

# Chapter 5

## Key Initiatives in New Zealand's Adult Mental Health Workforce Development

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### ABSTRACT

*This chapter describes a nationally led approach to workforce development by analyzing three workforce development initiatives within the adult mental health and addiction sector in New Zealand. New Zealand has been on an important and critical journey with regards workforce development over the past 15 years, one which has significantly altered the way services are delivered. In order to understand this journey, some background information relevant to New Zealand will be provided covering the context of mental health, epidemiology of mental health illness, service delivery, use of evidence based treatments, as well as funding and investment in workforce development. The three workforce development initiatives are then described: 1) key knowledge, skills, values and attitudes for all people working in mental health and addiction services, 2) development of an outcomes culture, and 3) post graduate clinical training for nurses and allied health professionals.*

### INTRODUCTION

This chapter focuses on workforce development within the mental health sector in the New Zealand context. While there have been many workforce development initiatives in the past decade or so, this chapter focuses on three which have had a key role in supporting the transformation of mental health and addiction services; namely the development of core knowledge, skills, values, and attitudes for all people working in mental health (*Let's Get Real*); the development of an outcomes culture; and post

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graduate clinical training for mental health workers (Skills Matter). These initiatives are focused on different levels of workforce development: systems level, current workers, and the future workforce based on the framework described by Roche (2001). While these initiatives are distinct developments, they are all connected by the notion that mental health and addiction services need to change. While that change is seen as evolutionary rather than revolutionary in nature, there is the determination to have a skilled and knowledgeable mental health workforce that is culturally competent, with recovery focused values and attitudes, working in services which are focused on improving outcomes.

The objectives of this chapter are to provide an overview of:

- The New Zealand context and challenges.
- Three workforce development initiatives.
- The implementation process.

## **BACKGROUND**

### **Context**

New Zealand is a small country in the South Pacific with a population of approximately 4.5 million people (Statistics New Zealand, 2013). It is a multi-ethnic country, particularly in the largest city of Auckland where one-third of the population lives. In total, nearly three-quarters (74%) of New Zealand's population identify as European, 15% Māori, 12% Asian, and 7% as Pacific peoples (Statistics New Zealand, 2013). While modern day New Zealand is considered a multi-cultural, multi-ethnic society, there is a statutory obligation to work towards biculturalism; that of Pakeha (New Zealanders of European descent) and Māori. Māori are the indigenous people of New Zealand who in 1840 signed a treaty (the Treaty of Waitangi) with the British crown laying the foundation for a contemporary New Zealand society (Ministry for Culture and Heritage, 2015).

Findings from *Te Rau Hinengaro: The New Zealand Mental Health Survey* (Oakley Brown, Wells & Scott, 2006) indicate 1 in 5 people in New Zealand experience a mental illness each year, similar to international survey findings (e.g., Kessler et al., 2009). Nearly 8% of the population experience two or more disorders, and 5% serious disorders (Oakley Browne et al., 2006). When sociodemographic factors are taken into account, *Te Rau Hinengaro* found Māori have a higher risk of mental illness and serious disorders. However, both Māori and Pacific peoples are less likely to seek treatment. This may reflect a range of factors including, cultural beliefs and values, barriers to access, and the responsiveness of services to Māori and Pacific peoples (Jansen, Bacal, & Crengle, 2008; Jansen, 2009). Overall, 2 in 5 people with experience of mental illness or addiction over the last year seek help from mental health or health services (Oakley Browne et al., 2006). People with a serious disorder, females, and those who are older are most likely to seek treatment (Oakley Browne et al., 2006).

### **Service Delivery**

Until recently most of New Zealand's mental health services, like many western countries, were delivered through large institutions. These were closed in the 1990s and replaced with a range of community and day services while retaining acute inpatient facilities attached to general medical hospitals. Today, New

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