Hāpai te Tūmanako - Raise HOPE Implementation Plan

Workforce Development Document Review

Last updated 22 May 2015

WORKFORCE PLANNING

Workforce planning is about ensuring that we have the right number of people, with the right skills, in the right place, at the right time, with the right attitude, doing the right work, the right cost, with the right work output. Workforce planning supports and assists organisations and managers to; plan for the future, anticipate change, manage the workforce and meet business goals.

This document review provides a snapshot of information that is available at a national level. Other information will need to be collated and stakeholders engaged to support implementation of workforce change. Of relevance to this group are the following key themes from the review:

- Increase access – reduce stigma and discrimination in the sector
- Intervening earlier– that services are delivered closer to the service user and services are provided in the least restrictive environment
- Integration – a systemic approach – whole of government/system; better service user pathways (stepped care)
- Workforce capability – role clarity, developing current workforce, what does the future look like (forecasting), University and DHB alignment
- Workforce co-ordination – placements, liaison, networks
- Building the capacity of families/whanau/communities

Report/Plan	Description	Workforce Development Content	Key Points
Towards the next wave of mental health and addiction services and capability: workforce service review report	Commissioned by Health Workforce NZ – this report proposes a shift in focus towards primary and integrated care and	An investment in workforce, roles, capability and capacity that is able to drive the next wave of MH&A: ▪ Developing the MH&A capability of general health, particularly within primary care teams but also within wider general health. ▪ A focused development of capacity and capability across the spectrum of self-care support	▪ Increase access by 250% ▪ Intervening earlier ▪ Integration across the system (whole of system, whole of government) ▪ Focus on the drivers of inequalities

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Author: Kydd et al **Date:** June 2011	preventive interventions. It has attempted to forecast what is required to provide care in 2020	– enabling e-therapies, self care/whanau care and peer support. ▪ Developing a primary MH&A workforce capable of at least a 7 fold increase in current response levels by 2020 and functioning as part of an integrated MH&A system with community and specialist services. ▪ Development of integrated specialist, community and primary based roles, functioning and capacity to support a shift towards earlier intervention, prompt access for acute care and recovery pathways that are effective in restoring functioning. ▪ Building capacity in specialist clinical workforces; psychiatrists, psychologist and mental health nursing with the necessary skill mix to support both the areas of future development and the change in roles envisaged here.	▪ Care provided in the least intensive most effective setting, based on an individual's needs ▪ Fast action on innovations that will increase the effective productivity of specialist mental health services and leverage scarce workforce capacity. ▪ Rapid development of the workforce roles, functions and support needed to deliver on the integrated MH&A vision. ▪ A continued investment in a core of specialist MH&A services; psychiatrist capacity, specialist AOD capacity, ability to provide rapid response to acute needs and better utilisation of scarce forensic skills.
Rising to the Challenge: *The Mental Health & Addiction Service Development Plan 2012-2017* **Author:** Ministry of Health **Year:** 2012	Ministry of Health Plan to set the direction for mental health and addiction service delivery across the health sector over the next 5 years.	**Competencies** Competencies for people working across the spectrum of health services (primary care, general health, and specialist mental health and addiction) that will support implementation of this Plan include the ability to: • form effective partnerships with people who use the services and their families and whānau and/or support people, to enable self-management[1] • incorporate knowledge of tikanga, whānau ora and Māori models of care and cultural competence in working with Māori • incorporate cultural competence when working with other large ethnic groups within New Zealand • shape practices to be culturally appropriate for each person • undertake wellness planning	▪ A five year plan 2012-2017 ▪ Signalled a range of priority actions to improve effectiveness, efficiency, accountability, with responsibility spread across MoH, DHB and NGO. ▪ Increased integration between primary and secondary services, enhanced support for people with high prevalence conditions, increased service access for children and young people. ▪ Outlines Health Workforce New Zealand's intention to develop a national mental health and addiction workforce development plan that will

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		• provide brief, effective, evidence-informed psychological therapies or motivational interviewing • provide trauma-informed service delivery • deliver stepped-care models of service delivery • work collaboratively (this ability will be strengthened through multidisciplinary training). **Workforce development priorities for specialist DHB and NGO services** Key workforce development priorities for the workforce in specialist mental health and addiction services (within DHBs and NGOs) that will support implementation of this Plan are: • enhancing understanding of the service-user perspective through the use of training for staff led by service users • better leveraging the limited specialist resource by developing the consultation liaison component from the specialist service workforce to general health (primary and specialist) • improving the capability of mental health and addiction specialists to address co-existing conditions • building capability for addressing physical health issues and for collaborating with general health services to address people's physical health needs • enhancing the understanding of needs of people with co-existing mental health or addiction issues and intellectual disability and developing skills to address these • developing capability to minimise use of seclusion and restraint in inpatient settings • ensuring the workforce supports self-management and recovery • re-focusing service delivery where evidence suggests existing practices are no longer the most effective • strengthening use of the non-regulated workforce and NGO providers, particularly the provision of support for work, housing and social inclusion • developing other roles that require briefer training periods for specific functions, and providing supervision for these from the existing workforce (substitution). **Workforce development priorities for primary care and the wider general health care workforce** Key workforce development priorities for the general health care (primary and specialist) workforce that will support implementation of this Plan are:	focus on skills and competencies, education and training, recruitment and retention strategies. ▪ Look at the Guiding Principles ▪ Doesn't provide specific details regarding workforce numbers to deliver future services

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		• building the ability to identify and address mental health and addiction needs and deliver brief, effective, evidence-informed psychological therapies • building a multidisciplinary primary care workforce • expanding capability for general health and mental health and addiction services to collaborate in addressing people's physical health needs. **Workforce development priorities for managers, professional leaders, planners and funders, and policy makers** Key workforce development priorities for these groups that will support implementation of this Plan are: • building the capability to analyse and use information effectively to inform decisions about policies and investments, develop plans and improve services • implementing a workforce development programme to enable planners and funders to implement and monitor the planning and funding framework • leading the implementation of measures to improve service quality and productivity, such as the 'choice and partnership approach' and the '7 HELPFUL Habits of Effective CAMHS' (York and Kingsbury 2009) • developing the capability to lead the changes necessary to implement the service developments prioritised in this Plan, including fully engaging the workforce in planning and implementing change and supporting participation in events that provide opportunities for rapid transfer of knowledge about effective services and innovations • continuing to work towards a workforce that reflects the populations served across primary and specialist services • continuing to embed *Let's Get Real* (Ministry of Health 2008a) and Real Skills Plus (The Werry Centre 2009) in day-to-day workforce practices across all services. **Workforce development priorities for other agencies and sectors** The key workforce development priority for other agencies and sectors that will support implementation of this Plan is: • building the ability to recognise and respond to mental health and addiction issues.	

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		Anticipated expansion in service delivery Where this Plan signals increased service delivery and this expansion involves new expertise, appropriate education and training programmes will need to be put in place, such as peer support training.	
Blueprint II: *Improving mental health and wellbeing for all New Zealanders* **Author:** Mental Health Commission **Year:** 2012	Mental Health Commission 10 year vision to improve the mental health and wellbeing of all NZers that encompasses all of government and provides guidance on what is required to meet future needs and how to make the changes called for.	▪ Early intervention and increased access rates for children, youth and vulnerable families ▪ Increase mental health and addiction screening early in pregnancy ▪ Increased awareness and use of screening tools, brief interventions, self-management strategies, referral pathways and outcomes measures ▪ Increase mental health literacy ▪ Person centre/Person directed approach ▪ Increase cultural capability ▪ Utilise Whanau Ora innovations	▪ "The least intrusive treatment required to meet the presenting need" across primary, community and specialist services ▪ Greater integration of mental health and addiction services "into the broader health system and social services" ▪ Guidance to the sector to adopt a more responsive, cost-effective, and integrated mental health and addiction service over the next decade ▪ A life course approach ▪ Doesn't look at workforce numbers or forecasting
On Track: *Knowing where we are going - co-creating a mental health and addiction system New Zealanders want and need* **Author:** Te Pou & Platform Trust **Year:** 2015	A road map for mental health and addiction NGOs to change their models of service delivery to meet the future needs of consumers and their families.	▪ Provides detail on workforce-related change pressures (see attachment) ▪ Provides detail on changing nature of work and workforce implications (see attachment) ▪ Frustration at the slow progress of the development of new workforce roles in this sector ▪ The sector has committed to implementing *Lets get real (2008) framework* and other associated national initiatives *Real skills plus – ICAMHS/AOD, Te whare o tiki, and Real skills Seitapu.* Targeting activity in developing the practitioner and leadership levels will increase credibility and accountability ▪ Further development of "Capability planning tool for the MH&A workforce. The tool takes into account service user characteristics that are known to affect outcomes for people. It could be used to support recruitment and retention issues, service delivery models and the range of roles that will be required in the future to deliver services ▪ Future workforce will need to be adaptive and flexible with staff needing to be equipped to train and work across professional and organisational boundaries, particularly in	▪ Utilise vignettes ▪ Improve cultural competency ▪ Invest in NGO leadership development and succession planning ▪ Reinforce attitudinal change in all parts of the workforce ▪ Improve NGO workforce capability to deliver evidence based programmes (e.g. brief interventions) ▪ Provide access to appropriate

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		circumstances where health, justice, corrections, children's services and the police are involved ▪ Relational ways of working – utilising triple aim – individual, population, system	levels of supervision for NGOs ▪ Co-creation at all levels starting with the relationship between workforce, service users and their families/whanau
Whakapuawaitia ngai Maori 2030. Thriving as Maori 2030. Maori helth workforce priorities **Author:** Reanga Consultancy New Zealand Ltd **Year:** 2012	This report examines how to deliver health equality for Maori and a workforce that demonstrates cultural competence	▪ The proportion of the Maori health and disability regulated workforce has remained static at 5% of the total regulated workforce ▪ Maori will make up an increasingly larger proportion of the working age population ▪ Māori health is an immediate workforce development investment priority for HWNZ ▪ Māori health is led by a Centre of Excellence in partnership with Iwi and the Crown ▪ values-based, whānau centred practice is integral to best practice standards ▪ the entire health workforce will be able to apply Māori practice protocols appropriately by 2020 ▪ all health tertiary training programmes are dual cultural and clinical competency-based to equip well the workforce to serve whānau appropriately inclusive of advanced generalist skills to work in a wide range of settings to meet most health needs ▪ national Māori health and disability workforce annual targets with transparent accountabilities are actively monitored ▪ whānau ora practitioners lead whānau-centred interventions ▪ the Māori health and disability workforce will reflect the community it serves by 2030 ▪ taiohi Māori participating in whānau ora and health career pathways will comprise 20% of the Māori workforce by 2030, and ▪ enhanced Māori sector leadership for Māori CEOs, managers and governance members will more effectively serve whānau.	*Whakapuāwaitia Ngāi Māori 2030* provides direction for workforce development priorities and will support the health and disability sector to: ▪ deliver on health targets that cannot be achieved without improvements to Māori health outcomes ▪ lift health sector performance through recognition that clinical and cultural competence are inseparable and greater integration of Māori cultural competence will enhance Māori engagement, and access to and through health care ▪ improve the health of older people, given the Māori population over 65 is expected to almost triple from 2006 to 2026[2] and the high proportion of DHB

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			hospitalisations that are Māori kaumātua[3], and ▪ deliver services in a way that enhances and supports Whānau Ora.
Whanau ora workforce development: A literature review **Author:** Te Rau Matatini **Year:** 2014	Provides a review to support a whanau-centred approach when working with Maori	▪ Whanau-centred best practice are firmly positioned within already accepted best practice Maori methodologies; Te Whare Tapa Wha (Durie, 1985); Te Pae Mahutonga (Durie, 1999); Te Wheke (Pere, 1984) ▪ Whanau well-being will be determined by whanau ▪ Responsibility for enhancing outcomes for whanau Maori does not rest solely with Maori ▪ Whanau-centred best practice crosses workforce groupings and sector boundaries, and can be applied and operationalised to some extent in any service, service configuration or context	**Whanau-centred best practice:** ▪ Focuses on whanau, not individuals ▪ Is about transformation, not transaction ▪ Seeks to empower whanau, not simply advocate for them ▪ Is solutions focussed, not issues focussed ▪ Is focussed on outcomes, not outputs; and ▪ Is driven by whanau needs, not funder needs
New Zealand Suicide Prevention Action Plan 2013-2016 **Author:** Ministry of Health **Year:** 2014	Ministry of Health Plan to coordinate national suicide prevention activity.	**Ensure a range of accessible support services is available for families, whānau and others who are bereaved by suicide** ▪ Expand the Initial Response Service, which provides specialist practical and emotional support to families, whānau and others bereaved by suicide, so that it is available nationwide. ▪ Expand the availability of specialist-facilitated group support programmes for people bereaved by suicide. ▪ Establish an umbrella organisation to provide support and guidance for suicide bereavement peer support groups. **Support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion** ▪ Increase the capacity of the Community Postvention Response Service to respond where	▪ support families, whānau, hapū, iwi and communities to prevent suicide, and reduce the impact of suicide ▪ improve the range, coverage and targeting of suicide prevention services ▪ lift the quality of information and evidence for effective suicide prevention.

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		there is high demand from communities experiencing suicide clusters or suicide contagion. **Improve services and support for people experiencing mental health problems and alcohol and other drug problems** ▪ Provide training for primary health care practitioners on recognising and managing common mental disorders, including depression, anxiety and substance abuse. ▪ Improve the care of people presenting to emergency departments with self-harm injuries, and ensure there is appropriate follow-up after discharge. **Improve services and support for children and young people in contact with Child, Youth and Family (CYF)** ▪ Provide specialist training for CYF carers to recognise and respond to self-harm and suicide risk in children and young people in the care of CYF ▪ Deliver specialist training to all care and protection, and youth justice residential staff. ▪ Strengthen suicide identification and assessment as part of a new assessment framework being rolled out to all social work practitioners. ▪ Design and implement enhanced training in suicide identification assessment and management for social work practitioners **Improve services and support for people in prison** ▪ Improve mental health and suicide screening tools used in prisons at critical points throughout a person's sentence**.** ▪ Improve information and training for Corrections staff on mental health, suicide awareness and prevention. ▪ Ensure that prisoners at the greatest risk of suicide can access support services and those with mental health issues can access additional support from a health practitioner. ▪ Provide information and support to prisoners, staff and prisoners' support people after a suicide death or non-fatal attempt. ▪ Reduce access to the means of suicide in correctional facilities, particularly focusing on removing potential hanging points.	
Scope it right: Working to top of scope literature review mental health and addiction workforce **Author:** Te Pou **Year:** 2015	A resource to support organisations, services and practitioners to work to top of scope of practice.	At a systems level: ▪ validating and maintaining current best practice ▪ developing new roles and new ways of practicing ▪ ensuring that policy, provider and service environments support these new roles and practices to succeed At a practice level:	Scope it right supports the following discussions: **Roles:** Are roles, tasks and responsibilities clear? Are particular tasks the best use of a person's skill set?

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		▪ enhanced opportunities and capacity to utilise specialised knowledge and expertise in a way that is efficient, adaptive, collaborative, holistic and ethical ▪ Fundamentally supports the service user, their wider family and whanau Features: ▪ Role Clarity – certainty about duties, authority and relationships with others ▪ Task Shifting – the rational redistribution of tasks among health workforce teams – where specific tasks move from more qualified staff to those with fewer qualifications and less training ▪ Role changes – four key areas, role enhancement, role enlargement, role substitution and role delegation ▪ Enhanced capability - Capability is defined as reflective, adaptive, ethical, effective,evidence-based practice based on ongoing implementation of new knowledge (Sainsbury Centre for Mental Health, 2001). Capability is necessary for the provision of holistic, recovery-oriented, collaborative services, with the service user at the centre. Capability is distinct from competency. Capabilityemphasises the 'how' of working while competency is the'what' of working. ▪ Defines and supports multi-disciplinary practice, which requires effective leadership ▪ Defines and supports the provision of supervision ▪ Supports competence based service delivery as opposed to profession based.	What changes to roles and functions would improve service user experience? How is generalist or specialist practice best supported? **Capability:** How do individuals and teams practice collaboratively? Are different types of leadership clear and explicit? Is leadership supporting working to top of scope? How could cultural responsiveness be developed? Is supervision being used to support effective practice? **Professional Boundaries:** What is the nature of professional identity? How do professional boundaries impact on day-to-day practice? Does education support employees to be fit for purpose?
Getting it right: workforce planning approach **Author:** Te Pou **Year:** 2014	A resource tool to support workforce planning and development **Utilise with Getting it right: Workforce planning guide (Te Pou 2014)**	▪ Defines workforce planning and development as ensuring an organisation has the right number of people, with the right skills, in the right place, at the right time, with the right attitude, doing the right work, at the right cost, with the right work output ▪ A six-step approach that envisages and predicts future organisational service delivery patterns and requirements; identifies all of the human (and other) resource that will be need to meet those future demands	**Six Steps to workforce planning:** ▪ Scoping the workforce plan ▪ Mapping the service design ▪ Defining the required workforce ▪ Analysing workforce capacity and capability ▪ Prioritise, strategise, operationalise ▪ Implement, monitor and evaluate
More than numbers: workforce stocktake	A national project to collect data regarding the	▪ The South Island has 24% (588,267) of the population aged 20-64yrs (NZ 2,473,404) ▪ Mental Health has a 75% (DHB) 25% (NGO) split	▪ Voluntary participation ▪ Primary care and non-health

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Author: Te Pou and Matua Raki **Year:** 2015	Adult mental health and addiction workforce	▪ AOD has a 51% (NGO) 49% split ▪ Biggest workforce planning and development issues: managing pressure on staff due to increased demand for service (70%); managing pressure on staff due to increased complexity (70%); recruiting qualified and experienced staff (56%); static or reduced funds (51%) ▪ Biggest knowledge and skills development needs: cultural competence for working with pasifika ethnic groups (90%); working with new technologies and IT (87%), knowledge and skills in the engagement process when working with pasifika ethnic groups (85%), cultural competence for working with Asian ethnic groups (85%) **Southern DHB/NGO responses:** ▪ 75:25 split DHB:NGO ▪ 60:28:12 split clinical:non-clinical:administration/management Workforce knowledge and skill increase required in the following areas: ▪ Whanau-centred practice and Maori models of health ▪ Pasifika models of health, concepts of tapu and family values ▪ Working with Asian ethnic groups ▪ Working with new technologies and IT Workforce planning and development issues: ▪ Managing pressure on staff due to increased complexity ▪ Managing pressure on staff due to increased demand ▪ NGO ranked static or reduced funds as their biggest issue (92%)	funded organisations not included ▪ Methodology could be used to gather further data ▪ Organisation view only – data only as good as the knowledge of the person filling in the survey ▪ SI regional workforce plan being developed based on regional recommendations ▪ www.tepou.co.nz/uploads/files/resource-assets/southern-dhb-district-adult-mental-health-and-addiction-services ▪
Raise HOPE - Hāpai te Tūmanako Strategic Plan **Author:** Southern DHB **Year:** 2012	Southern DHB Mental Health and Addictions Strategic Plan for 2012-2015.	Developing and valuing the Southern workforce – people are the greatest resource in mental health and addiction systems. Equitable workforce development is a priority **Focus on:** ▪ Increased access ▪ Treatment provided in the least restricted environments ▪ Prevention and early intervention ▪ Strengthen relationships with primary care, other health areas and intersectorial agencies ▪ Increase cultural and physical knowledge and skills ▪ Develop peer-led and peer workforce ▪ Build consumer and family advocacy capacity ▪ Improve consistency and use of community support worker resource ▪ Change workforce roles, increase the use of specialist mental health expertise to support the sector including primary health	▪ Strategic document that provides a line of site to regional and national initiatives
Raise HOPE - Hāpai te Tūmanako Implementation	Southern DHB Mental Health and Addictions	Develop a work plan for the sector that will: ▪ reinforce the system philosophy that consumers and their family/whanau are the focus of all service delivery	Requires a workforce development plan that will consider: ▪ Recruitment, retention and

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Plan **Author:** Southern DHB **Year:** 2014	Plan to implement Raise HOPE from 2014-2019.	▪ recognise existing skills and build on these ▪ identify skills mis-match and recommend training programmes to upskill staff where necessary ▪ support workforce development across the mental health and addictions sector. ▪ HWFNZ will be the prime mover of educational needs for a Māori specific workforce. ▪ develop peer lead services and workforce ▪ enhance quality improvement culture and service delivery standards. ▪ Models and frameworks will be inclusive of concepts that Māori can relate to and implement in their healing ▪ recommend changes to workforce roles ▪ increase the use of specialist mental health expertise to support the primary sector. ▪ Specific people will be identified within the current workforce who are experts in the cultural aspects (Māori specific) of mental health ▪ improve cultural competency ▪ improve consistency and use of community support worker resource ▪ support and develop teaching and learning ▪ increase mental health and addiction sector involvement in physical health and public health programmes ▪ raise awareness amongst mental health and general health staff, of the high risk of comorbid conditions and improve skills identifying these	succession planning ▪ Professional development to support stepped care model and new services that will be provided ▪ Right workforce in the right place to avoid duplication and gaps ▪ All staff (professions and roles) to be included
Southern District Suicide Prevention Action Plan 2015-2018 **Author:** Southern DHB **Year:** 2015	Southern DHB Plan for district wide activity including suicide prevention, post-vention processes and education and training.	▪ Requires a coordinated approach, that is whole of government/system inclusive of whanau/families/communities ▪ Requires effective relationships ▪ Suicide Prevention training is widely disseminated across the Southern region agencies and the wider community ▪ Train community health and social support service staff, families, whanau, hapu, iwi and community members to identify and support individuals at risk and refer them to agencies that can help where appropriate	▪ The document promotes the following training programmes SafeTALK, QPR and QPR Online, Keeping the Balance (WellSouth) and /or ASIST ▪ Primary care services are trained to identify, support and refer people at risk safely and appropriately ▪ DHB and NGO staff are effective in supporting people at risk of suicide in a wide variety of environments through effective suicide prevention training

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			▪ Build capacity of families, whanau and communities to prevent suicide
Southern Strategic Health Plan Piki te Ora **Author:** Southern DHB **Year:** 2015	Southern DHB strategic plan for the planning and delivery of all health services in the Southern District for the next 10 years.	▪ Priority 5 – Enhance system and capability and capacity ▪ Mandate the existing Joint education Committee (or equivalent) as the cross-organisational leadership body to collaboratively plan and develop the Southern health workforce based on intended models of care, workforce roles, and demand and supply forecasts ▪ Develop a Southern health system workforce plan, beginning with a stocktake of the district's current health workers, and including clear priorities for workforce development based on the strategic direction ▪ Expand Southern DHB professional leader roles to include a whole-system scope across primary care, NGO's and rural health services, with a focus on standards, credentialing, continuing professional development and advice ▪ Complete detailed district- wide facility capacity planning to inform business case development for an upgrade of prioritised Dunedin Hospital buildings ▪ The education and health sectors will collaborate to build strategic alignment and effective operational relationships to develop the workforce that the future Southern health system will need	▪ The goal is to develop a workforce mix and facility configuration that matches future health needs, and recognise Southern's core role in teaching and learning ▪ Alignment of University and DHB strategic planning ▪ Co-ordination of clinical placements ▪ Inter-professional learning ▪ Development of new workforce roles ▪ Promotion of general practice/primary care ▪ Effective linking to SI Regional training hub – e-learning platform ▪ Reduce barriers to training rural workforce ▪ Support career progression ▪ Support carer pathways and top of scope
Co-existing problems capability in mental health and addiction services Results from the integrated solutions questionnaires **Author:** Matua Raki/Te Pou	This report outlines and summarises the responses to two questionnaires developed by the MoH, Matua Raki and Te Pou about the responsiveness of mental health services to people	The aim of the questionnaires was to provide an overview of: ▪ Current national and regional CEP responsiveness and capability in the mental health and addiction sector ▪ Work in progress to develop CEP responsiveness and capability ▪ Barriers and constraints ▪ Areas for further development Recommendations (workforce): ▪ Adopt a standardised approach to screening and comprehensive assessment	▪ There is a high degree of variability in CEP responsiveness and capability across and within organisations ▪ It is left up to individual organisations to prioritise and develop their own organisational and regional responses

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Year: 2014	with co-existing mental health and addiction problems (CEP)	▪ WF development centres support systemic organisational and regional workforce planning ▪ Services and the workforce are encouraged and supported by MoH and WFD centres to record primary, secondary and provisional diagnoses in PRIMHD and use this to inform workforce planning and service development	▪ Lack of regional planning ▪ Multiple understandings of what CEP is ▪ SDHB have adopted a mandatory screening tool (April 2015)? ▪ www.tepou.co.nz/initiatives/co-existing-problems/108
The physical health of people with a serious mental illness and /or addiction evidence summary **Author:** Te Pou **Year:** 2014	This review supports the claim that it is now time to address health disparities for people who experience serious mental health and /or addiction and provides recommendations	There is currently sufficient evidence to inform action at multiple levels. Policy: ▪ Effective monitoring and screening procedures for physical health are part of quality frameworks for mental health and addiction services ▪ Develop guidelines on the roles and responsibilities of health professionals in monitoring, screening and on-going management of physical health of this group, particularly the complementary roles of primary and secondary services ▪ Address the stigma and discrimination experienced by people in accessing health care. Include health professionals as a key audience in anti-discrimination campaigns Practice: ▪ Strengthen linkages between primary care and mental health services. Build confidence and capability of the workforce across both sectors to better manage physical health problems amongst this group ▪ Routine monitoring of the physical health of mental health service users and screening for physical health problems especially those associated with psychotropic medication Research and evaluation: ▪ Trial alternative and complementary treatment options to minimise the side effects of antipsychotic medication	▪ Systemic approach required ▪ Integration ▪ Role clarity ▪ Screening and monitoring ▪ Reduce discrimination by health professionals ▪ www.tepou.co.nz/initiatives/equally-well-physical-health/37
Peer workforce competencies **Author:** Te Pou/NRA/MidlandHSL **Date:** 2014	This resource outlines the competencies necessary for the peer workforce at four levels: essential, peer practitioner, manager and leader	Core peer competencies (covers all workforce roles): ▪ Lived experience and peer values ▪ Recovery, resilience and self-care ▪ Professional development and boundaries ▪ Communication ▪ Family, whanau, culture and community diversity ▪ Working within systems ▪ Human rights approach and social justice Specific competencies: Peer support workers:	▪ Specific cultural competencies for working with Maori have not been developed yet as part of peer competencies (utilise skill 2 Working with Maori LGR as a baseline) ▪ Provides a step towards investment in this workforce ▪ Can inform training, job descriptions, performance

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		▪ Mutual relationships ▪ Purposeful approach ▪ Peer support practices Consumer advisors: ▪ Strategic viewpoint ▪ Participation and leadership ▪ Service improvement	management systems, self-assessment, service specifications and auditing ▪ www.tepou.co.nz/resources/competencies-for-the-mental-health-and-addiction-service-user-consumer-and-peer-workforce/536 ▪
Mental Health and Addiction Credential in Primary Care evaluation Report **Author:** Te Ao Maramatanga New Zealand College of Mental Health Nurses **Date:** 2014	Provides and evaluation of the credentialing framework for registered nurses working in primary care.	▪ Registered nurses in primary care have a role in the provision of MHA interventions ▪ Physical and mental health are intrinsically linked and early intervention at primary care level may prevent or delay the onset of more severe problems ▪ Credentialing provides one way to achieve this ▪ Credentialing is a pathway for primary care nurses to work to their full scope of practice ▪ A collaboration between the College and Organisations ▪ Builds awareness and confidence	▪ A framework that supports workforce education which could in turn support better outcomes for people presenting to primary care in distress, or with signs and symptoms of mental health issues ▪ www.nzcmhn.org.nz/Credentialing ▪