Australian union ends industrial campaign by Victorian mental health workers

Margaret Rees 12 November 2021

Following an enterprise agreement offer from the Victorian Labor government, the Health and Community Services Union (HACSU) ended a prolonged campaign of low-level action by the state's public mental health workers.

The union announced mid-last month that 84 percent of its members in the sector had ratified the deal, and promptly called off further action.

The mental health workers undertook rolling stoppages and bans in support of a log of claims submitted in February 2020.

The entire period was worked under the COVID-19 pandemic, during which there have been six lockdowns in Victoria, involving enormous demands on the public mental health system that the workers have struggled to meet.

Despite the recent decision of 246 mental health staff at Monash Health, who voted last month to join the action of the other 15 public mental health units involved, the resolve of the workers was worn down with a campaign of pressuring Labor backbenchers and independents to get the government to accept the log of claims.

The main item in the workers' log of claims was a demand for a minimum four percent wage "increase," which itself would barely allow workers to catch up with inflation. In addition, the union demanded a further increase in wages, in the first year of the agreement, to achieve a work value equalisation.

On August 3 this year, the government offered a two percent deal, which the workers rejected. The latest offer split and divided the workforce in terms of the monetary terms proposed.

Nurses and Patient Service Officers (PSO's) are to be given three percent each year for three years and 1.5 percent in the fourth year, with a one off payment equivalent to three percent to be backdated to December 2020.

This works out to merely a 2.6 percent compound average over four years, less than the current inflation rate of around three percent.

Allied health, administrative staff and lived experience workers, on the other hand, are to be given two percent a year over four years, plus a retention bonus of \$750 this year, \$1500 next year, \$2000 in 2023 and \$2000 in 2024.

One nurse wrote on the union's Facebook page before the vote: "I wonder why an annual retention bonus hasn't been offered to nurses? Yes I know it would be way expensive, but it feels like a slap in the face to offer it to others but not to the people on the floor 24/7/365, in the bed based services especially, and when colleagues in other disciplines working alongside will be getting it on the floor and in the community." The comment was quickly removed from the union page.

Another exasperated mental health worker told WSWS: "The pay deal is an insult... people probably voted for it because as per usual the negotiations have drawn out way too long and no one has the time or energy to focus on it."

As is increasingly common when the unions are pushing a sell-out deal, the HACSU adopted a fraudulent pose of "neutrality" on the offer, while claiming to provide workers with three "options." These were a) to accept, b) to reject and maintain existing bans or c) to reject and step up the action. A series of "pros" and "cons" alongside these options range from veiled threats of legal action against the workers to "this is the best you will get." The underlying message was that the only viable "option" was to capitulate to the government. One of the "pros" listed for maintaining the existing limited bans was that it would mean "industrial action would be less likely to be terminated in the Fair Work Commission." This is the age-old argument of the union leaders, that the Fair Work Commission will deem any significant strikes as unlawful. And this is from the union organisations who themselves agreed to the provisions of the Fair Work Act, imposed by the Gillard Labor government, which ban all but the most controlled industrial action.

Furthermore, one of the 'cons' for option (b) was that "the government is likely to reduce their pay offer over coming months based on current economic realities." The cry of every government that "there is no money" is a lie that must be rejected by the health workers. The continued budget slashing in mental health has targeted wages and increased workload of staff, who confront an increasingly impossible situation due to rising admissions with no additional staff or resources.

Behind the pose of neutrality, the union was desperate to wind up the campaign. As it made clear: "we can never guarantee any improved offer—depending on how much the bans were stepped up (much longer stop works, or stop works across multiple services simultaneously, for example), there is a real possibility of our bans being terminated. If this happens, we lose our pressure point."

Revealingly, the Labor government's deal provides for an "Alternative Dispute Resolution Panel, which would include union representatives." The bureaucrats would collaborate with government officials in seeking to resolve conflicts over classifications and pay.

There would also be a Royal Commission Working Group (RCWG) established, to identify recommendations of the Royal Commission into Mental Health and Wellness, which have implications for the operation of the Enterprise Agreement.

The RCWG was proposed by the Royal Commission itself, which had called for the government to collaborate with "workforce stakeholders" to implement its recommendations.

Both these bodies entrench the relationship of HACSU with the government. Their purpose is to establish new corporatist mechanisms, which will be used to enforce the grossly-inadequate conditions workers face, behind fraudulent claims that the union officials are advocating for their members.

Other conditions of the government's Mental Health EBA offer include primary carer paid parental leave being increased from 10 weeks to 14 weeks rather than the 26 weeks in the log of claims.

There will be 800 full time equivalent positions to be implemented for mental health services, with unions to be consulted as to where they would be deployed.

HACSU deliberately divided mental health workers into separate rolling stop works in the months when Victoria was not in lockdown. When COVID restrictions prevented a march on parliament, the union presented an abject letter appealing to members of parliament as the main initiative of the campaign.

The union's actions have ensured that the Labor government can impose the "economic realities" on the mental health workforce, by locking in the exploitative, unsafe and increasingly impossible conditions in the sector.

This again demonstrates that workers can only fight for their basic rights through a complete break with the HACSU. New organisations of struggle are required, including independent rank-and-file committees controlled by workers themselves.

Such committees would be the vehicle for linking up with health workers internationally, who face similar intolerable conditions. They would be faced with political issues, including the need to fight for a socialist perspective aimed at establishing high-quality, well-funded public healthcare, including by placing the banks and the corporations under public ownership and democratic workers' control.



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