

# Mental Health (Alcohol and Other Drugs) Workforce Development Framework



**Mental Health  
(Alcohol and Other Drugs)  
Workforce Development  
Framework**

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MANATŪ HAUORA

# Foreword

Workforce development is one of the most complex and dynamic areas of mental health.

The National Mental Health Strategy, *Looking Forward*, signalled the need to address workforce development. A different type of workforce is required to ensure a successful shift in emphasis to community-based and consumer-oriented services. The *Blueprint for Mental Health Services in New Zealand* identified the essential features of the workforce that implements the strategy.

The New Zealand Health Strategy recognises that ‘Health services of the future may require a different mix of workforce skills to those of the present’ (New Zealand Health Strategy, December 2000).

The Mental Health (Alcohol and Other Drugs) Workforce Development Framework presented in this paper provides snapshots of workforce development activity and key players in the field. Both are considered in light of the implementation of *Tuutahitia te Wero*, the Health Funding Authority’s plan for mental health workforce development.

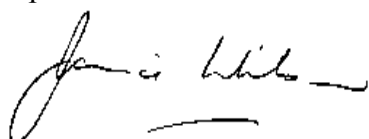
The framework illustrates clearly what has informed the current status of workforce development. It highlights how the emphasis has been on training and development, which form only a subset of workforce development.

The Mental Health Directorate acknowledges that a more systemic approach to workforce development is required. It is necessary to achieve a better balance at the micro level among the worker, the work and the workplace as the focus of workforce development activity if we are to create a sustainable and responsive mental health service.

As the new District Health Board systems and structures bed in, the opportunity for developing regional and national responses to issues such as recruitment and retention arises.

The current situation presents a picture of considerable activity and achievement. We are now in a position to reflect on strategic imperatives, including the need for information and research and organisational development.

The Ministry of Health is committed to working with the District Health Boards in a way that increases the value of the work they do. Similarly, the Mental Health Directorate is committed to ensuring that the national allocation of workforce development funding increases the value of the workforce development activity for which District Health Boards are responsible.



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# Mental Health (Alcohol and Other Drugs) Workforce Development Framework

*‘Mental health workforce development includes any initiatives that influence entry to and exit from the sector, movement within the sector, education, training, skills, attitudes, rewards and the associated infrastructure. Change strategies must incorporate a broad view, encompassing approaches such as, inter and intrasectoral projects, funding and monitoring initiatives and locality based purchasing.’*

Health Funding Authority (2000)

## Vision for mental health workforce development

- A workforce sustained to respond to the needs of mental health consumers.
- A workforce confident in its positive and unique contribution to the journey of recovery.
- District Health Boards and non-governmental organisations owning and driving workforce development.

(This vision relates specifically to the Mental Health Directorate’s mandate to address the needs of the 3 percent of the population who at any one time experience serious mental illness.)

## Value statement

Workforce development is critical to the achievement of strategy imperatives for more and better services, and to ensure *Blueprint* guidelines for resourcing of services are met.

## *Tuutahitia te Wero* priorities for workforce development

As priorities for workforce development, *Tuutahitia te Wero – The Mental Health Workforce Development Plan 2000–2005* has identified the need for a mental health workforce able to respond to the needs of:

- Māori
- children and young people
- Pacific peoples.

# Introduction

Mental health services have developed rapidly in the last 10 years. Their inability to meet the needs of the community has been acknowledged and recognised through increased funding. Expenditure on mental health services grew from \$480 million in 1997/98 to \$596 million in 1999/2000. By 2003/04 expenditure on mental health is set to increase to \$750 million. This investment is related to the New Zealand Health Strategy goals and objectives to improve the health status of people with severe mental illness.

Mental health workforce development is clearly a priority. The system of allocating funding on a national basis is designed to ensure resources are targeted to the identified need. Progress towards more and better mental health services can only be made with workforce development.

Effort is still needed to secure the workforce numbers and skill configuration required to meet the mental health needs of our community. DHBs have a population focus and through their accountability, mandated in the New Zealand Public Health and Disability Act 2000, have a key role in workforce development. As the main employers of the mental health workforce, District Health Boards (DHBs) and non-government organisations (NGOs) are in the best position to identify workforce requirements.

National co-ordination is essential to ensure consistency across the country to provide the framework for a productive partnership with the education sector and to positively influence policy settings.

Through the further development of the mental health workforce, more and better mental health services will be available to meet the needs of consumers. To date significant progress has been made towards meeting the resource guidelines set out in the Mental Health Commission's *Blueprint*, but more work remains to be done. The complexity of the environment is stimulating and, at times, daunting. Workforce development is fluid and evolving, shaped by interaction among workers, the work environment or organisation, and the work produced.

This paper presents a snapshot of mental health workforce development. After setting out the context for workforce development initiatives, the roles and contributions of key stakeholders are clarified. It then describes current workforce development activity in the mental health sector within the context of workforce development strategies.

The last section identifies the future direction for mental health workforce development taking into account the previous strategy, *Tuutahitia te Wero – The Mental Health Workforce Development Plan 2000–2005*, and existing workforce development commitments.

# Context of Mental Health Workforce Development Initiatives

## Mental health strategic framework

Workforce development in mental health is identified within the National Mental Health Strategy, which comprises three documents:

- *Looking Forward: Strategic directions for mental health services* (Ministry of Health 1994)
- *Moving Forward: The national mental health plan for more and better services* (Ministry of Health 1997)
- *Blueprint for Mental Health Services in New Zealand: How things need to be* (Mental Health Commission 1998).

The underlying objective of these strategy documents is to produce more and better mental health services.

The **seven strategic directions** identified in *Looking Forward* and *Moving Forward* are:

- 1 more mental health services
- 2 more and better services for Māori
- 3 better mental health services
- 4 balancing personal rights with protection of the public
- 5 developing and implementing the national drug policy
- 6 developing the mental health services infrastructure
- 7 strengthening promotion and prevention.

The *Blueprint* is a National Mental Health Service Development Plan. It aims for a well functioning mental health system that provides adequate and appropriate treatment and support to those affected most severely by mental illness. The *Blueprint* sets out a framework, key parameters, and principles for good service.

In addition, the *Blueprint* identifies the resourcing requirements for achieving a level of service delivery by 2010. Workforce development is critical to the achievement of the *Blueprint* plan. If funding is to deliver an enhanced service, workforce development is essential.

The level of services identified in the *Blueprint* will not be achieved by 2010 based on the current funding stream. The *Blueprint*, however, provides a benchmark for service provision and it is useful to identify full implementation of the *Blueprint* as the goal. The *Blueprint* also identified the recovery approach as a requirement to ensure consumers experience a capable workforce.

## Mental health workforce development strategic documents

Current workforce development activity has a basis in three key strategic documents. Although they were developed prior to the establishment of the DHB structure, these documents continue to be relevant to, and provide a reference point for, workforce development initiatives.

- *Towards Better Mental Health Services: The report of the National Working Party on Mental Health Workforce Development* (Ministry of Health 1996) identified seven overarching strategies – retention and recruitment, communication with the education sector, increased investment in training, research, destigmatisation, provider responsibility, management practice and organisational change.
- *Developing the Mental Health Workforce: The report of the National Mental Health Workforce Development Co-ordinating Committee* (Mental Health Commission and Ministry of Health 1999) identified five strategies – competencies development, organisational effectiveness, child and youth, Māori and Pacific peoples.
- *Tuutahitia te Wero, Meeting the Challenges: Mental health workforce development plan 2000–2005* (Health Funding Authority 2000) detailed 11 goals, which included strengthening and developing the Māori workforce, child/tamariki and youth/rangatahi workforce and Pacific workforce and developing generic skills training.

More information about these strategic documents is available at Appendix 1.

The main focus of activity in the last five years has been on the training area as the means of developing both numerical and skills capacity within the mental health workforce and addressing the issues of supply and demand with the sector. Workforce development, as the strategy documents tell us, involves more than investment in training. The task now is to determine how to address recruitment and retention, research, management practice and organisational effectiveness and development.

# Mental Health Workforce Development System – Key Players and their Roles

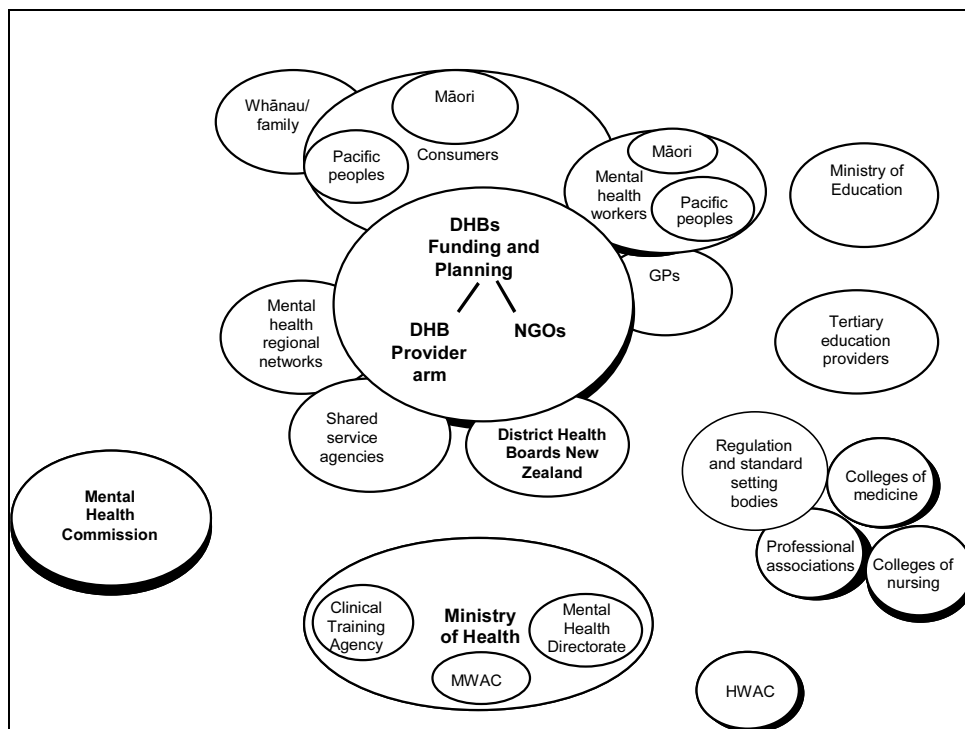
The concept of a ‘system’ is familiar in contexts such as the health system and the education system. When considering mental health workforce development, the concept offers a useful way of viewing the roles and relationships of various stakeholder groups.

The mental health workforce development system is made up of a range of key players or stakeholders. As Figure 1 shows, they include the DHBs, the Mental Health Commission, the Clinical Training Agency (CTA), the Ministry of Health’s Mental Health Directorate, tertiary training providers, colleges of medicine and nursing and, of course, mental health workers and consumers.

Each stakeholder has a particular contribution to make to workforce development. A subset of players will come together at a given time to undertake a particular workforce development activity. For example, the CTA, colleges of medicine and the DHBs collaborate over the training of psychiatrists.

In the current climate, because of the increased and rapid funding allocation for service development, the Mental Health Directorate has a central role in national workforce development activity. The Directorate is working to add value to DHBs as they drive workforce development.

**Figure 1:** Mapping the stakeholders in mental health workforce development



HWAC: Health Workforce Advisory Committee  
 MWAC: Ministry Workforce Advisory Committee

## Roles of key stakeholders

### The Ministry of Health's **Mental Health Directorate:**

- maintains and articulates a strategic overview
- assists DHBs and NGOs to implement workforce development
- facilitates relationships of workforce development stakeholders within the mental health sector and across sectors
- assists in the development and funding of workforce development initiatives via the national allocation
- advises the Minister of Health about mental health workforce development.

### The **DHBNZ:**

- provides an organisational infrastructure for workforce development activity within and across DHBs
- develops a DHBNZ national strategic plan for workforce development
- aggregates DHB demand for workforce development initiatives.

### The **DHB providers and non-government organisations:**

- identify workforce development requirements and include these within district business plans
- attend to workforce development at district level
- contribute to regional and national initiatives.

### **DHB Funding and Planning:**

- ensures mental health resources are used within each of the 21 District Health Boards in a manner that reflects identified community needs
- drives district and regional mental health planning
- funds service provision.

### **Regional Mental Health Networks:**

- represent regional mental health stakeholder groups, including DHB funders and planners, DHB providers, NGOs, tangata whaiora/consumers, whānau/families
- inform regional mental health planning.

### The **Mental Health Commission:**

- monitors and reports on workforce capacity
- works with key agencies to lift the image of the mental health sector as a career alternative
- addresses workforce issues through support and promotion of appropriate agencies and initiatives
- leads destigmatisation and anti-discrimination activities.

The Ministry of Health's **Clinical Training Agency**:

- purchases post-entry clinical training including Mental Health
- purchases specialist training programmes
- manages and monitors workforce development contracts on behalf of the Mental Health Directorate.

The **Ministry of Health Workforce Advisory Committee**:

- advises on the strategic overview of the contribution of the health and disability workforce to health and independence outcomes
- co-ordinates health and disability workforce issues and initiatives within the Ministry of Health and externally to ensure an integrated, consistent approach and efficient use of resources
- identifies key workforce problems and makes recommendations on priorities
- recommends a set of principles to guide the development of the future health and disability workforce.

The **Health Workforce Advisory Committee (HWAC)**, which sits outside the Ministry of Health:

- independently assesses current workforce capacity and foreseeable workforce needs to meet the objectives of the New Zealand Health and Disability Strategies
- advises the Minister of Health on national goals and strategies for the health workforce
- facilitates co-operation between the health sector and workforce education and training agencies to ensure a strategic approach to health workforce supply, demand and development
- reports on the effectiveness of recommended strategies and identifies required changes.

# Mental Health Workforce Development Initiatives

Most workforce development activity to date has been based on the goals identified in *Tuutahitia te Wero*. Contracts have been entered into that will establish a new mental health workforce infrastructure and should place the sector in a strong position for the future. These contracts include:

- the development of a Māori mental health workforce development organisation, Te Rau Matatini
- the national Child and Youth Mental Health Workforce Development Organisation contract awarded to the University of Auckland
- the base and initiatives contracts with DHBNZ
- NGO initiatives via grants to Mental Health Support Work students and a pilot in the Midland region of in-service training.

**Table 1:** Examples of workforce development initiatives for 2000–2002 mapped by *Tuutahitia te Wero* goals

<i>Tuutahitia te Wero</i> goals	Goal-related workforce development activity
<p>1 Strengthen and develop the Māori workforce and Māori mental health services.</p> <ul style="list-style-type: none"> <li>• Develop strategies to achieve a strong Māori mental health workforce.</li> <li>• Develop specific training initiatives for the Māori mental health workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Te Rau Puawai is a programme of scholarships, mentoring and other support for Māori enrolled in any of Massey University's programmes that are related to mental health.</li> <li>• Te Ora is a new scholarship programme for Māori psychiatry registrars.</li> <li>• Te Rau Matatini – a Māori Mental Health Workforce Development Organisation – has been created at Massey University and will provide a national focus.</li> <li>• Best practice for Māori mental health services is being developed.</li> </ul>
<p>2 Strengthen and develop the child and youth workforce.</p> <ul style="list-style-type: none"> <li>• Increase the child and youth workforce.</li> <li>• Strengthen child and youth workforce.</li> <li>• Co-ordinate child and youth training more effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• The Child and Youth Mental Health Workforce Development Organisation contract is with the University of Auckland. They are responsible for strategic and business planning, plus a number of projects, including new entrant initiatives.</li> <li>• DHBNZ has led projects related to the provision of clinical placements and recruitment of child and youth psychiatrists.</li> </ul>
<p>3 Strengthen and develop the Pacific workforce and health services for Pacific peoples.</p> <ul style="list-style-type: none"> <li>• Develop strategies to achieve a strong Pacific mental health workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Training related to a Pacific model of practice has been delivered by Alo-Otaugaloa, mainly in the Auckland region.</li> <li>• The Mental Health Commission has prepared a strategy document – <i>Pacific Mental Health Services and Workforce</i>.</li> <li>• The Ministry of Health is developing scholarships for Pacific peoples training in health and, in particular, mental health programmes.</li> </ul>

<b>Tuutahitia te Wero goals</b>	<b>Goal-related workforce development activity</b>
<p>4 Develop generic training on high priority skills, available across the sector.</p> <ul style="list-style-type: none"> <li>• Make available consistent training on key topics to strengthen the mental health workforce overall.</li> <li>• Reflect the highest priorities in access to generic training opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• The Mental Health Commission has produced recovery approach competencies and has developed training material to support implementation.</li> <li>• A new postgraduate programme at Auckland University focusing on the health development/promotion aspect of mental health has been set up. The Mental Health Directorate has provided development funding for the first two years.</li> <li>• The Depression Guidelines have been reviewed and the Suicide Prevention Guidelines for Emergency Departments and Mental Health Services have been developed by the New Zealand Guidelines Group, with implementation included in the project.</li> <li>• The Intermediate Level Training Project has been facilitated by DHBNZ to provide national training.</li> </ul>
<p>5 Address the training needs of consumers/tāngata whaiora and families/whānau.</p> <ul style="list-style-type: none"> <li>• Initiate workforce developments to provide opportunities for consumers/tāngata whaiora and families/whānau to play an active role in mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• No initiatives to date. The Mental Health Commission has a stated objective in its <i>Business</i> plan relating to this area.</li> <li>• The Mental Health Commission is progressing a consumer workforce strategic plan.</li> </ul>
<p>6 Develop the alcohol and drug, elderly mental health, community, primary mental health and forensic workforces.</p> <ul style="list-style-type: none"> <li>• Continue to fund current alcohol and drug workforce initiatives.</li> <li>• Expand opportunities for training in alcohol and drug services.</li> <li>• Initiate workforce developments to address the challenges of an ageing population.</li> <li>• Enhance the ability of mental health workers to work in community settings.</li> <li>• Initiate workforce developments to enhance the ability of the primary health sector to deliver primary mental health services.</li> <li>• Initiate workforce developments that support the future direction of forensic services.</li> </ul>	<ul style="list-style-type: none"> <li>• The Tobacco, Alcohol and Drugs Programme at Auckland University promotes training of the primary care sector in matters related to alcohol and drug intervention (screening and brief intervention, motivational interviewing).</li> <li>• National Opioid Treatment Training programme targets the primary care sector (GPs, pharmacists, practice nurses) in managing people with opioid dependency who are taking methadone. One-day courses are held around the country through Auckland UniServices Ltd.</li> <li>• The Mental Health Directorate has funded the development of a postgraduate opioid treatment paper for two years at Otago and Auckland Universities.</li> </ul>
<p>7 Enhance the ability of support workers to play an important role in the current and future mental health sector.</p> <ul style="list-style-type: none"> <li>• Assist trainee access to the National Certificate in Mental Health (Support Work).</li> <li>• Expand the range of training for support workers.</li> </ul>	<ul style="list-style-type: none"> <li>• The New Zealand Qualifications Authority (NZQA) Mental Health Support Workers Advisory Group accredits and moderates education providers offering the level 4 National Certificate in Mental Health (Support Work). The contract includes ongoing work, such as a review, and development of further unit standards for alcohol and drug, child and youth and Māori support workers.</li> <li>• National Support Worker Training Grants programme provides for \$2000 training grants for each person enrolled in the National Certificate in Mental Health (Support Work), administered by NETCOR according to policies set by the Mental Health Directorate.</li> </ul>

<i>Tuutahitia te Wero</i> goals	Goal-related workforce development activity
<p>8 Encourage providers to take responsibility for those aspects of workforce development that they can address individually and collectively.</p> <ul style="list-style-type: none"> <li>Support providers to take responsibility for their own workforce development.</li> </ul>	<p>DHBNZ workforce development initiatives include:</p> <ul style="list-style-type: none"> <li>improving the capacity of providers to manage workforce issues</li> <li>facilitating joint provider workforce meetings to encourage work development focus.</li> </ul>
<p>9 Provide clear direction for future CTA purchasing of post-entry clinical training in mental health.</p> <ul style="list-style-type: none"> <li>Ensure post-entry clinical training programmes funded by the CTA fully contribute to the workforce development needs of the mental health sector.</li> </ul>	<p>The Regional Mental Health Networks via the mechanism of DHBNZ are well positioned to provide that direction.</p> <p>The Mental Health Directorate has a purchasing agreement with the CTA.</p>
<p>10 Improve Health Funding Authority planning, contracting and monitoring related to mental health workforce development.</p> <ul style="list-style-type: none"> <li>Implement <i>Tuutahitia te Wero</i>.</li> <li>Improve the information base on which workforce development decisions are made.</li> </ul>	<p>Following the end of the Health Funding Authority structure and of national allocation of workforce development funding, the Mental Health Directorate has national responsibility for this area.</p> <p>DHBNZ has responsibility for a workforce numbers project that is addressing the information needs of the sector relating to workforce.</p> <p>DHBs now have responsibility for workforce development at District level.</p>
<p>11 Contribute to the co-ordinated development of the mental health workforce.</p> <ul style="list-style-type: none"> <li>Contribute to joint inter- and intrasectoral projects.</li> </ul>	<p>The Mental Health Directorate has a shared role here with DHBNZ, shared service agencies and the Mental Health Regional Networks.</p>

The only goals for which no activity has occurred to date relate to consumer/tāngata whaiora, family and whānau training, and services for older people.

Table 1 is not an exhaustive list as it does not include all the projects funded by the Mental Health Directorate nor the initiatives funded by DHBs via their contractual base funding. (Appendix 3 lists all workforce development initiatives funded by the Mental Health Directorate.)

## Conclusion

Strategy documents provide some coherence for what at times may seem like disparate workforce development activity. There has been considerable progress on the enactment of identified strategies over the last five years. Key stakeholders have taken responsibility for specific projects to achieve the goals set out in *Tuutahitia te Wero* with a view to ensuring more and better mental health services.

Recent changes in the structure of the health system require a period of consolidation as stakeholders begin to operate in the new DHB environment. The role of service providers as employers within a district is crucial to ensure workforce development meets service and consumer needs.

It is important that each stakeholder is aware of the collaborative nature of workforce development within the workforce development system. In addition, we must all progress in ways that are aligned and which add value to the sector.

The mechanism of a national allocation of workforce development funding provides the opportunity to make significant progress in workforce development. We have the opportunity to consolidate those initiatives that are seen to be working and to initiate activities in areas that have not been a focus to date.

# Mental Health Workforce Development Future Direction

## Current priorities

Workforce development has focused on:

- establishing an adequate Māori workforce via training, support and the creation of a Māori workforce development organisation
- establishing an adequate child and youth workforce via CTA-funded training and creating a workforce development organisation
- developing responses to generic issues through DHBNZ projects, including intermediate level training, workforce numbers, and orientation for overseas recruits
- developing the NGO sector area through mental health support work grants for training.

## Future opportunities

Opportunities for the future include the following:

- continue to address *Blueprint* priorities for more and better mental health services – namely more community-based services based on regional requirements
- consolidate and strengthen current priorities including Māori workforce development, child and youth workforce development, Pacific workforce development and generic training initiatives
- address *Tuutahitia te Wero* gaps
- attend to workforce development strategic imperatives that have not yet been addressed – for example retention and recruitment, creating organisations that learn and develop, outcomes research and information collection
- work with the education sector, including through greater involvement in the Ministry of Education’s strategy for the tertiary sector
- collaborate across the health sector
- identify mechanisms to engage formally with the alcohol and other drugs sector to progress workforce development initiatives cohesively.

## Future direction

The future direction for more and better mental health services is to focus on *building capacity and capability* in line with service development. Workforce development is critical to the successful *Blueprint* implementation because services and the mental health system are dependent on having rapid development of a sufficient number of, and appropriately skilled, workers.

*Blueprint* guidelines based on current population figures indicate a need for a further 1677 community clinical mental health FTEs and a further 914 mental health support workers in the workforce in order to meet the requirements of the *Blueprint* (see table below). There is also a need for an additional 483 inpatient FTEs. Most workforce development needs to occur in the community setting reflecting service development. Most service growth will occur in the Northern and Midland regions with Child and Youth being the service area attracting most development nationally.

**Table 2:** Forecasted mental health workforce requirements

	<b>Current FTEs/volumes</b>	<b>Implement <i>Blueprint</i> fully</b>	<b>FTE needed</b>	<b>Percentage of increase</b>
Community clinical FTEs	3240	4917	1677	52%
Inpatient clinical FTEs	2020	2530	483	24%
Total clinical FTEs	5260	7420	2160	30%
Total support workers	1220	1839	914	93%

Sources: HHS Quarterly Returns 2000/01, Ministry of Health *Blueprint* tables.

Although we do not have nationally available data at this point, the experience of many services is that they do not have enough staff to deliver contracted services. Service development then becomes an additional challenge.

In 2001/02 the amount contracted directly by the Ministry for mental health workforce development was \$7.3 million. By 2003/004 this amount will have increased to \$11.0 million.

	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>
Clinical Training Agency	\$13.0 million	\$13.4 million	\$13.4 million
Mental Health Directorate	\$7.3 million	\$9.0 million	\$11.0 million
Total	\$20.3 million	\$22.4 million	\$24.4 million

Increases to the national allocation of funds for workforce development for which the Mental Health Directorate is responsible reflect the increase in investment in new mental health services based on *Blueprint* requirements.

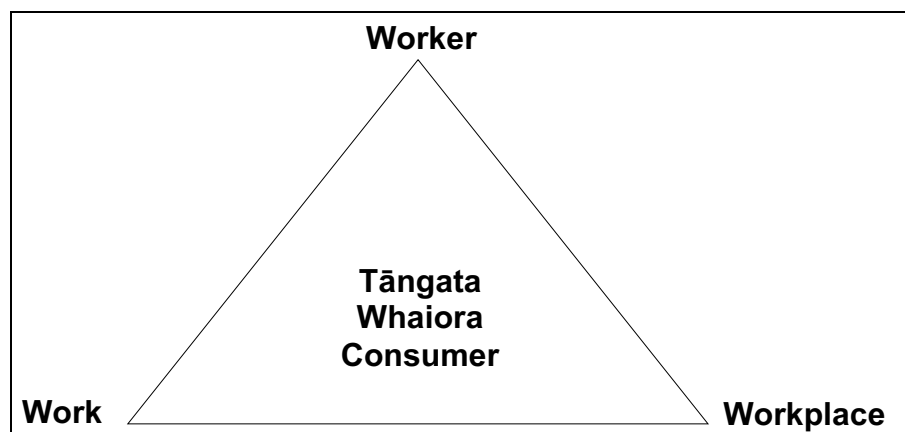
To date training has been considered the best way to match supply and demand for workers. The largest component of training is funded through the Clinical Training Agency, mainly for post-entry clinical training for psychiatrists and nurses.

If we are to achieve the wider workforce development objectives we must take account of the systemic nature of workforce development and the continuing relevance of issues identified in previous strategy documents.

Staff training and development continues to be important. However, there is an emphasis on sustainability, including the development of the workplace as an environment that will retain staff, and on the development of information systems that can be of assistance to a range of stakeholders, including policy developers and providers. The persistent demand for new workers can be mitigated by addressing the issues that lead to burnout and attrition in the workforce.

A systematic approach to workforce development means that we appreciate that the work within mental health, the delivery of service by the worker and the context or organisational environment are all relevant.

**Figure 2:** The micro mental health workforce development system



Notes:

Workforce development needs to take account of all aspects of the microsystem.  
Interventions focused on the worker alone will be less likely to be sustained.

The following questions are addressed in the next section of the document and relate to both clinical and support work functions and workers engaged in a range of functions across the sector, including managers and consumers:

- How can we influence choices to work in mental health?
- How can we ensure workers are qualified to work in mental health?
- How can we retain them once they are in the mental health workforce?

## **Future direction strategic imperatives**

The strategic direction of *building capacity and capability* within the mental health workforce is supported by the following strategic imperatives.

### **Workforce development infrastructure**

*To develop the ability of DHBs to progress workforce development by creating nationally relevant infrastructure. (This strategic imperative focuses on systems change at the higher level.)*

The intention is to continue to rationalise or cluster national workforce development implementation initiatives within an organisational framework that has a solution focus and which is not dependent on a defined mental health structure. The development of the Māori and Child and Youth Workforce Development Organisations are examples of this. Te Rau Matatini has responsibility for initiatives in relation to its goal: ‘To strengthen and develop the Māori mental health workforce’. These initiatives include training for Kaupapa Māori Services, preceptorships for Māori without mental health qualifications, developing student placements in Māori service provider settings, and developing career pathways for Māori nurses. Developing relationships with the sector, including the Regional Mental Health Networks and relationships across sectors, especially education, is an important aspect of the work.

### **Training and development**

*To co-ordinate the education, health and employment sectors and, within the mental health sector, to align pre-service entry, orientation and ongoing development of mental health workers with service provision requirements.*

In addition to Post-entry Clinical Training provided through the Clinical Training Agency, the Mental Health Directorate invests in training and development. Māori, Pacific peoples, mental health support work, alcohol and drugs, and generic in-service training are examples of key areas. New training initiatives are anticipated within forensic, consumer and older people areas. The review and progression of a Generic Competency Framework for mental health workers are planned. The framework needs to be relevant for all disciplines, to sit within a qualifications framework and to meet service provider requirements to have employable staff post-training. This work takes into account the existing recovery competencies, alcohol and other drug competencies and other areas of development.

### **Retention and recruitment**

*To develop a national and regional response to issues of retention and recruitment.*

This objective seeks to assist DHBs and NGOs to produce medium- to long-term solutions to national and regional recruitment problems across all services. This will reduce the present reactive, crisis-driven approach and create efficiency and effectiveness gains through regional and national collaboration.

Potential projects include a review of recruitment and retention procedures, national and regional planning and focused initiatives for attracting psychiatric registrars and mental

health nurses. We need to understand and develop Retention Best Practice as a response to the cost of attrition within mental health services.

### **Organisational development**

*To assist mental health services to develop the organisational culture and systems necessary to sustain their workforce.*

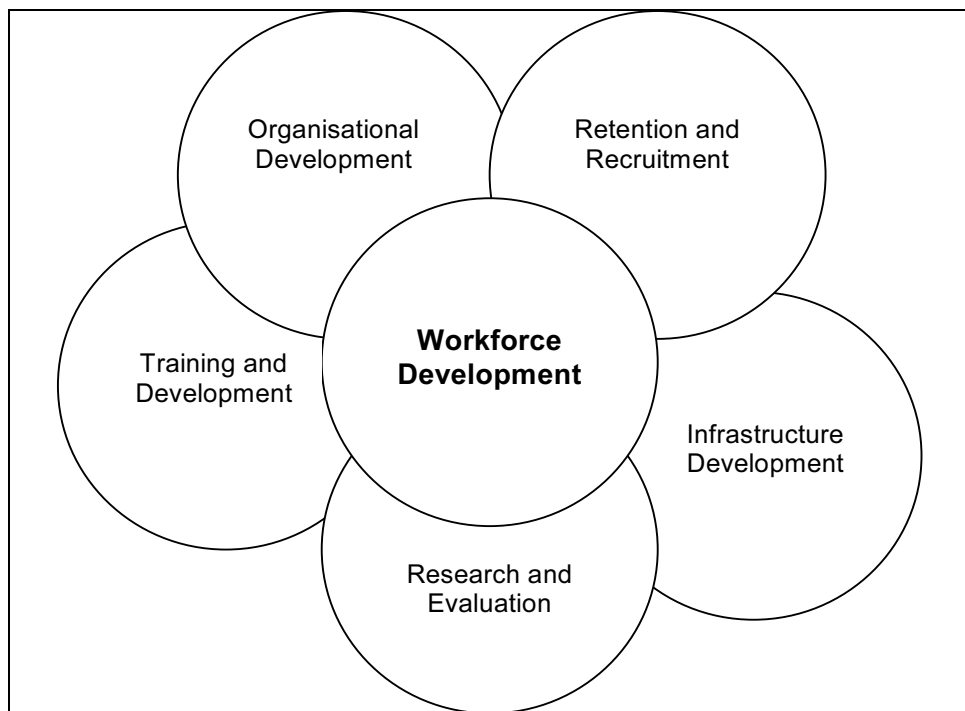
Clearly, training is not the sole solution to capacity and capability concerns when organisations are unable to, or do not provide, a supportive environment for workers. To remedy this imbalance, a national consulting capability will be developed for the sector. Projects include change management, and team and management development, especially in relation to multidisciplinary teams and their development.

### **Research and evaluation**

*To ensure there is information available to the sector to inform workforce development.*

Our understanding of the effectiveness of workforce development expenditure is incomplete. This objective defines research and evaluation as they relate to the capacity and capability of the workforce, the work produced and the environment or context in which that work or service is delivered. Projects include the workforce numbers project, the workforce component of models of service delivery and ensuring that evaluation is a component of all project work. The workforce numbers project will ensure a nationally consistent workforce management database, which can be used to identify existing and future requirements.

**Figure 3:** The five strategic imperatives for Mental Health Workforce Development



## Implementation of strategic imperatives

The future direction for workforce development requires the:

- completion of certain initiatives
- consolidation of identified initiatives
- strengthening of relevant current initiatives
- progression of new initiatives.

### Completion of initiatives (funding to cease this year)

Activity area	Output	Rationale
Māori	<ul style="list-style-type: none"> <li>• Kia Tu Kia Puawai (provider development).</li> <li>• Best practice guidelines.</li> </ul>	Development complete.
Alcohol and drug	<ul style="list-style-type: none"> <li>• Postgraduate opioid papers.</li> </ul>	<p>Developmental two-year funding coming to an end.</p> <p>Move to focus on more generic A&amp;D training.</p>
Generic mental health	<p>DHBNZ projects:</p> <ul style="list-style-type: none"> <li>• strategic plan</li> <li>• orientation programme for overseas recruits</li> <li>• telemedicine development</li> <li>• provider workforce plans</li> <li>• psychiatry recruitment in child and youth services.</li> </ul>	<p>Projects nearing completion with DHBs to decide on implementation.</p> <p>Recruitment initiative to be progressed through new broader project.</p>

### Consolidation of initiatives (funding to continue at same level)

Activity area	Output	Rationale
Clinical Training Agency	<ul style="list-style-type: none"> <li>• Psychiatry training.</li> <li>• New graduate and advanced graduate nursing programmes.</li> <li>• Māori nursing programme.</li> <li>• Child and youth programmes.</li> <li>• Cognitive behavioural therapy.</li> <li>• Dual diagnosis.</li> </ul>	<p>Consolidation at this stage is the preferred option while other initiatives are explored within the sector.</p> <p>Additional new graduate nursing programmes are proposed based on identified demand.</p>
Māori	<p>Te Rau Puawai – scholarships and mentoring for students attending Massey University programmes.</p> <p>Te Ora – scholarships for trainee psychiatrists.</p>	Initiatives continue to be relevant as a means of bringing Māori into the workforce.
Pacific	Training in Pacific models for Pacific workers and palagi.	Continued relevance and benefit in central co-ordination to build capability within the existing workforce.
Mental health support work	Grants to students enrolled in certificate training, funding for in-service training.	Risk management strategy to ensure basic level training continues.

Alcohol and drugs	Primary-based opioid and tobacco, alcohol and other drugs programmes.	ALAC has funded clinical training for A&D provider services. This is changing and the Ministry focus will also shift to reflect this change.
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### Strengthening of initiatives (funding to increase)

Activity area	Output	Rationale
Māori	Te Rau Matatini (workforce development organisation).	Identified as the best option to achieve the objective of increasing and sustaining Māori participation in the workforce. Building on set-up phase as projects are progressed.
Child and youth	<ul style="list-style-type: none"> <li>Workforce Development Organisation (yet to be named).</li> <li>CTA programmes to increase.</li> </ul>	Centre of excellence required for largest area of service growth.
Generic	DHBNZ projects <ul style="list-style-type: none"> <li>information systems.</li> </ul>	DHBNZ has proven its capacity to deliver, which provides a basis for expansion as a foundation for all DHBs.
Clinical Training Agency	More new nursing programmes.	One response to recruitment and career development for nurses.

### Progression of new initiatives (new funding initiatives)

New funding will attach to the following strategic areas. There is room to redefine initiatives based on an initial investigative, planning and scoping phase.

Activity area	Output	Rationale
Workforce development infrastructure	Operational management and oversight for regional and national workforce development project streams via committee and secretariat function.	Increase cohesion and rationalise workforce development across the sector.
Training and development	<ul style="list-style-type: none"> <li>Review of undergraduate training across disciplines.</li> <li>Review and development of a competency framework for mental health workers.</li> <li>Development of a new graduate programme for OTs and social workers.</li> <li>Māori, child and youth programme.</li> <li>Child and Youth – Chair in Psychiatry.</li> <li>Pacific Peoples Scholarship and Mentoring programme.</li> <li>Mental health support workers bridging scholarships and mentoring into clinical training.</li> </ul>	<ul style="list-style-type: none"> <li>These first three initiatives align training for mental health workers with service provider requirements.</li> <li>Addresses a gap in programme provision.</li> <li>Increases the attractiveness of child psychiatry as a profession.</li> <li>Increases the participation of Pacific peoples in the workforce.</li> <li>Identifies and progresses a career path for support workers to become clinicians.</li> </ul>

Activity area	Output	Rationale
	<ul style="list-style-type: none"> <li>• Alcohol and drug training for clinical and support workers.</li> <li>• Consumer training for advocacy, mentoring, consultation and training roles.</li> <li>• Primary health in line with strategy implementation.</li> <li>• Forensic services in line with strategy implementation.</li> <li>• Services for older people in line with strategy implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Addresses risk management issue as ALAC withdraw from this area.</li> <li>• Increases the opportunity for further participation.</li> <li>• Strategy development is still occurring in these three areas. Training and development will support implementation.</li> </ul>
Retention and recruitment	<ul style="list-style-type: none"> <li>• Review, recommend response.</li> <li>• Implement national and regional plans.</li> <li>• Recruit to psychiatry and nursing.</li> </ul>	<ul style="list-style-type: none"> <li>• Efficiency and effectiveness gains can be made via recruitment collaboration.</li> <li>• A national and regional approach could assist with managed career progression and reduce attrition in key professions.</li> </ul>
Organisational development	<ul style="list-style-type: none"> <li>• Development of a national mental health resource, a consultancy service, available to DHBs and non-government organisations to assist with systems development, change management, team development and management development.</li> <li>• Pacific providers have been identified as a priority area.</li> <li>• By-consumer-for consumer services are an area of opportunity.</li> <li>• Dual diagnosis pathways and workforce initiative.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides the opportunity for mental health services to develop as learning organisations that can retain and develop their workforce.</li> </ul>
Research and evaluation	<ul style="list-style-type: none"> <li>• Implementation of a national information systems solution.</li> <li>• Exploration of different models of workforce configuration.</li> <li>• Development of project evaluation.</li> <li>• Development of outcomes evaluation for workforce development.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent and adequate information will assist the sector with assessment and planning.</li> <li>• Encouraging innovation creates greater flexibility in the workforce.</li> <li>• Project evaluation adds value to monitoring and targets future initiatives.</li> <li>• A framework for evaluating the outcome of workforce development would identify the contribution made to the implementation of the <i>Blueprint</i>.</li> </ul>

## Conclusion

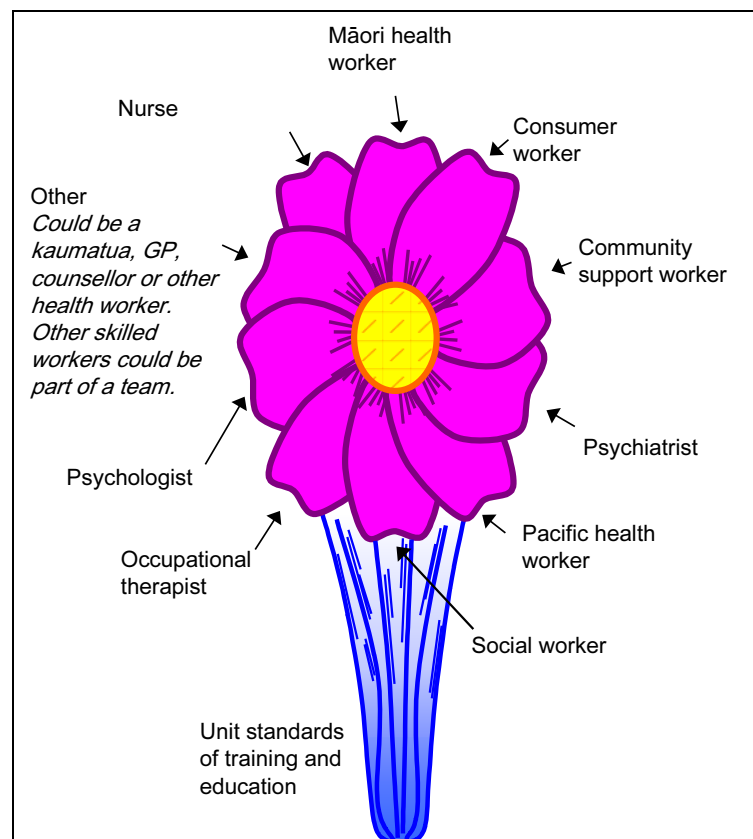
The direction identified has, and must have, the ability to respond to emerging priorities within the sector. We cannot anticipate all these for the next three years. This approach does, however, provide a strong platform on which to base our work.

# Appendix 1: Mental Health Workforce Development Strategy Documents

## ***Towards Better Mental Health Services: The report of the National Working Party on Mental Health Workforce Development (Ministry of Health 1996)***

This document provides a model for the development of the future mental health workforce (see Figure A1).

**Figure A1:** A model for the development of the mental health workforce



The model is based on agreement about the value of multidisciplinary teamwork. The Working Party also agreed on the need for development of training standards and education to underpin the team approach in meeting consumer needs.

### **Overarching strategies**

- 1 National and regional workforce development policies to support health providers in recruiting and retaining staff.
- 2 A mechanism to co-ordinate communication to the education sector regarding tertiary training.
- 3 Greater investment in workforce training to increase skills and the pool of workers.
- 4 Research to provide information on outputs and outcomes.

- 5 National 'destigmatisation' strategy.
- 6 Providers take increased responsibility for workforce development, which is recognised formally.
- 7 Management practice and organisational culture to address issues of recruitment and retention.

### **Commentary**

This document sets the scene for workforce development. The strategies identified continue to have relevance to workforce development today.

The current focus on education and training of mental health workers resulted from the recommendations in this document. This focus should continue, with one proviso: 'investment in worker training is unlikely to yield high returns unless there are supporting structures present within the workplace to maintain and reinforce the effects of training' (*Journal of Public Health Management* 17(4): 2).

Recruitment and retention were identified as the second priority. Both HWAC and DHBNZ have identified projects in this area. An opportunity exists to address recruitment and retention at a regional or national level and across the entire mental health workforce. There is already a body of knowledge within organisational development and strategic human resource management practice regarding the kind of organisational culture required to retain staff. However, other than the information gained through exit interviews, we have little data about this area of performance among mental health providers or about the reasons for the attrition level in mental health. To determine an appropriate response we require further information about the factors influencing departure and those influencing decisions to remain.

The Health Funding Authority developed and implemented the destigmatisation strategy, another success for the sector. With the recent restructuring of the health sector and the national allocation of workforce development monies, DHBs are progressing the development of providers as they take responsibility for workforce development.

## ***Developing the Mental Health Workforce: The report of the National Mental Health Workforce Development Co-ordinating Committee (Mental Health Commission and Ministry of Health 1999)***

The National Mental Health Workforce Development Co-ordinating Committee sought to provide a framework for addressing issues in an ongoing way. Their report was presented as work in progress. The five strategies identified were:

- 1 overarching strategy – development of competencies required for a skilled workforce
- 2 organisational effectiveness strategy – including development of leadership, lines of accountability, a culture of training, research and development, recruitment and retention of staff, support innovation, proactive risk management, alignment of training and development to core work practice competencies
- 3 child and youth workforce initiatives – prioritisation so that they are aligned to funding plans and service provision policy
- 4 Māori workforce – more workers in line with tāngata whaiora usage, more service provision options, address retention issues and collect data to support initiatives
- 5 Pacific workforce – addressing the relative absence of an appropriately skilled workforce, with consideration, including recruitment and retention.

### **Commentary**

The implementation of the strategies identified within the National Mental Health Workforce Development Co-ordinating Committee's report has been partially implemented. A competency framework was developed though not progressed. The strength of the individual professions mitigates against the implementation of a generic competency framework. However, the National Mental Health Service Framework 2001 provides for monitoring of profession-specific competencies.

Organisational effectiveness has been addressed through the 'quality framework', though not from a workforce development perspective. This framework presents an area of opportunity for future workforce development initiatives. A workforce development culture to complement the quality culture developed within provider organisations would ensure a workforce experienced the 'safety' required to provide optimum service.

This document saw the formal recognition of the needs of the Māori workforce. These needs were later identified in *Tuutahitia te Wero* as the first priority for workforce development.

Issues for the Pacific workforce identified here were also incorporated and progressed in *Tuutahitia te Wero*.

## ***Tuutahitia te Wero, Meeting the Challenges: Mental health workforce development plan 2000–2005 (Health Funding Authority 2000)***

This document provided a clear impetus for focused action across a range of issues.

The following 11 goals for workforce development were identified and prioritised with a level of detail to inform particular projects.

- 1 Strengthen and develop the Māori mental health workforce.
- 2 Strengthen and develop the child/tamaiti and youth/rangatahi mental health workforce.
- 3 Strengthen and develop the Pacific mental health workforce.
- 4 Develop generic training on high priority skills, available across the sector.
- 5 Address the training needs of consumers/tāngata whaiora and families/whānau.
- 6 Develop the alcohol and drug, elderly mental health, community, primary mental health and forensic workforces.
- 7 Enhance the ability of support workers to play an important role in the current and future mental health sector.
- 8 Encourage providers to take responsibility for those aspects of workforce development that they can address individually and collectively.
- 9 Provide clear direction for future post-entry clinical training in mental health.
- 10 Facilitate Ministry of Health and DHB planning, contracting and monitoring related to mental health workforce development.
- 11 Contribute to the co-ordinated development of the mental health workforce.

### **Commentary**

Since 2000 over 100 initiatives have contributed to achieving the 11 goals identified in *Tuutahitia te Wero*. The main focus has been on training as a way of increasing workforce numbers and skills. The roles of the different stakeholders in the sector are evolving with the introduction of the DHB structure. However, significant contributions have been made by key stakeholders including DHBNZ, the Clinical Training Agency, the Mental Health Commission and the Mental Health Directorate of the Ministry of Health.

## Appendix 2: Table of Key Players and their Roles

Key stakeholder	Role	Activity
DHBNZ	<ul style="list-style-type: none"> <li>Facilitate collaborative activities in areas of joint interest and benefit to the DHB sector.</li> <li>Establish workforce development function supported by DHB sector for minimum of two years.</li> <li>Review and prioritise other workforce development priorities.</li> <li>Establish strategic framework, three-year strategic plans and progressive workforce development plans for mental health and other priority areas.</li> <li>Enhance workforce development due to national focus.</li> <li>Ensure a fit between the requirements of the service user and the workforce providing the service.</li> <li>Ensure a sustainable health workforce.</li> </ul>	<p>Eight current projects for mental health workforce development:</p> <ul style="list-style-type: none"> <li>intermediate level training</li> <li>workforce numbers and skill levels</li> <li>increase clinical placements in child and youth services</li> <li>strategy for international recruitment of child and adolescent psychiatrists</li> <li>orientation programme for overseas recruits</li> <li>develop telemedicine infrastructure</li> <li>improve capacity of providers to manage workforce issues</li> <li>facilitate joint provider workforce meetings to encourage workforce development focus.</li> </ul>
DHBs	<ul style="list-style-type: none"> <li>Plan and fund services to meet mental health needs of populations.</li> <li>Contractual responsibility to ensure Service Specifications and National Mental Health Standards are met.</li> <li>Provide for workforce development.</li> <li>Report on workforce development activity.</li> <li>Responsibility to ensure safe workplace.</li> <li>Ensure workforce is performing adequately.</li> </ul>	<ul style="list-style-type: none"> <li>Develop strategic and annual plans to reflect workforce development objectives.</li> <li>Continue to manage human resource recruitment, retention and development.</li> <li>Identify and express labour demands to training institutions and potential workforce.</li> </ul>

Key stakeholder	Role	Activity
Mental Health Directorate, Ministry of Health	<p>Work with key stakeholders to assist the government in achieving:</p> <ul style="list-style-type: none"> <li>• a quality and quantity of mental health workers that meet the needs of the New Zealand population and provide value for money</li> <li>• an environment of safety for consumers and the general public</li> <li>• a community that is non-discriminatory towards people with mental illness.</li> </ul> <p><i>(Draft Business Plan 2001–2002)</i></p>	<ul style="list-style-type: none"> <li>• Maintain strategic overview of workforce development activities.</li> <li>• Advise the government on workforce issues.</li> <li>• Assist all key stakeholders to work in alignment with one another and collaboratively where appropriate.</li> <li>• Assist in the development and funding of initiatives that enhance DHBs' capacity to take local responsibility for workforce development.</li> <li>• Participate in national health workforce initiatives.</li> <li>• Purchase post-entry clinical training via the CTA (see Appendix 3).</li> <li>• Purchase workforce development projects.</li> <li>• Monitor DHB workforce development plans.</li> <li>• Engage with Ministry of Education regarding tertiary funding and purchasing policy.</li> </ul>
Mental Health Commission	<ul style="list-style-type: none"> <li>• Ensure implementation of the national mental health strategy by monitoring and reporting on the performance of key agencies.</li> <li>• Promote better public understanding of mental illness and reduce discrimination.</li> <li>• Strengthen the workforce by training and development, and by recruitment of staff with appropriate skills <i>(Mental Health Commission Strategic Plan 2001–2004)</i>.</li> <li>• Work with key agencies to lift the image of the mental health sector as a career alternative.</li> <li>• Address workforce issues <i>(Blueprint 1998: 5)</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor workforce capacity.</li> <li>• Monitor recruitment and retention.</li> <li>• Define and promote a stronger service user workforce.</li> <li>• Develop recovery competency framework.</li> <li>• Provide teaching materials supporting recovery approach implementation.</li> <li>• Promote recovery approach across the sector.</li> <li>• Survey Māori mental health workforce.</li> <li>• Link with DHBNZ, the Ministry of Health and their workforce programmes.</li> </ul>
Clinical Training Agency, Ministry of Health	<p>Vision:</p> <p>Facilitate development of a professional health and disability workforce which can meet the future requirements of health and disability services in New Zealand.</p>	<ul style="list-style-type: none"> <li>• Manage the purchase and contractual arrangements related to mental health post-entry clinical training programmes.</li> <li>• Fund psychiatric registrar training (all eligible trainees are funded).</li> <li>• Specialist mental health programmes funding for Māori, dual diagnosis, child and youth, CBT forensic.</li> </ul> <p><i>(See Appendix 4 for list of CTA programmes.)</i></p>

Key stakeholder	Role	Activity
Ministry of Education	Developing a tertiary education strategy: <ul style="list-style-type: none"> <li>• educate for inclusion</li> <li>• educate for human capital</li> <li>• educate for world class research and innovation</li> <li>• educate for system capability.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate tertiary training course approval process.</li> <li>• Provide funding subsidy, based on EFTS (no cap), to provider.</li> <li>• Creating Tertiary Education Committee to implement strategy.</li> </ul>
Health Workforce Advisory Committee	<ul style="list-style-type: none"> <li>• Advise the Minister of Health on health workforce issues.</li> <li>• Consult with people involved in the funding and provision of health services and those who educate and train the health workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide independent assessment of current workforce capacity and foreseeable workforce needs to meet the objectives of the New Zealand Health and Disability Strategies.</li> <li>• Advise the Minister of Health on national goals and strategies for the health workforce and development of workforce capacity.</li> <li>• Facilitate co-operation between the health sector and workforce education and training agencies to ensure a strategic approach to health workforce supply, demand and development.</li> <li>• Report on the effectiveness of recommended strategies and identify required changes.</li> </ul>
Ministry Workforce Advisory Committee	Terms of reference: <ul style="list-style-type: none"> <li>• Advise on the strategic overview of the contribution of the health and disability workforce to health and independence outcomes.</li> <li>• Co-ordinate health and disability workforce issues and initiatives within the Ministry of Health and externally to ensure an integrated, consistent approach and efficiency of resources.</li> <li>• Identify key workforce problems and make recommendations on priorities.</li> <li>• Recommend a set of principles to guide the development of the future health and disability workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Advise on the Ministry of Health's input to the work of the Ministry of Education as it moves to implement the recommendations of the Tertiary Education Advisory Committee.</li> <li>• Identify issues that need to be raised with the Health Workforce Advisory Committee.</li> <li>• Contribute a second opinion on the recommendations of the Health Workforce Advisory Committee, where appropriate.</li> </ul>

## Appendix 3: Workforce Development Initiatives and Clinical Training Funded by the Ministry of Health

### Workforce development initiatives 2001/02 funded by the Mental Health Directorate

Initiative	Provider
Te Rau Matatini Māori Mental Health Workforce Development Organisation	Massey University
Child and Youth Mental Health Workforce Development	Auckland University
Workforce Development Project DHBNZ Mental Health Workforce Initiatives	DHBNZ
Māori Mental Health Psychiatric Registrar Development Programme	Te Ohu Rata o Aotearoa
Tobacco, Alcohol and Other Drugs Programme National Opioid Treatment Training Programme Review	Auckland UniServices Limited
Development of Mental Health Training Directory	Platform
Postgraduate paper – Opioid Treatment	Christchurch School of Medicine
Postgraduate paper – Opioid Treatment	Auckland University
Te Rau Puawai Workforce 100	Massey University
Te Rau Puawai Evaluation	University of Waikato
NZQA Mental Health Support Workers Advisory Group 2000/2002	Mental Health Commission
Brokerage Pilot for Support Worker Training National Mental Health Support Worker Training Grant Administration	New Zealand Education and Tourism Corporation
Mental Health Guidelines in Primary Care Project Suicide Prevention and Depression	New Zealand Guidelines Group
Kia Tu Kia Puawai	Ngati Whatua O Orakei Health and Social Needs Ltd Te Kapu a Rangi Trust Te Wananga O Raukawa Te Hauora o Ngati Haua Trust
Postgraduate Certificate in Mental Health Development Auckland UniServices	University of Auckland
Co-existing Treatment	ALAC
South Island Workforce Project	Canterbury DHB
Māori Scholarships	Te Ohu Rata O Aotearoa
Supervision Project	Flinders University
Competencies Review	Contractor
Knowing the People Planning	Auckland University
Allied Health Undergraduate Review	Contractor

## Post-entry Clinical Training Mental Health Programmes 2001 funded by the Ministry of Health

Programme	Type	Providers
New Graduate Mental Health Nursing	Nursing	Auckland DHB Lakeland DHB Manukau Institute of Technology Otago Polytechnic University of Otago Waitemata Health Whitireia Community Polytechnic
Advanced Mental Health Nursing	Nursing	Massey University (Albany and Palmerston North) University of Auckland University of Otago (Christchurch) University of Otago (Lakeland DHB) Victoria University of Wellington
Dual Diagnosis	Multidisciplinary	Massey University University of Otago
Child and Youth	Multidisciplinary	Otago Polytechnic University of Auckland University of Otago (Wanganui) University of Otago (Christchurch)
Cognitive Behavioural Therapy	Multidisciplinary	Auckland Institute for Cognitive & Behaviour Therapies Eastern Institute of Technology University of Otago (Wellington)
Māori Mental Health	Multidisciplinary Nursing	Te Wananga o Raukawa Waikato Polytechnic
Diploma in Mental Health	Multidisciplinary	University of Otago

## Post-entry Clinical Training Mental Health Programmes funded by the Clinical Training Agency

Programme	Type	Providers
Registrar	Psychiatry	
Forensic Mental Health	Multidisciplinary	Whitireia Community Polytechnic University of Otago (Christchurch)
Dual Diagnosis	Multidisciplinary	University of Auckland

## Appendix 4: DHBNZ Mental Health Workforce Development Projects as at May 2002

Project	Purpose	Value to DHBs	Current status	Next steps	Outputs to date
Intermediate Level Training	To identify training priorities for mental health workers and develop a strategy for training provision.	Able to be responsive to localities and deliver training to a spectrum of providers.  Delivery of training in an integrated way that demonstrates partnership and collaboration.  Builds capacity in communities.	A national programme will be developed which aims to build relationships throughout the sector to improve service integration and responsiveness to consumers and families. Four other pilot programmes have been identified and will be developed to address regional needs.  DHBNZ is seeking interest from facilitators via an RFI process.	Engage facilitators.  Deliver training (June 2002– May 2003).  Evaluation.	Regional needs identified.  Strategy developed.  Current training providers identified.
Workforce Numbers and Skill Levels	To identify a process for the collection and analysis of workforce numbers and skill levels.	Will enable the collection of key data for analysis, workforce planning, decision-making etc.	An IT solution has been defined and has strong sector support.	Development of data dictionary.  Implementation of IT solution (pending funding).	Data snapshot.  Solution proposal.  Key data indicators identified.  Consultation with key stakeholders.
Clinical Placements	To identify the issues relating to increasing the number of child and youth clinical placements and to develop a strategy to address them.	Clinical placements effectively managed in DHBs.	Eleven DHBs have undertaken to employ part-time clinical placement co-ordinators.	Evaluation of programme.	Issues identified.  Strategy developed.  Expressions of interest requested from DHBs.  Additional funds secured from Ministry of Health.

Recruitment of Child and Adolescent Psychiatrists	To identify issues relating to international recruitment of C and A Psychiatrists and to develop a strategy to address them.	Addresses current supply problem by recruiting overseas. Decreases individual recruitment costs to DHBs.	Short-term overseas recruitment process has been undertaken. Medium-/long-term recruitment and retention strategies have been developed.	Evaluation of short-term strategy.	Analysis of issues and vacancies completed.  Short-term recruitment undertaken.  Medium-/long-term strategy.
Orientation Programme for Overseas Clinical Recruits	To develop a generic orientation programme for mental health professionals newly arrived from overseas.	DHBs able to implement generic programme adding local information to ensure all recruits are well oriented to NZ MH service.	Review of feedback and pilots.	Draft package to be finalised and published.	Orientation programme drafted.  Feedback requested.  Pilot undertaken.
Telemedicine Infrastructure	To develop and implement a telemedicine infrastructure.	Availability of video-conferencing as an alternative to travel.  Enhanced use of current equipment.  Decreased costs of usage.  Improved availability of specialist resources.  Improved access to identified professional development opportunities.	Telemedicine strategy developed and supported.	Strategy to be implemented (pending funding).	Current situational analysis.  Strategy developed.
Provider Workforce Management	To develop and implement a process for providers to be able to identify and manage workforce issues.	Enables focus on workforce issues.	Business plans reviewed for WD component.	Evaluation.	MH business plans reviewed.

Joint Provider Meetings	To facilitate joint provider workforce meetings and projects.	Ownership of workforce development at local and regional levels.	Reinforcement of need for DHBs to commit to workforce development via the Regional Mental Health Networks.	Evaluation.	DHBs contacted.
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MANATŪ HAUORA