Chapter 10
Mental Health Support Workers: An Evolving Workforce

Julia L. Hennessy
Wellington Institute of Technology, New Zealand

Max Abbott
Auckland University of Technology, New Zealand

Liz Smythe
Auckland University of Technology, New Zealand

Frances A. Hughes
International Council of Nurses, Switzerland

ABSTRACT

This chapter provides the background for policy setting, educational preparation, and emergence of mental health support workers (MHSWs) in New Zealand and examines the work they do in mental health services. New Zealand formally introduced the MHSW role in the early 1990's to provide non-clinical services for mental health consumers or clients through either hospital or community-based services. The work MHSWs undertake and their relationship with other health professionals is discussed. Also discussed, is the relationship that MHSWs have with mental health consumers/clients and the attributes that the MHSW brings to the relationship. Consideration is given to the debate as to whether the role of the MHSW should be regulated, what it means to be considered a health professional, and the possibilities of expanding the scope of practice for MHSWs.

INTRODUCTION

In New Zealand the overall rates of psychiatric hospitalisation started to decline from the mid-1940s. However it was not until the late 1970s that the deinstitutionalization of large hospitals gathered momentum and total patient numbers fell appreciably (M. Abbott & Kemp, 1993; Haines & Abbott, 1985). Within the policy framework for the transition from hospital to community-based services limited attention was paid to the type of workforce needed to provide the new service design. The Central Regional Health Authority[1] produced a service implementation document *A Better Life* (Central Regional Health Authority, 1994), this set out the process for deinstitutionalization for the central region. While this document articulated a forward thinking approach it failed to identify the need to have an appropriate workforce to implement the policy shift. Services were moved from an institutional setting into the community with much of the support services required to be delivered by mental health support workers (MHSWs).

DOI: 10.4018/978-1-5225-1874-7.ch010

DeSouza (1997, p. 3) suggests that the role of the MHSW had evolved "in recognition of the gaps in community care provision", yet the nature of the work they do within the New Zealand health sector is largely unknown. New Zealand's health system is predominately funded through taxes, with 20 District Health Boards (DHBs) funding and delivering a range of primary, secondary, and tertiary health services, with policy direction for the funding being set by the Ministry of Health. MHSWs are primarily employed by non-government organizations (NGOs), however they are also employed within clinical acute or rehabilitation settings within DHB clinical services.

The Mental Health Foundation (n.d) described MHSWs as:

…non-clinicians who work with people with mental illness. The mental health support workforce is mainly employed in the non-government community support services sector. They provide support and practical assistance and deliver rehabilitation services or programmes that facilitate the recovery process for people experiencing serious mental illness or emotional distress.

This chapter will explore the manner in which the role of MHSW emerged and then go on to describe how the role is portrayed. Insights are drawn from Hennessy's (2015a) doctoral study, and other related literature.

A doctoral study by Hennessy, supervised by the co-authors, provides the foundation for this chapter. The study used an Appreciative Inquiry approach to reveal the work undertaken by MHSWs; and how this work contributed to mental health services and the well-being of mental health consumers.

BACKGROUND

The decade of the 1990s saw major policy changes which impacted on mental health services in New Zealand. *Looking Forward: Strategic Directions for the Mental Health Services* (Ministry of Health, 1994), was one of a number of plans by the Ministry of Health. This was followed by the *National Mental Health Plan, Moving Forward: The National Mental Health Plan for More and Better Services* (Ministry of Health, 1997). The first of these, *Looking Forward* (1994) saw the beginning of an approach that set benchmarks and targets for mental health service delivery to the population:

In New Zealand, benchmarks of 3 per cent have been established for the general adult population (and their families) and for youth (and their families). Benchmarks have yet to be set for other groups within the general population – the most important of which are children (and their families) older people, and those who require alcohol and drug treatment. (Ministry of Health, 1994, p. 7)

The policy changes and the move to community-based care required the closure of large psychiatric hospitals placing mental health consumers or service users[2] in either supported accommodation or in their own home with home-based support provided. This policy direction was generally accepted by most within the mental health sector including mental health consumers. What was absent from the planning was a requirement for training and education of a workforce required to deliver the services. Although Knapp et al. (1990) suggested that closure or downsizing of psychiatric hospitals provided a means to generate large savings in health care, Armitage (1994) provided a cautionary perspective by suggesting that moving psychiatric patients into the community was not a cheap alternative to inpatient care.