

Striking Australian mental health workers speak about wages and conditions

Our reporters
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On June 17, 800 Victorian mental health workers walked off the job and rallied in Melbourne, opposing a proposed enterprise agreement from the Labor government, that will further cut real wages and do nothing to resolve the dire conditions confronting staff and patients in the sector. Read full coverage of the rally [here](#).

Reporters from the *World Socialist Web Site* spoke to striking workers at the rally.

Kate, from a regional city, said “I’m an allied health staff member working in an adult community mental health team and with the current offer that has been put on the table by the Victorian government, I’m going to be paid \$30,000 a year less than the nurse sitting next to me doing exactly the same job. I’m furious.

“I’m here representing [the need for] pay parity, that is my cause. We’re going to lose our allied health staff members. No one is going to stay doing the same job for \$30,000 a year less. At the moment I am a team leader, but I get paid less than the staff members I manage in the team, [because] I am an allied health professional rather than a nurse, doing the same job.

“I work unpaid overtime, I miss my lunch breaks, I never have a morning tea or an afternoon tea break. Quite often I have my hand in my pocket. Working in the community, there are expenses that come up. Just taking a client somewhere, you have to pay for parking. There is no reimbursement.

“Over 90 percent of Allied Health have indicated they will consider leaving if they don’t get pay parity. That will see the collapse of our health system. We manage high-risk clients in the community. We’re already struggling to fill vacancies. It is putting clients and consumers of Victoria at such high risk.”

A **metropolitan hospital social worker** said: “At the end of the day, equal pay is not unreasonable. I think

nurses absolutely deserve the money that they’re getting, and it would be lovely to have our work respected in a similar way.

“I think there is potentially some kind of intentional dividing that is going on from the government, attempting to split us up. But ultimately we are all members of a multi-disciplinary team. We’re all working together with the same cases, the same clients, we’re doing the same work, we’re all adding incredibly useful and insightful knowledge.

“There is a real risk of pushing allied health workers out of community roles if we’re not getting paid comparable wages. We’re not, and our work isn’t being respected with the diversity of skills that we bring. We’re in a nursing shortage already, we can’t afford to lose an allied health workforce and just hope that we’ll be able to fill it up with nurses. They’re already understaffed everywhere.

“A mental health system ultimately requires multiple functional parts in order to be effective and different health professionals are experts in their specific field. We have doctors coming to us for specifics around family violence, specifics around housing, specifics around legality. The human condition is too complicated, too multifaceted to be held by one person. Ultimately consumers and clients benefit from a robust, diverse mental health system.

“No one is in public health because they want to get rich. It is because we are passionate and we think that there is value in providing service to the population and it is disappointing that our government is not getting behind us and helping us to do that. We’re all going above and beyond. We get out late. People work through their lunches because work needs to get done. And asking for that to be fairly compensated is not unreasonable.”

Katie, a nurse from a regional city, came to the rally to support her allied health colleagues: “I work in the community and I work in a multidisciplinary team. I’m a nurse and I have to sit next to my social work and occupational therapy comrades, and they’re not getting a pay rise. We don’t want to be separated. We don’t want to be split and we stand united.

“Our work needs to be safer and we need to be supported. We work really long, intensive hours. We love our job and we want to do the right thing by the community, but we can’t pay our mortgages.

“I’m supposed to work 48 hours a fortnight. I’ve got a young family and I tend to work 70 hours instead. I don’t want to work so much but I have to pay the bills, and we’re shortstaffed all the time. I get a text to work [extra] every day, every single day.

“There are patients waiting in emergency departments, or they’re languishing in their homes. They are not well supported. The community teams don’t have enough time to see people, and then that fills the emergency department. If you want to see an improved system, you’ve got to support it, you’ve got to fund it. The last EBA, we were supposed to have 800 positions funded and we haven’t seen them yet. So we’re waiting five, six years for these positions to be filled and the state government won’t pay. So we’re really short staffed.”

Joe, from a metropolitan mental health unit, said: “We’re all facing pressure from the increasing cost of living. Most of us have got multiple financial commitments, most of us are not coping with the financial pressure. It definitely impacts on the workplace as well. The workplace is getting more chaotic and more pressured.

“A wage increase is one of the things that we definitely desperately need. Nurses are the predominant workforce when it comes to healthcare, but the government has a different attitude to allied health. This is the time for collective action. I think it is a matter of workers getting united and going for industrial action, that is for sure.

“In the workplace, management is very pushy, kind of punitive in their approach. People struggle to organise. I don’t think the union are doing enough about that, to change the situation in the workplace. It is important for all of us to be united and stand for our rights.”

Matt, a metropolitan social worker working with juvenile offenders, said: “We’re fighting for greater recognition in the mental health workforce, and equity amongst mental health workers. There have been a lot of cuts to health funding in Victoria, while the crisis of mental health continues to increase. More pressure is being put on staff to work harder and do more with less.

“There has been a longstanding system where nurses and allied health have different pay scales despite doing the same job. Part of what we’re fighting for is to bring equity to the workforce. If we’re doing the same job we should be on the same scale and have the same opportunities for development in our careers.

“The big thing for me is how we have to fit in clinical work with administrative work that just takes up more and more time. You’re working at home, writing up notes, filling out documents and KPIs that you have to do. It actually takes time away from the work with people and the actual clinical work that makes a difference.

“From an allied health perspective, there need to be more funded graduate programs to actually get social workers and occupational therapists interested in working in mental health. Also there should be much greater administrative support to reduce the amount of paperwork, so that we can get on with the work of working with patients.”



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