

HNE Mental Health Intake Service

Review of Multidisciplinary Position Gradings

Purpose

The purpose of this review is to evaluate the current multidisciplinary positions for clinical staff working in the Mental Health Intake Service. The review achieves this evaluating professional scope of practice of the positional grades, including review against the relevant industrial award, alongside the primary purpose and key accountabilities of the roles, with a view of ensuring that the professional grades will meet the services requirements into the future.

The review has been completed by the Deputy Director of Nursing Mental Health Services and the Head of Discipline Occupational Therapy Mental Health Services.

Methodology of the Review

This included a comparative consideration of:

- The Position Description
- Clinical Governance Documents
- Orientation Materials
- Documentation Templates in use
- Relevant Industrial Awards
- Scope of Practice Guidelines
- Stakeholder Consultation
 - Clinical Staff
 - MH Intake Services Leadership
 - Team Manager
- Site Visits
- Staff Profile including FTE and Gradings under the Multiclassification Position

Note: This review did not examine the Clinical Psychologist or Counsellor Grades

Service Overview

Mental Health Intake – Located in Newcastle at the James Fletcher Campus provides three service streams. These include the Mental Health Line that provides telephone triage and referral services for consumers of all ages and their families and carers who require mental health care and advice. The purpose of the service is to identify the most appropriate care pathway to meet the needs of people requiring mental health care and treatment.

The Northern Mental Health Emergency Care – Rural Access Program that provides telehealth consultation into remote Emergency Departments including assessment and referral where mental health services are not readily available.

Mental Health First Responder which provides telehealth triage, consultation and referral service to NSW Police and NSW Ambulance.

Overview of Telehealth

Telehealth is an increasingly utilised and evidence-based modality for delivering clinical mental health care across Australia. Originally limited to face-to-face consultations supplemented by telephone support, mental health services have rapidly evolved to incorporate videoconferencing technologies, particularly during the COVID-19 pandemic. This shift has led to the widespread adoption of hybrid service delivery models, blending in-person and virtual care to meet diverse consumer needs.

Consumers and carers report high levels of satisfaction with telehealth, citing benefits such as convenience, comfort, and reduced travel burden. In one NSW regional service, 86% of consumers rated their videoconferencing experience as good or excellent, and 82% felt personally comfortable during sessions. These findings are echoed nationally, with telehealth improving access for individuals in rural and remote areas, where traditional services may be limited or require travel to larger centres.

In emergency settings, telehealth enables timely mental health assessments and specialist input for patients presenting in crisis, particularly in regional emergency departments. Models such as the hub-and-spoke system allow larger hospitals to support smaller facilities remotely, improving diagnosis, management, and reducing unnecessary transfers.

Telehealth is expected to remain a core component of Australia's mental health system, with initiatives like the Digital Mental Health Service launching in 2026 to further expand access to early intervention and low-intensity therapies.

Overview of the Position Description

The Mental Health Intake Clinical Team consists of a single multidisciplinary position with multiple gradings between professions including Clinical Psychologist, Counsellor Level 3, Occupational Therapist Level 3, Registered Nurse, and Social Worker Level 3.

The Key Clinical Accountabilities of the role are to provide mental health triage and/or assessment and to provide a referral to other services to provide ongoing care and treatment. Triage and Assessment occur via Telehealth. Clinical Staff are rostered on a 7 days per week, 24 hours per day roster.

Clinical Governance

The roles are supported by clinical governance processes in business hours including governance pathways and practice that include access to the Team Manager and/or Clinical Coordinator, Staff Specialist (Psychiatrist), Psychiatry Registrar, Virtual Care and MHFR Coordinator and Team Manager.

Afterhours the clinical team are supported by the Clinical Leader (on-site), On-Call Psychiatrist, as well as the After-Hours Mental Health Nurse Manager (available 24/7 via phone). Although individual clinicians may be working with individual consumers, they are supported by the wider multidisciplinary team that provide not only multidisciplinary expertise and support, but also pathways for escalation when required.

In the Northern Mental Health Emergency Care Rural Access Program and the First Responder Streams the consumers are under the clinical care and governance of the respective service, in the Emergency Care Stream this is the Emergency Department and in the First Responder by the Emergency Services, this is a hub and spoke model as mentioned above. The role of Mental Health Intake is to provide either an initial triage or mental health assessment as a consultation to these services who have clinical responsibility over the consumer who is in their care.

Clinicians are also supported by embedded clinical governance processes including a daily morning safety huddle that allows clinicians to raise any clinical or other safety concerns within the team lead by the Team Manager, and/or Clinical Coordinator and handovers between each shift. A weekly clinical review under the supervision of the Psychiatrist for Northern Mental Health Emergency Care Rural Access Program reviews any NMHEC-RAP assessments that need discussion or to trouble-shoot issues. Referrals on the Referral Information Management System are reviewed daily at regular intervals by the Team Manager, Clinical Coordinator, an Allocated Clinician, and Clinical Lead.

Professional Governance

Having a single multidisciplinary position within the clinical team means that although there is the opportunity for clinicians to be professionally supported by their multidisciplinary colleagues, this is a professionally flat structure within the team for both Nursing and Allied Health Clinicians.

Registered Nurses

The Registered Nurses have limited access to the nursing professional practice support and development. They have access to the nursing practice monthly forum held by the wider Greater Newcastle Mental Health Service, as well as their own individual clinical supervision arrangements.

Access is restricted by the flat structure, and they do not have ready access to designated higher graded Nursing Positions to provide onsite professional governance, professional development, and profession specific support currently. However, capacity within the team will improve with the introduction of the Transitional Nurse Practitioner/Nurse Practitioner which will assume a degree of professional responsibility to the Registered Nurses within the team.

Nursing professional discipline line is to Director of Nursing Mental Health Services and to the Deputy Director of Nursing Mental Health Services.

Allied Health

The Allied Health Clinicians similarly have access to individual clinical supervision arrangements. They also have access to their professional networks via their respective Heads of Discipline.

Stake-Holder Feedback

The Review Team had the opportunity to meet with 13 of the clinical staff, 6 from Allied Health and 7 from Nursing both in person and via Microsoft Teams. A consistent theme was that having the one grading between professions is restrictive. For the Registered Nurses in the team, they are limited in their ability to demonstrate an extended clinical scope of practice that includes professional and service leadership, due to the grading of the position as a Registered Nurse. The ability to provide professional leadership is further limited by the nursing team being all the same grade, with no variation between each nurse's key accountabilities and role expectations.

This lack of variation and the limitations on delivering an extended scope of practice beyond the Registered Nurse Grading was identified by some of the nursing team as a service and professional gap for the Registered Nurses. Some Nurses stated that all the positions should be re-graded higher to account for the expectations of their role, however the feedback was mixed with others identifying that there was a need for some nurses to be graded higher to provide a higher level of professional leadership and clinical governance, with the ability to reach nursing staff on shiftwork.

Overall, the feedback from nurses was that having nurses with a recognised higher grade and the expectations associated with a higher grade to provide professional and clinical leadership would enhance the existing clinical governance processes but also provide more professional and clinical support across the team, particularly for the Nurses.

The Allied Health Grade does include within their scope this additional capability as part of their scope of practice, however as mentioned above due to the flat grading structure of the team not all Allied Health Staff demonstrate this capacity, as the opportunity to support and mentor clinicians growing into the profession and expanding their capabilities are limited. Some staff fed back that some Allied Health staff saw professional leadership and support as a key function of their role but not all.

The NSW Public Health System Nurses' and Midwives (State) Award outlines the scope of practice for Registered Nurse Grading primarily through definitions and classification criteria, rather than prescribing a detailed list of clinical tasks. Although the Award does not explicitly list clinical tasks, it does assume that Registered Nurses work within the Nursing and Midwifery Board of Australia's (NMBA) professional standards, codes, and guidelines. A Registered Nurse's scope of practice as outlined by the NMBA can 'conduct comprehensive assessments, develop care plans and coordinate other health workers and resources to provide nursing care.' The NMBA provides an example that includes the responsibility of the Registered Nurse to provide for the '*assessment, planning and delivery of care to people who have acute and/or chronic physical and mental health issues.*'

For Registered Nurses in Mental Health Services this includes the application of mental health specific assessment tools including mental health triage and mental health comprehensive assessment tools, and the ability to refer on to appropriate mental health services for ongoing care and treatment. However, the NMBA does qualify this understanding of the scope of a Registered Nurse to be limited to the individual Registered Nurse's practice capabilities.

The NSW Health Service Professional Award covers the Social Work and Occupational Therapist professionals within the team. The Award, similarly, to the Nursing Award, does not specify specific clinical roles and tasks, however at a level 3 grading, commensurate with the Registered Nurse Grading, identifies they are able to complete mental health assessments, triage, and referrals.

This grading however, is differentiated by being considered an advance practice grading, including expectations regarding leadership, decision making and service development responsibilities. Those graded in level 2 positions require an enhanced level of professional supervision from more senior staff; however, they can provide mental health assessment, triage, and referral. This is why there are Level 2 Allied Health Clinicians within the service, as although the multidisciplinary position is graded at level 3, when there is a circumstance where a Level 3 Allied Health position cannot be filled by a suitably qualified applicant, to maintain service continuity and reduce wait times, the role may be re-advertised to allow consideration of level 1 or 2 applicants.

The use of Telehealth is not a limiting factor at either level of these grades or between Allied Health and Nursing professions, to provide these key accountabilities of the role.

Current Staffing Profile

<u>TITLE</u>	<u>CLASSIFICATION</u>	<u>FTE</u>	<u>Head count</u>
Team Manager	HSM	1	1
Clinical coordinator	HSM	1	1
Virtual Care and Mental Health First Responder Coordinator	HSM	1	1
Mental Health Professional	Registered Nurse RN8	8.2	10
	RN2	0.3	1
	Clinical Nurse Specialist Grade 1	0.3	1
	Allied Health Level 1-2 SW	1.8	2
	OT	1	1
	Allied Health Level 3 SW	7.7	10
	OT	1.8	2
	Psychologist Psych yr 9	0.8	1
		23.9	30

Review Summary

The current approach of grouping multiple disciplines under a single classification offers some benefits but also presents profession-specific challenges. For Registered Nurses, the existing grading aligns well with the key accountabilities of their roles. However, the use of a single grade—Registered Nurse—can limit the ability to support professional nursing practice and hinder opportunities for development and career progression within the team.

Similarly, the Allied Health Level 3 classification meets the role's core accountabilities but introduces challenges related to inconsistent expectations around professional leadership. The flat grading structure restricts opportunities for clinicians to fully demonstrate and develop leadership capabilities.

The review identified a robust clinical governance framework that supports clinicians effectively. However, this support could be strengthened by introducing higher-grade nursing roles. Enhancing nursing leadership capacity, particularly for nurses on shiftwork, would improve clinical oversight and decision-making.

Regrading all nursing positions to a higher level was considered. However, given that the current Registered Nurse grade sufficiently reflects the role's accountabilities, a blanket regrading would not be beneficial and may replicate the limitations experienced by Allied Health staff under a flat structure.

A more appropriate solution is the introduction of the Clinical Nurse Specialist Grade 2 classification. This grade explicitly supports professional leadership, as defined in the Award: *“Undertakes one of the following roles: leadership in the development of nursing specialty clinical practice and service delivery in the service.”* The introduction of Clinical Nurse Specialist Grade 2 will provide enhanced professional support for the Nursing team on site and strengthen the role of Nursing within the multidisciplinary team. This pathway also enables career progression for Registered Nurses, allowing them to apply for personal regrading to Clinical Nurse Specialist Grade 1, and subsequently pursue higher-graded roles within the service.

Additionally, the team can support Allied Health Level 1-2 positions. This would create a clearer career pathway for Allied Health professionals, allowing earlier entry into the service and enabling Level 3 clinicians to more effectively demonstrate leadership aligned with their grading. Notably, Level 2 Allied Health positions already exist within the team, providing a foundation for this approach.

Review Recommendations

1. Regrading a proportion of the Multidisciplinary Classified positions to Clinical Nurse Specialist Grade 2
2. Regrading a proportion of the multidisciplinary Classified positions to Allied Health Level 2
3. Consider reclassifying some of the positions as professionally distinct under Nursing or Allied Health to ensure continuation of a mix of disciplines.

Additional Sources of Information

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