Australian Health Workforce Advisory Committee

AUSTRALIAN MENTAL HEALTH NURSE SUPPLY, RECRUITMENT AND RETENTION

A joint project of the National Mental Health Working Group

Australian Health Workforce Officials' Committee

and the Australian Health Workforce Advisory Committee

AHWAC Report 2003.2

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EXECUTIVE SUMMARY

Along with many other health services in Australia, mental health services are experiencing difficulties recruiting and retaining adequately qualified and experienced nurses. In response to these shortages, a project to address issues of supply, recruitment and retention was funded by the Australian Health Ministers' Advisory Council (AHMAC), to be managed jointly by the National Mental Health Working Group (NMHWG) and the Australian Health Workforce Officials' Committee (AHWOC). The overall aim of the project was to identify issues and strategies related to the supply, recruitment and retention of nurses working in mental health services that could be used to address the current situation and ensure the future workforce is able to meet workplace requirements.

The project included:
- a review of recent Australian and international literature concerning supply, recruitment and retention of the mental health nurse workforce;
- verification of identified factors and determination of further factors through targeted stakeholder consultation and focus groups;
- an objective analysis, assessment and documentation of the issues identified in the consultations and literature and their actual impact on recruitment and retention of the mental health workforce; and
- the development of recommendations on priority areas for action and suggested strategies and solutions for the challenges identified.

Piazza Consultants were engaged to conduct the research component of the project. Their report is included in this document.

Over recent years, a number of other Australian reports have been produced which relate to mental health nurse workforce and education. These include:
- National Mental Health Plan 2003-2008;
- Learning Together: Education and Training Partnerships in Mental Health;
- Enhancing Relationships Between Health Professionals and Consumers and Carers;
- Scoping of the Australian Mental Health Nursing Workforce; and
- Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program Discussion Paper.

The issues identified within these reports are consistent with issues identified in this study. In broad terms, they can be summarised as:

- concerns regarding the adequacy of undergraduate nurse education in relation to mental health content and practice;

- lack of accessibility to, and consistency of, postgraduate mental health nurse education;

- workplace factors that inhibit recruitment and retention (including attitudes, workplace practices and workplace conditions);

- concerns regarding inconsistencies in nurse regulation among jurisdictions in relation to mental health nursing; and

- lack of awareness or stigma attached to both mental illnesses and mental health nursing.

Similarly, some of the recommendations made in recent reports have been reiterated in this current project, highlighting the limited progress that has been made in implementing action in some of these areas. This reinforces the need to ensure the findings of this project are implemented to address the problems within the mental health nurse workforce for the future. A co-ordinated approach, where responsibilities are clearly defined, is essential. It is proposed that the structures of the National Mental Health Working Group (NMHWG) and the Australian Health Workforce Officials' Committee (AHWOC) will provide the co-ordination required to ensure the relevant organisations work together to bring about the desired outcomes in relation to the mental health nurse workforce. As well as the NMHWG and AHWOC themselves, these organisations include:

- Australian Council of Deans of Nursing;
- Australian and New Zealand College of Mental Health Nurses;
- Australian Nursing Council;
- National Nursing and Nursing Education Taskforce;
- nurse registration authorities in the jurisdictions;
- mental health consumer and carer groups;
- mental health services; and
- the Royal Australian and New Zealand College of Psychiatrists.

The National Nursing and Nursing Education Taskforce was recently established by the Australian Health Ministers' Conference (AHMAC) to draw together some of Australia's leading nursing and nursing education specialists, and proceed with the implementation of key recommendations arising from the 2002 National Review of Nursing Education.

Australian Health Ministers' Advisory Council Decisions
The report and its recommendations were considered at the June 2004 AHMAC meeting. AHMAC members agreed to the following prioritising of action:
- education recommendations 1, 3, 6 and 8 were referred to the NMHWG for coordinated national action in collaboration with the education sector;
- registration recommendation 1 was referred to AHWOC to be addressed as part of the project to explore health workforce reform and regulation;
- marketing recommendation 1 was referred to the National Nursing and Nursing Education Taskforce to be addressed as part of work to improve marketing of nursing generally;
- all other recommendations were referred to jurisdictions for consideration; and
- reporting of progress against the recommendations of the report was referred to the NMHWG.

To the greatest extent possible the expectation is that implementation of the recommendations of the report will occur within existing mechanisms and resources.

SUMMARY OF KEY FINDINGS IN REPORT

The research found many issues related to mental health nurse supply, recruitment and retention. There are five main groups of issues: awareness; education; workplace (including working conditions); and regulation/accreditation; and re-entry. The findings of the literature review, stakeholder consultations and focus groups in terms of both barriers to, and potential strategies for, recruitment and retention of mental health nursing, were consistent. The following is a summary of the findings of the literature review, stakeholder consultations and focus groups.

The suggestions for action made in the report were based on these findings.

1.   Findings From Literature Review

Barriers to supply, recruitment and retention

Awareness
- media portrayal of mental illness promotes fear and misunderstanding;
- school leavers have little awareness/understanding of mental health nursing (compared with general nursing); and
- negative views towards mental health nursing by other nurses.

Education
- introduction of the comprehensive Bachelor of Nursing programs, with removal of direct entry psychiatric nursing programs, has been linked to the recruitment problems in mental health due to:
  - lack of exposure to mental health nursing within undergraduate courses;
  - insufficient clinical experience in mental health for undergraduate students; and
  - short supply of mental health nurse preceptors;
- negative attitudes and lack of support for nursing students in mental health workplaces;
- approach to nursing practice within universities may inhibit those nurses wishing to practise using a more therapeutic and rehabilitation/recovery approach, which is suited to mental health practice;
- confusing number of pathways/courses for nursing;
- lack of professional development in mental health nursing and lack of educational assistance; and
- costs of education when weighed against the lack of incentives to continue specialist education.

Working conditions
- lack of team work;
- undervalued by other health workers and management;
- lack of development activities;
- inflexible working hours;
- excessive paper work/administration;
- stress and burnout (especially related to violence);
- increasing complexity of patient problems;
- lack of pay parity with other professions;
- lack of career path; and
- low morale.

Registration/Accreditation
- inconsistency in nomenclature; and

- lack of recognition for speciality areas if they are not recognised by nurse registration authority.

<u>Strategies identified in literature</u>

Awareness

- improve awareness, especially amongst school leavers and particularly males;
- promote aspects of mental health nursing, such as high level of knowledge and skills, diversity of work settings and experiences and opportunities to travel; and
- work with media in collaboration with consumer groups.

Education

- consumer input be fully incorporated into university mental health nursing programs;
- a person-centred approach to mental health nurse education be adopted by emphasising a recovery orientation within education programs;
- all nursing students be exposed to a minimum level of mental health curricula to ensure that they are prepared to care for people with mental illness regardless of the nursing setting;
- mental health nursing be recognised as a specialty area and appropriate postgraduate programs made available;
- ensure, nationally, a minimum psychiatric component of at least four units in undergraduate nursing programs;
- ensure, nationally, minimum time set for clinical placements in mental health, make these placements compulsory, and have placements occur throughout the three years of the undergraduate program;
- increase the availability of preceptors by providing incentives and support to encourage experienced mental health nurses to undertake this role;
- ensure teaching staff include those who are currently working in the field through the development of better university/health service partnerships to enable staff 'sharing';
- adopt a coordinated and integrated approach to nurse education whereby a collaborative partnership model among universities, health services and health planners is the mechanism for setting the number of university places, providing scholarships, coordinating clinical placements, and integrating work/study options for students (such as nurse employers developing a classification whereby undergraduate nurses can gain nursing-related employment during their semester breaks);
- reduce the drop-out from nursing degrees by including some form of personal assessment before commencing the course and developing a short orientation course to help match student expectations with the reality of study and workforce;
- have one nationally recognised structure available to enable qualified enrolled nurses to upgrade their qualification and improve their career path;
- ensure that there is a nationally coordinated series of pathways to mental health nursing that provide compressed courses, including recognition of prior learning for students who have graduated from university with degrees from other fields such as social science, community health, and psychology;
- provide adequate career and education advice for those interested in mental health nursing; and
- develop ways to financially support students entering mental health nursing, through scholarships and work/study programs.

Working conditions
- provide support for nurses beginning in mental health;
- implement changes in workplace culture;
- provide ongoing support/training;
- provide support for greater specialisation/advanced practice;
- improve career structures;
- leadership/management training; and
- violence education and management programs.

Registration/Accreditation
- adopt a standard nomenclature to describe level of nurse and qualifications throughout Australia;
- implement national registration system;
- recognise mental health nursing as a specialty under nurse registration acts; and
- nationally endorse the category of nurse practitioner.

Re-entry
- incentives for re-entry such as flexible rostering;
- easy and affordable access to re-entry/refresher courses; and
- programs to keep nurses on extended leave in touch with the workplace.

Retirement
- incentives to delay retirement, such as flexible work arrangements, role change; and
- examine disincentives within superannuation schemes for delayed retirement.

2. Main Findings From Stakeholder Consultation

The following section summarises the main findings from the stakeholder consultation process. Please note that this is a summary of the views expressed by participants and as such reflects the perceptions of the participants about the recruitment and retention of mental health nurses.

Barriers to supply, recruitment and retention of mental health nurses
Awareness
- poor image or stigma associated with mental health nursing;
- lack of professional recognition within mental health field;
- lack of focus on mental health nursing within nursing education;
- poor profile of mental health in the community; and
- perception of increased violence in field of mental health.

Education
- insufficient / poorly organised clinical placements;
- lack of focus on mental health nursing within nursing education;
- outdated courses;
- prohibitive cost of postgraduate mental health study;
- no direct entry option available; and
- additional study time required for specialisation.

Working conditions
- lack of resources to provide required professional support;
- lack of consistency in the use of sound management practices;
- low acceptance of new treatment ideas and methods;
- use of outdated 'custodial' care models;
- lack of peer support;
- conflict between 'older style' nurses and younger nurses with differing approaches to care;
- lack of support, supervision and opportunities for debriefing for health nurses;
- workplaces driven by crises and anxiety;
- need for better defined roles and responsibilities;
- lack of flexibility in rostering;
- need for more family-friendly workplaces;
- lack of support for new graduates;
- need for more opportunities for career advancement;
- need for support for mental health nurses working in rural and remote areas;
- inconsistencies in mental health structures across and within area/regional health services;
- inequitable remuneration for work performed;
- ageing workforce;
- heavy workload;
- increasing patient acuity;
- increasing violence in workplace; and
- unattractive salary packages.

Potential strategies identified by stakeholders
Awareness
- promote mental health nursing at secondary schools including conducting seminars by consumers and carers;
- promote mental health nursing at universities;
- develop a clearly articulated marketing strategy, ensuring information is readily available;
- engage in both internal and external marketing campaigns; and
- engage mental health nurses in community awareness campaigns.

Education
- provide a national curriculum for mental health in undergraduate nursing degrees;
- improve clinical placements by improving links with universities and workplaces;
- establish closer collaboration between universities and staff in clinical settings;
- increasing the mental health component in undergraduate courses for those interested in mental health (decreasing the general component);
- establish specialist mental health graduate nurse programs;
- combined degree in nursing/mental health;
- reintroduce direct entry programs;
- use of trained preceptors for undergraduate nurses on clinical placements;
- financial support for professional/postgraduate education;
- introduction of certificate courses that articulate into university courses (postgraduate);
- on the job education;
- leadership training;
- nomination of supportive universities for mental health award; and

- fund nurse practitioner demonstration projects.

Working conditions/workplace
- provision of a supportive work environment including clinical supervision, de-briefing, developmental opportunities;
- introduce contemporary models of care;
- remuneration incentives to encourage nurses into mental health and bonuses to encourage retention;
- rewarding and recognising staff who show leadership, innovation;
- encourage use of National Practice Standards (2002) by mental health staff;
- align remuneration with levels of specialty and/or expertise;
- increasing authority and autonomy of mental health nurses;
- create more senior clinical positions;
- extend nurse practitioner into mental health areas;
- institute family friendly workplaces (rostering/childcare);
- provide supportive work environments, e.g. supervision, de-briefing;
- networking opportunities and social events;
- improve management with bottom-up approach to decision making;
- engage in enterprise bargaining;
- more team building;
- conduct internal evaluations and audits of staff and processes to isolate areas for improvement; and
- develop closer links with community based organisations such as consumer and carer groups.

Registration
- streamline registration processes, standardise and simplify, make more transparent;
- reintroduce register for mental health nurses;
- introduce credentialing; and
- pilot self governance and peer review projects.

Re-entry
- free re-entry programs; and
- formalised re-entry programs.

3.   Main Findings From Focus Groups

The following section summarises the main findings from focus group research. Please note that this is a summary of the views expressed by the focus group participants and as such reflects the perceptions of the participants about the recruitment and retention of mental health nurses.

Barriers to supply, recruitment and retention of mental health nurses
Awareness
- poor perception of other nurses of mental health nursing; and
- poor perceptions of mental health and mental health nursing by public.

Education
- undergraduate nurses not having adequate experience or valuable experiences within mental health settings;
- need for more and better clinical placements for undergraduate nurses;
- negative attitudes by nursing students and academics towards mental health nursing; and
- lack of direct entry courses an issue with practising mental health nurses.

Workplace conditions
- lack of recognition amongst other health care workers;
- personal risks (danger);
- frustration at not being able to practise new ideas due to inflexible treatment models;
- witnessing unethical behaviour;
- lack of support from other staff;
- inflexible rostering;
- poor management;
- confusion of roles/responsibilities in multi-disciplinary teams;
- cost focus versus care focus; and
- excessive workloads.

Potential strategies
Priorities identified by focus groups (in order):
- provision of support - mentoring, counselling, debriefing, clinical supervision;
- minimum compulsory component for mental health in undergraduate nursing courses;
- supporting students on placements with more resources;
- time and resources for professional development;
- holistic approach to care rather than medical model;
- more family friendly practices;
- improved workforce/succession planning;
- educating other professionals about role of mental health nurses;
- awards for excellence;
- involve mental health nurses in education programs in schools and universities;
- encourage rotations and conferences;
- give nurse managers more specific management training;
- provision of certificate allowances, danger money;
- using complementary medicine;
- social activities; and
- encourage school students to visit workplaces.

Issues to Highlight from the Report
The following section explains how existing policy actions and processes relate to the issues and strategies highlighted in this report, which need to be considered in implementation of the recommendations of this report.

Consumer and carer involvement

The importance of the involvement of mental health consumers and carers in the development of mental health nurse practice and in addressing issues around supply, recruitment and retention cannot be overstated. This is of particular relevance in light of the National Practice Standards for the Mental Health Workforce (National Mental Health

Education and Training Advisory Group, 2002) and the National Mental Health Plan 2003 – 2008 (Australian Health Ministers, 2003). Both address workforce knowledge, skills and attitudes and the importance of working with consumers and carers in developing these. The National Practice Standards include a standard that requires "mental health professionals to actively promote, encourage and support consumers, family members and/or carers in the planning, implementation and evaluation of mental health service delivery" (Standard 2).

<u>Workplace issues as barriers to entry and retention</u>

Another issue to be highlighted is the need to address workplace attitudes and work practices amongst mental health staff and between mental health staff and mental health consumers and carers. Undergraduate nurses undergoing clinical placements in mental health services should experience workplaces where nurses are seen to support each other, practise using contemporary models of care and work in partnership with consumers and carers. Similarly, new entrants to mental health nursing should be supported with adequate supervision, professional development opportunities and de-briefing/reflection opportunities. Mental health services need to work together with mental health nurses, providers of nurse education and consumers and carers to provide support in terms of management practices and other mechanisms to ensure workplaces are more attractive to new entrants and potential new entrants (undergraduate nurses).

<u>Governance and regulation</u>

The issue of professional self-governance for mental health nursing has become more prominent in recent years. With the 'mainstreaming' of mental health services and the discontinuation of a separate register for mental health nurses in most states and territories (except South Australia and the Australian Capital Territory), the Australian and New Zealand College of Mental Health Nurses (ANZCMHN) is establishing a credentialing program for mental health nurses. The Credential for Practice Program (CPP) aims to use credentialing as a means of improving and maintaining the profession's responsibility to ensure standards of health care, quality service delivery and public confidence (ANZCMHN, 2002). The ANZCMHN is redeveloping its practice standards in line with the National Practice Standards for the Mental Health Workforce (National Mental Health Education and Training Advisory Group, 2002). The CPP may be considered an important development addressing the concerns of the profession regarding recognition of the specialty. It should be noted, however, that although AHWOC supports credentialing for the purpose of maintaining currency of practice, credentialing or the requirement for specialist nurse qualifications as an entry requirement for work in a particular area of practice is not supported.

In regard to the regulation of mental health nursing under the various jurisdictional nurse registration acts there are inconsistencies in nomenclature and requirements in relation to practising in mental health. Clarity and consistency are important in order to develop plans particularly for recruiting nurses into mental health practice.

<u>Commitment to comprehensive undergraduate nurse education</u>

One of the findings of the research is the perception that the change from direct entry psychiatric/mental health nursing courses to the comprehensive undergraduate nursing degree has had an impact on the recruitment of mental health nurses. Direct entry psychiatric/mental health nursing courses were conducted primarily within stand-alone mental health facilities. The nature of mental health nursing was 'custodial'. Since the 'mainstreaming' of mental health care, more mental health services are provided in the community in partnership with other health care providers, consumers and carers. At the

same time, mainstream health services are more likely to have patients requiring mental health care; in other words, mental health care is incorporated within general health care. The nature of mental health nursing has changed.

Mental health nurses deal with both physical and mental health care needs. Consumer and carer groups feel strongly that mental health nurses must be able to meet both needs. For this reason, comprehensive undergraduate nursing education is thought to be best to lay the foundation for beginning nursing practice in mental health. However, the findings of this project have highlighted two key areas requiring particular attention:

- undergraduate nursing courses: improvements must be made to ensure an adequate level of theory and practical experience in mental health is provided; and

- adequate workplace supports need to be put in place for recent graduates and new entrants to mental health nursing, including professional development, clinical supervision and opportunities for reflecting on practice and de-briefing.

Rural and Remote Issues
The report does not separately examine issues for rural and remote area mental health nursing, however, a number of focus groups included mental health nurses working in rural areas. Many of the issues highlighted in the report are common to rural and remote areas, however they may be more pronounced and there are other issues faced in rural and remote areas which are not as relevant to metropolitan areas. Difficulty recruiting nurses into mental health services and access to education programs for nurses wishing to specialise in mental health nursing are perceived as having a greater impact in rural and remote areas than in metropolitan areas. Mental health nursing practice may also differ in rural and remote areas, where the scope of practice may be broader, and different models of practice may be developing to address issues of lack of specialist psychiatric support for mentally ill patients.

National Mental Health Plan 2003-2008
The National Mental Health Plan 2003-2008 (the Plan) was accepted by Australian Health Ministers in 2003. The Plan aims to build on the achievements and activities under the First and Second National Mental Health Plans as well as addressing areas of particular identified need. The Plan's aims and workforce related principles and key directions are summarised below.

Aims
The Plan will progress the National Mental Health Strategy. The aims of the National Mental Health Strategy are:
- to promote the mental health of the Australian community;
- to, where possible, prevent the development of mental disorder;
- to reduce the impact of mental disorder on individuals, families and the community; and
- to ensure the rights of people with mental disorder.

Principles and key directions
The National Mental Health Plan includes 11 principles and 34 key outcomes. One of the principles is that investment in workforce is essential.

The workforce outcomes in the plan are:
- Improved attitudes, values, knowledge and skills of the mental health workforce

Key directions are implementation of the National Practice Standards for the Mental Health Workforce, to promote best practice, guide and support clinical supervision and mentoring, and structure continuing education and curricula development, supporting and strengthening the role of consumers and carers working in the mental health system, and further development of training for all professionals providing mental health care.

- Improved supply and distribution of the mental health workforce
  Key directions are initiatives to retain the mental health workforce; enhance the role of general practitioners and allied health professionals in providing mental health care; provide incentives to work in the public sector; plan workforce supply; increase the proportion of Aboriginal and Torres Strait Islander mental health workers; and strengthen initiatives to enhance the recruitment, retention, status, skills and numbers of the mental health nursing workforce.

- Improved workforce environment
  Key directions are to improve occupational health and safety, and communication infrastructure for the mental health workforce, and improve support for general practitioners and other primary care mental health providers, especially in rural and remote areas.

RECOMMENDATIONS

The recommendations need to be read in the context of the decisions of AHMAC outlined above on page 9. The recommendations that follow were developed as a result of the findings of this report. They also reflect some of the findings and recommendations of a number of other reports related to the mental health workforce that have been produced within the last five years. These reports include:
- National Mental Health Plan 2003-2008;
- National Review of Nursing Education;
- Learning Together: Education and Training Partnerships in Mental Health;
- Enhancing Relationships Between Health Professionals and Consumers and Carers;
- Scoping of the Australian Mental Health Nursing Workforce; and
- Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program.

Importantly, the National Mental Health Plan 2003-2008 contains a number of statements, priorities and key directions that are relevant to this report. A principle of the Plan is that investment in the workforce is essential, with an emphasis on a team approach to service provision. Outcome 32 relates to improved attitudes, values, knowledge and skills of the mental health workforce and providing care across the lifespan. Outcome 33 relates to improved supply and distribution of the mental health workforce, and key direction 33.6 refers to strengthening initiatives to enhance the recruitment, retention, status, skills and numbers of the mental health workforce.

The National Mental Health Plan confers responsibilities on the Australian Government and the States and Territories for implementation. In addition, the Plan provides for the National Mental Health Working Group to continue with its activities including monitoring the

implementation of the Plan and providing key stakeholder perspectives on priorities and approaches for national projects funded by the Australian Government under the renewed National Mental Health Strategy. The need to ensure that the implementation of this report and relevant parts of the National Mental Health Plan are coordinated has been considered in the development of the recommendations and implementation proposals.

The issues surrounding the mental health nurse workforce in terms of supply, recruitment and retention will only be addressed with a co-ordinated approach from all stakeholders involved in and with the mental health workforce. These include the education sector; the jurisdictions; employers; the professional nursing bodies (including the Australian and New Zealand College of Mental Health Nurses); industrial bodies representing mental health nurses; nurse regulatory bodies; mental health consumers and carers; and national bodies such as the National Mental Health Working Group (NMHWG), the Australian Health Workforce Officials Committee (AHWOC) and the National Nursing and Nursing Education Taskforce.

A range of responses to the report are proposed, which take into account current structures and initiatives that may assist to address the issues raised in the report. The recommendations are divided into four areas: education, workplace, regulation, and marketing. It is proposed that progress on the four areas be reported annually to both the NMHWG and AHWOC through existing mechanisms where possible.

Education Recommendations
1. Develop an agreed framework for mental health content in the undergraduate general/comprehensive nursing degree.

2. Develop rewarding workplace experiences for both undergraduate nursing and postgraduate mental health nursing courses. This should be facilitated by effective partnerships among universities, mental health nurses, mental health consumers and carers and health service providers.

3. The Australian Nursing Council should consider whether specific competencies related to mental health nursing could be developed for its competency standards for undergraduate nursing courses. Any such competencies should:
   - take into account the differences among jurisdictions in terms of service structures, configurations and commensurate workforce roles;
   - not preclude the setting of other mental health standards relevant to individual jurisdictions or service models; and
   - have regard for the National Practice Standards for the Mental Health Workforce.

   The standards produced by the Australian and New Zealand College of Mental Health Nurses may also provide a useful reference point.

4. Jurisdictions and educational institutions should consider options for increasing the accessibility of postgraduate mental health nursing courses.

5. A range of educational opportunities should be provided by health services, and supported by jurisdictions, to enable new graduate nurses to enter the mental health workforce. These could include graduate nurse programs specific to, or which include,

mental health and extended orientation programs. Articulation of these education programs into postgraduate mental health courses should be considered.

6. Universities should ensure that mental health consumers and carers are involved in both course development and delivery for both undergraduate nursing and postgraduate mental health nursing courses.

7. Effective partnerships should be promoted among universities, mental health nurses, mental health consumers and carers, and mental health service providers to improve the quantity and quality of clinical placement experiences for nursing students built around best practice and contemporary models of care.

8. A range of innovations for mental health education, consistent with the key directions of the National Mental Health Plan 2003-2008, that may create a nursing workforce better prepared for mental health practice should be considered. These may include extending the practice of enrolled nurses in mental health through further education; an optional fourth year of the undergraduate nursing courses incorporating mental health specialisation; internships in mental health nursing; combined undergraduate degrees in nursing and related fields (eg. psychology).

9. Explore the establishment and support of flexible re-entry programs specifically for mental health nursing.

10. The establishment of research centres or opportunities for mental health nursing research in the workplace along with conjoint appointments with universities should be considered.

Implementation
Implementation of the education recommendations must be considered within the context of existing processes already established by Health Ministers, in particular those relating to the implementation of the National Mental Health Plan 2003-2008 and being overseen by the NMHWG; and the recently established National Nursing and Nursing Education Taskforce, which will be involved in implementation of key recommendations from the National Review of Nursing Education.

The National Mental Health Plan 2003-2008 contains a number of key directions relating to education. Key directions include support, clinical supervision and mentoring, structure of continuing education and curricula development, support and strengthen the role of consumers and carers working in the mental health system, and further development of training for all professionals providing mental health care.

The National Review of Nursing Education recommendations relating to education include improving inter-disciplinary and cross-professional approaches, maximising education pathways and Australian Government assistance for specialty and re-entry courses.

The key directions to be progressed under the National Mental Health Plan 2003-2008 and the nurse education initiatives to be developed by the National Nursing and Nursing Education Taskforce are necessarily broad and overarching. In contrast, the issues identified by this report are more detailed and focussed on mental health nursing rather than the whole

nursing workforce. Nevertheless, it is recommended that instead of establishing any separate body or process to implement the education recommendations in this report, the recommendations should feed into the broader key directions and recommendations in the Plan and the National Review of Nursing Education. It is anticipated that the implementers of these broader documents may need to coordinate their responses or consider who should take the lead role in relation to a recommendation. In addition to referral of the education recommendations to the Taskforce and the implementers of the National Mental Health Plan 2003-2008, it is proposed that jurisdictions should monitor progress and report annually (through existing mechanisms wherever possible) to the NMHWG and AHWOC.

Registration Recommendations

1. Jurisdictions consider ways to overcome regulatory and industrial complexity and barriers to recruiting mental health nurses.

2. Jurisdictions consider how nurse practitioners in mental health could assist with providing mental health nursing career pathways.

Implementation
Jurisdictions, with annual reporting to the NMHWG and AHWOC, through existing mechanisms wherever possible.

Workplace Recommendations
Mental health providers should, consistent with outcomes 26, 32, 33 and 34 of the National Mental Health Plan:

1. Provide appropriate professional development, supervision and appraisal and work to develop plans to ensure best practice in workplaces based on the National Practice Standards for the Mental Health Workforce.

2. Strengthen the role of consumers and carers in mental health workplaces consistent with key direction 32.2 of the National Mental Health Plan.

3. Work towards providing flexible rostering and family-friendly work environments to encourage recruitment and retention of staff.

4. Examine and improve occupational health and safety procedures and provide on-going training to promote personal safety at work, consistent with key direction 34.1 of the National Mental Health Plan. In particular, provide training in prevention and management of aggressive behaviour.

5. Investigate mechanisms within the mental health workplace and wider health care settings that promote recognition of the contribution mental health nurses make.

6. Promote decision-making, problem solving and teamwork skills within workplaces, as well as an understanding of evidence based practice/models of care and inter-disciplinary practice amongst nurses and other mental health professionals.

7. Examine the career transition and career path opportunities for mental health nurses. This may involve employers (including jurisdictions), the Australian and New Zealand

College of Mental Health Nurses and the education sector working together to support the entry of new graduates and other nurses who are interested in working in mental health services.

Note: In the National Mental Health Plan 2003-2008, Outcome:
- 26 relates to increased safety of consumers, carers and families, staff and the community, and a reduction in adverse incidents;
- 32 relates to improved attitudes, values, knowledge and skills of the mental health workforce;
- 33 relates to improved supply and distribution of the mental health workforce, including strengthening initiatives to enhance the recruitment, retention, status, skills and numbers of the mental health workforce; and
- 34 relates to improved workforce environment, including improved occupational health and safety for the mental health workforce.

Implementation
Jurisdictions and mental health service providers, with jurisdictions to report annually to the NMHWG and AHWOC through existing mechanisms wherever possible.

Marketing Recommendations
1. Develop and implement a clearly articulated marketing strategy that communicates the positive and attractive aspects of mental health nursing. Positive messages that may attract people include:
   - mental health nursing provides opportunities to practise in a variety of health care settings, with opportunities to work with a high degree of autonomy;
   - mental health nursing provides a work environment that is challenging, dynamic, intriguing and requires 'thinking outside the square', and as such there is the opportunity to use a wide variety of different skills and talents;
   - mental health nursing is an area that enables the practitioner to provide genuine 'caring environment' through a personal, individual, holistic model of care, within a paradigm of recovery;
   - mental health nurses help others by making a major positive impact on the lives of both mental health consumers and carers and to the well being of the wider community; and as such nurses' efforts are generally greatly appreciated by the patients and family; and
   - mental illness is common in the community and mental health nursing is, therefore, an essential community service.

2. Use practising mental health nurses and mental health consumers and carers for promoting mental health nursing within schools, universities and vocational training settings. Involve practising mental health nurses in the delivery of lectures at universities to undergraduate students (especially early in their undergraduate course). Promote mental health nursing through seminars, and other career information forums targeted at schools, universities and forums with practising general nurses.

2. Provide easy-to-access mental health nursing career information for high school students, parents, careers advisors and university academics, as these are primary contact points for people interested in the profession. Consider the use of television,

booklets, posters at schools and universities, websites and newspapers media to target school leavers and university students.

4. Maximise efforts to de-mystify and de-stigmatise mental illness and mental health nursing consistent with Outcome 3 of the National Mental Health Plan 2003-2008. Efforts should include support for public education and awareness campaigns (eg. Mental Health Week, Stigma Watch, mental health literacy campaigns).

Implementation

The above recommendations should be referred to the National Nursing and Nursing Education Taskforce for consideration in the context of recommendation 9 of the National Review of Nursing Education. Recommendation 9 of the National Review of Nursing Education relates to improving the image of nursing, and has been referred to the Taskforce for action. The issues identified in this report relating to image and marketing are a subset of the issues relating to nursing image identified by the nursing education review and should be considered in this context.

Ideally, a national approach to marketing mental health nursing would involve the development of materials that could be used to support implementation of recommendations 2, 3 and 4 at a jurisdictional level. In addition, recommendations 2 and 4 fall within the National Mental Health Plan 2003-2008 and should also be considered in its implementation.

FINAL REPORT INTO MENTAL HEALTH NURSING SUPPLY RECRUITMENT AND RETENTION

By

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List of Abbreviations

ABS	Australian Bureau of Statistics
ACDN	Australian Council of Deans of Nursing
AHMAC	Australian Health Ministers Advisory Council
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials' Committee
AIHW	Australian Institute of Health and Welfare
ANC	Australian Nursing Council
APA	American Psychological Association
CPNRP	Centre for Psychiatric Nursing Research and Practice
DEST	Department of Education, Science and Training
EN	Enrolled Nurse
FTE	Full Time Equivalent (effective full time)
GP	General Practitioner
HECS	Higher Education Contribution Scheme
HR	Human Resources
ICD	International Classification of Diseases
NHS	National Health Service, United Kingdom
NMHWG	National Mental Health Working Group
OH&S	Occupational Health and Safety
RN	Registered Nurse
RPL	Recognition of prior learning
SANE	Schizophrenia Australia Foundation
SCMH	Sainsbury Centre for Mental Health (United Kingdom)
TAFE	Technical And Further Education
UK	United Kingdom
WHO	World Health Organisation

Executive Summary

Mental health nurses are a critical component of a successful mental health system in Australia. Along with other health services, the mental health nursing workforce is experiencing a shortage of adequately qualified employees and the situation is becoming increasingly acute.

Aware of this shortage, the Australian Health Ministers' Advisory Committee (AHMAC) supported the National Mental Health Working Group (NMHWG) and the Australian Health Workforce Officials' Committee (AHWOC) to jointly manage this project to identify issues related to the recruitment and retention of mental health nurses. This project aimed to provide an evidence base for the development of strategies to improve the supply, recruitment and retention of mental health nurses.

Part 1 of this project involved a review of Australian and international literature regarding recruitment and retention of the mental health nurse workforce. Part 2 involved verification of issues through consultations with industry stakeholders and targeted focus groups, and Part 3 identifies priority areas for action and includes suggested strategies.

Review of the literature

A review of national and international literature, published mainly in the past five years, was undertaken to provide an evidence base for the development of strategies to improve the recruitment and retention of mental health nurses in Australia. A total of 150 documents were found and examined and the most relevant findings are summarised in the review. It was noted that the range and depth of the problems in nursing and mental health nursing have been thoroughly canvassed in recent reviews and reports, including several major reviews undertaken in Australia. Several jurisdictions have also undertaken their own investigations into the field and developed their own State/Territory-based reports and initiatives.

The results of the literature review are presented under the themes of: attraction/awareness; educational pathways; registration and accreditation; workforce planning; recruitment and retention; re-entry; and retirement. The strategies revealed by the literature review formed the basis of inquiries for the stakeholder consultation and focus groups.

The literature review revealed a remarkably consistent set of issues from the international, national and jurisdictional resources reviewed. Debate does not seem to be around what needs to be done, but rather about what areas to prioritise and determining the resources and commitment to effectively implement major change at all levels.

Industry stakeholder consultations

There were eight key industry stakeholder groups consulted during this part of the project:

- Bodies representing mental health nurses;
- Chief Nursing Officers or Principal Nursing Advisors;
- Managers of health department mental health branches;
- Nurse managers of mental health services (departmental);
- Nurse registration boards;
- Providers of educational programs for mental health nurses;
- Other mental health professionals; and
- Consumer and carer organisations.

These groups and individuals were contacted primarily using telephone interviews with some providing information by email. A total of 64 stakeholders were contacted nationally.

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Targeted focus groups

Focus groups were conducted with key nursing and student groups in the capital cities of every State and Territory. Groups conducted included practising mental health nurses, nurses who had left the mental health workforce, university nursing students, school leavers, practising mental health nurses in private hospitals and Indigenous nursing groups. Some people from ex-nurses groups and Indigenous nursing groups were interviewed by telephone due to some difficulties in arranging focus groups.

Main findings

Findings from the stakeholder consultations and focus groups were remarkably similar, revealing strong themes common to all groups. They key issues identified also served to verify that most of the factors revealed in literature review of previous Australian and international studies remain relevant to the supply, recruitment and retention of mental health nurses today.

Broad themes emerging were:

Attraction and recruitment

It is important that young people are made more aware of work opportunities in mental health nursing, as currently most are unaware. This requires an effective promotion campaign and access to information materials about pathways into mental health nursing.

There are many positive aspects of a career in mental health nursing that will appeal to prospective new nurses. For example: the 'non-medical', holistic, personal care model; the ability to implement a variety of skills at work; the availability of jobs in the field; development of relationships with the client impacting positively on their lives; and the challenging, intriguing nature of the work.

Family, friends, parents and career counsellors have the greatest influence on school leavers with respect to career choices. Recommending mental health nursing as a career by current mental health nurses to school leavers, university students, general nurses and others, frequently led to a decision to enter the field.

Flexible work rosters, childcare arrangements and other strategies to support good work/life balance would enhance the attraction of mental health nursing.

Barriers to recruitment and retention

Insufficient focus on mental health nursing during undergraduate nursing courses and a negative disposition toward promoting mental health nursing among some education providers impedes entry into the field. In particular, poor clinical placement experiences are counterproductive in encouraging students into mental health nursing careers.

Fear of mental illness and associated stigma are entrenched within the broader community and also within the general health care workforce. This serves as a barrier and contributes to dissatisfaction and attrition of mental health nurses. There may, however, be an emergence of a more positive, less stereotypical attitude toward mental illness among high school leavers largely due to recent public education campaigns by various health care groups.

Perceived time and financial costs in specialising as a mental health nurse can also be barriers to entry into the mental health nursing workforce.

The lack of ongoing professional development opportunities contributes to retention difficulties.

Occupational health and safety issues and fear of violence in the workplace also have a major impact on retention of mental health nurses.

There is a lack of professional recognition by other health professionals (including general nurses) and the public in general of the work undertaken by mental health nurses. This leads to feelings of low career status, lack of appreciation and contributes to retention difficulties.

Current mental health nurses revealed a lack of support systems or the under utilisation of support systems, such as de-briefing, clinical supervision, counselling or other systems to help nurses manage workplace stress.

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Confusion over job role and perceived lack of career progression opportunities negatively impact on retention and recruitment of mental health nurses.

Key suggested strategies

The following strategies were developed as a result of the literature review, stakeholder consultations and focus groups. All suggested strategies and discussion around them are found in Part 3. The strategies are proposed for consideration by the NMHWG, AHWOC and others.

Education

- Increased focus on mental health nursing during undergraduate nursing courses for general nurses early on in the course irrespective of whether the student has a particular interest in mental health nursing.
- Closer ties between universities and the mental health nursing field to encourage a better understanding of the practice of mental health nursing, assist with curricula development and foster a positive disposition toward promoting mental health nursing as an option at university.
- Improved clinical placement experiences for students by providing better organised placements with ample clinical support and preceptorships by enthusiastic and well-trained practitioners. Provide exposure to a wide variety of tasks. Ensure sufficient training and preparation is provided to the student to be able to cope with the experience. Use placements as a recruitment opportunity and establish an on-going connection with the student for follow up. Provide more clinical placements.
- Examine innovative approaches to both undergraduate and postgraduate nurse education to better prepare nurses in regard to mental health nursing; for example including consumers and carers in education programs.

Marketing

- Develop and implement a clearly articulated marketing strategy that communicates the positive and attractive aspects of mental health nursing.
- Use practising mental health nurses as a promotional / communication tool. Systematically and regularly involve enthusiastic practising mental health nurses and recovered patients to present at universities, schools (Years 10 to 12) and vocational training settings. Involve practising nurses in the delivery of lectures at universities to undergraduate students (especially early in their undergraduate course). Promote mental health nursing through seminars, and other career information forums targeted at schools, universities and forums with practising general nurses.
- Provide more information to parents (through schools or advertisements), careers advisors, university academics, and human resource areas of mental health services or hospitals about the profession (brochures and information for distribution) as these are primary contact points for people interested in the profession.
- Maximise efforts to de-mystify and de-stigmatise mental illness and mental health nursing. Increase support for public education and awareness campaigns (e.g., Mental Health Week, Stigma Watch, campaigns to improve mental health literacy).

Workplace

- Provide on-going professional development opportunities for mental health nurses. Allocate time and support for continuing professional development training, Consider mandatory number of hours per year for mental health nurse training as part of professional role. Training should support the varied roles and functions that a mental health nurse can perform across a variety of treatment settings.
- Examine and improve all occupational health and safety procedures and training to guarantee personal safety at work. In particular, provide training in aggression management. Provide additional support to nurses who feel their safety is threatened or who have experienced some form of violence.
- Consider financial incentives to encourage both recruitment and retention. These may include: qualification allowances; advanced practice recognition; retention bonuses; accommodation, travel and study allowances.
- Provide, activate and use nurse support systems such as de-briefing, clinical supervision, and counselling. Allocate more time for clinical supervision and strategies to help mental health

nurses manage workplace stress. Ensure realistic caseloads and workloads for mental health nurses.

- Clarify the job role of mental health nurses, especially in the context of the multi-disciplinary team, and consider removing some administrative and non-nursing roles.
- Provide career path opportunities for mental health nurses by increasing senior clinical positions, providing career planning advice, and providing both management and advanced practitioner opportunities for advancement.

Registration
- Provide a nationally consistent nomenclature for registration and accreditation, consider the option of a national registration.
- Establish formally recognised specialist status for mental health nurses.

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Introduction

Along with many other health services, mental health services are experiencing a shortage of adequately qualified and experienced nurses. This shortage is evident across Australia and could be expected to continue if immediate solutions to problems related to the supply, recruitment and retention of mental health nurses are not found and effectively implemented. Mental disorders have become a major factor in the burden of disease in many countries, including Australia, and an adequate mental health service response is essential to meeting the growing need (AIHW, 2000). Mental health nurses comprise a substantial part of this service response.

Awareness of shortages in this essential part of the mental health workforce led the Australian Health Ministers Advisory Committee (AHMAC) to auspice the National Mental Health Working Group (NMHWG) and Australian Health Workforce Officials Committee (AHWOC) to jointly manage a project to identify issues related to the recruitment and retention of nurses working in mental health services. The overall aim of the project was to identify issues related to the recruitment and retention of nurses working in mental health services and use these to suggest strategies to address the current shortage, thus ensuring an adequate supply of nurses working in all areas of mental health services in the future.

This project is the first stage of addressing supply issues for mental health nursing and may be considered the "research" stage, where information is gathered to inform the development of strategies in the decision and implementation stages. The aim of this project report was, therefore, to provide an evidence base for the development of strategies to improve supply in terms of the recruitment and retention of mental health nurses. The project includes:

- a detailed description, at a national level, of the issues related to the supply, recruitment and retention of the mental health nurse workforce including factors that have contributed to the current shortage in the workforce, utilising recent Australian and international reports regarding recruitment and retention of the mental health nurse workforce;

- verification of identified issues through targeted consultation and focus groups;

- an objective analysis, assessment and documentation of the issues identified and their actual impact on recruitment and retention of the mental health workforce; and

- the development of recommendations on priority areas for action and suggested strategies and solutions for the problems identified.

Project Brief

The Project is divided into three parts:

Part 1 comprises a literature review and jurisdictional audit:

- focussing on national and international issues, developments and responses to the mental health nursing workforce, particularly issues associated with supply, recruitment and retention; and

- including a review of jurisdictional reports and strategies related to the mental health nurse workforce and addressing the following:

- attraction to the mental health workforce;

- barriers to entry to the mental health nurse workforce, including practical and educational pathways;

- differences between state and territory nursing registration requirements, and the role this has in nursing recruitment and ongoing employment;

- factors and issues influencing the retention of nurses working in the mental health workforce;

- factors and issues related to attrition from the mental health nurse workforce; and

- factors and issues related to re-entry of nurses into the mental health nurse workforce (barriers and incentives).

Part 2 gathers information about issues related to attraction, recruitment, retention and re-entry of mental health nurses through:
- focus groups and/or other mechanisms identified by the tenderer; and
- consultation with key stakeholders.

The focus groups and consultations are expected to be used to verify the key issues/perceptions identified in Part 1, as well as gathering any information on additional issues identified by the focus groups or consultations.

Part 3 of the project:

- conducts an objective analysis, assessment and documentation of the issues identified in Part 2 and their actual impact on recruitment and retention of the mental health nurse workforce;

- prioritises the identified issues in terms of their importance to recruitment and retention of the mental health nurse workforce;

- advises on issues of recruitment and retention of the mental health nurse workforce and recommends priority areas for action; and

- develops suggested strategies and solutions for the problems identified for further consideration of the Task Group, NMHWH and AHWOC.

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Definitions

Mental health nursing is an essential component of the mental health workforce. The mental health workforce provides health care for people with mental illness. At the outset it is necessary to clarify the definitions of several terms.

Mental health and mental illness

Mental health is defined as a state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential (WHO, 1999).

Mental illness refers to the range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people, and is synonymous with the term 'mental disorder'. A mental illness is a diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The clinical diagnosis of mental illness is generally made according to the classification systems of the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (DSM-IVR) (APA, 2000) or the *International Classification of Diseases, tenth edition* (ICD-10) (WHO, 2002) (Australian Health Ministers, 2003).

Many different professions provide care for people with mental illness and the mental health workforce is made up of mental health nurses, occupational therapists, psychiatrists, psychologists and social workers, along with counsellors, therapists and allied health professionals who act in supportive roles. Mental health nursing, or psychiatric nursing, is one of the oldest disciplines within mental health and comprises the largest part of the mental health workforce (AIHW, 2001).

Mental health nursing

A mental health nurse is a person with nursing qualifications who provides care to people with mental illness. The role of the mental health nurse is unique in the mental health workforce in that it derives from the nursing profession. It combines technical nursing skills with people skills. The mental health nurse's role is varied and includes providing patient care within the physical, psychological and social domains; this role is broader than that of some of the other disciplines that work with people with mental illness. Other disciplines tend to have greater depth of skill in fewer domains, whereas mental health nurses are often able to undertake some of the tasks generally ascribed to other disciplines, but with less depth and expertise (Grigg, 2001). In mental health nursing the nurse-patient relationship is valued over technical skills. Much of the work is "hidden", comprising caring and comforting, and this is a particular strength and aptitude of the people who chose to become mental health nurses.

Clinton (2000 p. 10) defines mental health nursing as:

"a specialist field of nursing which focuses on meeting the mental health needs of the consumer, in partnership with family, significant others and the community in any setting. It is a specialised interpersonal process embodying a concept of caring, which is designed to be therapeutic by:

- supporting consumers to optimise their health status within the reality of their situation;

- encouraging consumers to take an active role in decisions about their health care; and

- involving family/significant others and communities in the care and support of consumers."

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Mental health nurse

For the purposes of this report, a mental health nurse is defined as a nurse who works in a mental health service or predominately with consumers of mental health care. Mental health nurses include:

- qualified mental health nurses: those nurses who have gained specialist postgraduate qualifications in mental health nursing, or previous direct entry psychiatric nurse qualifications;

- registered, endorsed or authorised mental health or psychiatric nurses: those nurses who have a separate registration, endorsement or authority to practice as mental health/psychiatric nurses as determined by the state/territory nurse registration authority; and

- enrolled nurses (division 2) and registered nurses (division 1) who do not hold specialist mental health nursing qualifications, but who work in mental health services or predominately with mental health service consumers.

Mental health nurses work in a variety of settings, including (Clinton 2000):

- in-patient units treating people with acute and complex mental health conditions;

- long-term residential facilities;

- day patient treatment services;

- crisis intervention teams;

- after hours teams;

- community treatment teams;

- regional mental health services;

- rural and isolated services;

- Aboriginal communities; and

- specialist psychiatric services.

Supply, recruitment and retention

The terms 'supply', 'recruitment' and 'retention' appear self-evident; however, their application is somewhat inconsistent and occasionally ambiguous in the literature. For the purposes of the current report, these terms will be defined in the following ways:

supply - will be used to refer to the number of nursing graduates who are available to take up positions in mental health nursing. The factors that affect supply are, therefore, those that attract people into nurse education and those that retain them until they complete their nursing degree;

recruitment - refers to employment into the mental health nursing workforce. It is determined by the factors that affect nursing graduates choosing to register and take up the practice of their profession in the mental health sector; and

retention - relates to retaining mental health nurses within the mental health workforce. Factors related to retention include those that that affect attrition from mental health nursing as well as those that impact on re-entry to the profession.

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Workforce Context

International context

Shortages in the supply of mental health nurses are an international phenomenon, and Australia is not unique. It is important, therefore, to consider the Australian experience within the international context. Service providers in most developed countries report a shortage in the supply of mental health nurses.

Moreover, this shortage is not restricted to mental health nurses, but is a problem across the entire mental health workforce. The critical shortage in supply and distribution runs across all the major constituent professions including mental health nurses, psychiatrists, psychologists, social workers, occupational therapists, and counsellors (Genkeer et al., 2003).

International experience highlights the need for workforce planning to take place in the context of the entire mental health workforce, recognising that mental health nurses comprise just one essential component of the workforce. The development and implementation of mental health policies are dependent upon the provision of an adequate supply of appropriately skilled professionals across all disciplines that comprise the mental health workforce.

Staffing of mental health services can be defined for each service by role, profession and grade (Sainsbury Centre for Mental Health (SCMH), 2003). Historically, however, most data prepared related to the health workforce are reported by profession and not by service, yet it is essential that workforce data can be broken down by service as well as profession in order to adequately consider all the workforce issues. It is clear that unless the mix of professional skills required across the entire mental health workforce is considered in its entirety, there will not be an adequate mental health service response.

It is also important to recognise that attempts to address problems in one sector of the mental health workforce can be undermined by the problems of another sector, and that mental health service provision requires a comprehensive and integrated approach. Effective mental health care is delivered by teams comprising specialists from several fields of practice. Britain, in particular, has recognised the need for comprehensive workforce planning and has been developing strategies related to supply, recruitment and retention of all the disciplines working within mental health, arguing that this is the only way to effectively progress development of the mental health workforce (SCMH, 2003).

Australian context

In Australia, shortages in mental health nursing are part of a shortage of nurses in general. However, there are additional challenges in the mental health and aged care settings (*National Review of Nursing Education*, Commonwealth of Australia, 2002a). The "front end supply" of mental health nurses now comes from the pool of new graduate nurses (as opposed to the previous direct entry psychiatric nurses) and recently graduated nurses. All nursing specialities compete for new entrants from the same pool.

There are no national figures to define the shortage of mental health nurses in Australia. The Commonwealth Department of Workplace Relations maintains a register of national skill shortages and mental health nursing is listed as one of the nursing specialties in national shortage. Current nursing shortages listed are:

- general nursing (aged care, cardio-thoracic, community, critical care, emergency, indigenous, neonatal, neurological, oncology, operating theatre, paediatric, peri-operative and renal);

- midwifery;

- mental health; and

- enrolled nurses.

Three national reports attempting to determine future requirements for nurses in general were completed in 2002. All suggest that substantial increases in supply are necessary for future requirements to be met (AHWAC 2003). The following is a summary of the level of need indicated in these reports.

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1. *The Nursing Workforce 2010* (Karmel & Li, 2002) (commissioned by the National Review of Nursing Education)

    -   projected annual increase in demand for registered nurses of 2.56%

    -   by 2010 180,522 registered nurses will be required in Australia

    -   projected shortfall to 2010 of 40,000

    -   increasing nursing graduates by 120% is projected to balance the workforce in 2020

2. *Job Growth and Replacement Need in Nursing Occupations* (Shah & Burke, 2001) (commissioned by the National Review of Nursing Education)

    -   projected job openings for new graduates between 2001-2006 are 31,000

    -   annual rate of growth of 2.5%

3. *Australian Nurse Supply and Demand* (Preston, 2002) (commissioned by the Australian Council of Deans of Nursing)

    -   nurse shortfall of 2.2% by 2006

    -   projected 2006 requirement for graduates is 10,182 but supply is projected to only be 6,131

    -   this represents a shortfall of 4,051 graduates (39.8%)

Two further national reports were produced in 2002 by the Australian Health Workforce Advisory Committee (AHWAC), which examined the midwifery and critical care nurse workforces in Australia. The reports found shortages in the midwifery (shortage of 1,847) and critical care nurse workforces (shortage of 537) (AHWAC 2003).

Clinton (2000) examined the mental health nurse workforce in detail in the *Scoping Study of the Australian Mental Health Nursing Workforce 1999*, and reported that an attempt to measure shortages nationally was difficult due to the majority of jurisdictions unable to provide vacancy data for mental health nurse positions. However, by measuring mental health nurse full time equivalent (FTE) to population ratio across jurisdictions, it was estimated that New South Wales, Queensland, Australian Capital Territory and the Northern Territory had a shortfall in 1996-1997.

Changes in mental health nursing service provision
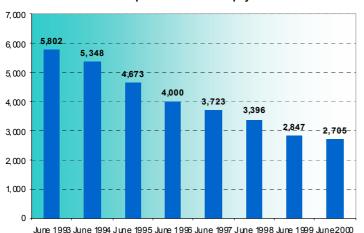
Historically, mental health services in Australia were delivered in stand-alone psychiatric institutions. Today, mental health services are delivered in a variety of settings as a result of reformation of mental health care service provision over recent years. The national mental health reform process began in Australia in the 1980s and has led to changes in service delivery for people with mental illness. In 1992, Australian Health Ministers agreed to a *National Mental Health Policy*, implemented under a five-year plan. The plan focused on increasing community based care, decreasing reliance on stand-alone psychiatric hospitals, and 'mainstreaming' acute beds into general hospitals. In 1997, the *Second National Health Plan* was implemented and added emphasis on promotion of mental health and prevention of mental illnesses, and better integration of public mental health services with other sectors. In essence, the first plan focused on severe and disabling mental illnesses with low community prevalence, while the second plan expanded the focus to include high-prevalence mental illnesses such as depression and anxiety (Australian Health Ministers, 2003).

Key changes that have occurred in the provision of mental health services over the past 10 years of reform include the following:

- closure of stand-alone psychiatric institutions;

- delivery of acute mental health care from psychiatric units within general hospitals;

- development of community-based mental health teams; and

- increased reliance upon primary health care providers such as general practitioners (GPs), community based nurses and other health care service providers.
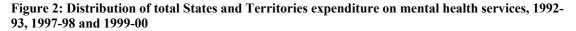
Evidence for these changes is provided by the *National Mental Health Report* (2002), which shows that while the overall number of acute beds has remained constant at 20 per 100,000 since 1993, these have been transferred to general hospitals in preference to stand-alone psychiatric institutions. In 1993, 55% of acute beds were located in general hospitals and this increased to 67% in 1997 and to 80% in 2000.
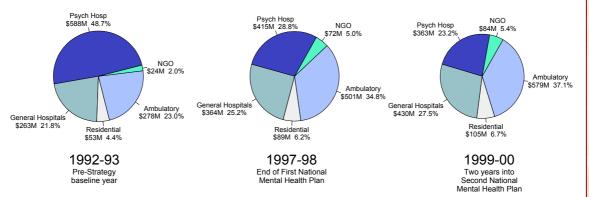
Figure 1. Reduction in size of separate psychiatric institutions

Number of beds in public stand alone psychiatric institutions

Source: *National Mental Health Report*, 2002, p.3

Furthermore, there has been reduction in the size and resources of psychiatric institutions (Figure 1). In 2000, 23% of mental health resources were accounted for by stand-alone psychiatric institutions, which compares with 49% in 1993. However, there is considerable variation between jurisdictions in the extent to which institutional downsizing and resource transfer has taken place.

Figure 2: Distribution of total States and Territories expenditure on mental health services, 1992-93, 1997-98 and 1999-00

Source: *National Mental Health Report*, 2002, p.25

All State and Territory governments have strengthened the community treatment and support services available for people affected by mental illness, although the growth in community services slowed in the past five years (Figure 2). By 2000, 49% of mental health spending was dedicated to caring for people in the community. Importantly, the proportion of clinical staff providing ambulatory mental health care has grown from 62% in 1996-97 to 90% in 1999-00.

As a result of these changes and the mainstreaming of mental health services, nurses in general health settings are increasingly exposed to acute and complex mental health conditions. This is because people with acute mental illness are being treated in general hospitals and there is increasing incidence of co-occurring physical health problems and mental illness. Consequently, it is argued that all nurses should have a comprehensive understanding of mental illness: its detection, care and prevention (Nurses Board of Victoria, 2002).

In July 2003, the *National Mental Health Plan 2003-2008* was released. The plan acknowledged the major changes that had taken place within the mental health system over the past 10 years, and puts forward an ongoing agenda to strengthen implementation of the *National Mental Health Strategy.* Priority themes for the plan for the next five years are:

- promoting mental health and preventing mental health problems and mental illness;

- increasing service responsiveness;

- strengthening quality; and

- fostering research, innovation and sustainability.

Importantly, the plan is guided by the following principles, all of which have direct implications for mental health nursing:

- All people in need of mental health care should have access to timely and effective services, irrespective of where they live.

- The rights of consumers, and their families and carers must shape reform.

- Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities.

- The quality and safety of mental health care must be ensured.

- A recovery orientation should drive service delivery.

- Investment in the workforce is essential.

- Innovation must be strongly encouraged and supported.

- Sustainability of effective interventions must be ensured.

- Resources for mental health must recognise the impacts of mental health problems and mental illness.

- Mental health reforms must occur in concert with other developments in the broader health sector.

- Mental health reforms require a whole-of-government approach.

Documents that informed the development of the 2003-2008 plan, notably the *Evaluation of the Second National Mental Health Plan* and the report of the Mental Health Council of Australia "*Out of Hospital, Out of Mind"*, were critical of service provision for people with mental illness. Both reports noted the need for workforce development in terms of: supply (particularly outside large urban areas); improved attitudes of service providers toward people with mental illness; ability to work in real partnership with consumers and their families and carers; training to develop the skills required to provide individual care pathways for consumers; and ability to work in multidisciplinary teams and in partnership with other sectors.

Pathways into Mental Health Nursing

Along with the nature of mental health nursing, the pathways into mental health nursing have changed substantially over the past decade. Some of these changes have arisen from changes to nursing in general, while others have been specific to mental health nursing. When examining issues of supply, recruitment and retention of mental health nurses it is essential to understand the regulation of mental health nursing, as well as the educational pathways into mental health nursing.

Educational pathways

Undergraduate mental health nurse education

Traditionally mental health/psychiatric nurses were trained in psychiatric institutions to become either registered psychiatric/mental health nurses or enrolled psychiatric/mental health nurses. This education allowed the nurses to practise in mental health services, but did not allow them to practise in all health care settings, as comprehensive nursing (general nurse) training would allow.

With the changes in mental health service provision resulting in the mainstreaming of mental health services and more emphasis on community care for people with mental illnesses, the education of mental health nurses changed. From the early to mid 1990s, the hospital-based training of mental health nurses (direct entry psychiatric nursing) was phased out. Undergraduate nurse education for registered nurses was fully established in the tertiary education sector by the mid 1990s.

New entrants to mental health nursing are now drawn from comprehensively educated registered nurses. Specialisation as a mental health nurse is therefore gained through postgraduate education.

A similar transition occurred for enrolled nurses (McKenna, Long, Sadler, & Burke, 2001). Like registered nurse training, traditionally the education of enrolled nurses was the responsibility of hospitals. In the late 1990s, there was a shift towards educating enrolled nurses through the vocational education system.

There are now two levels of licensed nurse in Australia: registered nurses (RNs / Division 1 in Victoria) and enrolled nurses (ENs / Division 2 in Victoria). RNs have a minimum three-year undergraduate Bachelors degree from the higher education sector. ENs are generally educated in the vocational education/TAFE sector at a Certificate IV or Diploma level. In 2002, there were 78.7% of employed licences nurses registered as RNs and 21.3% registered as ENs (Senate Community Affairs References Committee, 2002, p.42).

Recently, the scope of practice for enrolled nurses has been extended with introduction of education programs for "endorsement" to dispense medications (excluding S8 medications). This effectively enables them to increase their scope of practice within the mental health field.

Undergraduate nursing programs are offered at 28 Australian universities, while some type of nursing program is offered at 58 campuses across Australia. Apart from the three-year Bachelor degrees in nursing, there are the following programs to qualify for registration as a RN (Senate Community Affairs References Committee, 2002, p. 45):

- 4-5 year combined degrees, which combine the Bachelor degree in nursing with a Bachelor degree in another field;

- 2-year Bachelor degrees in Nursing for graduates from another discipline or students with previous nursing studies, such as ENs (these students are usually admitted to the 3-year Bachelor of nursing program and given credit equivalent to 1-year's full-time study);

- 1-year re-entry programs (Bachelor degree or Certificate in nursing) for nurses whose registration has lapsed; and

- 1-year conversion programs for overseas-qualified nurses seeking registration in Australia.

With regard to mental health nursing, the mental health component of undergraduate nursing degrees is not specified. Consequently, mental health content varies markedly across jurisdictions and across universities within jurisdictions. Some universities have a major mental health focus (e.g., University of Ballarat) while others appear to have no clearly designated mental health content. An audit of the course content of Bachelor of Nursing programs as ascertained from website information accessed during September 2003 showed wide variation in mental health content across nursing programs. Obviously, there are many competing priorities for content within the generic undergraduate nursing degree and this is reflected in the content diversity across programs; different programs prioritise particular areas of nursing, dependent mostly on the expertise and interests of their current teaching staff and university priorities.

Specialist mental health nurse education

Nurses holding direct entry qualifications as mental health nurses are considered to be qualified mental health nurses. Since the phasing out of direct entry programs, nurses wishing to specialise in mental health are now required to complete postgraduate mental health courses after comprehensive undergraduate education. Ogle, Bethune, Nugent and Walker (2002) identify nursing speciality courses according to a number of broad bands. The Mental Health Nursing broad band includes the following specialties:

- Psychiatric nursing practice;

- Rural and remote mental health;

- Community psychiatric;

- Mental health; and

- Child and Adolescent mental health.

A number of sub-specialties under the broad band of Community Health Nursing may also be considered relevant to some aspects of mental health nursing. These include:

- Alcohol and other drugs studies

- Substance abuse

- Correctional nursing

- Correctional health and forensic nursing.

Postgraduate courses in mental health nursing are offered at 21 universities (Ogle et al, 2002). Courses range from postgraduate certificates, postgraduate diplomas and masters degrees. The Commonwealth Department of Education, Science and Training (DEST) provides data on postgraduate nursing courses and attempt to identify courses that fall under the category of mental health nursing. However, upon requesting data from DEST, there were number of courses they did not identify or for which data was not sent to them: University of Melbourne, University of Newcastle, University of Wollongong, and University of Tasmania. These universities provide a significant number of postgraduate mental health places.

It is important to note that the Northern Territory and Australian Capital Territory do not have a post-graduate mental health nursing courses based in their territories. Nurses must study by correspondence or mixed mode using courses from other states. Data from DEST does not indicate the "home-state" of the nurses enrolled in courses.

The lack of information on "home-state" of nursing students enrolled in postgraduate courses and the inconsistency of reporting of those enrolled in the courses highlights the need for improvements to data regarding nurses enrolled in postgraduate courses such as mental health. Due to the inconsistencies and inaccuracies in terms of readily available postgraduate data, table 1 provides only the institutions by state that provide post graduate mental health nursing courses. This information was sourced by Ogle et al (2002) by directly surveying universities.

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Table 1. Universities and colleges providing postgraduate mental health nursing programs, 2002.

State	University
Victoria	Deakin University
	Latrobe University
	Monash University
	RMIT
	University of Melbourne
	University of Ballarat
New South Wales	Charles Sturt University
	Southern Cross University
	University of New England
	University of Sydney
	University of Technology Sydney
	University of Western Sydney
	University of Wollongong
	College of Nursing (NSW)
Queensland	Griffith University
	University of Queensland
	University of Southern Queensland
South Australia	Flinders University
	University of South Australia
Western Australia	Edith Cowan University
Tasmania	University of Tasmania
Northern Territory	Nil*
Australian Captial Territory	Nil*

Source: Ogle, Bethune, Nugent, Walker and Wellman 2002.

*Northern Territory and Australian Capital Territory rely on postgraduate mental health courses offered in other States.

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Registration pathways

Across Australia, nursing is regulated by eight separate Nurse Registration Boards: one for each State and Territory. Each jurisdiction has separate legislation under which nursing is regulated (*Nurses Act* or *Nursing Act*). As a consequence, there is variation in the terminology and categorisation of nursing registration.

The Australian Nursing Council (ANC) is a peak national nursing body concerned with national standards and processes for the regulation of nursing within Australia. It was established by the Australian nurse regulatory authorities in 1992 as a forum for considering the regulation of nursing in Australia with a national focus. Each of the eight State and Territory nurse regulatory authorities is represented on this Council. The ANC has developed *National Competency Standards* for registered nurses and enrolled nurses that identify the minimum competency standards for nurses to practice in Australia and that have been adopted by all the nurse regulatory authorities. All nurses are required to demonstrate the ANC national competency standards to gain registration and in all States, except NSW, are required to declare competence in order to maintain a current licence to practice. There are no separate mental health competency standards that regulatory authorities require except where recognised at the postgraduate level.

While the ANC sets minimum competencies for nurse registration, the statutory provisions in each State/Territory vary in terms of the criteria for registration. There is, however, *reciprocity* of registration under the Mutual Recognition legislation of each State and Territory. This provides for recognition of registration across State/Territory boundaries. Australia also has mutual recognition with New Zealand. The new registering authority charges a fee for registration (which varies across jurisdictions); however, it is relatively easy for nurses to obtain mutual recognition.

In general, the categories of registration are as follows:

Registered (First Level) Nurses (RNs)

First level nurses, or RNs, are a common factor across all jurisdictions, although the entry requirements vary somewhat. The first level qualification of RN is offered as an undergraduate university Bachelor degree in all States and Territories (ANCI, 2000). RNs who were hospital trained are also registered in this category.

Enrolled (Second Level) Nurses (ENs)

All States and Territories make provision for the registration of enrolled or second level nurses (ENs) in the same legislation as registered nurses. These nurses do not have a university nursing degree and have usually attained qualifications from a TAFE institution. They are still required to meet the ANCI competencies. As with RNs, some ENs may have trained in the old hospital-based system.

Registered, Endorsed or Authority to practice: Mental health or psychiatric nurses

A number of jurisdictions (South Australia, Queensland, Australian Capital Territory, Tasmania and Victoria) provide a category for qualified mental health nurses within the nursing register, either as a separate registration, or as an endorsement or authority to practice within a single register. Nurses identified in these categories may have completed a direct entry mental health nursing program or have completed an accredited post graduate mental health nursing course, and as such are registered, endorsed or provided with authority to practice as mental health nurses. Although the nurse registration authorities provide these categories, there is no restriction under the Nurses/Nursing Acts preventing other nurses working in mental health services. However, under those nursing acts where separate registration (or authority to practise) is available, nurses not holding a qualification in mental health nursing are required to work under the direct supervision of registered, endorsed or authorised mental health nurses (South Australia, Australian Capital Territory and Tasmania).

New South Wales, Western Australia and the Northern Territory do not continue to have provision for recognising mental health nurses within their nurse registries, although Western Australia maintains a recognition of direct entry mental health nurses within their division 1 register.

For nurses with direct entry mental health qualifications there are varying restrictions on practice. While all may practise in mental health settings, there are restrictions on their practice in other health

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care settings. In the Northern Territory, Australian Capital Territory, Victoria and South Australia direct entry mental health nurses are restricted to practice in mental health areas only, unless under the direct supervision of a registered nurse. In New South Wales and Queensland there are no restrictions to practise under the nurses' acts.

Table 2 highlights the various regulatory categories and requirements for each state and territory in relation to mental health nursing. It also highlights other conditions under which nurses may work in mental health. There is much variation in this regard across the country, both in nomenclature and conditions on nurses practising in mental health services.

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Table 2. Nurse Registration Authorities: Categories for mental health nurses

State/Territory	Separate psychiatric or mental health nurse register/authority/endorsement	Requirement for registration/authority/endorsement to practise (under the Nurses Act) in mental health	Conditions for RNs to practice in mental health nursing (Nurses Act, industrial, practical)
New South Wales Nurses Act 1991	No	N/A	Under the Nurses Act, nurses are not restricted to particular areas of practice and may apply, in accordance with qualifications and experience for a variety of positions across a range of health care settings.
Victoria Nurses Act 1993	Yes: Division 3 Nurses (previous completion direct entry psychiatric nursing courses) Division 3 register is now closed. Qualified mental health nurses may apply for endorsement as psychiatric nurses on Division 1 of the register	Division 3: direct entry psychiatric nursing courses. Division 1. Endorsement in psychiatric nursing: completion of accredited postgraduate courses in mental health nursing.	No restrictions under the Nurses Act for Division 1 nurses (with or without endorsement as psychiatric nurse) to work within mental health services. No industrial requirements for nurses to be "qualified" to work within mental health services.
Queensland Nurses Act 1992 Nursing By-Law 1993	Single register for all Registered Nurses. Psychiatric Nurses who gained certificate prior Nursing Act 1992 are noted on licence as endorsed to practice in Mental Heath only	Nil other than being a Registered Nurse Previous direct entry or post basic psychiatric nurse certificate (prior Nursing Act 1992) are noted as endorsements on licence to practice in Mental Health Only.	No legislative requirements to hold endorsement to practice in Mental Health. Must be competent to practice, which is governed through self-assessment and employer assessment. Post-graduate qualifications in Mental Health are seen as desirable in specific environments

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State/Territory	Separate psychiatric or mental health nurse register/authority/ endorsement	Requirement for registration/ authority/ endorsement to practise (under the Nurses Act) in mental health	Conditions for RNs to practice in mental health nursing (Nurses Act, industrial, practical)
Western Australia Nurses Act 1992	Yes: Division 1: Mental Health Nurse (previous completion direct entry psychiatric nursing courses), Division 1: Mental Health Nurse register is closed.	N/A	None, but for promotion, post graduate qualifications desirable
South Australia Nurses Act 1999	Yes: Registered Mental Health Nurse	Completion of accredited post graduate course in mental health nursing or previous direct entry psychiatric nurse qualifications	Under the Nurses Act, mental health is a restricted practise area. Nurses not registered as mental health nurses must therefore work under the supervision of a registered mental health nurse.

Industrial requirement for specialist mental health units to be staffed by registered mental health nurses (or those undertaking specialist postgraduate study).

All current DHS job and person specifications for RN positions in these units require them to be mental health qualified. |
| **Australian Capital Territory Nurses Act 1988** | Yes: Registered Mental Health Nurse | Completion of accredited post graduate course in mental health nursing or previous direct entry psychiatric nurse qualifications | |

State/Territory	Separate psychiatric or mental health nurse register/authority/ endorsement	Requirement for registration/ authority/ endorsement to practise (under the Nurses Act) in mental health	Conditions for RNs to practice in mental health nursing (Nurses Act, industrial, practical)
Tasmania Nurses Act 1995	Yes: Authorised Mental Health Nurse	Completion of accredited postgraduate course in mental health nursing or previous direct entry psychiatric nurse qualifications.	It is a requirement of the Nurses Act that nurses not authorised as mental health nurses work under direct supervision of an authorised mental health nurse
Northern Territory	No	N/A	Standards indicate that where possible only those with recognised mental health qualifications will be employed in NT mental health services. Responsibility of employer to determine if nurse is competent to practise in the field.

Source: Nurses' Registration Boards, Australian Nursing Council and Principal Nurse Advisors/Chief Nursing Officers.

Registered, Endorsed or Authority to practise: Midwives

Midwifery remains the only nursing discipline in Australia with specific entry to practise qualifications required under the various Nurses' Acts in each jurisdiction. To practise as midwives, individuals must be registered as midwives with the nurse regulatory authority of that jurisdiction. Registration is conditional upon having completed satisfactorily a midwifery program recognised by the specific regulatory authority (AHWAC 2002a).

Advanced/Nurse Practitioners

The category of advanced/nurse practitioner is a relatively new category that recognises advanced practitioners with additional rights, such as prescribing some medications. The States/Territories vary in the extent to which they have supported the role of nurse practitioner. However, the trend is toward endorsing this level of nurse in the future.

There are currently few nurses who are registered as nurse practitioners. New South Wales amended the *Nurses Act 1991* to provide for nurses to practice as nurse practitioners and the title has been protected since 1998, meaning that use of the title requires the regulatory authority. Victoria, in 2000, amended the *Nurses Act 1933* to protect the title and enable nurse practitioners to prescribe a limited range of drugs. In Queensland the title is not protected. In Western Australia the role of nurse practitioner was extended in 2001 to both metro and rural areas, and protective legislation is currently being drafted. South Australia is supportive, but nurse practitioners are not formally recognised. Tasmania is undertaking a review related to this role. In 2003, the Australian Capital Territory amended its Nurses Act to protect the title of Nurse Practitioner.

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Restricted Practice Areas

In all states and Territories, midwifery is a restricted practise area (requiring the direct supervision of nurses without authority, endorsement or registration as a midwife by an authorised, endorsed or registered midwife). Those jurisdictions recognising nurse practitioners, also recognise the nurse practitioner as a restricted practice area. Those states and territories that recognise mental health as a restricted practice area (therefore, under the Nurses Acts those without endorsement, authority or registration require direct supervision of an endorsed, authorised or registered mental health nurse) are: South Australia, Tasmania and the Australian Capital Territory.

Additional requirements for registration

All statutes have some reference to being of "good character", although this is variously defined. English proficiency is set out in the *ANC Policy on English Language Proficiency* for overseas nurses. Nurses who do not have English as their native language are required to undertake one of two specified language tests.

All States/Territories, except New South Wales, have some provision for ongoing competency or recency of practice, although again there is considerable variation. Queensland, Northern Territory and Australian Capital Territory require practice during or within the past five years. Victoria gives the Board discretion to determine "sufficient nursing experience" during the past five years. Tasmania requires "active practice". All States and Territories allow graduation or a refresher program within the last five years as alternative criteria.

Profile of the mental health nursing workforce

The following data come from the Australian institute of Health and Welfare (AIHW) Nurse Labour Force Surveys. AIHW publishes national nurse labour force data every two years. The data originate from surveys conducted by the State and Territory health departments utilising the nurse registration authorities' registration renewal process for distribution. Most States survey annually, however, some survey biennially and some may move to alternative processes for their labour force surveys. The nurse labour force surveys remain the most comprehensive sources of data to describe the nursing workforce according to specialty and trends over time. The most recently available data are from the 2001 surveys. Overall response rates for the 2001 surveys are: New South Wales (71.2%); Victoria (78.7%); Queensland (93.5%); Western Australia (64.8%); South Australia (81.5%); Tasmania (73.2%); Northern Territory 57.5%; and Australian Capital Territory 76.4%. The overall response rate for Australia was therefore 77.1%.

The data used to describe the Australian mental health nurse workforce include those nurses (both registered and enrolled) who worked as clinical nurses or clinical nurse managers and indicated their main area of practice as psychiatry or mental health.

The assistance of the National Health Workforce Secretariat and the AIHW in the preparation of this section of the report is acknowledged.

Number of mental health nurses

Nurses employed in mental health

Table 3. Registered Nurses employed in area of psychiatry or mental health by State and Territory, 2001

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust.
Males	1,034	967	634	405	251	107	20	45	3,464
Females	2,435	1,670	1,142	591	531	161	58	133	6,720
Proportion male	29.8%	36.7%	35.7%	40.7%	32.1%	39.9%	26.1%	25.4%	34%
Total RNs	3,469	2,637	1,776	996	782	268	78	178	10,184

Source: AIHW, 2003 (2001 data)

Table 4. Enrolled Nurses employed in area of psychiatry or mental health by State and Territory, 2001

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust.
Males	116	218	15	46	38	12	2	-	446
Females	414	588	57	167	139	30	12	40	1,446
Proportion male	21.8%	27%	20.6%	21.7%	21.3%	28.8%	14.3%	-	23.6%
Total ENs	530	805	71	213	176	42	14	40	1,893

Source: AIHW, 2003 (2001 data)

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Since 1994, according to AIHW data, there has been some growth in the national mental health nurse workforce. However, this has been for registered nurses with a percentage change of 8.3% between 1994 and 2001. The number of enrolled nurses, in contrast, has decreased with a -2.6% change between 1994 and 2001 (see Table 5).

Table 5. Change in national mental health nurse numbers 1994-2001

	1994	1995	1996	1997	1999	2001	1994-2001 % change
RNs	9,408	9,428	9,415	10,113	9,958	10,184	8.3%
ENs	1,944	1,820	1,840	2,181	2,215	1,893	-2.6%
Total	11,352	11,248	11,255	12,294	12,173	12,077	5.6%

Source: AIHW, 2003 (2001 data)

Figure 3. Change in national mental health nurse numbers 1994-2001.

Source: AIHW, 2003 (2001 data)

Since 1994, the number of registered nurses employed in mental health per 100,000 population has remained relatively stable. However, since 1997, it has declined slightly. The number of enrolled nurses employed in mental health per 100,000 has declined since 1994.
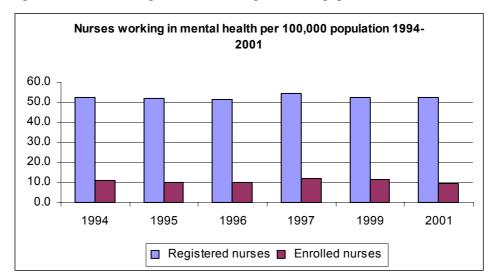
Figure 4. Nurses working in mental health per 100,000 population 1994-2001

Nurses working in mental health per 100,000 population 1994-2001

Source: AIHW, 2003 (2001 data)

It is important to examine trends in the Full Time Equivalent (FTE) workforce. The FTE is affected by the average hours worked per week by the workforce. According to AIHW data, the average hours worked by nurses working in mental health have been decreasing over recent years. Figure 5 shows the difference between headcount and FTE between 1994 and 2001.
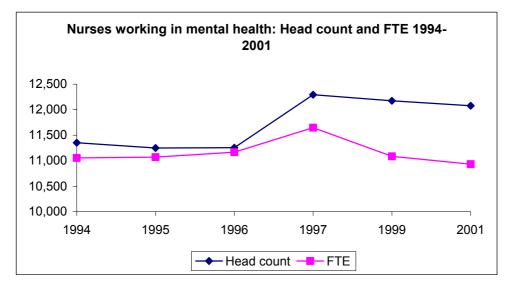
Figure 5. Nurses working in mental health (RNs and ENS) headcount and FTE 1994-2001

Nurses working in mental health: Head count and FTE 1994-2001

Source: AIHW, 2003 (2001 data)

Gender

The proportion of male to female nurses working in mental health has historically been higher than other nursing specialities. In 2001, the national proportion of male RNs working in mental health was 34%; South Australia had the highest proportion of male RNs working in mental health (40.7%), while ACT had the lowest (25.4%).

There has been an overall decline in the proportion of male nurses (both RNs and ENs) working in mental health from 35% in 1994 to 32% in 2001.
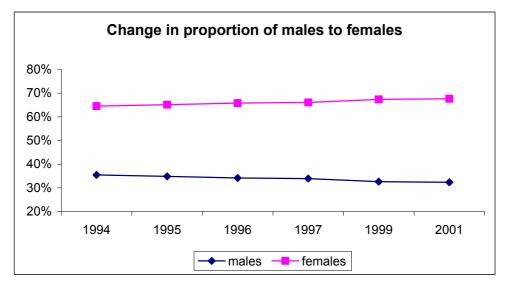
Figure 6. Mental health nurses: change in gender structure 1994-2001

Source: AIHW, 2003 (2001 data)

Qualified mental health nurses

To be considered a qualified mental health nurse, the nurse must either have a direct entry qualification as a psychiatric or mental health nurse or have a post graduate qualification in mental health nursing. As described earlier in this chapter, there are different arrangements between jurisdictions (nursing regulatory authorities) regarding the separate recognition of mental health nurses within the Nursing Acts. Some registration boards have a separate register or provide separate endorsement or authority to practise as a mental health nurses, while some do not.

It is important to note that there is no regulatory requirement in any State or Territory excluding nurses without qualifications in mental health from working in the field of mental health nursing. There may however be conditions upon their employment such as being under the direct supervision of a qualified mental health nurse.

Tables 6 and 7 provide an estimation of the proportion of "registered" mental health nurses (those recognised separately with the nurse registration boards) and those with postgraduate qualifications in mental health nursing. It is interesting to note that both Queensland and Australian Capital Territory have the highest proportion of mental health nurse workforce who are "registered" mental health nurses. South Australia follows with 90.5% of the registered nurse workforce in mental health being "registered" mental health nurses. It should be noted that there may be some cross-over between those who are registered mental health nurses and those with postgraduate qualifications in mental health (especially in those jurisdictions that recognise mental health nurses separately on the register. In states and territories where there is a high proportion of "registered" mental health nurses, but a lower proportion of mental health nurses with post basic qualifications in mental health nursing, it could be that many of the registered mental health nurses have direct entry qualifications, rather than post graduate qualifications following a comprehensive nurse (general nursing) education.

Table 6. Proportion of clinical nurses working in mental health "registered" as mental health nurses by State and Territory 2001

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Enrolled Nurses	-	10.2%	100%		-	20%	-	100%
Registered Nurses	-	51.4%	99.9%	90.5%	-	40.3%	43.5%	100%

Source: AIHW, 2003 (2001 data)

Table 7. Proportion of clinical nurses working in mental health with post basic qualifications in mental health nursing by State and Territory 2001
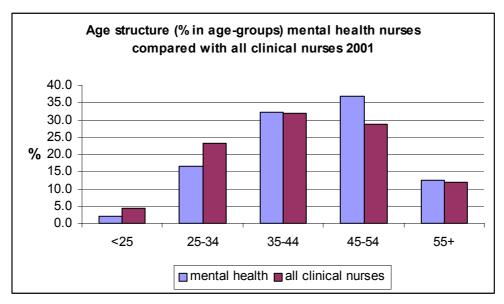
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Enrolled Nurses	36.4%	16.2%	37.9%	71.3%	2.8%	10%	14.3%	21.7%
Registered Nurses	36.6%	36.9%	54.8%	70.4%	2.1%	31.6%	6.5%	47.2%

Source: AIHW, 2003 (2001 data)

Age

In 2001, the average age of registered nurses working in mental health was 43.9 years, nationally. The average age of enrolled nurses working in mental health was 42.7 years. The age structure of the mental health nurse workforce shows the highest proportion of mental health nurses are in the age-group 45-54 years. The mental health nurse workforce has a lower percentage in the younger age-groups than the whole clinical nurse workforce, and a higher percentage in the 45-54 year age-group (Figure 7).

Figure 7. Comparison of age structure of mental health nurse workforce with all clinical nurses, 2001

Source: AIHW, 2003 (2001 data)

The average age of mental health nurses has increased over recent years. In 1994, the average age of all nurses (RNs and ENs) working in mental health was 39.4 years, this has increased to 43.7 years in 2001. While the data cannot prove a relationship between age and average hours worked, it is likely that as average age of the workforce increases, average hours decrease. This has the effect of reducing the overall FTE of the workforce (as highlighted in Figure 5). Figure 8 shows the increasing average age of mental health nurses since 1994 and the decreasing average hours worked per week.
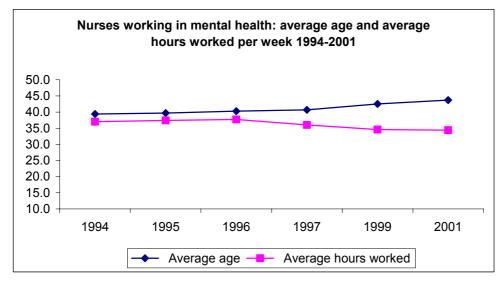
Figure 8. Nurses working in mental health: Average age and average hours worked per week, 1994-2001
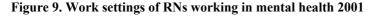
Source: AIHW, 2003 (2001 data)
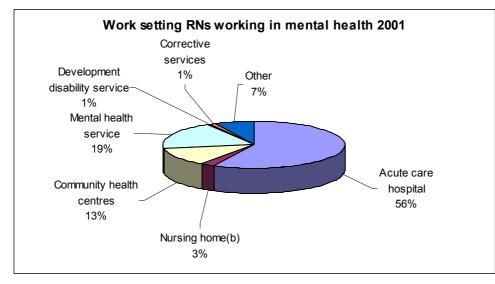
Hours worked

Average hours worked per week by mental health nurses has decreased over recent years. In 1994, the average hours worked per week was 37.0 hours. In 2001, average hours worked per week was 34.4 hours. While the average hours worked has decreased, there has been an increase in percentage of the workforce working part time (< 35 hours per week). In 1994, 22.% worked part-time, while in 2001, 33.5% worked part time. The hours worked per week affects the overall workforce FTE, and although headcount may not have changed greatly or even have increased, the available workforce in terms of hours has decreased.

Work setting

Mental health nurses work in a variety of settings, ranging from acute psychiatric inpatient services to community-based services. Figures 9 and 10 illustrate the proportions of nurses across the major setting categories. For both RNs and ENs, acute care hospitals remain the largest employers of mental health nurses, with mental health services being the second largest.

Figure 9. Work settings of RNs working in mental health 2001

Work setting RNs working in mental health 2001

- Corrective services 1%
- Other 7%
- Development disability service 1%
- Mental health service 19%
- Community health centres 13%
- Acute care hospital 56%
- Nursing home(b) 3%

Source: AIHW, 2003 (2001 data)
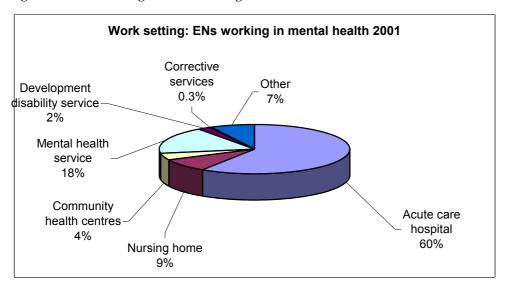
Figure 10. Work settings of ENs working in mental health 2001

Work setting: ENs working in mental health 2001

- Corrective services 0.3%
- Other 7%
- Development disability service 2%
- Mental health service 18%
- Community health centres 4%
- Acute care hospital 60%
- Nursing home 9%

Source: AIHW, 2003 (2001 data)

Public/Private sectors

The majority (93.5%) of mental health nurses worked in the public sector, compared with 6.5% in the private sector in 2001. This proportion has changed slightly since 1994, when 89.9% of mental health nurses were in the public and 10.1% in the private sector. The majority of employment in the private sector was in hospitals.

Part 1. Literature Review and Jurisdictional Audit

Literature Review

Background

Several comprehensive and valuable reviews have been undertaken into the area of nursing, generally, and mental health nursing, in particular. The range and depth of the problems in nursing and mental health nursing have been thoroughly canvassed in these reviews and reports. Significant recent reviews and inquiries include:

1   *Scoping Study of the Australian Mental Health Nursing Workforce* (Clinton & Hazelton, 2000b);

2   *National Review of Nursing Education* (Commonwealth of Australia, 2002);

3   *Australian Nurse Supply and Demand to 2006* (Preston, 2002); and

4   *The Patient Profession: Time for Action* (Report on the Inquiry into Nursing) (Senate Community Affairs References Committee, 2002).

The current literature review draws heavily on these documents, attempting to elicit the salient issues for mental health nursing. However, it is important to note that so many reviews of nursing have been undertaken that the Senate Community Affairs References Committee (2002) reported the following quote:

> "The nursing profession … is heartily sick of the number of inquiries which are held but from which governments rarely implement any innovative recommendations and strategies. There is a perception that inquiries are conducted, they are shelved for a few years until the problems rise to the surface again, then a further range of inquiries are conducted – but nothing substantial happens." (p. 4).

Clearly, implementation of actions is now essential. All reports agree that there is a national shortage of registered mental health nurses across Australia and that immediate action needs to be taken. The reports are also generally consistent in the problems that they highlight. At the same time, it should be acknowledged that mental health nursing is part of the much larger problems of the nursing profession internationally. The report of the Senate Community Affairs References Committee (2002) provides a comprehensive list of recommendations that capture most of the themes that emerge from other reviews and reports. Specifically, it recommended that:

1.   *urgent action* is needed to ensure that those in the sector are supported and provided with further education opportunities, career pathways and recognition for their skills and education;

2. positive action is needed to ensure that a sufficient number of postgraduate students are encouraged to study and this may require major reforms in the education for mental health;

3. regular sustained recruitment campaigns are needed to promote a more positive image of nursing;

4. comprehensive targets are needed and these might include targeting males in these campaigns; and

5. changes to the workplace are required and might include more flexible rostering and more family friendly approaches to the structure and organisation of work such as providing affordable childcare.

Many jurisdictions have also undertaken their own investigations into the field and developed their own State/Territory-based reports and initiatives (see page 52). The scope of these reports and plans is extensive and they present many valuable ideas for addressing nursing issues. Several of these reports have drawn on local, national and international information to make recommendations for improving the supply, recruitment and retention of nurses in the workforce.

Literature search methodology

The current literature review draws heavily on the findings of the aforementioned reports. It augments these reports with literature published in the past five years that is catalogued on computerised databases. The database searches were added to by unpublished reports, reviews and Internet site publications, from local and international sources. The following are a sample of the key search terms used (in a range of conjunctions) to undertaken the database searches:

• audit	• innovation	• recruitment
• attrition	• management	• retention
• barriers	• media image	• shortage
• careers	• mental health	• strategy
• dangerousness	• mental health nurse	• supply
• education	• planning	• skills
• employment	• psychiatric nurse	• training
• evaluation	• public perceptions	• workforce

These and other connectives were derived from an initial list of key words from the tender documentation. The primary databases searched were: CINAHL, EBSCO, Psychlit, and Medline. In addition, internet searches were undertaken to elicit reports from organisations, institutions and specific mental health web sites using an array of similar search terms.

A total of 150 documents were found and examined and the most relevant findings are summarised in this literature review. Note that the review did not aim to be exhaustive, but rather to elicit innovative and effective strategies aimed at informing a national consultation regarding the supply, recruitment and retention of mental health nurses. It is also worth noting that many of the studies reported here are small-scale studies and not meta-analyses. However, the consistency of themes and trends reported in the literature across different settings adds weight to the accuracy of the findings.

Outcomes of the literature review are presented according to the following themes, which emerged consistently within the literature:
1. attraction / awareness;

2. educational pathways;

3. registration and accreditation;

4. workforce planning

5. recruitment and retention; and

6. retirement and re-entry.

Attraction / awareness

Fundamental to the supply of mental health nurses are issues related to awareness and perceived attractiveness of the profession.

Level of awareness of mental health nursing as a career choice for young people is an under-researched area. From the limited information available, it appears that mental health nursing is not a salient career choice for most young people. Undergraduate nursing students report that they are generally unaware of mental health nursing as a specialty when they choose to study nursing and subsequently select their nursing specialty mostly on the basis of clinical placement experiences early in their degree (Warner, 2001).

In terms of choosing nursing, in general, as a career option, nursing students tend to come from backgrounds where family and friends are in the medical profession, which has provided them with exposure to the field. Some undergraduate nurses also report that other forms of career exposure, such as pamphlets and work experience, were influential on their decision to enter nursing (DHHS Tasmania, 2001b). However, high school students report that such potentially useful information about nursing careers is often non-existent (DHHS Tasmania, 2001b).

A unique challenge to mental health, compared with other nursing specialties, is public perceptions of mental illness. There is strong evidence of the stigma related to mental illness being evident in Australia (Health, 2003), the UK (Health Education Authority, 1999), and in the US, where the Surgeon General's report into mental health highlighted stigma as a huge problem (US Department of Health and Human Services, 1999).

For the most part, the media portrays people with mental illness as dangerous or objects of ridicule. These images feed the generalised stigma about mental illness in the community and act to discourage people from working in the field (Health Education Authority, 1999). The media have a fundamental role in our lives and act as a powerful influence on public opinion (Commonwealth Department of Health and Aged Care, 1999). Media reporting forms the basis of many people's attitudes to those affected by mental illness and mental illness issues in general. A growing body of evidence shows that media representations that promote fear of people with mental illness have a particularly strong impact on public opinion (Rosen et al., 1997). The use of sensational headlines and emphasising dangerousness and unpredictability contribute to the widespread negative perception of people with mental illness (Williams & Taylor, 1995), yet newspaper reports continue to focus on negative aspects of mental illness such as violence (Anderson, 2003). A range of devices are used by the media to link the idea of dangerousness and mental illness including physical appearances, music and sound effects, lighting, and language (Wilson et al., 1999).

Of greatest concern is the perception of dangerousness of people with mental illness. In some studies, strong public fears about violence were linked to a strong desire to keep a 'social distance' from people with a mental illness. In the public view, a diagnosis of mental illness (such as depression, schizophrenia, alcohol dependence and cocaine dependence) was believed to substantially increase the likelihood of violence. While empirical studies show only a modest rise in the level of violence perpetuated by people with a mental illness and that only a very small minority is violent, the public's stereotype of dangerousness linked to people with mental illness increased between 1950 and 1996 (Link et al., 1999).

Major initiatives have been put in place in Australia to improve media representations of mental illness (e.g., Mindframe and SANE StigmaWatch), however, the *Review of the Second National Mental Health Plan* (Commonwealth Department of Health and Ageing, 2003) concluded that people with mental illness still experience stigma and discrimination. There remains a great deal to be achieved to improve knowledge of mental health issues among Australians and reduce the stigma of mental illness. A survey by the Mental Health Council of Australia revealed that only 2.7% of those surveyed agreed that the community understands mental illness and recognises that people affected by mental illness have the same rights as others.

Consequently, like the general public, many Australian school leavers may hold negative attitudes toward people with mental illness and this may impact on their attraction to the profession (Wells et al., 2000). School-based programs to reduce the stigma of mental illness, where consumers and carers

present their stories and provide mental health information to high school students, have been shown to be effective in reducing stigma toward people with mental illness (Rickwood et al., 2002).

In relation to perceptions of providers of mental health care, school leavers perceive psychiatric nursing as involving menial, physical work with little or no autonomy (Wells et al., 2000). In Ireland, many school leavers see psychiatric nursing as institutional and lacking in autonomy. Some authors have noted how 'courtesy' stigma can be experienced by health care staff associated with the mentally ill (Sadow et al., 2002), and psychiatric nursing students report viewing themselves as second-class when compared with their general nursing counterparts (Wells et al., 2000).

In contrast, the perception of nursing (and not mental health nursing specifically) was found to be generally positive from focus groups conducted with year 9 and 10 students in Tasmania and there was no relationship between negative perceptions and choosing nursing as a career (DHHS Tasmania, 2001b). Most students had formed some of their attitudes toward nursing from television shows such as "All Saints" and "ER", where nursing was presented in a positive way. However, those wishing to obtain tertiary qualifications did not see nursing as a high status career; nursing was still perceived to be a role that was limited to assisting, cleaning up and doing preparatory work, as well as being stressful and more appropriate to females.

A recent study explored people's reasons for choosing nursing and the presumed benefits of a career in nursing, such as their career aspirations. Many positive issues were raised that could be used to market the profession more effectively. These included the potential for travel and reliable work opportunities, and for balancing work around changing family circumstance (Saltmarsh et al., 2001).

That nursing is perceived as a female profession is particularly problematic for mental health nursing, since it has a much higher proportion of males. If school leavers are not aware of mental health nursing as a career option and are attracted initially to nursing in general and perceive the profession as female, this will limit the number of males who choose to enter undergraduate programs and reduce the supply of males able to be recruited to mental health nursing.

The Senate Inquiry summarised the factors reducing attraction to mental health nursing as a career as:
1. negative view of the mental health sector, particularly being perceived as a violent and dangerous area;

2. stigma of mental illness in the community;

3. stigma attached to those working with the mentally ill; and

4. negative media image.

Strategies related to attraction / awareness

The literature provides clear direction regarding ways to improve awareness and attractiveness of mental health nursing as a career. These include:
1. Improve awareness of mental health nursing as a profession to those whose family and friends do not work in the health profession. In particular, ensure that young men are aware of this career option. Effective advertising targeting school leavers needs to be implemented along with easy to access information regarding pathways to mental health nursing as a career. In terms of recruitment strategies, school students have commented that the Australian Defense Force Academy advertisements (e.g., "The Army, The Edge") were a style that attracted young people. Promotional material that was "fresh and energetic with music and colour" and with "high profile people promoting the career" was attractive to them (DHHS Tasmania, 2001b, p.94).

2. As well as lifting the profile of mental health nursing, it needs to be perceived as a more attractive career choice to young people. Focus groups with undergraduate students in Tasmania (2001) recommended that the creditable aspects of nursing be promoted. These included: the high level of knowledge and skills in the profession; the diversity of work settings and experiences; the opportunities available, particularly to travel; and being able to work as part of a team (p. 89).

3. It is essential to continue to work with the media to improve media representations of mental illness and thereby reduce stigma. This requires ensuring accurate and sensitive portrayals of people with mental illness within the media and a reduction in sensational headlines and the focus on violence and unpredictability. Effective partnerships between the mental health workforce,

consumer and carer organisations, and the media will build on the substantial progress already achieved in terms of developing more appropriate media representations. Health professionals need a good understanding of the devices that the media use that stigmatise mental illness if they are to work with the media to create more a sympathetic image of people with mental illness. Health professionals also need to be vigilant for practices that promote stigma within their own workplaces and work practices, and become more proactive in improving attitudes toward people with mental illness (Department of Health and Aged Care, 2003).

Educational pathways

Educational pathways to mental health nursing have been the focus of many investigations into supply issues. Specifically, the introduction of the comprehensive Bachelor of Nursing approach may be linked to present recruitment problems in mental health nursing and some other specialist areas (Happell, 2001). There has been a call for a major restructuring of nurse education in universities to address deficiencies in key areas like aged care and mental health (Lauder, 2003). However, the *National Review of Nursing Education* rejected this idea in favour of the current generalist model as a foundation for nursing practice (Commonwealth of Australia, 2002a).

Most students do not enter general nursing programs with the intention of specialising in mental health nursing (Happell, 1999). They are frequently unaware of mental health nursing as a specialty or have unfavourable attitudes toward the area and fears around their ability to undertake this specialty. Three main factors affected whether undergraduate students chose mental health nursing in a study of undergraduate nursing students in Victoria (Warner, 2001). These were: the effect of the student's home life, specifically their family beliefs and values and whether there was a family history in relation to nursing; attitudes and perceptions related to mental illness, which were formed through experiences at university and through the media; and their university experiences. Few students had considered psychiatric nursing before being exposed to it at university. The first clinical placement was shown to be crucial in determining choice of nursing setting. In relation to mental health nursing, fears of assault, going mad, the unknown and being unprepared were related to reluctance to choose this specialty.

Exposure to specialty areas in undergraduate electives has been shown to interest students in these areas of nursing (Schwecke & Wood, 1989). Nursing students are generally exposed to little psychiatric nursing content through their undergraduate degree. In Australia, the generic Bachelor of Nursing has diluted the mental health content of nursing curricula and the structure of most programs makes it difficult to identify the mental health component (Senate Community Affairs References Committee, 2002). Consequently, lack of exposure and lack of skill development contribute to students not choosing mental health as a specialty.

Along with the lack of mental health content in the curriculum, there is usually insufficient clinical experience provided in mental health. This can be due to a lack of emphasis or commitment to mental health as a specialty area within the nursing school, or to inadequate availability of clinical placements. Lack of availability of suitably qualified and motivated teaching staff with expertise in the mental health field is a major factor. Only 12% of Australian nurse academics have specialist expertise in mental health nursing and only 6% teach in postgraduate courses in mental health (Clinton & Hazelton, 2000, p37).

Unlike most other areas of nursing, mental health nursing students may be in competition with students from other disciplines, such as psychology and social work, for clinical placements. Consequently, it is not unusual for students from different universities to be competing for overcrowded clinical places, and there is a clear need to coordinate clinical placements among universities. These conditions also place an additional burden on staff supervising students in mental health placements. Despite these problems, it is essential to recognise that clinical placements have a critical impact on choice of specialty. It has even been suggested that clinical placements in mental health should be expanded into the first year (rather than second year as is the current practice) as this may have a major impact on students choosing this specialty (DHHS Tasmania, 2001b).

Of acute importance to specialised clinical areas like mental health nursing is the availability of preceptors. This is a teaching/learning method in which an experienced nurse provides direct guidance to a beginning or less experienced nurse. Preceptors are expected to be competent clinicians and act as role models. The preceptor role is clinically oriented, short-term rather than long-term, and linked to particular learning goals or a particular period of time (Commonwealth of Australia, 2002b). Mental health nursing preceptors are in short supply, yet have a critical role in forming nurses' perceptions to specialised clinical areas.

Many education issues are common to all areas of nursing. Student nurses and recent graduates frequently withdraw from nursing education, or from pursuing their profession once able to enter the workforce, because nursing has not turned out to be what they expected when they enrolled. This failure to meet expectations has had a negative impact on supply to the workforce. Research needs to be undertaken comparing the expectations of incoming students with new graduates. This could provide the basis for future recruitment campaigns that better align expectations with reality and may reduce the drop-out from undergraduate courses (Commonwealth of Australia, 2002b).

Ferguson and Hope (1999) tracked students completing a four year degree program (common foundation plus specialist area) from the point at which they made their choice to take mental health as their specialist area. Despite some initial ambivalence, students were pleased with their career choice and this was supported by significant clinical progress. Although some disillusionment over the contrast between student life and the real world of work was observed, good clinical supervision and education were shown to prevent negative professional socialisation.

The approach to nursing in some university degrees is alienating to students who are attracted to the area. It is important that the skill base is more focused on therapeutic and rehabilitation skills and competencies that emphasise the 'centrality of interpersonal relations within nursing practice' (Barker, 2001, p.233). Mental health nursing education, in particular, needs to focus more on person-centred and narrative-based forms of practice. This approach is consistent with the *National Practice Standards* (National Mental Health Education and Training Advisory Group, 2002) and consumer expectations of a recovery orientation to their mental health care. Increased consumer input to undergraduate and postgraduate programs would also be beneficial to improve the attitude of nurses to people with mental illness, reduce their fears, and improve their perceived competencies in the area.

There is a confusing array of nursing programs at most universities, with a variety of pathways into the profession depending on prior experience and education, and level of tertiary study to be undertaken (undergraduate or postgraduate). Diversity is particularly evident in diploma and postgraduate studies. While these varied pathways are essential, the importance of suitable educational and career advice for students interested in nursing and mental health nursing has been emphasised (Robinson & Murrells, 1998). It is crucial that clear pathways are identified whereby ENs, RNs whose registration has lapsed, overseas nurses, and graduates from other health areas can obtain nursing qualifications, and thereby become available for employment as mental health nurses.

An ability to gain nursing employment during university teaching breaks might be attractive to nursing students. The Tasmanian report into nursing recommended that nurse employers develop a classification so that undergraduate nurses can gain nursing-related employment during their semester breaks (DHHS Tasmania, 2001b). This could provide a seasonal boost to nursing supply.

Some factors affecting the supply of mental health nurses derive from problems being experienced by the entire tertiary sector. The number of places for individual courses, including nursing, is set by each university. Such arrangements do not necessarily take into account the needs of the industry and are constrained by many different conditions within the individual university and university sector as a whole. It is no longer possible for university programs to run at a loss and this impacts on the resources released to schools within the university. Fortunately, however, nursing (along with teaching) has been exempted from proposed HECS increases.

A significant number of problem areas related to the supply of mental health nurses were highlighted in the Senate Inquiry. These can be summarised as:
1. negative view of mental health nursing across the nursing profession;
2. perception of violence and danger and stigma of mental illness;
3. the lack of high quality clinical placements for students;
4. the lack of high quality postgraduate education programs that meet practitioners' needs;
5. the lack of professional developmental opportunities and employer educational assistance schemes; and
6. the cost of education weighted against the lack of incentives for completing further study.

Strategies related to education

It should be noted that increasing graduate numbers through universities will take a minimum of three years (the time it takes to gain a nursing degree) before these graduates are available to the workforce.

This is, therefore, a longer-term strategy. Some increases in graduates may be achieved earlier by providing special courses, including recognition of prior learning (RPL), to enable people to upgrade their qualifications to entitle them to enter mental health nursing.

Most of the reviews of mental health nursing in Australia have been consistent in their recommendations with regard to educational pathways (e.g., Warner, 2001; Nurses Board of Victoria, 2002). In general the suggested changes are that:

1. Consumer input be fully incorporated into university mental health nursing programs.

2. A person-centred approach to mental health nurse education be adopted by emphasising a recovery orientation within education programs.

3. All nursing students be exposed to a minimum level of mental health curricula to ensure that they are prepared to care for people with mental illness regardless of the nursing setting.

4. Mental health nursing be recognised as a specialty area and appropriate postgraduate programs made available.

5. Ensure, nationally, a minimum psychiatric component of at least four units in undergraduate nursing programs.

6. Ensure, nationally, minimum time set for clinical placements in mental health, make these placements compulsory, and have placements occur throughout the three years of the undergraduate program.

7. Increase the availability of preceptors by providing incentives and support to encourage experienced mental health nurses to undertake this role.

8. Ensure teaching staff include those who are currently working in the field through the development of better university/health service partnerships to enable staff 'sharing'.

9. Adopt a coordinated and integrated approach to nurse education whereby a collaborative partnership model between universities, health services and health planners is the mechanism for setting the number of university places, providing scholarships, coordinating clinical placements, and integrating work/study options for students (such as nurse employers developing a classification whereby undergraduate nurses can gain nursing-related employment during their semester breaks).

10. Reduce the drop-out from nursing degrees by including some form of personal assessment before commencing the course and developing a short orientation course to help match student expectations with the reality of study and workforce.

11. Have one nationally recognised structure available to enable qualified ENs to upgrade their qualification and improve their career path.

12. Ensure that there are a nationally coordinated series of pathways to mental health nursing that provide compressed courses including recognition of prior learning (RPL) for students who have graduated from university with degrees from other fields such as social science, community health, and psychology.

13. Provide adequate career and education advice for those interested in mental health nursing.

14. Develop ways to financially support students entering mental health nursing, through scholarships and work/study programs.

Registration and accreditation

It has been argued that a standard nomenclature be adopted throughout Australia to describe level of nurse and their qualifications, including unregulated nursing and personal care assistants (Senate Community Affairs References Committee, 2002). This would provide a consistent approach to describing the categories of nursing and the requirements for attaining them, particularly recognition as

a specialist mental health nurse. It would also facilitate the collection of adequate nurse workforce data that could then be used in a more strategic manner to better inform workforce planning.

It has also been argued that national registration be implemented. Differences in nursing practice, curriculum development and quality exist that would be reduced if there were standard national registration processes. This is supported by many nurses, particularly as the nursing workforce is quite mobile (and such mobility is part of the attraction of nursing). While there is currently reciprocity and mutual recognition, delays of 6-8 weeks in acquiring registration in another State/Territory was reported to the Senate Inquiry.

National registration is not, however, supported by all stakeholders involved in nursing. In particular, some of the Nurses Boards do not see the need for national registration, arguing that the current arrangements for mutual recognition are sufficient. Nevertheless, it is notable that a single licensing system works effectively in other countries (e.g., United Kingdom).

It is clear that specialty areas in nursing require recognition in order to be attractive to those who make the substantial investment of time and money to upgrade their skills (Clinton & Hazelton, 2000). Nurses consistently cite recognition as an important factor in their workplace satisfaction (Senate Community Affairs References Committee, 2002). Recognition can be achieved by monetary reward, but also by increased status through registration and accreditation categories. Mental health nursing needs to be recognised in all jurisdictions as a specialty. Furthermore, the provision of effective mental health care requires special skills and training and nurses with this training must be available for the mental health workforce (Groom, Hickie, & Davenport, 2003). Consequently, while all nurses require better understanding of the mental health care needs of all patients and the specific needs of people with mental illness, a specially-trained sub-set of nurses must be available for the specialty area of mental health nursing.

Recognition of advanced skills and specialisation can also come though the registration category of Nurse Practitioner, and this level of accreditation needs to be available and supported in all States/Territories. Many nurses would be motivated to undertake further education and specialisation if their efforts were rewarded through increased recognition (DHHS Tasmania, 2001b). Such an accreditation category, if adopted within the health profession and accompanied by improved salary, would also improve the career path for nurses, particularly those who want to remain practising rather than going into a management role.

Strategies related to registration and accreditation

Although there is some debate around the impact of changes to registration and accreditation on improving the supply of nurses and mental health nurses, the following strategies have been put forward and have widespread support:
1. Adopt a standard nomenclature throughout Australia to describe level of nurse and their qualifications, including unregulated nursing and personal care assistants.

2. Implement a national registration system.

3. Recognise mental health nursing as a specialty.

4. Nationally endorse the accreditation category of Nurse Practitioner and ensure its adoption in the workplace.

Workforce planning

In Australia, as in other countries, mental health workforce planning has been fragmented and disjointed, with each professional group targeting its own area. However, it may be wiser for services, rather than professions in isolation, to be clearly specified, taking into account the needs of local areas. Such an approach could then be linked with the educational providers who can provide the skilled workforce that will be able to effectively meet the needs of services.

The fragmented approach to planning the mental health workforce was noted in the *Evaluation of the Second National Mental Health Plan* (2003) as contributing to the inability to effectively implement national mental health policy. The distribution and composition of the mental health workforce is not responsive to population needs and innovative solutions to encourage greater equity of access need to

be found. The Evaluation argues that jurisdictions must examine their population needs and ensure that the required mix of services, along with systems to ensure integrated service planning, are put in place.

Considerable work has been undertaken in this area by the Sainsbury Centre for Mental Health in Britain (SCMH, 2000; SCMH, 2003). This group has advocated the establishment of a multi-agency workforce planning process for mental health, arguing that a coordinated framework for addressing the problem is needed at the highest level. The SCMH suggests that there are three key approaches to improving supply for the mental health workforce and mental health nursing. These are summarised as:

1.   Attract and retain – the human resource strategy is vital and has a significant impact of the performance level of the institution.

2.   Lead and inspire - mental health settings must generate stronger and more effective leadership and management structures and processes.

3.   Support and sustain - supportive working environments must be built, incorporating teamwork to promote mental health.

The National Health Services (NHS) in the United Kingdom is a major employer that has focused attention on recruitment and claimed to have made significant inroads into the problems by establishing targets for recruitment across a range of health professions (HRM Guide.co.uk., 2002). In the United Kingdom, the particular workforce problems associated with major metropolitan areas have required some new approaches to planning such as designing for a 'transient' workforce (Buchan et al., 2003).

In view of the serious shortages, recruitment of new staff has assumed a high priority in most organisations. There is clear evidence that some countries have been recruiting nursing staff from others parts of the world, including Australia, to fill the void. This approach is, however, a short-term attempt to fix a problem that requires a long-term strategic solution. The tactic to recruit staff from overseas can also be problematic. Of the United Kingdom nursing staff increases in 2001/2002, 42% came from international recruitment, including 3,000 from South Africa from where NHS organisations have now been instructed not to recruit (SCMH, 2003).

At a more local level, jurisdictions frequently compete with each other for nursing staff across States, Territories, regions and localities. This internal market approach means that a great deal of resources can be used up in a 'robbing Peter to pay Paul' approach. Some areas will suffer more than others. Recruitment in the major metropolitan areas is likely to draw more people to those areas because of lifestyle and other opportunities. This will be at the expense of rural and regional areas. For Australia, in particular, problems regarding the adequate provision of the mental health workforce are markedly exacerbated in rural and remote areas (Commonwealth Department of Health and Ageing, 2003). Consequently, health care in some areas is better staffed than in others and ultimately consumers receive a poorer standard of care. Furthermore, staff in under-resourced areas are less satisfied at work and more likely to experience 'burnout'. A workforce planning approach that is based on population need is, therefore, mandated.

The role of the human resources (HR) area needs to be re-appraised and be much more strategic in its role as a support for the workforce. The SCMH in the United Kingdom has produced a number of important (research-based) publications dealing with recruitment and retention in the mental health workforce including an A to Z of interventions to improve recruitment and retention (SCMH, 2000) and a recently published planner's guide for the future (SCMH, 2003). The approach advocated is very much a strategic and integrated one. It is clear that all the relevant professional groups working in mental health need to work together effectively to build and maintain a harmonious work atmosphere.

Mental health nursing is the largest group of professionals within the mental health workforce and the shift of mental health provision from large institutions into the community requires multiple skills and a multi-disciplined workforce. In Australia, there is a strong sense that mental health nurses have been overlooked for their mix of roles, including early intervention and supporting general practitioners (Groom, Hickie, & Davenport, 2003). It has also been suggested that many nurses are confused about their role in multi-disciplinary teams, are dissatisfied with their low pay and status, and argue that a different skill base is required to function effectively in community settings. There is increasing complexity in their role that requires crisis, outreach, liaison and case management skills in community settings with more complicated client groups (Commonwealth of Australia, 2002c). There has been a recommendation for training programs to be developed that emphasise specialist mental health nursing and which can be delivered in a multi-professional context alongside other disciplines (Duggan et al.,

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1997). Nurses raised training as an important factor for regularly updating their skills and credentials (Groom, Hickie, & Davenport, 2003).

The concept of teamwork has also received some attention. Mullarkey et al (2001) described how recent UK reforms and developments in mental health care provision have increasingly espoused the value of multi-professional teamwork to provide clients with co-ordinated packages of care that draw on the full range of appropriate services available. In addition, supervision is a key part of all professional practice to provide support to practitioners, enhance ongoing learning, and thereby offer some protection to the public. The model of clinical supervision has tended to be nurses supervising other nurses, however, the authors argue that multi-professional supervision is both possible and desirable (Mullarkey et al., 2001). There is also a need to focus attention on creating the environment that makes possible intra-professional teamwork between nurses and medical colleagues. This will provide a cohesive workforce and the capacity to deal with heavy workloads through supportive team work (Adams & Bond, 2000).

In the UK, it has been suggested that changes to the skill mix in nursing itself, such as a reduction in the levels of professional nurses (RNs) and increases in the proportion of licensed practical nurses (equivalent to ENs) and nurses aids, may help to address the current shortage. Duckett (2000) provides a staffing model that replaces a proportion of RNs with ENs (who received substantial additional training), but recommends that such an approach would need to be phased in slowly (Preston, 2002). However, Needleman (2002) found that reducing the proportion of professional nurses increased adverse outcomes for patients. It may also serve to reduce the status of nursing generally and make it even less attractive as a career choice in the long-term.

Changes to the roles and responsibilities of different levels of nurses were considered in the study of Tasmanian nurses (DHHS Tasmania, 2001a). Nurses maintained that some changes might contribute to increased job satisfaction. RNs noted that they thought they could give up non-nursing duties, bed making and clerical functions and focus more on leadership, practical skills, counselling, interpersonal skills, personal development, and partnerships with clients.

Strategies related to workforce planning

It is evident that problems in the supply of mental health nurses are part of larger contextual issues regarding supply of the entire mental health workforce. 'Burnout' is an issue for all the mental health workforce; experiences of hopelessness and complacency due to inadequate resourcing is commonplace across the entire mental health sector (Groom, Hickie, & Davenport, 2003). To effectively implement the *National Mental Health Policy* the entire mental health workforce must be considered in terms of planning. Population need must be the basis of planning and jurisdictions must to determine their level of need and the skill mix that is required to meet this need. In doing so, it is important that localities and jurisdictions do not unfairly compete with each other in terms of recruiting. In Australia, this is a critical issue for rural and remote areas that are at a major disadvantage compared with urban areas. Consequently it is imperative that:

1. Planning for recruitment of mental health nurses be considered within the context of planning for the entire mental health workforce and that this be based on population need assessments.

2. Planning of the mental health workforce be prioritised and coordinated at national, State/Territory and local levels.

3. Strategies be put in place to ensure that rural and remote areas are not disadvantaged in terms of workforce provision.

4. Effective team-work models for mental health be developed that identify the complementary and supportive roles of each discipline within the mental health workforce.

Recruitment and retention

Effective recruitment to the active workforce and retention of those mental health nurses who have been recruited are essential to ensuring an adequate mental health nurse workforce. The factors that affect recruitment and retention are often identical and difficult to separate.

In terms of recruitment, there are limited data available regarding those nurses who qualify as RNs but who are not currently registered; that is, nurses who comprise potential supply, but who have not been

recruited to the active workforce. A 1989, an ABS labour force supplementary survey found that a substantial 19% of those who had qualified were not currently registered and that this rate increased with age (ABS, 1989). The AIHW reports that 13% of currently registered nurses are not employed in nursing (AIHW, 2001). However, more reliable data are required to enable investigation of those nurses who qualify for recruitment, but choose not to enter the nursing workforce. Such information would facilitate a more strategic and better informed approach to recruitment issues (SCMH, 2000).

A major factor related to the recruitment of nursing staff into the mental health field is nurses' perceived inappropriate level of preparation to do the work effectively (Ramritu et al., 2002). Largely as a consequence of the educational issues outlined earlier many nurses are ill-prepared to enter mental health nursing and, therefore, chose not to do so. Adequacy of preparation for mental health nursing is strongly associated with plans to stay working in this area (Murrells & Robinson, 1999).

The literature is extensive on the problems of the workplace and how these contribute to difficulties in recruitment and retaining those staff who have been successfully recruited. To help understand these issues, several distinct career stages have been described for nursing. Preston (2002) maintains that there are different themes related to effective retention strategies based on these career stages. Specifically, these stages and their accompanying retention themes are:

- the beginning nurse coming to grips with the occupation;

- the mid-career nurses trying to balance family and work;

- the mature career nurse seeking professional challenge and recognition; and

- the final stage as retirement beckons (p. ix).

The nursing profession generally has been found to be unsupportive of its new and younger staff. The phrase 'nurses eat their own young' has been used to describe the organisational culture reported on a number of occasions. Hence, there is an obvious need to explore ways in which a more supportive social climate could be developed and maintained across the workplace (Mills, 2000; Walsh, 2002) and how new models of education and training could be implemented (Willetts & Leff, 2003) to better support beginning nurses. Notably, a good mentoring program can enhance staff retention (Fabre, 2003). Pay is also a significant area of dissatisfaction in the transition from student to registered nurse, and professional status, autonomy and remuneration are crucially important in retaining newly qualified nurses (Cowin, 2002).

Nursing culture, in general, is consistently reported to be a factor affecting retention. There is a need to build more work environments that have a positive social climate in which people are well trained, work in an autonomous fashion and feel valued and trusted (SCMH, 2000). The problems of poor social climate have been highlighted in a recent Australian study (Mills, 2000). In focus groups with practising and non-practising nurses in Tasmania (DHHS Tasmania, 2001a), nursing culture was an important factor; specifically, workplace distress, horizontal violence, and the "competitive, oppressive and sometimes brutal environment added to workplace stress and sometimes resulted in nurses leaving the profession" (p.102).

Working conditions

Consistent concerns have been reported in Australia and overseas regarding the impact of general working conditions on the recruitment and retention of nurses. Mental health nurses were looking for "stable work conditions and child care, support at all levels, appropriate skills mix, ability to move out of positions for a break, better recognition of responsibility, recognition of multiskilling in rural areas, good information technology and access, opportunities to develop, support for isolated practitioners, enjoyable safe environment, replacement of staff, holidays and sick leave, pay parity with other states, and positive feedback" (DHHS Tasmania, 2001b, p.85).

A study of 22 mental health nurses in a large inpatient psychiatric unit in Tasmania revealed that the three highest ranked factors related to job satisfaction were having interesting work, responsibility and independence, and good interpersonal relationships (Farrell & Dares, 1999). The factors that detracted from job satisfaction were lack of team work among peers, being undervalued by medical doctors and nurse managers, and a lack of development activities that related to mental health nursing.

Similarly, the focus of the NHS since 2002 has been on nursing retention by addressing issues such as: pay; training and patient care; flexible work arrangements and family friendly employment; improving the work environment; and involving nurses in decision-making (HRM Guide.co.uk., 2002). A range of

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workplace motivators and demotivators that operate in the NHS in the UK (Finlayson, 2002) are summarised in Table 8.

Table 8. Motivators and demotivators in the NHS

Motivators	Demotivators
Hands on management	Poor leadership
Appropriate delegation	Inability to delegate
Stability	Mistrust
Financial security	Instability
Job satisfaction and training	Financial insecurity
Acknowledgement of effort and good work	Destructive stress and burnout
	Job dissatisfaction
Peer and inter-professional support	Being taken for granted
Pleasant and safe environment	Workload and lack of training
	No support
	Shortages and high turnover
	Poor environmental conditions and safety issues

Source: Finlayson, 2002

Of particular significance is the availability of flexible working hours and issues affecting the balance of work and family life (SCMH, 2000). In a survey of NSW registered or enrolled nurses, family responsibilities and lifestyle issues due to shift work were reported as the main reasons for leaving nursing (Nursing and Health Services Research Consortium, 2000). Suitable working hours in terms of flexibility and choice were important incentives to return to the nursing workforce. Better pay and support in education were next. A recent small-scale study of mental health nurses confirmed the importance of addressing the tension between work and home life if unexpected absenteeism and disillusionment are to be prevented (Majomi et al., 2003).

These issues may be even more complex for mental health nursing because of the high proportion of male mental health nurses. While nursing is predominantly a female profession, mental health nursing has the highest proportion of males. The types of hours and rosters that men find attractive, as well as those that women require, at different stages of their life/family cycle must be taken into account for mental health nursing. Men tend to prefer to work longer hours, while women generally prefer part-time and more flexible working arrangements. More options in the range of flexible work schedules that are organised around individual worker's changing needs, along with the needs of the health service, would have a dramatic effect on recruitment and retention (SCMH, 2000). Dogmatic and inflexible roster systems, imposed by the nursing hierarchy are a major factor in recruitment and retention.

Poor or absent management and excessive administration are also common workplace conditions that impact negatively on nurse retention (Dallender & Nolan, 2002). Having an unsupportive line manager was one of the best predictors of high work stress scores (Edwards et al., 2001). The quality of the individual management style and the corporate culture it fosters strongly affect job satisfaction and can lead to high levels of absenteeism and workforce disaffection. The nursing professions are organised hierarchically and nurse managers tend to be more authoritarian than managers in other disciplines where a more egalitarian management structure is generally used.

Enhancing the skill base of mental health nurses to enable them to have a more formal therapy/counselling role is desirable and likely to have a positive impact on their status and levels of job satisfaction. Mental health nursing has not exploited the reality of the caring and compassionate person supporting vulnerable people in our communities to counteract the media image of the custodian dealing with unpredictable and potentially violent mentally ill people. Nurses have expressed a strong desire to spend more time on direct care activities and reduce the level of paperwork and administration (Stuart et al., 2000). In spite of the fact that many staff believe their work is valuable, poor support and therapy skill levels and an uncertainty about how other professions perceive them are concerns for community mental health nursing staff (Haque et al., 2002). The shared care model described in a recent qualitative study (McCann & Baker, 2003) may provide some important markers for education

and practice. However, there is also a need to expand the skill base of mental health nursing to include counselling and this will enable newly qualified nurses to develop more effective helping relationships with clients (Strickley, 2002). Many nurses who left the NHS now work in complementary health areas where their desire cto work across wider range of therapeutic approaches can be met (Andrews, 2003).

In the New South Wales nursing workforce action plan, Meppin (2001) identified seven major goals to address workplace problems as follows:

1. workload - recommending that research into workload, case-mix, skill-mix and patient outcomes be undertaken;

2. leadership - recommending that forums and workshops to highlight practical examples and local solutions be undertaken. Promote differing models of leadership to instigate cultural change and flexibility;

3. valued workforce - recommending increasing the number of preceptor/mentor programs, staff recognition and reward programs, and support for refresher courses and study leave access;

4. flexible rostering - recommending that rosters respond to the needs and lifestyles of the workforce;

5. nursing image - recommending a focus on portraying nursing as a dynamic and transportable career and the use of multi-media campaigns;

6. *childcare - recommending the need for better knowledge and utilisation of existing services; and*

7. *accommodation - recommending that staff be attracted through short-term subsidised accommodation.*

Professional status

Professional status is an issue that becomes increasingly important for nurses mid-career. Cowin's study (2002), elicited nurses' attitudes toward their job satisfaction and retention plans and found that professional status was significantly related to retention. A recently published report of the views of a wide range of stakeholders argues that improved training and increased availability of positions for promotion would improve the status of mental health nursing (Groom, Hickie, & Davenport, 2003).

In support of the positive impact of greater recognition, steady increases in salary over time have been associated with significant increases in the number of masters' level advanced practice nurses (Scheffler et al., 1998). A new scheme to link salary increases to attainment is being piloted in London (Evans & Spencer, 2003).

Stress and burnout

Stress and burnout are considered to be widely present and problematic in nursing and caused by a range of factors described in the literature. While a large of body of knowledge about stress and stress management is readily available, there is little information available on how these results have been applied in practice (Edwards & Burnard, 2003). Systems and individuals tend to be blamed when things go wrong and this can impact on morale and recruitment for health professions (Hallam, 2002). There is a clear need to develop a more supportive work and managerial environment with greater job security to reduce stress (Edwards et al., 2001).

Data from a sample of 301 community mental health nurses identified the most stressful issues as trying to maintain a good quality service in the midst of long waiting lists, poor resources and having too many interruptions while trying to work in the office (Edwards et al., 2001).

A significant factor related to stress on permanent staff is the use of casual nursing agencies (Senate Community Affairs References Committee, 2002). The use of nurses from these agencies to fill vacancies, while necessary in times of shortages, increases the burden on permanent staff as they are required to supervise these staff who are not familiar with the workplace practices and procedures. Many nurses are attracted to employment through casual agencies because they have greater flexibility in terms of when and where they work. At a time of nurse labour shortages agency nurses are guaranteed work when they want it. To compete with nurse agencies and reduce their attractiveness, more flexible working arrangements and better pay need to be offered to permanent employees.

In a UK study, Muscroft and Hicks (1998) found, surprisingly, that general nurses reported stress levels that were significantly higher than those of psychiatric nurses and reported that general nurses would be more likely to use workplace counselling services. These results did not concur with previous studies and are explained in terms of relative organisational cultures and likely interventions designed to reduce stress in the workplace. The importance of using of local information to monitor stress levels and inform understanding of the unique sources of stress and locally implementable solutions is emphasised (Muscroft & Hicks, 1998).

A stressor of particular relevance for mental health nursing is the issue of potential violence. The perceived link between violence and mental illness is a factor that impacts at all levels for mental health nursing: from attraction to recruitment through to retention and re-entry. Workplace violence has been identified as an issue in the recruitment and retention of mental health nurses, internationally and in Australia (Spokes et al., 2002). This is not specific to psychiatric settings, however. Nurses, generally, are exposed to a high level of violence. A comprehensive and large-scale survey completed by the Nursing Department at the University of Tasmania attempted to quantify the problem of violence for nurses. From a pool of more than 6,000 registered and enrolled nurses, the research team received responses from 2,500, mainly women, and 64% reported verbal or physical abuse over a four-week period in 2002 (Farrell & Bobrowski, 2002). These findings were drawn from various contexts including mental health settings.

Nurses' reactions to workplace violence are generally quite strong. For example, O'Connell et al. (2000) reported the reactions to being the victim of workplace aggression as including taking sick leave (20%) and using alcohol or drugs to manage the feelings (20%). The majority (58%) felt 'burnt out' after the event and significantly, 8.6% changed wards or employers. It is important to note that 65% of victims did not know what support mechanisms were available within the hospital and most turned to peers and family for support. As a result of these findings, the hospital implemented a multifaceted aggression education and management program that included the following:

- education sessions regarding violence at orientation and at regular ongoing intervals;
- a security incident response team;
- extra debriefing and counseling services; and
- mandatory reporting and analysis of incidents.

It is not reported whether these measures were effective in reducing the impact of workplace violence, however, they grew directly out of an investigation into the factors related to violence in the institution.

The relationship between mental illness and violence is complex and much debated. In a recent examination of the literature, it was estimated that in 95% of cases where a psychiatric patient commits a violent crime there has been previous contact with the victim (Pilgrim & Rogers, 2003). Non-psychiatric offenders were five times more likely to focus on people not known to them, thus presenting a much greater risk to the community. The link between a diagnosis of psychosis and violence is weak. However, it was acknowledged that factors such as non-compliance with medication and substance abuse increase the risk of violence.

Regardless of the relationship between mental illness and violence, it is certainly the case that mental health nursing staff are now dealing with more challenging groups of clients, including those with dual diagnosis, children and adolescents, and aggressive and suicidal clients. To address the issue of dealing with more difficult behaviour among patients, some services have devised clearer policies on acceptable modes of patient (and visitor) behaviour in an effort to contribute to the development of a happier working environment. For example, the unacceptability of alcohol and recreational drugs in clinical areas has been emphasised (Genkeer et al., 2003).

In mental health nursing there is a perception that working in forensic settings is even more stressful than working in mainstream psychiatric settings. However, a small study of forensic and psychiatric nurses in both inpatient and community settings in Melbourne did not support this perception (Happell et al., 2003). The 51 forensic nurses who were surveyed in this study reported lower burnout, more job satisfaction and less stress than the 78 psychiatric nurses surveyed. No reasons were speculated for this, however.

Nevertheless, the settings in which mental health nursing now take place produce additional strains. There is no doubt that the levels of stress experienced by nurses and other mental health workers is linked to increasing complexity of the work with the transition from large psychiatric hospitals to

community settings, especially where this is underscored by staff shortages, health service changes and poor morale. The changing focus of work in mental health nursing is a major factor in retention (Shears & Coleman, 1999), particularly for older mental health nurses who have had to cope with substantial change in the past decade.

Finally, to sum up the myriad of issues related to recruitment and retention, the following problem areas were highlighted in the Senate Inquiry (2002):

1. changing role requiring a more advanced skill base;

2. increasing complexity of clients' conditions (sometimes linked with drug and alcohol problems);

3. area perceived as violent and dangerous and increased need for risk assessment skills;

4. image not improved by graduates entering a culture where burnout, insensitivity and indifference is pervasive;

5. poor working conditions - heavy workloads and a lack of resources;

6. lack of pay parity with other professions;

7. lack of career path;

8. low morale and poor levels of job satisfaction; and

9. poor job status

Strategies related to recruitment and retention

A plethora of potential strategies have been proposed related to recruitment and retention to the mental health workforce. These fall under the general themes of pay and work conditions, workplace culture, professional recognition, violence, stress, and leadership and management. Most of these potential strategies are within the ambit of human resources and workplace management. The following strategies summarise those revealed in the literature review:

1. Develop a reliable database related to nursing supply.

2. Ensure adequate preparation for mental health nursing (see education section).

3. Provide support for beginning nurses, including supervision and practical training.

4. Improve remuneration.

5. Provide greater options for more flexible and family-friendly working arrangements.

6. Support enhanced ability to change nursing roles.

7. Implement major change to nursing culture by reducing the hierarchy and administrative oppression that is evident in many workplaces.

8. Provide support for ongoing training and upgrading of skills to deal so that mental health nurses are able to cope with the more complex nature of mental health clients and settings.

9. Give nurses the ability to develop greater specialisation and recognition of subsequent advanced practice.

10. Ensure the career structure recognises professional specialisation, where advancement is possible within professional as well as management roles.

11. Provide training for nurse managers, so that they develop appropriate and effective leadership and management skills.

12. Implement clear and effective violence education and management programs.

13. Ensure better leadership, nurse management and human resource management.

Re-entry

To attract mental health nurses back into the workforce there is a need to address the reasons behind their leaving in the first place, and many of these reasons have been discussed in relation to retention in the previous section. However, many nurses leave the workforce for reasons that are not amenable to intervention (e.g., child-rearing) and there are also factors specific to re-entry that need to be considered.

Recent reviews indicate that the need to develop more family-friendly work conditions is the most important factor related to re-entry. This is followed by improved pay, better career opportunities, better job design (less paperwork and more support staff) and professional recognition. In a large study of nurses in New South Wales, the most common incentives expressed regarding re-entry were suitable working hours (particularly concerns about shift work) (67%), better pay (30%), support for education and retraining (26%), improved working conditions (18%), and management/work process changes (17%) (Nursing and Health Services Research Consortium, 2001).

It is essential that mental health nurses who have been out of the workforce for more than five years are offered support, in terms of both financial support and training, to regain their accreditation. Even nurses who plan to return within this period are likely to require training to enable them to cope with the major changes that have been occurring in the mental health sector in terms of patients, settings and practices. Nurses out of the workforce cite concerns about retraining as a major consideration affecting re-entry (Nursing and Health Services Research Consortium, 2001). Re-entry courses should be easy to access and affordable and provide staff with the skill base required to deal with the changing needs of clients and changing work environments (Commonwealth of Australia, 2002b; Genkeer et al., 2003). A number of State health departments fund re-entry and refresher programs for mental health nurses. However, it would also be proactive to develop programs that encourage nurses to retain a current level of experience and keep in touch with the workplace while they are on extended leave (Commonwealth of Australia, 2002c).

Strategies related to re-entry
1. Provide incentives for mental health nurses to re-enter the workforce through more flexible and family-friendly work rosters.

2. Provide easy to access and affordable re-entry and refresher courses that provide mental health nurses with the skills required to meet changes in practice.

3. Develop programs to keep mental health nurses on extended leave in touch with the workplace.

Retirement

The mental health nursing workforce is ageing and a substantial proportion will be planning to retire in the next 10-20 years. While effective strategies to encourage recruitment are required to offset retirements, it is also important to delay retirement where possible. More experienced mental health nurses are a valuable resource to both the mental health services and less experienced nurses.

There is a large literature related to retirement from the workforce, but little that has been undertaken specifically in relation to nurses and mental health nurses. Retirement issues were briefly noted in the *National Review of Nursing Education* (Commonwealth of Australia, 2002a), where it was reported that nurses preparing for retirement tend to be considering health and family issues and financial issues related to superannuation. Nurses report that they would like to reduce their hours or change their role and thereby ease themselves gradually out of the workforce. However, there are factors that prevent these types of transitions, mainly inflexible rostering systems and superannuation schemes that actively work against such ways of easing out of the workforce. Most nurses are within public sector superannuation schemes that discourage gradual disengagement from the workforce. Such disincentives must be reviewed and addressed if the large exodus of mental health nurses to retirement is not to have a major impact over the next decades.

Strategies related to retirement

1. Introduce incentives to delay retirement, such as flexible work arrangements and opportunities for role change.

2. Examine disincentives within superannuation schemes for delayed retirement.

Jurisdictional Audit of Current Strategies

The following section provides a brief overview of some of the major current activities in each State/Territory that may impact on the supply of mental health nurses.

New South Wales

For New South Wales in 2000, there were 3705 nurses working in mental health as their main job. This was 6.8% of the nursing workforce: 5.4% of the female nursing workforce and 23.7% of the male nursing workforce (NSW Health, 2000).

Recruitment and retention is a high priority for New South Wales. A New South Wales Nursing Workforce Research Project was undertaken in 2000 (Nursing and Health Services Research Consortium, 2001) and a NSW Nursing Workforce Action Plan was released in September 2001. A major part of this plan was the *Nursing Re-Connect* strategy, which aims to reconnect nurses 'not working in nursing'. Many other initiatives are currently underway that address factors identified as impacting on recruitment and retention; for example, the Nurse Practitioner project, violence in the workplace initiatives, child care initiatives, and accommodation initiatives.

Mental health is consistently one of the top five nursing specialties being actively recruited. To address the issue of recruitment and retention of mental health nurses, a Mental Health Nursing Working Group was established and in December 2000, a Project Officer (Mental Health Nursing) was appointed in a collaborative venture between the Centre for Mental Health and the Office of the Chief Nursing Officer. Strategies have been identified and implementation is in progress.

Over $5 million has been allocated to assist in the recruitment and retention of mental health nurses. Priorities for funding have been identified by the Mental Health Nursing Working Group and include: scholarships for mental health nursing courses; funding for residential schools for distance education courses in mental health nursing; extension of mental health orientation courses for general nurses; sub-speciality courses in mental health nursing; refresher courses for nurses wishing either to re-enter the mental health workforce or to change their field of nursing; pilot mentor programs incorporating expert clinical support to support new graduates; clinical nurse educators to support mental health clinical placements; and marketing for mental health nursing.

Recent major reports into the area include:

- Recruitment and Retention of Nurses. Progress Report (October 2002) Office of the Chief Nursing Officer, Sydney.

- New South Wales Nursing Workforce Research Project (September 2002) Nursing and Health Services Research Consortium, NSW Health Department Nursing Branch, Sydney.

- New South Wales Nursing Workforce Action Plan (September 2001) Ministerial Standing Committee on the Nursing Workforce, Office of the Chief Nursing Officer, Sydney.

Victoria

In Victoria, a highly significant Auditor General's report into planning of the nursing workforce was released in 2002. The Nurses Board of Victoria has also undertaken a major review of mental health within undergraduate nursing programs. Of particular note, Victoria opened the Centre for Psychiatric Nursing Research and Practice (CPNRP) in late 1999. The primary aim of the CPNRP is to work with psychiatric nurses, consumers, carers and other members of the multidisciplinary team to bring about ongoing development and improvement in the clinical practice of psychiatric nurses. The CPNRP is a focal body for psychiatric nursing within Victoria encompassing practice, research, education and training.

Workforce analysis is undertaken by the Victorian Department of Human Services and shows that there are insufficient numbers of graduating nurses to meet current and forecast demand in all areas of nursing; general estimates are that 800 more places are required. Victoria is currently undertaking a mental health workforce study that is due for completion at the end of the 2003 calendar year. No preliminary results are available at the time of this report.

Recent major reports into the area include:

- Nurse recruitment and retention committee: Final report (2001) Victorian Government Department of Human Services, Melbourne.

- Review of mental health/psychiatric nursing component of the undergraduate nursing program: Discussion paper (2002) Nurses Board of Victoria.

- Nurse workforce planning (2002) Auditor General Victoria, Auditor Generals Office, Melbourne.

Queensland

For Queensland in 1999, there were 602 male RNs working in mental health nursing which was 27.4% of all male RNs and 1074 female RNs working in mental health nursing, which was 4.3% of female RNs. This was a decrease for males from 623 or 31.4% in 1997, but an absolute increase for females from 1022 (remaining at 4.3% of all female RNs).

Queensland produced a *Ten Year Mental Health Strategy for Queensland* in 1996. Subsequently, *A Framework for the Development of the Future of the Mental Health Workforce in Queensland* was published in 2000. This framework provides a strategic and coordinated approach to workforce planning. Key initiatives include developing and implementing a competency based professional development program, strategies to improve leadership in the mental health field, and working with universities to promote mental health as a career option.

Recent major reports into the area include:

- Ten Year Mental Health Strategy for Queensland (1996) Queensland Health: Brisbane.

- A Framework for the Development of the Future of the Mental Health Workforce in Queensland (2001) Queensland Health: Brisbane.

- Nurses Re-registered in Queensland, 1996, 1997 and 1999 (2001) Queensland Health: Brisbane.

- Mental Health Workforce Discussion Paper (2000) Queensland Health: Brisbane.

South Australia

South Australia has developed both a Strategic Directions and Implementation Plan for Nursing and Midwifery Recruitment and Retention for 2002-2005. These reports consider initiatives regarding the supply of mental health nurses within the context of the entire nursing workforce.

South Australia has also implemented two innovative recruitment programs in high schools: the *Nurses Speaking in Schools Program*, where young and enthusiastic nurses from a variety of clinical settings are recruited and trained to speak in schools in order to promote nursing as a career option to secondary school students; and the *Nurse Job Shadowing Program*, which is a structured work experience program that has been developed to provide students interested in a career in nursing with the opportunity to experience a taste of the working life of a nurse in a health care setting.

Recent major reports into the area include:

- The South Australian Nursing and Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005.

- The South Australian Nursing and Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005. Implementation Plan.

Western Australia

Western Australia introduced the NURSELINK campaign in May 2002 to improve supply of nurses in general. The aim of the campaign is to assist nurses to return to the government health industry. The

campaign offers professional advice, support and financial assistance to assist in returning to the profession.

Tasmania

There are a total of 370 mental health nurses working within the state (DHHS Human Resources data, 2002). The annual nurse turnover rates for the years 1999-2002 within the government sector only (data only available from government sector) are 15 nurses (4.7%) in 1999-2000, 18 nurses (5.7%) in 2000-2001, and 23 nurses (7.3%) in 2001-2002.

The current number of postgraduate places for mental health nursing is about 10 per year, but this must increase to a minimum of 19 per year to meet current demands. Between 2007-2014 this must rise to a minimum of 23 places, due to escalating attrition from the workforce over the next two decades, to meet the demand for specialist mental health nurses.

Tasmania has recently produced several major and comprehensive reports into nurse workforce planning that consider mental health nursing supply and make a series of relevant recommendations.

Recent major reports into the area include:

- Final report of the Tasmanian Nurse Workforce Planning Project (2001) Department of Health and Human Services, Hobart.

- Recruitment and Retention Report. A Report for the Nurse Workforce Planning Project (November 2002) Department of Health and Human Services, Tasmania.

- Partners in Health. Mental health nurse Reference Group. Final Report (2002) University of Tasmania Faculty of Health Science & DHHS. Hobart.

Australian Capital Territory

The Australian Capital Territory recently produced several reports related to mental health, namely a strategy and action plan and a report specifically examining the factors affecting harm to clients in mental health services. These identify some issues related to mental health nursing, but do not specifically address supply issues.

Recent major reports into the area include:

- Development of the Australian Capital Territory Mental Health Strategy and Action Plan. Discussion Paper (2003) Healthcare Management Advisors, Adelaide.

- Risk of Harm to Clients of Mental Health Services. Report to the Minister (November 2002) Community and Health Services Complaints Commissioner, Australian Capital Territory.

Northern Territory

The Northern Territory Department of Health of Community Services, in collaboration with the Australian Nursing Federation, is currently reviewing the existing career structure for nurses within the public sector. In identifying and removing barriers, the objective of the review is to provide nurses with opportunities for career advancement in the Northern Territory, through the development of appropriate career pathways and employment arrangements.

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Summary of Potential Strategies Identified in Literature

This review of the literature has revealed a remarkably consistent set of issues regarding supply, recruitment and retention of nurses and, more specifically, mental health nurses. Debate does not seem to be around what needs to be done, but rather about priorities and finding the resources and commitment to effectively implement major change at all levels. It should be noted, however, that while the suggested reforms are generally consistent internationally and across Australia, none of these suggested reforms has been fully implemented or evaluated as to their actual impact on the mental health nurse workforce.

Consequently, the challenge for the future is to determine an agreed course of action from the following list of potential strategies. This list needs to prioritise achievable aims and determine who is responsible for implementation. Implementation then needs to be monitored and the impact of different strategies on the mental health nursing workforce determined.

Fundamental to progress is the need for all those parties responsible for providing the mental health workforce to work together to implement a nationally agreed agenda. This includes: Commonwealth and State/Territory governments; public and private health and mental health service providers; Nurse Registration Boards; tertiary nurse education providers; professional bodies representing other mental health professionals; the media; and of course, consumers and carers.

The strategies revealed from the literature review that need to be considered for prioritisation include the following:

Attraction / awareness

1. Programs, such as work experience for school students, to increase awareness of mental health nursing

2. Career counsellors in school have up-to-date information regarding mental health nursing (attractive pamphlets and posters for school students)

3. National / local promotions to increase awareness of mental health nursing as a profession

4. Programs to de-stigmatise mental illness within the community, particularly targeted at school students

Education

1. Nationally agreed mental health curriculum in all undergraduate nursing degrees

2. Increased mental health placements for undergraduate nursing students

3. Include practising mental health nurses in the delivery of university programs

4. Increase the availability of mental health nursing preceptors

5. Improve attitudes to people with mental illness in undergraduate nursing students by having consumers and carers involved in the delivery of mental health education

Registration and accreditation

1. Standard nomenclature throughout Australia to describe level of nurse and their qualifications, including unregulated nursing and personal care assistants

2. National registration system to ensure easy of transfer between jurisdictions

3. Recognise mental health nursing as a specialty

4. Nationally endorse the accreditation category of Nurse Practitioner and ensure its adoption in the workplace

5. A registration category whereby student nurses can work in their university breaks

Workforce planning
1. Develop a national approach to planning of the entire mental health workforce that is based on population needs

2. Ensure that local population needs are the basis for planning of the local mental health workforces

3. Ensure the appropriate mix of the mental health workforce, including mental health nurses at all levels, as well as nurse assistants, psychiatrists, clinical psychologists, social workers and occupational therapists

4. Improve data collections to monitor the mental health workforce

Recruitment to active workforce
1. Employ local marketing and promotion campaigns to improve the image of mental health nursing and de-stigmatise mental illness, particularly around issues of violence

2. Target recruitment campaigns at specific groups: men, young people, mature people, women wanting to return to the workforce

3. Develop attractive working conditions for mental health nurses, focussing on pay, flexible rosters, leave entitlements, management practices and general work environment

4. Ensure that there are no barriers for appropriately qualified overseas nurses to be employed in Australia

5. Reduce reliance on casual nursing agencies by having more flexible work arrangements for permanent staff

Retention
1. Exit interviews for all nurse leaving the mental health workforce to determine reasons for leaving, and ways that they might be encouraged to re-enter the workforce in the future

2. Reduce occupational hazards and improve safety - this includes issues of effective ways to deal with potential violence and suicide

3. Career paths for mental health nurses

4. Recognition for the specialist skills required for mental health nursing, ensuring that advanced practice and Nurse Practitioner roles recognise mental health nursing expertise

5. Flexible and innovative rostering arrangements that are family-friendly

6. Reduce the amount of paperwork that mental health nurses must complete (or provide additional support for such paperwork)

7. Reduce the need for mental health nurses to have to supervise nurses from casual agencies

8. Appropriate mix of levels of nursing staff; in particular, nurse assistants should not be replacing registered nurses as this inappropriately increases the supervision demands and responsibility of the nurses

9. Help mental health nurses manage workplace stress (counselling, mentoring, coaching)

10. Senior mental health nurses with management training

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11. Opportunities for ongoing education and skill development

12. New models of clinical care (multi-skilled teams, holistic care, complementary medicine)

13. Adequate childcare and leave provision

14. Adequate accommodation, particularly in rural and remote areas

15. Encourage and implement strategies to ensure work-life balance

16. Effective violence prevention program in place

Re-entry
1. Incentives for mental health nurses to re-enter the workforce through more flexible and family friendly work rosters

2. Support nurses to maintain their skills, by ensuring access to refresher courses and providing financial support to maintain skills

Retirement
1. Incentives to delay retirement (flexible work arrangements, role changes)

2. Incentives within the superannuation schemes for delayed retirement

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Part 2. Consultations

Methodology

Overall design

This component of the consultancy was based on a qualitative research methodology to enable an in-depth exploration of issues to a level not possible with a standard quantitative survey. Standard survey procedures were also not possible due to time constraints involved with the project. The aim was to explore and identify issues and strategies impacting on the supply, recruitment and retention of the Australian mental health nurse workforce.

There were two parts to the consultations: stakeholder interviews and focus groups. Interviews with key industry stakeholders of mental health nursing were undertaken using telephone interviews or written information provided electronically. The industry stakeholder consultations were followed by an extensive series of focus groups conducted in every Australian capital city (and in some non-metropolitan areas) targeted at groups directly associated with the supply, recruitment and retention of mental health nurses.

Stakeholder consultations

Sample

There were eight key stakeholder groups targeted for this component of the project:
1. Bodies representing mental health nurses;

2. Chief Nursing Officers and Principal Nursing Advisors;

3. Health department managers of mental health branches;

4. Managers of mental health services (including nurse managers);

5. Nurse registration organisations;

6. Providers of educational programs for mental health nurses;

7. Other mental health professionals; and

8. Consumer and carer organisations.

Procedure

Most individuals were contacted by telephone allowing the researchers to conduct in-depth interviews. Some stakeholders requested the option of responding in writing by e-mail. Each telephone interview took between 18 and 40 minutes to complete.

Due to the senior managerial positions of the stakeholders, it was unexpectedly difficult to contact some stakeholders and some information is still forthcoming. Notwithstanding, information from all key stakeholder groups is represented in this report.

Information gathered from the stakeholders was subjected to a full content analysis, which involved coding and grouping similar types of responses, enabling systematic and objective analysis of the large volumes of qualitative information collected. The stakeholder consultations section has been prepared based on this content analysis.

The following table outlines the numbers of stakeholders successfully contacted for the initial stakeholder consultations component of this study.

Table 9. Stakeholder consultations

Stakeholder Type	Number Consulted
Bodies representing mental health nurses	7
Health department managers of mental health branches	8
Chief Nursing Officers and Principal Nursing Advisors	8
Managers of mental health services (including nurse managers)	25
Nurse registration organisations	4
Providers of educational programs for mental health nurses (both undergraduate and post graduate)	6
Groups representing other mental health professionals	2
Consumer and carer organisations	7

Focus groups

Qualitative focus groups were conducted with key nursing and student groups in the capital cities of all Australian States and Territories. These discussion groups examined various important workforce planning issues relating to the supply, recruitment and retention of mental health nurses. The focus groups provided an opportunity to identify key factors related to supply, recruitment and retention but also enabled the testing of strategies revealed during the literature review stage of the project.

Due to the difficulty of organising certain groups, face-to-face interviews and in-depth telephone interviews were also used during this stage.

Sample

A total of 31 focus groups and 26 telephone or face-to-face interviews were conducted across Australia. Focus groups were run in each State and Territory's capital city. The structure of the focus group sessions was repeated in each city.

Ex-mental health nurse groups were extremely difficult to coordinate and were by far the most difficult group to organise for all jurisdictions. In many cases, Piazza Consulting relied on word of month and the help of individuals in circulating invitations. In some cases, former nurses were reluctant to speak with Piazza Consulting because they were frustrated with the system and did not want anything further to do with mental health nursing. Others had previously been involved in similar studies and were not interested in participating further. Others were keen to participate but lived in remote areas and preferred to be interviewed via telephone. In order to gather information from ex-mental health nurses, Piazza Consulting conducted focus groups, where possible, combined with telephone interviews to ensure ex-mental health nurses for each State/Territory were represented.

Piazza Consulting also took an opportunity to include private hospitals and an indigenous nursing group, which were additional to the requirements of the project brief.

The following table describes the structure of the focus groups and methods of recruitment used.

Table 10. Focus Group Participants: structure and recruitment

Focus Group	Description	Number and Structure
Practising mental health nurses	Comprising Registered and Enrolled nurses currently working in mental health at all levels. Recruited primarily through the Director of Nursing of the largest hospital in each city.	8 Focus Groups conducted (one for each state)
Nurses who have exited the mental health workforce	Comprising a) nurses who have left the mental health workforce but still work in other nursing areas; b) nurses who have left the workforce but have maintained registration; c) nurses who have left the workforce and are no longer registered. These were recruited through contacts made with nursing councils, current nurses in hospitals, pharmaceutical companies, other mental health professionals, and bodies representing mental health nurses and nursing recruitment agencies.	Full focus groups in QLD, VIC and NT (for NT also conducted 3 one on one telephone interviews) NSW – mini focus group + 9 one on one phone interviews SA – one on one discussion WA – 2 x one on one + 5 one on one telephone interviews TAS – no focus group + 5 one on one telephone interviews ACT – unable to contact any ex-nurses.
University nursing students	Comprising: a) undergraduate student nurses; b) new graduate student nurses; c) nurses in post graduate mental health programs Recruited through the course convenor of nursing programs within major universities or the placement coordinator within the university or through Directors of Nursing who had postgraduate students currently on placement.	8 Focus Groups conducted (one for each state)
School leavers	Comprising school students (Years 10, 11 or 12) selected from high schools within each state School students were selected from large public co-ed high schools within each city. The careers advisors from each school were asked to provide students who were interested in a health care, psychology, or social work careers.	8 Focus Groups conducted (one for each state)

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Groups additional to formal project brief		
Private Hospital - Practising mental health nurses	Comprising Registered and Enrolled nurses currently working in mental health at all levels in a private hospital.	2 Focus groups ACT and SA
Indigenous Nursing Groups		1 mini focus group with a former mental health nurse and a former mental health nurse and 1 telephone interview with a former mental health nurse (all 3 from NT).

Procedure

The focus groups were conducted at a location convenient to the target group, including university tutorial rooms, training rooms of mental health services, school meeting rooms, and Piazza Consulting's own offices.

Professor Paul Morrison, Dr. Debra Rickwood and Grant Piazza developed discussion guides for the focus groups. Group moderation was conducted by Grant Piazza, Dr. Rickwood and trained focus group moderators of Piazza Consulting.

The duration of each focus group was between one and one half to two hours. The focus groups were recorded on audiotape, which were later used during analysis.

A comprehensive content analysis was performed on the focus group tapes in a similar manner to that for the stakeholder consultations to enable a systematic and objective analysis of the large volume of qualitative data.

Limitations due to methodology

The qualitative nature of this research, while useful for providing in-depth information across a wide range of topics, cannot be used to make projections to the wider population with statistical reliability. Any comments during the focus group analysis referring to, for example, 'the majority' or 'most participants' should be taken in this context.

Rural representations in this project were provided during stakeholder consultations, however, rural and remote representation during the focus groups was limited. This was primarily due to budget constraints that prevented the duplication of metropolitan focus groups in rural and remote areas.

Summary of stakeholder consultation findings

The stakeholder consultations conducted included national representation from numerous individuals and organisations including bodies representing mental health nurses, Health department managers of mental health branches, Chief Nursing Officers, Principle Nursing Advisors, Nurses Registration Boards, managers of mental health services, providers of educational programs, consumer and carer organisations and non-government organisations as well as other mental health professionals.

The objective of these consultations was to explore and reveal the numerous issues and perceptions held from an industry stakeholder perspective regarding the recruitment, retention and supply of mental health nurses. The areas explored included the perceptions and factors that make it difficult to recruit and retain mental health nurses, the methods that could improve the recruitment and retention of mental health nurses, and the incentives that would encourage both potential and current nurses to enter the mental health workforce. Strategies to assist with the attraction, awareness and recruitment of mental health nursing were also explored and discussed.

Factors contributing to the difficulty of recruiting mental health nurses

Bodies representing mental health nurses:

This group identified several factors contributing to the difficulty of recruiting mental health nurses including: lack of adequate focus on mental health nursing in training and education, such as not enough scholarships; poor or too few clinical placements; lack of a direct entry (hospital-based) training option; and high cost of university education; an unclear career path allowing for promotion; general lack of resources (including staff) leading to high staff fatigue; a poor profile of mental health nursing in the community; a lack of pay parity; and exposure to violence and fear of personal safety.

Health department managers of mental health branches:

Health department managers of mental health branches identified a poor image or stigma associated with the profession; lack of a strong professional profile of mental health nursing; and a lack of professional recognition for the field by other health care clinicians. Weaknesses in training and education were also identified with universities considered lacking in promoting contemporary mental health nursing courses and insufficient and poorly organised clinical placements providing students with a negative impression of the field. This group also identified workplace dangers; the aging workforce; inequitable remuneration; working conditions not keeping pace with workplace trends (for example, childcare arrangements and flexible work rosters); few opportunities for career advancement; and a lack of support provided to mental health nurses in rural and remote communities.

Chief nursing officers and principle nursing advisors:

Responses from this group can be categorised in the main areas of: stigma and image barriers, educational issues and workplace issues.

Recruitment in mental health nursing is hampered by: the community's fear or stigma attached to mental illness; a lack of initiatives to promote community awareness of mental illness (such as the 'Beyond Blue' campaign); the perception of increased violence associated with the field; and a general lack of understanding by other health care practitioners including general nurses.

Universities were again considered to have a poor focus on promoting mental health nursing, or teach courses that are outdated. There is no effective support structure to assist the graduate's transition to mental health nursing; there are few opportunities for paid employment for undergraduate students whilst studying; and the supply of male nursing graduates is falling. While acknowledging the existence of various scholarship programs, the cost of accessing postgraduate education was considered prohibitive by some.

Workplace issues considered to restrict mental health nurse recruitment include: working conditions not being as attractive as other areas of nursing, other industries or workplaces (e.g., the provision of childcare, flexible rosters, distance and isolation of some services); flat workplace structures have reduced opportunities for advancement compared to other areas (e.g. surgery); the lack of consistency in Mental Health Service structures across and within Area Health Services also restricts career advancement, and the variability of sound management practices (including provision of safe working environments, people management and low acceptance of new treatment ideas and methods) hinders recruitment. The lack of a coordinated approach to recruiting mental health nurses as a whole is also seen to make recruitment difficult.

Nursing registration boards:

The nursing registration boards identified three main factors: lack of career progression opportunities; poor remuneration; and the fear of mental illness and a negative image of mental health nursing held by the community.

Managers of mental health services (including nurse managers):

Managers considered several factors to impact on the recruitment of mental health nurses. Similar to other stakeholders, the negative perception of mental health nursing held by general nurses and the lack of professional status or registration were factors to be considered.

Educational impediments included inadequate mental health subjects being available at universities; lack of scholarships; the additional study time required to become a mental health nurse; and no direct entry option available for mental health nursing. The group also identified limited career progression options and the fact that mental health nursing can be an isolating career.

Poor management and poor coordination of people management issues is also a barrier. Managers considered the working environment as stressful and violent, further adding to the difficulty of recruitment. Geographically isolated locations can impact on recruitment efforts for some rural and remote services.

Providers of educational programs:

The factors most commonly regarded as contributing to recruitment difficulties by this group were students having negative placement experiences and educators not being positively disposed to mental health nursing and not encouraging it as an option. Mental health nursing is also seen as having 'low visibility' in the health care setting with poor role clarity and career descriptions. There is a negative perception of mental illness in the general community, which further contributes to the recruitment difficulties.

Other mental health professionals:

Other mental health professionals identify major recruitment difficulties as being related to: poor pay conditions; negative image of the mental health profession; being on-call and having a bad roster; the violence and aggression associated with the profession; and ill-defined role and role overlaps of mental health nursing.

Consumer and carer organisations:

Educational barriers identified include the time and money cost of university training, the lack of a career entry option for those not wanting to study at university, and the negative placement experiences. This group also saw the chaotic, crisis-driven, violent and anxious workplace as a recruitment barrier. It was considered that mental health nurses have inadequate support and supervision and that the general stigma attached to mental illness also contributes to recruitment difficulties.

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Factors contributing to the difficulty in the retention of mental health nurses

Bodies representing mental health nurses:

Six main factors were identified as complicating retention of mental health nurses. These were: a lack of support and debriefing for nurses; a lack of career progression opportunities; insufficient professional development opportunities; inequitable remuneration for the work performed; a stressful and violent work environment; and the aging workforce.

Managers of mental health services (including nurse managers):

Similar themes emerged from Health department managers of mental health branches. Career structure and education issues involved: a lack of career options and pathways; a lack of senior clinical positions available; inadequate provision for professional development, training or clinical supervision; a lack of resources to provide the required professional support needed; a lack of accepted mandatory qualifications; and failure by general nurses and other health care providers to recognise mental health nursing's professional status.

Workplace issues identified were as follows: a heavy workload; lack of variety in the work or limited job rotation to different settings; a failure to address safety issues; inflexible work rosters; and community-based care which has caused dissatisfaction among some nurses. Interstate or overseas poaching of quality staff has also impacted on retention.

Chief Nursing Officers and Principle Nursing Advisors:

Education, workplace practices, and stigma or awareness issues were the major retention difficulties mentioned by this group. A general lack of focus and opportunities for on-going professional development exists along with a lack of specific training programs to support the wide range of treatment settings in mental health.

Workplace issues included: insufficient peer support; the use of outdated medical treatment models; poor management and leadership; insufficient staff participation and consultation regarding changes; excessive workloads; ill-defined staff roles and expectations; violence and aggression; and inflexible work arrangements. In some cases, it was suggested that it is difficult to balance the need for continuity of care for clients with nurses' desire for flexible rostering.

The negative attitudes and lack of awareness about mental health nursing held by other health care professionals also causes retention problems.

Poor future career prospects and lack of structure and pathways causes disillusionment.

Nursing registration boards:

Nursing registration boards identified difficult and stressful working conditions, and a lack of career progression opportunities as the main reasons for retention difficulties.

Health department managers of mental health branches

The main retention issues raised by this group included: the lack of recognition and understanding of the field by other health professionals; limited career progression; training insufficient for nurses to handle the job stresses; lack of professional development or education opportunities; lack of staff; ineffective or no use of debriefing sessions or other staff support structures; increasing patient acuity; violence in the workplace; and inflexible shifts and work rosters. The general community's negative perception of the profession and the existence of more attractive jobs also lead to retention problems as does the general pressure on services from overcrowding and under-resourcing.

Providers of education programs:

Issues impacting on the retention of mental health nurses according to educators included: low morale in the workplace; insufficient high quality management; the use of outdated 'custodial' care models; unappealing and tiring shift work; inadequate support systems for nurses (i.e., supervisors); unattractive

salary packages for the type of work; and little or no support or opportunity for professional development.

Other mental health professionals:

Retention difficulties identified by this group included: a stressful working environment; frustration at being unable to 'cure' patients; limited peer support; little promotion opportunity; poor pay; and a lack of acknowledgement and appreciation for the work performed.

Consumer and carer organisations:

Consumer and carer organisations' comments related mainly to working conditions and management and administration issues. This group considered pay to be low given the stressful environment, believed that small centres are not attractive to work in and that high workloads, insufficient professional support and debriefing, lack of permanent and stable positions, and a lack of status and acknowledgement also contribute to the problem.

Management and process issues identified included: nurses not having enough therapeutic input; frustration at the old 'medical' model of care; poor leadership and succession planning; and excessive bureaucracy. Like practising nurses, consumers also perceived a lack of face-to-face nursing time with patients - reinforcing one of the workplace frustrations identified by nurses.

There was also a suggestion from consumers that there is sometimes conflict between 'older style' nurses and younger nurses and an inability to reconcile different care approaches. Some consumers perceived a possible work culture of discouraging enthusiastic nurses from implementing or trying innovative treatment ideas.

Role confusion amongst mental health nurses was also identified as a possible area of workforce attrition and consumers also thought that this may impact on recruitment.

Incentives to encourage more current nurses into the mental health nursing field

Bodies representing mental health nurses:

This group suggested education, work environment, and remuneration incentives to encourage nurses into the mental health nursing field. Education incentives included: providing financial support to those nurses wishing to pursue professional development courses; offer work experience to school students; and reintroduce direct entry.

Improvements to the work environment could be achieved by offering and actively using support services such as debriefing, encourage social and team building activities, and providing flexible and positive working environments (e.g., childcare arrangements, flexible work rosters). There is also a need to increase the remuneration packages of mental health nurses.

Managers of mental health services (including nurse managers):

Incentives suggested by this group included: workplace improvements; using rewards and recognition; education initiatives; providing increased opportunity within mental health departments for opportunities for job rotations, creating more senior clinical positions; offering and supporting professional development; institute family friendly work practices (e.g., flexible rosters); provide better debriefing services; and increase clinical supervision.

Reward and recognition incentives suggested included: higher pay to recognise expertise and education; informal recognition such as awards for achievements; increase pay to assist with training; and provide qualification bonuses.

Educational incentives suggested included: offering graduates a job on completion of study; provide scholarships; reintroduce certificate courses that articulate into university mental health nursing; provide clinical and educational work experience for high school graduates; introduce credentialing for practice system; and extend nurse practitioner trials into mental health areas.

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Chief nursing officers and principal nursing advisors:

Most incentives recommended by chief nurses related to improvements in the workplace, remuneration, and education.

Workplace incentives included: recognising nurses for high performance (e.g., awards); increase the autonomy and authority of mental health nurses; provide flexible work hours and child care facilities; increase access to clinical supervision; provide debriefing, counselling and other support services for nurses; and introduce initiatives to reduce stigma associated with mental health nursing within the general hospital setting. Providing clear options for advancing mental health nursing careers in terms of career paths and career options would also assist (e.g. clinical, managerial, mental health promotion, education and administration etc).

In terms of remuneration, there is a need to review entry-level remuneration rates; provide retention bonuses; qualification allowances; and subsidises for travel and accommodation.

Educational incentives include providing more professional development opportunities; provide leadership training and scholarships; promote mental health nursing at secondary schools and universities using practising nurses; increase mental health nursing accreditation; improve clinical placement experiences and use these as opportunities for attracting new nurses; increase HECS funded undergraduate and postgraduate positions in universities; increase exposure to mental health nursing in undergraduate courses and establish closer collaboration between universities and staff at the clinical setting.

Nursing registration boards:

Incentives suggested by this group were: improve flexibility of work rosters and shifts; increase professional development opportunities; and provide more time for clinical supervision.

Health department managers of mental health branches:

Incentives suggested by this group involved recognition, professional development, staff support, pay, and improving the work environment.

Incentives included: increasing the authority and autonomy of mental health nurses; increase professional development opportunities; provide scholarships in mental health nursing; provide awards to recognise good work; provide advice on career paths and provide promotion opportunities; and guarantee jobs at the completion of training.

Staff support initiatives included: increasing clinical supervision; providing networking opportunities; social events; and greater access to counselling and debriefing.

Improved salary packages and the provision of certificate allowances along with danger money, bonuses, travel and accommodation subsidies were also popular incentives. Providing more, and improved, nursing accommodation was also suggested.

Providers of educational programs:

Five main incentives were suggested by this group: improving salary packages; providing more professional development; provide career pathways and avenues for career development; reducing the university component of general nursing for those interested in mental health nursing; and provide students (post graduates) with flexible working conditions to enable them to study.

Other mental health professionals:

This group identified two main incentives: offer better salary packages and improved job or setting rotation to provide opportunities to work with different types of clients and different types of therapists.

Consumer and carer organisations:

Incentives identified by consumer organisations were: increased pay packages; provision of scholarships and professional development; providing awards for excellence; providing for innovative care ideas; and nominating supportive universities for a mental health award.

Practical strategies to address recruitment and retention issues

Stakeholders were asked to identify practical strategies which they knew were being used or which they considered effective in terms of addressing mental health nursing recruitment and retention difficulties. Many strategies were forthcoming.

Bodies representing mental health nurses

The main approaches suggested by bodies representing mental health nurses included:

Education strategies

1. Offering guaranteed jobs to students at the end of their graduate placements, or recruiting nurses while they are studying their undergraduate degree.

2. Providing and supporting professional development programs, expert clinical education, clinical supervision specifically aimed at allied health departments, support systems and preceptors.

3. Creating positive clinical placement experiences. Increase the collaboration between the universities and mental health services to improve and increase clinical placements.

4. Subsidising mental health nurses professional development (e.g. in the form of scholarships).

Workplace improvement strategies

1. Improving working conditions by increasing work roster flexibility (e.g. shifts and hours).

2. Improve organisational leadership and communication. Managers should clearly communicate the reasons for their decisions and involve nurses.

3. Piloting self-governance and peer review projects (e.g., over 3 years, collect evidence, accrue points, this system was actually launched in Tasmania with the Nursing Board).

4. Advise nurses of and provide clear career pathways and career succession plans. Also minimise role confusion by defining the role of mental health nurses.

Communication and promotion

1. Develop a clearly articulated marketing strategy in terms of communicating and promoting the positive, interesting and rewarding aspects of the profession to the general public. Also, ensure information about mental health nursing as a profession is readily available and accessible through numerous channels (e.g., at universities, national forums, symposiums and conferences).

Other

1. Streamlining the registration processes.

2. Create available pools of casual mental health nurses.

Managers of mental health services (including nurse managers):

Health department managers of mental health branches and managers of mental health services were invited to explore and discuss the functional strategies that they were either aware of, or had formerly used, that were successful in recruiting mental health nurses. The suggestions were:

Recognition and reward
1. Recognising and acknowledging individual's achievements.

2. Aligning staff remunerations to their levels of specialty and/or expertise.

3. Targeting nurses from other regions and sectors such as enrolled nurses and state registered nurses.

Working environment/culture and management

1. Engaging in social and team-building activities to foster workplace cohesion and trust.

2. Visible accessibility of management.

3. Bottom up approach to decision making.

4. Strong nursing advocacy.

Education

1. Face to face contact with undergraduate nurses on placement has been the best way of identifying nurses who show interest in mental health.

2. Limited placements for graduate nurses can be a problem.

3. Provision of professional development opportunity.

Other

1. Dedicated casual pool of nurses.
2. Promotion at outside forums.
3. Providing assistance with accommodation.

Chief Nursing Officers and Principal Nursing Advisors:

The Chief Nursing Officers and Principle Nursing Advisors were requested to identify and explore the practical strategies that they were either aware of, or had previously used, that were successful in recruiting mental health nurses. The main strategies identified and explored included:

Education

1. Funding and supporting students through their post graduate training.

2. Providing a national curriculum for mental health in undergraduate nursing courses.

3. Establish a specialist mental health graduate nurse program.

4. Use of trained preceptors to support undergraduates during mental health clinical placements.

5. Senior and experienced mental health nurses visiting secondary schools and universities.

6. Free refresher and re-entry programs.

7. Combined degree in nursing/mental health.

8. Scholarship and other funding assistance to support post-graduate studies specific to mental health.

9. Increased provision for professional development and conference leave (e.g., total of 5 days/annum).

10. Funding Nurse Practitioner (Advanced Practitioner) demonstration projects.

11. Improve and develop links with the tertiary sector, in terms of curriculum development, provision of educators, and strengthening clinical placements and their role as recruitment tools.

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Marketing

1. Engaging in both internal and external communication and promotional strategies, which seek to enhance the profession by communicating both the positive and negative aspects of the profession (e.g., sending mental health nurses to speak to school students, universities and the general community).

2. Development of local mental health nursing recruitment.

3. Participating in local general hospital recruitment campaigns.

4. Targeted overseas recruitment.

Other

1. Providing recognition, acknowledgement and support for current mental health nurses.

2. Creating casual pools of nurses.

3. In crease access to and better implementation of Clinical Supervision (individual and group depending on setting).

4. Develop clear clinical career structures for mental health nurses.

5. Lobby nursing boards for mental health nurses register.

Nurse registration boards

The representatives from the Nurses Registration Board were required to identify and explore the practical strategies that they were either aware of, or had formerly implemented, that were successful in recruiting mental health nurses. The strategies included:

1. Encouraging placements in mental health.

2. Funding students if they wish to further their education in the form of providing grants and scholarships.

3. Providing and supporting professional development, training opportunities (e.g. in the form of clinical supervision time).

4. Creating and communicating the positive culture and aspects of mental health nursing.

Health department managers of mental health branches:

The managers of mental health services were asked to identify and explore practical strategies that they were either aware of, or had previously used, that were successful in the recruitment of mental health nurses. The following are the main strategies identified and can be categorised under actions driven by service management, educational strategies, and workplace improvement strategies.

Business Strategies

1. Maximising effective internal communication, for example, by advising all staff of vacancies as well as holding information sharing sessions monthly.

2. Actively engaging in promotions, advertising and enhancing exposure locally, nationally and internationally, for example, promoting mental health nursing by placing informative posters in various universities, developing information booklets, and mental health nursing websites.

3. Promoting to general nurses the idea of a 3-4 week placement in mental health services to obtain insight and gain respect for mental health as a profession.

4. Develop pools of casual mental health nurses.

5. Streamlining the administrative processes to expedite visas for overseas nurses, by developing partnerships with the Department of Immigration.

Education

1. A partnership should be developed with universities, colleges and schools whereby mental health nurses visit and present the reality of mental health nursing.

2. Spend one-on-one time with individual students, take names and actively pursue follow-ups.

3. Place students on a mental health team as part of their university placements.

4. Longer placements and occupational training should be provided, whilst striving to ensure that students on placements have positive experiences and are placed in positive areas.

5. Offer more clinical placements.

6. Enhance exposure of the mental health field as a profession (e.g. developing in-school education programs in social studies).

7. Develop graduate mental health nursing programs on hospital campuses.

8. Promote mental health nursing by using trained registered nurses to train other enrolled nurses.

9. Establish an online learning program to encourage study in the field.

10. Collaborate with local education suppliers to establish mental health nursing courses to fill local needs.

11. Provide danger money for mental health nurses.

Workplace improvement

1. Engage in enterprise bargaining.

2. A flexible working environment and flexible work practices for the mental health nurses should be established.

3. Strive to provide better working conditions for example, giving nurses paid time off when burnt out or fatigued, allowing the option of full time contracts and providing access to vehicles.

4. Benchmark best practice nationally.

Providers of educational programs

The providers of educational programs were requested to identify and comment on practical strategies that they were either aware of or had previously used that were successful in the recruiting of mental health nurses. The strategies explored include:

1. Ensuring that the students have positive placement experiences (e.g. by the staff being nice and nurturing them).

2. Changing the attitudes at a teaching level (as currently attitudes are very poor and negative). For example, having staff from the mental health workforce lecture students and conduct seminars in schools, universities and colleges.

3. Having good role models to talk to universities (e.g. someone charismatic and particularly a male).

4. Conducting seminars at schools by recovered patients and nurses aimed at improving attitudes towards people with mental illness, and the mental health field. For example, involving Years 10 and 11 on the effect of drugs and depression.

Other mental health professionals:

Other mental health professionals were invited to identify and explore practical strategies that they were either aware of or had previously used that were successful in the recruitment of mental health nurses. The main strategies explored were:

1. Providing the opportunities for skill, career and professional development.

2. Engaging in internal poaching.

3. Offering special programs for nurses, for example, paid, mentored, rotation and post graduate qualifications, leading to a job offer at the conclusion

4. Making mental health student nurse placements compulsory.

5. Establishing a National Registration Board to standardise and simplify recruitment and supply issues.

6. Targeting men specifically to maintain the gender balance.

7. Providing flexible and innovative rostering

Consumer and carer organisations:

Consumer and carer organisations and Non-Government Organisations were asked to identify and explore practical strategies that they were either aware of or had previously used that were successful in recruiting mental health nurses. The main strategies explored included:

1. Touring the country to 'drum up' trade.

2. Create initiatives that give nurses a feeling of value.

3. Creating awareness through engaging in initiatives such as Schizophrenia Day.

Actions that stakeholders can take to assist with the recruitment and retention of mental health nursing

Chief Nursing Officers and Principal Nursing Advisors

The Chief Nursing Officers and Principle Nursing Advisors suggested they might be able to contribute to improving the recruitment or retention of mental health nurses by:

Workplace issues
1. Encouraging Enterprise Bargaining Agreements.

2. Providing leadership programs, and supporting and empowering staff at all levels.

3. Foster and support excellent leadership and innovative practice from those persons in key positions able to influence and support nurse recruitment and retention.

4. Work to improve the workplace environment, such as safe practice supported by effective policy and employee assistance programs, and access to necessary equipment.

Education
1. Collaborate with mental health services staff and universities to establish courses in mental health nursing.

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2. Reintroducing direct entry.

3. Build upon the current specialist mental health graduate nurse program to support more graduate nurses entering mental health.

Other
1. Lobby State Nursing Boards for mental health nurses register.

2. Build upon the relationship between the health sector, tertiary sector and the government.

3. Work to improve the image of mental health and mental health nursing.

Nurse registration boards

Actions suggested by Nurses Registration Board to improve the recruitment and retention of mental health nurses included:
1. Creating and implementing efficient, streamlined procedures for registration processes.

2. Fostering improved internal communication, for example, notifying staff of changes.

3. Minimising the problems with legislation, for example, Australian Capital Territory legislation needs to be more open and transparent.

4. Encouraging a shift in the current culture to a positive culture, through engaging in social activities and team building exercises and participating in and holding more conferences.

5. Targeting particular segments such as CIT, TAFE, enrolled nurses, state registered nurses, care workers and encouraging placements and exchanges.

6. Providing the opportunities for training and development of new skills (e.g. more time for clinical supervision).

Managers of mental health services (including nurse managers):

The managers of mental health services suggested several actions they could initiate to improve the supply, recruitment or retention of mental health nurses.

Management issues
1. Listening more actively to the nurses and their needs.

2. Encouraging and supporting staff.

3. Working together as a team and actively engaging in team and trust building social exercises.

4. Creating and supporting a flexible roster and environment.

5. Conducting internal evaluations and audits of staff and processes to isolate areas of improvement.

6. Striving to improve structural design working conditions by valuing and validating staff, ensuring leave and adequate staff relief.

7. Fast tracking lengthy human resource and administration processes.

8. Actively targeting, training and grooming individuals for specialised positions.

9. Increasing salary packages.

10. Target overseas trained mental health nurses such as those from New Zealand, the United Kingdom and other places that have similar work cultures.

11. Conducting exit interviews with all nurses leaving mental health to assist with succession planning.

Education issues
1. Conducting seminars at schools by nurses and recovered patients aimed at improving attitudes towards people with mental illness and the mental health field.

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2. Improve training in new medical models.

3. Supporting professional development.

4. Offering clinical placements to undergraduates and graduates.

5. Introducing formal refresher courses for re-entrants.

6. Forming partnerships with universities and set up traineeships.

7. Improving the career path by offering ongoing opportunities for professional development, clinical supervision and credential building workshops.

Other
1. Actively engaging in advertising and marketing of the programs aimed specifically at increasing awareness and understanding. For example, state-wide promotion; creating a larger presence in the universities via posters; and emphasising the positive aspects in relation to general nursing, for example, mental health nursing is less task orientated.

Providers of educational programs

The providers of educational programs suggested they might be able to contribute to improving the recruitment and retention of mental health nurses by:
1. Offering a Master in Mental Health Nursing that is an option open to all health related disciplines.

2. Positively highlighting mental health issues in the undergraduate and postgraduate curricula.

3. Promoting the various programs at expos and exhibitions.

4. Lobbying for increased fund raising for mental health placement scholarships at the postgraduate level.

5. Realigning the image of mental illness through early contact with schools, before views are influenced by community stigmas.

6. Raising the profile and providing positive clinical experiences for the students.

7. Encouraging the use of National Practice Standards (2002) by mental health staff.

Other mental health professionals

Actions that other mental health professionals (bodies) might be able to do to help improve the recruitment and retention of mental health services included:
1. Providing supportive relationships in the workplace place as well as peer review support.

2. Actively engaging in team building exercises, for example, mutual education about each other's roles.

3. Providing supervision, and professional support and development opportunities.

4. Improving the current structure to minimise role confusion.

5. Creating longer placements for students.

6. Actively engaging in positive promotion and advertising to the overall improve image of mental health and illness.

7. Encouraging better work life balance, for example, organising social events and clubs.

Consumer carer organisations and non-government organisations

Consumer and carer organisations and non-government organisations believed that the retention and recruitment of mental health nurses could be improved by them:
1. Developing closer links with NGOs within the community.

2. Integrating mental health within the hospital system.

3. Combining hospital-based training with practical experience.

4. Nurturing a good relationship between the community the mental health units.

5. Acknowledging the performance of outstanding mental health nurses.

6. Advertise the good aspects of mental health nursing.

7. Individual mental health nurses should promote, or be ambassadors for, the profession.

Testing recruitment and retention strategies from the literature review

During consultations with stakeholders, respondents were asked to rate, what they thought to be the likely effectiveness of strategies commonly presented in previous research findings (from the literature review). The following table lists the strategies that stakeholders frequently voted as being within the top five most effective strategies.

Table 11. Most Frequently Voted Strategies by Stakeholders

Literature Review Strategy
Having staff from the mental health workforce lecture students and conduct seminars in University groups and nursing groups about mental health
Targeted recruitment programs aimed at mature people, women returning to the workforce or young people making educational choices
Introducing incentives to delaying retirement
Generally provide more public information to increase awareness of mental health nursing
Activate local marketing and promotion campaigns to improve the image of mental illness and to promote mental health nursing
Conducting exit interviews on all nurses leaving the mental health workforce to help with future planning of the mental health nursing field and to improve workplace culture
Provide senior mental health nurses with people management training to improve the general management of human resource issues within the mental health field
Providing flexible and innovative rostering
Encouraging and implementing strategies to ensure a good work-life balance
Encouraging school students to try mental health nursing during work experience
Introducing strategies to help mental health nurses manage workplace stress
Introducing new models of clinical care
Increasing the number and frequency of psychiatric placements available to student nurses to encourage interest in the field
Introducing seminars at universities by recovered patients and nurses aimed at improving attitudes towards people with Mental Illness and the mental health field
Introducing seminars at schools by recovered patients and nurses aimed at improving attitudes towards people with mental illness and the mental health field

Focus group findings

Attraction to the mental health nursing workforce

Many issues regarding the attraction of school leavers, university nursing students, and practising mental health nurses, to the field of mental health nursing were explored during the focus groups.

Issues discussed with school leavers (secondary school students) were of a more general nature due to their lack of exposure to mental health nursing. Moderators discussed issues such as important factors considered when making career decisions, and features of mental health nursing that may be attractive to students after providing a description of the various roles of mental health nurses.

Questions asked of university nursing students included an exploration of this groups understanding of mental health nursing, the attraction to mental health nursing, and the factors leading to some nursing students deciding to enter the mental health nursing field.

Practising and ex-mental health nurses gave very similar responses regarding the reasons for their decision to enter the metal health nursing field and for the aspects of the job most valued.

School leavers (secondary school students)

Aspects considered important when making a decision about careers in general

School leavers were asked to identify job or career considerations they consider important when making a career decision in general. The career aspects most frequently considered important, listed in order of popularity include:

1. Jobs that they see as interesting and they can have a passion for that will be rewarding.
2. Opportunity to learn, develop skills, and be successful – a job that provides a variety of challenges.
3. A job that provides interaction with people and will enable them to help others.
4. A job that allows for the implementation of their knowledge and talents.
5. A job providing status and money.
6. A job that they could enter without too much additional training.
7. Work that can provide travel opportunities or skills that can be used if travelling overseas.
8. Job security and stability
9. A job with a good workplace and organisation culture
10. The cost of training in a particular field.
11. A job that is within range of their school grades and university entrance score.

Why would mental health nursing be attractive to school leavers?

School leavers were provided with brief description of some of the main job functions of a mental health nurse. Overall, about half of the school leavers in each focus group indicated they might be attracted to mental health nursing. School leavers who indicated they would be attracted to a career in mental health nursing were asked why. There were four main reasons given:

1. A desire to help people with mental illness.
2. A historical interest and fascination with the health care field.
3. A recommendation by a current health care professional or by family and friends in the field.
4. A personal experience or life experience with mental illness sparked interest.

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What sorts of things attract you to mental health nursing?

School leavers were asked to identify factors that would make mental health nursing more attractive to them in terms of career options. Main responses included:

1. A sense of being to be able to help people, that one's professional efforts are appreciated, and that the work is challenging were the most popular attractions to mental health nursing.

2. School leavers thought that having a greater sense of awareness about the field would also make the profession more attractive to them.

3. More experience or exposure to people with mental illness.

4. Money

5. Knowledge that there are plenty of job opportunities available in mental health nursing would also attract school leavers.

School leaver attraction to job features considered attractive by practising mental health nurses.

School leavers were presented with a list of job features that practising mental health nurses found attractive, and asked to identify which aspects listed would most appeal to them. In order of popularity, school leavers identified the following aspects of mental health nursing as being appealing.

1. A job with lots of variety – opportunities to work in different areas and locations

2. Guaranteed work at the end of training

3. A job in which you can contribute positively to someone's life / help people make better sense of their lives

4. A job in which you can make a contribution to humanity

5. Opportunities to work with interesting colleagues and clients

6. A real 'people' job

7. Opportunities to work as part of a team

8. A challenging, dynamic work environment

9. A job that needs you to think 'outside the square'

10. Opportunities to work independently

Would you be interested in having a mental health nurse visit the school to tell you about the profession and what it's really like? Might that make the career of mental health nursing a more serious option for you?

Discussions with stakeholders (during stage 2 of the research) revealed a potentially useful recruitment strategy or 'supply strategy' might be to send practising mental health nurses to schools to present information about mental health nursing, thereby raising interest in the field.

There was consensus amongst the school leaver focus groups that talks or presentations by a practising mental health nurse would raise interest in the profession, and would probably encourage students to consider work experience in a mental health facility.

School leavers commented that this would be viewed as a credible source of information by someone who would provide the facts about mental health nursing. This would lead to a better understanding of the job.

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University Nursing Students

For those who are considering mental health nursing as a career, think about the time you first thought of mental health nursing as a career. What was it that made you decide to enter this career?

University students who had an interest in mental health nursing as a career were asked why they had decided to pursue that career. There were 4 main responses given:
1. General interest in the field and the challenge involved (commonly generated by personal experience with mental illness e.g. family members or friends)

2. A current mental health professional or nurse had recommended the profession

3. A positive work experience from a university placement

4. An attraction to the opportunities for jobs in the area - especially for males

What attracted you to general nursing?

All university nursing students were asked why they decided to enter a nursing profession. There were two main answers given.

Most students commented that they saw it as a career that suited their personality or 'caring' nature.

Many also said that they were inspired by a family member or friend who was a nurse, or that the person had a personal experience prompting them to want to look after others.

What would attract a nursing student into mental health nursing?

When asked what might attract them into the mental health nursing field, undergraduate nurses offered eight main attractions:
1. More placement opportunities and positive experiences during placement.

2. Opportunity to specialise earlier in the undergraduate degree.

3. Greater mental health focus in the undergraduate degree.

4. A personal or life experience with mental illness. E.g. knowing someone suffering mental illness.

5. Favourable pay conditions.

6. Opportunities to keep other nursing skills up-to-date while being a mental health nurse, or the chance to rotate back to a general nurse in order to maintain skills.

7. Good job prospects including a growing industry sector or opportunities for advancement.

8. Flexible working hours.

Deciding factors for entering the mental health nursing field.

University students who had decided to pursue mental health nursing as a career gave five main reasons as deciding factors.
1. A general interest in the field or an experience with mental illness.

2. A current mental health nurse recommended the career.

3. A positive work experience had during placement.

4. The opportunity for jobs in the field.

5. Favourable pay.

Do you have enough understanding of mental health issues to function well as a general nurse?

The majority of university students felt that they did not have enough of an understanding of mental health issues to function well as a general nurse, irrespective of whether they held aspirations of

entering the mental health field. Mental health issues were seen to permeate though virtually all areas of general nursing to some degree. University students felt that they would like to strengthen their knowledge and skills in the areas of counselling skills in particular.

Students commented that their training could be strengthened by:

1. Providing a greater focus on mental health nursing during the undergraduate nursing course by including a longer and more prominent mental health component.

2. Having longer placements in mental health nursing areas, and the opportunity to gain first hand experience with counselling and other mental health roles.

3. Provide university workshops with carers and mental health nursing staff conducting role plays on various mental health situations, or presenting information on mental health nursing.

4. Provide more information about drugs and recent drug developments.

Practising mental health nurses and ex-mental health nurses

Reasons for entering the mental health nursing career

Practising mental health nurses and nurses who had left the mental health workforce were asked why they initially entered the mental health nursing field. Reasons for attraction to the field, for both groups, were virtually identical. In summary, the reasons given for entering mental health nursing, in order of popularity, include:

1. The person had always been interested in the psychiatric field or profession and chose to pursue mental health nursing as a result of their general interest.

2. Another mental health nurse (friend, family or work colleague) recommended the occupation and it was described in a positive and enthusiastic manner, leading to the person entering the field.

3. The person was already in the health care system as a nurse, cleaner, orderly, community worker (or other health care field) and had a desire to further their professional development or training. They saw mental health nursing as an attractive or interesting vehicle to do this.

4. Mental health nursing was seen as a job that would be challenging and enjoyable, or a job that would allow the employee to make a difference or improvement to the system and to people's lives.

5. There was no particular motivation to enter the field other than the person was unemployed or dissatisfied with their current work, and mental health nursing emerged as a job opportunity that they took.

6. The pay was perceived as good or attractive, leading to a decision to enter the field.

7. The person was interested in a care-related profession and believed that mental health nursing would be a better job than general nursing.

8. The work roster, or flexible work time arrangements were attractive and suited their family or personal life style.

9. The person had some life experience with mentally ill people (such as family or friends, or an encounter with a mentally ill person), which prompted an interest in mental health.

10. A university lecturer, (sometimes school careers advisors), presented mental health nursing in an enthusiastic and inspirational way, leading to the person entering the field.

11. The work was seen as better than their current non-health related job.

12. The person saw an advertisement in a newspaper regarding a mental health nursing position and pursued that career.

Aspects of job most valued

Current mental health nurses and ex-mental health nurses were also asked to identify the aspects of their job that they most valued. The main job aspects that both groups identified as 'most valued' include:

1. Mental health nursing is seen by current nurses as involving a more 'caring' model of care that is less medical, more holistic and allows for patients to be treated on a more individual or personal level.

2. Current nurses feel that mental health nursing is an area of nursing which has a very significant positive impact on the lives of patients and their families. Nurses value being able to make a real difference to peoples lives, especially to those whom others cannot help.

3. The ability to pursue professional development opportunities and to learn.

4. Current nurses see the work as being interesting, intriguing, challenging and stimulating.

5. The close relationship formed with the patients and their families, and the development of genuine trust during treatment is valued highly by current nurses.

6. The ability to use diverse skills, creativity in treatment, and using both formally learned skills plus skills learned on the job, and from life experience is important to current mental health nurses. The ability to be adaptable and flexible during treatment and a less structured care model is equally important.

7. Having flexible working rosters allowing for an appropriate work-life balance is important. Flexible rosters are also valued as they enable nurses to spend extended time (long shifts) with a patient to provide continuity of care when needed.

8. Many mental health nurses cite the support provided by work colleagues and peers as an important work attraction.

9. Being respected as a skilled professional by other health care professionals, and being an integral part of a multi-disciplinary team.

10. An amount of autonomy in decision-making and treatment is seen as positive feature of mental health nursing, as is the motivation of helping the community.

Improving public and industry perception of mental health issues to increase supply of new mental health nurses

Practising nurses considered public and industry perceptions of mental health issues to impact on the supply and attraction of new mental health nurses to the field. This group suggested four strategies to improve the community's perception of mental illness issues.

1. The mental health industry should establish, maintain or improve links with the media to ensure that a more positive, or at least balanced and accurate, portrayal of mental illness is communicated without attaching stigma. (e.g. movies, advertisements etc.).

2. Increase the use of public forums (e.g. Mental Health Week presentations, presentations at shows e.g. Melbourne Show, Royal Adelaide Show etc) to keep issue in the public eye.

3. Conduct public education campaigns to demystify mental illness. Encourage the use of public or recognised figures talking about mental health or their experiences with it etc. Also, send enthusiastic practising mental health nurses to present and talk about mental illness at schools.

4. Educate general nurses and other health care professionals about mental illness and about the importance of mental health nursing, to attract more nurses into the mental health field.

Barriers to entry to the mental health nursing workforce

Discussions with school leavers regarding barriers to entry centred on testing whether their perceptions, knowledge or understanding about mental health issues would be a barrier to entry. A surprising number of school leavers showed a realistic, non-stereotypical understanding of mental health issues. This group frequently referred to movies, contact with friends or family with mental illness and public education campaigns (such as Kids Help Line, Schizophrenia Australia ads, Depression ads etc) as the source of their perceptions of mental illness. This group identified other barriers to entry.

University nursing student focus groups explored perceptions as barriers, other barriers to mental health nursing, and educational barriers. Barriers stopping ex-mental health nurses and others from entering the field were explored in the practising and ex-mental health nurse groups.

School leavers

Top-of-mind perceptions / awareness levels of mental illness

Australian high school students (school leavers) displayed a reasonably detailed understanding of mental illness. While they were aware that stereotypes of mentally ill people exist, they did not generally subscribe to these stereotypes. When asked about mental illness they were able to list a wide range of mental illness including;
1. Schizophrenia

2. depression

3. Bi-polar

4. anxiety

5. autism

6. dementia

7. youth suicide

8. and chemical imbalances in the brain.

While some students held some level of uncertainty or fear of people with mental illness (or regarded these people in a negative way), the majority displayed a mature insight into the complexities of living with mental illness and generated concepts such as:
1. Mental illness can be either very minor or very severe and can encompass a broad range of different illness.

2. Underneath people with mental illness are just ordinary people.

3. Mental illnesses can sometime be unnoticeable by others and can sometimes be harmless.

4. People with mental illness can be embarrassed and may try to keep their illness a secret.

5. People with mental illness can be difficult to talk to.

6. Sufferers of mental illness can be stereotyped and treated in a negative way by others.

Where do you think most people get their perceptions of mental illness?

School leavers identified four main sources of information that affected their perceptions of mental illness:
1. TV and mass media, TV drama such as All Saints, Movies and cinema, Ally McBeal, Girl Interrupted, I Am Sam, A Beautiful Mind, NYPD, Rain Man, and the news were all commonly mentioned.

2. Discussions with friends, family or other people regarding mental illness.

3. Direct life experiences such as contact with mentally ill people as either a one-off contact or extended contact with a relative or friend with an illness.

4. Formal public education, including promotional and communication campaigns such as the schizophrenia advertisements shown recently on television, and community assistance programs such as Kids Help-Line.

While school leavers recognised that many images presented by the media etc were stereotypical portraying mentally ill people as crazy, bad, scary, dangerous or suffering very severe mental illness, almost equal numbers considered many images to be more positive or at least realistic showing people in a way that does not denigrate them. There was consensus that images of the mentally ill now represent quite a broad spectrum.

Would nursing be an attractive option to anyone here?

There were equal proportions of school leavers who would be attracted to mental health nursing as a career and those who would not.

Of those who would not be attracted, the main reason given was that they felt that nursing (in general) was seen as a low status occupation.

What sorts of things prevent you from becoming a mental health nurse or even considering this career?

1. Nursing or mental health nursing is not a glamorous or high status job.

2. The emotional toll of the work would prevent them from being involved as a mental health nurse.

3. A constant need to help others all day would mean mental health nursing needs constant dedication

4. Possible violence would also prevent consideration of mental health nurse as a career

Is shift-work a barrier for school leavers, preventing or deterring them from entering the mental health nursing field?

Students were asked if shift work would deter school leavers from a career in mental health nursing. Answers were split with roughly equal numbers of school leavers saying that they didn't like the idea of shift work, or that shift work would not be a barrier for entry. For those who did see shift work as a barrier, the main reasons given included; shift work being difficult to maintain and a belief that shift work will have a negative impact on family and social life.

Perceptions of the ability of career advisors to provide comprehensive career information.

While some students felt that their careers advisors could provide comprehensive and helpful career information, the majority felt that careers advisors were not particularly well informed of the details of individual occupations. They felt there were significant gaps in career advisors' knowledge, especially regarding advice to students on the practical steps of how to get started in a chosen field. Another criticism was that careers advisors generally lacked practical experience that they could relay to the students.

University Nursing Students

Broad perceptions of mental health nursing held by nursing students and lecturers.

The university nursing student focus groups revealed a considerable level of negative perception about mental health nursing held both by students and academics. Perceptions about mental health nursing may vary from university to university and there are at least some universities where mental health nursing is view in a very positive light. From the focus group consultations though, there were more examples of universities holding negative perceptions than positive perceptions. Students would

frequently comment that the attitude of their lecturer toward mental health nursing affected their own perceptions of the occupation.

Nursing students were asked what their own perceptions about mental health nursing were. The four main perceptions of mental health nursing held by students were:
1. There is a stigma and a negative image associated with the field.

2. It is a scary or confronting environment

3. There is a safety risk.

4. There is some level of respect for mental health nurses because of a perception that the work is difficult or unpleasant.

When asked how the stigma associated with mental health nursing can be overcome, university student suggested:
1. Include a more extensive compulsory mental health component in undergraduate courses.

2. Provide talks and presentations by mental health nurses and patients to university students discussing the mental health issues and the realities of the job.

3. Provide increased community education about mental illness in general.

Barriers that stop nursing students from becoming mental health nurses?

University students were also asked to identify barriers that would prevent them from choosing to be a mental health nurse. Their responses can be summarised as below:
1. Stigma associated with mental health and the career does not have a glamorous image.

2. Perceptions of potential danger or fear for personal safety.

3. Education requirements

4. Insufficient university education specific to mental health nursing to feel confident in the mental health area. The current course structure should include more focus on mental health nursing

5. A poor experience during a training placement in a mental health setting left a negative impression.

6. The placement was not long enough for them to make a decision about mental health nursing as a career.

7. A fear of the unknown or a belief that individual's personality does not suit the job.

8. A lack of general awareness of mental health nursing – it is not promoted as heavily as general nursing within universities.

9. Perceptions of a general lack of funds for the health system leading to assumptions of a poor working environment and resource shortages.

10. Pay and working hours (i.e. shift work), and a lack of a clear career structures.

What was your mental health placement experience like?

Approximately half of the nursing students reported having a positive clinical placement experience. This group commented that they found the work interesting, challenging and enjoyable and that the experience compliments their formal education.

An equal number described having poor placement experiences citing issues such as:
1. Not having enough training to manage or cope with the situations presented.

2. Finding the setting of mental health nursing too difficult, confronting or frightening, or being placed in a poor environment e.g. old buildings.

3. The fast nature of graduate rotation limited the experience.

4. There was not enough to do, the work was not challenging or slow compared to other placements.

Specific education gaps or additional course areas wanted by nursing students

Students were asked to identify areas in which they felt they did not have adequate knowledge of mental health nursing or improvements to course structures they would like to see. Some suggestions included:
1. Generally provide greater exposure to mental health early during an undergraduate degree rather than late in the degree.

2. Provide a longer and more comprehensive mental health component.

3. Provide more information in advance of clinical placement outlining what to expect from the placement and from a job in mental health nursing.

4. Greater first hand experience with counselling skills / more counselling skills.

5. Establish workshops with carers and staff or establish mental health situational role plays.

6. Provide more information on drugs and drug developments.

Professions that university students consider to be competing in the job market against mental health nursing

University students identified 5 professions that compete in the job market against mental health nursing:
1. Psychiatry

2. Psychology

3. Social work and youth work

4. Mental health research careers

5. Teaching

Awareness of scholarships among university students

A large proportion of university nursing students attending focus groups (approximately 80%) were not aware of any scholarships that they may be eligible for, relevant to mental health nursing.

Practising mental health nurses

Barriers for ex-mental health nurses and general nurses to becoming a mental health nurse.

Practising mental health nurses were asked to identify barriers that would prevent ex-nurses from re-entering the mental health field or would prevent general nurses from entering the field. A wide range of issues were put forward:
1. The additional training required to becoming a mental health nurse and the lack of a direct entry or hospital-based program may discourage entry.

2. The stigma associated with the mental health field, perceptions of violence by the community, students, education bodies or other health care professionals.

3. A lack of career status associated with mental health nursing. A lack of professional recognition by other professionals (e.g. psychiatrists, occupational therapists, general nurses etc).

4. Lack of bridging, re-entry or re-training courses for people returning to the mental health nursing field.

5. Insufficient exposure of students to mental health nursing at university.

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6. Lack of public understanding of mental health and mental health nursing as an exciting career option.

7. Lack or perceived lack of career promotion opportunities.

8. Little or no cost benefit to returning especially due to the training costs of returning and the level of pay returning nurses will receive.

9. Insufficient personal support for professional health nurses at work.

10. Perceived lack of mental health nursing scholarships.

11. No separate, specialist undergraduate mental health nursing degree.

12. Poor advertising of positions vacant.

Ex-mental health nurses

Barriers discouraging ex-mental health nurses from re-entering the mental health workforce

Ex-mental health nurses identified eight barriers that prevent them from re-entering the mental health nursing field.
1. Minimal or no professional recognition by other professionals (e.g. psychiatrists, occupational therapists, general nurses etc).
2. Unpleasant previous work experiences.

3. Retraining and re-entry training costs, and time required for re-training.

4. Age – too old to do mental health nursing.

5. Cost of registration.

6. A lack of a structured career path allowing promotion or horizontal career moves.

7. Shift work, or returning to shift work.

8. Danger or lack of personal security, or perceptions of danger.

Barriers stopping others from entering field.

Ex-mental health nurses were asked to comment on what they believed would prevent new nurses, students or other people from entering the mental health nursing field. Stigma, public perceptions and misconceptions about the field were prominent. Responses included:
1. Lack of public promotion or lack of public knowledge about the profession.

2. A need to de-mystify the field exists.

3. Mental health stigma exists.

4. Confused or unclear career path or a perception of a low status career.

5. Lack of a direct entry / hospital based training option.

6. Other more attractive careers competing against nursing.

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Recruitment of mental health nurses

Recruitment issues were discussed with all focus groups. Issues discussed with school groups focused on their knowledge and awareness of mental health nursing, sources of information used by students when making career choices, and preferred channels for communicating recruitment information.

University nursing students, practising mental health nurses, and ex-mental health nurses were able to provide suggestions and strategies that would help to recruit new nurses to the mental health field, as well as strategies to attract nurses who had left the mental health field. To some extent these groups considered strategies to recruit nurses as interchangeable for strategies to retain nurses.

School leavers (Secondary school students)

What do you think a mental health nurse would do?

Collectively, school leavers identified 5 roles that they thought a mental health nurse would perform. They were also asked of other impressions they held about the profession as these impressions would impact on recruitment strategies.

Notably, the majority of school leavers held an impression that being a mental health nurse would mean a *higher professional status* and would require more specialist knowledge and training than a general nurse.

There was also an impression that mental health nurses would be more dedicated to their patients. When describing their impressions of the role of a mental health nurse, school leavers generally raised four aspects.

1. School leavers thought that mental health nurses would need to develop a close relationship with their patients.

2. Patient care on a daily and more consistent basis was also seen as a role of a mental health nurse.

3. That mental health nursing would involve talking to or counselling patients.

4. Helping families and patients adjust and cope with mental illness.

What do you think it would be like to be a mental health nurse?

When school leavers were asked what they think it would be like to be a mental health nurse, six major impressions of the role were revealed (both positive and negative).

1. Emotionally difficult and a nurse would need to be emotionally tough.

2. Stressful and difficult especially if it is difficult to control patients.

3. An interesting job.

4. A rewarding job providing the opportunity to help people.

5. More study would be required to keep abreast of the variety of specialised tasks in the job.

6. Shift work would be demanding.

Who has the greatest influence on school leavers' career-choice decisions?

School leavers indicated their career decisions were influenced by 6 groups of people. In order of greatest influence by most school leavers:

1. Other people (family, friends or acquaintances, or friends of family) already working within the career or field of interest.

2. Parents (consulted separately to other family members)

3. Careers advisors at school

4. Universities, careers evenings, university books and publications regarding the career.

5. School teachers.

6. School counsellors.

Information channels - If you were interested in a career in nursing or mental health nursing, where would you look?

School leavers were asked to identify starting points and information channels they would use to find information about a career in nursing or mental health nursing. Five main channels were identified:
1. Search Internet sources or newspapers.

2. Speak with a current health professional or nurse

3. Look at job guides from universities

4. Ask at their school career centre

5. Approach hospitals for information brochures or leaflets.

Preferred channels to provide students with career information.

School leavers were asked to identify the best or most effective way to provide them with career information about mental health nursing. There were 7 main channels that school leavers indicated they would prefer to receive career information from. These include:
1. University orientation days, careers expos, and having guest speakers (including a practising mental health nurse) attend the school

2. Teachers, and careers advisors

3. Internet websites

4. Through school work experience

5. Via brochures and pamphlets

6. Information from parents

7. TV advertising

University nursing students

Strategies suggested by university students to help recruit and retain new mental health nurses.

University nursing students were able to suggest many strategies they felt would assist in recruiting mental health nurses. Students would frequently discuss recruitment strategies as being interchangeable for retention strategies. Suggested recruitment strategies included:
1. Better promotion of mental health nursing. E.g. on TV, in schools, or in universities.

2. Course changes to allow earlier specialisation, and a greater focus in undergraduate degrees on mental health to increase overall awareness and interest levels.

3. Provide opportunities for hospital-based training for three months or longer.

4. Offer apprenticeships or similar where people can work and study while being paid.

5. Better communication between hospitals and educational institutions, and better support from employers.

6. Flexible rosters and working hours.

7. Provide bonuses and travel opportunities for mental health nurses.

8. Better pay, and ensure pay parity between states.

9. Provide family friendly incentives such as child care and sick leave for children.

10. Increase overall government focus and investment in the health care system and mental health nursing.

11. Provide a training allowance or subsidise training for mental health.

12. Encourage career recommendations by current mental health nurses to increase levels of interest in the field.

Practising mental health nurses

Strategies suggested for recruiting more mental health nurses into the field.

1. Target current general nurses and other health care professionals by providing educational talks/seminars etc. Generally promote the field, importance and attraction of mental health nursing to this readily available pool.

2. Conduct talks, seminars and presentations about the mental health nursing field at universities and schools. Promote closer ties with schools and universities by liaison with school careers advisors, or by involving practising mental health nurses in nursing lectures.

3. Re-introduce a system of direct entry into the mental health nursing field giving people the opportunity to enter through hospital based training programs and apprenticeships etc. This was considered to make mental health nursing more attractive to school leavers, mature aged people or students, and other general nurses.

4. Professional recognition - Work on improving the recognition of mental health nursing training, skills, knowledge and value within the health profession to raise the overall professional status of mental health nursing. Develop closer ties between mental health nursing and general nursing, or consider providing a separate registration, or certification system for mental health nurses to recognise their specialisation.

5. Encourage current mental health nurses to become involved in educating others about mental health nursing and promoting the career on both an informal and formal level.

6. Provide more flexible work rosters and working times including the option for nurses to work longer shifts when required.

7. Work with universities to increase the level of support academics provide for mental health nursing courses to encourage more interest in mental health nursing by undergraduate nursing students.

8. Offer scholarships, paid study leave, financial assistance for training, and the removal of HECS for mental health nursing courses.

9. Provide longer and better mental health placement experiences for nursing students, enabling them to get a more realistic and positive view of mental health nursing. Ensure that the placement experience is well organised and it is supervised by a mental health nurse who is enthusiastic and positive about the profession.

10. Provide bonuses, such as certificate allowances, for the attainment of specialist mental health nursing skills and training. Also ensure pay rates of mental health nurses are equal or higher than general nurses to recognise their skills (formal and informal) and their working environment.

11. Provide more obvious or structured career path for mental health nurses enabling options for promotion or expansion into different mental health nursing areas.

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12. Make mental health nursing a more prominent, larger component of the undergraduate nursing degree to provide students with better and increased exposure to the field. This will improve general nurses' ability to deal with mental health issues in their own workplaces, and to increase the general level of professional recognition of mental health nursing.

13. Employ less part time or casual staff as their inconsistency in workflow can place additional pressure on full-time nurses.

14. Improve occupational health and safety for nurses, and place more focus on protecting nurses' rights to a safe workplace.

15. Improve management practices at mental health services by training supervisors and nurse managers in people management and organisation management skills to improve the working environment.

How to attract a mental health nurse who has left, back into the mental health workforce?

Practising nurses were asked, based on their experience, how an ex-mental health nurse could be attracted back into the field. The most common answer from this group was that it may not be possible to attract ex-nurses back as they have generally left because they are disillusioned, angry or disappointed with the system.

Other suggestions made included:
1. Provide quality re-training programs for returning mental health nurses as well as generally more opportunity for on-going professional development.

2. Increase the number of full-time positions rather than part-time or casual positions.

3. Increase pay rates for mental health nurses.

Ex-mental health nurses

Recruitment strategies suggested by ex-mental health nurses were not dissimilar to those from practising nurses.

Strategies suggested for recruiting more mental health nurses into the field.

1. Actively advertise and promote mental health nursing at universities and schools e.g. establish seminars, presentations to students by enthusiastic mental health nurses and establish graduate programs.

2. Improve recognition and professional status of mental health nursing skills by establishing national professional standards, provide scholarships, recognised certification or registration, provide awards for excellence, and increase pay to recognise attainment of professional training. Also, promote closer ties with general nursing – attend meetings and seminars and use these as an opportunity to promote mental health nursing as a career option. Consider job rotations between general nurses and mental health nurses to enable general nurses exposure to the mental health field, and to improve perceived professional value of mental health nurses.

3. Provide flexible rosters and working hours.

4. Improve management of services by training supervisors in people management and general management skills, establish a national system of quality management, ensure service managers are experienced mental health nurses who understand the implications of their management decisions on patient care.

5. Provide more professional development opportunities and provide scholarships for mental health nurses.

6. Establish a larger, compulsory clinical placement for undergraduate university courses and place greater focus on mental health nursing in undergraduate programs.

7. Provide mental health nurses with more autonomy and authority. E.g. Make nurses responsible for the patient care and progress so that doctors or others in the multi-disciplinary team at least confer with the nurse regarding the patient's progress.

8. Establish a separate undergraduate mental health nursing degree to improve the professional status of mental health nursing and to attract people who are not interested in general nursing.

9. Increase pay levels of mental health nurses relative to general nurses.

10. Help nurses identify a better, more structured career path that enables promotion and moves across different areas.

11. Re-introduce hospital-based training.

What would attract an ex-mental health nurse back into the workforce?

Mental health nurses who had left the workforce were asked what would encourage them to return to the mental health field. Six main ideas were suggested:

1. Encourage stronger formal recognition of their professional status and value especially by other health professionals.

2. Provide more genuine opportunities for professional development including study leave and conference leave.

3. Ensure realistic workloads, caseloads, staffing levels and a better nurse to patient ratio to prevent stress and eventual burnout.

4. Provide clearer career path allowing for promotion and the ability to move horizontally to experience other mental health nursing roles. Enable nurses the ability to work in a more autonomous role or the opportunity to work in a specialist area of mental health nursing, or community work.

5. Increase pay and superannuation.

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Retention of Experienced Nurses

Practising and ex-mental health nurses both provided valuable information regarding retention of experienced nurses. Work aspects that motivated nurses to stay in the mental health field and issues of recognition and value were discussed, as were strategies to counter stress and maintain an appropriate work-life balance. Mental health nurses who had left the workforce were able to identify strategies that would have encouraged them to stay in the mental health field.

Practising mental health nurses

Work aspects that keep nurses in mental health nursing.

When practising mental health nurses were asked specifically what keeps them in mental health, they gave the following main reasons (in order of popularity):
1. Enjoyment and love of the job and the variety of experiences.

2. A perception that mental health nursing is better than general nursing.

3. A belief that a mental health nurse's own skills are critical and that there is no others to currently take their place.

4. Satisfaction through making a positive difference to peoples lives.

5. Teamwork, mateship and good relationships with work colleagues.

6. The relationships developed with patients.

Do you feel adequately recognised for the job you do? If not, what makes you feel under valued, and what could be done to make you feel valued?

Most practising mental health nurses indicated that they did not feel adequately recognised for the work they do. Main reasons for feelings of low recognition, and strategies to improve recognition included:
1. Professional skills and training (including both formally learned skills and informal learning such as experience) are not valued by other general nurses and medical staff.

2. Access to separate licence / registration to be a mental health nurse along with more recognised professional development cards and certificates would help to improve feelings of recognition. Introduce or reintroduce special registers for mental health nurses (e.g. like for midwives) or establish a register of qualifications and provide a qualification allowance.

3. Pay parity - Pay should be equitable with other areas of nursing. Special recognition of special work conditions and the recognition of special skills (e.g. danger money and certificate allowance) should be provided.

4. Establish a stronger / more effective system of advocacy for mental health nursing supporting the education of nurses and the management of nurses – including recognition of danger exposure, protection of mental health nurses rights to a safe working environment (OH&S focus).

5. Establish closer ties with the general nursing and medical disciplines to communicate the importance and value of mental health nursing, and to dispel misconceptions about the field within the broader health care community.

6. Encourage peer support e.g. establish and use support groups, social gatherings and award presentations to recognise and support mental health nurses.

What strategies do you use (or know others use) to reduce stress and maintain an appropriate work-life balance? Are these effective strategies?

Practising mental health nurses tended to have little or no focus on stress reduction or management. Of the minority of nurses who reported having some type of stress management strategy, informal discussions with colleagues was the most common strategy, followed by debriefing sessions or employee assistance schemes. Other strategies reported included:

1. Using humour

2. Working only part-time to 'keep sanity'

3. Taking sick leave

4. Relaxation / Meditation techniques

5. Praying

6. Socialising / going out.

Ex-mental health nurses

What would have encouraged ex-nurses to stay in the mental health field?

1. Mental health nurses who had left the workforce provided some retention strategies that were similar to practising mental health nurses, but were also able to offer additional solutions.

2. Recognition of professional skills and knowledge by other health care professionals and raising the general professional status of mental health nursing. Example: by re-introducing a stand-alone mental health certificate, providing more recognised specialist mental health nursing courses, implement a registration system for mental health nurses.

3. Better pay or pay parity with other types of nursing, or pay recognising the work environment or skills of mental health nurses. E.g. danger money allowance, certificate allowance etc.

4. Improving the model of patient care to include more cognitive therapy, not primarily drug therapy, and introduce more contemporary methods of patient care.

5. Provide more genuine opportunity for on-going professional development including providing the time to do professional development as well as the actual programs. Remove HECS from mental health nursing degree components and provide study assistance.

6. Provide more flexible work rostering systems.

7. Train nurse managers or supervisors (e.g. consultants) of mental health nurses in good people management techniques to provide a better working environment.

8. Provide mental health nurses with more career path opportunities allowing promotion and the ability to expand horizontally into other mental health nursing areas.

9. Ensure a high quality of mental health nursing staff so that high performing nurses do not have to carry the work burden for low performers.

10. Place more focus on strategies protecting and guaranteeing the personal safety of mental health nurses. (e.g. providing comprehensive aggression management programs).

11. Encourage job rotation in hospitals between general and mental health nurses to foster understanding and respect between the two fields.

Factors contributing to the increased rate of attrition from the workforce

Focus groups explored several areas that may contribute to the increased rates of attrition. Participants were asked to comment generally on issues that do (or would) cause them to leave the mental health nursing field revealing many individual factors. Issues surrounding misconceptions of the field, stigma, recognition, training and mental health nursing roles and responsibilities were dominant issues.

University Nursing Students

What might make you leave nursing as a profession both temporarily or permanently?

Nursing students identified five factors that would make them exit the mental health nursing field.
1. A loss of job satisfaction.

2. A lack of career progression or career change opportunities.

3. Inflexible working conditions, e.g. rigid working hours leading to health and stress issues.

4. Insufficient, inequitable pay or a lack of pay parity with other nurses at similar level.

5. Family commitments.

Practising mental health nurses

Reasons for current nurses temporarily exiting mental health nursing.

Practising nurses who had indicated that they had temporarily left the mental health workforce gave seven main reasons:
1. Concerns about occupational health and safety, including suffering an actual injury at work caused by lack of protection against violence and aggression, stress or illness or a perception that personal rights to safety being ignored.

2. Disagreement with management, perceptions of poor management, a perceived lack of teamwork and team spirit in the workplace, or a general lack of support.

3. Perceptions that government budget or funding cuts are having a negative impact on mental health services.

4. To experience a change or a new career experience.

5. General disillusionment – feelings of not making a difference to the system or to patient outcomes.

6. Left to access higher pay in another occupation.

7. To travel.

How well do other nurses who are not in the mental health field understand the role of the mental health nurse?

A lack of recognition by peers was discussed as a factor contributing to nurses exiting the mental health field. Practising nurses confirmed the extent to which general nurses misunderstand the function and importance of a mental health nurse. They were also able to suggest strategies to combat this. Typical comments included:

1. Mental health nursing is perceived as being 'weird'.

2. Mental health is viewed as the worst wards in the hospital.

3. Some nurses perceive mental health nurses as lazy or performing a 'custodial' role only.

4. General nurses have a fear of psychiatric patients and feel ill equipped to handle them.

5. General nurses don't understand the role of a mental health nurse at all or poorly understand it, leading to wrong impressions being formed.

6. Mental health nursing is usually perceived as low skilled, with training that is not recognised as a worthy specialisation and of low status.

Strategies that practising mental health nurses suggested to combat this included:
1. Using a job rotation strategy so that all nurses get some time working with mental health nurses in a mental health unit.

2. Establish strategies of having better representation of mental health nursing and promotion at universities.

3. Use media / government campaigns to address the misconceptions about mental health nursing and mental health issues in general.

4. Encourage more one on one communication between mental health nurses at the workplace to form closer ties.

Most disliked aspects of mental health nursing work.

Practising nurses were asked what they thought the worst aspects of their work were. There were ten aspects identified by practising nurses.
1. Lack of recognition and acknowledgment for the work (including pay), along with the stigma and misconception from other in nurses, medical professionals or society.

2. Actual danger or risk to safety or fear of danger.

3. Lack of staff.

4. Rising pressure, perceived increases in acuity, and case load too high.

5. Periodic lack of sense of achievement when patients do not recover or relapse regularly.

6. Frustration at not being able to practice new ideas, new training, or a broad range of skills due to inflexible treatment models.

7. Perceived lack of support for staff in terms of maintaining staff rights and personal support.

8. Disillusionment caused by perceptions of a failing system and people leaving but not being replaced.

9. Inflexible work rosters.

10. Perceptions of poor people management (Human Resource Management).

Adequacy of mental health nursing training.

Practising nurses were asked if the training available for mental health nurses is adequate. Most nurses disagreed. The bulk of the criticisms and suggestions related to undergraduate university training, the need for a recognised specialist qualification, and a call for employers to encourage professional development.

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1. Mental health should form a major part of all general nursing university courses especially in undergraduate courses.

2. There is a need for more and better clinical placements that provide a good experience. Placements should also be longer.

3. Establish a separate specialist mental health nursing degree

4. Provide more structured professional development. Training should be more heavily encouraged by employers and staff, and should be on-going.

5. Some universities and lecturers have minimised or abandoned mental health nursing programs or do not present mental health nursing in a positive manner. Practising mental health nurses should be involved in the presentation of university courses, as educators or lecturers often lack up to date or recent clinical experience.

6. Establish a nationally recognised mental health nursing qualification standard.

Clarity of the role of a mental health nurse.

Practising nurses expressed a level of frustration about confusion over their role. When nurses were asked to describe their role most had difficulty. Nurses who could define their role provided descriptions of substantial variation to others. Typical comments included:

1. Confusion about role or status in a multi disciplinary team.

2. Administration, answering phones, and paperwork was also described as a role of a mental health nurse.

3. Change facilitation / counselling / support

4. Educator role.

5. Administration of medication / tablets.

6. Main or principle involvement with the management of the mental health client

7. Custodial role.

8. Social work / finding accommodation.

9. Client advocacy.

Ex-mental health nurses

Factors causing mental health nurses to leave

Ex-mental health nurses were asked to specify the primary reasons for deciding to exit the mental health nursing field. There were twelve main reasons given for nursing staff leaving:

1. Perceived increasing cost focus and diminishing patient care focus in the management of mental health services. Perceptions that the core function of mental health nursing has been lost and adoption of poor management and care philosophies, has lead to general disillusionment about mental health nursing.

2. Increasing fears for personal safety, increasing exposure to violence and acuity at the workplace, or experiencing an actual (or multiple) assault.

3. Excessive workloads due to unreasonably high case loads, understaffing and ever tightening management expectations about productivity leading to intolerable levels of pressure.

4. A lack of professional recognition and respect by other health care professionals (e.g. doctors, general nurses, occupational therapists etc.) A belief that the mental health nursing profession is not valued and the authority of mental health nurses has been eroded. A loss of authority perceived as necessary to conduct work. (e.g. authority to search for drugs or weapons etc).

5. Perceptions of excessive focus on administration and bureaucracy at work rather than on patient care.

6. Excessive emotional stress, burnout from constant abuse, sustained background levels of anger, etc.

7. Lack of genuine professional development opportunities including a lack of time allocated to professional development.

8. Excessive productivity focus causing a lack of time to provide quality care for patients.

9. A perceived lack of support for mental health nurses requiring assistance by management or other colleagues.

10. A dislike of management's philosophy.

11. Inadequate ability to pursue different career path options either across different mental health nursing fields or promotion options.

12. Witnessing unethical behaviour.

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Summary of Focus Group Findings

Attraction to the mental health nursing workforce

School leavers

School leavers interested in health care fields consider many issues when deciding on a career. Major considerations include looking for a job that is interesting, challenging, allows them to help others, and provides a level of status and pays well. Key motivations that make mental health nursing attractive to school leavers include an historical interest in psychology or mental health issues, a recommendation by a current health professional, family or friends, or a life experience of contact with a person with mental illness. There are a wide range of factors or messages to communicate that will make mental health nursing attractive to school leavers. These include communicating that mental health nurses care positively contributes to peoples' lives and their efforts will be appreciated; a need to increase students awareness of mental illness in general and of mental health nursing; communicate the virtually guaranteed job availability in mental health nursing and the work variety in the profession. School presentations by practising mental health nurses and their clients is a very popular attraction strategy among school leavers, and would certainly raise interest in the profession – particularly if conducted by an enthusiastic presenter.

University nursing students

While there were many individual attractions to mental health nursing for nursing students, major themes emerged regarding a students decision to enter the mental health nursing field. These were; a general interest in the field (frequently generated by an experience or an exposure to mental illness), a practising mental health nurse (or mental health professional) had recommended the career, a positive clinical placement experience spurred interest, and the perception of many job opportunities and vacancies in the field. General nursing students commented that they did not have enough of an understanding of mental health issues to function well as a general nurse, irrespective of whether they aspired to the mental health field or not. Greater mental health focus in undergraduate degrees is also likely to be welcomed and may increase the numbers of students interested in the field.

Practising and ex-mental health nurses

The attractions for practising and ex-mental health nurses to the field were the same. Some of the major reasons for the attraction to the mental health field included a general interest about mental health, another mental health nurse recommended the career, the person was already an nurse (or worker) in the health care system and wanted to further their professional development, work rosters were flexible; or the pay was attractive.

Job aspects of mental health nursing most valued by practising and ex-mental health nurses include; the more 'caring' 'holistic' 'personal' less 'medical' model of care, making a significant positive impact on patients and their families, pursuing on-going professional development, interesting, intriguing challenging work, using multiple skills and having flexible work rosters.

Both practising and ex-nurses felt that the perceptions of mental illness and mental health nursing held by the health care industry and the public, impact negatively on the supply of new mental health nurses. Solutions included closer industry contact and liaison with the media, holding public discussion forums, maintain public education campaigns to demystify mental illness, communicate to and educate general nurses and other health care professionals about the importance and value of mental health nursing.

Barriers to entry

School leavers

When targeting school leavers, stigma and negative perceptions of mental illness may not be as great a recruitment barrier as initially anticipated by the researchers. The majority of school leavers held a

reasonably non-stereotypical understanding of mental illness. This group indicated that their perceptions of mental illness came from mass media, Television drama, discussions with friends of family, life experiences or contact with mentally ill people, and from public awareness and education campaigns. This group recognised that portrayals include both positive (or more realistic) images of mental illness as well as negative.

Approximately half of the school leavers were attracted to mental health nursing. Of those who were not attracted, barriers included; a perception that mental health nursing may not have a high status, the job is seen to be emotionally difficult, and a fear of possible violence or exposure to danger. Shift work is a barrier to some but not all school leavers (approximately half) who thought it may negatively impact on family or social life. Limitations of the information provided by careers advisors may also be a barrier, especially regarding steps to getting started in a career and detailed information about the nature of a particular job.

University nursing students

The university nursing focus groups showed considerable levels of negative perceptions about mental health nursing may be held by students and academics. This may vary from university to university but the trend does exist. The attitude of the lecturer toward mental health nursing heavily impacted on the students' perceptions of the career. The three main perceptions held by nursing students were; there is a stigma associated with the field, the work environment may be considered confronting or frightening, and there may be a personal safety risk associated with the work. There is some level of respect held for mental health nurses but mainly due to a perception that the work is difficult or unpleasant. Students suggested that stigma associated with mental health nursing can be overcome by; including extensive compulsory mental health components in undergraduate courses, and having practising mental health nurses and patients talk or present at university (E.g. seminars or during lectures). Other major barriers to entry for nursing students included insufficient university education specific to mental health, preventing students feeling confident in the mental health area, a poor clinical placement experience, clinical placement was too short to be able to make a decision on the career, a general lack of promotion of mental health nursing at universities, a perceived lack of funds in the area, pay, or lack of career structure.

Students who had a negative clinical placement experience cited four reasons for this including; there was not enough initial training to cope with the placement, finding the setting too difficult or confronting or being placed in a poor environment (e.g. old buildings etc.), the placement was too short or there was not enough to do, and the work was not challenging compared to other placements.

University students considered psychiatry, psychology, social work, youth work, mental health research careers and teaching as professions that compete against mental health nursing in the job market.

Most university students were unaware of the existence of mental health nursing scholarships.

Practising mental health nurses

Barriers to entry identified by practising mental health nurses included; the additional training and the lack of a direct entry or hospital-based training option, stigma, a lack of professional recognition, a lack of quality re-training courses for returning nurses, insufficient exposure of nursing students to mental health, a perceived lack of career promotion opportunities, little or no cost benefit of returning due to training costs involved, no separate specialist undergraduate nursing degree, and poor advertising of positions vacant.

Ex-mental health nurses

Ex-mental health nurses identified several barriers to re-entry. In many respects the barriers put forward were similar to those by practising nurses but with some additional issues included. Additional barriers included an unpleasant previous work experience, age, the cost of registration, shift work, and fears for personal safety. This group agreed with practising nurses that other barriers were a lack of professional recognition, re-training costs, and a lack of structured career paths.

Recruitment

School leavers

While many school leavers had not (previously) known of mental health nursing as a career, they did hold a reasonably accurate perception about what the job might entail. Approximately half of the school leavers described mental health nursing in a positive light and they considered it a career option. There was some perception that while the job would be interesting, it would also be stressful. Notably, the majority of school leavers held an impression that a mental health nurse would have a higher career status than a general nurse, would be more specialist and more dedicated to their patients.

School leavers identified other people they know who are already working in a field of interest, parents, careers advisors and school teachers as having the greatest influence on their career choices. This group indicated that initial searches for career information would likely include a search on the Internet, a discussion with a current mental health nurse or professional, an enquiry at a school careers centre, or approaching hospitals for information brochures about the career. They also considered university open days, guest speakers at school (e.g. a mental health nurse), school work experience and TV advertising as an effective way to disseminate career information to them.

University nursing students

University nursing students were able to suggest many strategies they felt would assist in recruiting new mental health nurses. Popular strategies included; better promotion of mental health nursing at universities and schools, place increased focus on mental health nursing during undergraduate nursing degrees to increase awareness and interest levels, provide opportunities for hospital based training, offer apprenticeships of systems where people can be paid while studying, provide flexible work rosters, provide training allowances, and encourage practising mental health nurses to recommend the career to others.

Practising mental health nurses

Practising mental health nurses suggested numerous strategies to assist with the recruitment of more mental health nurses. Strategies were; target general nurses and other health professionals by providing education seminars promoting the fields importance and value to attract from this readily available pool, conduct seminars at universities and involve practising mental health nurses in lectures, promote closer ties between schools, universities and the mental health nursing profession, re-introduce direct entry and hospital-based training options, increase professional recognition for mental health nursing within the health care profession through closer ties between mental health nursing and general nursing and a recognised specialist certification or registration, encourage current mental health nurses to recommend and promote the profession, promote flexible rosters, offer scholarships, paid study leave, remove HECS for mental health nursing courses, ensure clinical placements are well organised and provide a positive experience, provide a certificate allowance, structured career paths, and provide greater mental health focus in undergraduate nursing courses.

While most practising mental nurses considered it difficult to attract ex-nurses back into the mental health field, they suggested providing quality re-training programs, more opportunity for on-going professional development and increasing pay rates might help.

Ex-mental health nurses

Ex-mental health nurses suggested similar strategies to practising nurses for recruiting more people into the mental health field. These included; promotion of the field at universities through presentations by practising mental health nurses, establishing graduate programs, improve professional status and recognition, provide flexible work rosters, train nurse managers in supervisory and management skills, increase opportunities for professional development and scholarships, establish larger mental health and clinical placement components in undergraduate programs, establish a separate undergraduate mental health nursing degree, increase pay, provide career path structure and reintroduce hospital-based training options.

Ex-mental health nurses were able to offer six strategies to encourage them to return to the mental health field. These involved increasing recognition of professional status, provide professional

development opportunities, refocus the mental health care system on patient care rather than being finance-driven, ensure realistic case-loads, career path planning and increase pay.

Retention of experienced nurses

Practising mental health nurses

Practising mental health nurses reported several factors keep them working in the field; love the nature of the work, perception that their skills are critical to patient care, the satisfaction of making a positive difference to peoples lives, good relationships with work colleagues, and relationships developed with patients.

Most did not feel adequately recognised and suggested provision of separate specialist licence or registration system, more professional development and bonuses to recognise advances in skills and knowledge, pay parity or pay rates recognising special work conditions, a stronger advocacy system for mental health nurses, and establish closer ties with general nursing to address this.

Only a minority of practising nurses regularly used or considered strategies to manage work stress.

Ex-mental health nurses

Collectively, ex-mental health nurses identified eight factors or strategies that would have encouraged them to stay in the mental health nursing field. These included; better recognition of professional status, better pay or pay parity with other types of nursing, more contemporary methods of patient care, professional development opportunities, flexible work rosters, career path planning, strategies to guarantee personal safety, and encouraging job rotation to foster understanding between general & mental health nurses.

Factors contributing to the increased rate of attrition from the mental health nursing field

Practising mental health nurses

Practising nurses who had temporarily left the field identified the following reasons for leaving; safety concerns, disagreement with management, disillusionment at continual budget of funding cuts, a desire to experience a different career, feelings of not being able to have a positive impact in the system or on patient outcomes, to access higher pay, and to travel.

Practising mental health nurses reinforced that general (or other) nurses do not understand the role or value of a mental health nurse. Impressions such as mental health nurses being 'weird', 'work in the worst ward in the hospital', 'mental health nurses are lazy' or 'custodial', 'unskilled' or 'low status' prevail. Strategies suggested to combat this involved; use job rotation to ensure all general nurses have some time in a mental health unit, better promotion and representation of mental health nursing at universities, media and public education campaigns to address the misconceptions of mental illness, and formation of closer ties between general nursing and mental health nurses.

The most disliked aspects of the job according to practising nurses are a lack of professional recognition and acknowledgement, fear for personal safety, rising pressure and case loads, inability to practice new ideas or implement newly learned skills, a lack of a strong advocacy system for staff, disillusionment at, or perceptions of, a failing system, inflexible rosters, or poor human resource management.

Practising nurses also indicated that the training of mental health nurses should be improved particularly with regard to undergraduate university training. Comments were that mental health should form a major part of all general undergraduate nursing degrees, clinical placements should be better organised and longer, a separate specialist mental health nursing degree should be established, on-going professional development should be encouraged by employers and employees, involve mental health nurses in the delivery of mental health nursing courses at university, and establish a nationally recognised mental health qualification standard.

Most in these groups also expressed frustration at being somewhat confused over their job role. Most found it difficult to clearly define the role.

Ex-mental health nurses

There were twelve individual factors identified by ex-mental health nurses which caused them to leave the field. Key factors included perceived increasing cost focus and diminishing patient care focus within the system, increasing fears for personal safety, excessive workloads and unreasonably high case loads, a lack of professional recognition by other health care professionals, excessive emotional stress, a lack of time allocated to professional development, inadequate support for nurses by management, limited career paths, and witnessing unethical behaviour.

Assessment of literature review strategies by focus group participants

Stage 1 of this project involved conducting a literature review to explore major strategies for encouraging the supply, retention and recruitment of mental health nurses. A summary of the main literature review strategies was provided to all focus group participants for comment. Participants were asked to rate the strategies in terms of its ability to contribute to improving the supply, recruitment and retention of mental health nurses.

Each strategy was assigned a score to enable the strategies to be ranked in order of expected effectiveness by university nursing students, practising mental health nurses and ex-mental health nurses focus groups. Overall, none of the strategies were considered as having very low effectiveness, they all drew general support from focus group participants. There was a clear order of preference for the strategies that was virtually identical for all groups. The following table lists the main literature review strategies in order of perceived effectiveness.

Table 12. Focus Group Ranking of Perceived Effectiveness of Strategies Identified in Literature Review

'Effectiveness' position	Strategy
1	Providing support - mentoring, counselling, debriefing, clinical supervision, stress management
2	Having a minimum compulsory component for mental health in undergraduate nursing courses
3	Supporting students on placement with more resources (E.g. more mental health placements, providing a dedicated staff member in the service or a university staff member to support student)
4	Time and resources for professional development, including scholarships for students, greater time off work to study, assistance with course fees, and formal recognition of education at work either through pay or status.
5	Holistic medicine approach (as opposed to the medical model)
6	More family-friendly practices, e.g. child-care, rostering, parking, accommodation, relocation (especially for rural areas)
7	Improved workforce / succession planning and career advice for individuals
8	Establish strategies to reduce occupational health hazards and increase safety awareness (E.g. violence/suicide)
9	Providing more nursing accommodation or improving current accommodation, especially in rural or remote areas
10	Educating other professionals about the specialist clinical expertise of mental health nurses
11	Awards for excellence - formally recognising students, staff and management for high performance
12	Involving mental health nurses in education programs in schools and universities

13	Encouraging rotations and conferences
14	Giving nurse managers more specific training in management skills
15	The provision of certificate allowance, danger money (as opposed to simple pay rise)
16	Using complementary medicine (E.g. Massage, Yoga etc)
17	Social activities for mental health nurses
18	Encouraging school students to visit mental health services for work experience

Part 3. Suggested Strategies

This final part of the report collates and summarises the strategies generated from all the components of this project: literature review, stakeholder consultations and focus groups. Many varied strategies were proposed by the diverse range of contributors to all these components of the project. Here, those strategies that were consistently endorsed are presented. These strategies are those for which there is widespread agreement that they will positively impact on the supply, recruitment and retention of mental health nurses.

These strategies are summarised under the headings of: education strategies, communication and marketing strategies, registration and accreditation strategies; and workplace management strategies. It is through education, communication, accreditation, workplace practice and management that change in the supply, recruitment and retention of mental health nurses will be achieved. Many strategies will have multiple impacts at all three levels, while some will impact more specifically.

The following suggestions are provided for the consideration of the NMHWG, AHWOC and AHWAC.

Education

There was general recognition amongst student nurses, practising nurses and ex-mental health nurses that recruitment of new mental health nurses would be assisted by increasing the focus on mental health nursing during the undergraduate nursing degree. Most commented that this would increase exposure to the field and encourage interest. Student and practising nurses commented that many universities were reluctant to actively promote mental health options as a positive career or education choice. Student and nursing groups agreed that mental health issues are a major component of general nursing practice, and that general nurses would benefit, and patient care would increase, from all nurses being taught mental health to a greater extent in undergraduate courses. The literature review strategy of including a mental health component in undergraduate courses was also highly regarded by industry stakeholders. Industry stakeholders, practising nurses and ex-mental health nurses also felt that a stronger relationship between industry and educational institutions will help to improve the image of mental health nursing within institutions and also help to ensure local mental health nursing educational requirements are met.

Almost all stakeholder, nursing students, practising nurses and ex-mental health nurses emphasised the importance of a positive placement experience as a tool for encouraging more entry into the filed of mental health nursing. Many nursing students experienced negative placement experiences and in several cases this had turned them away mental health nursing. Students reported a lack of training to prepare them for their clinical experience, and poor coordination or supervision during placements as common experiences. Some students indicated that they would have considered mental health nursing but no placement opportunities were available and industry stakeholders also called for the provision of more placement opportunities as a recruitment strategy. Students who had experienced positive placement experiences cited this as a major reason for considering a mental health nursing career.

Practising mental health nurses, student nurses and ex-mental health nurses all commented that the professional status of a mental health nurse was largely unrecognised by other nurses (non-mental health nurses) and other health care professionals. This was viewed as a major contributor to attrition from the mental health workforce and as a barrier to recruitment. Practising, ex-nurses and nursing students also commented that current university courses for mental health nurses involve a large component of general nursing that many people interested only in mental health nursing find irrelevant and unnecessary. Some felt this to be a potential barrier to entry.

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Practising mental health nurses commonly cited a lack of quality bridging or re-entry courses as a barrier for re-entry into the mental health nursing field.

Some industry stakeholders identified the cost of university courses as a barrier to recruitment in mental health nursing. Both practising nurses and ex-mental health nurses identified the cost of university courses as a barrier to attraction and recruitment or suggested that the removal of HECS from mental health nursing courses, provision of financial study incentives, or the provision of paid employment opportunities to students while studying. Student, practising nurses and ex-mental health nurses felt this would encourage ex-mental health nurses to re-train and re-enter the field, and would make mental health nursing a more attractive option for both undergraduate and post graduate students.

Establishment of graduate programs or programs designed to guarantee nurses work at the successful completion of study was a popular idea with a wide range of stakeholders and focus group participants including managers of mental health services, bodies representing mental health nurses, school leavers and ex-mental health nurses. Programs of this nature were regarded as strong recruitment tools for attracting new mental health nurses as they provided a degree of career certainty for students and provided mental health services with a contact point of available future nurses.

Many stakeholders regarded the literature review strategy of providing more work experience opportunities to school students as an effective recruitment or supply strategy. Bodies representing mental health nurses and departmental nursing heads made particular mention of this strategy and school leavers identified work experience as a preferred channel for receiving career information.

A wide range of stakeholders called for the re-introduction of a direct-entry or hospital based training option for mental health nurses as a partial solution to recruitment and supply difficulties. Bodies representing mental health nurses, managers of mental health services, some Chief Nurses, practising mental health nurses and ex-mental health nurses viewed the lack of a direct entry option as either a barrier to recruitment and entry into the mental health nursing workforce or felt that direct entry would provide an incentive to those considering the career.

Managers of mental health services and chief nursing officers and principal nursing advisors all thought universities frequently teach outdated models of care. Providers of educational programs cited the use of outdated 'custodial care models' in mental health institutions as a contributing factor in the difficulty in retaining nurses. Consumer and carer organisations believe nurses leave mental health nursing due to frustration with old 'medical' models of care. One of the main attractions to mental health nursing as seen by current and ex-nurses is the fact that it involves a more caring model of care, is less medical, and is more holistic in its approach to patient care. Managers of mental health services also thought that the teaching of modern care models would help in the supply, recruitment and retention of mental health nurses. Practising nursing cited frustration at not being able to use new care techniques as one of the most disliked aspects of their work. Practising nurses also criticised university lecturers for lacking up-to-date or recent clinical experience which is reflected in their teaching, and reinforces old models of care. One of the major reasons for ex-mental nurses leaving has been the use of poor management and care philosophies used in the mental health setting.

Education options for consideration would be:

- Increased focus on mental health nursing during undergraduate nursing courses for general nurses early on in the course irrespective of whether the student has a particular interest in mental health nursing.

- Closer ties and effective partnerships between universities and mental health nursing practitioners and service providers to develop curricula and promote mental health nursing as an option at university.

- Improve the quantity and quality of clinical placement experiences of students by providing better-organised placements with ample clinical support, and preceptorship by enthusiastic and well-trained practitioners. Ensure sufficient training and preparation is provided to the student to be able to cope with the clinical experience. Use placements as a recruitment opportunity and establish an on-going connection with students for follow-up for recruitment.

- Examine options for combined general and mental health nursing degrees.

- Reintroduce certificate courses that articulate into university courses.

- Establish a quality re-entry or bridging course to encourage ex-nurses to re-enter the workforce.

- Provide financial assistance and incentives to encourage and support nurses undertaking postgraduate mental health studies.

- Consider the provision of paid employment opportunities for students while studying.

- Introduce schemes whereby mental health nursing students can be guaranteed a job at the end of study, and paid work opportunities within mental health during their course of study.

- Provide more work experience opportunities for high school students and school leavers.

- Examine innovative approaches to undergraduate nurse education to better prepare nurses in regard to mental health nursing.

- Ensure that university curricula focus on teaching more contemporary models of mental health nursing emphasising a recovery orientation to mental illness, and not outdated or 'custodial' models of care.

Communication and marketing

School students were interested in careers where they can learn and develop skills, a career that provides interaction with people, and a career that will allow them to implement their talents and knowledge to help others. They thought that having a greater sense of awareness about the field would also make the profession more attractive to them. The knowledge that there are plenty of job opportunities available in mental health nursing would also attract school leavers.

University nursing students indicated that knowing there were good job opportunities in the field would attract them to specialise in mental health.

Practising nurses and ex-mental health nurses had very similar reasons for enjoying their work in the mental health area. These features of the job need to be communicated to the general public and other health professionals in order to highlight the positive aspects of working as a mental health nurse. These included the ability to be involved in a more 'caring' model of care, which is more holistic, and allows for greater treatment of patients on a personal level. Practising nurses see the work as being interesting, intriguing, challenging and stimulating. The degree of autonomy in decision-making and treatment is seen as positive and attractive feature of mental health nursing, as is the motivation of helping the community.

All groups cited the stigma associated with mental illness as a major barrier to the recruitment of people in mental health nursing. Any marketing strategy needs to communicate and educate the community about the fact that there are many forms of mental illness and it is very common in the community. Mental health nurses should be portrayed as providing an essential community service.

School leavers and university nursing students indicated that a positive recommendation by a practising mental health nurse would greatly increase their interest in the area of mental health nursing. General nursing students commented that their university courses did not provide enough of an understanding of mental health issues to be able to decide if mental health was an attractive career option for them. Providing a practising nurse as an advocate of mental health nursing would provide the information and perspective that is lacking from their formal studies, and would provide a greater opportunity to increase recruitment. Career recommendations by practising mental health nurses was a major reason for many current nurses entering the mental health field.

The targeting of information to school leavers and university nursing students should cover a wide range of communication channels in order to reach as wide a target as possible. Practising mental health nurses should present to students in universities and schools and TAFE / CIT through seminars, lectures, and other career information forums. This should be supplemented with the use of other communication tools such as brochures, media advertising, and providing information to career advisors in schools, universities and HR areas of mental health services. A popular suggestion for reaching the public with mental health messages was in the form of public awareness campaigns such as Mental Health Week to assist in eliminating the stigma attached to mental health, and to promote a more positive image of mental health and mental health nursing.

Use practising mental health nurses as a promotional / communication tool by systematically and regularly involving enthusiastic practising mental health nurses and recovered patients to present at universities, schools (Years 10 to 12) and vocational training settings (e.g., TAFE, CIT). Involve practising nurses in the delivery of lectures at universities to undergraduate students (especially early in their undergraduate course). Promote mental health nursing through seminars, and other career information forums targeted at schools, universities and forums with practising general nurses. It is important for mental health nurses to realise that their recommendations - to school students, university students, general nurses and others-are highly persuasive and should be encouraged.

Communication and marketing options for consideration would be:

- Develop and implement a clearly articulated marketing strategy that communicates the positive and attractive aspects of mental health nursing. Positive messages that may attract people include the following:

  o Mental health nursing provides opportunities to learn and develop skills over time

  o Mental health nursing provides a work environment that is challenging, dynamic, intriguing and requires 'thinking outside the square'. There is the opportunity to use a wide variety of different skills and talents.

  o Mental health nursing is an area that enables the practitioner to provide genuine 'caring environment' through a personal, individual, holistic and less 'medical' model of care.

  o Mental health nurses develop a very close and important relationship with the client to a depth that general or other nurses cannot.

  o Mental health nurses help others by making a major positive impact on their patients' lives, the patients' families, and contributes to the well being of the wider community. Nurses' efforts are generally greatly appreciated by the patients and family.

  o There are many job opportunities available in mental health nursing - a virtually guaranteed job.

  o Mental illness is common in the community and mental health nursing is, therefore, an essential community service.

  o Mental health nursing provides the opportunity to work independently with a high degree of autonomy.

- Provide easy-to-access career information for high school students, parents, careers advisors, university academics, and HR areas of mental health services about the profession, as these are primary contact points for people interested in the profession. Use practising mental health nurses and mental health consumers and carers for promoting mental health nursing.

- Consider the use of TV, booklets, posters at schools and universities, websites and newspapers media to target school leavers and university students.

- Maximise efforts to de-mystify and de-stigmatise mental illness and mental health nursing. Strongly support public education and awareness campaigns (e.g., Mental Health Week, Stigma Watch, mental health literacy campaigns).

Registration and accreditation

Other mental health professionals suggested that establishing a national registration system will simplify recruitment issues across jurisdictions.

Ex-mental health nurses considered the cost of registration to be a barrier to ex-mental health nurses re-entering the field. When added to re-training costs it was argued that the financial incentive to return is removed.

Providers of mental health nursing education, raised the importance of complying with the national practice standards for the mental health workforce. Many nurses feel frustrated by old style 'medical' models of care. The National Practice Standards focus on interpersonal relations and a more holistic model of care.

Mental health service managers and chief nursing officers and principal nursing advisors raised the suggestion of establishing Nurse Practitioner or Advance Practice status for mental health nurses as a tool to increase retention and increase recruitment by providing this educational incentive. This would further improve the professional recognition that mental health nurses receive from other health care professionals.

Registration and accreditation options for consideration would be:

- Provide a nationally consistent nomenclature for registration and accreditation, consider the option of a national registration.

- Consider reducing the cost of registration for mental health nurses returning to the field.

- Ensure compliance with national practice standards for the mental health workforce

- Establish formally recognised specialist status for mental health nurses through consideration of separate registration or through implementation of Nurse Practitioner or Advanced Practice status for mental health nurses.

Workplace

Virtually all stakeholder and nursing groups felt that the provision of greater genuine opportunity for on-going professional development is important to increase recruitment to and reduce attrition from the mental health nursing workforce. Key stakeholder groups such as bodies representing mental health nurses, managers of mental health services, chief nursing officers, nurse registration boards and health department managers of mental health branches all felt that they could contribute to providing increased opportunity for professional development. Practising mental health nurses regarded skill development and training as a major factor in entering the mental health workforce and professional development opportunity was one of the most valued aspects of the job but these opportunities were limited. Practising nurses also considered that increasing professional development opportunities would help entice ex-nurses back and this was confirmed by ex-nurses who identified lack of professional development opportunity as a reason for leaving. Nursing groups also believed that increased professional development opportunity would make them mental health nurses more professionally recognised and valued.

The literature review strategy of increasing awareness of personal safety was regarded as an effective retention strategy by many stakeholders. Bodies representing mental health nurses, mental health service managers, university nursing students and practising mental health nurses all called for improvements to occupational health and safety. Ex-mental health nurses suggested providing extensive aggression management programs to increase personal safety at work. Safety concerns were seen to be both a barrier to entry and a reason for increased attrition rates from the mental health nursing workforce.

Bodies representing mental health nurses believed a lack of pay parity or poor pay was a barrier to recruiting new mental health nurses as did other mental health professionals. Consumer and carer organisations thought pay to be low considering the stressful environment of mental health nurses. Managers of mental health services considered higher pay recognising mental health expertise to be an incentive to encourage more nurses into the field as did managers of mental health services and carer and consumer organisations. University nursing students said they would be attracted to mental health nursing by more favourable pay conditions and that pay would be a deciding factor for their career choice. Practising mental health nurses considered low pay would stop ex-mental health nurses from re-entering the workforce, and that low pay was one of the most disliked aspects of their mental health nursing job. Nursing groups also felt that pay parity and special recognition of their skills and work conditions would help to make them feel more professionally recognised and ex-nurses considered this recognition would have encouraged them to stay in the field.

Practising and ex-mental health nurses frequently suggested the formation of closer ties between mental health nurses, general nurses and other health practitioners to increase the level of understanding and respect for the mental health nursing field. Job rotation between general and mental health nursing was seen as a possible vehicle to achieve closer ties.

The literature review strategy of providing increased support, mentoring, counselling, debriefing, clinical supervision and stress management systems was considered to be the most effective retention strategy by stakeholders overall. Managers of mental health services identified a lack of clinical supervision and professional support as factors leading to difficulty in retaining mental health nurses. Chief nursing officers and principal nursing advisors also suggested debriefing, counselling and other support services are important for recruitment and retention. All key stakeholder groups either supported or suggested increased access to support for mental health nurses.

Practising mental health nurses felt that misunderstanding of mental health nursing job roles by other health practitioners contributed to feelings of low recognition. They also expressed frustration over confusion of their role with role descriptions varying considerably. This was also seen to contribute to workplace attrition. Bodies representing mental health nurses suggested role confusion contributed to recruitment and retention problems, as did other mental health professionals. Practising mental health nurses experienced frustration with undertaking administrative functions at the expense of patient care, as did ex-mental health nurses.

Ex-mental health nurses identified a lack of structured career path and promotional opportunities as a barrier to entering or re-entering the mental health workforce. They agreed that clearer career paths and the ability to experience other mental health nursing roles, would help attract them back to the workforce and would have encouraged them to remain in the mental health field. Practising mental health nurses also suggested clearer career paths as a strategy for recruiting more mental health nurses.

Chief nursing officers and principal nursing advisors regarded poor people management as a contributor to recruitment and retention difficulties as did managers of mental health services. Most stakeholders considered the literature review strategy of providing senior mental health nurses with people management training an important retention strategy. Practising mental health nurses suggested improved people management will improve the working environment and will assist in recruiting new mental health nurses. Ex-mental health nurses agreed, also suggesting a national system of quality management be used by employers. Poor people management was one of the most disliked aspects of mental health nursing work for practising nurses.

Managers of mental health services identified limited job rotations to different health settings as a contributor to retention difficulties and they felt that increased job rotation would encourage more general nurses into mental health nursing.

Chief nursing officers and principal nursing advisors suggested insufficient staff participation and consultation regarding work issues contributed to retention difficulties. Carer and consumer organisations also identified a need for mental health nurses to have greater therapeutic input during patient care and this will also help to overcome a retention barrier.

The *National Review of Nursing Education* (Commonwealth of Australia, 2002a), reported that nurses preparing for retirement considered financial issues related to superannuation. Nurses report that they would like to reduce their hours or change their role and thereby ease themselves gradually out of the workforce. However, most nurses are within public sector superannuation schemes that discourage gradual disengagement from the workforce. Such disincentives must be reviewed and addressed if the large exodus of mental health nurses to retirement is not to have a major impact over the next decade.

Managers of mental health services commented that they could implement exit interviews to assist with succession planning and recruitment strategies related to mental health nurses. The literature review strategy of conducting exit interviews on all nurses leaving the mental health nursing workforce to help with future planning of the mental health nursing field was rated highly among stakeholders overall as a recruitment and retention strategy.

Workplace options for consideration would be:

- Provide on-going professional development opportunities for mental health nurses. Allocate time and support for continuing professional development and training. Consider a mandatory number of hours per year for mental health nurse training as part of the professional role. Training should

support the varied roles and functions that a mental health nurse performs across a variety of treatment settings.

- Examine and improve all occupational health and safety procedures and provide on-going training to guarantee personal safety at work. In particular, provide training in aggression management.

- Consider financial incentives recognising the mental health nursing specialty which may include: qualification or certificate allowances; advanced practice recognition; retention bonuses; accommodation, travel and study allowances.

- Improve the level of professional recognition for mental health nurses by forming closer ties between mental health nurses, general nurses and other mental health practitioners; institute job rotation between mental health and general nurses to enable greater understanding, appreciation and respect for the mental health field.

- Provide, activate and use nurse support systems such as de-briefing, clinical supervision, and counselling. Allocate more time for clinical supervision and strategies to help mental health nurses manage workplace stress. Ensure realistic caseloads and workloads for mental health nurses.

- Clarify the job role of mental health nurses, especially in the context of the multi-disciplinary team, and consider removing some administrative and non-nursing roles.

- Provide career path opportunities for mental health nurses by increasing the numbers of senior clinical positions available, providing career planning advice, and providing both management and advanced practitioner opportunities for advancement.

- Train nurse managers and supervisors in people management and general management skills.

- Encourage job rotations of mental health nurses to different settings to allow nurses to experience new and different patients, peers and situations.

- Involve mental health nurses in management sessions to discuss and contribute to work plans and strategies within their service.

- Review the impact of superannuation schemes on retirement options.

- Conduct exit interviews with mental health nurses leaving the workforce to assist with succession planning.

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