

Tuutahitia te wero,
Meeting the Challenges

Mental Health Workforce
Development Plan
2000—2005

Health Funding Authority

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E nga mata waka, e nga mana, e nga reo, tena koutou katoa

The National Mental Health Strategy, *Looking Forward*, set clear directions for the development of mental health services including increased community mental health services, increased quality of service delivery and increased consumer and Maori participation in service planning and delivery. These priorities require a change in the mix and skill of the mental health workforce.

It has been clear that a significant constraint in implementing the National Mental Health Strategy has been the size and skill mix of the mental health workforce. Increased government spending for mental health services has enabled some additional funding of workforce development but service purchasing and quality require the ready availability of appropriately trained workers.

The Mental Health Commission's 1998 *Blueprint for Mental Health Services in New Zealand* identified workforce gaps and the size and type of workforce that would be required if the National Mental Health Strategy were to be fully implemented. A National Mental Health Workforce Development Co-ordinating Committee was also established in early 1998 to give national co-ordination and leadership in workforce development by setting targets, priorities and directions for the mental health sector workforce.

Tuutahitia te wero, Meeting the Challenges, is a practical framework for funding workforce development, and it is based on the requirements of the National Mental Health Strategy, the gaps and benchmark levels identified in the *Blueprint* and the 1999 report of the National Mental Health Workforce Development Co-ordinating Committee.

We believe that *Tuutahitia te wero, Meeting the Challenges* will form a sound basis for planning by the mental health sector over the next five years. It is a working document to assist the Ministry of Health and the District Health Boards in addressing mental health workforce needs and a platform from which the sector can move forward.

Na reira, tena ano koutou katoa



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Part 1 – Summary

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.

Significant workforce issues in mental health have been well documented for a number of years. Despite an increase in mental health post-entry clinical training and other funding by the Health Funding Authority (HFA), service purchasing and quality have been impaired by a lack of appropriately trained workers. The 1998 *Blueprint* from the Mental Health Commission (MHC) highlighted workforce deficits and set benchmark levels. To the extent that the mental health workforce is not sufficient, disparities in access and outcomes will persist. The key problems have been summarised by the National Mental Health Workforce Development Co-ordinating Committee (WDCC) as:

- lack of co-ordination in workforce development
- insufficient numbers of staff with certain skills
- unsatisfactory skill mixes
- inappropriate attitudes and values
- inappropriate training to deal with a changed delivery environment
- recruitment and retention difficulties
- particular challenges in the Maori mental health, child/tamaiti and youth/rangatahi, and Pacific people's mental health areas.

As purchasers of services and training, the HFA's Mental Health Operating Group and Clinical Training Agency (CTA) have critical roles in addressing mental health workforce deficits. Their responsibilities are founded in the Treaty of Waitangi and in accountabilities to Government. There are a number of very positive current initiatives under way, such as Te Rau Puawai Workforce 100 through Massey University, Kia Tu Kia Puawai, training grants for support workers, the Maori Support and Access Funding available to CTA-funded Maori trainees, and efforts toward increasing the CTA's purchase of child and youth and Maori mental health multidisciplinary training programmes.

In December 1999, the HFA forwarded a mental health workforce action plan to the Ministry of Health, including eleven goals and associated objectives. The present document, *Tuutahitia te wero, Meeting the Challenges* develops this plan to include indicative budgets and timeframes, based on explicit priority criteria. The criteria are firmly grounded in the recommendations of numerous reports on mental health workforce development published in the last five years. Prioritisation is reflected both in the level of expenditure proposed, and in timing (higher priorities are addressed more quickly). However, because workforce development strategy is dependent on service strategy, in some areas urgent workforce needs are necessarily delayed until service strategy work is completed.

It is expected that mental health workforce development will be a priority for the new Ministry of Health and the District Health Boards (DHBs). The HFA and Ministry of Health are co-ordinating their work so that the impetus begun by *Tuutahitia te wero, Meeting the Challenges* is not lost. The required improvements will not be met in isolation, however, and the roles of the MHC, professional bodies, DHBs and the education sector must be highlighted.

The eleven goals identified to respond to current and future mental health workforce needs are presented below, with their associated objectives.

1 Strengthen and develop the Maori mental health workforce

- Develop strategies to achieve a strong Maori Mental Health Workforce.
- Develop specific training initiatives for the Maori mental health workforce.

2 Strengthen and develop the child/tamaiti and youth/rangatahi mental health workforce

- Increase the child/tamaiti and youth/rangatahi mental health workforce.
- Strengthen the child/tamaiti and youth/rangatahi mental health workforce.
- Better co-ordinate delivery of child/tamaiti and youth/rangatahi mental health training.

3 Strengthen and develop the Pacific people's mental health workforce

- Develop strategies to achieve a strong Pacific people's mental health workforce.

4 Develop generic training on high priority skills, available across the sector

- Make available consistent training on key topics to strengthen the mental health workforce overall.
- Reflect the highest priorities in access to generic training opportunities.

5 Address the training needs of consumers/tangata whaiora and families/whanau

- Initiate workforce developments to provide opportunities for consumers/tangata whaiora and families/whanau to play an active role in mental health services.

6 Develop the alcohol and drug, elderly mental health, community, primary mental health and forensic workforces

- Continue to fund current alcohol and drug workforce initiatives.
- Expand opportunities for training in alcohol and drug work.
- Initiate workforce developments to address the challenges of an ageing population.
- Enhance the ability of mental health workers to work in community settings.
- Initiate workforce developments to enhance the ability of the primary health sector to deliver primary mental health services.
- Initiate workforce developments which support the future direction of forensic services.

- 7 Enhance the ability of support workers to play an important role in the current and future mental health sector**
 - Assist trainee access to the National Certificate in Mental Health (Support Work).
 - Expand the range of training for support workers.

- 8 Encourage providers to take responsibility for those aspects of workforce development that they can address individually and collectively**
 - Support providers to take responsibility for their own workforce development.

- 9 Provide clear direction for future post-entry clinical training in mental health**
 - Ensure that CTA-funded PECT programmes contribute to their optimal extent to the workforce development needs of the mental health sector.

- 10 Facilitate Ministry of Health and DHB planning, contracting and monitoring related to mental health workforce development**
 - Implement *Tuutahitia te wero, Meeting the Challenges*.
 - Improve the information base upon which workforce development decisions are made.

- 11 Contribute to the co-ordinated development of the mental health workforce**
 - Contribute to joint inter- and intrasectoral projects.

Part 2 – Background

Tuutahitia te wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 has been developed following a general endorsement by the Ministry of Health and the MHC of the HFA's mental health workforce development action plan, in December 1999. The priorities identified in the action plan have been carried through to this plan; ie, the highest priorities are Maori, child/tamaiti and youth/rangatahi and Pacific people's mental health workforce development.

Tuutahitia te wero, Meeting the Challenges identifies the funding and resources needed to implement workforce development priorities nationally. New funding for mental health workforce development is now available, allowing the plan to be implemented. This work supports the Government's efforts to reduce the disparities within New Zealand society in terms of access to services and outcomes for disadvantaged groups. Funding levels will determine the extent to which this plan can be implemented; however, all initiatives will be funded in line with the priorities established.

Changes in funding/purchasing roles and responsibilities

Roles and responsibility changes over the next year with funding/purchasing responsibilities becoming the function of the Ministry of Health, has meant the HFA, CTA and Ministry of Health have worked closely since February 2000 on planning for mental health workforce development. *Tuutahitia te wero, Meeting the Challenges* therefore provides a framework for the HFA, DHBs and the Ministry of Health to support future workforce initiatives in the mental health sector as well as providing strategies for the new Ministry of Health Mental Health Directorate to inform future policies for service and workforce development.

A national focus

The mental health sector's workforce needs are so pervasive that a national approach may be mandated in the first instance. Most of the new initiatives are to be developed nationally, by the HFA and the new Ministry of Health directorate. The CTA will continue to manage post entry clinical training. The approach is to use workforce expenditure for designated projects, usually through direct contracts accountable for reaching the agreed outcomes. In future, each initiative will be evaluated as to whether in the long term it is best managed through the Ministry of Health, DHBs, or any regional or provider entities that may emerge. It could be that once these initiatives are established and successful, that their structure and management may be able to be more decentralised. Existing regional initiatives will also be evaluated to determine how they best fit into the new environment.

Current mental health workforce development activities

To date, the HFA has addressed the pressing mental health workforce development needs in a number of ways. It allocates money to non-Post Entry Clinical Training (PECT) purchases, utilises some of the Mason money to fund PECT through the CTA, and implements other workforce development initiatives such as the South Island Workforce Development Group, composed of service and education providers and the mental health team responsible for the South Island. The HFA makes clear through its service specifications that, for the price paid, mental health providers are expected to deliver orientation/in-service and continuing education to their own staff. Further, some service providers are paid explicitly for defined

training of their own staff and those of other organisations. The HFA has utilised its direct purchasing role to make significant investments in mental health workforce development. The operating group expenditure, \$9 million, represents approximately 1.6 percent of its approximately \$550 million purchase budget.

The CTA has a complementary role in purchasing Post-Entry Clinical Training (PECT), to support the medium and long-range mental health service needs. PECT is defined as:

- **vocational:** rather than academic or research-based
- **clinical:** clinically based, with a substantial clinical component where employment in a clinical setting is integral for completion of the qualification
- **post-entry:** after entry to a health profession, so that a person is eligible to practise in a particular occupation
- **formal programme:** formally enrolled in a training programme which leads to a recognised qualification
- **six months:** the formal training programme is to be equivalent to a minimum of six full time months in length
- **nationally recognised:** recognised by the professional and/or health sector and meeting a national health service skill requirement rather than a local employer need.

The CTA has always provided funding for travel to assist CTA-funded mental health trainees to access courses from remote locations (up to \$1000/year/person). For the 2000 training year, a new programme has begun, funded by the CTA Maori health budget, to provide specific individual support packages of support for Maori trainees, for example: additional mentor support, co-ordination of a Maori health provider placement, cultural supervision, and travel, for a total of up to \$3000/per trainee per year. This was one of the initiatives developed in response to a report commissioned by CTA (Lawson-Te Aho 1997).

The CTA also provided approximately \$60,000 in funding for the support worker Standards Implementation Body (SIB) for the 1999/2000 year, on an interim basis, to enable it to carry out its core responsibilities of accreditation and moderation.

The total HFA expenditure 1999/2000 for mental health workforce development was approximately \$14 million, not including the staff development component in service provider prices. This included approximately \$5 million of Mason money for CTA purchases, and \$4 million of Mason money for national and local workforce development initiatives, and over \$5 million in expenditure for PECT from the CTA base funding.

The Ministry of Health has been interested in a number of issues related to the workforce and in August 1999 organised a health/education sector meeting to identify and seek solutions in areas where joint work is required. Other work relates to nursing leadership, occupational regulation, and the establishment of the Health Workforce Advisory Committee (HWAC), a body to oversee workforce issues across the health sector. The Ministry of Health is also participating in a project lead by Te Puni Kokiri regarding Maori workforce.

In 1998, the MHC developed the *Blueprint for Mental Health Services in New Zealand* to determine the service developments, including workforce resource guidelines, required to progress *Looking Forward*. MHC activities specific to workforce development include presently chairing the National Certificate in Mental Health (Support Work) oversight function, the SIB, and carrying out a review of education and training for people working with consumers/tangata whaiora with co-existing mental health and alcohol/drug dependencies. The Commission has also been preparing an education resource kit for training in the recovery approach, and has promoted the formation of a provider-led workforce development organisation.

Mental health service providers have had a variable approach to workforce development, with some developing extensive internal programmes, and funding for external training. A number offer training both to their own staff and to the staff of other providers in their area.

In summary, the central agencies and service providers have been involved in a number of workforce related initiatives in recent years. These have improved the state of the workforce, but many issues remain.

Development of *Tuutahitia te wero, Meeting the Challenges*

This plan has been developed by:

- documenting the current initiatives and accountabilities of the central agencies
- review and analysis of data, advice and recommendations in key documents (HFA funding plans, Kia Tu Kia Puawai, Ministry of Health/MHC reports, WDCC papers, CTA purchasing intentions, other HFA service plans)
- review of existing consultation information
- review of the relevant literature/evidence
- peer review by staff within the HFA who have some responsibilities relating to mental health, Maori, or workforce.

The costings for new initiatives have been based on the information available for similar projects. Many initiatives, however, are not as yet well developed, and the costings are indicative only.

The details in this plan are subject to change depending on funding availability, Government policy or directives, strategic service developments, or other factors not foreseen as at September 2000.

Aims of *Tuutahitia te wero, Meeting the Challenges*

The aim is to identify activities that will result, over a period of time, in identifiable improvements in:

- the number and competencies of the mental health workforce
- the systems and processes which impact on that workforce
- co-ordination in workforce development
- appropriate attitudes and values.

All of these are being done in support of the identified priorities of the Mental Health Operating Group of the HFA and the CTA, which in turn have been influenced by priorities of Government and the relevant central agencies.

Objectives of *Tuutahitia te wero, Meeting the Challenges*

The objective is to identify high priority future initiatives, timeframes and budgets to address mental health workforce requirements and development needs that impact on the delivery of mental health services. *Tuutahitia te wero, Meeting the Challenges* includes:

- actions for addressing requirements and needs
- responsibility
- timeframes
- costs of implementation and sources of funding
- ongoing monitoring of the mental health workforce and the initiatives.

Expected benefits of *Tuutahitia te wero, Meeting the Challenges*

The expected benefits of the plan are:

- an agreed, joint plan of action for developing the mental health workforce by the mental health services purchaser and mental health PECT training purchaser
- a timeframe for prioritising and addressing mental health workforce issues
- estimates of costs and forecasts
- an increased likelihood of aligning mental health workforce needs with the delivery of mental health services
- a national funding approach to developing the mental health workforce with local or regional needs addressed
- a monitoring framework developed that can inform the funder of ongoing achievements and problems.

The highest priorities

The reports on mental health workforce in New Zealand have consistently identified the following priorities:

- Maori mental health
- child/tamaiti and youth/rangatahi mental health
- Pacific people's mental health
- the need for workforce development of Maori and Pacific people throughout the mental health sector
- the need for generic workforce development on key skills available to mental health staff throughout the sector.

These areas have been prioritised in the most recent HFA strategies, plans, and purchases. *Tuutahitia te wero, Meeting the Challenges* therefore acknowledges these highest priorities in terms of timeframes and expenditure.

Other key priorities

In addition to the highest priorities, this plan:

- identifies other key areas where additional initiatives are required (consumers, families/whanau, alcohol and drug, forensic, elderly, community)
- signals the need for further service strategy development to inform workforce development initiatives for 3–10 years in the future
- recommends further work in contracting, information and monitoring.

Principles for setting priorities

Possible workforce development initiatives have been reviewed against a number of principles to assist in setting priorities for funding. Those initiatives associated with the highest priorities have been included in *Tuutahitia te wero, Meeting the Challenges*, and budgeted and scheduled accordingly. The priorities considered include:

- supports achievement of one or more of the highest priorities
- supports achievement of one or more of the other key priorities
- supports the implementation of the relevant service strategy/ies
- encourages sector-led initiatives
- provides long term benefits
- cost effective
- funding already earmarked.

Some of the initiatives are limited by sector capacity for training, and the timeframes reflect the need to build a base of resources for the long term.

Each year, beginning with the 2000/01 year, this plan will be reviewed against the available funding and initiatives selected which will advance the goals, in line with the priorities.

Next steps

The tables below briefly describe the proposed initiatives that support the goals and objectives. Implementation will be via means such as:

- direct contracts
- internal HFA and/or Ministry of Health projects
- preceptorship and clinical placement arrangements
- establishment of new infrastructure
- scholarships and individual funding
- ongoing linkages to localities/DHBs.

Expenditure on the initiatives will be carefully monitored.

Financial notes

The 2000/01 indicative budgets include both the continuation of existing HFA expenditure and the addition of \$4.4 million of new, targeted funding for workforce development.

The CTA 2000 training year contracted volumes and dollars are used in the 2000/01 fiscal year column. Outyears are approached in the same manner.

All figures are indicative and subject to the normal budget and project planning processes.

There have been no adjustments for inflation or possible price rises.

Part 3 – The Initiatives

Goal 1 – Strengthen and develop the Maori mental health workforce

The HFA acknowledges that there are specific circumstances, issues and approaches in regard to the Maori mental health workforce. There is ample evidence to show that Maori are over-represented in mental health prevalence and service utilisation statistics as well as comprising a disproportionate number of the 3 percent of New Zealanders who have a serious mental illness. There is also evidence to show that the numbers of Maori working in mental health services in a clinical capacity is low. There has been a steady increase in the number of trained Maori community support workers in mental health services and it is anticipated that this will continue.

The following specific funding initiatives for Goal 1 will:

- continue to fund current Maori mental health workforce initiatives
- expand opportunities for training in Maori mental health workforce
- enhance the ability of Maori mental health workers to work in community settings
- initiate workforce developments which support the future direction of Kaupapa Maori mental health services
- initiate workforce developments to enhance the ability of the primary health sector to deliver primary mental health services.

Objective 1 – Develop strategies to achieve a strong Maori mental health workforce.

Objective 2 – Develop specific training initiatives for the Maori mental health workforce.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
1A Fund Te Rau Puawai	390,000	380,000	400,000	200,000	0
1B Review Te Rau Puawai outcomes and develop further recommended tertiary training initiatives for Maori	0	0	10,000 (review)	100,000 (subject to review)	200,000 (subject to review)
1C Increase the number of trainees in Maori mental health PECT programme*	350,000	540,000	630,000	720,000	810,000
1D Fund preceptorships for new Maori staff who do not have a Maori mental health qualification, in HHSs and NGOs, (registered health professionals)	0	250,000	250,000	250,000	250,000
1E Fund access and support packages for all Maori enrolled in CTA-funded mental health programmes*	90,000	110,000	110,000	110,000	110,000
1F Develop training for Kaupapa Maori mental health services through a national training agency	200,000	300,000	300,000	300,000	300,000
1G Fund undergraduate student placements in Maori mental health providers	50,000	50,000	50,000	50,000	50,000
1H Develop career pathways for Maori registered nurses with mental health experience to work in community settings	50,000	0	0	0	0
1I Kaumatua and kuia training	120,000	60,000	60,000	60,000	60,000
1J Incentives for recruitment and support of Maori undergraduates into the mental health workforce (including scholarships)	100,000	100,000	100,000	100,000	100,000
1K Development of Maori primary health workforce and providers to provide primary mental health services	100,000	100,000	100,000	100,000	100,000
1L Collect and utilise information about the Maori mental health workforce	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
1M Monitor the effectiveness of current funding arrangements for the development of the Maori mental health workforce	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
1N Determine the changes needing to be made in future funding arrangements to further enhance the Maori mental health workforce and service delivery to Maori	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
Total Expenditure	1,450,000	1,890,000	2,010,000	1,990,000	1,980,000

* Indicates that the CTA is responsible for this initiative

Additional funding initiatives for Maori are included in other goals in this plan.

Infrastructural requirements

For the Maori mental health workforce to continue to develop, the HFA, Ministry of Health, the MHC and some providers have ongoing organisational requirements and costs that will enable that development to occur. There are ongoing organisational systems required for information gathering, monitoring and auditing effectiveness, development of future training, workforce and service needs.

It is important that information about the Maori mental health workforce numbers and characteristics is utilised to inform future policy direction and service purchasing and development. This objective looks at enhancing current information-gathering practices to provide up to date relevant information nationally and regionally. It includes benchmarking, target setting, and a review of contract arrangements toward strengthening the Maori mental health workforce. The following needs to be done:

- Develop standard collection forms.
- Arrange with boards and councils to incorporate collection forms with annual practising certificates and registration certificates.
- Develop collection forms to be used by all mental health providers for clinical and non-clinical staff.
- Develop a process to review training providers' cultural appropriateness prior to contracting.
- Develop a standard monitoring schedule.
- Implement regular use of the monitoring schedule.
- Determine baseline Maori mental health workforce information.
- Look at alternative interventions and associated training needs that have been developed by Maori, compliance with service specifications, evaluations of services and workforce implications.
- As the basis of a benchmarking exercise, collect information to determine the number of Maori staff in mental health services.

The objective incorporates changes in service planning arising out of Kia Tu Kia Puawai and other provider development work occurring within the HFA, ie, Maori health and personal health. It also looks to workforce implications of new models, such as Maori development organisations, Maori primary health services, peer education, and GP training.

For further discussion of infrastructural requirements, see Goal 10.

Goal 2 – Strengthen and develop the child/tamaiti and youth/rangatahi mental health workforce

The recommended initiatives are informed by the 1999 WDC report. This states: 'There are enormous demands on key service personnel, who not only provide services but also supervise students in training and teach courses designed to upskill the workforce. A consequence of this is a shortage of skilled people to provide the volume of training required for the workforce and services to expand' (p.92).

According to the MHC *Blueprint*, the child/tamaiti and youth/rangatahi mental health sector was the area most dramatically deficient in terms of services and workforce. There have been significant increases in both in recent years, but the deficit remains large, with services at only around 25 percent of the guideline level (MHC 1998b, p.13).

Given the scarcity of expertise in child/tamaiti and youth/rangatahi mental health in New Zealand, it is important to develop some co-ordination strategies.

The HFA has developed a service development workplan for child/tamaiti and youth/rangatahi mental health services, *He Nuka Mo Nga Taitamariki*, with a detailed section devoted to workforce development. That plan and *Tuutahitia te wero, Meeting the Challenges* are consistent.

Objective 3 – Increase the child/tamaiti and youth/rangatahi mental health workforce.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
2A Purchase additional multidisciplinary PECT in child/tamaiti and youth/rangatahi mental health*	800,000	1,070,000	1,135,000	1,135,000	1,135,000
2B Purchase child/tamaiti and youth/rangatahi PECT streams*	70,000	160,000	160,000	240,000	240,000
2C Increase the number of child and adolescent psychiatrists entering and completing training*	170,000	220,000	290,000	290,000	290,000
2D Support international recruitment of child and adolescent psychiatrists	50,000	20,000	0	0	0
2E Fund selected child/tamaiti and youth/rangatahi internships for pre- and post-entry psychologists	0	50,000	100,000	100,000	100,000
2F Develop training programmes to bridge non-health professionals into child/tamaiti and youth/rangatahi mental health	20,000	50,000	75,000	75,000	75,000
2G Prioritise selection of Te Rau Puawai applicants who intend to work in child/tamaiti and youth/rangatahi mental health	Included in funding for initiative 1A	Included in funding for initiative 1A	Included in funding for initiative 1A	Included in funding for initiative 1A	Included in funding for initiative 1A
2E Develop Level 4 Unit Standard(s) in child/ tamaiti and youth/rangatahi mental health	20,000	0	0	0	0
2F Encourage new entrants to the child/tamaiti and youth/rangatahi workforce through positive profiling of the sector	0	50,000	100,000	50,000	0
Total Expenditure	1,130,000	1,620,000	1,860,000	1,890,000	1,840,000

* Indicates that the CTA is responsible for this initiative.

Objective 4 – Strengthen the child/tamaiti and youth/rangatahi mental health workforce.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
2G Invite proposals from service providers for innovative workforce development initiatives in child/tamaiti and youth/rangatahi mental health	100,000	100,000	100,000	100,000	100,000
2E Support preceptorships for new child/tamaiti and youth/rangatahi mental health staff	0	200,000	200,000	200,000	200,000
2F Fund further development of the Maori network of CAF service workers	30,000	30,000	30,000	30,000	30,000
2G Prioritise staff of child/tamaiti and youth/rangatahi services, and Maori and Pacific peoples, to enrol in any new generic training opportunities, especially in drug and alcohol and cultural training	Included in funding for initiative 4A	Included in funding for initiative 4A	Included in funding for initiative 4A	Included in funding for initiative 4A	Included in funding for initiative 4A
2H Fund advocacy role at national level for service users (children/nga tamariki, youth/rangatahi, and families/whanau)	50,000	50,000	50,000	50,000	50,000
2I Co-ordinate a project to identify and address the training needs of those delivering care in the proposed therapeutic home-based programmes	0	20,000	50,000	50,000	50,000
Total Expenditure	180,000	400,000	430,000	430,000	430,000

Objective 5 – Better co-ordinate delivery of child/tamaiti and youth/rangatahi mental health training.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
2J Support establishment of child/tamaiti and youth/rangatahi mental health training centres	100,000	200,000	200,000	200,000	200,000
2K Work with the education sector to encourage them to offer more the Ministry of Education-funded courses related to child/tamaiti and youth/rangatahi mental health	10,000	0	0	0	0
2L Review/audit the current PECT multidisciplinary child and youth mental health programmes*	0	10,000	40,000	0	20,000
2M Review and revise all CTA training specifications to enhance their relevance to working with children/nga tamariki and youth/rangatahi*	0	Internal costs only	Internal costs only	Internal costs only	Internal costs only
2N Work with the Ministry of Education and relevant professional bodies to encourage them to increase the child/tamaiti and youth/rangatahi mental health content of tertiary courses, especially social work, nursing and psychology	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
20 Publish an up to date national child/tamaiti and youth/rangatahi mental health training directory	5,000	5,000	5,000	5,000	5,000
Total Expenditure	115,000	215,000	245,000	205,000	225,000

* Indicates that the CTA is responsible for this initiative.

Goal 3 – Strengthen and develop the Pacific people’s mental health workforce

The Ministry of Health has noted: ‘Pacific people’s workers are under-represented in mental health. There is very little information available on the number of Pacific people working in mental health, apart from that of registered health professionals’ (1996a, p.62).

The WDCC report identified strategies, key goals and action points for the Pacific people’s mental health workforce are focused on the need for:

- more Pacific people’s mental health workers, including psychiatrists, registered nurses, social workers, psychologists, mental health workers, alcohol and drug workers, occupational therapists, counsellors, researchers, managers
- access by Pacific people’s service users and their families to traditional forms of treatment
- a more skilled and competent Pacific people’s mental health workforce
- upskilling of current mainstream workers in Pacific people’s mental health issues
- national representation
- a definition of future Pacific people’s mental health service specifications
- a supported and sustainable Pacific people’s workforce.

Approximately 45 percent of Pacific people in New Zealand are under 20 years of age. This compares with approximately 30 percent of all New Zealanders of that age (Department of Statistics 1998, cited in WDCC 1999, p.118). There will be a strong need for mental health services for Pacific peoples to be targeted at child and youth mental health services.

The initiatives listed below are subject to review following the development of a Pacific people’s service strategy by the HFA and the Ministry of Health.

Objective 6 – Develop strategies to achieve a strong Pacific people’s mental health workforce.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
3A Support training initiatives to further develop Pacific people’s service delivery models	100,000	50,000	50,000	50,000	50,000
3B Establish a programme analogous to Te Rua Puawai, to support undergraduate and graduate education for Pacific people who plan to work in mental health	0	100,000	200,000	200,000	200,000
3C Fund preceptorships for new Pacific people’s mental health staff in HHSs and NGOs (registered health professionals)	0	50,000	50,000	50,000	50,000
3D Fund access and support packages for all Pacific people enrolled in CTA-funded mental health programmes*	0	20,000	30,000	40,000	50,000
3E Prioritise staff of Pacific people’s mental health services, and Pacific people’s staff in all services, to enrol in any new generic training opportunities	Included in cost of initiative 4A	Included in cost of initiative 4A	Included in cost of initiative 4A	Included in cost of initiative 4A	Included in cost of initiative 4A
3F Review and revise all CTA training specifications to enhance their relevance to working with Pacific people*	0	10,000	0	0	0
3G Encourage new entrants to the Pacific people’s mental health workforce through positive profiling of the sector	0	50,000	100,000	50,000	50,000
Total Expenditure	100,000	280,000	430,000	390,000	400,000

* Indicates that the CTA is responsible for this initiative.

Goal 4 – Develop generic training on high priority skills, available across the sector

The mental health workforce has some development needs that are generic, and others that are specific to their particular specialist area (eg, child/tamaiti and youth/rangatahi, forensic, etc.) To be consistent and efficient, the HFA will promote a generic, multidisciplinary approach where appropriate. There is a foundation of skills, knowledge and attitudes which is relevant to all mental health workers, to be built on by specialist and advanced competencies.

These objectives take the same approach. Generic training does not replace training carried out directly by providers; instead it supplements this training at an indepth level, providing increased expertise throughout the sector. Where appropriate, the training may take a 'train the trainers' approach, so that learning can spread more widely. As an example approach, this level of training may take place one half-day per week, for four months, allowing a clear linkage between learning and practice. The intention is that the intermediate level training is to be available to staff and consumers employed within the sector.

A training agency will be selected to deliver or contract for indepth, consistent training in key areas, such as leadership and management, recovery approach, Maori/bicultural, Pacific cultures, working with children/nga tamariki and youth/rangatahi, working with people with alcohol and drug problems, consultation and liaison, integration/continuity of care/shared care, mental health promotion and mental illness prevention, information management, general management/team management, quality/best practice management, needs assessment and service co-ordination, cultural and risk assessment, introduction to cognitive behaviour therapy. Five or so topics would be chosen each year, with the list of priorities being reviewed on an ongoing basis. Where possible, training would be delivered at or close to the workplace. In order to advance the highest workforce development priorities in the shortest possible time, when the number of people seeking funded training exceeds available places, selection processes will be used so that the workforce development priorities for child/tamaiti and youth/rangatahi mental health services, and Maori and Pacific peoples, are reflected.

Objective 7 – Make available consistent training on key topics to strengthen the mental health workforce overall.

Objective 8 – Reflect the highest priorities in access to generic training opportunities.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
4A Fund intermediate level training (ie, training between in-service short courses and PECT), available nationally	800,000	750,000	750,000	750,000	750,000
4B Fund national update meetings for statutory groups (such as DAOs, DAHMS, District Inspectors)	50,000	20,000	20,000	20,000	20,000
4C Fund development of a unit standard on the recovery approach (level 4)	20,000	0	0	0	0
4D Fund development of a generic orientation package for mental health professionals newly arrived from overseas	50,000 (devt)	10,000 (update)	10,000 (update)	10,000 (update)	10,000 (update)
4E Work with the education sector to encourage them to offer more Ministry of Education-funded courses related to mental health in general	10,000	0	0	0	0
Total Expenditure	930,000	780,000	780,000	780,000	780,000

Goal 5 – Address the training needs of consumers/tangata whaiora and families/whanau

The recent review of progress by the MHC states: 'The sector has not yet addressed the workforce development needs of consumers, whether they work in independent consumer organisations, as advocates or advisors to services, or as support workers in mainstream services. Training and development of consumers to succeed in these roles has been insufficient or non-existent. The HHS consumer advisors are now meeting together regularly to address their workforce development and other shared issues. The HFA has funded governance and management training for consumers, which represents a first step to address this gap. A small number of consumers are now accessing mental health support worker certificate training' (MHC 1999, p.15).

In regards to family and whanau workforce development, this report states: 'Families/whanau can now access a Certificate in Caring Education through Massey University College of Education, and other short-term courses offered by family support agencies like Schizophrenia Fellowship. Further recognition of the educational needs of family/whanau and carers, additional training opportunities and funding support are still needed' (p.15).

Consumers/tangata whaiora and families/whanau must play an active role in mental health services, participating in quality improvement initiatives, recruitment, advocacy and service developments. Consumers/tangata whaiora employed within the sector are eligible for any of the workforce initiatives contained in this plan, depending on their particular circumstances. For example, generic training courses will be open to all staff, including consumers/tangata whaiora. The funding earmarked below is in addition to the other development opportunities, to address specific training issues for consumers/tangata whaiora, such as skills required to manage consumer-run organisations. There is also a need for general vocational training for consumers/tangata whaiora.

Objective 9 – Initiate workforce developments to provide opportunities for consumers/tangata whaiora and families/whanau to play an active role in mental health services.

Initiative Description	Indicative Budget				
	2000/01	2001/02	2002/03	2003/04	2004/05
5A Workforce development initiatives to be developed for consumers/tangata whaiora	Internal costs only	50,000	100,000	100,000	100,000
5B Workforce development initiatives to be developed for families/whanau	Internal costs only	50,000	100,000	100,000	100,000
5C Support conference attendance of consumers/tangata whaiora and families/whanau	100,000	100,000	100,000	100,000	100,000
5D Pilot tangata whaiora training. Vocational training (preparation for employment) via day programmes for consumers/tangata whaiora	Internal costs only	50,000	100,000	100,000	100,000
Total Expenditure	100,000	250,000	400,000	400,000	400,000

Goal 6 – Develop the alcohol and drug, elderly mental health, community, primary mental health, and forensic workforces

The alcohol and drug treatment area has significant workforce issues. A recent study found that 40 percent of that workforce had no qualifications (Sellman 1998). Recruitment is variable, and retention of staff is difficult. There is only one pre-entry bachelor's degree programme nationally, which commenced in 1998. Two universities have existing post-graduate training programmes. While a number of developments in recent years have increased the number of qualified staff, only 3 percent of the existing workforce have an alcohol and drug-specific post-graduate qualification (Sellman 1998). Additional focus is required to build a competent and sustainable workforce. The HFA has recently completed an Opioid Treatment and Primary Care Workforce Strategy, which is being implemented. The HFA wishes to develop the sector's ability to address alcohol and drug issues throughout mental health services and in primary and community settings.

The mental health sector must proactively educate its workforce to address the challenges of an ageing population. Concurrent with service development planning, workforce planning should be undertaken, given the long lead time required. The DSS section within the HFA will need to be involved. It is expected that new service delivery models such as hospital at home will increasingly be developed. There is also a need to consider initiatives relating to mental health promotion and mental illness prevention.

The mental health sector must proactively educate its workforce to address the challenges of community-based services. The skill base required differs from that of hospital-based workers, and requires specific education and training. Should mental health call centre services be established, then specific training and supervision would be required. Mental health promotion and mental illness prevention are particularly relevant in the community context.

The primary health sector has a role to play in delivering some mental health services. This role includes mental illness prevention and mental health promotion, early detection and intervention of mental illness, and ongoing care for people with a serious mental illness in conjunction with specialist mental health services. The HFA already funds some training for the primary sector, mostly in the alcohol and drug area and in post-entry clinical training. Future training initiatives will be consistent with the direction determined by a planned Ministry of Health strategy for primary mental health.

Forensic mental health requires ongoing development, as forensic services pose a high stress environment that impacts on recruitment and retention. Some provider-led initiatives in sharing expertise are already in place, and CTA has been funding PECT programmes for a number of years. The Ministry of Health has a service review underway to inform future workforce development planning.

Objective 10 – Continue to fund current alcohol and drug workforce initiatives.

Objective 11 – Expand opportunities for training in alcohol and drug work.

Objective 12 – Initiate workforce developments to address the challenges of an ageing population.

Objective 13 – Enhance the ability of mental health workers to work in community settings.

Objective 14 – Initiate workforce developments to enhance the ability of the primary health sector to delivery primary mental health services.

Objective 15 – Initiate workforce developments which support the future direction of forensic services.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
6A Extend the tobacco, alcohol and drug, primary and community health and social service training programme to all of New Zealand	900,000	900,000	900,000	900,000	900,000
6B Fund the National Opioid Treatment Primary Care Training Programme	300,000	300,000	100,000	100,000	100,000
6C Fund the new postgraduate papers in opioid treatment	160,000	320,000	320,000	320,000	320,000
6D Fund development of an alcohol and drug unit standard (level 4)	0	20,000	0	0	0
6E Purchase PECT dual diagnosis/alcohol and drug training*	315,000	520,000	520,000	520,000 (subject to review)	520,000 (subject to review)
6F Review the level of PECT training in dual diagnosis/alcohol and drug*	0	0	Internal costs only	0	0
6G Jointly with ALAC, fund a CDROM-based education module for GPs and primary care workers on assessment and management of alcohol and drug dependency	200,000	0	0	0	0
6H Participate in ALAC-initiated National Alcohol and Drug Treatment Workforce Development Advisory Group	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
6I Workforce development initiatives to be developed for elderly mental health	0	0	50,000	100,000	100,000
6J Workforce development initiatives to be developed for community mental health	0	0	50,000	100,000	100,000
6K Carry out a review of training needs for people who staff mental health call centres	Internal costs only	Subject to review	Subject to review	Subject to review	Subject to review
6L Review and revise PECT training specifications to ensure they reflect adequate community perspectives as part of their education*	0	Internal costs only	0	0	0
6M Workforce development initiatives to be developed for primary mental health	0	100,000	100,000	100,000	100,000
6N Fund training for National Health Committee guidelines (depression, anxiety disorders, alcohol and drug)	300,000	0	0	0	0
6O Purchase forensic PECT*	320,000	370,000	370,000	370,000	370,000
6P Review whether non-PECT forensic workforce development is required	0	0	Internal costs only	0	0
Total Expenditure	2,495,000	2,530,000	2,410,000	2,510,000	2,510,000

* Indicates that the CTA is responsible for this initiative.

Goal 7 – Enhance the ability of support workers to play an important role in the current and future mental health sector

There has been and will continue to be large growth in the number of community support workers in the mental health sector. Beginning in 1998, the year-long National Certificate became available to provide a relevant qualification for this largely unqualified workforce.

In future years, there will be a need to add to the generic qualification currently on offer, to allow support workers to develop additional skills in areas such as child/tamaiti and youth/rangatahi, cultural workers, and the like. Good working relationships between the education providers and service providers are essential as well.

Objective 16 – Assist trainee access to the National Certificate in Mental Health (Support Work).

Objective 17 – Expand the range of training for support workers.

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
7A Fund the SIB core business	100,000	100,000	100,000	100,000	100,000
7B Fund support worker training grants	1,380,000	1,150,000	1,150,000	1,150,000	1,150,000
7C Fund diploma level training grants for those who have completed the national level 4 certificate	0	45,000	45,000	45,000	45,000
Total Expenditure	1,480,000	1,295,000	1,295,000	1,295,000	1,295,000

Goal 8 – Encourage providers to take responsibility for those aspects of workforce development that they can address individually and collectively

There are a number of aspects of mental health workforce development that are most appropriately addressed by service providers. Recruitment and retention, which are themselves linked, are significantly influenced by provider actions. *Tuutahitia te wero, Meeting the Challenges* includes a number of initiatives which, by making available new workforce development opportunities, will assist providers and will make the mental health sector a more attractive career choice.

Mental health service providers are expected to deliver orientation/in-service and continuing education to their own staff. This includes making arrangements for cover when staff are away from the workplace for education and training activities. Except for CTA-funded courses, providers are not offered extra compensation for this. While this will continue as a general policy, there is a need for further work to determine whether in some special cases this policy should be modified to enable the highest priority goals to be achieved in a timely manner.

Objective 18 – Support providers to take responsibility for their own workforce development

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
8A Support the provider-led workforce development organisation	100,000	100,000	100,000	100,000	100,000
8B Review all provider workforce development plans	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
8C Review current service specifications and CTA training specifications, to clarify provider responsibility for a number of high priority workforce-related issues*	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
8D Develop a policy on funding for replacement costs for staff undergoing formal training mental health programmes	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
8E Fund telemedicine infrastructure development	200,000	0	0	0	0
8F Facilitate joint provider workforce meetings and projects nationally	0	0	0	0	0
Total Expenditure	300,000	100,000	100,000	100,000	100,000

* Indicates that the CTA is responsible for this initiative.

Goal 9 – Provide clear direction for future post-entry clinical training in mental health

The CTA's participation in the development of *Tuutahitia te wero, Meeting the Challenges* ensures that they are aware of the key priorities of mental health service purchasing and the existing workforce issues. There have been a number of objectives related to the CTA listed under other headings, that are not repeated here. These will form a major part of the CTA's mental health work plan in future years. *Tuutahitia te wero, Meeting the Challenges* assumes that the current PECT definition, and scope for the CTA, remain as they are.

Objective 19 – Ensure that CTA-funded PECT programmes contribute to their optimal extent to the workforce development needs of the mental health sector

Initiative Description	Indicative Budget (\$)				
	2000/01	2001/02	2002/03	2003/04	2004/05
9A Review the mechanisms in place for monitoring the performance of training providers *	0	Internal costs only	Internal costs only	Internal costs only	Internal costs only
9B Move to longer term contracts where appropriate*	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
9C Fund psychiatry registrar training (excludes child and adolescent psychiatry training)*	4,800,000	4,800,000	4,800,000	4,800,000	4,800,000
9D Fund new graduate mental health nursing PECT training*	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
9E Fund advanced mental health nursing PECT training*	1,650,000	1,650,000	1,650,000	1,650,000	1,650,000
9F Fund cognitive behaviour therapy training*	320,000 (subject to review)	320,000 (subject to review)	320,000 (subject to review)	320,000 (subject to review)	320,000 (subject to review)
9G Fund Certificate in Community Psychiatric Care*	30,000	30,000	30,000	30,000	30,000
9H Fund Diploma in Mental Health*	225,000	225,000	225,000	225,000	225,000
9I Fund Psychiatry in General Practice*	96,000	96,000	96,000	96,000	96,000
Total Expenditure	8,621,000	8,621,000	8,621,000	8,621,000	8,621,000

* Indicates that the CTA is responsible for this initiative.

Goal 10 – Facilitate Ministry of Health and DHB planning, contracting and monitoring related to mental health workforce development

For the mental health workforce to continue to develop, the HFA, Ministry of Health, the MHC and providers will have ongoing organisational requirements. The costs that will enable that development to occur, both in terms of human resources and project costs, must be addressed. There is a need for dedicated resources in each of the central organisations, and for the providers to share scarce resources where possible.

It is expected that the initiatives in this goal will become part of the ongoing operations of the Ministry of Health.

If some initiatives eventually become the responsibility of the DHBs, they will still need to be monitored at the Ministry level, requiring ongoing resources for this purpose.

Objective 20 – Implement *Tuutahitia te wero, Meeting the Challenges*.

Objective 21 – Improve the information base upon which workforce development decisions are made.

Initiative Description	
10A	Monitor mental health workforce numbers and skill levels
10B	Plan service purchasing in a manner that provides the necessary information to link with workforce requirements
10C	Carry out workforce research projects
10D	Identify the number of FTEs and skills required to carry out this plan, and build those requirements into the new Ministry structure
10E	Develop and implement formal monitoring of the initiatives in this plan
10F	Establish standard reporting, monitoring and audit requirements for all workforce development expenditure

Goal 11 – Contribute to the co-ordinated development of the mental health workforce

Workforce development in mental health requires co-operation, communication and collaboration among the various stakeholders within and beyond the mental health sector. Many of the initiatives already described in *Tuutahitia te wero, Meeting the Challenges* require this approach. The HFA, the Ministry of Health and the DHBs must make a commitment to work with relevant central agencies, service and education providers, professional bodies, consumers/tangata whaiora and families/whanau in order to achieve the goals in this plan. Where new projects begin, they will be budgeted for as part of the normal annual budget cycle.

Objective 22 – Contribute to joint inter- and intrasectoral projects

Initiative Description	
11A	Participate in regular sector-wide meetings of all agencies involved in the specialist areas of mental health (eg, child and youth, alcohol and drug, etc)
11B	Work with the education sector to align education-funded programmes with the needs of the mental health sector
11C	Provide information as collected in Goal 10 to the mental health sector

Summary by Goal

	Indicative Budgets (\$)					
	2000/01	2001/02	2002/03	2003/04	2004/05	Total
1 Strengthen and develop the Maori mental health workforce	1,450,000	1,890,000	2,010,000	1,990,000	1,980,000	9,320,000
2 Strengthen and develop the child/tamaiti and youth/rangatahi mental health workforce	1,425,000	2,235,000	2,535,000	2,525,000	2,495,000	11,215,000
3 Strengthen and develop the Pacific people's mental health workforce	100,000	280,000	430,000	390,000	400,000	1,600,000
4 Develop generic training in high priority skills, available across the sector	930,000	780,000	780,000	780,000	780,000	4,050,000
5 Address the training needs of consumers/tangata whaiora and families/whanau	100,000	250,000	400,000	400,000	400,000	1,550,000
6 Develop the alcohol and drug, elderly mental health, community, primary mental health and forensic workforces	2,495,000	2,530,000	2,410,000	2,510,000	2,510,000	12,455,000
7 Enhance the ability of support workers to play an important role in the current and future mental health sector	1,480,000	1,295,000	1,295,000	1,295,000	1,295,000	6,660,000
8 Encourage providers to take responsibility for those aspects of workforce development that they can address individually and collectively	300,000	100,000	100,000	100,000	100,000	700,000
9 Provide clear direction for future post-entry clinical training in mental health	8,621,000	8,621,000	8,621,000	8,621,000	8,621,000	43,105,000
10 Facilitate Ministry of Health and DHB planning, contracting and monitoring related to mental health workforce development	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
11 Contribute to the co-ordinated development of the mental health workforce	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only	Internal costs only
Total Forecasted Expenditure	16,901,000	17,981,000	18,581,000	18,611,000	18,581,000	90,655,000

Please note that the details in this plan are subject to change depending on funding availability, government policy or directives, strategic service developments, or other factors not foreseen as at September 2000.

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