

Te Ara Whanaketanga

Linking Pathways of Development



Te Ara Whanaketanga - Linking Pathways of Development

Mental Health & Addiction Workforce Development Strategy 2007 - 2011



Te Ara Whanaketanga

With thanks and acknowledgement to the CMDHB Mental Health Services Te Taumata Kaumatua for naming this document. Te Ara is the progress of people. Whanaketanga is the links between us and others.

The Cover

The graphic style logo represents a south pacific feeling but is not specific to any one culture. The smaller circles portray the many diverse elements of a community – ethnic, philosophical, socio-economic, lifestyle, services or career choices, all co-existing and meeting together within the wider circle of the community as a whole.

The images on the cover link to different influences on the Counties Manukau Mental Health & Addiction sector and the development of Te Ara Whanaketanga (2008) including:

- Key national mental health & addiction strategies
- Underpinning principles of the future health system in Counties Manukau
- Our staff and the uniqueness of Counties Manukau area with its many different cultural influences

Published in July 2008 by
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ISBN 978-0-9582961-2-0

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Counties Manukau DHB's shared vision is:

To work in partnership with our communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health disparities

- We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated
- We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focussed and cost effective healthcare, at the right place, right time and right setting
- Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care

Shared values

Care and Respect	Treating people with respect and dignity: valuing individual and cultural differences and diversity
Teamwork	Achieving success by working together and valuing each other's skills and contributions
Professionalism	Acting with integrity and embracing the highest ethical standards
Innovation	Constantly seeking and striving for new ideas and solutions
Responsibility	Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions
Partnership	Working alongside and encouraging others in health and related sectors to ensure a common focus on, and strategies for achieving health gains and independence for our population



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Getting it right for people using local mental health and addiction services, by leading the development of an improved system, is part of our jobs. Beyond the ongoing priorities of recruitment and training, workforce development has a key role in growing services that better fit our unique local context.

Mental health and addiction services are being delivered in a changed environment, with shifts to community, recovery and greater diversity. A workforce that is able to provide the type and volume of services required is essential now and into the future.

Te Ara Whanaketanga (2007) sets out what we need to do for sustainable service provision in Counties Manukau. By working smarter to get the most from our available resources we can improve our performance and productivity. By working together we can develop and establish the type of workforce needed for the future.

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The development of *Te Ara Whanaketanga (2007)* was undertaken with input from many skilled people representing varied areas of the local mental health and addiction sector in Counties Manukau. Thank you for your contribution.

Particular acknowledgement goes to the members of the Local Mental Health & Addiction Workforce Development Steering Group for their advice, skills and committed participation throughout the process.

This document was compiled on behalf of the sponsors:

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The Ministry of Health leads workforce development for the mental health & addiction sector under the key strategies of *Te Tāhuhu: The second mental health and addictions plan (2005)*, *Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006 – 2009* and *Te Kōkiri: The Mental Health and Addiction Plan 2006 – 2015*.

Te Ara Whanaketanga-Linking Pathways of Development. Mental Health & Addiction Strategy 2007-2011 responds to the need for a coordinated local approach to workforce development that addresses current and future requirements. This document links with a whole series of national, regional and local workforce development plans and guidelines.

Local workforce development priorities are built around creating the capability and capacity to engage with changing approaches that bring about sustainable service provision. Put another way this strategy is about building a future workforce to ensure the ongoing delivery of quality services to our community.

At the heart of workforce development in the mental health and addiction sector are the needs of people who use our services. Ongoing innovation supporting peer-led initiatives is one way that the local DHB can unleash future workforce potential as well as improve the health status of those with the greatest need.

Within the local district, a key vision is of a sector with no fragmentation, and all services working together supporting common goals, including recovery, inclusion, safe services and effective services. Our responsibility is to ensure we have a diverse workforce, able to deliver the type and volume of services required.

The 'flava'¹ of our local environment is a key determinant in what we do in Counties Manukau, it shapes our style and provides us with a unique kaupapa [platform] for ongoing development. Key in our approach is working together to lead the organisational development required to foster sustainability and meet our collective responsibilities as providers of services. Goals and actions linked with a whole series of national, regional and local workforce development plans, mechanisms and initiatives will be implemented over the next 5 years. Refer Figure 1 for an outline of the local workforce development strategic framework.

¹ **Flava:** Means "style". From "Flavor" "Flavour". <http://www.urbandictionary.com/define.php?term=flava>

Develop a workforce to better meet the mental health and addiction needs of the people we serve, ensuring sustainable delivery of the type and volume of services required in this district

Goals	Actions	Outcomes
<ul style="list-style-type: none"> Develop Capabilities – to foster the development in Counties Manukau of a workforce able to meet the mental health & addiction needs of the people we serve Enhance Capacity – to consolidate and strengthen local ability to deliver the type and volume of services required Create Sustainability – to sustain workforce development in Counties Manukau by fostering a local sector way of working 	<p>People & Processes (Workforce Development Infrastructure)</p> <p>I Build local sector ability to progress mental health & addiction workforce development</p> <p>Working Smarter (Organisational Development)</p> <p>I Develop the organisational culture and systems necessary to sustain the workforce</p> <p>Finding & Keeping (Recruitment & Retention)</p> <p>I Support the ability of the local mental health and addiction sector to attract and retain staff able to deliver future services</p> <p>Development & Skills (Training & Development)</p> <p>I Enhance systems supporting capabilities development</p> <p>II Develop a workforce able to deliver the type of services required in the sector</p> <p>Being Informed (Information)</p> <p>I Use information to support local sector ability to deliver the type and volume of services required</p>	<p>The right number of people working together with common goals of recovery, inclusion, safe and effective services to meet the needs of local service users</p> <p>Sector led workforce development driven by leaders</p> <p>Recruitment, retention, development and training systems are high performing functions of organisations</p> <p>The local infrastructure is capable of delivering new services and enhancing existing service delivery</p> <p>The workforce reflects the community we serve</p> <p>Work is reorganised to minimise duplication of effort and make the best use of available staff</p>



Figure 1: Local Workforce Development Strategic Framework



1 The Big Picture

1.1 Sustainability, development and growth

Sustainable service delivery in the context of anticipated workforce shortages challenges us to be resourceful when considering the future. Current opinion suggests finding better ways of working now, is a key in addressing issues of future workforce supply.

Sustainability may be the ultimate challenge in a time where the current workforce is ageing and younger generations are hesitant about working in the sector. Persistent people shortages are par for the course in most mental health and addiction disciplines. Given the population of Counties Manukau, addressing shortages in specialty skill areas such as child and youth; older adults, Kaupapa Māori and Pacific people's mental health is particularly important.

The predominant focus of workforce development has been on increasing participation, by attracting more people into existing disciplines with their corresponding skill mix (Ministry of Health, 2006). It is strongly suggested that future constraints on labour supply necessitates a much greater focus on finding ways of working better and more efficiently with the available workforce.

Contemporary views about mental health and addiction workforce development, address the need for change at organisational and systems levels to ensure sustainability; enhancing the efficiency and effectiveness of the workforce; attracting and retaining people; fostering leadership; and building a culture for recovery.

1.2 Our mental health and addiction services

Counties Manukau District Health Board (DHB) funds services for all age groups including services specifically for Māori, services specifically for Pacific people and services for refugees and migrants.

Local mental health services for the population of Counties Manukau are delivered by Counties Manukau DHB and a range of Non-Government Organisations (NGOs). 76% of all services funded are based in the community and one quarter of these are residential services. 31% of Counties Manukau DHB's mental health expenditure is on NGOs (Counties Manukau DHB, 2006). Regional services are delivered by other DHBs. The largest regional services are the community alcohol and drug services and the regional forensic services both of which are delivered by Waitemata DHB.

The ongoing provision of high quality mental health and addiction services within Counties Manukau depends on a range of factors including the people who deliver them. Our responsibility is to ensure we have a diverse workforce, able to deliver the type and volume of services required.

1.3 Defining workforce development

The concept of transformation underpins successful workforce development in the mental health and addiction's sector. In keeping with the commitment to continuously improve the quality of its services (Minister of Health, 2005), the sector pursues ongoing enhancement of its workforce.

Simply put, the national outcome for workforce development is to ensure the right people are in the right place doing the right thing at the right time – for the benefit of people who need to access services (Ministry of Health, 2007).

Traditionally workforce development in the mental health and addiction sector has taken the form of workforce planning (assessing workforce supply against future workforce demand), and then addressing any gap between the two through education and training (Ministry of Health, 2006). Contemporary perspectives encourage a systemic approach whereby employers, such as DHB's and NGO's, are guided to engage in activity spanning the entire workforce system. These activities include organisational development, recruitment and retention, training and developing capabilities, capacity building, enquiry and information use.

The characteristics of a locally led workforce development approach include:

- Fostering an approach that builds upon and supports national and regional initiatives and activities, while advancing local sector sustainability
- Embedding 'Counties' uniqueness and building upon current innovation to progress new development
- Supporting local district development
- Responding to changing approaches in mental health & addiction

1.4 Interdependence of local workforce development planning

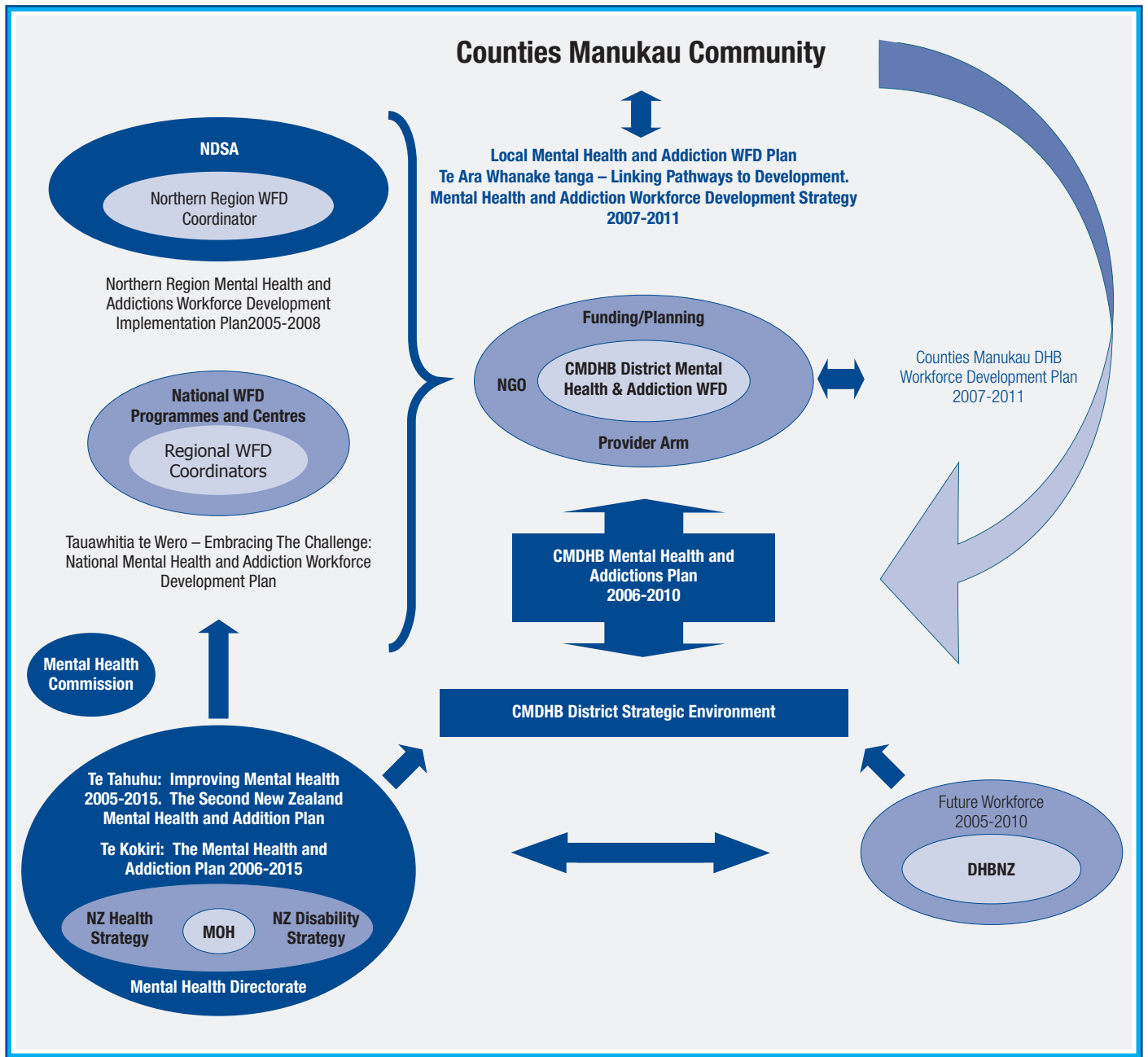


Figure 2: Interdependence of Mental Health and Addiction Workforce Development Planning

Refer Appendix 3 Planning contexts and linkage diagrams for additional details.

1.5 Workforce development responsibilities

Local DHB responsibilities for mental health & addiction workforce development are informed by a broad range of national, regional and local documents. Table 1 groups key documents that provide the sector with an overview of workforce development guidelines.

Table 1: Local District Responsibilities

Document	Workforce development responsibilities
<p><i>Te Tāhuhu: Improving Mental Health 2005 – 2015. The Second New Zealand Mental Health and Addiction Plan. 2005</i></p>	<p>Sets out government outcomes for mental health and addiction and clarifies priorities for action to 2015. The document identifies 10 leading challenges for the sector including one specific workforce challenge: 'Workforce and culture for recovery'. The challenge is to:</p> <ul style="list-style-type: none"> • Build a mental health and addiction workforce – and foster a culture amongst providers – that supports recovery, is person centred, is culturally capable and delivers an ongoing commitment to assure and improve the quality of services for people
<p><i>Te Kōkiri: The Mental Health and Addiction Plan 2006 – 2015. 2006</i></p>	<p>Outlines an implementation programme to progress the 10 leading challenges for improving mental health and addiction. The plan identifies specific actions, key stakeholders and organisations responsible, outlines milestones/measures and sets timeframes for achieving actions. All leading challenges have workforce development aspects, but there is one specific workforce challenge: Workforce and Culture for Recovery.</p> <p>Local actions supporting 'Workforce and culture for recovery':</p> <ol style="list-style-type: none"> 1. Implement Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006–2009 2. Finalise and implement mental health and addiction workforce action plans for: <ul style="list-style-type: none"> • Children and youth • Māori, Pacific peoples and Asian peoples • NGOs • AoD (Matua Raki) • Service users, tāngata whaiora • Family/whānau 3. Strengthen the cultural capability of workers in mainstream services to work effectively with Māori, Pacific, Asian, refugee and migrant populations 4. Implement initiatives to strengthen and develop a service user workforce 5. Continue to build leadership capacity within all mental health and addiction services 6. Training is developed and implemented for DHBs and NGOs to work more effectively with families, whānau 7. Workshops are facilitated for DHBs and NGOs on service improvement tools and techniques 8. The mental health sector standards that relate to continuous quality improvement are implemented and evidenced through audit processes

Document	Local workforce development responsibilities
<p><i>Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006 – 2009. December 2005</i></p>	<p><i>Tauawhitia te Wero (2005)</i> sets a vision for a diverse mental health and addiction workforce that is:</p> <ul style="list-style-type: none"> • Responsive to the needs of service users, their families, whānau and significant others; and • Confident in their positive and unique contribution to the journey of recovery <p>It details a framework to achieve the national workforce challenge outlined in <i>Te Tāhuhu (2005)</i>. It is intended to act as an umbrella plan providing national direction for the development of the mental health and addiction workforce through to 2009</p> <p><i>Tauawhitia te Wero (2005)</i> emphasises a systemic approach to mental health and addiction workforce development and contains goals, objectives and actions across the following 5 strategic imperatives:</p> <ul style="list-style-type: none"> • Workforce development infrastructure • Organisational development • Recruitment and retention • Training and development • Research and evaluation <p>Key national workforce development documents aligned to <i>Tauawhitia te Wero (2005)</i> include:</p> <ul style="list-style-type: none"> • Delivering Now & Shaping the Future (2006) – Te Pou – National Centre of Mental Health Research and Workforce Development • Kia Puāwai te Ararau – National Māori Mental Health Workforce Development Strategic Plan (2006 – 2010) – Te Rau Matatini • The Addiction Treatment Workforce Development Programme Strategic Plan for 2005 – 2015 - Matua Raki • Whakamārama te Huarahi – To Light the Pathways – A Strategic Framework for Child and Adolescent Mental Health Workforce Development (2006 – 2016) - The Werry Centre • Te Awhiti-National Mental Health and Addictions Workforce Development Plan for, and in support of, Non Government Organisations 2006-2009. <p><i>Future Workforce (2005-2010)</i> – DHBNZ</p> <p>Work undertaken with the mental health and addiction workforce aligns with the DHBNZ workforce action plan. Specific activity links are documented in <i>Tauawhitia te Wero (2005)</i>.</p> <p>Future Workforce has two main aims and eight priorities:</p> <ul style="list-style-type: none"> • Nurturing and sustaining the workforce ~ priorities are fostering supportive environments and positive cultures, education and training; and • Developing workforce/sector capability ~ priorities are models of care, primary health workforce, Māori health workforce, Pacific health workforce, and the unregulated support workforce
<p><i>National Mental Health Sector Standard</i> NZS 8143:2001</p>	<p>Sets out the standards for New Zealand Mental Health Services. Most standards have workforce implications but there is one set of standards specific to workforce development:</p> <p>12.12: The mental health service ensures sufficient qualified and experienced staff are available to assist each person receiving the service during each stage of service provision</p> <p>12.13: The mental health service regularly identifies education, training and development needs of staff to ensure that the necessary skill mix is available to deliver on the core functions of the service</p> <p>12.14: The mental health service ensures staff participate in education and professional development programmes</p> <p>12.15: Staff are provided with an orientation/induction to the mental health service</p> <p>12.16: The mental health service ensures regular, formal, informal and professional supervision is available for all staff</p> <p>12.17: The mental health service has a system for supporting staff during and after critical incidents</p> <p>12.18: The mental health service keeps records of staff training, qualifications, and supervision received</p>

Document	Local workforce development responsibilities
<p><i>Northern Region Mental Health and Addictions Workforce Development Implementation Plan 2005-2008</i></p>	<p>Aims to coordinate the approach to workforce development in the Northern Region to ensure we can continue to grow a skilled and flexible workforce, to best meet the needs and challenges of Mental Health Services now and into the future. The plan includes actions for each of the 5 strategic imperatives outlined in the national workforce development plan.</p> <p>The following regional plans include workforce development goals for specific population groups:</p> <ul style="list-style-type: none"> • Whānau Oranga Hinengaro: Northern Region Māori Mental Health and Addictions Implementation Plan 2006 – 2008 • Northern Regional Pacific Mental Health and Addictions Plan 2003/05: Implementation Plan (September 2005) • Improving mental health services responsiveness to Asian communities: Auckland Regional Asian Mental Health and Addictions Implementation Plan 2006 to 2010 (July 2006)
<p><i>CMDHB District Strategic Plan 2006-2011: Healthy Futures</i></p>	<p>Sets out the strategic direction for the next 5 years seeking the following outcomes:</p> <ul style="list-style-type: none"> • Improve community well being • Improve child and youth health • Reduce the incidence and impact of priority conditions • Reduce health inequalities • Improve health sector responsiveness to individual and family/whānau need • Improve the capacity of health sector to deliver quality services <p>Specific to workforce development:</p> <p>Outcome 4: Implementing workforce development initiatives to increase the proportion of Māori and Pacific people in the health sector</p> <p>Outcome 6: Ensure that the health sector workforce meets the community's needs for services by:</p> <ul style="list-style-type: none"> • Enhancing the size, skills and competence of the workforce • Encouraging people into health professions who reflect the community being served • Encouraging people to remain in the health sector in Counties Manukau, e.g. through provision of wellness programmes, and training and development opportunities • Encouraging partnerships between the organisations in the health sector to share knowledge and information, e.g. between hospital based services and primary care <p><i>Counties Manukau DHB Workforce Development Plan 2007-2011</i></p> <p>Aims to:</p> <ul style="list-style-type: none"> • Set a context for workforce development and planning for CMDHB; • Identify actions to increase workforce supply from our local community; and • Identify actions to better use our workforce in areas where we face increasing demand
<p><i>CMDHB Mental Health and Addictions Plan 2006-2010</i></p>	<p>Aims to outline the specific actions planned for 2006 through to 2010 in order to meet the mental health needs and address addiction issues of people in Counties Manukau.</p> <p>Includes specific goals to:</p> <ul style="list-style-type: none"> • Develop and implement a local workforce development plan to build a workforce that is capable of delivering the volume and type of services required in the sector • Implement workforce development initiatives to increase the proportion of Māori and Pacific people in the mental health sector



2 Counties Flava

Counties Manukau DHB, and its predecessor South Auckland Health, has a strong history of striving to 'make a difference' for the community we serve. The DHB's strategic direction has been developed based on many years of innovative activity with primary and community providers, local and national government agencies, and community groups, which has provided a strong foundation for the DHB moving forward.

Counties Manukau DHB: District Strategic Plan 2006-2011-Healthy Futures, p3

2.1 Working together

One requirement of the various relevant strategies for Counties Manukau DHB mental health services is to work collaboratively with each other, with addiction providers, with service providers in our area (NGOs and primary health), and with other national, regional and local DHBs and agencies. Collaborative relationships are built and strengthened in both formal and informal ways, requiring ongoing commitment from all stakeholders to be achieved and maintained.

Within the local district a key vision is of a sector with no fragmentation and all services working together supporting common goals including recovery, inclusion, safe services and effective services. Collaborative partnerships echo 'Counties' flava, providing both the foundation and mechanism to progress sustainable local development. In working together, we continue to deliver and build integrated clinical and support services which better meet the needs of the people we serve.

Regional collaboration to date has occurred through involvement in various forums including the Northern Region Mental Health and Addiction Workforce Development Advisory Group, the Network North Coalition and the Regional Mental Health Planning and Funding Team. Ongoing participation and support of regional forums and projects will continue to be an important mechanism in fostering local workforce sustainability for Counties Manukau. Refer Appendix 6 Northern region mental health and addiction workforce development activity.

Progressing local workforce development will also depend on collaborative activity with the national workforce development centres and programmes. A range of initiatives supporting DHB's and NGOs in workforce development are implemented by each of the four national groups. Refer Appendix 7 National mental health & addiction workforce developmental programme and centre activity.

2.2 Attracting and retaining a workforce that reflects the community we serve

In 2006 the Counties Manukau DHB made a commitment to address the impacts of poverty on the health of our community (Counties Manukau DHB, 2006). Nearly 37% of the Counties Manukau population (i.e. 160,000 people) live in areas that are very deprived with significant numbers of Māori and Pacific residents concentrated in decile 9 and 10 areas (Counties Manukau DHB, 2007). The DHB as an employer of local residents is able to positively contribute to its community wellbeing by providing a vehicle for economic transformation in the district.

High unemployment rates are often associated with people who regularly use mental health and addiction services (Mental Health Commission, 2005). Ongoing innovation supporting peer-led initiatives is one way that the local DHB can unleash future workforce potential as well as help to raise the living standards of people within this district.

The proactive stance Counties Manukau DHB is taking, towards attracting and retaining a workforce from the community it serves, is a principle tenet of the inaugural *Counties Manukau DHB Workforce Development Plan 2007-2011* which aims to:

- Identify actions to increase workforce supply from our local community; and
- Identify actions to better use our workforce in areas where we face increasing demand

Te Ara Whanaketanga-Linking Pathways of Development. Mental Health & Addiction Strategy 2007-2011 aligns to the *Counties Manukau DHB Workforce Development Plan 2007-2011* and includes initiatives and actions fostering the development of these aims.

Counties Manukau has a diverse population characterised by:

- A high proportion of Māori
- A high proportion of Pacific people
- A high proportion of Asian people
- The relative youthfulness of these populations, and the population as a whole

One of the challenges for the Counties Manukau DHB is to ensure that its workforce better reflects the people we serve.

In support of the Counties Manukau DHB's vision, implementing workforce development initiatives to increase the proportion of Māori and Pacific peoples in the local health sector is a key priority across the spectrum of DHB services. Given the scale of deprivation experienced by local Māori and Pacific communities, reducing the financial barriers to education and training is a necessary part of any strategy seeking to encourage and support the development of professional skills.

2.3 Local district mental health & addiction principles:

The following set of principles was developed as a result of meetings with stakeholders in Counties Manukau in 2002. They are used to guide the development of district mental health and addiction services and have also guided the development of this strategy.

- Be recovery-oriented
- Focus on strengths
- Have the flexibility to do what's needed
- Be Treaty based
- Be culturally safe
- Be consumer driven
- Share power with consumers
- Actively engage with families/supports
- Be evidence based and quality focused
- Look beyond mental health
- Promote healthy attitudes
- Be primarily community based
- Work to use least restrictive environments
- Focus on achieving results
- Offer value for money
- Be accountable and transparent
- Work together collaboratively (no more silos)
- Develop abilities (staff, consumers, families, other agencies, wider communities)

The 'flava' of our local environment is a key determinant in what we do in Counties Manukau DHB mental and addiction services. It shapes our style and provides us with a unique kaupapa [platform] for ongoing development.



Sustainable service delivery in the context of anticipated workforce shortages challenges us to be resourceful when considering the future. Contemporary opinion argues that simply relying on the principle of 'more of the same' will not ensure a future in which labour shortages are avoided (Ministry of Health, 2006). Traditional workforce planning is being repositioned as only one aspect of the job and emerging as the way forward is a range of work encapsulating changing approaches in what we do and how we work.

Internationally, mental health workforce development is focusing on finding 'new ways of working'. This approach includes fine-tuning existing roles as well as creating new roles as part of an overall methodology to transform and improve what currently exists. Based on the assertion that doing workforce development involves more than assessing 'supply against future demand', international perspectives include workforce redesign and reorganisation as instrumental in creating future sustainability.

Building capacity and enhancing capabilities are characteristic of nationally led workforce development in New Zealand. Providing a strategic focus for the changes required is the principle aim of the national workforce development plan (Ministry of Health, 2006). Acknowledging it takes time to influence change, train and develop the workforce, as well as be responsive to new ways of delivering services (Ministry of Health, 2007). Key in the current national strategy is a competency based framework of 'Real Skills'. This initiative is about the things people working in mental health and addiction services need to be able to do, to deliver quality services for people who need them (Ministry of Health, 2006). Once completed, the framework will bring together and simplify current national competencies, frameworks as well as align with professional and specialists' competency requirements.

Local workforce development priorities are built around creating the capability and capacity to engage with changing approaches that bring about sustainable service provision. Put another way this strategy is about building a future workforce to ensure the ongoing delivery of quality services to our community. System development and improvement initiatives in Counties Manukau were enhanced with the establishment of the Mental Health & Addiction Service Development Team in 2002. Local models of care have been refined to better meet the needs of the people we serve, leading to changes in service delivery and beginning the process of preparing the way for a sustainable future.

3.1 Future services in Counties Manukau

In keeping with the theme of 'cutting a track to the future' the 2026 Counties Manukau DHB Model of Care illustrates the application of a recovery orientation throughout the continuum, reflecting progression towards providing most mental health and addiction services in a diverse range of community settings. The framework responds to financial and workforce challenges of current service delivery models, recognising that they will be ineffective in meeting future population demands in Counties Manukau. The 2026 model of care is shaped by the following:

- Healthy communities and population health strategies that reduce the incidence and prevalence of mental health conditions
- A whole of society approach to mental health and wellbeing
- Supported self/whānau care for people regardless of setting
- Services provided in natural settings with many services operating across boundaries to support seamless service delivery including episodic acute care
- Building workforce capacity to respond to future requirements

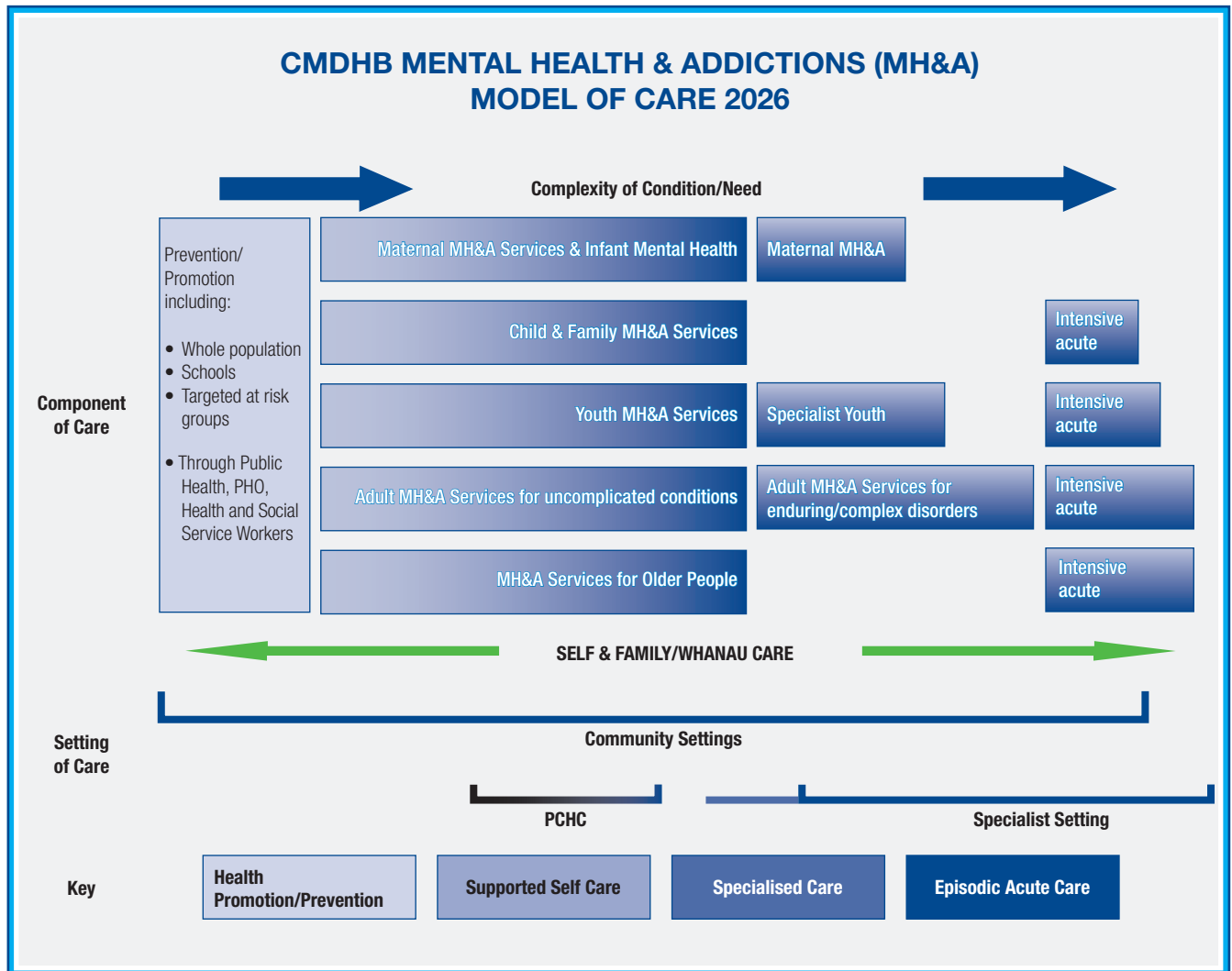


Figure 3. Model of Care 2026

Key features of the model include:

- A focus on meeting peoples needs across the spectrum of mental health and addiction service provision
- Enhancing collaboration between providers to simplify and improve service delivery and access
- An emphasis on community based interventions that support people to manage their own illnesses in the least restrictive environment
- Enhancing NGOs and primary care capacity and capability

Refer Appendix 5 Changing approaches to mental health in CMDHB for expected changes to model of care until 2010.

3.2 Workforce development needs in a changing delivery environment

As the Counties Manukau district embarks on changing approaches for mental health and addiction services, maintaining a resilient workforce will largely depend on a system that is prepared and able to support them.

Enabling the delivery of future services:

- Thinking outside the workforce square and unleashing workforce potential
- Building infrastructure capacity to deliver the new services as well as enhance existing service delivery
- Recovery orientation, education and skill development across the continuum of care
- Developing capabilities (knowledge, skills, values and attitudes) of future workforce (individual, teams, services)
- Investigating and implementing new ways of working

The focus of local workforce growth for the short to medium term balanced against local population need, strategic direction as well as future models of care is:

- Service user workforce
- Māori clinical workforce
- Pacific peoples clinical workforce
- Child and youth workforce
- Older adults workforce
- External capacity (primary healthcare, other agencies and the wider community)



4 Locally Focused

4.1 Strategy development process

The key steps of this development process were:

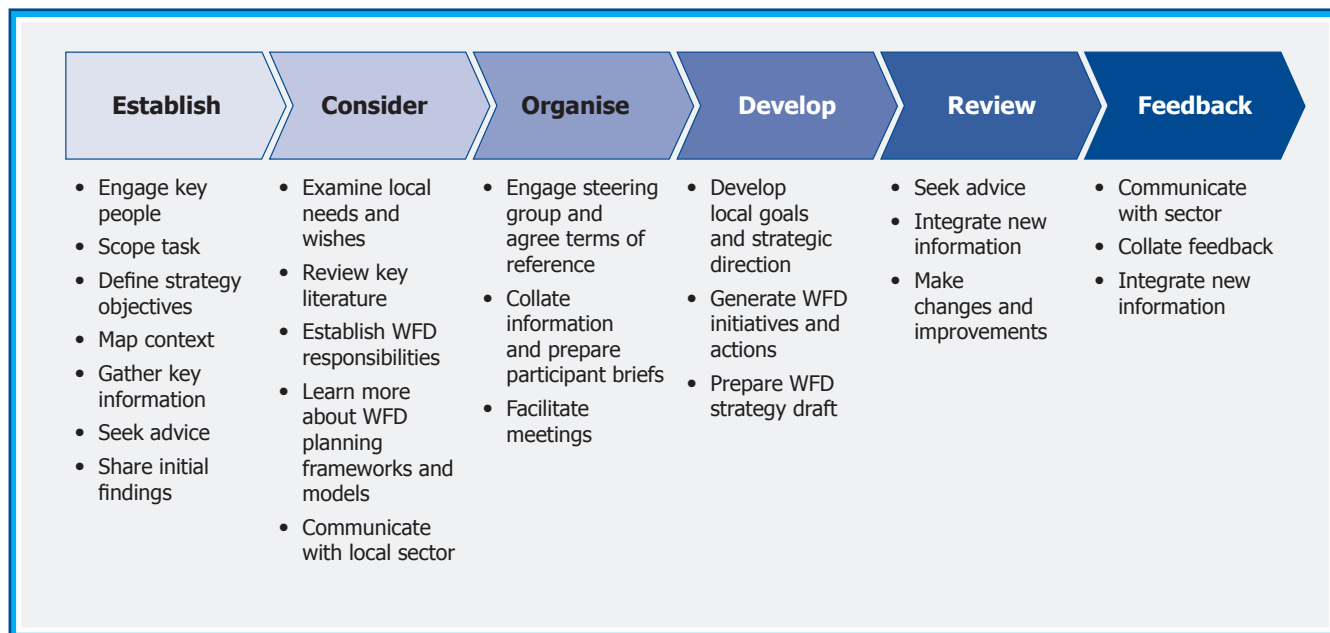


Figure 4: Strategy Development Process

The strategy design blended eclectic styles and methodologies to facilitate a flexible and informed discovery process. The objectives of the strategy development process were:

- Map a context for mental health and addiction workforce development in Counties Manukau consistent with strategic direction for the sector, local need and responsibilities.
- Develop actions to:
 - Foster sustainable workforce growth and development across the local district
 - Strengthen our current and future ability to meet the needs of the people who use mental health & addiction services
 - Enhance the capabilities of people (individuals, teams and organisations) delivering mental health & addiction services

The strategy was developed as the result of collaboration between local mental health and addiction sector representatives. Refer Appendix 2 Local Workforce Development Steering Group Terms of Reference.

Documentation from a variety of sources has informed and guided the development of this strategy. Refer Appendix 4 Bibliography. General inductive methods were used to collate information gathered via the following means:

- Review of literature including international, national, regional and local material
- One to one meetings with a range of local experts, including key stakeholders
- Consultation with international, national and regional workforce development leaders
- Feedback from the Local Mental Health & Addiction Sector Workforce Steering Group
- Feedback from key local stakeholder forums

4.2 About the local strategy

4.2.1 Purpose

We will:

Develop a workforce to better meet the mental health and addiction needs of the people we serve ensuring sustainable delivery of the type and volume of services required in this district

4.2.2 Goals

The overarching goals of this strategy are to:

- Develop Capabilities – to foster the development in Counties Manukau of a workforce able to meet the mental health & addiction needs of the people we serve
- Enhance Capacity – to consolidate and strengthen local ability to deliver the type and volume of services required
- Create Sustainability – to sustain workforce development in Counties Manukau by fostering a local sector way of working

4.2.3 Outcomes

In developing this strategy Counties Manukau DHB seeks the following outcomes:

1. The right number of people working together with common goals of recovery, inclusion, safe and effective services to meet the needs of local service users
2. Sector led workforce development driven by leaders
3. Recruitment, retention, development and training systems are high performing functions of organisations
4. The local infrastructure is capable of delivering new services and enhancing existing service delivery
5. The workforce reflects the community we serve
6. Work is reorganised to minimise duplication of effort and make the best use of available staff

4.3 Local workforce development framework

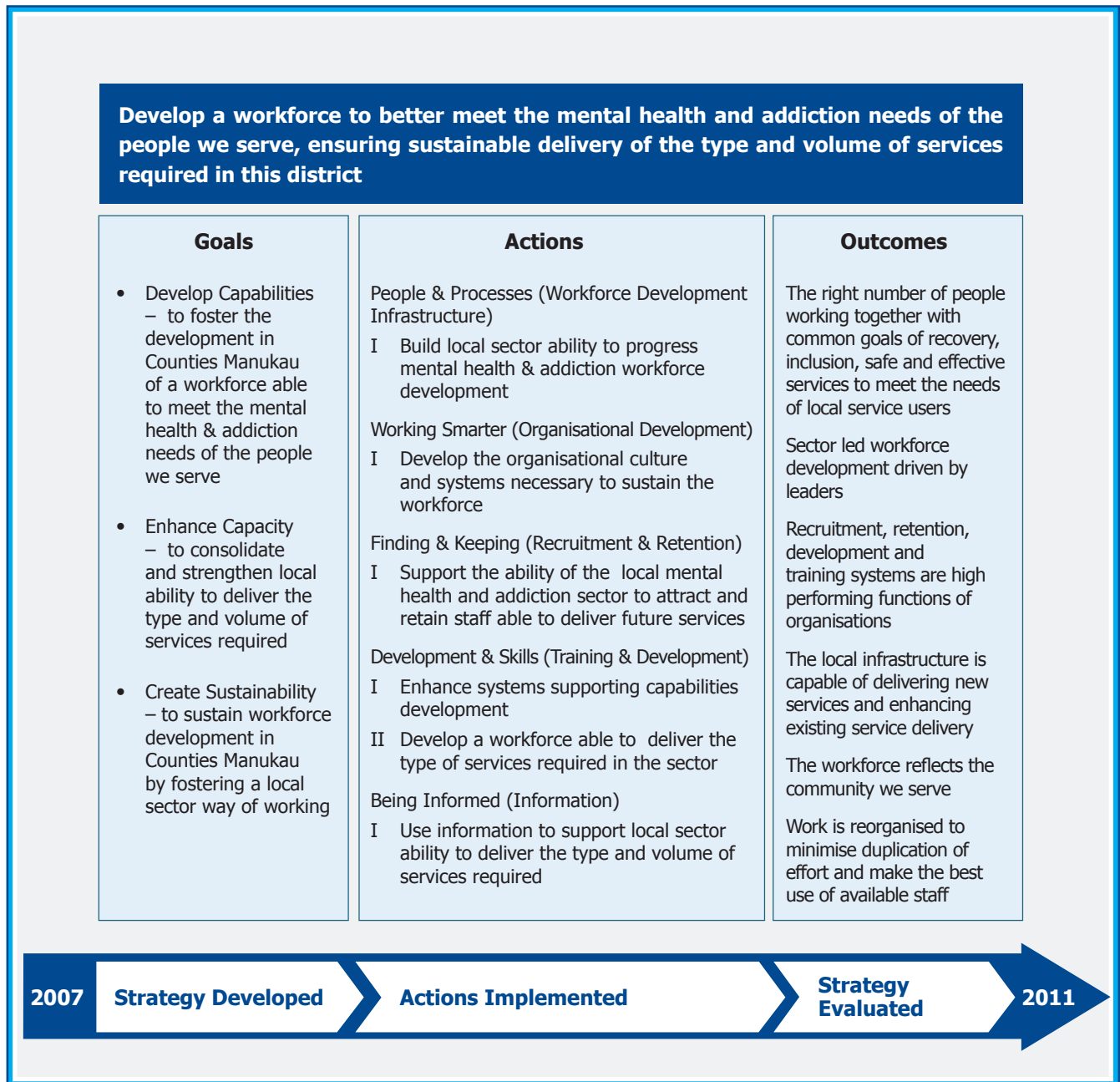


Figure 5: Local Workforce Development Strategic Framework

4.4 Implementing and monitoring the strategy

The local mental health and addiction sector in Counties Manukau will be responsible for implementing *Te Ara Whanaketanga-Linking Pathways of Development. Mental Health & Addiction Strategy 2007-2011*.

The CMDHB Mental Health & Addiction Sector Workforce Steering Group will be responsible for monitoring and overseeing progress on implementing the strategy, within agreed timeframes on a year by year basis. This role may include reporting, quality control and evaluation.



5.1 Actions supporting local workforce development

The following tables outline goals, objectives and actions comprising a programme of workforce development for the mental health & addiction sector in Counties Manukau. Workforce development activity has been mapped onto a framework blending the national approach and local imperatives. Linking imperatives are overarching goals seeking to build a workforce and systems with the capacity and capability to better meet the mental health and addiction needs across the district. Local actions link to a whole series of national, regional and local workforce development plans, mechanisms and initiatives. A key emphasis in our approach is working together to lead the organisational development required to foster sustainability and meet our collective responsibilities as providers of services.

5.1.1 People and processes

Put simply, local development requires local people and processes.

The following table outlines key actions to support the sectors (DHB & NGOs) ability to progress workforce development in Counties Manukau.

Table 2: Key Actions (People & Processes)

Theme: Workforce Development Infrastructure	
Objectives	Actions
Build local sector ability to progress mental health & addiction workforce development	A. Establish dedicated local mental health & addiction positions to: <ul style="list-style-type: none"> I. Build workforce development capacity and focus across the sector II. Develop, maintain and implement a local workforce development strategic plan III. Enhance local infrastructure coordination for workforce development IV. Develop collaborative working relationships locally, regionally and nationally
	B. Implement joint project work aligned to key national, regional and local directions, initiatives and activities
	C. Establish sustainable mechanisms to decide, agree and implement: <ul style="list-style-type: none"> I. Project work to deliver the local sector workforce development strategy II. Improvements in recruitment, retention, training and development systems that are known to impact on key service improvement areas III. A range of current and emerging organisational improvement models and tools suitable for use in the local sector IV. Alignment between future workforce and service development activities V. Workforce development input into current service development projects

5.1.2 Working smarter

Working together as a local sector is the Counties approach to leading the organisational development required to foster sustainability and meet our collective responsibilities as providers of services.

The following table outlines actions to develop ways of working together to promote best and better use of available resources.

Table 3: Key Actions (Working Smarter)

Theme: Organisational Development	
Objectives	Actions
Develop the organisational culture and systems necessary to sustain the workforce	<p>A. Foster the development of a local sector way of working:</p> <ul style="list-style-type: none"> I. Cultivate and promote a shared vision, strategy and sense of purpose for local sector development II. Develop a sector model for working together including structures and procedures supporting the vision and strategy III. Promote the development of local initiatives that strengthen cross sector collaboration IV. Undertake projects to reduce unnecessary duplication and inefficiencies
	<p>B. Support the development of local sector leadership:</p> <ul style="list-style-type: none"> I. Establish scholarships to support completion of leadership training schemes II. Host annual sector forum to share key learnings III. Promote leadership collaboration for workforce development activities IV. Pilot a local leadership development model
	<p>C. Evaluate and strengthen core workforce systems supporting and sustaining the delivery of effective services</p>
	<p>D. Build upon the performance improvement culture of CMDHB by encouraging reflexivity in organisational development:</p> <ul style="list-style-type: none"> I. Use participatory action research and evaluation informed models to enhance service delivery II. Modify activity to improve outcomes for the people we serve III. Support innovation that promotes new ways of working to progress local sector sustainability IV. Undertake evaluation to assess the effectiveness of workforce development initiatives or projects in achieving their stated aims

5.1.3 Finding and keeping

Workforce growth is a key development issue for mental health & addiction services. Actions signalled must respond to addressing and sustaining workforce growth linked with the delivery of safe and effective services as well as the ongoing development of local models of care and changing approaches to mental health.

Suggested by *Hatcher, D. S., Mouly, S., Rasquinha, D., Miles, D. W., Burdett, J., Hamer, H., et al. (2005). Improving recruitment to the mental health workforce in New Zealand*, the way forward includes a combination of attracting the existing workforce and also growing new; maximising opportunities from internet based approaches to promote and recruit; and improving HR practices.

Among solutions suggested in literature for keeping staff are improvements in workforce configuration and use; better management of people; and improvement of systems sustaining staff.

Table 4 outlines key actions to enhance our ability to find and keep the people who deliver of our services.

Table 4: Key Actions (Finding & Keeping)

Theme: Recruitment & Retention	
Objectives	Actions
Support the ability of the local mental health and addiction sector to attract and retain staff able to deliver future services	A. Promote mental health and addiction as a career option in a range of occupations and settings including targeted local, national and international advertising initiatives
	B. Undertake local sector workforce planning to: <ul style="list-style-type: none"> I. Understand the future workforce required II. Learn more about the current and potential workforce III. Outline joint recruitment, retention and capabilities strategies IV. Investigate optimal deployment of staff and skills to foster sustainable sector capacity and growth
	C. Ensure workforce planning includes strategies for: <ul style="list-style-type: none"> I. Service users II. Māori III. Child and youth IV. Older adults V. Pacific people's VI. People with addictions

Theme: Recruitment & Retention (cont'd)

Objectives	Actions
<p>Support the ability of the local mental health and addiction sector to attract and retain staff able to deliver future services</p>	<p>D. Enhance the capability of the mental health and addiction sector to attract and retain staff:</p> <ul style="list-style-type: none"> I. Develop a staff exchange/secondment system and process II. Optimise sharing of cultural resource III. Provide comprehensive induction programme for new staff IV. Orientate overseas candidates V. Provide local teachers and tutors with up to date information on the sector VI. Explore feasibility of a sector wide staff relief pool VII. Provide scholarships and other initiatives to improve the ability of health professionals to deliver mental health in primary care
	<p>E. Revise the Mental Health & Addiction Services recruitment strategy:</p> <ul style="list-style-type: none"> I. Commit to activities that create of a future pool of candidates II. Undertake a pilot using innovative internet-based strategies to improve recruitment for hard to reach workforce groups III. Develop mental health & addiction specific strategies to grow the workforce from Counties Manukau residents IV. Consolidate best practice for regional candidate transactions V. Promote Counties Manukau as an area to live in for overseas candidates and transfers
	<p>F. Develop and progressively implement initiatives to increase the proportion of Māori in the mental health and addiction sector:</p> <ul style="list-style-type: none"> I. Support national, regional and local initiatives to increase the number of Māori mental health staff with clinical qualifications II. Support Māori Health initiatives to assist Counties Manukau residents gain mental health and/or addiction qualifications III. Undertake targeted advertising for Māori whānau and communities focused on the achievability of mental health and addiction careers IV. Support local initiatives designed to increase interest and take-up of science subjects and increase the number of high school students studying mental health and/or addiction courses V. Investigate return to work and/or return to practice schemes
	<p>G. Develop and implement initiatives to further diversify and increase the service users' workforce within the Counties Manukau District:</p> <ul style="list-style-type: none"> I. Support the implementation of actions from the Mental Health Commission's Service User Workforce Development Strategy for the mental health sector 2005-2010 applicable to the local district II. Define and describe the service user workforce roles of the future and estimate the numbers needed III. Develop an action plan to enhance service user-designated positions

Theme: Recruitment & Retention (cont'd)

Objectives	Actions
<p>Support the ability of the local mental health and addiction sector to attract and retain staff able to deliver future services</p>	<p>H. Develop and progressively implement initiatives to increase the proportion of Pacific people's mental health and addiction workforce:</p> <ul style="list-style-type: none"> I. Support national, regional and local initiatives to increase the number of Pacific people's mental health staff with clinical qualifications II. Support Pacific Health initiatives to assist Counties Manukau residents to gain mental health and/or addiction qualifications III. Undertake targeted advertising focused on the achievability of mental health and addiction careers IV. Support local initiatives designed to increase interest and take-up of science subjects and increase the number of high school students studying mental health and/or addiction courses V. Investigate return to work and/or return to practice schemes <p>I. Consolidate retention efforts:</p> <ul style="list-style-type: none"> I. Review current staff deployment and recommend options for future configuration to foster sustainability II. Review and improve systems supporting: <ul style="list-style-type: none"> • Orientation • Remuneration • Professional Development • Employee recognition • Career continuity • Leave management III. Learn more about: <ul style="list-style-type: none"> • Work-life balance options

5.1.4 Development and skills

Improving systems and maximising opportunities for shared capabilities development are vital components of growing a workforce, able to deliver the type of services required in Counties Manukau.

Key actions necessary to enhance current development and training activities are outlined in the following table.

Table 5: Key Actions (Development & Skills)

Theme: Training & Development	
Objectives	Actions
Enhance systems supporting capabilities development	A. Maximise opportunities for shared sector training and development activities: <ol style="list-style-type: none"> I. Develop and deliver education packages that are accessible to all staff II. Scope the development of a shared training agency III. Establish a sector wide supervision register and shared supervision activities IV. Develop a sector implementation plan for Let's get real
	B. Implement improvements in development and training systems: <ol style="list-style-type: none"> I. Complete stocktake of local sector development and training activities II. Review local training calendars including in-service programmes III. Undertake workforce capabilities analysis to inform local training and educational programmes IV. Establish education programmes to benefit priority skill development in the local sector V. Deliver training packages to support the implementation of changes in local models of care VI. Enhance capacity to support e-training packages VII. Pilot and evaluate whole team training VIII. Establish mechanisms to coordinate and facilitate a local sector training calendar IX. Ensure alignment with national, regional and local training programmes
Develop a workforce able to deliver the type of services required in the sector	C. Invest in the development of a workforce responsive to future requirements: <ol style="list-style-type: none"> I. Develop and implement a curriculum-based education programme for the local sector workforce to consolidate on: <ul style="list-style-type: none"> • Recovery orientated practice throughout the continuum of mental health & addiction service provision • Working more effectively with Families/Whānau • Shared sector orientation Incorporating skills of: <ul style="list-style-type: none"> • Culturally capable practice (working effectively with people from specific populations) • Person centred planning • Coaching techniques • Facilitating self awareness and self development • Co-operative learning • Collaborative decision making • Critical evaluation

Theme: Training & Development (cont'd)

Objectives	Actions
<p>Develop a workforce able to deliver the type of services required in the sector</p>	<p>II. Develop and implement a curriculum-based education programme to strengthen local community AOD capabilities</p> <p>Incorporating skills of:</p> <ul style="list-style-type: none"> • Culturally capable practice (working effectively with people from specific populations) • Motivational interviewing • Person centred planning • Coaching techniques • Co-operative learning • Critical evaluation <p>III. Develop and implement a curriculum based education programme to support personal recovery for people with lived experience of mental illness who use local mental health and addiction services</p>
	<p>D. Support the completion of Tikanga Best Practice Training by mental health and addiction staff</p>
	<p>E. Foster skill development so that staff are able to use and manage information:</p> <ul style="list-style-type: none"> • Critical evaluation; problem solving; research • Evidence-based knowledge transfer and skill development

5.1.5 Being informed

To be informed requires knowing about and using information.

The following table outlines actions to ensure there is information available to the sector to inform workforce development.

Table 6: Key Actions (Being Informed)

Theme: Information	
Objectives	Actions
<p>Use information to support local sector ability to deliver the type and volume of services required</p>	A. Build a library of material to inform workforce development, workforce planning and implementation based project work
	B. Develop tools to: <ul style="list-style-type: none"> I. Enhance overall organisational effectiveness and productivity II. Build the capabilities of people [individuals, teams, organisations] III. Reorganise work to make best use of available staff
	C. Template a standardised process for local planning including: <ul style="list-style-type: none"> I. Create future models of care based on local need II. Analysis the current workforce and determine type and volume required for future service delivery III. Determine the service provision specifications of future services IV. Assess gaps and detail specific actions to best meet workforce demand V. Develop and implement workforce action plans VI. Establish and carry out evaluation and review processes
	D. Develop guidelines for workforce use including ways to: <ul style="list-style-type: none"> I. Identify where the workforce can be increased and supplemented II. Review how the workforce can be deployed more effectively III. Review skill mix and job roles IV. Redesign roles V. Change and/or streamline workplace/working systems
	E. Develop a project management framework including quality assurance processes to support implementation of the local workforce development strategy
	F. Develop an evaluation framework for workforce development initiatives including guidelines and tools for general use in the sector



Term	Definition
AoD	Alcohol and other Drugs
CMDHB	Counties Manukau District Health Board
CMHC	Community Mental Health Centre
CMMHAP /CHAMP	Counties Manukau Mental Health & Addiction Partnership Forum
DHB	District Health Board
DHBNZ	District Health Board of New Zealand
Flava	Means "style". Colloquial form of "flavour"
Mental health professional	Any person who holds a professional qualification relevant to the assessment, treatment, and care of people with a mental illness
Mental health services	An organisation providing as its core activity, assessment, treatment or support to people with mental illness and/or alcohol and drug problems
NGOs	Non-Government Organisations
Peer-led	Services that are led or run by people with lived experience of mental illness
PHO	Primary Healthcare Organisation
Primary care	Primary health care is usually the first contact you have with health professionals, for example, when you visit your doctor, nurse or pharmacist or when a nurse visits you
Recovery	Living well in the presence or absence of mental illness and the losses that can be associated with it
Service user	A person who uses mental health services. This term is often used interchangeably with consumer and/or tangata whaiora
Tangata Whaiora	People with experience of mental illness, who are seeking wellness, or recovery of self. Translated as people seeking wellness
WFD	Workforce Development
Whānau	Family group, extended family. The use of the term Whānau in this document is not limited to traditional definitions, but recognises the wide diversity of families represented within Māori communities
Whānau ora	Families supported to achieve their maximum health and wellbeing, individually and collectively



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The development of *Te Ara Whanaketanga (2007)* was undertaken with input from many skilled people throughout its key phases:

- Phase One: Mapping and analysis to predict the strongest themes for workforce development and to build a picture of overall need and responsibilities
- Phase Two: Steering group process to shape the local strategic direction and generate initiatives and actions
- Phase Three: Review and feedback



Terms of Reference

December 2006

Vision

To build a local mental health workforce which is capable of delivering the volume and type of services required in the sector.

Purpose

The purpose of the Terms of Reference (TOR) is to provide guidelines for the scope and function of the Local Workforce Development Steering Group.

Stakeholders

Ideally the Steering Group will ensure the following perspectives are represented (either as part of membership, or by engaging people with expertise as required):

Stakeholders	
Funder/Planner	Service users
General Manager	Family/whanau/caregivers
Clinical Director	NGO providers
Māori	Service Managers
Pacific Peoples	Clinical Nursing Director
Other population groups (Child & Youth, Adult, Older People, AOD)	Allied Health Professional Leaders
Workforce Development Leads	
<ul style="list-style-type: none"> Local Mental Health & Addiction WFD Coordinator Regional Mental Health & Addiction WFD Coordinator (by invite) WFD Consultant (CMDHB) 	

Scope

- Instrumental in shaping the local direction for workforce development
- Advisory body on local workforce development issues for mental health and addiction services
- Provides input into and peer review of the local mental health and addiction workforce development plan
- Ensure coordination and alignment of workforce development initiatives (current and potential) with national, regional and local activities
- Ensures alignment of workforce development planning with other key national, regional and local documents, including (but not limited to):

National

Tauawhitia te Wero - Embracing the challenges - National Mental Health and Addiction Workforce Development Plan 2006-2009

Te Kōkiri-The Mental Health and Addiction Action Plan 2006-2015

Te Tāhuhu– Improving Mental Health 2005 - 2015

Te Awhiti-National Mental Health and Addictions Workforce Development Plan for and in support of Non-Government Organisations 2006-2009

Regional

Northern Region Mental Health and Addictions Workforce Development Implementation Plan 2005-2008

Local

CMDHB District Strategic Plan 2006-2011

CMDHB District Annual Plan 2006/07

CMDHB Mental Health and Addictions Plan 2006-2010

Draft CMHDB Māori Mental Health & Addictions Services: District Māori Mental Health Plan 2005-2009

Functions

The functions of the Group are:

- To lead collaborative development of workforce strategies
- Influence the design, planning, establishment and delivery of local workforce development initiatives within the mental health and addiction sector by providing input into the inaugural Local Workforce Development Plan
- Assist in defining and developing local workforce development priorities and projects
- Support the development of processes and systems to implement the Local Workforce Development Plan
- Undertake appropriate consultation and communication with the Mental Health and Addiction sector regarding workforce development issues

Accountability

To the General Manager, Mental Health Services & Programme Manager (MHF&P)

Key WFD Goals for 2006/07

- Organisational development
- Leadership
- Infrastructure capacity
- Sustainable recruitment
- The future workforce
- Retention
- Information support
- Resourcing workforce development

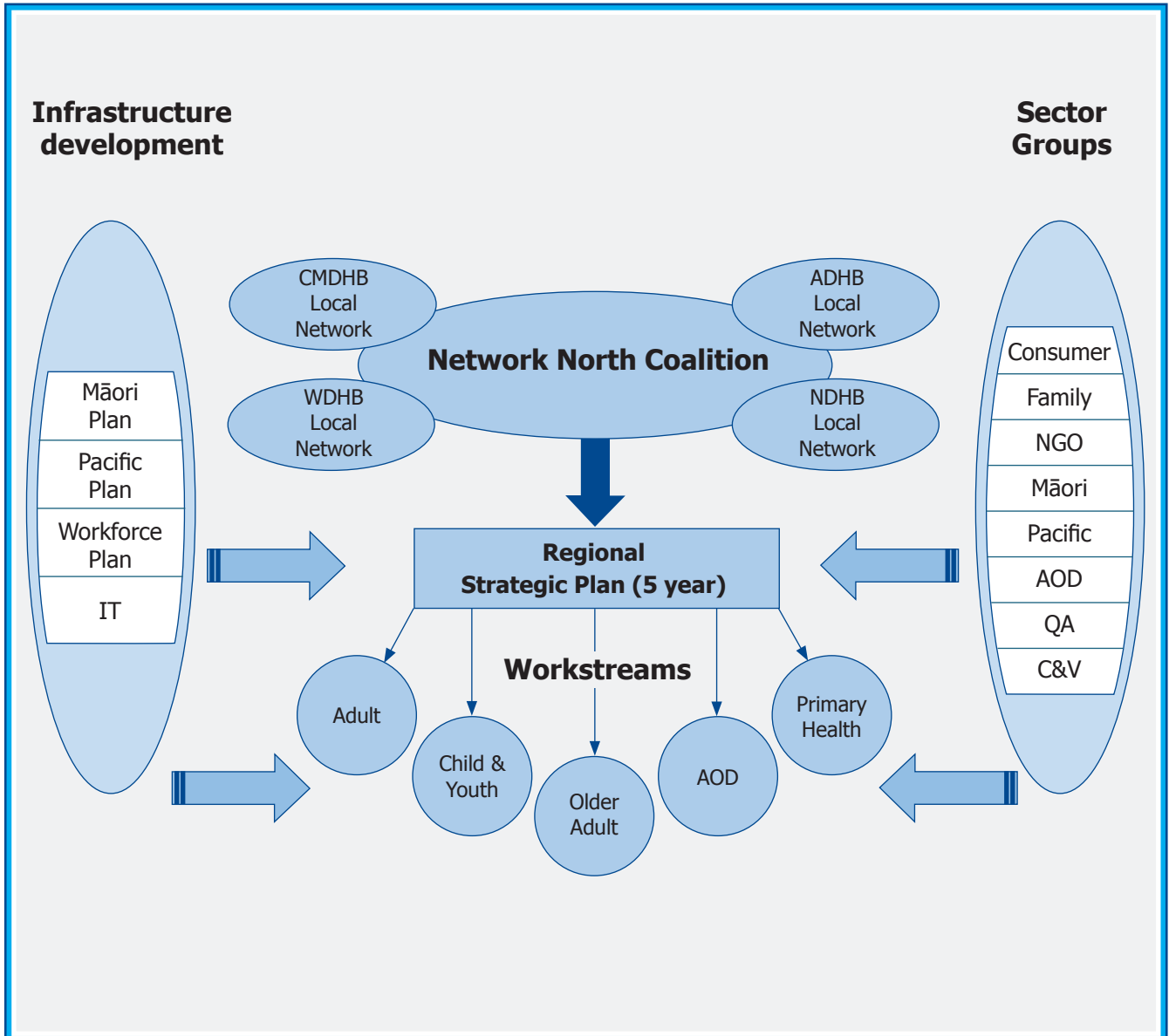
Support

- Local Workforce Development Coordinator will provide support for group meetings.
- The General Manager (Mental Health); Programme Manager (MHF&P); and Local Workforce Development Coordinator (Mental Health) will provide leadership, impetus and support for the establishment and implementation of workforce development activity and projects.

Meetings

The group will meet monthly until June 2007. Meetings post June 2007 to be determined with a subsequent review of the terms of reference

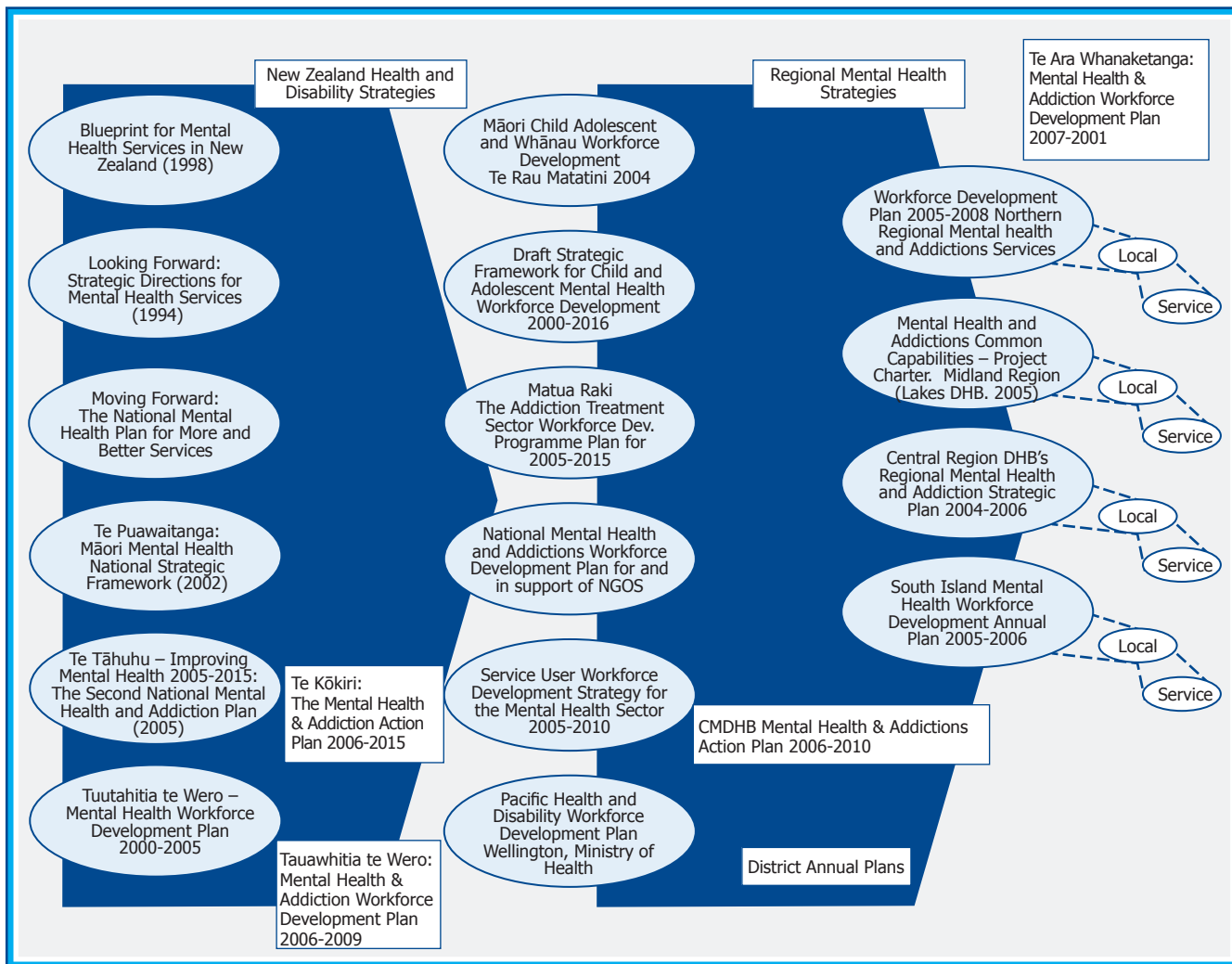
Regional Structures and Processes



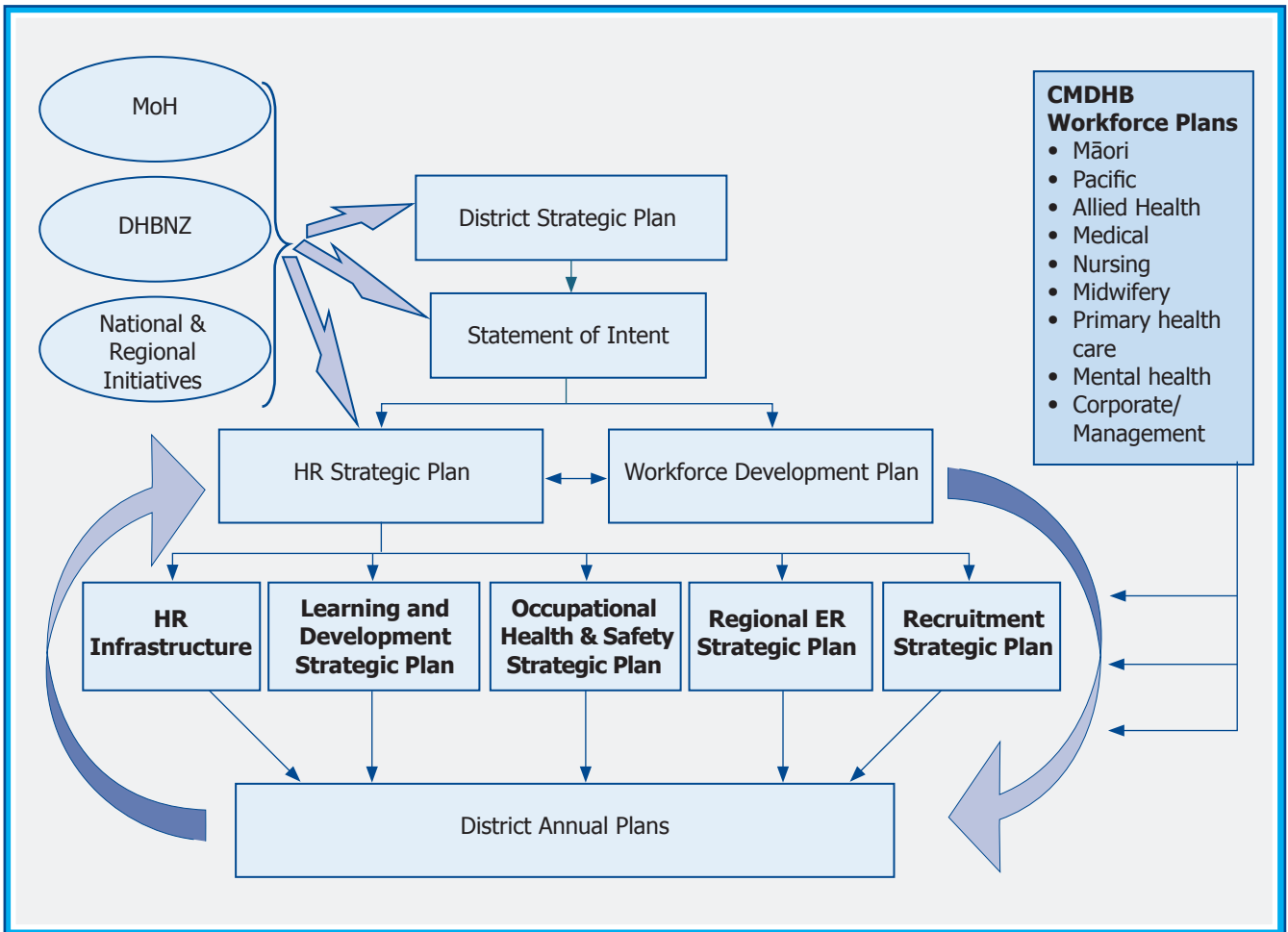
National, Regional and Local Workforce Development Plans

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Te Awhiti National non government organisations (NGO) Mental Health and Addictions Workforce Development Plan: 2006-2009. Draft discussion document. Wellington: Mental Health Workforce Development Programme. Pg 9



Counties Manukau DHB Provider Arm Workforce Plan Linkages



Scope

This bibliography focuses on material on mental health and workforce development. It includes national, regional and local policy and planning documents. It also contains international literature and research that examine strategic initiatives for the mental health workforce.

Methodology & Sources

Literature searches were conducted during 2006/2007 using several electronic databases and websites.

Topic Area	Documents
National workforce development documents for the Mental Health & Addiction sector	<p>Health Funding Authority. (2000). <i>Tuutahitia te Wero - Meeting the Challenges: Mental health workforce development plan 2000-2005</i>. Christchurch: Health Funding Authority.</p> <p>Ministry of Health. (2002). <i>Mental Health (Alcohol and Other Drugs) Workforce Development Framework</i>. Wellington: Ministry of Health.</p> <p>Ministry of Health. (2005). <i>Tauawhitia te Wero, Embracing the Challenge: National Mental Health and Addiction Workforce Development Plan, 2006–2009</i>. Wellington: Ministry of Health.</p> <p>Ministry of Health. (2007). <i>Let's Get Real: Real skills for people working in mental health and addictions – draft for consultation</i>. Wellington: Ministry of Health.</p>
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Topic Area	Documents
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Topic Area	Documents
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New Zealand workforce conference material	<p>Ashmore, N (2006). <i>It is institutions that need to change, not just young people – supporting young people into health careers</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Bartrum, S (2006). <i>Workforce Development in Action</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Crombie, D (2006). <i>National Progress in Workforce Development Opportunities for national co-ordination</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Gorman, D (2006). <i>Anatomy of a health workforce crisis</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Hallwright, S (2006). <i>Thinking Outside the Square: the role of the non-professional in achieving health gain</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Lamb, R (2006). <i>Consumer Expectations and How to Respond</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Meates, D (2006). <i>Health Workforce Information Programme: A central point of reference for health workforce information and planning</i>. District Health Board New Zealand Future Workforce Conference.</p> <p>Moffitt, A (2006). <i>How Population Health Needs should drive Workforce demand</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Murray, N (2006). <i>Medical Workforce – Progress on Workforce Strategies</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Oliff, D (2006). <i>Workforce Development – Education and Health Sector Partnerships "Integrating Primary Health Care into Nursing Curriculum"</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Parsons, M (2006). <i>Support Workers; a hidden asset</i>. Counties Manukau District Health Board Workforce Development Sustainability Conference.</p> <p>Snedden, P (2006). <i>"What do we mean by DHB sustainability? Challenges and opportunities in the current environment."</i> Counties Manukau District Health Board Workforce Development Sustainability Conference.</p>

The vision underpinning the Counties Manukau DHB Mental Health and Addiction Plan 2006-2011 is a future in which our diverse communities protect peoples' well-being and highly value people whose lives have been disrupted by mental illnesses or addictions, and a future in which our health services teach, enable and support people to recover.

The changes that we expect to see in our model of service delivery over the term of the Counties Manukau DHB Mental Health and Addiction Plan 2006-2010 are:

Who	Model of Service Delivery Changes
For all people	<ul style="list-style-type: none"> • More promotion/prevention, particularly regarding use of alcohol and other drugs • More comprehensive community-based services specifically for Māori • Mainstream services that are more sensitive to the needs of Māori and of Pacific people • Services with: <ul style="list-style-type: none"> • Improved delivery against contracted volumes and improved productivity • More participation of people in their own recovery • More inter-sectoral collaboration
For people misusing alcohol and other drugs	<ul style="list-style-type: none"> • Services that: <ul style="list-style-type: none"> • Are relevant to our diverse population • Reach out to people where they are • Engage well with people who use them • Improved access, particularly for our youth • Good working relationships between Alcohol and Other Drug (AOD) and mental health (MH) service providers
For people with mental health issues	<ul style="list-style-type: none"> • For infants, children and youth <ul style="list-style-type: none"> • More mental health components to other health programmes/services (maternity services, well child, strengthening families, youth health, AIMHI, etc.) • Mental health services that work alongside these other health programmes and services • For adults whose experience of mental illness has adverse impact on their lives that is relatively minor or brief in duration: <ul style="list-style-type: none"> • More services that work closely with primary care • Service development within primary care to enhance ability to meet peoples' mental health needs • More access to short term supports • For people with a first experience of psychosis <ul style="list-style-type: none"> • Specific services that assist them to recover • For older people: <ul style="list-style-type: none"> • More options to provide support for older people with mental health issues who remain at home and for their families/whanau • Improved services for people with dementia and their families

Who	Model of Service Delivery Changes
<p>For people with mental health issues</p>	<ul style="list-style-type: none"> • For people whose lives are significantly adversely affected by their experience of mental illness, specific services with a shift in emphasis towards: <ul style="list-style-type: none"> • More active involvement of people in their own recovery through: • Education regarding how to draw on your strengths in order to recover a full life • Trained Peer Support Specialists who assist people to drive their own recovery • Clinical services that form effective partnerships with people using them, that plan ahead for any relapses and that respond in ways that have been agreed with each person when they are well • Services that build inclusive communities and use community resources well • More peer-led and peer-delivered services (including increased peer delivery in community living services and other support services) • More services to enable people to live full lives in their homes of choice • Less need for residential rehabilitation • More home-based and community support and alternatives to admission during times of crisis • Less need for crisis services, inpatient care, respite and bureau nursing • Continued and strengthened collaboration between NGO and DHB providers

Projects	Lead
Regional Addiction Training for Mental Health Workers – Phase 2	Regional WD Coordinator
Regional MH Training for Addiction Workers	Regional WD Coordinator
Regional DAO Training	Regional WD Coordinator
AOD Competency Training Development – Phase 3	Regional WD Coordinator
Regional Māori Mental Health and Addiction Workforce Profile Project	Regional Steering Group
Regional Māori Mental Health and Addiction Workforce Development Coordinator	ADHB/Regional Steering Group
Regional Māori Mental Health and Addiction Secondment Project	ADHB/Regional Steering Group
Service Improvement Model Training	Regional WD Coordinator/MHWP
Peer Support Forum	Regional WD Coordinator
Scholarship Infrastructure Project	Regional WD Coordinator
National Certificate Addiction Level 4	Regional WD Coordinator
MH Nursing Return to Practice Programme	Regional WD Coordinator
Regional Key Worker Training	Regional WD Coordinator/ADHB
Regional NGO Training Calendar	Regional WD Coordinator
Community Based Acute Training	Regional WD Coordinator
Regional Family Advisor Training	Regional WD Coordinator
Child and Adolescent Clinical Placement Project	Regional WD Coordinator/The Werry Centre
Regional Risk to Others Training	Regional WD Coordinator
Regional Asian MH Interpreter Training	Regional Steering Group
Regional Training Calendar for MH Services for Older People	Regional WD Coordinator

Te Pou o Te Whakaaro Nui

The National Centre of Mental Health Research, Information and Workforce Development

http://www.tepou.co.nz/page/tepou_23.php

Accessed 2007

Te Pou is New Zealand's National Centre of Mental Health Research and Workforce Development. We have offices in Wellington, Auckland and Hamilton, and have three work programmes: workforce, research and MH-SMART. The Workforce Programmes ultimate goal is to ensure better mental health outcomes for service users. It is working to achieve this by building both the capacity and the capability of human resources within the mental health sector.

These projects have been chosen in response to two Ministry of Health documents that chart the way forward for mental health services in New Zealand: Tauawhitia te Wero - Embracing the Challenge: National mental health and addiction workforce development plans 2006-2009 and Te Tāhuhu, Improving Mental Health 2005-2015: The second New Zealand Mental Health and addiction plan 2005

Projects

Asian Mental Health Workforce Development	Mental Health Development Programme for Mental Health Leaders	RISK
Dialectical Behaviour Therapy Training	Mental Health Nursing Framework	Service User Workforce Development
Human Resource Development	New Zealand Mental Health Workforce Development Conference 2008	TNT - Tools 'N' Techniques
Let's get real	NGO Mental Health and Addiction - Workforce plan	Trailblazers
Mental Health Consumer Advisor Training	Recruitment Tools	Valuing Families

Te Rau Matatini

Aotearoa Maori Mental Health Workforce Development

<http://www.matatini.co.nz/>

Information supplied 2007

Te Rau Matatini is a national Māori health workforce development organisation that aims to progress Māori workforce development to enhance whānau ora, mental health and wellbeing. Te Rau Matatini has been established since 2002 and progresses the above aims through a range of national projects which contribute to Māori mental health, primary health and public health workforce policies at a national and regional level to expand the Māori workforce, increase responsiveness to Māori health needs, and promote rewarding career opportunities for Māori in health and mental health.

Projects

<p>Te Rau Ararau – Māori Mental Health Career Pathways</p> <p>Phase 3: Pilot Huarahi Whakatū 2006 – 2007</p> <p>Phase 4: Pilot Huarahi Whanake 2006 – 2007</p> <p>National Core Competencies 2007</p>	<p>Te Rau Tuku Iho – Kaumātua Workforce Development</p> <p>Phase 2: Mental Health and Addictions Kaumātua Workforce Development</p>	<p>Te Rau Whakamaru – Alignment of Māori Mental Health and Education</p> <p>Public Health</p> <p>Phase 1: Public Health – Survey</p>
<p>Te Rau Maherehere – MMH WD Strategic Direction</p> <p>Phase 3: Action Plan Ākitia Te Ararau</p> <p>Phase 4: Promote Plans</p>	<p>Te Rau Tukutuku – Māori Mental Health Workforce Development Website</p>	<p>Te Rau Arataki – Māori Mental Health Orientation and Preceptoring</p> <p>Phase 3: Orientation Training</p> <p>Phase 4: Preceptoring Training</p>
<p>Te Rau Pīataata – Māori Mental Health Career Promotion</p> <p>Phase 4: Whare Kura Wellbeing and Career Information Resource</p> <p>Phase 5: Bilingual AOD and Career Information Resource 2006</p>	<p>Te Rau Whakaemi – Māori Mental Health Services Bursaries/Scholarships</p> <p>Phase 2: Hutt Valley DHB – Manu Tipuranga</p> <p>Scholarships 2005 – 2007</p> <p>Henry Rongomau Bennett 2007</p> <p>Tui Tui Tuia</p>	<p>Te Rau Whakawhānui – Mental Health in Primary Health Care</p> <p>Phase 3B: Extension of Midwifery 2005 – 2006</p> <p>Phase 4: Emergency Departments 2005 – 2007</p> <p>Phase 5: Emergency Department Training 2005 – 2007</p>
<p>Te Rau Tipu – Māori Child and Adolescent Mental Health Workforce Development</p> <p>Phase 5: Te Rau Tipu Conference 2006</p>	<p>Te Rau Whakaemi – Māori Mental Health Services Training</p> <p>Phase 5: MMH Postgrad Training – He Hanganga Māori mo te Hauora 2005 – 2006</p> <p>Phase 6: Reducing Risk and Enhancing Protection Model – Papapounamu Te Moana 2006</p>	

The Werry Centre for Child & Adolescent Mental Health

Workforce Development – Teaching - Research

<http://www.werrycentre.org.nz/>

Accessed 2007

The Werry Centre for Child and Adolescent Mental Health is a national centre. The aims of the Werry Centre are to improve the mental health of New Zealand young people by:

- Providing training of a high quality to mental health professionals;
- Promoting research in child and adolescent mental health;
- Advocating for mental health needs of children and adolescents in New Zealand; and
- Supporting the child and adolescent mental health workforce nationally.

Projects

Local Workforce Development Planning	Mental Health Placement	Youth Consumer Participation
Data Collection	Distance Outreach Programme for Postgraduate Training in Child and Adolescent Mental Health	Parent Management Training - Incredible Years Sustainability
Regional Engagement	Targeted Recruitment Strategies	Annual Infant, Child and Adolescent Training and Support Days
Implementation of 7 Helpful Habits of Effective CAMHS	Biennial CAMHS Conference	CAMHS Workforce Leadership Initiatives
Sector Day Project	Family Whānau Participation	Youth Forensic Project
Real Skills Plus	Provision of a Comprehensive Web Based Clearing House	

Matua Raki

National Addiction Treatment Workforce Development Programme

<http://www.matuaraki.org.nz/>

Accessed 2007

Vision

The late Takarangi Metekingi, Māori Consultant to the programme, described the vision as "Matua Raki", - the highest of the heavens, representing that striving for excellence. For us, he saw it as meaning "passion, commitment and excellence". This reflects the addiction treatment sector's tradition of being passionate and committed. The strategic plan is motivated by the quest for greater excellence. By 2015, a passionate and committed addiction treatment workforce with a sound infrastructure will provide excellent service to tāngata whaiora/clients and their whānau/families to reduce addiction-related harm and improve their health and well-being.

Key Objectives

High priority is given to developing sector infrastructure, recruitment, retention and training. This will allow for flexible career pathways that not only allow practitioners to develop necessary competencies, but also to allow practitioners to move from entry level qualifications to graduate and postgraduate qualifications.

Projects

Leadership and network development (Māori) Competencies for Māori addiction treatment practitioners Research and development strategy Māori responsive projects	Youth mentoring	Clinical helpline pilot
Primary care and mental health workforce development strategic planning and implementation	Management and leadership scholarships	National Training Providers' Network
Addiction and mental health	Communication	Aotearoa Alcohol and Other Drug Consumer Network
Strategic Planning – Primary Care	Sector Leadership Days – 3 Fora	Cutting Edge
Orientation course	Interim prescribing guidelines	National Workforce Telephone Survey Research Strategy
Advanced nursing project	Smoking in mental health and addiction services	Family Inclusive Practice
Practitioner scoping	Youth Workers in Addiction	Rainbow Recognition Network and Project
National Pacific Treatment Forum and Pacific Practitioner Competencies		





COUNTIES MANUKAU MENTAL HEALTH AND ADDICTION SERVICES
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COUNTIES MANUKAU DISTRICT
HEALTH BOARD
A Community Partnership