



Aotearoa New Zealand Association of Social Workers
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AOTEAROA NEW ZEALAND ASSOCIATION OF SOCIAL WORKERS (ANZASW)

Submission on
Mental Health and Addiction Workforce Action
Plan 2016-2020

To the:

Ministry of Health

Submissions due 20th of January 2016



ANZASW: DX Box WX 33 484 Christchurch; 03 349 0190;

admin@anzasw.org.nz;

www.anzasw.org.nz

1. INTRODUCTION

Aotearoa New Zealand Association of Social Workers, or ANZASW, is the professional body for social workers in New Zealand. It is imperative that we provide a voice for our members on the Mental Health and Addiction Workforce Action Plan 2016-2020.

Social work practice is about providing assistance, understanding and encouragement to sensitive, stressed and vulnerable clients. Social workers are focused on improving clients' wellbeing whilst effecting long term change. Our members have a significant professional interest in the potential or intended affects the Mental Health and Addiction Workforce Action Plan 2016-2020 will have on their ability to help clients.

2. AOTEAROA NEW ZEALAND ASSOCIATION OF SOCIAL WORKERS

Aotearoa New Zealand Association of Social Workers (ANZASW) is the professional body for a national collective of more than 3,500 social workers, who have day-to-day involvement with the most vulnerable people in our society. Our work is guided by a Code of Ethics that is aligned with the International Federation of Social Workers (IFSW).

Social work is founded on principles of human rights and social justice. We are guided by the Treaty of Waitangi and respect the equality, worth and dignity of all people. In accordance with the March 2012 IFSW Global Agenda¹ "we commit ourselves to supporting, influencing and enabling structures and systems that positively address the root cause of oppression and inequality. We commit ourselves wholeheartedly and urgently to work together, with people who use services and with others who share our objectives and aspirations, to create a more socially-just and fair world". We believe the overarching principles of social work are respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding human rights and social justice.

Our mission is to enable people to develop their full potential; our skill-set is problem solving and facilitation of positive change in individuals, organisations, whānau and communities. We recognise the environment contains opportunities for people to be both agents of change and victims of factors beyond their control. As a profession, we strive to alleviate poverty, foster social inclusion and liberate those who are vulnerable or oppressed. Social work is evidence-based and draws on theories of human development, behaviour and social systems.

Social workers respond to crises and emergencies along with the personal or social problems that arise from experience of barriers, inequities and injustices within our society. Our interventions involve problem solving, development of coping strategies, one-on-one counselling and therapy, family and group work, agency administration, community organisation and helping people to access services, resources and support systems within their community. We work across government and non-government settings including community organisations, iwi agencies, private practice, youth justice, child protection, mental health, addictions and disability. We are involved in research,

¹ International Federation of Social Workers, International Association of Schools of Social Work and International Council on Social Welfare (2012). 'The Global Agenda for Social Work and Social Development Commitment to Action'. Available at isw.sagepub.com (accessed 13 June 2012)

training, education, professional development, competency assessment, data gathering, risk assessment, structural analysis, interagency protocols and the improvement of social policy.

Key Themes

We welcome the initiative and the opportunity to contribute feedback to the Mental Health and Addiction Workforce Action Plan. The Workforce Action Plan has a number of constructive elements however we feel the plan lends itself more to a redistribution of resources rather than anything substantially new.

We feel there is a distinct lack of preventative strategies aimed at reducing demand for Mental Health services with no acknowledgement of what is effective outside of the Mental Health system such as E-Therapy tools or programmes in schools aimed at building resilience. A campaign such as the one promoted by the Heart Foundation advocating self-help strategies would be valuable, see <http://www.heartfoundation.org.nz/healthy-living>

Prevention, early intervention and a stepped care approach – Action 2

On page 16 of the Working Plan (Action 2a) it states:

a) Increase training opportunities in screening for the workforce engaging at the first point of contact, focusing on:

- ***primary health nurses and Nurse Practitioners,***
- ***general practitioners (GPs), and***
- ***urban and rural community providers (including Whānau Ora, school and tertiary education service providers).***

‘In 2007 a report on the allied health workforce reported that 1139 (full time equivalent = 894) social workers were employed by District Health Boards. The same survey reported that health social workers made up 18.1% of the Allied Health Workforce and 1.7% of the total DHB workforce’ (Beddoe & Deeney, 2012, p. 1)

Social Workers are increasingly employed in GP practices and are currently a key part of “first point of contact” we would therefore like to see Social Workers specifically mentioned in this section alongside their professional colleagues (Primary Health nurses and Nurse Practitioners).

Priority Three – Specialist workforce capacity and training pathways

On page 21 of the Working Plan, paragraph two and three states:

The specialist workforce is dedicated to providing expert treatment for people experiencing mental health and/or addiction issues. The Ministry of Health provides funding for clinical training across several mental health and addiction specialty workforces, including psychiatry, clinical psychology, and mental health nursing.

The capability of this workforce is largely driven by the qualifications set for various professions by responsible authorities under the Health Practitioners Competence Assurance Act 2003. These authorities are responsible for ensuring all health practitioners registered with them are fully competent in their scope of practice.

Under section 2(1) of the Health and Disability Commissioner Act 1994 No 88 social workers are defined as Health Practitioners in the following way:

- (a) has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003; and
- (b) includes—
 - (i) a former health practitioner within the meaning of that section; and
 - (ii) a person who was conditionally or unconditionally registered, or has held a certificate of registration, under a former health registration enactment; and
 - (iii) a person who is receiving training or gaining experience under the supervision of a health practitioner
 - (iii) a registered **social worker** within the meaning of the **Social Workers** Registration Act 2003 (Health and Disability Commissioner Act, 1994, s. 2).

We feel Social Work and / or Social Workers should be mentioned with a specific reference to the fact that registered Social Workers are health professionals. In our view it is essential that Social Workers are recognised as health professionals in the working plan and that the pathway is outlined. Please refer to attached diagram.

Sufficient, sustainable and well distributed – Action 8

On page 22 of the Working Plan (Action 8d) it states:

Investigate the role and of other specialist groups to complement existing specialist workforces, and their workforce development needs, including:

- ***allied health professionals,***
- ***peer and community support staff,***
- ***enrolled nurses,***
- ***wider general practice teams***

Social Workers and other allied health professionals; such as Psychologists and Occupational Therapists are already part of the specialist Mental Health workforce and therefore like page 16 (Action 2a) we would like to see Social Workers explicitly mentioned here.

Conclusion

As originally mentioned the ANZASW welcomes the initiative and the opportunity to contribute feedback to the Mental Health and Addiction Workforce Action Plan however, we feel it as inattentive of the plan not to acknowledge one of the largest - if not the largest - occupational group in Allied Health. It would also be conducive to a more factual Workforce Action Plan if Registered Social Workers were recognised as having health professional status in their own right.

References

Beddoe, L., & Deeney, C. (2012). Discovering health social work in New Zealand in its published work: Implications for the profession. AOTEAROAN NEW ZEALAND SOCIAL WORK, ISSUE 24(1), 1-15. Retrieved from http://anzasw.org.nz/documents/0000/0000/0668/SWR_Issue_24__1__Articles_Beddoe_and_Deeney.pdf

Health and Disability Commissioner Act 1994, No. 88. Retrieved from http://legislation.govt.nz/act/public/1994/0088/latest/DLM333589.html?search=sw_096be8ed80f93ec1_social+worker_25_se&p=1&sr=0