Mental Health and Addiction Workforce Action Plan 2016-2020

Draft document for feedback
Thank you

The draft Mental Health and Addiction Workforce Action Plan has been developed following engagement during July to September 2015 with more than 300 individuals from approximately 100 organisations which represent consumers, family and whānau, primary and secondary care providers, Primary Health Organisations, Non-Governmental Organisations, District Health Boards, workforce development organisations, and professional bodies and colleges.

The Ministry of Health would like to thank all the people in the sector who contributed their time to the development of this Action Plan.

The Ministry of Health welcomes feedback on this draft document by 5 pm Wednesday 20 January 2016, preferably by email to workforceactionplan@moh.govt.nz

Please see the final section of this document for further details.

Mental Health and Addiction Workforce Action Plan 2016–2020

Version 1 Ministry of Health
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Foreword

The Ministry of Health is seeking feedback on the draft Mental Health and Addiction Workforce Development Action Plan 2016-20 (the Action Plan). The Action Plan details the key actions to be undertaken by a range of different stakeholders within the mental health and addiction sector. The actions will ensure that the workforce continues to develop and grow to support the needs of people with mental health and/or addiction issues and their families and whānau. The Action Plan is an opportunity to define the most important workforce development issues for the next five years and to set priorities for actions that can be implemented at local, regional and national levels.

Comments on the draft Action Plan are welcome from all sector stakeholders including consumers, family and whānau, primary and secondary care providers, Primary Health Organisations, Non-Governmental Organisations, District Health Boards, workforce development organisations, and professional bodies and colleges.

The feedback process will occur during late November 2015 and January 2016 and will include regional workshops in each of the four regions (Southern, Central, Midland and Northern) as well as an opportunity to provide written feedback. This targeted process follows an extensive engagement process undertaken during July-September 2015.

A Foreword from the Director of Health Workforce New Zealand and Director of Mental Health will be completed for the final version.
Part 1

Introduction

Purpose of the Action Plan

High-performing mental health and addiction services are dependent on a capable and motivated workforce, working alongside people and their families and whānau. The mental health and addiction workforce requires strong leadership, commitment to implement change and the active engagement of the health, justice and social sectors. There needs to be sufficient numbers of health workers with the appropriate skills and capabilities to deliver services that meet the needs of people, their families and whānau, friends and the wider community.

The Mental Health and Addiction Workforce Action Plan 2016-20 (the Action Plan) is a specific action that comes from Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017 (herein, Rising to the Challenge).

A wide range of mental health and addiction sector stakeholders actively engaged in developing this Action Plan. The Action Plan will guide mental health and addiction workforce development to meet the increasingly complex demand for mental health and addiction services in New Zealand. The Action Plan will guide decisions about investment and resourcing for the next five years to ensure the workforce continues to develop and grow to support people’s mental health and addiction needs.

Part One of the Action Plan outlines the strategic settings in which mental health and addiction services will be delivered as part of the New Zealand health and disability system, the challenges and opportunities for the mental health and addiction workforce, the future we want and the five priority areas and principles that underpin the Action Plan.

Part Two of the Action Plan identifies 18 actions for the next five years, and outlines the implementation of these actions in order to support the mental health and addiction demands within New Zealand.

Strategic context

Mental health and addiction workforce within the health and disability system

Improving mental health and wellbeing is everyone's business.
The mental health and addiction workforce consists of a broad and diverse range of people working in a number of different settings. This includes family and whānau, peer support workers, support workers, counsellors, nurses, social workers, psychologists, occupational therapists, psychotherapists, pharmacists, other allied health workers, general practitioners, psychiatrists, Māori mental health and addiction workers, and training providers. In addition there are others working in the field of mental health and addiction including organisations responsible for workforce development, managers and others in organisations supporting the mental health and addiction workforce.

Meeting people’s needs will require the combined effort of the health, justice and social services workforce to ensure a whole-of-government response to mental health and addiction issues and recognition of the social determinants of health. It will also require the contribution of a workforce beyond the public sector: inclusive communities, supportive employers, people, families and whānau who support one another; and people themselves playing an active role in preventing and recovering from mental health and addiction issues through self-management. The workforce will need to encourage and empower people to be more involved in their mental health, and build health literacy so that people can make informed decisions about managing their mental health, or the mental health of their family and whānau.

**The Action Plan in its government context**

The Government is focused on improving the lives and wellbeing of New Zealanders, and on developing a better-performing public sector. This Action Plan builds on and incorporates the focus of this broader work as well as a range of initiatives that comprise the strategic settings for mental health and addiction services.

**The New Zealand Health Strategy**

The Ministry of Health has recently published a consultation draft of the New Zealand Health Strategy 2015 (herein, the Strategy), a refresh of the 2000 Health Strategy. Engagement with the health sector led to the identification of five strategic themes for the Strategy and the future direction of New Zealand’s health and disability system. A better future system is envisaged capturing the five strategic themes as follows: ‘So that all New Zealanders will live well, stay well, get well, we will be people-powered, providing services closer to home, designed for value and high performance, and working as one team in a smart system’. The Strategy outlines a high-level direction for New Zealand’s health and disability system over the next 10 years, and identifies 20 work areas or actions for the next five years to implement the Strategy.

The Strategy, much like this Action Plan, sits within a context of Government priorities such as Delivering Better Public Services; cross-government strategies, including Whānau Ora and the Children’s Action Plan; and population and other health strategies, such as Rising to the Challenge.

**Rising to the Challenge**

*Rising to the Challenge* is the Government’s development plan that sets the direction for mental health and addiction service delivery across the health sector over the five years from 2012 - 2017. *Rising to the Challenge* envisages a future where all New Zealanders will have the tools to weather adversity and support each other’s wellbeing, rapidly access interventions
needed from a range of effective, well-integrated mental health and addiction services, and that people have confidence that publicly funded health and social services are working together to support the best possible outcomes for those who are most vulnerable.

A capable and motivated mental health and addiction workforce is needed to implement *Rising to the Challenge* and meet the needs of, and improve outcomes for, people and their families and whānau.

*Rising to the Challenge* states that the Action Plan will identify:

- ‘the workforce, skills and competencies needed to deliver on Rising to the Challenge, taking into consideration new ways of working to make best use of the workforce, new roles to complement existing staff groups, future services, changing demography and future demand for services,
- education, training and development required,
- strategies to recruit and retain people in the workforce including strategies to address any specific workforce shortages, and
- mechanisms for the Ministry of Health to track progress in implementing the workforce development plan’.

**Ministry of Health initiatives**

The Action Plan has been developed with a strong commitment to align with the Mental Health and Addiction National Population Outcomes Framework (Outcomes Framework) and the Commissioning Framework for Mental Health and Addiction (Commissioning Framework). These outcome-focused frameworks are currently under development and will be available for use by the sector from July 2016.¹

Non-workforce development information gathered during the engagement process for the development of this Action Plan will contribute to work that is either being undertaken or will follow from implementation of the New Zealand Health Strategy or application of the Outcomes Framework and the Commissioning Framework.

**Workforce challenges and opportunities**

In the past two decades, there has been a significant shift in the way that mental health and addiction services are delivered. The focus has shifted from service delivery in institutions to support and treatment in local hospitals, the community and people’s homes. Care closer to home, a key theme of the Strategy, sees primary health and community care settings playing a greater role, along with new skills and technologies.

There has also been a shift towards prevention, early intervention and a culture of recovery. There has been development of culturally specific services, a strong non-governmental organisation (NGO) sector, and involvement of people and their family and whānau in service planning and delivery. The health sector is expected to work in a more holistic and family- and whānau- focused way, particularly to support parents with experience of mental illness and addiction and improve outcomes for parents and vulnerable children.

¹There is further information available on the development of these strategic documents on the Ministry’s website (www.moh.govt.nz)
The mental health and addiction workforce has had to adapt in this changing environment, improving services to meet the needs of people and their family and whānau. The mental health and addiction workforce has a number of innovative and new ways of working that highlight the opportunity for change. However, there are challenges facing the mental health and addiction workforce, and the Action Plan aims to respond to these.

**Challenges**

New Zealand’s health workforce is highly skilled and professional but characterised by staff shortages. There are workforce supply pressures arising from a range of factors, including an ageing health workforce, and reliance on overseas-trained health professionals.

The distribution of the workforce is another issue, in particular the underrepresentation of Māori and Pacific health professionals. This is particularly important as mental health and addiction conditions are likely to have a disproportionate effect on Māori and Pacific people and given the prevalence of mental health issues amongst Māori and Pacific people.²

There are also current shortages within critical specialist areas and anticipated future shortages in some specialist areas, and some rural and provincial areas are experiencing ongoing supply and demand gaps.

Challenges related to supply pressures, are compounded with an increasing demand for services. It is expected that there will be a doubling in service demand for mental health and addiction services by 2020.

There are increasing chronic long-term conditions and co-morbidities, impacting on what and how healthcare is delivered. The disparities in physical health outcomes of people who experience mental health and addictions compared to the general population has recently been highlighted in New Zealand. Further, children who have a parent with mental health and/or addiction issues are at increased risk of poor outcomes, including developing mental health and/or addiction issues themselves.

**Opportunities**

Responding to current challenges requires a competent primary health workforce and an enhanced community workforce to support a greater government focus on prevention, self-care and care closer to home. A workforce that is confident and competent to work in a family- and whānau-focused way, and acknowledges and supports cultural diversity will contribute to the goal of delivering person-centred services closer to home.

There is an opportunity for the workforce to work broadly with other agencies in the health, social, education and justice sectors, supporting a range of Government initiatives, and this can be an important factor in improving outcomes for vulnerable children, their family and whānau. Greater leadership at all levels can strive to understand the way in which the system is travelling, support this commitment and build on the progress that has already been made.

² In the 2012/13 New Zealand Health Survey, rates of psychological distress in the last four weeks were significantly higher amongst Māori adults (10%) and Pacific adults (9%) than in the general population (6%).
New models of care and a people-powered approach will be supported through evolving clinical practice and scientific and technological advancements. New technologies will help people be more involved in their mental health as well as drive new and innovative ways of working. Efficiencies can be gained through the enhancement of existing workforce roles, and the development of innovative roles and multidisciplinary teams. Good information technology platforms will help structural integration of services and workforce models.

The future we want

*Rising to the Challenge* outlines four overarching goals including:

- actively using current resources more effectively,
- building infrastructure for integration between primary health and specialist services,
- cementing and building on gains in resilience recovery for people with low prevalence conditions and/or high needs, Māori, Pacific people, refugees, people with disabilities and other groups, and
- delivering increased access for infants, children and youth, adults with high prevalence conditions and the ageing population.

In the development of this Action Plan, a range of ideas and experiences were shared from people in the mental health and addiction sector, in terms of both workforce development and service delivery.

People from the sector communicated a shared goal of improving outcomes for people with mental health and/or addiction issues, and a consistent view of what constitutes quality support and services. These services are described as person-centred, integrated across the continuum of care, recognise and include family and whānau, are focused on early intervention, can support self-management and recovery, and are focused on local delivery with specialist support.

The sector also communicated a range of changes needed in terms of workforce development to better meet people’s mental health and/or addiction service needs. These include:

- improved collaboration across the layers of mental health and addiction sector and the wider health sector,
- cross-sectoral collaboration, with a workforce interfacing effectively with infant, child, youth, social services, schools, justice, corrections and other social care services,
- education, justice and social systems that have core mental health and addiction competencies to provide equitable and supportive services,
- workforce planning at a national, regional and local level,
- capable leadership at all levels to promote and support the necessary changes,
- greater workforce alignment with service needs, including access and improved outcomes for vulnerable groups provided within multidisciplinary team environments,
- promotion of mental health and addiction career opportunities that are seen as an attractive career choice,
- fit for purpose learning and development opportunities, with a focus on cultural competence, and
- improved information sharing and use of new technologies.
The Action Plan reflects the vision communicated by the sector and aims to make steps towards the desired future state of mental health and addiction services and a continuously improving workforce.

**Improving access and equity**

A number of actions in this Action Plan have a significant focus on improving access and equity for Māori, Pacific and other priority populations. As a population group, Māori experience the greatest burden due to mental health issues of any ethnic group in New Zealand. The overall aspiration, is to achieve a mental health and addiction workforce that reflects the population it serves, particularly for Māori. A focus on the Māori mental health and addiction workforce will underpin all of the actions in this plan. Several strategy documents or initiatives will be used to guide the implementation of these actions. These include:

- He Korowai Oranga, New Zealand’s Māori Health Strategy,
- ‘Ala Mo’ui, Pathways to Pacific Health and Wellbeing 2014-2018,
- Youth Mental Health Project, Ministry of Health,

Ongoing alignment with these strategies will ensure that the mental health and addiction workforce are able to deliver people-powered, culturally appropriate and community supported services that are effective and efficient.

**Four priority areas**

To direct the focus of the Action Plan and ensure specific actions can be implemented across the sector, from the Ministry of Health to service providers, four priority areas have been identified. These priority areas are based on the existing evidence base, available resourcing, sector feedback, and the strategic intent of Health Workforce New Zealand (HWNZ) and the wider Ministry of Health.

The four priority areas are:

1. Workforce development in primary health and community care
2. Developing the workforce to improve integration between primary and secondary care
3. Specialist workforce capacity and training pathways
4. Addiction training pathways

There are also overarching priorities for mental health and addiction workforce development identified for the purposes of this Action Plan.

**Priority One: Workforce development in primary health and community care**

This priority area is about developing the primary health and community care workforce, reflecting the shift in services being delivered closer to home and that primary health and community care providers are often people's first point of contact with the health system. A confident and capable primary health and community care workforce can support people to stay well, and can support new models of care and the delivery of a holistic range of quality mental health and addiction services to improve people’s outcomes.
**Priority Two: Developing the workforce to improve integration between primary and secondary care**

This priority area is about developing the mental health and addiction workforce in order to improve integration and coordination across the primary-secondary care continuum. A focus on working together and supporting one another enables the provision of seamless, effective and accessible services for people experiencing mental health and/or addiction issues.

**Priority Three: Specialist workforce capacity and training pathways**

There is a need to ensure a sustainable specialist workforce and address the trend of declining supply and concurrent increasing demands for the specialist workforce. Developing the workforce through ongoing training opportunities and quality training modules will enable the specialist workforce to be responsive to people with mental health and/or addiction issues.

**Priority Four: Addiction treatment and recovery training pathways**

Another priority area for workforce development is a focus on the addiction workforce, and ensuring addiction treatment and recovery training pathways are meeting workforce needs in order to continue to develop and grow this diverse workforce. The workforce needs to be capable to provide effective treatment and meet people’s needs presenting with addiction and/or mental health issues.

**Overarching priorities for mental health and addiction**

Overarching priorities for workforce development sit above and across all four priority areas, and were significant themes identified in stakeholder engagement. The overarching priority areas include ensuring the workforce is diverse and culturally competent, the workforce is capable to work cross-sector, and that there is a focus on leadership development.

**Development of the Action Plan**

Along with the four priority areas and the overarching priorities, five domains of workforce development underpin the development of the Action Plan and are expected to guide the implementation of activities in the Action Plan.

During the development of the Action Plan the five domains of workforce development were used to describe what success needs or looks like for each domain, including:

**Workforce development infrastructure:** workforce development infrastructure involves a whole of systems approach. This requires national and regional coordination to achieve the development of an efficient and integrated workforce. The fostering of cross-sectoral relationships is important to support collaborative and coordinated ways of working. Effective monitoring and feedback mechanisms will be required to ensure progress is achieved.

**Organisational development:** successful organisational development is centred on strong leadership, engaged management and effective organisational design to develop service culture and systems. To achieve an appropriate outcome for people with mental health and/or addiction issues, the workforce needs to be responsive and well-aligned to service needs. In
practical terms, innovative models of care and support will emerge to better serve people’s needs, along with new workforce roles and team structures.

**Recruitment and retention:** to achieve the goal of increasing the capacity and capability of the workforce, recruitment and retention needs to be coordinated nationally and regionally. Recruitment and training of under-represented workforce groups is needed and improved role clarity and support systems will assist retention. Promotion of careers in mental health and addiction will support a sustainable workforce for the future.

**Learning and development:** to ensure that people with mental health and/or addiction issues receive quality care and support, a well-trained workforce that responds to service needs is required. The mental health and addiction workforce needs to have clearly articulated training pathways, and training that builds capability for working in multi-disciplinary teams and providing holistic care that is culturally appropriate.

**Information, research and evaluation:** best use of information systems is required to improve access to training and effectiveness of service delivery, particularly to population groups that have higher prevalence of mental health and/or addiction issues or are hard to access. Data collection for a national picture with analysis and feedback to the regions, and services, will assist workforce development and local service delivery suited to population’s needs.

A sector-wide commitment to improving workforce development infrastructure, organisational development, retention and recruitment, learning and development, and research and evaluation will ensure that the right people with the right skills are in place to support successful workforce development.

**Turning vision into action**

All people working in the mental health and addiction sector have a role to play in the implementation of this Action Plan, and to achieve the vision articulated during sector engagement. Achieving the vision will require a contribution beyond the health workforce, and include the combined effort of the social and justice sectors.

The Ministry of Health will have a key role in leading the implementation of this Action Plan across the health sector, and working cross-agency to ensure a whole-of-government approach to improving mental health and addiction services.

District Health Boards (DHBs) and NGOs have a key role in the implementation of this plan, and are expected to provide strong leadership and support the envisaged changes.

Further detail about implementation of the Action Plan is found on page 29.
Part 2

The Mental Health and Addiction Workforce Action Plan
Introduction

Part Two of the Action Plan sets out 18 actions under the four priority areas, and the overarching priorities for mental health and addiction workforce development.

The actions identify what is needed to achieve the desired future state under each of the priority areas in five years’ time, and are guided by the five workforce development domains outlined in Part One of the Action Plan.

Some of the actions play a critical role in reaching the vision communicated by the sector of improved outcomes for people with mental health and addiction issues, and others seek to build on existing work currently undertaken by the Ministry of Health or other organisations or key players in the mental health and addiction sector.
Priority One – Workforce development in primary health and community care

Quality mental health and addiction primary health and community care is well placed to provide a range of holistic services, including a focus on resilience and recovery, increased access to services, a reduction in disparities, delivery of culturally competent and family- and whānau-focused care, prevention and early intervention, and a stepped care approach.

Primary health and community care providers are often people’s first point of contact with the health system in New Zealand. The primary health and community care workforce, therefore, has a key role in surveillance, health promotion, screening, assessment, intervention (particularly early interventions) and referral to secondary and tertiary care. The primary health and community care workforce also has a key role in the provision of promotion and preventative services and services for those with mild to moderate mental health and/or addiction issues.

A focus on the primary health and community care workforce acknowledges the increased investment in primary mental health services over recent years in New Zealand and therefore the importance of a strengths-based approach, by building on existing successful models of care, and professional development opportunities for the primary health and community care workforce. It also reinforces the Ministry’s recommended stepped care approach to service provision - intervening in the least intensive way to get the best possible outcomes.

Enhancing the confidence and capability of the primary health and community care workforce is a priority action under Rising to the Challenge, and also aligns with the 2015 New Zealand Health Strategy’s theme of care closer to home with a focus on increasing the delivery of services in primary and community care settings.

The non-regulated or kaiāwhina workforce plays a significant role within the primary health and community care setting. This workforce enables a holistic approach to self-management and resilience and recovery alongside the service user, their family and whānau and the wider health or social services they may require; complementing the clinical provision of care they require, and facilitating a stepped care approach to service provision.

What do we want in five years?

- The primary health and community care workforce is competent and capable to deliver care close to home with a person-centred approach.
- The workforce, including consumer and peer support workforces, reflects the diversity and experience of mental health and addiction service users, and works alongside the service user and their family and whānau.
- The workforce better responds to the needs of vulnerable communities, and provides equitable levels of access to quality mental health and addiction services.
- The workforce is competent and capable in screening, assessment, and interventions (including early interventions) to get the best possible outcomes in the least intensive and safest way, with provision of effective care at the lowest cost.

### Prevention and early intervention and a stepped care approach

<table>
<thead>
<tr>
<th>Action 1</th>
<th>Enable family and whānau, as part of a ‘one team’ approach for health, to support prevention and early intervention.</th>
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<tbody>
<tr>
<td></td>
<td>a) Enhance the experience of Whānau Ora by making adequate tools and resources available.</td>
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<td></td>
<td>b) Explore local and regional workforce models that enhance partnership and participation with family and whānau, and develop skills and competencies relating to mental health, well-being and prevention in the community.</td>
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<td></td>
<td>c) Investigate the role and workforce development needs of other workforce groups to complement existing mental health and addiction service delivery models, for example Whānau Ora navigators(^3).</td>
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<thead>
<tr>
<th>Action 2</th>
<th>Ensure the primary health and community care workforce is capable and confident to provide effective mental health and addiction screening, identification and responses as a core component of its work, and timely interventions and/or referral pathways.</th>
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<tbody>
<tr>
<td></td>
<td>a) Increase training opportunities in screening for the workforce engaging at the first point of contact, focusing on:</td>
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<tr>
<td></td>
<td>• primary health nurses and Nurse Practitioners,</td>
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<td></td>
<td>• general practitioners (GPs), and</td>
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<td></td>
<td>• urban and rural community providers (including Whānau Ora, school and tertiary education service providers).</td>
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<td></td>
<td>b) Prioritise primary health and community care workforce training in early intervention for vulnerable communities, focusing on:</td>
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<td></td>
<td>• maternal and perinatal mental health,</td>
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<td></td>
<td>• infant and child,</td>
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<td></td>
<td>• youth,</td>
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<td></td>
<td>• parents with mental illness and/or addiction and their children,</td>
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<td></td>
<td>• older people,</td>
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<td></td>
<td>• deaf people who experience mental health and/or addiction issues,</td>
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<td></td>
<td>• low-socio-economic groups,</td>
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<td>• Māori, and</td>
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<td>• Pacific</td>
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<td></td>
<td>c) Increase training provision in:</td>
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<td></td>
<td>• talking therapies and motivational interviewing,</td>
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</tbody>
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- Cognitive Behavioural Therapy,
- family therapy, and
- trauma informed care.

**Care closer to home**

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<tr>
<th>Action 3</th>
<th>Build the primary health and community care workforce to support increased delivery of services in primary and community care settings.</th>
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<tbody>
<tr>
<td></td>
<td>a) Improve workforce recruitment by promoting careers in mental health and addiction, focusing on:</td>
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<tr>
<td></td>
<td>• reducing stigma and discrimination around mental health and addiction (e.g. through core competency training),</td>
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<td></td>
<td>• encouraging young people to pursue mental health and addiction careers (e.g. developing and implementing online and school-based initiatives), and</td>
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<td></td>
<td>• encouraging people to work with older people with mental health and addiction issues. (e.g. developing workforce initiatives targeting workers in aged care facilities).</td>
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<td></td>
<td>b) Increase training opportunities for the workforce in broader community based services (e.g. school based counselling services, enhanced general practices and prison based health services).</td>
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<td></td>
<td>c) Develop new ways of training delivery (e.g. online) that support the workforce to undertake and complete education and training and embed learning into practice.</td>
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**Resilience and recovery**

<table>
<thead>
<tr>
<th>Action 4</th>
<th>Develop the peer support and consumer workforce and promote diversity and service user participation in the mental health and addiction sector.</th>
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<tbody>
<tr>
<td></td>
<td>a) Increase the recruitment and retention of peer support workers by providing effective leadership, management and support to the workforce, including recognition that flexibility in employment may be needed at times.</td>
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<td></td>
<td>b) Build stronger consumer and support worker networks at a regional and national level.</td>
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<td></td>
<td>c) Ensure the primary health and community care workforce promotes self-management information and tools to people with mental health and/or addiction issues and their family and whānau to assist and maintain recovery.</td>
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All actions in the draft are tentative. They are subject to costing, Budget processes, and consumer and sector feedback. Actions in the final Action Plan may be subject to further prioritisation, costing and funding availability over the five year period.
Priority Two – Developing the workforce to improve integration between primary and secondary care

Integration and coordination across the continuum of mental health and addiction services is a priority action under Rising to the Challenge and is part of the Government’s focus on enhancing health system integration. The update of the New Zealand Health Strategy 2015 requires a more integrated and cohesive ‘one team’ approach across our health and disability system, improving the quality of services by working towards shared goals, and beyond organisational boundaries.

A focus on the mental health and addiction workforce sharing skills and knowledge, working together, and supporting one another enables the provision of seamless, effective services for people experiencing mental health and addiction issues. Collaboration and coordination between primary and secondary care workforces provides an opportunity to reduce fragmentation and increase national consistency of responses across the primary-secondary care continuum. A ‘one team’ approach also includes strengthening the roles of people with mental health and/or addiction issues, their families, whānau and communities.

The mental health and addiction workforce has a key role in supporting enhanced referral pathways between primary and secondary mental health and addiction services to facilitate a stepped care approach and efficient service provision. The mental health and addiction workforce also has a key role in working together to assist people with co-existing mental health and/or addiction issues, or with physical health and mental health and/or addiction issues.

Greater integration between primary and secondary care requires strengthening of the confidence and capability of the primary health and community care workforce in relation to mental health and addiction issues. A key focus for training and workforce development is building a multidisciplinary workforce across primary and community services. The primary and community care workforce needs sufficient mental health and addiction expertise to enable that workforce to identify and address mental health and addiction needs and to deliver brief, effective interventions. It needs to be able to leverage from the skills and expertise of specialist services.

Flexible approaches to service delivery across primary and secondary mental health and addiction services are important, facilitating a capable and diverse workforce able to meet the demands of the population and achieve more integrated care.

What do we want in five years?

- People are able to access the mental health and/or addiction interventions they require from a well-integrated services.
- The mental health and addiction workforce is committed to working together and they share skills, knowledge and resources across sectors.
- The mental health and addiction generalist and specialist workforces are confident and able to identify people’s needs and work well within multidisciplinary teams.

- The workforce is equipped to provide timely and appropriate access to seamless care provided for people experiencing mental health and/or addiction issues as well as physical health issues.

### One team working together

<table>
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<tr>
<th>Action 5</th>
<th>Facilitate shared mental health and addiction services, skills, knowledge and resources across primary and secondary care.</th>
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<tbody>
<tr>
<td></td>
<td>a) Expand and implement successful integrated primary and secondary mental health and addiction workforce models.</td>
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<td>b) Increase supervision and mentoring skills and capacity across different services.</td>
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<td>c) Develop supervision and mentoring programmes across primary and secondary teams.</td>
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<td></td>
<td>d) Collect and communicate best practice and workforce success stories.</td>
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<td></td>
<td>e) Evaluate selected pilot schemes in the mental health and addiction sector that support integrated ways of working.</td>
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<td>f) Embed the national principles for models of care into local and regional service and workforce development.</td>
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<td></td>
<td>g) Ensure the workforce delivers more effective care through the use of telehealth for information sharing and to improve access to specialist advice.</td>
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<td>h) Produce line-of-sight documents to guide decisions and prevent duplication and waste.</td>
</tr>
<tr>
<td></td>
<td>i) Support clinician-led collaborations across services to engage and lead the workforce on key health issues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 6</th>
<th>Build capacity and capability for collaboration and coordination between the community, primary, specialist mental health and addiction workforces and the wider health workforce to deliver integrated services.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Facilitate training and development to develop staff understanding of the roles and responsibilities of different services and groups across the sector.</td>
</tr>
<tr>
<td></td>
<td>b) Develop integrated workforce solutions that focus on improved outcomes for:</td>
</tr>
<tr>
<td></td>
<td>- People with physical health and mental health and/or addiction issues.</td>
</tr>
<tr>
<td></td>
<td>- People with co-existing mental health and addiction problems.</td>
</tr>
<tr>
<td></td>
<td>c) Explore opportunities to remove barriers for integrated ways of working (for example through contract and funding arrangements).</td>
</tr>
</tbody>
</table>
## Confidence and capability

<table>
<thead>
<tr>
<th>Action 7</th>
<th>Improve workforce alignment with current and future service needs and make better use of specialist resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Increase support for new and existing roles, that can work across primary and secondary mental health and addiction services, with emphasis on:</td>
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<tr>
<td></td>
<td>• Consultation Liaison</td>
</tr>
<tr>
<td></td>
<td>• Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td>• Support Worker, including Peer Support Workers</td>
</tr>
<tr>
<td></td>
<td>• Allied Health professionals.</td>
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<tr>
<td></td>
<td>b) Ensure new <strong>multidisciplinary</strong> team structures with appropriate skill mixes are developed.</td>
</tr>
<tr>
<td></td>
<td>c) Increase and ensure the availability of multidisciplinary training programme initiatives.</td>
</tr>
</tbody>
</table>

All actions in the draft are tentative. They are subject to costing, Budget processes, and consumer and sector feedback. Actions in the final Action Plan may be subject to further prioritisation, costing and funding availability over the five year period.
Priority Three - Specialist workforce capacity and training pathways

Alongside the need to develop the primary health and community care workforce, there is a continuing trend of declining supply, and concurrent increasing demands for the specialist workforce. This is compounded by an ageing specialist workforce and ongoing reliance on overseas trained health professionals. A key focus is to ensure a sufficient and sustainable specialist workforce.

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.

As service delivery models evolve and the needs and distribution of the population change, the specialist workforce will need to adapt to meet the changing needs of people and their family and whānau. The workforce will need to be equipped to work in new ways with new and shared competencies.

It is essential that specialist workforces are exposed to quality mental health and addiction modules in their training pathways, and there are ongoing training opportunities to advance their ability to respond to and treat patients presenting with mental health and/or addiction issues.

Opportunities to develop the capability and competence to manage people’s broader health needs will lead to more person centred services and a holistic approach to care.

A specific focus on the youth forensic workforce has been identified to meet the workforce implications of the Ministry’s youth forensic service development. Specifically, this will include the development of an inpatient unit that will require adequately trained staff, and improved training opportunities to ensure consistent competency frameworks for this diverse workforce.

What do we want in five years?

- The specialist mental health and addiction workforce shortages are addressed and the specialist workforce can meet the demand for mental health and addiction services.

- The numbers of New Zealand-trained specialists have increased and the need to employ overseas trained specialists, in particular psychiatrists, is reduced.

- The specialist mental health and addiction workforce better reflects the community they serve, particularly Māori and Pacific communities.
- Specialist mental health and addiction expertise is accessible and available to the primary health and community care workforce, and wider health workforce.

- The specialist mental health and addiction workforce is well trained in mental health and addiction issues, as well as understanding the needs of people with co-existing problems and physical health and mental health and/or addiction issues.

<table>
<thead>
<tr>
<th>Sufficient, sustainable and well distributed</th>
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<tbody>
<tr>
<td><strong>Action 8</strong></td>
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<tr>
<td>Ensure the specialist workforce has sufficient numbers and diversity to meet service demand now and in the future.</td>
</tr>
<tr>
<td>a) Implement targeted recruitment, retention, learning and development strategies for specialist workforce groups, including:</td>
</tr>
<tr>
<td>- psychiatrists,</td>
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<tr>
<td>- nurses,</td>
</tr>
<tr>
<td>- Māori,</td>
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<tr>
<td>- Pacific, and</td>
</tr>
<tr>
<td>- addiction workforce, including addiction specialists.</td>
</tr>
<tr>
<td>b) Support and strengthen rural and regional recruitment and retention initiatives by:</td>
</tr>
<tr>
<td>- Developing career pathways that accommodate increased workforce mobility.</td>
</tr>
<tr>
<td>- Enhancing professional networks to connect isolated health professionals.</td>
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<tr>
<td>- Provide greater access to supervision, mentoring and professional development opportunities.</td>
</tr>
<tr>
<td>c) Develop demand models for clinical psychologists, clinical nurse specialists, nurse practitioners and psychiatrists.</td>
</tr>
<tr>
<td>d) Investigate the role and of other specialist groups to complement existing specialist workforces, and their workforce development needs, including:</td>
</tr>
<tr>
<td>- allied health professionals,</td>
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<tr>
<td>- peer and community support staff,</td>
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<tr>
<td>- enrolled nurses,</td>
</tr>
<tr>
<td>- wider general practice teams</td>
</tr>
<tr>
<td>e) Explore opportunities to transfer workforce development in psychiatry to the primary care sector, including upskilling General Practitioners and Nurse Practitioners.</td>
</tr>
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<tr>
<th>Training opportunities</th>
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<tbody>
<tr>
<td><strong>Action 9</strong></td>
</tr>
<tr>
<td>Strengthen training pathways that develop an integrated workforce and meet people's changing mental health and addiction needs.</td>
</tr>
<tr>
<td>a) Ensure there are advanced training pathways in Youth Forensic Mental Health.</td>
</tr>
</tbody>
</table>
b) Ensure the specialist workforce participates in multidisciplinary training programme initiatives.

c) Enhance specialist workforce capability and competencies in:
   - co-existing problems,
   - physical health problems,
   - supporting parents with mental illness and/or addiction and their children,
   - perinatal infant mental health,
   - family therapy,
   - trauma informed care, and
   - cultural responsiveness and supporting diversity.

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Priority Four – Addiction treatment and recovery training pathways

A range of healthcare workers have a role in responding to addiction issues and ensuring access to addiction treatment and support and quality addiction services.

Many people in the addiction workforce have had their own lived experience of addiction issues, or experience of a family or whānau member with addiction issues. The addiction workforce fosters a person-centred approach with a focus on self-management, complementing clinical treatment and the recovery journey.

It is important that the addiction workforce continues to grow and develop, and organisational and individual capacity is built in order to provide effective addiction treatment that can meet the needs of the population.

A number of valuable addiction workforce strategies have been developed to help grow, strengthen, and sustain the capacity and capability of those who work with people experiencing addiction-related harm, particularly Māori experiencing addiction-related harm. It will be important to continue delivering on the gains made through these strategic documents.

There is a need to ensure entry level training pathways for the addiction workforce are meeting workforce needs. Specifically there is a need to ensure there is equitable access to training opportunities throughout the country and people are supported to undertake the training at the NGO and primary care level.

Our existing addiction workforce including alcohol and drug counsellors, social workers and detox nurses also need to be supported to work to the top of their scope of practice in roles that integrate care pathways, and ensure continuity of care.

Addiction workforce development must support person centred service delivery. A key focus is supporting the addiction workforce to be responsive to the needs of overrepresented groups with alcohol and drug (AOD) issues, including Māori and Pacific. It is also important that ‘any door is the right door’ for people with co-existing mental health and addiction problems, and that the addiction workforce is confident and capable to provide effective and accessible treatment.

What do we want in five years?

- The addiction workforce is well-trained and has well-articulated pathways to enable the workforce to grow and develop to meet service needs.

- Addiction services are culturally appropriate with a diverse workforce reflecting population’s needs, particularly Māori and Pacific.

- The mental health and addiction workforce is capable to respond to the needs of people experiencing mental health and/or addiction issues, and continuity of care is provided.
### Grow and develop

<table>
<thead>
<tr>
<th>Action 10</th>
<th>Strengthen workforce development opportunities for the AOD workforce including the Addiction Medicine Specialist workforce, by increasing access to training and development opportunities.</th>
</tr>
</thead>
</table>
| Action 11 | Develop networks for addiction education and tertiary training providers to:  
  - Build the organisational capacity for workforce development.  
  - Improve the coordination of training and education opportunities.  
  - Increase access to addiction treatment training and education for the workforce, and in particular workers with lived experience. |

### Responsive

| Action 12 | Grow, strengthen, and sustain the capacity and capability of the addiction workforce.  
  a) Support the implementation of the Māori Addiction Strategy and Pacific Addiction Plan and identify workforce gaps, challenges and opportunities.  
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action 13 | Improve the capability of the addiction workforce to provide effective and accessible care by ensuring all workplaces:  
  - Implement training for co-existing problems, so they can deliver effective services for consumers with co-existing mental health and addiction issues.  
  - Provide access to supervision, mentoring, peer support, and professional development for staff that also meet the needs of new people entering the workforce and workers with lived experience.  
  - Increase training opportunities that support a focus on improved outcomes for people with physical health and/or addiction issues. |

All actions in the draft are tentative. They are subject to costing, Budget processes, and consumer and sector feedback. Actions in the final Action Plan may be subject to further prioritisation, costing and funding availability over the five year period.
Overarching priorities for mental health and addiction workforce development

There are a number of overarching priority areas for mental health and addiction workforce development that complement and sit across the actions above under the four priority areas.

A key focus of person-centred service delivery is ensuring the workforce is **culturally competent** and that the workforce is well-aligned with service needs. A workforce that respects diversity and demonstrates cultural competence has the ability to provide services that are culturally appropriate and personal for each person and connect with people, their families, whānau and wider community.

Cultural competence allows the workforce to incorporate knowledge of tikanga, Whānau Ora and Māori models of care and cultural competence in working with Māori. A key focus is also that the interface between cultural and clinical practice is not seen as distinct.

In achieving the future we want, workforce development must involve a whole of system approach. A key focus is national and regional coordination, not only collaboration and strong working relationships between primary and secondary care and the wider health system, but **collaboration and coordination** across sector. This recognises that many factors contribute to health, including housing, workplaces, education, social support, the economy, and the environment.

The vision in *Rising to the Challenge* is that our health and social services are working together to make best use of public funds and to support the best possible outcomes for people with mental health and addiction issues. The mental health and addiction workforce interfacing with infant, child, youth, education, justice, corrections and other social services will improve outcomes for our most vulnerable communities.

A capable and confident workforce that is highly functioning, person-centred, and fully integrated needs to be supported by **strong leadership** at all levels. This is critical for positive transformation in line with the vision of *Rising to the Challenge* and to overcome workforce challenges. Leadership and management in organisations providing mental health and addiction services will be expected to lead change towards the future we want.

**What do we want in five years?**

- A highly functional mental health and addiction sector supported by effective and strong leadership.

- People have a choice in their support and treatment from a range of culturally appropriate services and a workforce that is culturally responsive.

- Sector collaboration and co-ordination is improved to ensure that all people are able to navigate the social, justice and health systems to meet their mental health, addiction and other associated needs.
### Culturally competent and appropriate

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>14</td>
<td>Undertake a review of the current cultural competency training resources to ensure they are fit for purpose and focused on the needs of targeted populations and the workforce.</td>
</tr>
</tbody>
</table>
| 15 | Improve workforce alignment with current and future service needs by focusing workforce development for those working with targeted population groups:  
- Māori,  
- Pacific,  
- Asian,  
- migrant and refugee,  
- disabled people, and  
- older people. |

### Coordination and collaboration

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<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>16</td>
<td>Strengthen cross-sector engagement with other agencies to better meet the range of needs of people with mental health and/or addiction issues, their families and whānau.</td>
</tr>
<tr>
<td>17</td>
<td>Identify and develop solutions that assist the mental health and addiction sector to break down workplace barriers to foster cross-sectoral ways of working.</td>
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</table>

### Strong leadership

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<th>Action</th>
<th>Description</th>
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</table>
| 18 | Develop strong leadership at all levels to support the changing environment, with a particular emphasis on:  
- Promoting coordination and collaboration across the sector to achieve improved outcomes for people with mental health and/or addiction issues.  
- Embedding strategic workforce development into planning activities and organisational culture.  
- Strengthening ways of translating knowledge, skills and competencies into routine practice.  
- Facilitating the implementation of programmes that support new ways of working.  
- Developing leadership capability in under-represented workforce groups, peer led groups and newly emerging workforce groups.  
- Growing clinical leadership across the sector, and across professions to support multidisciplinary teams and training initiatives. |

All actions in the draft are tentative. They are subject to costing, Budget processes, and consumer and sector feedback. Actions in the final Action Plan may be subject to further prioritisation, costing and funding availability over the five year period.
Implementation

This Action Plan has relevance to all people working in the mental health and addiction sector, and whose work with people with mental health and/or addiction issues impacts on the delivery of quality services. The whole mental health and addiction sector is crucial in the implementation of this Action Plan and as a result in generating better outcomes in meeting the needs of people with mental health and/or addiction issues.

Lead accountability for the implementation of actions

The Ministry of Health will provide overall leadership and implementation of the Action Plan and provide guidance on the strategic direction of workforce development to the sector with the support of the Regional Workforce Development Hubs.

Others with lead accountability for implementation of the Action Plan will include: DHBs, Workforce Development Centres, NGOs, Primary Health Organisations, and the wider health and social sectors.

The Ministry of Health will work in partnership with the sector and provide guidance on how the Action Plan will be best implemented. Success will require a focus on regional collaboration and planning, strong engagement of primary health and community care and facilitation of engagement across community, primary and secondary care.

Implementation of the Action Plan will also require collaboration, coordination and connectivity across multiple service providers and organisations, sectors, and with family and whānau and people with mental health and/or addiction issues. A whole-of-systems and person-centred approach is needed to work towards improving outcomes for people with mental health and/or addiction issues.

An implementation approach will be developed by the Ministry of Health and communicated to the sector alongside the publication of the final Action Plan.

Monitoring and reporting progress on the Action Plan

Health Workforce New Zealand will monitor the implementation of the Action Plan and report on progress to the Ministry of Health Mental Health and Addiction Governance Group on a quarterly basis and the wider sector annually via the Ministry’s website.

Health Workforce New Zealand will use a variety of mechanisms to coordinate and communicate sector feedback on the implementation of the Action Plan, and feedback to mental health and/or addiction service providers.
Glossary

A comprehensive glossary is currently under development, and will be published in the final Action Plan in 2016.
References


Your feedback


Submissions close on Wednesday 20 January 2016 at 5 pm.

The Ministry of Health must have your submission by this date and time. Any submissions received after this time will not be included in the analysis of submissions.

In making your submission, please include or cite relevant supporting evidence if you are able to do so.

How to provide feedback:

There are two ways you can make a submission.

• Fill out this submission form and email it to: workforceactionplan@moh.govt.nz

OR

• Your comments can be mailed to:

  Mental Health and Addiction Workforce Action Plan
  Health Workforce New Zealand
  Ministry of Health
  PO Box 5013
  WELLINGTON 6145

The following questions are intended to help you focus your submission. It will help us analyse the feedback we receive on the Action Plan if you can use this format. You are welcome to answer some or all of the questions.
You do not have to answer all the questions or provide personal information if you do not want to.

This submission was completed by:  (name)
Address:  
(street/box number)  
town/city)

Email: 
Organisation (if applicable):
Position (if applicable):

Are you submitting this as (tick one box only in this section):
☐ An individual or individuals (not on behalf of an organisation)
☐ On behalf of a group or organisation(s) named above

If you are an individual or individuals and you check the following box, the Ministry will remove your personal details from your submission, and your name(s) will not be listed in any summary of submissions:
☐ I do not give permission for my personal details to be used or released.

Please indicate who your submission represents (you may tick more than one box in this section):
☐ Academic/research  ☐ Māori
☐ Asian  ☐ NGO
☐ Consumer  ☐ Pacific
☐ Disability  ☐ Primary Health Organisation
☐ DHB  ☐ Professional association
☐ Education/training  ☐ Regulatory Authority
☐ Family/Whānau  ☐ Service provider
☐ Government  ☐ Other (please specify):
☐ Local government
Questions

Part 1

Q1. Does Part 1 of the Action Plan adequately describe the current and future state of the mental health and addiction workforce as part of an integrated health and disability system in the next five years? If no, what is missing or needs to be added? (pages 5-12)

Yes [ ] No [ ]

Additional comments:

Part 2

Priority One – Workforce development in primary health and community care

Q2. Do you agree with the actions in this section? (pages 16-19)

Yes [ ] No [ ]

Additional comments:

Priority Two – Developing the workforce to improve integration between primary and secondary care

Q3. Do you agree with the actions in this section? (pages 19-22)

Yes [ ] No [ ]

Additional comments:
Priority Three – Specialist workforce capacity and training pathways

Q4. Do you agree with the actions in this section? (pages 22-25)

Yes ☐ No ☐

Additional comments:

Priority Four – Addiction treatment and recovery training pathways

Q5. Do you agree with the actions in this section? (page 25-27)

Yes ☐ No ☐

Additional comments:

Overarching priority areas for mental health and addiction workforce development

Q6. Do you agree with the actions in this section? (pages 27-29)

Yes ☐ No ☐

Additional comments:
Priority of Actions

Q7. If you had to prioritise the actions in the plan what would be your top five actions for implementing in the next five years?

Priority actions:

Q8. Are there any actions in the plan that you particularly agree with or disagree with, and if so why?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Reasons</th>
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<tr>
<th>Disagree</th>
<th>Reasons</th>
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Q9. Are there any actions that you think have been omitted and should be included? If so what are they, and why should they be included?

<table>
<thead>
<tr>
<th>Additional actions that should be included?</th>
<th>Reasons</th>
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Q10. We would like to include examples of innovative workforce approaches in the final version of this Action Plan. Are you aware of any innovative workforce solutions currently being used, piloted or trialled in the sector?

Yes □ No □
If Yes – can you please briefly explain the innovative approach used, how and by whom (we would also like contact details of a key person we could follow up with):

Contact details:

Thank you for taking the time to provide feedback.