

Chapter 1

Mental Health and Addictions Workforce Development: Past, Present, and Future

Ann M. Roche
Flinders University, Australia

Roger S. Nicholas
Flinders University, Australia

ABSTRACT

This chapter addresses changes in the conceptualization of workforce development and its implications for mental health and addiction¹ workers, services, and sectors. First we provide an overview of the background, historical and contextual factors impacting current approaches to workforce development. Next, an examination of systems thinking, service delivery models and goals, workforce planning, leadership and worker recruitment, retention and wellbeing are provided. Finally, theories of knowledge and innovation dissemination, learning models and theories, and emerging use of technology are examined.

INTRODUCTION

Over recent decades, there has been a major paradigm shift in the conceptualization of workforce development. There have also been substantial advances in the theoretical underpinnings of effective workforce development, and the dissemination and implementation of innovation. This chapter outlines key changes and their implications for mental health and addiction workers, services and sectors.

Interest in workforce development derives from concern about quality of care and provision of evidence-based, effective, and efficient services. There is now also increasing focus on treatment outcomes (in contrast to input- or output-based funding) and client and worker safety. The central tenet of this chapter is that workforce development requires a systems focus, rather than a focus on individual workers. Unlike more traditional approaches, a systems approach is broad and comprehensive, targeting individual, organizational, and structural factors, rather than addressing only the immediate education and training of individual workers (Roche, 2002).

DOI: 10.4018/978-1-5225-1874-7.ch001

While there are multiple facets to workforce development, there is no single unifying theoretical framework. Select theoretical and conceptual models related to different aspects of workforce development are therefore presented.

Currently, there is a severe global health workforce crisis (World Health Organization [WHO], 2011). Over a billion people worldwide lack access to quality healthcare resulting from critical staff shortages, imbalanced skill mixes and uneven geographical distribution of health professionals. An additional 2.4 million doctors, nurses, and midwives are needed worldwide (WHO, 2011). By 2022, Organization for Economic Co-operation and Development (OECD) countries will be facing a health workforce shortfall of approximately 22% to 29% (KPMG, 2012).

The implications of this are wide-reaching. In the Western Pacific region, for example, it has been identified that:

Disconnects still exist between health services and educational and workforce planning, contributing to inefficiencies and misalignment in training, deployment and uptake into the workforce. Limited capacity for human resource management at the national, provincial and facility levels, limited cross-sectoral and multi-stakeholder involvement and other underlying, constraining health system factors all contribute to the difficulties countries have in following through on policy-level commitments, and implementing strategies and plans. (WHO: Western Pacific Region, 2012, p.8)

The shortage of health workers is not confined to developing countries. In the U.S., there is a growing crisis in the mental health and addictions field due to unmet need for services, high worker turnover rates, worker shortages, an ageing workforce, stigma, and inadequate compensation (Hoge et al., 2013; Mojtabai & Crum, 2013; SAMHSA, 2013).

Similar problems and high levels of unmet need are also evident in other parts of the world including:

- Australia (Meadows, Enticott, Inder, Russell, & Gurr, 2015; National Mental Health Commission, 2014; Ritter et al., 2014).
- New Zealand (Mental Health Commission, 2011).
- Canada (Sunderland & Findlay, 2013; Urbanoski, Cairney, Bassani, & Rush, 2008).
- China (Liu et al., 2011; Yip et al., 2012).
- Hong Kong (Chan, Lam, & Chen, 2015).
- 58 low and middle income countries (Bruckner et al., 2011).
- The Asia-Pacific region (Ng, Herrman, Chiu, & Singh, 2009).

These problems are particularly acute among indigenous peoples (Durie, 1999; Jorm, Bourchier, Cvetkovski, & Stewart, 2012).

Compounding these issues, there is a major shortage of medical educators in the Asia-Pacific region (Hu, McColl, Thistlethwaite, Schuwirth, & Wilkinson, 2013). There have also been changes to mental health nurse education and registration in some countries. In Australia for example, nurses are now required to have a generalist qualification before specializing in mental health nursing. In addition, there is now no specialty registration for mental health nurses. These changes have led to a decrease in the number of students motivated to undertake mental health nursing as a career of choice (Hemingway, 2016).

Workforce supply and distribution is therefore a workforce development issue of central importance for a range of countries and beyond, and particularly for indigenous communities. However, these

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