

# Chapter 4

## Mental Health and Addiction Workforce Development in Australia: Never the Twain to Meet?

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### ABSTRACT

*This chapter explores the drivers and outcomes of mental health and addiction workforce development in Australia. In contrast to many countries, these workforces remain largely separate in Australia. Large investments have been made at national, state, and local levels; with resources and programs developed that are worthy of international attention. However, many still question the outcomes of these investments in light of evidence of ongoing unmet need and variations in care. Great hopes are being placed in new workforces, including peer workers, vocationally qualified coaches, and e-mental health technicians. Much rides on the outcomes of these initiatives.*

### INTRODUCTION

If the key goal of workforce development is to support access of the population to workers with the right skills and competencies at the right time, progress has been made in Australia but there is still much to be achieved. Structures of government, fluctuations in focus on national or local initiatives, and multiple parties with roles that impact upon workforce development potentially create duplication and lead to the premature termination of initiatives. They also create however the potential for cross fertilisation

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of knowledge and the creation of excellent resources and strategies. The significant differences in assumptions underlying *mental health services* and *addiction services* in Australia are reflected in the respective, often separate, workforces and workforce development. Much hope is being pinned on the development of “new” workforces. Conclusions regarding the strengths and weaknesses that emerge from these initiatives will have a profound impact upon people with experience of mental illness and addiction and those currently working with them.

This chapter aims to:

- Provide an overview of:
  - The mental health and addiction workforces in Australia and the assumptions underpinning the development of relevant services.
  - The impact of key contextual factors upon workforce development, including government funding and professional organizations.
  - Key factors that have impacted upon changes in workforce composition which are predicted to drive further change.
  - Key strategies utilized to drive workforce change.
  - The key providers of education and training that support the development of the mental health and addiction workforces.
  - The impact of changes in the context in which these providers operate.
- Explore successes and limitations of programs and strategies to date.
- Highlight resources that may have international applicability.

A key theme throughout this chapter is the impact the differing emphases of mental health and addiction services have had over time on developing workforces within the health, social, and broader sectors. Consistent with the overall focus of this book, more attention will be given to initiatives within the mental health sector. This results in more detail regarding mental health workforce development, but will be placed in the context of considering the ongoing impact of this conceptual tension.

## **BACKGROUND**

Mental health and addiction service practices in Australia were initially influenced by the U.K. and U.S., as were many of the underlying institutions that impact upon them. This includes health, social, educational, governmental, and economic structures and concepts. The predominant influences vary over time, sometimes contributing to a strengthening of unique “Australian” workforce characteristics and blending “the best of both worlds”. At other times however this has led to interrupted developments after significant investments of time and money have been made. This is evident in the outcomes of the significant investments in Australia into mental health workforce development over the last decade, and less coordinated investments into developing a largely separate addiction workforce.

Within this chapter, workforce development will be considered in the context of the following definition, applied to the mental health and addiction workforces.

*...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug-related problems.*

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