



Community Mental Health Workforce Survey in response to COVID-19

Period 1 April – 14 April 2020

Introduction

There has been a need for community mental health and NDIS service providers to rapidly adapt in response to the COVID-19 virus. This has impacted Staff and Volunteers working in the sector.

As the peak body for community mental health in the Northern Territory, the NT Mental Health Coalition released a survey to assess the impact, concerns and needs of the workforce.

This report relates to responses received between 1 April to 14 April 2020 for the survey which was promoted through Facebook and the Coalition newsletter. Included is an overview to the respondent participation, issues/concerns and support needs.

Survey Participation

Table 1 Employing service (Q6)

Employing service	Response	
NDIS service provider	1	7%
Community mental health service provider	13	93%
Total	14	100%

Table 2 Location of respondent (Q7)

Region	Response	
Darwin or Palmerston	9	64%
Katherine	3	21%
Alice Springs	2	14%
Total	14	100%

Note: Survey was promoted through all regions of the NT.

Table 3 Role in workforce (Q8)

Role	Response	
Volunteer	0	0%
Psychosocial Support Worker	4	29%
NDIS Support Worker	1	7%
Aboriginal Health Worker	0	0%
Coordinator or Team Leader	3	21%
Business Support Role	1	7%
Supervisor or Manager	2	14%
Clinical Professional	3	21%
Total	14	100%

Survey Responses

Questions 1 to 4 sought feedback from respondents regarding

- Key concerns
- Changes to individual and workplace arrangements
- Key supports

Except for Question 2 which was multiple choice, each question allowed a free text, open-ended response. Responses varied in length and included multiple sentiments. An overview of the sentiments expressed at each question has been provided as follows.

Key Concerns (Q1)

Table 4 Types of concerns (Q1)

Types of concerns	Response	
Staff	32	49%
Client	31	48%
Workplace	2	3%
Total	51	100%

Table 5 Staff related concerns (Q1)

Staff related concerns	Response	
1 risk to health	7	22%
1 mental health and wellbeing	7	22%
1 uncertainty	6	19%
1 home schooling	3	9%
1 Isolation	3	9%
1 increased workload	3	9%
1 financial security	2	6%
1 ICT support	1	3%
Total	32	100%

Concerns staff had in relation to their health included concerns for themselves and the risk of “bringing the virus home to loved ones”. Mental health and wellbeing concerns incorporated the need to be resilient while supporting increasingly vulnerable clients.

Uncertainty in relation to the COVID-19 pandemic and its impact on service delivery was an explicit concern. Related concerns were expressed with reference to “possible loss of income” and by working parents uncertain of the need to manage work and family obligations, “especially if schools close”.

Some staff reflected issues in relation to increased workload including “increased administration”, “constant changes to procedures and policies”, “adapting to changes quickly in the workplace” and “trying new ways of working”. Workplace concerns related to the implementation of hygiene practices.

Table 6 Client related concerns (Q1)

Client related concerns	Response	
2 reduced support	7	23%
2 mental health and wellbeing	8	26%
2 remote service	4	13%
2 engagement	3	10%
2 ICT access	3	10%
2 communication	1	3%
2 secondary impacts	3	10%
2 remote clients	1	3%
2 NDIS access	1	3%
Total	31	100%

The level of concern staff had for clients, was comparable to the level of concern they had for themselves. Principal among their concerns was for the mental health and wellbeing of clients particularly considering increased isolation and reduced access to support including transition to remote service delivery. Specific concerns were raised in relation to remotely located clients who had returned to community and could no longer be contacted.

For those clients who could be contacted concerns were expressed regarding their engagement with services in a virtual setting. This included not having access to appropriate devices or confidence/knowledge to use the technology.

Commonwealth funded psychosocial support providers expressed specific concerns related to the delay to NDIS applications and submissions.

Secondary impacts for clients were raised including “closure of employment services”, “disruption to education” and an “increase in family violence”.

Changes to Work Arrangements (Q2 & Q3)

Table 7 Change to personal work arrangements (Q2)

Personal work changes	Response	
Yes	11	79%
No	3	21%
Total	14	100%

Table 8 Type of changes to work environment (Q3)

Type of changes	Response	
1 working from home	7	28%
1 remote delivery of services	5	20%
1 minimal onsite staffing	4	16%
1 limited face to face	3	12%
1 hours same	3	12%
1 stopped groups	1	4%
1 demobilized staff	1	4%
1 hours changed	1	4%
Total	25	100%

Changes to service delivery included a transition to remote service delivery, cessation of groups,

limited face to face services and minimal on-site staffing.

Individual staff reported they were working from home, undertaking the same hours, had reduced hours and in one case had been demobilised.

Key Supports (Q4)

Table 9 Types of key supports (Q4)

Types of key issues	Response	
Staff	25	49%
Clients	8	16%
Workplace	18	35%
Total	51	100%

Table 10 Staff related supports (Q4)

Staff related supports	Response	
1 ICT support/PD	5	20%
1 wellbeing support	8	32%
1 flexibility	4	16%
1 support demobed staff	4	16%
1 childcare/school	3	12%
1 supervision	1	4%
Total	25	100%

Staff identified a high number of supports that would alleviate their individual burden. A third of the staff related supports related to mental health and wellbeing including

- "Increased supervision"
- "Staff wellbeing days / initiatives to keep the health workforce healthy and mentally resilient"
- "Access to support services such as additional mental health supports"
- "Team bonding and support ideas"
- "Resources on practicing self-care"
- "Maintain regular connection with fellow work colleagues"
- "Change acceptance strategies"
- "Acknowledge and understand that everyone will have different reactions and emotions to the current environment"

Specific recommendations were made regarding ICT support for staff including

- "Training on utilising more technology"
- "Access to a paid zoom account for case conferencing purposes"
- "Professional development re telehealth"
- Improved IT equipment for telehealth, video sessions and working from home"

Practical supports, particularly for working parents included

- "Support for schooling or home schooling if that happened"
- "Flexible working hours"
- "Flexible work arrangements"
- "Work from home"

The respondent who had been demobilised due to the cessation of the program they worked on, had individual needs relating to being demobilised. These included wellbeing support and practical considerations.

Table 11 Client related supports (Q4)

Client related supports	Response	
2 info/comms	2	25%
2 online resources	2	25%
2 ICT support	2	25%
2 maintain support	2	25%
Total	8	100%

Practical suggestions were made by staff to support clients in the following four main areas.

- ICT support for clients:
 - o "Access to a phone and/or wifi for video conferences and appointments"
 - o "iPad lessons for online activities"
- Clear information and communication:
 - o "Consistent messaging regarding business/education"
- Online resources:
 - o Information "regarding telehealth"
 - o "Resources on how to best manage continued participation"
 - o "Greater number of online resources"
- Maintaining support "for those vulnerable in the community mental health sector".

Table 12 Workplace related supports (Q4)

Workplace related supports	Response	
3 PPE/hygiene	6	33%
3 innovation/CoP	5	28%
3 clear communication	4	22%
3 ER plan & training	2	11%
3 funding	1	6%
Total	18	100%

Staff identified the following types of supports within the workplace that would support them during this time.

- Clear and concise communication:
 - o "Continue to provide staff with updated information"
 - o Concise information and less "email bombing" of COVID-19 information
 - o "Clarity around decisions and procedures"
- Increased funding to respond to client needs.
- Ways to adapt services:
 - o "Ideas and suggestions to creatively engage with clients"
 - o "Increasing innovation"
 - o "Partnering" with other organisations
- PPE and Hygiene:
 - o "Proper PPE"
 - o "Removal of office lounge chairs"
 - o "WHS workstation"
 - o "More signage"
 - o "1.5m Barrier around reception desk"
- Emergency response planning and training "to prevent and respond to pandemic"

Recommendations

Based on the key supports identified by the workforce, the following recommendations have been made:

Staff support

- Increase mental health and wellbeing supports for staff.
- Ensure staff are provided with clear and concise information.
- Consult with staff around their requirement for flexible work arrangements.

- Provide ICT support to staff to facilitate an appropriate level of remote service.
- Mental health and wellbeing support for demobilised staff.

Client support

- Maintain service delivery and contact for vulnerable clients.
- Consult with staff, clients and other organisations to identify innovative ways to support clients.
- Provide clear information for clients re service delivery and continued participation.
- Provision of devices and data credit for clients.
- Provision of learning/support to access online/telehealth support.
- Information relating to online resources.

Supports in the workplace

- Implementation of good hygiene practices and measures to support social distancing.
- Provision of PPE.
- Emergency response planning and training for staff.

Organisational support

- Increase funding and allow flexible use of funding for organisations to implement necessary supports.
- Consider the establishment of a community of practice for organisations/staff to exchange best practice and innovation in response to COVID-19.
- Provide hard to source PPE items and hygiene products.