The need for leadership capacity building in the Australian mental health workforce

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Background
The mental health system in Australia is again under scrutiny. A common theme in the Out of Hospital, Out of Mind and Not for Service reports, and in the hundreds of submissions to the Senate Inquiry into Mental Health, is that service reform has stalled and in many places things are going backwards. Inadequate funding is widely cited as a leading cause of the problems. While no doubt the system could do with more funding, an extra $1.4 billion has been injected into mental health in the last decade (an increase of nearly 80% in real terms). One needs to ask why the system is in a state of crisis even with increased financial resources. One reason might be increased demand on the system. Another might be that the mental health workforce has not been up to the task. Mental health professionals are still too few in number, poorly distributed and lack the right mix of knowledge, skills and experience. The Productivity Commission's 2005 report on Australia's health workforce argued these deficiencies are common in the entire health workforce – but are particularly acute in a number of areas, including mental health.

Discussion
It was recognised early in the National Mental Health Strategy that successful reform would need workers with a quite different skill base. This paper will argue that the challenges faced by the mental health workforce today, and in turn by the mental health service system, are in large part the result of the collective failure to invest in re-skilling the mental health workforce. One critical area where this failure has been most evident is leadership.

Most education and training of the mental health workforce is in the knowledge and skills required for the diagnosis, treatment and rehabilitation of patients. Reforming a system that provides a spectrum of care from self help, and primary care through to community mental health and inpatient services which are supposed to be integrated with services provided in other sectors (employment, education, housing, justice etc) is a monumental task. To successfully advocate for and lead change in mental health care, we need knowledge and skills that extend beyond the clinical realm. We need to understand bureaucratic, political and economic dimensions. We need to understand how the health system operates, how health policy is made, who the key stakeholders are and how they influence administrators, policy-makers, politicians and the media. We need to recognise, appreciate and develop our potential as powerful players and leaders. This will enable us to not only develop more effective solutions to problems, but get these solutions implemented. It will also allow us to engage in broader debates about health care reform.

The genesis of the Australian Mental Health Leadership Program, piloted in 2005-06 and continuing in 2006-07, was a desire to try to fill this gap for the generation of psychiatrists just entering the system. While the program has been judged a success by those involved, it will need to be scaled up considerably if it is to have any significant impact on the workforce problems outlined above.

Competing interests
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