you. We are a young organisation, and although we met our early deliverables, we are still 'establishing'. By this I mean, as the needs of the mental health workforce change, and in the context of the Royal Commission recommendations they will, the CMHL will evolve to meet these needs. So, what you need from us today may be different in the future.

In collaboration with you, we have also built strong foundations on which to grow. All area mental health services are represented in our committee structures. Disciplines are also involved in various committees or groups. We meet regularly with the mental health statewide training providers, and we have established a lived experience leadership and collaboration model, which is a commitment to embedding both consumer, and family/carer, workforce voices in CMHL work.

Moving towards co-production

This year our team has also come together to explore the foundations of co-production and co-design and to understand what these concepts, processes, and mindsets mean for us in our daily work. The Royal Commission into Victoria’s Mental Health Services, Final Report (2021), sets out a clear path that emphasises co-production and co-design as critical enablers to improving our mental health system. We believe that it is essential to have genuine commitment and action to embedding co-production and co-design at all levels of the mental health system, including in workforce development activities. We are committed to ‘learning by doing’, ‘being in the grey’, testing assumptions, and resourcing true partnership.

To our partners

We could not do our work at CMHL without the contributions from the many passionate people who provide their time, energy, expertise, and wisdom. We value our partnerships highly, and the contributions that you make. Thank you. Your input comes in many guises, and all is welcomed, from formal engagement through our committee structures, to feedback on our website, newsletters and Twitter, through contributions to and participation in our training activities, and involvement in various consultations.

To our team

I am very proud of the team that we have and of the work that they do with you. Daily they demonstrate integrity, passion, commitment, and curiosity. 2020 tested us all, but through this time our team showed great resilience and leadership, with their main aim being to support the mental health workforce. I thank them for their courage and spirit to nurture a working culture that puts people at the centre.

Rosemary Charleston

Director
Centre for Mental Health Learning - Victoria



A Message from our Governance Leadership Committee

CMHL should be justifiably proud of its achievements over the past year, which has also included two major events, namely the tabling of the final report of the **Royal Commission into Victoria's Mental Health System (RCVMHS)** and the global COVID-19 pandemic.

The Final Report of the RCVMHS signals profound change for the mental health system in Victoria including the development of a new Mental Health Act and a \$3.8b investment over the next few years. There will be significant growth in community and bed-based services and a commitment has been given to work in partnership with people who have lived experience to co-design the service system from the ground up. Implicit in this will be new models of care and service delivery which will require different staffing models and a significant commitment to workforce development, education and training. The CMHL is ideally positioned to support workforce preparedness. The COVID-19 pandemic has had a major impact on society as a whole for the past 16 months or so but the impact has been particularly felt in the health sector. In the case of CMHL, this has meant introducing a working from home (WFH) model to ensure service continuity while achieving safe distancing in the workplace. This has been challenging in regard

to keeping the team engaged and connected, particularly during a period of rapid growth for the team, but this has been managed very well indeed.

There are two structural challenges facing the CMHL over the next 12-24 months. Firstly, the CMHL has grown from a team of 5 to a team of 21 and is close to outgrowing the current office accommodation. NorthWestern Mental Health (NWMH), as the auspice agency is considering the long-term accommodation needs of the CMHL at the present time. Secondly, we await the decision about the Collaborative Centre for Mental Health and Wellbeing as recommended in the Final Report of the RCVMHS and how the CMHL will link to this entity.

As the Chair of the Governance Leadership committee, I have been most impressed with the 'can do' attitude of the team throughout the year and also the way in which the team has interacted with partner agencies. CMHL has been nimble and responsive to the workforce development needs of the sector and to the needs of the government in the context of very significant changes to the mental health system. I have greatly appreciated the commitment, wisdom and collegiality provided throughout the year by the members of the Governance Leadership Committee.

Peter Kelly

Chair

CMHL Governance Leadership Committee

CMHL as an Organisation

In March 2021, CMHL marked three years of operations. We have now established foundations as the central organisation supporting mental health workforce development in Victoria. Our role is not to duplicate, it is to connect and listen, align and coordinate, identify gaps and facilitate solutions, and create and identify opportunities to innovate.

Vision and purpose

Our vision is to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.

The CMHL is founded on strong values that support collaboration across the sector. Principles that underpin CMHL operations include integrity, transparency, respect, and inclusion.

The key essence of the CMHL values and principles is to guide the CMHL to: provide robust leadership, including consumer and family/carer leadership; develop a strong organisational lens that seeks to facilitate positive systems change; foster collaboration and respect; respond strategically and create sustainability; be informed by evidence, and; be accessible to the workforce.

AT THE CENTRE FOR MENTAL HEALTH LEARNING WE VALUE:

- Collective Learning
- Curiosity & Integrity
- Engagement & Collaboration
- Authenticity & Connectedness
- Innovation & Action
- Shared Leadership



Governance

NorthWestern Mental Health is the auspicing organisation for this initiative. The CMHL also works in collaboration with the Department of Health Victoria (DH), and the Department’s Workforce Reference Group functions as an advisory group.

Last year, in 2020, CMHL’s governance and committee structures replaced our establishment governance bodies.

The CMHL Governance Leadership Committee (GLC) provides strategic advice and decision-making for CMHL operations.

The Workforce Development (WFD) Committee includes representation from each area mental

health service (AMHS) and supports direct input from the Victorian mental health sector into CMHL operations. The Capability and Curricula (C & C) Committee has a specific learning and development focus. The Discipline, Lifespan and Specialty (DLS) Committee ensures essential representation and input from across all areas.

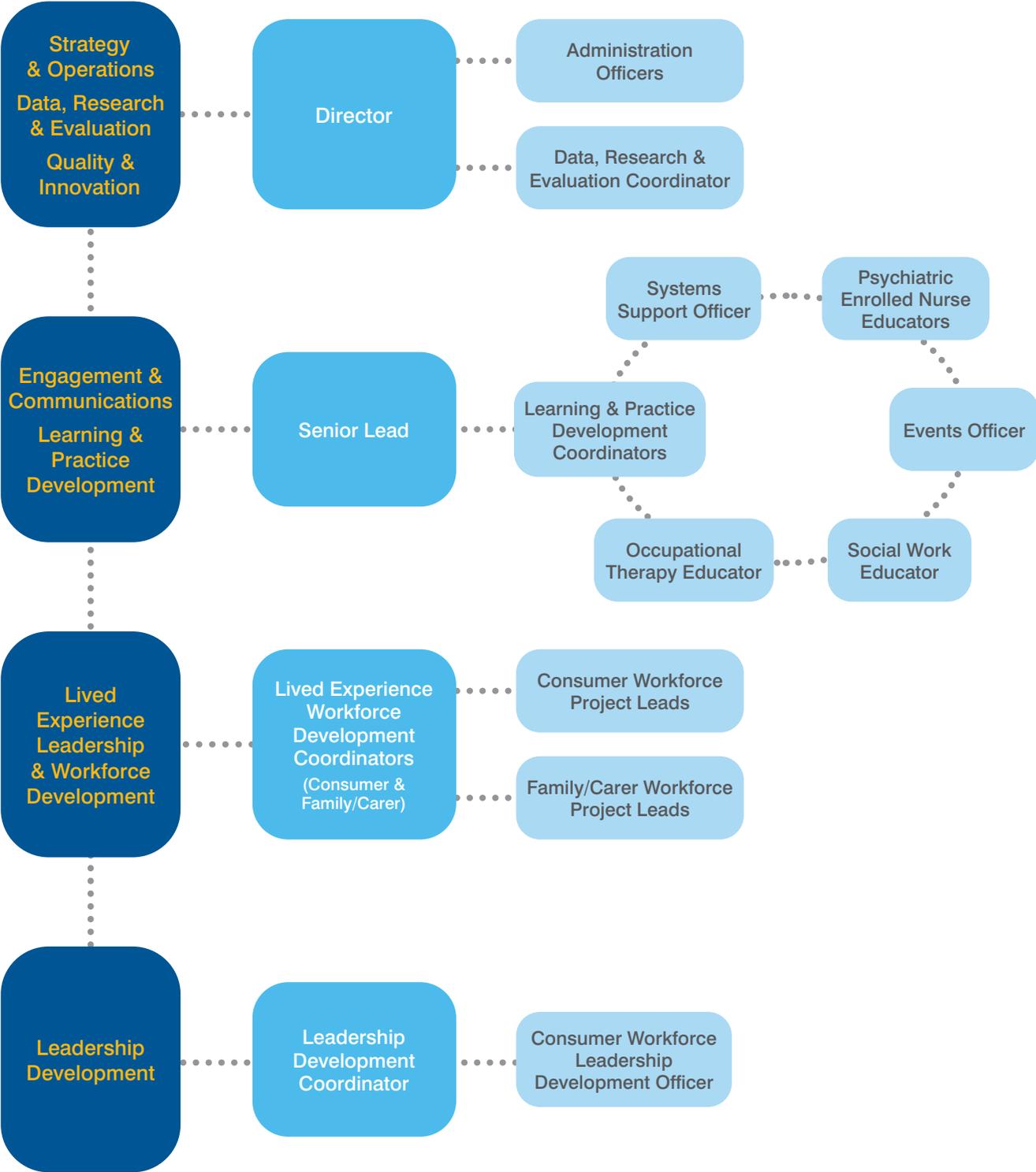
The Live Learn Lead Collective (LLLC) is a group established to enable the consumer and family/carer lived experience workforces to inform and make a meaningful contribution to the work of the CMHL.

The VMHILN is now part of the CMHL and is considered another group of industry and subject matter experts for CMHL.

Current membership of the committees can be found on the CMHL website.



CMHL Team Structure





The CMHL team at our 2020 Christmas get together. Some of us were meeting for the first time due to COVID restrictions.

Our Work

In the following sections we describe some of our key work and projects undertaken in the past year.

We align and coordinate

- We identify statewide mental health workforce development needs and gaps, and work with stakeholders to develop solutions
- We maintain and grow an online presence that streamlines access to information for the mental health workforce

We build evidence and seek quality

- We seek to understand what data already exists, identifying where there are gaps, and developing ways to collect what is required to support decisions regarding workforce development activities
- We aim to build a collective understanding around how to measure the impact of workforce development initiatives

We drive innovation and systems change

- We engage in activities where the lived experience workforces are central and influential to shaping workforce development
- We manage projects that directly respond to reform recommendations

We connect and listen

- We build a good understanding of the needs and desires of the workforce and training providers
- We create structures, processes and tools that make it easy for people to connect, find, and share relevant resources and training

CONNECT AND LISTEN



Victorian Mental Health Interprofessional Leadership Network (VMHILN)

The VMHILN, which sits with CMHL, is an initiative of the Victorian Department of Health. The VMHILN is a community of practice that unites existing and emerging leaders from the lived experience, nursing, allied health and medical workforces in Victorian Area Mental Health Services (AMHS).

How have we worked together?

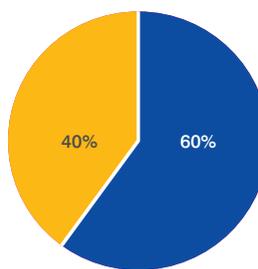
As of 30 June 2021, it consists of 61 members from across Victoria and from a range of disciplines. Regular members meetings were conducted online this year due to COVID restrictions.

With the VMHILN's transition to the Centre for Mental Health Learning in 2020, it was a good time to embark on some core growth activity for the network. We recruited new members, conducted a member survey, established an online community of practice, created VMHILN pages for the CMHL website, sent a CMHL newsletter to 1200 subscribers about the VMHILN and collaborated with the Change Agent Network (a similar leadership network in the AOD sector).

This year VMHILN members also:

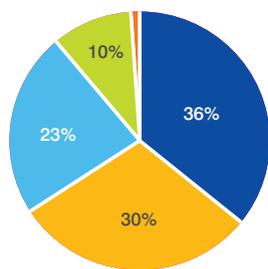
- Developed the VMHILN COVID-19 Interview series with seven members interviewed about their experiences of leadership during COVID-19
- Co-designed and co-delivered "Time for a Change" training around dual diagnosis for the lived experience workforces
- Consulted on and contributed to the writing of the OCP Guideline: Sexual Safety on in-patient units, led by Sharon Williams
- Attended leadership training, "Leadership for Emerging Leaders" by Michelle Bihary

VMHILN MEMBERSHIP BY AREA



Regional Victoria
Metropolitan Melbourne

VMHILN MEMBERSHIP BY DISCIPLINE



Lived Experience Workforces
Nursing
Allied Health
Medical
Other

What have we learnt?

We have learnt that VMHILN members value opportunities for connection and networking across area mental health services and disciplines, and can, and want to, support leadership development within their services and for their disciplines.

We have identified opportunities to further build the profile of the VMHILN across the sector and to improve communication between the VMHILN and area mental health services.

We have plans to provide professional development on collaborative leadership, innovation and implementation, and lived experience leadership.

What is next?

The VMHILN will next develop a program logic and establish a communication strategy. The VMHILN will facilitate strategic planning workshops with members to redefine the networks vision and purpose. Two projects that the Network will embark on in the coming year are a LEW Leadership Project with LEW members from VMHILN and CMHL, and a Shared Leadership Project with the Change Agent Network.

Live Learn Lead Collective (LLLC)

In April of 2020 the CMHL issued an invitation for consumer and family/carer lived experience workers to participate in a process to co-design the model for CMHL lived experience workforces (LEW) collaboration and leadership.

How have we worked together?

The resulting model has at its centre the Live Learn Lead Collective (LLLC) which oversees CMHL planning & priority setting, models learning, advocates for resources, assesses emerging opportunities, and establishes great communication and engagement. Other parts of the model include think tanks, action teams and communities of practice. See the CMHL highlight on pages 36-37 for more information on the model development.

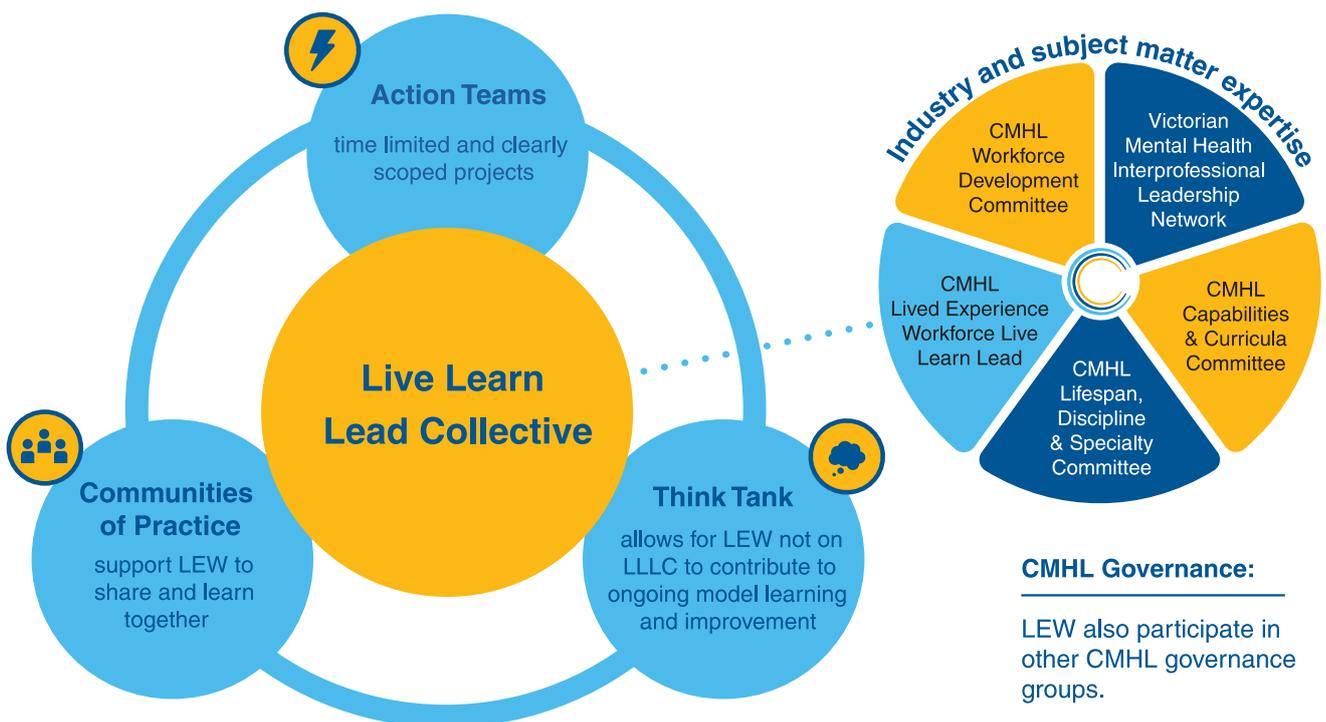
This year we established the LLLC through an EOI process and have brought together 15 lived experience workforce members to consider the group’s priorities, ways of working and contributions to CMHL functions.

What have we learnt?

We have learnt to keep reminding ourselves of the Model as developed in 2020 so as not to duplicate work or veer off course. We are learning about finding the balance between getting things right and getting things done, to be true to one of the identified principles “Courage to learn through doing and reflecting”.

What is next?

We are developing a Terms of Reference, or similar, document within the group to clarify our ways of working. We look forward to pulling together an Action Team or Think Tank soon to start progressing our identified priorities.



CMHL HIGHLIGHT

Partnering with Victorian Mental Health Statewide Training Providers

The CMHL is committed to working closely with our partners in the mental health sector to create collective ideas and solutions. This means connecting, listening to, and working alongside people and organisations that know and understand their areas of expertise.

One group critical to this work is the Victorian Mental Health Statewide Training Providers (SWTP). A significant amount of training available to the Victorian Mental Health workforce is provided by these 18 departmentally funded organisations.

Early collaboration between the CMHL and the SWTP began in 2018, when the CMHL brought representatives from each of the statewide training providers together to develop a shared understanding of the current state context, capture people's best hopes for the future of the Victorian mental health learning space and identify the leverage points for positive and sustained change.

We then worked closely with the statewide training providers again in the development and launch of our website which was deliberately designed to promote and showcase the training and resources available from the SWTPs.

The CMHL website acts as a portal or hub for users to find training and resources from many providers in one space. Previously many workforce members were not aware of the full range of training providers, let alone where to find their training offerings.

In May 2019 the CMHL commenced the SWTP scoping study, as further detailed on pages 26; 48. This study helped CMHL to understand in detail the operations of each of the SWTP and was critical to establishing baseline knowledge with the aim of identifying gaps, strengths, and innovation. SWTPs were generous with their time and resources and provided significant contributions to the overall understanding of the mental health workforce development landscape more broadly. We did not bring the full group of SWTPs together whilst we undertook the scoping.

Then in the first half of 2020 COVID irrevocably changed the training landscape. The CMHL began receiving calls from statewide training providers, other trainers and area mental health service educators looking for ideas and support around how to train and what to prioritise, so established a regular SWTP meeting in response. The SWTP meetings occur every second month with an agenda that includes:

- Providing expertise regarding subject matter and training to ensure relevant, quality driven, and innovative mental health workforce development in Victoria.



The Bouverie Centre



Centre for Mental Health Nursing



Mental Health Victoria



Mindful



Orygen



Spectrum



Spiritual Health Association



Turning Point



VDDI

As the central agency for public mental health learning, the CMHL has been an important partner and collaborator for the work we do at The Bouverie Centre to improve the way mental health services include families.

I have highly valued the opportunity to connect, develop, research and collaborate with them and experience their generosity, knowledge and diversity across many different disciplines.

Hanna Jewell
Family Practice Consultant, The Bouverie Centre

- Considering how to progress identified quality improvement initiatives such as state-wide training needs analysis or developing an evaluation toolkit
- Facilitating connections between individual SWTPs
- Sharing recent relevant research and other key documents.
- Assisting CMHL and SWTPs in identifying, and developing responses to, knowledge gaps within the mental health service workforces.
- Providing a space for the CMHL Learning & Practice Development coordinators to share with the SWTPs findings from their connections to and work with the area mental health services.
- Providing space for discussion and sharing ideas regarding (but not limited to):
 - training needs
 - events planning & delivery
 - service/place-based workforce development activities
 - training evaluation
 - workforce development innovation

These meetings are invaluable in helping the CMHL understand the collective impact of SWTPs contributions to mental health workforce development in Victoria and ensure any CMHL-led solutions prioritise the expertise and experience of the SWTPs.

Some work we would have liked to have progressed with the SWTP now has been out on hold while we wait for the implementation of Royal

Commission (RCVMHS) recommendations. To understand what a training needs analysis and a quality review and improvement process might look like, we first need to be guided by the newly proposed Victorian Mental Health Workforce Strategy, and the Mental Health Workforce Capability Framework. Both of these documents are scheduled for publication by the end of 2021.

The CMHL has developed and launched a learning management system, which if desired, can be utilised by SWTP to house their e-learning. We are also working directly with SWTPs to develop some e-learning modules.

CMHL has been able to advocate for more up-to-date, relevant policies to help guide SWTP work, and have recently returned to discussions with the SWTP regarding a consistent statewide approach to training evaluation.

A co-designed process will begin in October 2021 to explore what a statewide training evaluation framework and toolkit might consist of. This activity will include SWTPs, and lived experiences workforces' members from the CMHL Live Learn Lead Collective (LLLC). This work will also ultimately involve representation of and contributions from area mental health services, and members from other relevant CMHL advisory groups.

We look forward to continuing to work with the statewide training providers as key partners in the mental health workforce development space. We will always strive to ensure that CMHL solutions support and acknowledge the significant expertise held by the SWTPs.

Since its instigation CMHL has been offering well-chosen, cutting edge, training events they have sensitively, pragmatically contributed to the work and focused efforts of all Victorian mental health training providers. The VDDI is particularly appreciative of the inputs and services provided by CMHL.

Gary Croton
Secretary, Victorian Dual Diagnosis Initiative Leadership Group



VDDI Eastern Dual Diagnosis Service



VDDI Nexus



VDDI Southern Dual Diagnosis Service



VDDI Substance Use and Mental Illness Treatment Team



Victorian Aboriginal Community Controlled Health Organisation Inc



The Victorian Centre of Excellence in Eating Disorders



Victorian Dual Disability Services VDDS



Victorian Psychiatry Training Committee



Victorian Transcultural Mental Health

CONNECT AND LISTEN

Newsletters & Twitter

We continue to connect with the mental health workforce and beyond through our newsletters and Twitter.

How have we worked together?

Our newsletter subscriber numbers grew this year from 1246 to 1592, averaging almost 30 new subscribers a month. Subscribers identify as allied health, nursing, medical, lived experience workforce or other. These discipline categories are sometimes used to send targeted communications.

The CMHL has sent more than 35 newsletters this year for a range of purposes, including:

- Promoting the work of partner statewide training providers such as Spiritual Health Association and Victorian Transcultural Mental Health, and the Department of Health
- Promoting training opportunities
- Updating the sector on CMHL work, including its free training calendar for area mental health service staff

We joined Twitter in June 2018 and now have over 1000 Twitter followers. Twitter allows the CMHL to engage more broadly with thought leaders and consumer activists across Australia and internationally. CMHL also prioritises tweeting from conferences to share learnings and experiences. At the 2020 Victorian Collaborative Mental Health Nursing Conference, CMHL was awarded best twitter engagement. We have tweeted over 1400 times since June 2018.

1592
NEWSLETTER
SUBSCRIBERS
AS AT
JUNE 2021


1402
TWEETS
and over
1000
Followers

2020
COLLAB
CMHL
awarded
best Twitter
Engagement



What have we learnt?

Email newsletters are a great way to communicate to our workforce. The rates of opens are consistently above 30% and our website hits markedly increase after we send newsletters. We are increasingly being approached by other mental health organisations to send out information to our subscribers on their behalf.

What is next?

CMHL will continue to use these modes of communication to engage directly with large numbers of the workforce.

Conferences

Conferences are great for CMHL engagement. They are a perfect place to promote our work and achievements, inform the workforce of what we offer and support the work of our key partners and other training providers. Due to COVID, conference attendance has been reduced this year.

How have we worked together?

Conferences virtually attended by members of the CMHL team include the Victorian Collaborative Mental Health Nursing Conference (the “collab”), TheMHS and the Virtual OT Mental Health Forum. At the “collab”, CMHL team members hosted a nursing students’ event, held three virtual booths (Peer Inside, VMHILN and CMHL),

presented three abstracts, and participated in a consumer perspective panel. At the 2020 Victorian Collaborative Mental Health Nursing Conference, CMHL was awarded best twitter engagement.

What have we learnt?

Despite a changed conference environment, connections still occurred in the virtual space. The CMHL’s active participation in conferences is not only invigorating for the team but also improves our connection with the workforce and allows opportunities for partnership with other key organisations such as discipline specific agencies and other training providers.

What is next?

The CMHL is committed to continuing to work with our key partners to support conferences and the dissemination and sharing of knowledge and new ideas. We are participating in numerous ways in the Centre for Mental Health Nursing-led 2021 Victorian Collaborative Mental Health Nursing Conference and presenting abstracts at the Melbourne TheMHS 2021 conference.



CMHL staff participated in the panel “You Can Ask That” at the 2020 Collaborative Conference. We look forward to participating again in 2021.

Image: Rory Randall, used with permission from CMHN

Website

The CMHL website, cmhl.org.au, was initially built as an online portal where workforce could access training and resources from numerous training providers and organisations, as well as provide some key information about CMHL’s functions, organisational structure, and lived experience work (under the ‘Peer Inside’ banner).

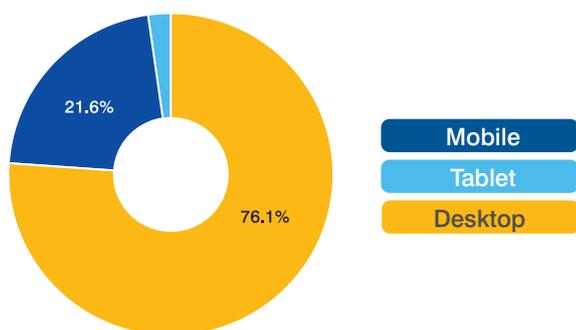
How have we worked together?

As the CMHL functions have grown, so too has the website. In this financial year significant additions have been made to the website.

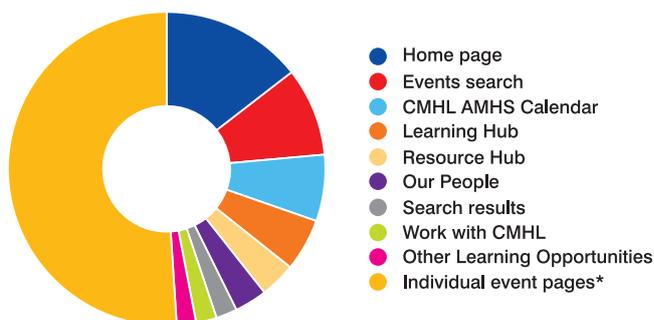
Website improvements:

- Bio pages for all CMHL staff
- Governance diagram designed and published
- VMHILN content redesigned and pages added to cmhl.org.au
- Lived experience workforces’ supervision database developed, drawing on previous consumer perspective work, and launched
- Family violence topic tile, and relevant content sourced from lead organisations, added to the Learning Hub

WEBSITE VIEWING DEVICES



CMHL WEBSITE PAGES VIEWED



* During 2020-21 financial year, CMHL has uploaded 359 events delivered by more than 30 organisations. 51% of pages viewed are individual event pages.



- CMHL area mental health service free training calendar page added
- Creation of Live Learn Lead Collective webpage

We have also worked to maintain and update existing sections of the website which includes:

- Working with area mental health service nursing graduate coordinators to update Graduate Nurse information page with 2021 key dates and 2022 AMHS graduate programs information
- Liaising with statewide, and other training providers to update listings of their 2021 events
- Developing audit processes for resources in the Resource Hub.

USER & PAGES STATISTICS

AVERAGE OF
3
PAGES VIEWED
PER SESSION

28 K+
USERS

125 K+
PAGE VIEWS

In the financial year ending June 2020 the sum number of users each month came to 16,400. This has now almost doubled in the recent year to 31,700 users with more than 125,000 page views.

What have we learnt?

With COVID restrictions, the provision of online learning resources and training opportunities was essential and may have been a contributor to the significant growth in cmhl.org.au page views. Remaining flexible and responsive to workforce

needs has contributed significantly to the decision-making about website growth and development.

By analysing page views we realised that cmhl.org.au website visits briefly peak after we send a newsletter to our subscribers. This has contributed to a greater use of newsletters to promote areas of the website to the sector.

What is next?

We have several areas planned for further website development.

We are currently completing a nursing supervisors' database to pilot alongside the implementation of the Chief Mental Health Nurse's clinical supervision framework.

We have designed a new website page that details CMHL's current and recent work, due for launch before end 2021.

We intend to work with our discipline specific educators and statewide training providers to create an educator resource section. This will also be informed by early CMHL educator consultations.



LEARNING AND PRACTICE DEVELOPMENT

Training Calendar

In April 2020 the funding and functions of the three Victorian mental health learning & development “clusters” transitioned to the Centre for Mental Health Learning. This meant the CMHL was now responsible for the planning and delivery of a calendar of training and professional development events for the public clinical mental health workforce in Victoria, and our Learning and Practice Development (LPD) team was appointed to lead this work.

How have we worked together?

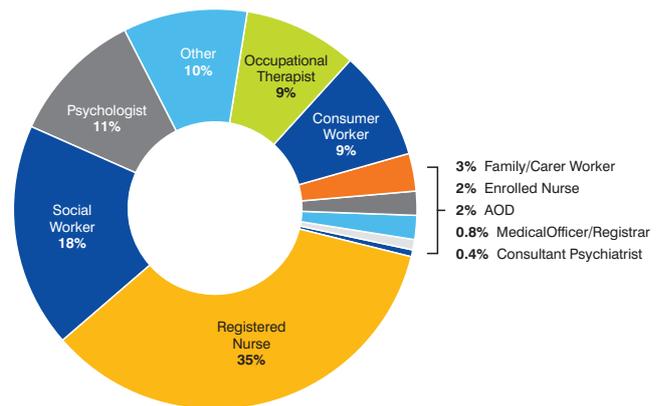
To guide training offerings, and reduce duplication, extensive consultation took place with stakeholders from area mental health services (AMHS) across Victoria, identifying workforce development priorities and needs, and understanding existing professional development and training initiatives within services. The CMHL committees, made up of AMHS representatives across disciplines, specialties and lifespans, are regularly consulted and informed regarding calendar planning, as are internal CMHL discipline educators and lived experience workforce development coordinators.

The training delivered on this calendar is multi- and cross-disciplinary, with the objective being to meet the development needs for a wide range of roles across the sector. Due to COVID restrictions, training that may have regularly appeared on cluster calendars now needed to be converted to online. Some training providers quickly converted their training but some training took longer to redevelop.

But the online format did provide an opportunity for a greater range of duration of sessions to be delivered, so rather than all full-day events, the calendar now regularly includes half-day, and even shorter, online sessions.

The calendar includes the planning and delivery of discipline or lifespan specific forums in the areas of family/carer lived experience work, enrolled nurses, older adults, social workers, occupational therapy, psychology & mental health workforce educators. Each forum requires a working group led by CMHL with AMHS participation. As at 30 June 2021, one of these forums has been delivered, with the remaining scheduled for the second half of 2021.

REGISTRANTS BY DISCIPLINE



Significant CMHL effort has been allocated to developing internal processes, timelines and procedures for our new role in delivering effective and successful training events.

From July 2020 to June 2021, the LPD team delivered 71 training events, with more than 2000 attendees. As a result of COVID-19, all training and professional development initiatives were delivered online for the 2020-2021 financial year.

What have we learnt?

Consultation and feedback from training evaluations has indicated that the conversion to online delivery has been largely successful, particularly amongst regional and rural workforces who have in the past been limited in their opportunities to attend in-person events. It has been identified that there are some key training areas, such as suicide prevention, that would be best delivered in an in-person format due to the nature of their content.

During AMHS consultations, suicide prevention, clinical supervision, and trauma informed care were all identified as areas requiring significant workforce development, so the CMHL LPD will consider what substantial project work and collaboration may need to be undertaken in these areas.

We continue to evaluate attendance and feedback, to refine training offerings.

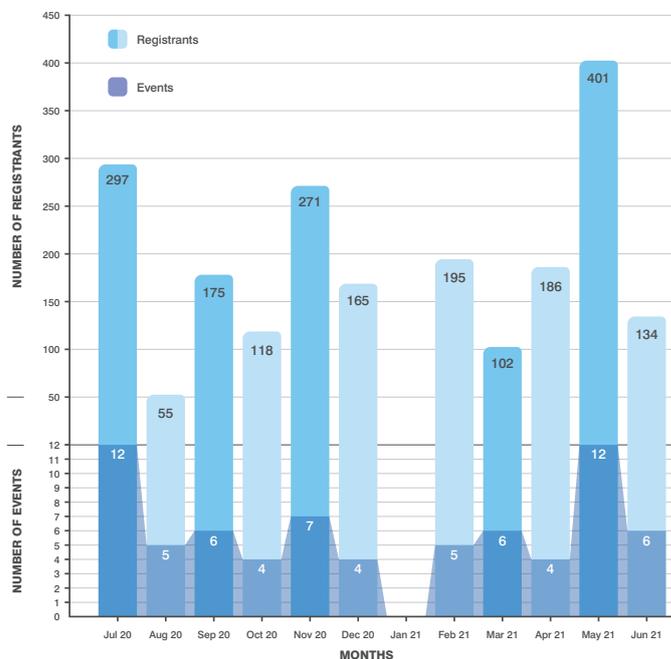
What is next?

The LPD team will continue to engage, consult with, and obtain feedback from AMHS, statewide training providers and other stakeholders, to further identify training gaps and needs within the sector.

The development, delivery and sustainability of ‘train-the-trainer’ models of education will be considered in next year’s calendar.

Processes and procedures will continue to require building and refining, as the LPD team move slowly and safely toward in-person delivery of training. However online training of varying durations will remain in the free training calendar as the workforce has become more skilled in both delivering and accessing online training, and it ensures access across the state.

EVENTS & REGISTRANTS JULY 2020 – JUNE 2021





MENTAL HEALTH TRAINING CALENDAR

FREE statewide training for people working in
Area Mental Health Services (AMHS) and Forensicare
<https://cmhl.org.au/cmhl-amhs-calendar>

Events are online and face-to-face, part- and full-day. New events are being added so check back regularly!

EVENTS INCLUDE

- supervision training
- leadership development
- discipline and speciality area forums
- lived experience workforce development
- therapeutic interventions
- supported decision-making, and more.

Topics are guided by CMHL consultations, input from CMHL AMHS committees, the Royal Commission, and relevant frameworks and guidelines. Training is delivered by AMHS staff, statewide training providers and others.

Scan the QR code to go to the calendar and register



<https://cmhl.org.au/cmhl-amhs-calendar>

ELIGIBILITY CRITERIA
These are free events designed for members of the public clinical mental health workforce in Victoria, (staff employed at Area Mental Health Services, Forensicare or mental health staff from RCH). For example, a social worker working in mental health at Austin Health. Staff from MHCSSs, ACOHOs, AOD or other partner organisations may also attend.

To receive this poster in an accessible format, please email: contact@cmhl.org.au

Learning Management System

The year 2020 brought to everyone's attention the capacity and capability of the online space. While it had been an available medium for years, enforced remote working and cancelled face-to-face engagements drove the education sector to be rapid adaptors of this new environment.

How have we worked together?

As soon as lockdown commenced in Victoria in 2020 the CMHL began receiving calls from various training providers exploring options for housing e-learning content. Additionally, AMHS grew their own e-learning offerings to meet the learning needs of their internal workforces.

Learning Management Systems (LMS) act as a platform for online content. Most AMHS have their own LMS but there have been barriers to broad adaptation and sharing of training using LMS – the inability to share from one service to another, and competing priorities within a service for space and resources in developing and hosting learning packages. This indicated that having a central LMS for the state would be beneficial to a range of CMHL stakeholders. Statewide training providers who may not have the resources or capacity could position their training for a wide audience. Services and training teams could share packages and resources with other services to view and sample, and the workforce could have an easily accessible space for

a variety of online e-learning resources from across the state. The CMHL collaborated with Wetfish, designer of the Commonwealth-funded Mental Health Professional and Ongoing Development (MHPOD) learning portal, to design a purpose-built, easy-to navigate LMS which took all stakeholders into account for one user-friendly platform.

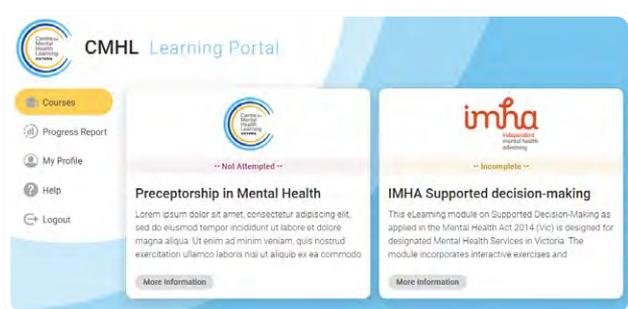
So far we have uploaded the Supported Decision Making e-learning package developed by IMHA. CMHL are working with Barwon Health to develop a Preceptorship for Nurses e-learning package. There is also an Introduction to Clinical Supervision for nurses and allied health e-learning package that is being developed with key stakeholders. These e-learning packages will be uploaded to the CMHL LMS in 2021. The LMS has been designed to clearly identify the developer of the content.

What have we learnt?

CMHL's unique position as a statewide workforce development organisation allows us to implement statewide solutions that improve promotion of and access to online training activities. We have capacity to house a LMS that the mental health workforce can easily access and it is a place where AMHS and other organisations can house e-learning packages that are for the broader workforce.

What is next?

We intend to grow the content available on the LMS via some specific processes. CMHL are working closely with our committees to develop a Quality Assessment guideline for e-learning packages. We need to ensure that any package uploaded to the LMS fits with CMHL values and priorities, is current, informed by best practice and not replacing or duplicating any work that sits with the statewide training providers. We will soon implement a process where we engage with AMHS to identify existing key e-learning modules that could be shared statewide via the CMHL LMS. We also anticipate that e-learning modules developed by AMHS from DH funded projects will sit on this LMS moving forward.



Allied Health Entry Level Training Series

A multi-service Allied Health Entry Level training series had been delivered by committed AMHS clinicians for the LAMPS and NEVIL clusters prior to cluster functions transitioning to the CMHL. In 2020 the CMHL supported the online delivery of this program. With the recruitment of an OT educator and a SW educator and the full transition of the cluster functions to CMHL, we planned for the Allied Health Entry Level Training Series to be delivered statewide in 2021.



How have we worked together?

The 8-day online training series provides allied health graduates in their first 2 years of employment within AMHS to connect and learn together foundational knowledge and skills for a career in mental health.

The 2021 statewide allied health entry level training series offers the opportunity to:

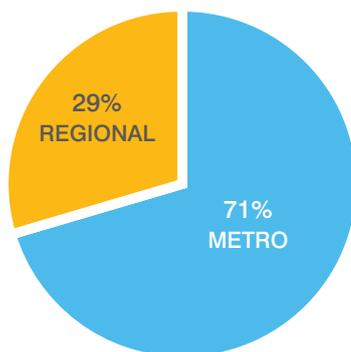
- Develop introductory level knowledge and skills on key mental health entry level learning topic areas
- Network, connect and share learning with peers of similar experience or practice level

- Support regional services and services with smaller allied health workforce to access training
- Expand the previous training to a statewide audience
- Expand the audience to all allied health disciplines entering Victorian area mental health services
- Ensure the training series is meeting the needs of each area mental health service involved

Steps we undertook to run this year's series include:

- consulting with allied health mental health sector in Nov 2020
- establishing the expert advisory committee for 2021
- developing the curriculum for the 8-day series, including identifying expert clinical facilitators and associated learning resources
- ensuring the training is underpinned by current policy, evidence base and best practice guidelines
- creating opportunities for lived experience workforce to co-evaluate the 2021 series and make recommendations for the future redesign of the program in 2022.

ALLIED HEALTH ENTRY LEVEL TRAINING SERIES PARTICIPANTS FROM REGIONAL VS METRO AMHSs



Allied Health Entry Level Training Series

What have we learnt?

This is the first year that the training has been delivered statewide, which provided invaluable opportunities for collaborative learning and integrated ways of working. Seventy-four entry level clinicians have participated from across 23 area mental health services. The expansion of criteria to include to all allied health disciplines has seen participation from occupational therapy, social work, psychology, dietitians, speech pathologists, pharmacists, physiotherapists, exercise physiologists, aboriginal mental health trainees. It was not always easy to predict the number of expected attendees, however we remained determined to ensure the training series is available to those who require access and developed solutions, such as facilitating simultaneous training sessions and identifying key contacts from each AMHS.

Delivery online made the program much more accessible for regional entry level clinicians, but it did create some additional challenges to overcome to ensure networking, connection and shared learning remained key benefits of participating.

What is next?

We plan to evaluate the training series, in line with CMHL work on an evaluation toolkit. We are striving to incorporate Lived Experience and principles of co-production into future training.

We will convene a new committee to redesign the curriculum for 2022 and the future, ensuring it is aligned with Victorian workforce strategy, capability framework, new mental health and wellbeing act and service reform priorities. We are participating in an advisory capacity in the DH funded project underway at Eastern Health regarding the development of an Allied Health Graduate program to ensure CMHL's work in future training series aligns with other initiatives. We also need to consider how to scale to fit expanding allied health graduate positions and allied health educator roles within AMHS.

BREAKDOWN OF PARTICIPANTS BY DISCIPLINE



| | |
|---|-----------|
| SOCIAL WORKER | 39 |
| OCCUPATIONAL THERAPIST | 19 |
| PSYCHOLOGIST | 7 |
| PHARMACIST | 4 |
| OTHER (One each of Physiotherapist, Exercise Physiologist, Speech Pathologist, Podiatrist, Aboriginal Mental Health Trainee) | 5 |
| TOTAL PARTICIPANTS | 74 |

Clinical Supervision e-Learning

Based on consultations conducted by CMHL from 2018 to 2019 it was evident that training in clinical supervision was a very high priority for the sector.

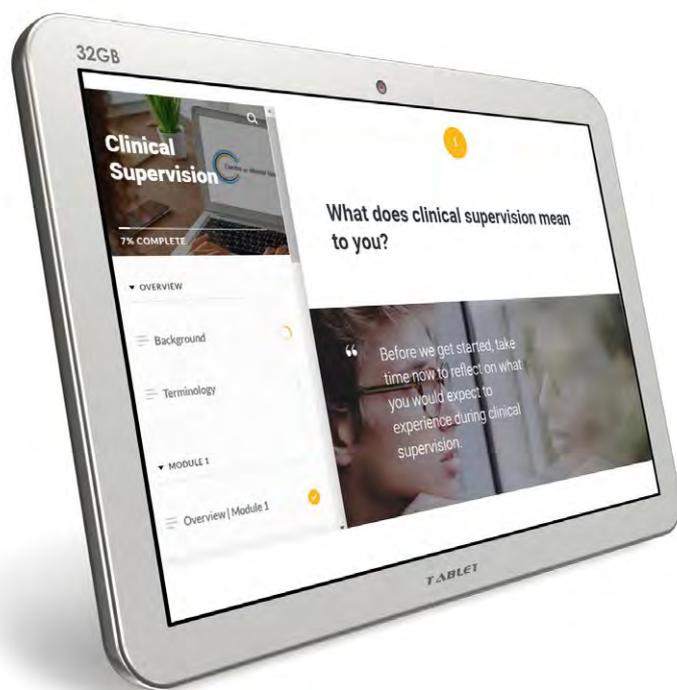
How have we worked together?

Queensland CMHL approached us about the potential to partner in the development of an e-learning package that would be an introduction to clinical supervision for allied health and nurses working in clinical mental health.

A working group was established with key stakeholders. From earlier consultations we had a good understanding of AMHS that had expertise in the delivery of clinical supervision training and we were aware of work undertaken by SWTP in clinical supervision and the work of the Office of the Chief Mental Health Nurse (OCMHN) around implementation of the Framework for Clinical Supervision for Mental Health Nurses in Victoria. The working group consists of membership from Queensland CMHL, Bouverie, the Centre for Mental Health Nursing (CMHN), OCMHN, Peninsula Health, Bendigo Health, Monash Health, NorthWestern Mental Health (NWMH) and Eastern Health.

What have we learnt?

There is exceptional good will from our key stakeholders to work together to develop training for the sector that is identified as high priority. Training is often only one component of implementation of frameworks and guidelines but it is important that we work in partnership with content experts to ensure the development of best practice training.



CMHL staff are not always the content experts but we can play a key coordination role in bringing together the experts and building packages that will be sustainable for the sector.

What is next?

The clinical supervision e-learning package is still in development. We hope that it will be released in late 2021. We are already in discussion with key services about delivering face-to-face training for supervisees and supervisors, into the CMHL calendar.

CMHL HIGHLIGHT

Learning and Practice Development Coordinators – Evolution of an Idea

The Learning and Practice Development Coordinator (LPDC) roles at the Centre for Mental Health Learning initially replaced the cluster manager positions as cluster functions transitioned to the CMHL. As the scope and outputs of the CMHL have evolved since the transition, so too have the LPDC roles.

The CMHL is not just an amalgamation of existing programs and responsibilities, it is an evolution of how to meet the public mental health workforce's needs on a large scale. As the previous regional cluster model for learning and practice development activities shifted to statewide at the CMHL, it has required a reconsideration of how we can meet the growing needs of services and the workforce, and remain fluid in an evolving landscape.

Collaboration

In Victoria, there has not been a single agency which works to consolidate and standardise the training delivered to the mental health workforce. As a result, there have likely been opportunities missed for collaboration and pooling of resources, for aligning clinical practices and accessing academic support. CMHL's role as a centralised training service can support statewide collaboration across area mental health services, statewide training providers, the Department of Health and other organisations, bringing invaluable benefit to the workforce and services.



Jo Stubbs
Learning & Practice
Development Coordinator

Jeffrey Weitzel
Learning & Practice
Development Coordinator

The LPDC have responsibilities in connecting the CMHL to the area mental health services. Jo and Jeff have split the services across Victoria between them and have begun to build relationships with the various personnel at each service. Through their roles on the CMHL workforce committees the LPDCs have been able to harness existing knowledge within the sector to inform planning for several workforce forums and conferences. Additionally, their work on these committees help them to stay connected to the needs of workers in areas which may not have significant educator allocation (such as older adult and youth mental health, and disciplines without designated educator positions) and to the specialty areas covered by SWTP and specialist teams. Jo and Jeff also sit on statewide training provider and other statewide leadership and reference groups.

Jo and Jeff are building connections with other statewide peak bodies (for example, MHCC, IMHA, VMIAC, CLEW) and training organisations (No To Violence) to provide education and resources for the mental health workforce. Collaboration with this broad range of services

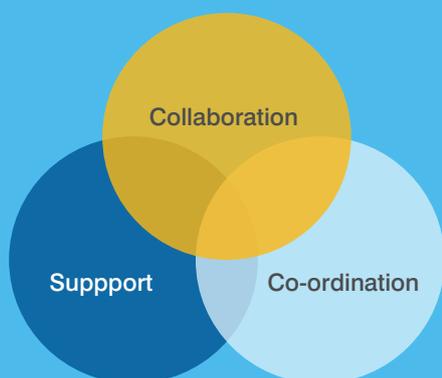
identifies expertise in the field and has enhanced the offerings in the CMHL training calendar provided for clinical mental health workforce.

Coordination

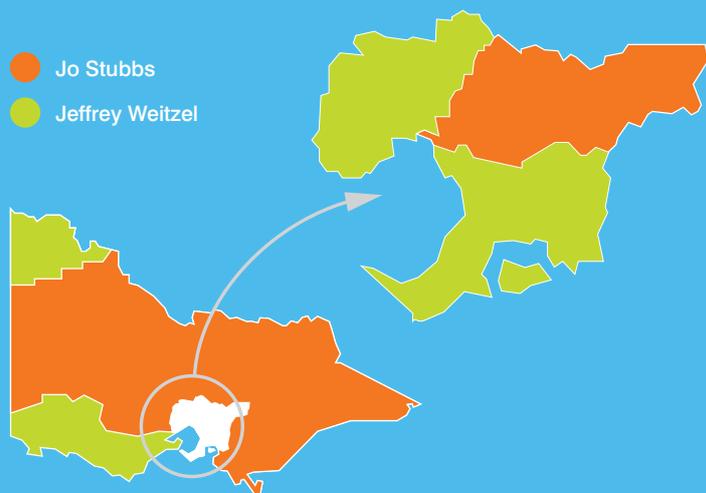
The coordination component of Jo and Jeff’s roles consists of planning a calendar of free training opportunities for the whole state and allocating development resources, as done by the previous cluster roles regionally. Together with the events coordinator, Jeff and Jo have programmed a year-round calendar of learning and development activities. But the Learning and Practice Development Coordinators also support networking and aligning mental health training and education programs across the state. One of the first projects the LPDC roles have embarked on is a scoping project to meet with representatives from each of the area mental health services across Victoria and Forensicare to understand their workforce development priorities, training projects and structure of their education teams. The LPDCs, by connecting with services remotely and face-to-face, have developed an overview and understanding of the learning and development system within AMHSs, its strengths and stress points. They are now well placed to coordinate collaboration on larger projects statewide to further learning and development priorities.

Support

The LPDC roles in the COVID climate understood some of the pressures and constraints that were put upon the systems due to restrictions. The LPDCs have worked internally with the events coordinator and the CMHL discipline specific educator roles to move events online and support other educators to adapt by providing videoconferencing platforms, IT support and information on delivering online content.



ALLOCATION OF AMHSs TO JO & JEFF ACROSS VICTORIA



Some other projects the LPDC are working on to support statewide learning and development include:

- designing and delivering training with SWTP input on ‘Facilitating online learning’ to help mental health educators adapt to COVID restrictions and virtual training
- planning, designing, and coordinating of six workforce forums and conferences per year
- providing subject matter expertise for the content update of MHPOD modules
- coordinating a physical health education day
- coordinating a statewide train-the-trainer program utilising NorthWestern Mental Health’s Suicide Prevention training package
- identifying education needs via scoping project
- developing an Introduction to Clinical Supervision e-learning package
- converting statewide training provider face-to-face content to an e-learning package

The LPDC roles now cover a range of projects and responsibilities including being conduits between the CMHL and several external programs and agencies. The scoping project has also informed allocation of resources, including providing additional access to under-resourced or under-serviced programs. As COVID restrictions ease, Jo and Jeff are looking forward to going out to services and training providers to better develop relationships and find opportunities to connect and collaborate.

Statewide Mental Health Occupational Therapy Workforce Scoping Project

The purpose of the scoping was to identify the profile of the occupational therapy workforce including activity and workforce learning and development needs to support leadership, collaboration, growth, learning and development of the profession.

This supports the Occupational Therapy Educator to collaboratively prioritise the focus of the role and lays the foundations for strategic planning for Victorian public mental health occupational therapy workforce development.

How have we worked together?

A data collection tool was developed and piloted, in consultation with other CMHL discipline educators and the Victorian Public Mental Health OT Leadership Network (OTLN). Occupational therapy leaders from all Area Mental Health Services participated in virtual semi-structured interviews between December 2020 and March 2021, collecting quantitative (workforce EFT, grades, positions, etc.) and qualitative data (discipline specific activity, leadership, professional development). This established a centralised, comprehensive baseline data set, detailing the workforce profile and operations of all Mental Health Service's occupational therapy functions as foundation for strategic planning and workforce development.

What have we learnt?

This scoping provided invaluable data to inform workforce development and support the growth of the workforce.

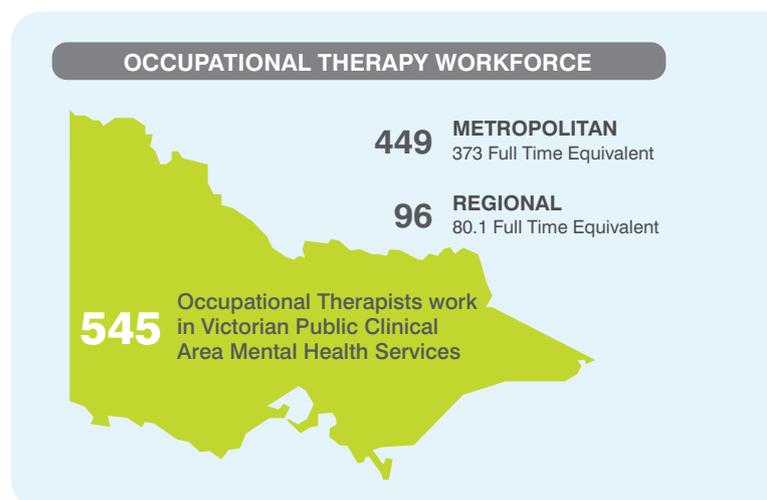
Phoebe Williamson
Statewide Mental Health Occupational Therapy Educator



A total of 545 occupational therapists work in Victorian public clinical area mental health services, and are employed in diverse roles, including clinical (80%), management (9%), OT discipline leadership (3%), service development (2%), education (2%), projects (2%), research (0.3%) and other roles. In regional areas there is a predominance of grade 2 roles compared to metropolitan.

The scoping results identified OT current workforce development priorities as:

- Sensory modulation
- OT Supervision
- OT Assessments
- OT Leadership
- Occupational Formulation & Goal Setting
- OT Groups



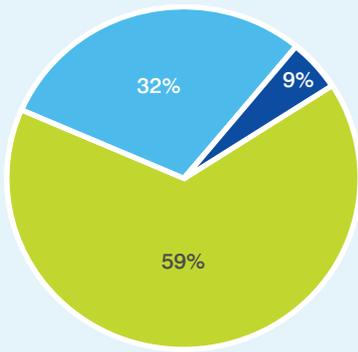
OCCUPATIONAL THERAPISTS PROVIDE SUPPORT TO MENTAL HEALTH CONSUMERS AND FAMILIES ACROSS THE LIFESPAN

132
CHILD, YOUTH & FAMILY SERVICES

247
ADULT SERVICES

52
OLDER PERSON'S SERVICES

OCCUPATIONAL THERAPIST ROLE TYPES

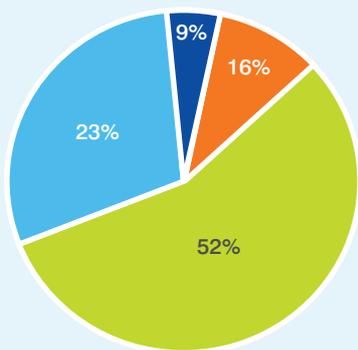


Generic Mental Health Role

OT Specific Role

Designated OT in Generic

OCCUPATIONAL THERAPIST SETTINGS



Community

Community Bed-based

Inpatient

Other Settings

Nearly 60% of the occupational therapy workforce are employed in 'generic' mental health positions and mostly in community settings.

What is next?

The scoping results formed the foundations for visioning and strategic planning. The CMHL Educator and the OTLN participated in two workshops to collaboratively develop a Strategic Plan, to include:

- A shared strategic vision
- A set of principles/values
- Strategic objectives and measures of success
- Plans for strengthening/establishing productive partnerships
- A strategic Roadmap highlighting key priorities and strategic activity for the next 2 years

This will be endorsed in the second half of 2021.

The scoping findings have been presented to services and key stakeholders, such as Occupational Therapy Australia. A de-identified statewide report of findings is being drafted to share with services and will include the strategic plan as part of the recommendations.

The occupational therapy educator is using the data and findings to develop and deliver training, workforce development activities, and establish sustainable communities of practice. As the top workforce development priority was identified as sensory modulation, the 2021 OT Education Day will be a Sensory Modulation Forum.

Now that initial organisational scoping is complete, the next stages planned are:

- **Stage 2:** A Workforce Survey
- **Stage 3:** Experiences of People & Families receiving OT service in AMHS

Mental Health Enrolled Nurse Scoping Project

This year three new Statewide Mental Health Enrolled Nurse Educator positions commenced with the CMHL. One of their first projects was to scope the workforce to help identify the workforce learning and development needs of Mental Health Enrolled Nurses (MHEN).



Karen Hewitt
Statewide Mental Health
Enrolled Nurse Educator

Shaina Serelson
Statewide Mental Health
Enrolled Nurse Educator

How have we worked together?

The Statewide Mental Health Enrolled Nurse Educators conducted interviews with senior representatives from each AMHS plus Forensicare between December 2020 and June 2021:

- Identifying EN positions in various areas and teams
- Understanding the availability of EN early career programs
- Considering EN leadership, clinical supervision, and advanced practice, and
- Discussing the role of Statewide Mental Health Enrolled Nurse Educators to support MHEN development

A Mental Health Enrolled Nurse full-day consultation was conducted on 24 Feb 2021, with 25 enrolled nurses from 14 AMHS and Forensicare exploring professional experiences and discussing and identifying workforce development priorities.

What have we learnt?

The scoping study provided a wonderful opportunity to fully explore the work done by MHENs across Victoria, and to develop relationships with ENs and their supporters. We found that:

- The range of MHEN roles and opportunities varies between services
- Leadership structures, EN3 advanced practice promotion opportunities and clinical supervision processes were sometimes unclear for MHENs.
- There is limited specific MHEN training available.

- There is increasing demand for MHEN entry-level programs

The top workforce development priorities identified at the consultation day were:

- Strengthen EN participation in initiatives such as Safewards, Physical Health and Clinical Supervision
- Enhance skills in person-centred non-pharmacological interventions to help reduce or eliminate restrictive interventions
- Strengthen strategies of self-care and reflective practice to reduce compassion fatigue and burnout
- Improve collaborative practices with Lived Experience Workforces
- Training regarding wellness promotion and management of physical deterioration
- Initiatives to support EN career progression and leadership

See Appendix 5 for more information regarding the EN consultation day.

What is next?

A de-identified statewide report of findings from these consultations is being prepared to share with services. The EN educators will also use the findings to develop and deliver MHEN specific training and facilitate an MHEN Practice Group to support ongoing planning.

Area Mental Health Services (AMHS) Scoping Project

Part of the CMHL's function is about understanding both the needs of the workforce and how those needs are understood and met locally, regionally and on a statewide basis. To better understand how to enhance the work of the programs supporting the workforce and possible avenues for collaboration, the CMHL sought to gather baseline data on the learning and development programs which train and educate the clinicians working in the Area Mental Health Services (AMHS) across the state, as well as Forensicare.

How have we worked together?

The aims of this scoping project were to foster relationships with the AMHS and develop an understanding at the CMHL of the learning and development programs, personnel and resources of each AMHS. The Learning and Practice Development (LPD) team was able to meet virtually or in-person with all but one AMHS. The meetings were usually with the managers of education teams or senior psychiatric nurses.

What have we learnt?

The information gathered from this scoping provides rich information about the enormous amount of work that AMHS undertake in relation to workforce development and highlights the complexities of the work. The challenges faced by regional areas in providing training and education and staff retention has been a common theme, challenges around data collection of who attends training and education, and lack of consistency around training needs analysis have been some early findings. Already these consultations have guided some of the projects underway at CMHL for the second half of 2021, and the LPD coordinators have been able to connect services seeking support with resources which became known through the project.

What is next?

We see this as the first step in creating greater connections across services and an important milestone towards coordinated planning, data collection and increased workforce capability. A de-identified report is being written to share with AMHS contributors.

Social Work Discipline Work

This year the new position of Statewide Mental Health Social Work Educator came to the Centre for Mental Health Learning. Jacara Egan started in the position mid-June 2021.

Jacara Egan
Statewide Mental Health Social Work Educator



How have we worked together?

With the appointment of the Statewide Mental Health Social Work Educator, it was a great opportunity to reinvigorate the Mental Health Social Work Leadership Network. The network representatives are mostly discipline seniors or a similar delegate from AMHS. The network meets monthly, and we have also established an online community of practice to support further collaboration and connection. In June 2021 the network participated in their first of two strategic planning sessions to establish the vision and purpose of the network. Not only will this provide the current leaders within the sector an opportunity to connect and create a positive impact across the state, but it will also provide pathways and opportunities for emerging social work leaders across the sector to gain experience and add their voice to the vision and goals of the network.

2020 and 2021 also saw the team establish a planning committee for a World Social Work Day event and a statewide social work conference. On the 16th of March 2021, they held an inaugural statewide World Social Work Day event with Wadamba Wilam. This was a facilitated panel discussion regarding social and emotional wellbeing practice approaches and values, and how they relate to the social work code of ethics and values. Following on from this success the working group has been working hard to pull together the statewide forum to be held in October 2021.

What have we learnt?

Social work is the second largest discipline in area mental health services and they work in diverse roles across services. Often social workers work in generic roles and as such don't get opportunities to utilise discipline specific skills as often as they would like.

Social workers would like to see more discipline specific roles not only in inpatient units to promote psycho-social recovery and family inclusive practice,

but across all settings and lifespans within the sector. Social workers have also identified in preliminary scoping efforts that they would like more training, reflective practice spaces and communities of practice that are specific for social workers to maintain a strong identity within their work and discipline. It was also identified that the structures and support for social work is varied across the AMHS. With some services having no, or very little, EFT for discipline seniors to lead social work practice, provide discipline specific workforce development or support the expansion or retention of social workers working within AMHS.

What is next?

Despite continued disruption to normal life due to ongoing COVID lockdowns our Social Work Educator, with the other educators in our team, are forging ahead and continue to build on the solid foundations already laid in 2020 and the beginning of 2021. The end of this year will see the Social Work Leadership group finalise the strategic planning for the Social Work Leadership Network to establish the vision and purpose of the network and identify how we can support social workers and social work practice within AMHS. Not only that, as mentioned above, it has been exciting working on and finalising the Statewide Social Work forum for social workers in the public mental health sector, with the theme; Strengths, Opportunities and New Directions. At this forum Jacara will share some of her preliminary findings from the scoping project across all AMHS. The final findings will inform a statewide social work education needs analysis by December 2021.

But a social worker's job is never done, and our Allied Health Educators will continue to also consult and provide input into training series and programs in partnership with the Department of Health and other stakeholders to provide the best support and education possible to our newest clinicians entering into our work force. We look forward to seeing the progress and outcomes of all these great projects as we move throughout the year.

INNOVATION AND SYSTEMS CHANGE

Clinical Supervision Framework for Mental Health Nurses

CMHL is working closely with the Chief Mental Health Nurse (CMHN) and the Centre of Mental Health Nursing (CentreMHN) to support the implementation of Victoria's clinical supervision (CS) framework for mental health nurses.

How have we worked together?

The CMHL has been participating in the CMHN's CS Framework Implementation Working Group and the CS Evaluation Working Group since 2019. With the recent appointment of the Enrolled Nurse (EN) educators to CMHL, we have added EN representation to the CMHN CS committees to ensure the consideration of EN needs as both supervisors and supervisees.

This financial year has seen the second half of the pilot program run out at Peninsula Health. For this pilot the CMHN and CMHL supported Peninsula Health to utilise an online mentoring platform from an external provider. This allowed the CMHL to consider Peninsula's experience in our own plans for the development of an online clinical supervision database to be developed with our own web developers. We have progressed the development of this database and anticipate we will launch it late 2021.

We have also been participating in the 2021 workshops held with the five services in this year's stage of the framework implementation.

What have we learnt?

CMHL ongoing engagement and participation with key teams such as the CMHN is vital to ensure the many workforce development projects progressed in Victoria align and that duplication of effort and



output is minimised. CMHL holds a unique position statewide which allows it to broker solutions that would not be possible on a service-by-service basis. For example, whilst the framework states that organisations must manage clinical supervisor databases, it is only CMHL's unique statewide role, and its online presence, that can support the development and maintenance of a statewide database. Additionally, the CMHN's work is specific to nurses, whereas the CMHL considered the workforce development of the whole public clinical mental health workforce. As such, CMHL can consider the expansion of training and database use to the broader workforce.

CMHL EN educator consultations have found that services have varying approaches to EN supervision. This will require consideration as the framework continues to be implemented and the database is launched.

What is next?

The CMHL will pilot the database with the five services participating in 2021's stage of the framework implementation for a few months. Any necessary improvements will be made to the database before launching statewide.

The CMHL will continue to advocate for the consideration of ENs in the delivery and receipt of supervision.

We look forward to continuing to partner with the CMHN and the CentreMHN to review the Clinical Supervision for Nurses draft standards and progress the implementation of the framework.

Lived Experience Workforces Supervision Database and Access to Supervision Project

The Department of Health (DH) provided funding in 2020 to increase the availability of consumer and family/carer perspective supervision to the lived experience workforces, coinciding with the CMHL’s completion of a Consumer and Family/Carer Perspective Supervision Database.

How have we worked together?

There have been multiple organisations and individuals working over the last few years to improve the lived experience workforces’ access to discipline specific supervision, by developing frameworks, creating resources and delivering training.

The separate strategies for the Consumer and the Family/Carer Mental Health Workforces in Victoria, launched in 2019, both include objectives for each workforce to have access to discipline specific supervision (objectives 3.1 and 3.4 respectively).

The Access to Supervision project was funded by DH to pay supervisors to provide discipline specific supervision to the consumer mental health workforce and the family/carer mental health workforce. The CMHL was funded to appoint a lived experience project position to coordinate the project with partners VMIAC, Tandem, and Mental Health Victoria. This group determined and managed the processes for promoting the project, approving supervisees and supervisors, and organising payments.

The CMHL had also been developing a Consumer and Family/Carer Perspective Supervision Database, based on significant foundational work done by the Consumer Perspective Supervision Framework project team. The database was ready to be launched in late 2020, allowing it to be utilised as a core platform for the Access to Supervision project.





Recorded images from the launch of the Consumer and Family Carer Lived Experience Workforces Supervision Database held on 25 November 2020

The Access to Supervision project commenced in late 2020 after promotion across multiple platforms. Fortuitously, at the same time DH funded consumer perspective supervision training was nearing completion for one cohort, enhancing the potential pool of supervisors. Project processes involved CMHL determining eligibility and approving sessions, eligible supervisors and supervisees connecting through the online database, and VMIAC and Tandem managing payment.

By June 2021, twelve consumer supervisors and four family/carer supervisors were approved to provide supervision within the Access to Supervision project.

What have we learnt?

We have heard a strongly expressed need and desire for consistent and ongoing discipline specific access to supervision for the lived experience workforces. There is often confusion regarding the difference between line management supervision and discipline specific supervision.

DH funding of this statewide project allowed for improved access, as well as a central communication point where supervisees and supervisors were both supported to adhere to the principles and practice of discipline specific supervision.

What is next?

The working group with DH are exploring options for support or supervision of participating supervisors. The project is currently being expanded to the community mental health sector, led by the same working group. An evaluation is being completed by VMIAC, but early findings suggest funding lived experience discipline specific supervision has increased its accessibility and allowed many members of these workforces to receive supervision for the first time. If funding continues the working group will need to consider long term processes.

Organisational Readiness and Placement Support Projects

The Lived Experience Workforces Organisational Readiness (OR) and Placement Support (PS) projects, commissioned by Mental Health Reform Victoria (MHRV), respond to the recommendation in the Interim Report (2019) of the Royal Commission into Victoria’s Mental Health System (RCVMHS) to grow and better support the lived experience workforces. These projects are nearing their September 2021 completion date.

How have we worked together?

For the Organisational Readiness (OR) project, an organisation readiness program, with a framework and tools, is being developed to create the necessary organisational conditions in mental health services for the sustainable employment, career development, and purposeful use of the unique capabilities of lived experience workers.

For the Placement Support (PS) project, the CMHL is identifying and proposing statewide models of student supervision to support the placement needs of people enrolled in the Certificate IV in Mental Health Peer Work, with particular regard to the placement of the Cert IV on the TAFE free list and the resulting increased volume of placements that will be needed.

To ensure that lived experience is central to how lived experience workforce roles and supports are designed and implemented, CMHL undertook a lived experience-led, co-design approach to working together by developing co-design action teams (CDATs).

CDAT membership includes:

- lived experience, clinical, allied health, and human resources workforce members, from both clinical and community settings
- Department of Health staff

- Registered Training Organisation (RTO) staff
- students of the Certificate IV in Mental Health Peer Work;
- a provocateur in each CDAT (in line with TACSI’s training).

By mid-2021 almost 20 CDAT sessions had been held across the two projects. These include four initial co-design training sessions delivered by Indigo Daya to introduce participants to the fundamentals of co-design. We developed and provided training for our two provocateur members. We have had a total number of 40 participants in our co-design action teams.

Additional consultations and surveys were undertaken to address knowledge or consultation gaps as they were identified.

What have we learnt?

A novel feature of these projects is that they are both lived experience-led and co-designed and, as a team, we have learnt to cultivate projects that address power imbalances by hearing, valuing, and amplifying diverse and often marginalised voices. We have strived to create online sessions where CDAT members can be safe and brave in expressing their perspectives. The CDAT members’ enthusiasm and eagerness are reflected in the innovative solutions to these complex issues.

What is next?

We will deliver the outcomes of the projects to the Department of Health by the end of September 2021. The deliverables from the OR project include an organisational readiness framework and associated assessment tools. The PS project deliverable is a model options paper for the DH describing ways to support and facilitate Certificate IV in Mental Health Peer Work student placements in services.

We are conducting project evaluations to inform CMHL’s future practices in co-design. The evaluations will be led by external lived experience workforce members.

CMHL HIGHLIGHT

Lived Experience Workforce Leadership & Collaboration Model

An example of Co-Design and Co-Production at CMHL

The CMHL recognises that to achieve its vision (to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery focused workforce) it must draw on the unique wisdom and expertise of the lived experience workforces. The Royal Commission into Victoria's Mental Health Services, Final Report (2021), also refers to co-design or co-production in several recommendations.



David Barclay
Consumer Workforce
Development Coordinator



Lorna Downes
Family/Carer Workforce
Development Coordinator

We are committed to increasing our team's understanding of co-design and co-production and had three CMHL staff complete TACSI's new Co-Design for Mental Health Course, co-facilitated by TACSI and a consumer-perspective professional over eight weeks. We also had Athena Consumer Workforce Consulting deliver two co-design & co-production introductory workshops, followed by six monthly supervision sessions, to the entire CMHL team.

We have attempted to fully implement co-design and co-production across a few projects this year for example we created and utilised "Co-design Action Teams" (CDATs) in the Mental Health Reform Victoria Lived Experience Workforces Organisational Readiness and Placement Support Projects (see page 35). In this CMHL highlight we will describe how we undertook a co-design process to develop our Lived Experience

Our Vision for LEW Leadership and Collaboration



The principles that underpin it all



Consumer and family/carer workforces are valued and equipped



Dynamic and innovative, effecting meaningful change



Broad engagement and great communication



Courage to learn through doing and reflecting

Workforce Leadership & Collaboration Model, that led to the formation of the Live Learn Lead Collective (the LLLC).

The Lived Experience Workforce Leadership & Collaboration Model development process began in April of 2020 when the CMHL issued an invitation for consumer and family/carer lived experience workers to participate. Twenty-nine members of the LEW participated in videoconference workshops, online surveys, video briefings and emails. Together they brought their collective wisdom, intelligence, creativity and resourcefulness to:

- build a shared vision that captures their best hopes for the model
- create principles, platforms and processes to test and twist

- agree on a place to start so that we can get runs on the board and build momentum
- identify opportunities to attract more LEW into the process
- introduce processes that enable everyone to learn as we go and to adapt the model over time

With input from the CMHL Lived Experience Workforce Development Coordinators, pictured, the group developed the vision and principles shown

The resulting model has at its centre the Live Learn Lead Collective (LLLC), see page 11 for more detail.

The CMHL will soon be appointing a lived experience co-design lead to help build co-design capability in the mental health and wellbeing, and AOD sectors.

Collaborative Leadership Network Model Options Paper

The Interim Report (2019) of the Royal Commission into Victoria’s Mental Health System (RCVMHS) recommended the establishment of a Collaborative Victorian Mental Health Leadership Network. Mental Health Reform Victoria (MHRV) engaged the Victorian Mental Health Interprofessional Leadership Network (VMHILN) at CMHL to develop a Collaborative Leadership Network Model Options Paper.

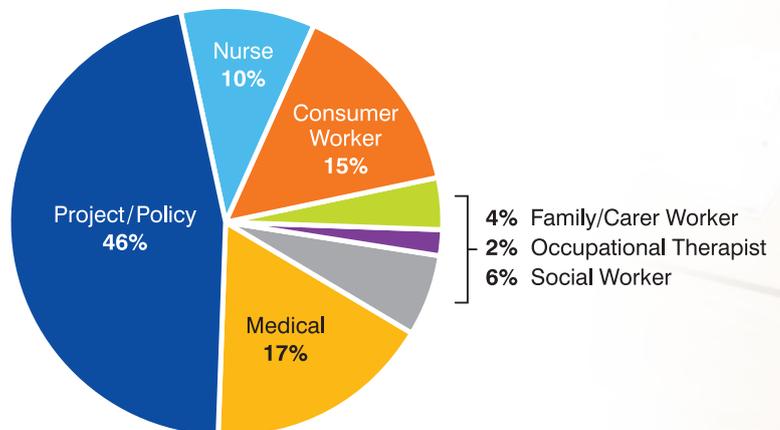
How we worked together?

MHRV developed a project plan in partnership with the CMHL. The objective for the project was the development of concept and model development for a collaborative leadership network that:

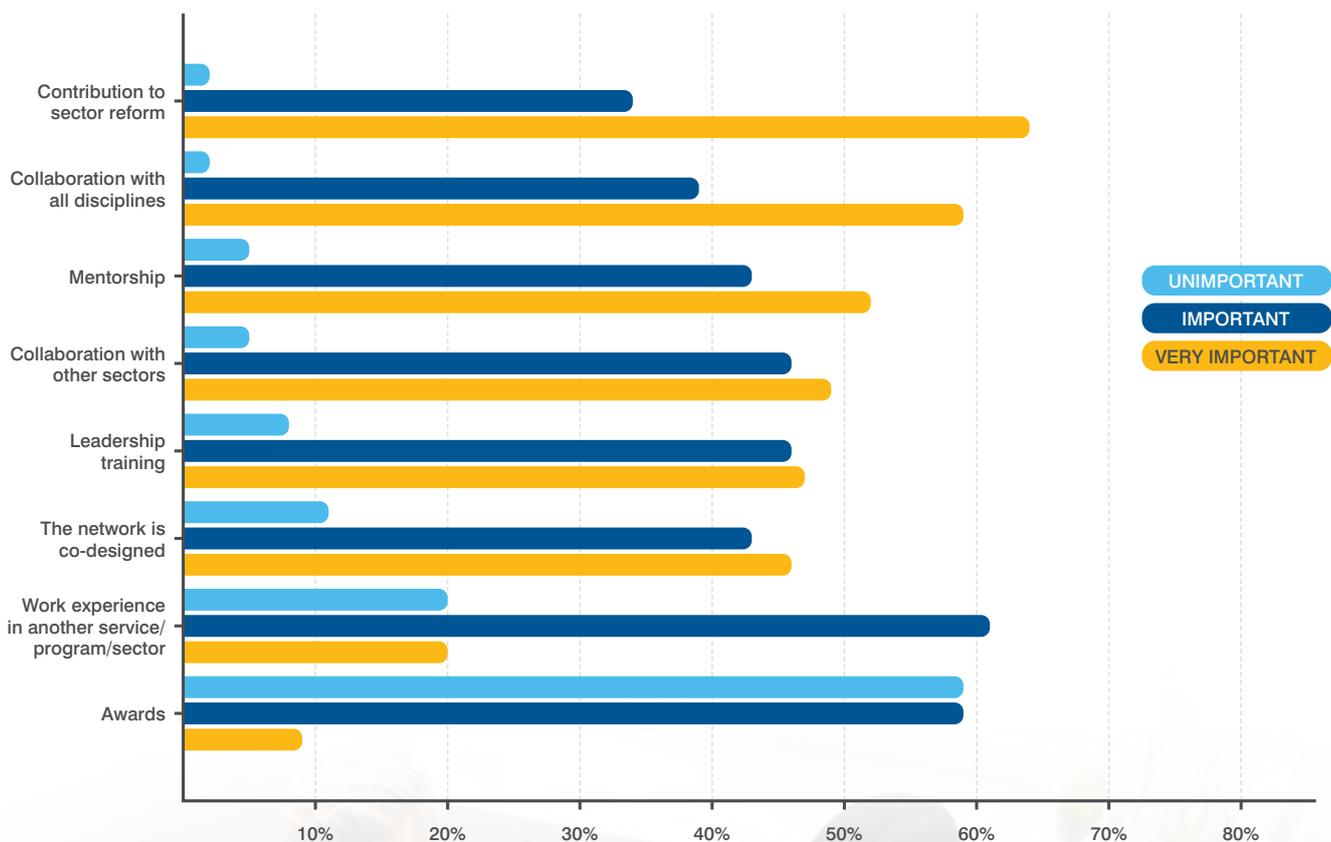
- covers five domains of leadership (policy and system stewardship, organisational leadership, clinical and academic leadership, operational leadership and emerging leaders),
- has representation across disciplines, levels of experience and geographies
- includes balanced gender representation
- is outwards-facing, forward-thinking, open, and collaboratively fosters a culture of creativity, continuous improvement and innovation
- supports members to participate in learning, training and mentorship opportunities.

25 consultations were conducted with a total of 105 participants from 25th June till 31st August 2020. A broad range of disciplines was represented.

CONSULTATION PARTICIPANTS BY DISCIPLINE



HOW IMPORTANT WOULD EACH OF THE FOLLOWING BE IN HELPING YOU TO DECIDE WHETHER TO JOIN A LEADERSHIP NETWORK?



An online survey was designed to ensure broad reach to all of the mental health workforce. It was completed by 173 people.

What have we learnt?

Fourteen key themes emerged from the consultations and survey results. They were co-design, purpose and vision, action orientation, evaluation, attention to power, LEW leadership, medical leadership, buy-in, diverse membership, gender equality, resources, technology, cross-sector collaboration and sustainability.

Three model options were developed and detailed in the final report, with 29 specific recommendations regarding the establishment and sustainability of a leadership network.

What is next?

The model options paper was submitted to Mental Health Reform Victoria. Implementation of the leadership network sits with Department of Health.

Sexual Safety Guideline

In 2019-2020 the Victorian Mental Health Interprofessional Leadership Network (VMHILN) was tasked with re-writing the Chief Psychiatrist's Guideline on Sexual Safety in Victorian Mental Health Inpatient Units.

How have we worked together?

VMHILN employed a consumer lived experience worker (LEW) to lead the project. The existing guideline was reviewed and considered alongside more recent publications and guidelines, including the Mental Health Complaints Commissioner (MHCC) sexual safety project report, *The right to be safe* (2018), new legislation like the Mental Health Act 2014, the Sexual Safety Notification to the Chief Psychiatrist (new in 2018) and other relevant literature. Informed by co-design principles, consultations were held with consumers, carers, lived experience workers and other inpatient staff. Key stakeholder organisations and services, such as Victorian Centres Against Sexual Assault (CASA) and Victoria Police, were also consulted.

The draft was reviewed by the Department of Health and then released for broader feedback. The consumer project lead critically and empathetically incorporated stakeholder input, including from individual inpatient experiences.

What have we learnt?

Sexual safety in inpatient units is a critical issue. Consumers, families/carers and clinicians are deeply passionate about providing a safe space in inpatient units. Developing a guideline that addresses the many nuances in this space was complicated work. The process was strengthened by having a consumer lived experience worker lead this project.

What is next?

The draft document now sits with the Office of the Chief Psychiatrist for review and publication.

CMHL Evaluation

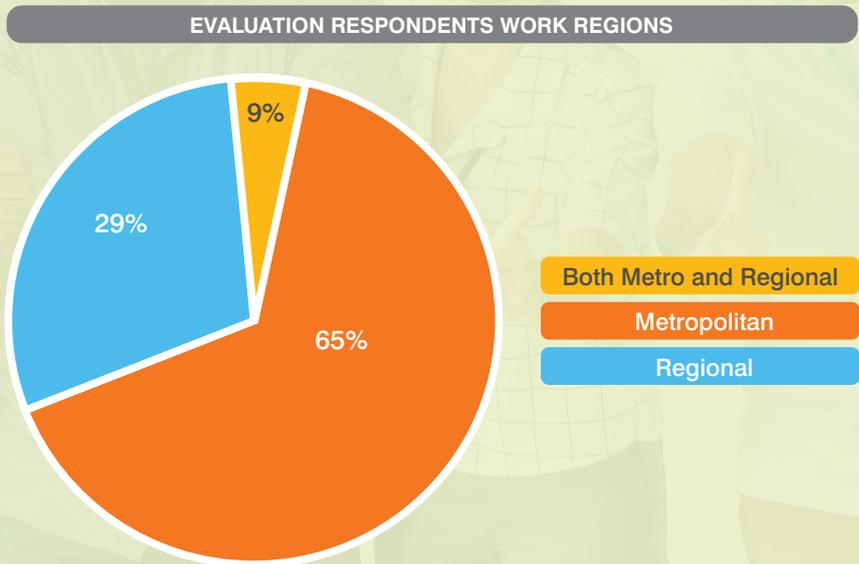
We evaluate our work using the CMHL Evaluation Framework. This framework describes the processes, performance indicators, and metrics utilised to evaluate its work and to drive high value, strategic activities. Various principles guide our evaluations depending on each project's or program's objectives. For example, when evaluating our work in the 'Connect and listen' core function, we consider the principles of effectiveness, efficiency, appropriateness, sustainability, responsiveness, and equity.

The Centre for Mental Health Learning commits to a yearly sector evaluation survey to understand our stakeholders' experiences of engaging or working with us. We do this so that we can continue to improve and better support the mental health workforce in Victoria.

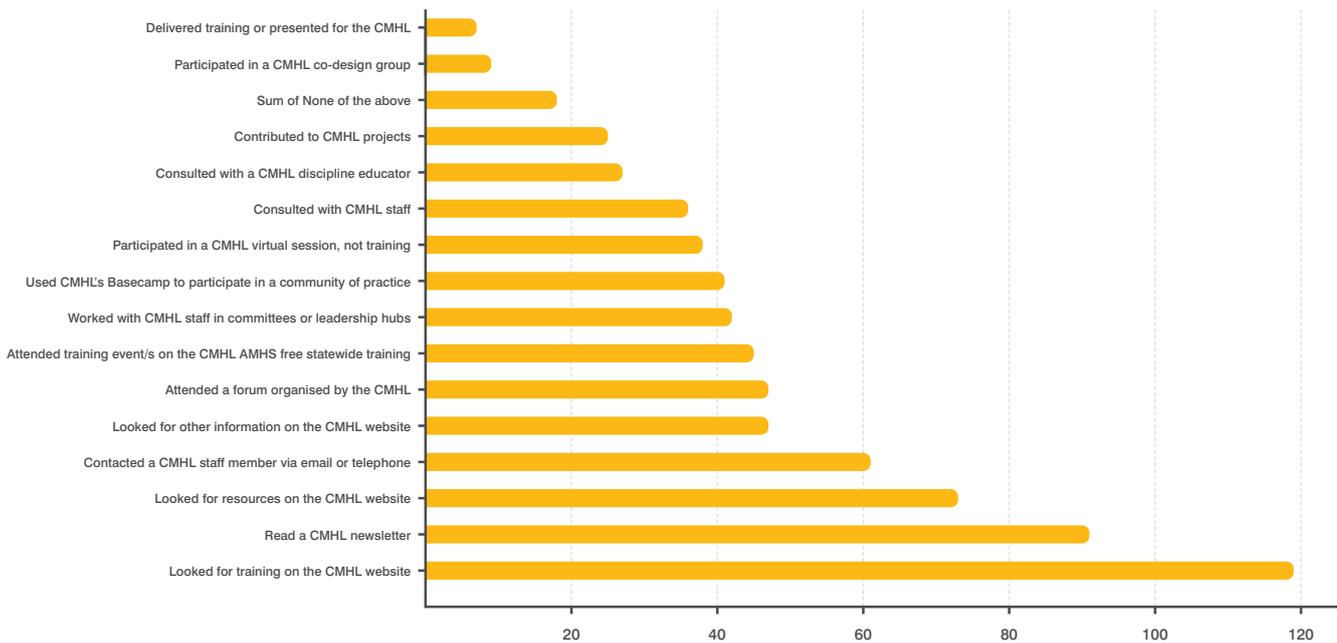
Below is the summary of results from our 2021 sector evaluation survey:

- 170 responses were collected from an online survey between 27 April and 12 May 2021.
- 65% of respondents worked in the Metropolitan area.
- 61% of respondents were people with more than 10 years working experience in Mental Health.

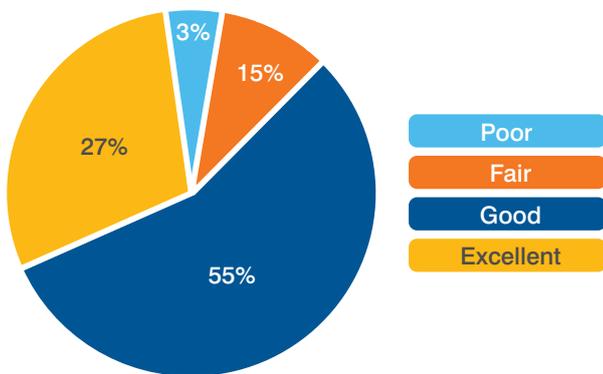
The graph over page shows the common reasons given for CMHL interactions by the survey respondents. Note, the survey was sent out via newsletter which may mean newsletter subscribers were more likely to complete the survey.



REASONS FOR INTERACTING WITH CMHL (RESPONDENTS COULD CHOOSE MORE THAN ONE)



OVERALL SATISFACTION WITH CMHL'S WORK



This year we specifically asked questions regarding:

- the CMHL website
- the free training calendar for area mental health services workforces
- CMHL's engagement and communication
- CMHL's work supporting Lived Experience Workforces development

More than 70% of respondents rated as good or excellent the CMHL website's quantity and range of training links and resources, the ease of website navigation and relevance of content.

The appropriateness of language on the website was rated good or excellent by 90%. Comments include that the Learning Hub (where training is listed from a range of providers) is well-structured but filtering for free training would be appreciated (this will be explored this year).

This was the CMHL's first year delivering a free statewide training calendar to the public clinical mental health workforces, and, with COVID restrictions, online delivery was required. Some training was easily converted to online by training providers, but other training took longer to convert. The switch to online did mean that, compared to cluster calendars, sessions of varying lengths could easily be delivered. Quality of training on the free statewide AMHS training calendar was rated good or excellent by 80%, as was ease of registration. Whereas range of topics and number of events was rated good or excellent by 60%. Several respondents commented that events fill quickly and would appreciate more events with higher capacity.

Quite a few comments were made expressing appreciation of CMHL's efforts during a challenging year:

"It has been a challenging year to deliver training to the mental health workforce. CMHL have been outstanding in their continued efforts to provide online training to all disciplines and I congratulate you."

“I’m impressed by the way CMHL has adapted and modified models of practice in these uncertain times.”

The sector evaluation responses rated CMHL engagement and communications highly. Responsiveness of CMHL team members to queries and email, and frequency and relevance of newsletters all were rated as good or excellent by more than 80% of respondents.

The last area we explored in the survey is the CMHL’s work in supporting Lived Experience Workforces development. This was rated as good or excellent by more than 76% of respondents in supporting LEW networking, promoting co-production and co-design, and demonstrating LEW leadership. Comments include:

“I have been impressed with the staff of CMHL and their dedication to supporting the LEW.”

“Overall, I have always had good engagement with CMHL, I appreciate the hard work being done within the team with all its projects and facets of training and am keen to stay connected and provide contribution as part of the LEW in whatever capacity I can.”

Acknowledgement was made of the broad and challenging roles undertaken by the Consumer and Family/Carer Workforce Development Coordinators with statements such as:

“I think that the LEW Coordinators may benefit from additional/deputy support in their roles. They do fantastic work, and I think their leadership would be further enabled by such assistance.”

We are very pleased to close this section, and our first annual report, with the following comment (on right) from our evaluation survey responses.

” *CMHL is an outstanding organisation that, under Rosemary’s visionary leadership, has made a huge contribution in a short time. CMHL has successfully recruited the best and brightest workers – everyone who I have dealt with has been motivated, innovative, grounded, resourceful and collaborative / not competitive. Kylie a standout who has deftly, substantially contributed in diverse MH domains. I would like to see the design and development of Victoria’s new Collaborative Centre for Mental Health and Wellbeing be strongly influenced by the successes & lessons of CMHL implementation and development process. CMHL is a very considerable success story in context of an under-resourced, neglected, and traumatised service system. Well done to all you good folk!* ”

– Evaluation Survey Respondant



APPENDICES

APPENDIX 1: Website analytics

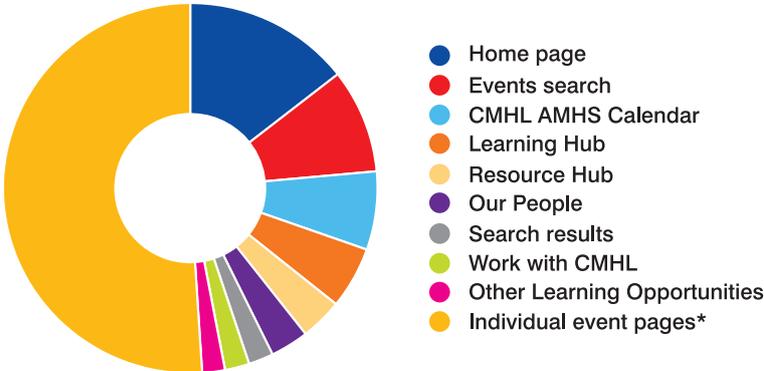
CMHL WEBSITE – MONTHLY ACTIVE USERS



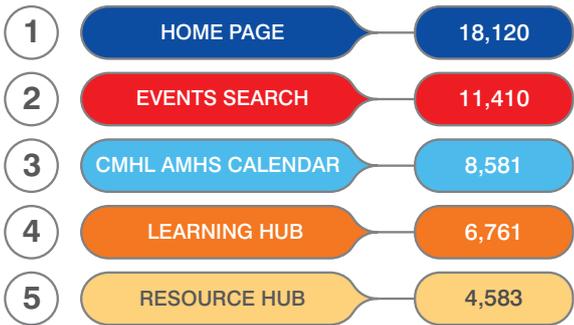
CMHL WEBSITE – MONTHLY ACTIVE USERS



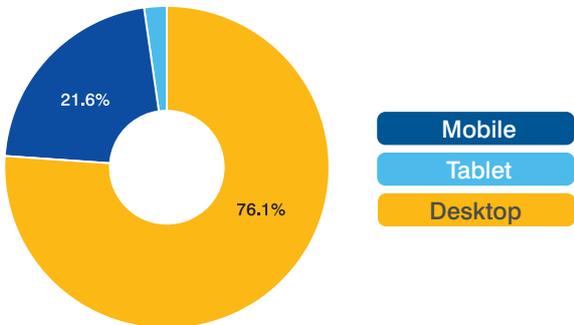
CMHL WEBSITE – INDIVIDUAL PAGES VIEWED



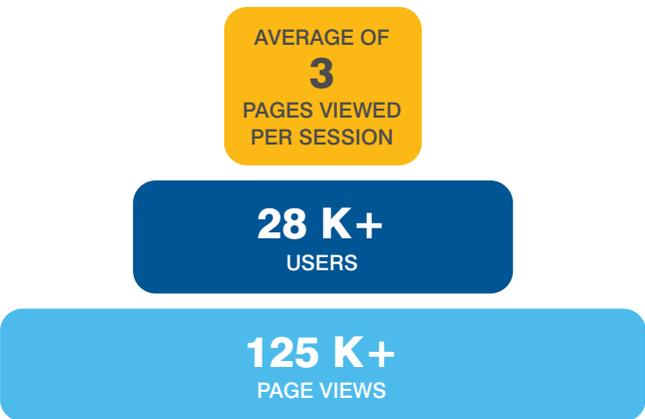
* During 2020-21 financial year, CMHL has uploaded 359 events delivered by more than 30 organisations. 51% of pages viewed are individual event pages.



WEBSITE VIEWING DEVICES

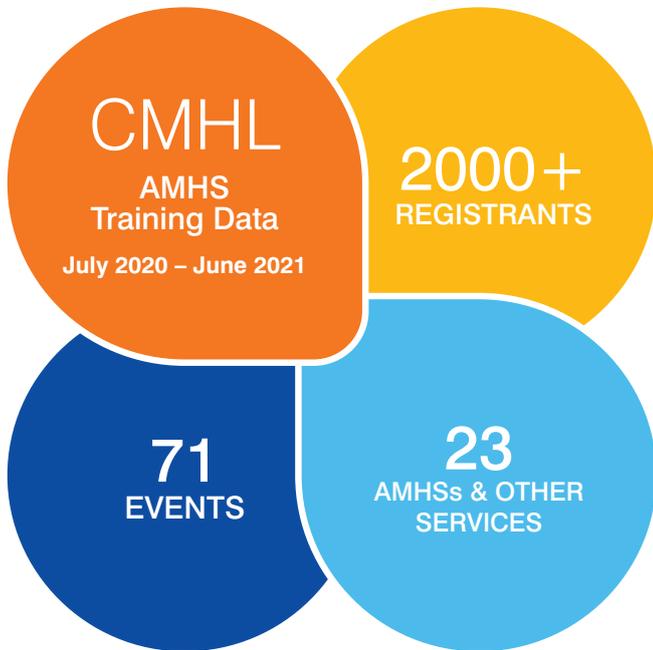


USER & PAGES STATISTICS



APPENDIX 2: CMHL AMHS Training Calendar Data

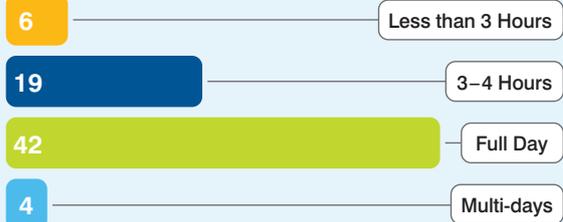
CMHL AMHS EVENTS OVER JULY 2020 – JUNE 2021



FACE-TO-FACE VS ONLINE TRAINING



NUMBER OF EVENTS

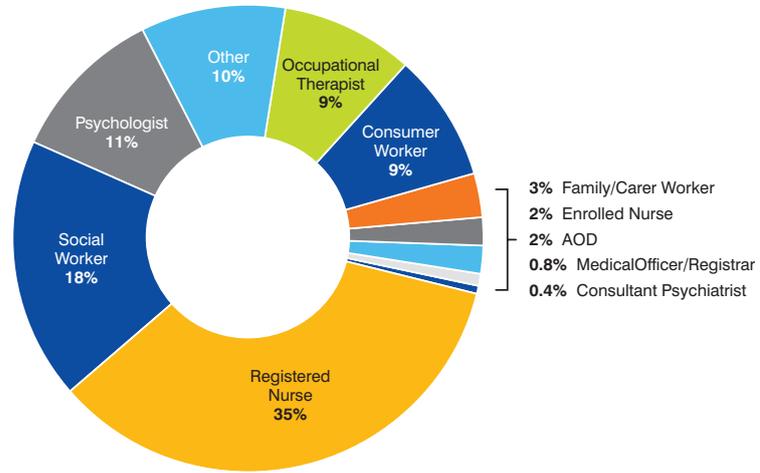


DURATION OF EVENT

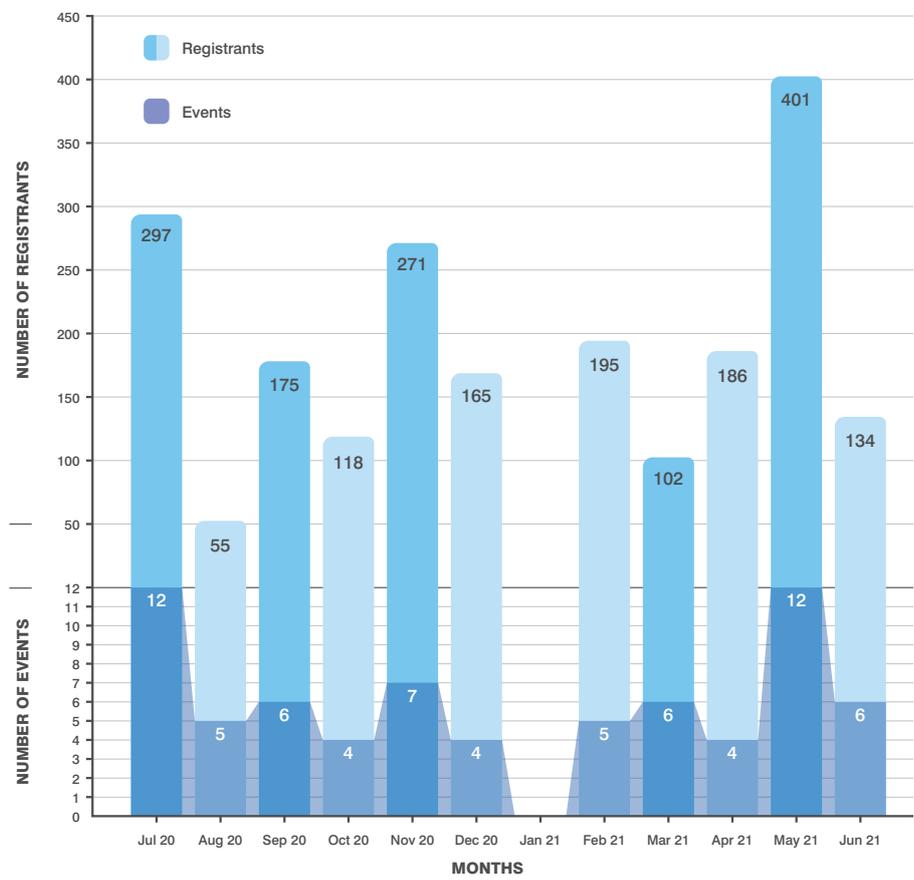
EXAMPLES OF CMHL TRAINING SESSIONS

| TOPIC | FACILITATOR | EVENT INFORMATION | NUMBER OF TIMES OFFERED IN YEAR |
|--|------------------------------------|---|---------------------------------|
| Leadership for emerging leaders | Michelle Bihary | Full day virtual training | 3 |
| Supported Decision Making | Independent Mental Health Advocacy | 90 minutes online and 60 minutes e-learning | Monthly |
| Advanced Motivational Interviewing | Dr Joel Porter | Full day virtual training | 2 |
| Hearing Voices Approach Training | Voices Vic | 2 x Full day virtual training | 1 |
| Brief interventions for mental health workers – dual diagnosis | Gary Croton | 1 hour virtual training | 1 |
| Successful Online Training | CMHL & Orygen | 2 hours virtual training | 2 |
| No to Violence – five essential discussions | No to Violence | 2.5 hours virtual training | Monthly |

REGISTRANTS BY DISCIPLINE



EVENTS & REGISTRANTS JULY 2020 – JUNE 2021



APPENDIX 3: Allied Health Entry Level Training Series



STATEWIDE MENTAL HEALTH ALLIED HEALTH ENTRY LEVEL TRAINING SERIES 2021

All Allied Health new graduates and new clinicians entering the **Victorian public mental health allied health workforce** are invited to attend an 8-day online training program. Connect and network with like-minded peers and learn about the mental health service system, legislation, principles underlying the model of care, and foundational clinical mental health skills for your career.

- Course:** 8 Day training series (attend one or all)
- Dates:** Tues 20th April - Tues 16th November (1 day/month)
- Time:** 9am - 4:30pm
- Location:** Zoom
- Facilitators:** Featuring expert trainers from across Victoria's mental health system
- Eligibility:** All allied health clinicians in the first two years of employment in a clinical mental health role – dietitians, social workers, speech pathologists, aboriginal mental health trainees, occupational therapists, psychologists, physiotherapists, pharmacists, exercise physiologists. Students are not eligible to attend.
- Register:** <https://cmhl.org.au/cmhl-statewide-allied-health-entry-level-training-series-2021>
- Contact:** Phoebe.Williamson@cmhl.org.au or Jacara.Egan@cmhl.org.au

Version 5, Dated 29.7.2021

*2022 curriculum revision will commence mid-late 2021

STATEWIDE MENTAL HEALTH ALLIED HEALTH ENTRY LEVEL TRAINING SERIES 2021

TRAINING SERIES OVERVIEW

| Details | Topics | Brief Overview |
|--|--|---|
| Day 1 Tuesday 20 April 9am-4:30pm | Introduction to the Victorian Mental Health Service System & Mental Health Act (2014) overview | Gain an understanding of the history and current policies that shape our Victorian mental health service system Develop an understanding of the Mental Health Act (2014) and its underlying principles |
| Day 2 Tuesday 18 May 9:30-4:30pm | Supported Decision Making & Ethics, Advance Statements & Advance Care Planning | This module assists clinicians in building their knowledge and skills to promote best practice in supported decision making. Advanced statements and care planning are important processes involved in providing best practice care |
| Day 3 Tuesday 15 June 9:30-4:30pm | Family Inclusive Practice | Gain an understanding of the principles of Family Inclusive Practice and how this can be adapted depending on the circumstances presented. It will also highlight some of the nuances of working with children and those impacted by family violence. |
| Day 4 Tuesday 20 July 9:00-4:30pm | Mental Health Assessments & Formulations & Safety & Risk Management Strategies | Mental health assessments incorporating mental state exams and collaborative formulations are an important part of the clinical assessment process in mental health care. Participants will gain an understanding safety planning and risk management including strategies to recognise both the protective factors and dynamic risks impacting on a persons safety |
| Day 5 Tuesday 17 August 9:00-4:30pm | Physical health & Medications & Mental Health | People experiencing mental health illness tend to have poorer health outcomes than the general population due to range of different factors. Medications are often prescribed to manage symptoms of mental illness. Gain a basic understanding of the different types of medications and the associated side effects. |
| Day 6 Tuesday 21 September 9:00-4:30pm | Mental Health Therapeutic Interventions | There are a wide range of mental health interventions that allied health clinicians working in mental health can learn and specialize in. Participants will be introduced to Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, Solution Focused Brief Therapy and Let's Talk. You will be provided with examples of how these interventions have been used with people in mental health settings and how to make an appropriate referral |
| Day 7 Tuesday 19 October 9:00-4:30pm | Trauma Informed Care & Sensory Modulation | Gain an understanding of trauma and what is involved in developing a trauma informed approach. Participants will be introduced to sensory modulation in mental health settings to understand the goals, rationale, evidence and application of sensory approaches that support self-regulation, recovery and daily life. |
| Day 8 Tuesday 16 November 9:00-4:30pm | Well-being, Resilience & Self Care | Explore essential practices to support your wellbeing, resilience and self-care skills in the formative years as a mental health clinician. Understand the role of supportive supervision, reflective practice, self-leadership, managing workloads and critical incident de-briefing as a means of building resilience and a protective support network in our work within the mental health system. |

Version 5, Dated 27.7.2021

*Days and presenters may be subject to change.

**This State-wide program is intended supplement not replace education and support provided by area mental health services for their allied health entry level clinicians.

***Participants must seek approval from their manager before registering for this program.

APPENDIX 4: SWTP Scoping Infographic



July 2019 – October 2020

PURPOSE: To establish a centralised, comprehensive data set, detailing the operations of DHHS funded mental health training providers. This baseline information then provides the foundation for strategic planning for Victoria Mental Health (MH) workforce development.

Consultations with Victorian Mental Health Statewide Training Providers (SWTP)

Who were consulted?

15 SWTP from the following areas:



How was data collected?

2-hour consultations with key trainers and executives on:

- Governance
- Organisational planning
- Organisation staffing/capacity
- Workforce development activity

Also collected were voluntary submissions of 2018 training activities data

What did we find?

- 1 Lack of current policies and frameworks to guide SWTP's work in some areas
- 2 Inconsistent approaches to training needs analysis and evaluation
- 3 Limited involvement of lived experience in training activities
- 4 Lack of resources to meet training demand
- 5 Difficult to identify FTE allocated to specific training activities due to multiple roles and responsibilities
- 6 Desire for SWTP to connect and share more

What do we suggest?

- Create and update relevant policies and frameworks to better guide SWTP's work
- CMHL to collaborate with SWTP to develop a training needs analysis framework
- CMHL to collaborate with SWTP to design and implement a quality review and improvement process
- CMHL to create a toolkit to standardise training evaluation
- Create strategies to increase lived experience input into SWTP work
- CMHL to establish a centralised digital learning development platform to increase access to SWTP training

The completion of project analysis, and the communication of results, was delayed due to the impact of COVID-19.



Our vision is to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.



APPENDIX 5: MHEN Consultation Infographic

24 February 2021

PURPOSE: CMHL held a virtual consultation with Mental Health Enrolled Nurses (ENs) from across Victoria, to understand their learning and development priorities, and begin strategic planning and visioning for the workforce.

Consultation with Mental Health Enrolled Nurses from Victorian Area Mental Health Services (AMHS)

Who were consulted?
25 Enrolled Nurses from 14 Area Mental Health Services

What is unique about Enrolled Nursing?

- Experts at building rapport and engaging with consumers

- Promoting the consumer voice and advocating for consumer preferences

- Contributing hands-on and practical skills as a vital member of the care team

- Developing respectful relationships with consumers, carers and families each day

Top workforce development priorities

- 1 Strengthen EN participation in initiatives such as Safewards, Physical Health and Clinical Supervision

- 2 Enhance skills in person-centred non-pharmacological interventions to help reduce or eliminate restrictive interventions

- 3 Strengthen strategies of self-care and reflective practice to reduce compassion fatigue and burnout

- 4 Improve collaborative practices with Lived Experience Workforces

- 5 Training regarding wellness promotion and management of physical deterioration

- 6 Initiatives to support EN career progression and leadership

What do Enrolled Nurses want?

- 1 Respect and recognition of EN knowledge and experience

- 2 A consistent EN scope of practice across all Victorian AMHS

- 3 Support and promotion of leadership opportunities including EN educators at each AMHS

- 4 Employment opportunities for ENs in all areas of mental health services

- 5 More EN entry level programs across Victoria

- 6 Opportunities to connect and share resources with other ENs across Victoria through Communities of Practice

Enrolled Nurse Clinical Supervision

Do you currently provide clinical supervision?
■ Yes 2 ■ No 23

Do you currently receive clinical supervision?
■ Yes 13 ■ No 12

Would you access clinical supervision from an EN if available?
■ Yes 21 ■ Maybe 3 ■ No 1

Our vision is to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.

Our vision is to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.

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