

Australia: Mental health workers continue stopwork action

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Mental health workers in Victoria, who are members of the Health and Community Services Union (HACSU), are continuing rolling stopworks in pursuit of an improved enterprise agreement.

A state-wide stoppage originally planned for early last month did not go ahead because of coronavirus restrictions which prevented the health workers assembling together and was replaced instead with groups of 10 lobbying the offices of state members of parliament.

HACSU officials told the workers to protest in separate groups, claiming this would “divide and conquer” the state Labor government of Daniel Andrews and force it to grant the union’s demands.

While the Andrews government has already made clear it will not bow to pressure, the union in fact is using “divide and conquer” methods to isolate mental health workers and block calls for mass state-wide action as it negotiates a rotten deal with health industry chiefs.

The dispute concerns enterprise agreement negotiations with the Victorian Hospitals Industrial Association (VHIA) and Department of Health and Human Services (DHHS) for 15 public mental health facilities that have stalled since February 2020.

One of the main sticking points in negotiations is the wage claim for a four percent “increase” on an annual basis for four years.

On August 3, a counter proposal was offered by the government for two percent, a derisory amount, and failing to address staffing shortages, which the union says amounts to 450 equivalent full time (EFT) positions, rising to 970 EFT if the recommendations of the Royal Commission into Mental Health in 2019 are taken into account.

Other areas of the log of claims still in dispute include a mental health allowance of \$2,500, a Reproductive Health Leave clause (up to five days leave for reproductive disorders or IVF treatment), improvement of classification

for administrative staff as well as increased administrative staffing, and other demands.

The HACSU has called for establishment of a Health Industry Disputes Panel as an alternative disputes-settling procedure to the Fair Work Commission, which union delegates would be able to attend with pay. This would serve to entrench the position of the union and shore up its collaboration with the government.

The Labor government handed down its 2021–2022 state budget in May, with a main focus on mental health, claiming it will spend \$3.2 billion on the sector on the basis of a 0.5 percent levy on corporations with a wages bill of over \$10 million and a further 0.5 percent on top of that for those corporations over \$100 million.

Expenditure on the mental health workforce to fund 3,000 jobs, 120 graduate placements for nurses, 140 postgraduate mental health nurse scholarships per year and 60 graduate placements for allied health professionals is projected to cost \$55.1 million in the first year, \$68.3 million in the second, \$41.2 million in the third and \$41.7 million in the fourth—a total of \$206.3 million.

These amounts, however, will do little to overcome the shortfall in the sector. In 2019, the Royal Commission calculated that if Victoria’s funding for mental health services were aligned with the national average per capital funding, itself woefully beneath what is required, it would have enabled the employment of an extra 1,500 medical officers, including psychiatrists, 8,000 additional mental health nurses, 2,700 extra diagnostic and allied health professionals and 70 more consumer or family carer workers.

In other words, even with 3,000 additional jobs in mental health, the sector will remain understaffed and under resourced. In 2017, DHHS indicated that mental health nursing vacancies sat at an average of 10 percent across Victoria, although some services reported a 20–30 percent vacancy rate, and that vacancies are filled with

casual employment of agency staff, or overtime for existing staff. This situation is entirely attributable to low wages and impossible working conditions.

Furthermore, COVID lockdowns have sharply increased mental health issues in the population, thereby adding to the demands on the mental health workforce.

The reality is that the government's protestations of concern for mending a fractured mental health system do not extend to the workforce, and the reality of the situation facing mental health workers speaks to this indifference.

A December 2020 academic study—"Mental health matters: A cross sectional study of mental health nurses' health-related quality of life and work-related stressors," published in the *International Journal of Mental Health Nursing* —surveyed 498 Victorian mental health nurses and found they suffered high rates of work-related stress. The sector, it said, is "now on the cusp of a crisis."

According to the study's lead author, Professor in Mental Health Nursing across Melbourne Health and Australian Catholic University Kim Foster, the findings throw up serious issues about the ongoing well-being, retention and practice of mental health nurses, the largest group in the mental health workforce. They face staff conflict and bullying, high workloads, lack of organisational support and lack of adequate resources to perform their roles, suffering some of the most significant workplace stress in Australia.

She added that the most concerning situation faced younger mental health nurses, aged between 21–30 years and those with under four years' experience in the field. Nationally, there is a projected workplace shortage of 18,500 by the end of the decade.

"There is a critical national shortage of nurses in mental health and attrition of the mental health nursing workforce is due in part to workplace stress.... [which] needs to be an urgent priority for governments, industrial organisations, the professions and mental health services," she noted.

A survey of over 500 respondents in June by the union found that more than 70 percent of mental health workers felt the government didn't respect them. Pay was highlighted as one of the biggest issues. One quarter were considering changing their jobs and 10 percent are actively planning to leave the industry.

One mental health nurse said: "We are treated as a number, provided with unsafe working conditions and no-one cares." Another added: "We are slowly sinking, and both the staff and consumers of the service suffer."

On HACSU's Facebook page, correspondents have

voiced their frustration with the Andrews government, and its unwillingness to commit to the mental health workers' demands.

One writer said: "Apparently mental health matters. It's a shame mental health care staff don't matter for this government. We'd expect this from a Liberal government, but seriously Dan and James, what is wrong with you as people, that you don't care for those, caring for the state's most vulnerable?"

Another wrote: "Care and dedication—the Victorian government version of 'thoughts and prayers'—might be nice to have but banks and landlords don't accept it as currency."

HACSU has recently announced that mental health workers at three more facilities—Monash Health, Royal Children's Hospital and Mildura Base Hospital—will vote on industrial action. If the vote is carried, they will join with the other 15 facilities in "protected action" under Fair Work Australia's repressive industrial relations system. Last week stopwork action took place at Austin Health, Bendigo Health, SouthWest Health and Eastern Health.

The systematic neglect of the sector and the workforce will not be rectified by the pro-business Labor government, which is just as culpable as the Liberals for the disaster in mental health over the last three decades, a situation that has been imposed in collaboration with the health unions.

In order to overcome this crisis, mental health workers need to organise independently of the unions through the establishment of rank-and-file workplace committees and to reach out to other health workers, in Australia and internationally, for unified industrial and political action based on a socialist program.



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