

09 September 2021

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Re: National Mental Health Workforce Strategy 2021-2031

To whom it may concern

Thank you for the opportunity of providing feedback and contributing to the development of the National Mental Health Workforce Strategy 2021-2031.

As a peak body, the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) holds responsibility for ensuring the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce is embedded as a vital, valued and professional component of Australia's health care system.

A key part of our role involves supporting a growing national network of over 1,100 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners through the provision of ongoing support, training and resources. We also work to ensure the voices, perspectives and aspirations of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are incorporated into the delivery of more effective health, social and workforce policies.

Although we unequivocally support the ongoing inclusion of our workforce, as a critical component of the mental health workforce, within both the background paper and strategy, our submission at [Attachment A](#) provides greater clarification and guidance in regards to the qualifications, training and roles of both Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. Overviews of the major issues impacting this workforce and of the significant opportunities the workforce provides in terms of the provision of mental health care are also included. If you require further information or clarification in regards to this workforce or, in regards to the contents of this submission, please don't hesitate to contact me.

Yours sincerely



Mr Karl Briscoe
Chief Executive Officer
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

Background on the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce

The Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce started to emerge close to a century ago in response to the need for geographically accessible and culturally safe health care. The professional evolution of the workforce within Australia's health care system has been driven and led by Aboriginal people every step of the way making it a truly Aboriginal and Torres Strait Islander owned and operated workforce. In short, the workforce has been established **by** Aboriginal and Torres Strait Islander people **for** Aboriginal and Torres Strait Islander people.

Today, the professions comprise the only culturally based health workforce underpinned by national training and regulation in the world and with evidence directly connecting the workforce to improved health and wellbeing outcomes across the life course, it provides perhaps one of the most significant demonstrations of how inherent self-determination is to the health and wellbeing of Aboriginal and Torres Strait Islander people.

With lived experience in and a deep understanding of the communities they serve Aboriginal and Torres Strait Islander Health Workers and Health Practitioners act as cultural brokers, health system navigators and provide a high standard of culturally safe and responsive care. Their combination of clinical, cultural, social and linguistic skills and knowledge delivers an engagement capability and community reach that sets them apart from others working in the health care system.

Of the two professions Aboriginal and Torres Strait Islander Health Practitioners in particular, have a high level of clinical skills and are trained to work autonomously. In recognition, they have been required to meet practice standards and register under the National Registration and Accreditation Scheme with the Aboriginal and Torres Strait Islander Health Practice Board of Australia since 2012.

Growing bodies of evidence indicate that this workforce:

- is integral to the delivery of culturally safe and responsive care across the life course
- provides vital entrance level pathways for long term successful careers in the health care system (there are many examples of Aboriginal and/or Torres Strait Islander people who have started careers within this workforce and successfully transitioned into roles as nurses, allied health and general practitioners, researchers and practice managers) and
- with the introduction of specific and nationally standardised and recognised bridging courses, could help to fill shortages in the delivery of mental health, aged care, disability services and justice health.

Defining Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners

NAATSIHWP defines an:

- › **Aboriginal and/or Torres Strait Islander Health Worker** as an Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from the Health (HLT) training package. We call these health professionals 'Health Workers'.
- › **Aboriginal and/or Torres Strait Islander Health Practitioner** as an Aboriginal and/or Torres Strait Islander person who has gained a qualification in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA).

Qualifications and training

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners receive practical, comprehensive primary health care training through the vocational education and training system. This provides an alternative career pathway and helps people establish the study discipline to go on to specialise in other careers across the health care system. As a result, growing numbers of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are becoming increasingly qualified, with many attaining higher-level primary health care and other health qualifications.

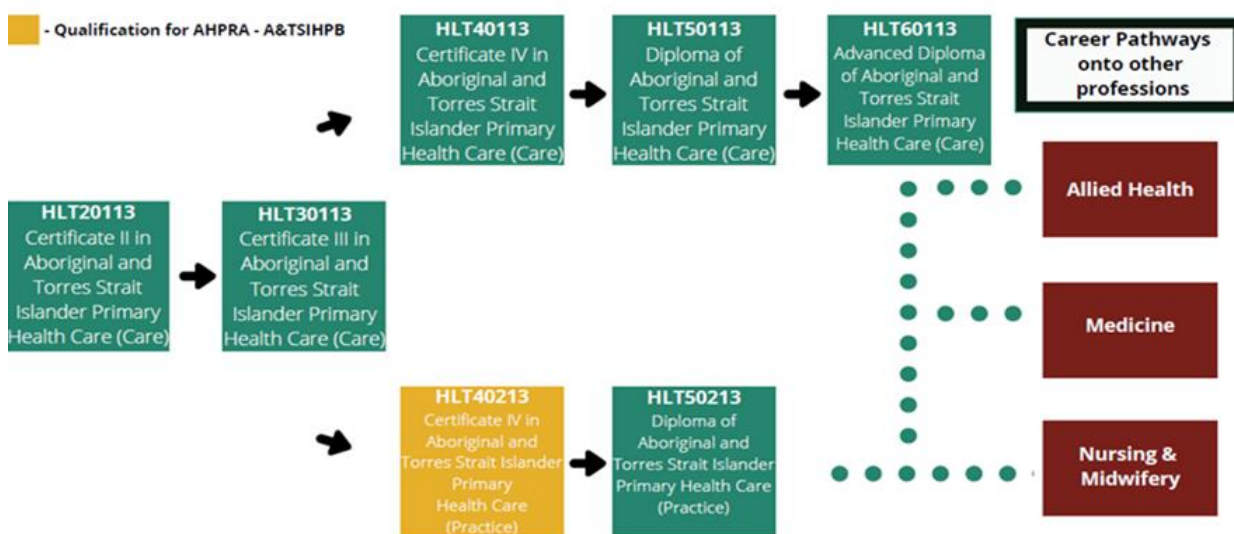
The **Diagram** below provides an overview of the current national training package for the workforce and the possible pathways into other professions in the health care system.

It is important to note that a review of the Aboriginal and Torres Strait Islander Health Worker Training Package is currently underway. The review is aiming to ensure that qualifications and units of competency align to skills, expertise, future job roles and the health and wellbeing needs of the Aboriginal and Torres Strait Islander population. It is anticipated that a revised training package will be released later this year.

Current Training Package (HLT-Health) for Aboriginal and Torres Strait Islander Health Workers and Practitioners



The diagram below illustrates the possible pathways into other health professions that Aboriginal and Torres Strait Islander Health Workers and Practitioners can undertake as the next generation of Aboriginal and Torres Strait Islander Health Professionals.



The varied roles of Aboriginal and Torres Strait Islander Health Workers and Practitioners

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners undertake a wide variety of roles and deliver a broad range of clinical and primary health care services. They can work independently or as part of multidisciplinary health care teams making valuable contributions in positions spanning generalist primary health care, community health promotion and prevention, and in specialty fields including (but not limited to) maternal and child health, substance misuse, justice health, and social and emotional wellbeing.

The unique skills, capabilities and varied roles the workforce is able to perform provides considerable potential to utilise, upskill and expand the workforce into more specialised areas including mental health, aged care, disability services, justice health and other fields where there is significant service demand.

Depending upon the work setting and individual scope of practice Aboriginal and/or Torres Strait Islander Health workers and Health Practitioners are able to:

- › provide clinical services such as the assessment and screening of physical health, social and emotional wellbeing, referral and care in line with care plans and/or treatment protocols
- › contribute to planning, delivering and evaluating preventative health programs
- › undertake community engagement and facilitate communication including interpreting and translating language
- › support education and training by providing support and advice on culturally-safe health services to other health professionals, policy makers, researchers and educators
- › carry out management activities including staff supervision and mentoring, business and financial management and quality improvement.

If working for an eligible employer Aboriginal and Torres Strait Islander Health Workers with a minimum Certificate III in Aboriginal and Torres Strait Islander Primary Health Care and all Aboriginal and Torres Strait Islander Health Practitioners may be eligible to apply for a Medicare provider number.

Barriers to strengthening the capacity and capability of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce

Despite the vital role the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce plays it continues to be under-supported, under-recognised and under-utilised. Health system bias, an overall lack of understanding about the role, skills, and qualifications of the workforce combined with jurisdictional variations in legislation, regulations and workplace policies continue to present significant barriers and frequently limit the scope of what the workforce can do. It also results in considerable, ambiguity and incoherence of approach nationally.

The absence of publicly available data also makes it difficult to develop a comprehensive understanding of workforce trends. We do know, however, that this workforce is ageing, (with the most notable declines occurring in younger aged profiles and especially males), and not growing commensurate with the increasing service demand or Aboriginal and Torres Strait Islander population¹.

Given the positive sustainable cross-portfolio outcomes this workforce delivers, going forward, a collaborative, coordinated and cohesive national cross portfolio approach to increasing capacity and strengthening the professional utilisation of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners must be prioritised. Many of these issues are not new and were first raised over a decade ago. In developing this approach, the following measures should be considered:

- the endorsement of a nationally consistent definition to safeguard Aboriginal and Torres Strait Islander ownership of the professions
- the development of nationally endorsed minimum scopes of practice for the workforce, underpinned by harmonisation of jurisdictional medicines authorities
- the development of improved data sets to enable analysis of workforce trends, strategic planning and more targeted initiatives
- investment in supported Aboriginal and Torres Strait Islander led pathway programs that foster achievement from VET in schools through to tertiary studies and
- investment in more roles for Aboriginal and/or Torres Strait Islander Health Workers and Practitioners across Aboriginal Community Controlled Health Services, Government Health Services and Private Practice
- harnessing opportunities for upskilling and expanding the professions into areas of need including mental health, aged care, disability services and justice health.

Although addressing some of these issues are earmarked for action within the draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, NAATSIHWP was encouraged to see some of these issues also identified for action as part of the National Mental Health Workforce Strategy.

Clarifying the need for nationally consistent Scopes of Practice

We would, however, like to reinforce and clarify, that nationally consistent scopes of practice are required to underpin and guide the roles of **both** Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. The draft National Mental Health Workforce Strategy Background Paper (pg 23) indicates that **a nationally consistent scope of practice is in place for Aboriginal and Torres Strait Islander Health Practitioners** and we would like to advise **this is not the case**.

Although the professional capabilities of registered Aboriginal and Torres Strait Islander Health Practitioners have been outlined by the Aboriginal and Torres Strait Islander Health Practice Board of Australia within Ahpra, they describe the threshold level of professional capability required for registration only. The legislation, regulations and workplace policies relating to what these workers can and can't do still vary significantly across the health care system including across jurisdictions, community control, private practice and mainstream government health services.

The role of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in the mental health workforce

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are positioned to play an important role in the mental health workforce. A report released in July by the New South Wales Bureau of Health Information overwhelmingly found that the support provided by Aboriginal and Torres Strait Islander Health Workers and Health Practitioners directly translated into higher levels of patient satisfaction and care.ⁱⁱ

They have lived experience, knowledge of the communities they serve, a deep understanding of local cultural contexts, and practical primary health care training. Working on the frontline, they are often the first point of contact for Aboriginal and Torres Strait Islander people entering the health care system and, in this respect, can be relied upon to deliver culturally safe and responsive care and to have a comprehensive understanding of the available referral pathways in their regions.

The level of specific mental health and wellbeing training they receive, however, is dependent upon which of the qualifications they are undertaking and the elective units selected. Outlines of the mental health and wellbeing units likely to be available under the revised National Aboriginal and Torres Strait Islander Health Worker Training package are included in Attachment B for information.

These demonstrate that with the introduction of an appropriate bridging course the Primary Health Care training received by Health Workers and Practitioners could easily translate across to a specialisation in Mental Health. From our understanding such bridging courses are already available in some States and Territories. To support the development of nationally consistent scopes of practice for mental health NAATSIHWP would recommend the introduction of nationally consistent bridging courses that enable some content to be tailored to the jurisdictional or local level.

ⁱ A. Wright, K. Briscoe, R. Lovett, (2019), A national profile of Aboriginal and Torres Strait Islander Health Workers 2006–2016, Australian and New Zealand Journal of Public Health, 43 (1) available at <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12864>

ⁱⁱ Bureau of Health Information. The Insights Series – Aboriginal people's experiences of hospital care. Sydney (NSW); BHI; 2021.