Mental Health Australia

Mental health sector guidance to the Workforce Working Group: Workforce wellbeing

September 2025

The National Mental Health Workforce Strategy action 3.1.1: **Initiatives to safeguard the wellbeing of the mental health workforce** was identified as one of the highest priorities for action by the National Mental Health Workforce Sector Advisory Group and Network. Following consultation and discussion, the Advisory Group and Network provided the following feedback to the National Mental Health Workforce Working Group on actions to progress this urgent priority.

Members noted the importance of focusing on systemic changes, rather than individual training and support initiatives. While there are many things that services can do to support the wellbeing of their workforce, the funding and commissioning environment is a critical enabling factor, and the focus of this paper.

To improve the wellbeing of the mental health workforce, governments must take action to improve funding and commissioning practices that facilitate fair remuneration, employment stability, mental health support and access to high quality supervision and professional development.

This paper covers:

- Key messages
- Consultation process
- Discussion questions
- Advisory Group and Network advice on workforce wellbeing
    - Systemic priorities to support workforce wellbeing
    - Examples of professional development opportunities to support staff wellbeing
    - Examples of promising practice

Key messages

Effective workforce wellbeing initiatives must address structural factors such as funding models and workplace conditions. To create the conditions needed to foster mental health workforce wellbeing the National Mental Health Workforce Sector Advisory Group and Network recommend action across the following domains:

1. **Better funding models and appropriate investment to support workforce wellbeing**

The most impactful way governments can support workforce wellbeing is through **commissioning and funding agreements** that prioritise quality of care, respond to demand, improve working conditions, and enhance access to supervision and professional development, including through:

- Longer-term funding contracts, to provide employment security and continuity of services
- Budget allocations for workforce wellbeing initiatives and professional development
- Investment in the Lived Experience workforce
- Investments in specialist mental health roles (for example psychologists and psychiatrists) in public mental health services

2. **Improving working conditions to support workforce wellbeing**

While many conditions fall within the remit of individual workplaces, adequate funding is needed to enable these improvements, including:

- Fair wages and flexible work arrangements
- Funded protected time and resources for non-client facing activities
- Career development pathways
- Low or no-cost mental health support

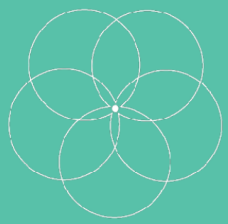
3. **Improving access to supervision and professional development**

To ensure effective supervision and professional growth, resourcing must include:

- Protected time for training, development and supervision activities
- Funded backfill to enable release of staff to participate in training and development activities
- Integration of supervision into care models
- Incentivised minimum training standards for supervisors

4. **Supporting students and new staff**

To ensure students and new staff are supported in their entry and then retention into the mental health workforce, is it critical that there are:



- Well-resourced programs to support students during placements and their transition into the workforce
- Better financial support during clinical placements
- Improved housing support, particularly in rural and remote communities.

Government leadership is needed to create consistent, sustainable and supportive environments across the sector and diverse mental health service settings.

Consultation process

The National Mental Health Workforce Sector Advisory Group and Advisory Network were invited to provide feedback on priorities to improve workforce wellbeing through the online members portal and via email between 1-12 September 2025. The feedback was collated and discussed further at the September 2025 meeting of the Advisory Group. Mental Health Australia has developed this feedback into a statement for the National Mental Health Workforce Working Group for consideration. Pre-meeting feedback was received from 13 Advisory Group and Network members, encompassing perspectives of lived experience and peer work, community mental health, service providers, research, advocacy and allied health. 28 Advisory Group members participated in discussion at the September meeting, with seven members providing further written feedback after the meeting.

Discussion questions

The National Mental Health Workforce Sector Advisory Group and Advisory Network were invited to provide feedback around the following themes/questions:

1. **Systemic priorities to support workforce wellbeing**
   - What initiatives to safeguard the wellbeing of the mental health workforce should governments and the sector together prioritise?
   - What are examples of current promising practice to build upon?
   - What systemic changes are needed to improve workforce wellbeing?

2. **Improving access to supervision and professional development**
   - What resourcing is required, to embed adequate supervision?
   - What professional development opportunities would support workforce wellbeing?
   - What are the barriers and enablers to accessing professional development?

This incorporated requests from the Working Group for sector feedback on:

- Embedded supervision including review of funding required to support this (broadly aligned to Strategy actions 3.5.2, 3.4.1 and 3.4.2)
- Evidence-based training and programs on self-care (Strategy action 3.2.1)
- Supported access to professional development, including profession specific as well as core mental health alcohol and other drug (MHAOD) skills (Strategy actions 3.3.1-3.3.3)

Advisory Group and Network advice on workforce wellbeing

Advisory Group and Network members have previously reflected the National Mental Health Workforce Strategy lacks a focus on psychosocial safety of the mental health workforce, and there is an urgent need to implement initiatives to address vicarious trauma, moral injury and burnout. This is imperative to maintaining and growing the mental health workforce to ensure ready access to quality care for people seeking mental health support.

Existing Workforce Strategy actions rely on staff actively seeking individual support, however members emphasised the need for a **systemic approach to improve working conditions and preventing workforce stress**, rather than focusing on individual coping strategies. Though the Working Group was asked about evidence-based training or programs on self-care, feedback from the Advisory Group and Network highlights the need for structural solutions. Self-care programs should be optional and must not be positioned as remedies for systemic issues such as excessive workloads, unclear roles or poor leadership. Effective wellbeing initiatives must address broader systemic factors, including funding models and environments that genuinely support workforce wellbeing.

It was also noted by the Advisory Group that many wellbeing and self-care training initiatives already exist and are being utilised – simply scaling up and/or promoting these existing initiatives will not fundamentally improve conditions at work.

During this consultation, there was recognition that different mental health workforces and sectors/settings have different wellbeing pressures and solutions. The scope of this document is on common themes and recommendations *across* the mental health workforce, rather than being profession-specific.

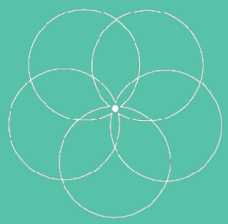
The Advisory Group also reflected on the different role of government and the sector in supporting workforce wellbeing. Professional bodies and service providers have existing resources and mechanisms to support workforce wellbeing, and are looking to government to provide the broad direction, conducive funding environment and in some cases regulations and minimum expectations to ensure consistency.

Systemic priorities to support workforce wellbeing

The Advisory Group and Network identified several systemic priorities to support workforce wellbeing building on the following themes:

Better funding models and appropriate investment to support workforce wellbeing

The most impactful way governments can support workforce wellbeing is through **commissioning and funding agreements** that prioritise quality of care, respond to demand, improve working conditions, and enhance access to supervision and professional development.



A critical component is the provision of **longer-term funding contracts for services**, which facilitate job security and service continuity. Commissioning cycles should be designed to avoid repeated short-term funding. This inherently creates job insecurity, and leads to staff seeking more secure employment. Consistency in contracting, such as the current NSW Community Living Supports tender, which offers an initial five-year contract with options for additional five-year extension, helps retain staff and maintain strong relationships with clients and communities. Longer service contract lengths directly address many of the sector's retention challenges and should be an immediate priority for the Working Group.

Professional development and supervision enhance workforce wellbeing by building confidence and competence, reducing fatigue, and ensuring workers feel skilled and supported in their roles. Therefore, it is also recommended that funding agreements require employers to allocate a portion of their **budget specifically to professional development and supervision.** For example, it was recommended that a minimum additional 2% of salaries go towards professional development. Professional development and supervision must be adequately funded and embedded within service KPIs. Further detail on this is provided later in the document.

Additional **investment in career pathways for the Lived Experience workforce** is essential for retaining skilled workers who can in turn supervise and mentor early-career Lived Experience workers – which is critical for supporting wellbeing. This includes funding for senior peer advocate roles, establishing a spectrum of roles (from entry-level to management) within services, and providing low- or no-cost training for peer support workers. In addition, unlike other roles, Lived Experience staff regularly share their personal experiences of mental illness, addiction, and recovery. To support privacy and wellbeing, confidential spaces should be provided so these conversations can occur privately, away from other team members and waiting areas.

There are also specific funding challenges in bed-based services, which impact on wellbeing. Members reported that there is often a disconnect between the resourcing and staffing models in place, and the levels and types of community support needs. (For example, adequate funding for allied health coverage on weekends in inpatient settings would reduce nursing workloads, support weekend discharges, and shorten patient length of stay. In public mental health settings, increasing funding for the psychology and psychiatry workforce would ensure that community members can access specialist support as needed). Aligning funding, staffing and service models with the level and type of community need is important in maintaining the satisfaction of workers, and long-term retention.

Further work that the Working Group could progress to identify and address mental health workforce wellbeing needs, building on the above advice, include:

- Develop a contemporary evidence-based framework that identifies workforce wellbeing variables and where the responsibilities and levers for these sit;
- Develop a set of principles based on the above framework that can be applied to role design, organisational practices, and policy and funding approaches and identify where accountability sits – so there is clarity on who is responsible for implementing which changes, to improve workforce wellbeing; and

- Develop a dashboard that could be used at service-level to identify worker wellbeing risks and trigger action by the employer (for example, number of staff on short-term contracts, percentage of staff working overtime, turnover rate, attendance at supervision etc.). This would recognise that there are multiple concurrent factors shaping wellbeing outcomes, and provide clear visual indicators to prompt employer action.
- Update funding and contracting arrangements, to both ensure that the enablers to workforce wellbeing are reflected in the contracting arrangements (e.g. long term funding periods), and ensure that employers are supported and expected to use the above dashboard and proactively support workforce wellbeing.

Improving working conditions to support workforce wellbeing

Advisory Group and Network members identified a number of working conditions that could be improved to facilitate workforce wellbeing. While many conditions fall within the remit of individual workplaces, adequate funding is needed to enable these improvements. These recommendations should also be considered alongside the broad **evidence base** on the importance of creating mentally healthy workplace environments, and the suite of existing tools and **guidance available** to support the development of mentally healthy workplaces.

Recommendations include improving:

- **Fair wages and flexible work arrangements**, such as additional leave options and support for part-time roles. For example, Lived Experience workers should be able to access time for allied health appointments and self-care without needing to shift to casual employment. Setting consistent wages across jurisdictions would prevent interstate 'poaching' of in-demand mental health workforces. Updating the SCHADS Award - which community-managed mental health workers are employed under - so that it can offer comparable conditions to awards in health and other sectors would also address the historical gender undervaluation and bring greater fairness for workers in this sector. It is critical that changes to the SCHADS Award are subsequently reflected in funding contracts.
- **Protected time and resources** for essential non-client-facing activities such as care coordination, debriefing, and professional development. This is especially critical for First Nations organisations, where staff often carry additional cultural and community responsibilities. Programs like *Culture Care Connect* demonstrate effective strategies for supporting staff and reducing turnover.
- **Workload and caseload management** through clear role definitions, reasonable expectations, and appropriate client-to-staff ratios. Ensuring funding levels align with demand, to both maintain timely access to services and enable reasonable workloads, is critical.
- Ensuring that all professions are working at the top of their **scope of practice**.
- **Career development pathways** from early career to senior leadership roles to support retention.

- **Low or no cost mental health support**, including Employee Assistance Programs (EAP), additional psychology sessions with providers of choice, cultural healing initiatives, and psychological first aid. Workers should be able to choose which funded wellbeing tools and training work best for them. Emotional labour, moral injury, and fatigue should be recognised as core occupational health concerns, with managers trained to identify staff distress.
- **Supportive physical environments** that include providing confidential, soundproof spaces for supervision and peer support and quiet areas for report writing.
- **Positive workplace culture** that values supervision, professional development, and non-judgmental support. Investment in training, including free core competency programs and additional professional development leave days annually.

By addressing these factors, governments/funders and services can create environments that are supportive of sustainable improvements to workforce wellbeing.

Improving access to supervision and professional development

Ensuring the workforce is appropriately trained, supported and engaged is critical in supporting workforce wellbeing and is an investment in staff retention. To have good mental health and wellbeing at work, staff need to feel well equipped and capable to fulfil the duties of their role. However, the importance of supervision is often not recognised and as a result can be de-prioritised. Advisory Group members advised that workforce shortages can mean staff are not released from their service to attend training and professional development opportunities.

To ensure effective supervision and professional growth, resourcing must include:

- **Protected time** for training, development, and supervision activities. This time must be accounted for in funding agreements and may include specific professional development leave. Training should be offered on paid time or as part of highly subsidised or free employment skill building.
- **Funded backfill** to enable access to training opportunities. For example, a pool of centralised backfill/secondment staff.
- **Supporting collaboration across professions** to enable multidisciplinary care and cross-team collaboration. Workplace education on the role of all mental health workforces would also foster respect and collaboration between professions.
- Resourced **Communities of Practice (CoPs)** for debriefing, skill sharing, and support—especially in emerging or niche areas of practice.
- Establishment of **cultural safety educator roles** to create multilingual mental health resources and promote culturally safe practices.

Supervision

- Integration of supervision into **care models.**

- **Building and diversification** of the supervisor workforce, including peer supervisors and discipline-specific supervisors.
- **Incentivised minimum training standards** for supervisors, including trauma-informed, culturally competent and reflective practices. For example, low cost supervisor training is available at **Flinders University**, Social Work supervisors must also possess the **AASW accredited supervisor credential**. Effective supervision incorporates education, support and accountability.
- **Embed more supervisors in formal training settings** and incentivise supervisors to complete approved/credentialed training
- **External supervision funding** when internal options are inadequate, particularly for peer workers. This could be facilitated by contracted KPIs to ensure that providers allow brokerage for external supervision where required.
- Work with the sector to ensure **clear supervision pathways** for those in emerging disciplines or other professionals within the mental health sector including community development, Aboriginal and Torres Strait Islander social and emotional wellbeing workers and psychosocial support workers.

Professional development

- Provide **tailored leadership training** for professional (not just operational) leaders and early career managers to support growth across clinical, research, education, and management pathways.
- **Discipline-specific Mental Health Online Development Program** modules to target unique learning needs.
- Subsidised continuing professional development (CPD) training.

By investing in supervision and professional development opportunities, governments and mental health service providers increase workforce retention and increase professional satisfaction and wellbeing. They will also contribute to delivering better quality supports and services.

Supporting students and new staff

Supporting the development of early career clinicians and mental health professionals by creating structured, paid entry pathways into services before they move into tertiary-level roles would increase wellbeing and retention of that workforce. Early-stage employment opportunities in large multidisciplinary teams would enable early-career mental healthcare workers to build core skills and familiarity working with diverse professionals, as well as opportunity to provide supervised support and gain confidence.

In addition, **well-resourced programs** to support students during placements and their transition into the workforce (similar to the headspace Early Career Program) should be funded more broadly. **Structured onsite mentoring** and observation opportunities with experienced health professionals is important to guide new staff through their early stages. Graded workloads for new staff would help avoid early burnout.

To reduce cost of living pressures and enable more people to enter the mental health workforce, **better financial support during placements** must be provided. Financial support for early career workers must also be improved to **address housing instability** and affordability of rent and appropriate housing in regional and rural areas.

To ensure graduates can fully utilise their skills in meaningful careers, long-term and sustainable funding is needed across the entire pathway—from training through to employment. This is especially important for early career mental health workers who have received free or subsidised education. Investing in funded roles for these workers not only maximises the return on government education spending but also supports job satisfaction and workforce retention by enabling full scope of practice.

Conclusion

The Advisory Group and Network are pleased to provide this guidance on improving mental health workforce wellbeing to the Working Group.

Appendix

Examples of professional development and wellbeing opportunities to support staff wellbeing

Advisory Group and Network members gave examples of professional development opportunities that would support workforce wellbeing, which included:

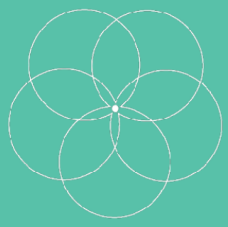
- Reflective practice models
- Training and education for staff and management around supporting staff mental health
- Wellbeing programs for staff addressing, for example:
    - Dealing with risk
    - Burnout, vicarious trauma, role strain
    - Boundary management, and
    - Navigating the social-relational impacts of their roles (e.g. being the ‘go to’ person that friends and family for mental health advice)
- Specific skill building on mental health, and AOD
- Supporting staff via targeted peer supervision and mentoring
- NDIS training pathway model - for people with disability who want to become trained peer workers, and

- Training or education on the role of Lived Experience workers in clinical settings. The Advisory Group recommended workplace education on the role of all mental health workforces would improve respect and collaboration between professions.
- Greater access to Lived Experience Perspective training in AOD, understanding risk, group facilitation and responding to suicide.
- Addressing occupational violence and aggression in a meaningful way
- Organisational frameworks and training programs that support both new graduate transitions and allied health professionals moving into clinical mental health roles from other sectors (e.g., AOD, Child and Family Services).
- The **National Workplace Initiative** is an evidence-based framework to create a consistent approach to mentally healthy workplaces. A **digital platform** has beendeveloped with resources to guide organisations in creating a mentally health workplace.

Examples of initiatives to support workforce wellbeing

Many programs and initiatives to support workforce wellbeing exist, yet the sector needs resourcing to take up these opportunities. Advisory Group and Network members also provided useful examples of promising practice initiatives in workforce wellbeing, including:

- The **Culture Care Connect** program delivered by Aboriginal Community Controlled Health Organisations has been raised as an example of successfully supporting staff and reducing turnover.
- **Organisational wellbeing plans** to mitigate vicarious trauma in trauma-exposed workforces, with best practice guidance from **the Churchill Trust.**
- Dedicated funding for a **telephone counselling service** to improve the mental health of the sector, which some other professions have.
- **headspace's Early Career Program** provides professional and practical support to minimise the pressures on students and early career workers,
- The **Connecting mental health Paediatric specialists and community services** model has reduced clinician burnout and increased competence in supporting child and adolescent mental health through a partnership between North Western Melbourne PHN, the Royal Children's Hospital and Murdoch Children's Research Institute
- Batyr have the following **workplace provisions**:
    - Cover the gap for staff accessing psychological support
    - Reframe personal leave as wellbeing leave that can be accessed for prevention
    - $500 annual wellbeing allowance for staff
    - Option to create a wellbeing plan with managers



- **Northern Health's Mental Health Division** have the following initiatives:
    - Psychology staff are encouraged to utilise their leave in an effective manner throughout the course of the year to ensure that they achieve a work life balance. As the majority of their staff are women with caring responsibilities, support is provided to work part time, which is essential for retention and equity.
    - Psychological First Aid (PFA) program to ensure that staff have access to psychological defusing and support following a critical incident.
    - Psychology educators are delivering all-staff ACT in the Workplace to strengthen psychological resilience of staff
    - Preventing and Managing Vicarious Trauma and Burnout workshops
    - Reflective groups for multidisciplinary teams to support practice and learning along with group supervision for all levels of psychologists
- The **Australian Association of Social Workers** has standards to guide best practice regarding supervision that supports social worker wellbeing: **AASW Practice Standards Supplement** expands upon Practice Standard 8 (Professional Supervision) of the AASW Practice Standards 2023.