

Let's Get Real: Real skills for people working in mental health and addictions

Draft for consultation 2007

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MANATŪ HAUORA

Foreword

This project has been forming over the past 18 months and has now culminated in the publication of this draft *Let's Get Real* framework. It is a foundation document for mental health and addictions workforce development. It draws on much of the valuable work that has been done in the sector over the past decade (see further the documents listed in References).

The name *Let's Get Real* was suggested by our advisory group in October 2006. The group wanted the name of the project to be an exciting challenge to the sector. The question they asked is: what do we want from this project? *Let's Get Real: Real Skills for People Working in Mental Health and Addictions* is the answer.

It has been important to us that we take a service-user-centred approach to developing the *Let's Get Real* framework. Service users have been part of the project team and the advisory group. We also took a service-user-centred approach in developing the workshops in late 2006.

Let's Get Real is intended to be a framework of essential knowledge, skills and attitudes that complements the requirements of the Health Practitioners Competence Assurance Act 2003. It is first and foremost an enabling quality improvement tool. It is intended to improve education and training for people coming into the workforce, to focus recruitment on attracting and selecting people with the desired values and attitudes and to enhance performance appraisal and professional development processes. This document outlines some pilots we will undertake to test how we can best support the implementation of the *Let's Get Real* framework across those different settings and contexts.

Last but not least, this document is for you, whether you work in or use mental health and addiction treatment services. You will be using it on a day-to-day basis. We want to ensure that it is user friendly and that you are supported to use it in different contexts. *Let's Get Real* is about enabling us all to achieve the workforce and culture for recovery challenge of *Te Tahuhu – Improving Mental Health 2005–2015*: to build a workforce that supports recovery, is person centred, is culturally capable and delivers an ongoing commitment to assure and improve the quality of services for people.

We look forward to your views and feedback.

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In particular, thanks to:

- the workshop participants in November and December 2006 for your generosity and willingness to participate in the process, your honest feedback and constructive criticisms
- those who sent in their written feedback on the first high-level draft of the *Real Skills*
- members of the advisory group who have guided us in the development process and also contributed to parts of this document
- workforce development colleagues at Te Pou, Te Rau Matatini, Matua Raki and the Werry Centre for their tireless contributions, commitment and support of this project.

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Part One: Background to the *Let's Get Real* Framework

Introduction

Let's Get Real is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services. It brings together the work of many people in the sector over the past decade across a range of professions, roles and services. It also incorporates sector feedback from regional workshops held in late 2006.

Let's Get Real aims to:

- Strengthen shared understandings – Everyone, from service users, families/whānau, support workers and regulated professionals to managers and funders and planners, people working in District Health Board (DHBs) and people working in non-government organisations (NGOs), will understand the shared work that each person is engaged in.
- Affirm best practice – Appropriate knowledge, skills and attitudes will be better recognised and valued by services through human resources, performance management and professional development processes.
- Complement the Health Practitioners Competence Assurance Act 2003 – The *Let's Get Real* framework brings together the essential knowledge, skills and attitudes required of all professions working in mental health and addictions. It complements the different competency frameworks developed by each of the registered professions whose members work in mental health and/or addiction treatment services.
- Improve transferability – Other services around New Zealand will be able to recognise and value workers' knowledge, skills and attitudes.
- Enhance effective workforce development – All mental health and addiction workforce development activities, including education and training, human resources strategies, organisational development, and research and evaluation, will link back to the *Let's Get Real* framework.
- Increase accountability – By documenting the essential knowledge, skills and attitudes needed for the job, we can be measured against them and be more accountable to service users/tāngata whaiora.

How was this draft developed?

The *Let's Get Real* project is a key action in *Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006–2009* (Ministry of Health 2005).

Work on the *Let's Get Real* project began in February 2006. It involved:

- initial meetings with stakeholders
- an environmental scan of existing frameworks in the sector
- a literature review of methodologies to develop capability and competency frameworks.

Initial work on a draft set of *Real Skills for People Working in Mental Health and Addictions* began in July 2006. That work drew on all of the current and emerging frameworks for mental health and addiction treatment services, including the recovery competencies for mental health workers (Mental Health Commission 2001), the competencies developed for professionals regulated by the Health Practitioners Competence Assurance Act 2003, the Te Ao Maramatanga standards of practice for mental health nursing (2004), mental health frameworks for particular professional groups, the practitioner competencies for alcohol and drug workers (Alcohol and Drug Treatment Workforce Development Advisory Group 2001), and the Midland Common Capabilities Project. In addition, Te Rau Matatini (Aotearoa Māori Mental Health Workforce Development) and Matua Raki (National Addiction Treatment Workforce Development Programme) drew on their involvement in and knowledge of developing Māori dual competency frameworks to develop the 'Focusing on Māori' first draft real skill. See appendix 1 for further information.

In November and December 2006 the Ministry of Health, working together with Te Pou – the National Centre for Mental Health Research and Workforce Development, conducted a series of workshops to further develop the draft set of *Real Skills*. The Ministry, together with its key advisory group members and Te Pou's service user consultant, developed a set of service-user scenarios that reflected the backgrounds and experiences of 80 percent of service users. At the workshops, participants worked on a scenario in groups to identify the knowledge, skills and attitudes required to work with the service user. At the same time the Ministry sought feedback on the first high-level draft *Real Skills* (see appendix 1).

The information from the workshops was collated and analysed and compared to the initial draft set of *Real Skills*. The project team further developed the draft *Real Skills* and sought feedback from its expert advisory group. The final draft for consultation was prepared by the joint Ministry–Te Pou project team together with colleagues from the national workforce development centres, the Werry Centre for Child and Adolescent Mental Health, Te Rau Matatini and Matua Raki. Te Rau Matatini and Matua Raki also led the work developing what is now called the 'Working with Māori' real skill.

What does the logo mean?

The *Let's Get Real* logo draws on the colours and shapes of the natural world, referencing the blue of the seas and rivers, the brown of the earth and the green of plants and trees. The green coloured graphic represents growth and renewal through the light green colour of the leaves and the uncurling koru at its foundation. The overlapping of the leaves represents the links and interconnectedness with other work in the sector.

What are the real skills in *Let's Get Real*?

Real Skills is our shorthand name for the set of knowledge, skills and attitudes that are essential in the *Let's Get Real* framework. The *Real Skills* are shared by everyone working in mental health and addiction treatment services, whether the person is a receptionist for a service, a consultant psychiatrist or a team leader.

Each real skill cannot be read in isolation. It is important to read across all of the *Real Skills* to see how they interrelate and connect with one another. Work in mental health and addiction treatment services is complex and involves using more than one real skill at any one time.

Important values and attitudes underpin all of the work of mental health and addiction treatment services. They are expressed in action through each of the *Real Skills*. However, in response to feedback from the workshops, we thought it was important to describe separately the essential values and attitudes of people working in mental health and addiction treatment services. See pages 8-9 for further information.

How does *Let's Get Real* recognise different roles and responsibilities?

Each real skill has a broad definition and three sets of performance indicators:

- essential
- practitioner
- leader.

We have structured the levels to recognise the requirements of different roles at the different times that a person may enter the workforce. As the *Real Skills* are gradually implemented, we will evaluate the ways in which the levels work in practice.

The levels can be cumulative – in other words, a person could aim to progress from essential to practitioner and then to leader – but they can also be used in other ways.

In this draft, the levels are deliberately flexible and adaptable to local needs.

Essential

It is important to remember that everyone will be expected to be able to demonstrate the essential-level performance indicators of all the *Real Skills* either:

- a) when they first start in a role in a mental health and/or addiction treatment service, for example, new graduate nurses, or
- b) after an agreed period of induction, orientation or development, for example, a service receptionist.

The first phase of implementing *Real Skills* will be a transition one. It will include training and other support as required. For more detail, please see below under the heading 'How will *Let's Get Real* be implemented?'

Practitioner

Clinicians who have worked in a service for at least two years will be expected to be able to demonstrate both the essential-level and the practitioner-level performance indicators of all of the *Real Skills*.

Managers will have an important role in ensuring that people are supported to develop their knowledge, skills and attitudes in terms of the practitioner-level performance indicators.

Leader

People who are management and/or clinical leaders – such as clinical directors, portfolio managers, service managers, professional advisors, team leaders and general managers – will be expected to be able to demonstrate both the essential-level and the leader-level performance indicators of all of the *Real Skills*.

Only some people in leader roles will also be required to demonstrate the practitioner-level performance indicators. This recognises that not everyone working in a leadership role in the sector has a clinical background.

How should the *Real Skills* be read and interpreted?

The *Real Skills* have been written up in a table format with the three levels of performance indicators set out from left to right. As you read across the columns in the table, you will notice that there are more indicators in the essential level than in the practitioner or leader levels. This recognises that people in practitioner or leader roles must already be working in accordance with the essential-level performance indicators.

Some words used in the *Real Skills* performance indicators may not be familiar to all readers. These are described in the Glossary, page 17.

How will *Let's Get Real* be implemented?

A phased implementation plan

The *Real Skills* of *Let's Get Real* will be phased in over time, starting from mid-2008.

The first phase of implementation, 2008–2011, will be a transition phase. The aims during this phase are that:

- everyone working in services is aware of and understands the *Let's Get Real* framework
- current and new workers have formal training and other learning opportunities to upskill as necessary (whether with specific *Let's Get Real* training modules or other relevant education and training opportunities)
- new workers are attracted and recruited according to *Let's Get Real* expectations (with an emphasis on recruiting for values and attitudes)

- managers understand and are able to work with *Let's Get Real* in enabling and supportive ways (in relation to recruitment, day-to-day management, performance appraisals and professional-development planning)
- organisations are supported to develop in ways that enable the development of individual and team *Real Skills*
- education and training providers are supported to review and develop their course content and teaching methods as required
- students are attracted and recruited to study in mental health and addiction treatment programmes in line with *Let's Get Real* expectations (with an emphasis on values and attitudes).

By the end of the transition phase, the *Let's Get Real* framework will become part of the nationwide service framework.

The period 2012–2015 will be the sustained implementation phase. At the end of this phase, the *Let's Get Real* framework will be reviewed.

During the transition and sustained implementation phases, the national workforce development centres will be supporting District Health Boards and non-government organisations to implement the *Let's Get Real* framework.

We expect that the development of a national education and training plan by Te Pou – the National Centre for Mental Health Research and Workforce Development will lead to changes in the sector. Together with the phased implementation of the *Let's Get Real* framework, this could mean the development of or phasing out of some education and training.

Developing and testing implementation guides, tools and other resources

Our goals are that *Let's Get Real* has a practical focus and is easy to understand and use in different contexts.

With these aims in mind, it is important to also develop guides, tools and other resources that support the use and application of *Let's Get Real*.

We are working on the following projects:

- the development and testing of an education and training provider reflective review and action tool
- the adaptation and testing of the 'creating capable teams approach' tool to facilitate team and organisational development
- the development and testing, in collaboration with key stakeholder groups, of a performance management guide and a recruitment guide.

How does *Let's Get Real* relate to professional competencies?

The *Real Skills* in *Let's Get Real* have been informed by the competencies developed by the professions regulated by the Health Practitioners Competence Assurance Act

2003 who work in mental health and addiction treatment services (ie, nurses, doctors/psychiatrists, clinical psychologists, occupational therapists) as well as the competencies developed for social workers.

Let's Get Real is intended to complement those professional competencies by having a specific focus on the essential knowledge, skills and attitudes required of all people working in mental health and addiction treatment services funded to provide services to people with severe mental illness and/or addiction (3 percent of the population). We expect in the future that the framework may be extended to other publicly funded services that provide services to people who have mild or medium mental illness and/or addiction.

Where professional competencies overlap with the knowledge, skills and attitudes in *Let's Get Real*, professionals will be able to avoid duplication of effort by using their portfolios and other evidence to demonstrate their *Real Skills*.

How does *Let's Get Real* relate to other competency or capability frameworks?

As mentioned above, *Let's Get Real* has drawn on the great deal of work undertaken in the sector over the past decade on competency and capability frameworks specific to mental health or addictions. It does not replace those frameworks, particularly when they relate to a specialist service, such as addiction treatment services.

Over time, we expect such specialist frameworks to be reviewed and aligned to the *Let's Get Real* framework. This is already happening with the infant, child and adolescent framework, *Real Skills Plus*, being developed by the Werry Centre.

Consultation and development work is also planned for 2007–2008 to explore how *Real Skills* can be aligned with the *Sei Tapu Pacific Mental Health and Addiction Cultural and Competencies Framework* (2006). *Sei Tapu* was designed for use by all people working in mental health and addiction treatment services who work with Pacific service users. The outcome of this work will inform the final version of *Real Skills* to be published in 2008.

How does *Let's Get Real* link to the career framework for the health and disability workforce?

Let's Get Real will be included in the implementation phase of the career framework once the framework concept is finalised. The next stages of work will involve linking *Let's Get Real* to the career framework and other workforce development initiatives and competency frameworks. For further information, see: *A Career Framework for the Health and Disability Workforce in New Zealand: Consultation document* (Ministry of Health and District Health Boards New Zealand Workforce Group 2007).

Other frequently asked questions

The answers to these and other frequently asked questions are available on our website: www.moh.govt.nz/letsgetreal.

If you do not have Internet access, please phone the Ministry of Health in Auckland and ask for a copy of the *Let's Get Real: Frequently asked questions* to be mailed to you: phone (09) 580 9000.

Part Two: Let's Get Real: Real Skills for People Working in Mental Health and Addictions

Introduction

Let's Get Real is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services. We think it is important to express the essential common values and attitudes that underpin and are expressed throughout the *Real Skills*.

These statements of values and attitudes are not intended to replace organisation-specific values statements. They are intended to express the fundamental shared values and attitudes across all mental health and addiction treatment services, whether delivered in Kaitia or Invercargill, by a kaupapa Māori mental health service or a regional alcohol and drug service, or contracted by a non-government organisation or a District Health Board provider arm.

Our values

- Respect** Service users/tāngata whaiora are the focus of our practice. We respect the diversity of values of tāngata whaiora. The values of each service user/tāngata whaiora and of their communities are the starting point for all of our work.
- Human rights** We strive to uphold the human rights of service users and their families. Human rights include, but are not limited to, the right to autonomy and self-determination, the right to be free from coercion, the right to be treated in a non-discriminatory way, the right to informed consent and the right to care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of the service user/tāngata whaiora.
- Service** We are committed to delivering an excellent service for all service users. This includes service user/tāngata whaiora partnership at all levels and phases of service delivery, including the choice of services available as well as the actual delivery of service.
- Recovery** We believe and hope that every service user/tāngata whaiora can live a full and meaningful life in the presence or absence of their mental illness and/or addiction. We also understand that recovery is not only related to the mental illness and/or addiction itself but also to all of the losses associated with it.

Communities We value communities – the many places in which we all live, move and have our being – as pivotal resources for the effective delivery of services and support for service users/tāngata whaiora and their families/whānau.

Relationships We seek to foster positive and authentic relationships in all spheres of activity, including relationships with all people who work within mental health and addiction, wider communities and tāngata whaiora and their families/whānau.

Our attitudes

People working in mental health and addiction treatment services are:

- **optimistic:** positive, encouraging, enthusiastic
- **compassionate and caring:** sensitive, empathetic
- **genuine:** warm, friendly, fun and have aroha and a sense of humour
- **honest:** have integrity
- **non-judgemental:** non-discriminatory
- **open-minded:** culturally aware, self-aware, innovative, creative, positive risk takers
- **supportive:** validating, empowering, accepting
- **understanding**
- **patient:** tolerant, flexible
- **resilient.**

The *Real Skills* at a glance

Working with service users

Every person working in a mental health and addiction treatment service uses strategies to engage meaningfully and work in partnership with service users and focuses on service users' strengths to support recovery.

Working with Māori

Every person working in a mental health and addiction treatment service contributes to whānau ora for Māori.

Working with families/whānau

Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users and ensures that families/whānau, including the children of service users, have access to information, education and support.

Working within communities

Every person working in a mental health and addiction treatment service recognises that he or she is part of a wider community in which service users and their families/whānau live and ensures community resources are harnessed to support service users.

Challenging stigma and discrimination

Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination and provides and promotes a valued place for service users.

Law, policy and practice

Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role in a way that supports service users and their families/whānau.

Professional and personal development

Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users.

The seven *Real Skills*

WORKING WITH SERVICE USERS		
Every person working in a mental health and addiction treatment service uses strategies to engage meaningfully and work in partnership with service users and focuses on tangata whaiora strengths to support recovery.		
PERFORMANCE INDICATORS		
Essential	Practitioner	Leader
Establishes connection and rapport with service user as part of a thorough assessment process and recovery planning Acknowledges that tāngata whaiora and whānau may choose to communicate in te reo Māori	Develops effective therapeutic relationships with service users and works flexibly with them	Develops and supports a service that is: <ul style="list-style-type: none"> • responsive to the needs of service users • reflective of best practice • culturally safe • trauma informed • effective at communicating • recovery focused
Uses age appropriate and culturally appropriate protocols and processes to work with service users Acknowledges the personal, physical, social, cultural and spiritual strengths and needs of each person, including the service users' interpretation of their own experiences Acknowledges the importance of identity for Māori and its significance to the recovery process and the achievement of whānau ora	Applies understanding of different stages of life development Recognises the varying social, cultural, psychological, spiritual and biological contributors to mental illness and addiction Connects the service user and family/ whānau with appropriate cultural support and expertise, including te teo, karakia, kaumātua, kaupapa Māori services and practitioners	As above
Understands and works to mitigate the physical, social and emotional effects of trauma and abuse on people's lives	Practises the principles of trauma-informed care	As above
In day-to-day work, applies basic understanding of: <ul style="list-style-type: none"> • definitions and categories of mental illnesses and addiction • a range of therapies and interventions • effects of psychiatric medications on people and interactions of these drugs with others and/or alternative remedies 	In day-to-day work, applies in-depth knowledge or understanding of: <ul style="list-style-type: none"> • definitions and categories of mental illness and addiction • impact of physical health on mental health • a range of therapies and interventions available • psychiatric pharmacology and its effects 	As above
Works in partnership with the service user to develop a plan for recovery that is service-user driven, identifies strengths and needs and is solution focused	Actively works in partnership with service users to plan for their recovery, including monitoring and reviewing the use and efficacy of psychiatric medications, other medical treatments and alternative therapies	As above
Effectively and inclusively ensures service users understand their plan for recovery and facilitates access to any other relevant information Includes service users in all decisions about their service and treatment and seeks feedback		As above

WORKING WITH MĀORI		
Every person working in a mental health and addiction treatment service contributes to whānau ora for Māori.		
PERFORMANCE INDICATORS		
Essential	Practitioner	Leader
<p>Te Reo Māori</p> <p>Recognises that tāngata whaiora may prefer waiata, karakia and te reo Māori as contributors to their recovery</p> <p>Acknowledges that tāngata whaiora and/or their whānau may wish to nominate a person to speak on their behalf</p> <p>Understands the role and responsibilities of mana whenua and their relationship with other Māori groups as guardians of Māori cultural knowledge and te reo Māori</p>	<p>Demonstrates knowledge of and accesses resources that will support and inform in more than one way, for example, spoken (via an interpreter) and written (Māori and English)</p> <p>Recognises that te reo Māori may influence the metaphors that tāngata whaiora and their whānau may use to describe their health situation</p> <p>Actively involves nominated speakers and advocates who speak on behalf of tāngata whaiora and whānau</p> <p>Demonstrates respect for te reo and tikanga and understands that local Māori will verify relevancy and common practice in the health setting</p> <p>Demonstrates effective communication and engagement that promote early service access for Māori</p>	<p>Promotes and provides for resources that:</p> <ul style="list-style-type: none"> ensure easy access to te reo speakers and information written in both English and Māori support staff and the service to integrate te reo Māori into their service delivery <p>As above</p> <p>Develops and maintains explicit relationships and partnerships with local Māori</p> <p>Strategies are in place to ensure Māori know how to access Māori-responsive services and/or have access to kaumātua, kaimahi Māori and cultural interventions (eg, assessment, therapy)</p>
<p>Whakawhanaunga</p> <p>Recognises and understands the different roles and responsibilities within whānau and that their relationships with tāngata whaiora are varied</p> <p>Demonstrates an understanding of discrimination and exclusion from access to whānau</p>	<p>Demonstrates an awareness of Māori methods of interaction that support relationships – particularly with whānau, for example, No hea koe? (Where do you come from?) and tātai (establishing links)</p> <p>Recognises and understands the different roles and responsibilities within whānau and that their relationships with tāngata whaiora are varied</p>	<p>Promotes an environment that:</p> <ul style="list-style-type: none"> is conducive to effective service delivery processes for whānau and significant others (eg, time, venue for comprehensive assessment or whānau hui) supports whakawhanaunga processes

<p>Manaaki</p> <p>Acknowledges the significance of manaaki to the processes of engagement and whakamana, which contribute to whānau ora</p>	<p>Demonstrates manaaki in the hosting of, working with and support processes for tāngata whaiora and whānau, including community agencies and organisations¹</p>	<p>Promotes and supports:</p> <ul style="list-style-type: none"> • awareness of manaaki and its significance in the recovery processes of tāngata whaiora and whānau • manaaki of the community being engaged with • staff learning and professional development of manaaki in practice
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WORKING WITH FAMILIES/WHĀNAU

Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users and ensures that families/whānau, including the children of service users, have access to information, education and support.

PERFORMANCE INDICATORS

Essential	Practitioner	Leader
<p>Recognises that a service user's family/whānau may extend beyond traditional family concepts</p> <p>Recognises that Māori have processes that promote and support the establishment of relationships through kinship, genealogy, history and location</p> <p>Works in partnership with the service user to identify and include family/whānau, significant people and other networks to support recovery</p>		<p>Develops robust service systems that:</p> <ul style="list-style-type: none"> • ensure the participation and support of family/whānau • recognise and respond to the strengths and needs of families/whānau • ensure specific provisions to identify and develop relationships with Māori <p>Fosters relationships with whānau, hapū, iwi and communities to support tāngata whaiora health and wellbeing</p>
<p>Establishes connection and rapport with family/whānau as part of a thorough assessment process and recovery planning</p> <p>Works to understand family/whānau perspectives, including the dynamic within family/whānau</p> <p>Shares relevant information with family/whānau and significant people while respecting the service user's right to privacy</p> <p>Works with family/whānau in such a way that they feel heard, informed and supported</p> <p>Identifies those who can provide support within the community, including hapū and iwi, and connects family/whānau with them</p>	<p>Able to explain to family/whānau the options for family/whānau interventions</p> <p>Facilitates family/whānau:</p> <ul style="list-style-type: none"> • access to relevant information and resources about all aspects of mental health and addiction • input into and inclusion in service users' recovery plans • participation in effective family meetings 	

¹ Such as partnership with tāngata whaiora and whānau in developing care plans and hosting tāngata whaiora and whānau with respect and dignity

WORKING WITHIN COMMUNITIES		
Every person working in a mental health and addiction treatment service recognises that he or she is part of a wider community in which service users and their families/whānau live and ensures that community resources are harnessed to support service users.		
PERFORMANCE INDICATORS		
Essential	Practitioner	Leader
Understands how the mental health and addiction system works and where their service fits within it Identifies a service user's community or communities of interest and supports the service user to develop or maintain connections Recognises that tāngata whaiora are supported within a wider network of structures such as hapū, iwi and Māori communities	Demonstrates knowledge of the impact of current mental health and addiction policies at the community level	Networks and collaborates with health and social service providers and community agencies to ensure services are meeting the needs of service users
Demonstrates a comprehensive knowledge of community services, resources and organisations and actively supports service users to use them	Forms effective working relationships with key support agencies in the community, including hapū and iwi	Actively supports and involves communities in addressing mental health and addiction problems
Understands and uses mental health promotion principles		

CHALLENGING STIGMA AND DISCRIMINATION		
Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination and provides and promotes a valued place for service users.		
PERFORMANCE INDICATORS		
Essential	Practitioner	Leader
Understands the impact of stigma and discrimination on oneself, service users, services and communities Understands and acknowledges the impact of language in relation to stigma and discrimination and role models using language that is non-judgemental and non-discriminatory	Articulates positive aspects of working in mental health and addiction treatment services to external groups	Ensures that oneself, the organisation and staff model and demonstrate non-discriminatory practices and behaviour in all aspects of work, internally and externally
Recognises and challenges stigma and discrimination	Uses strategies to reduce stigma and discrimination, including promoting and facilitating social inclusion	Educates and supports services and communities to minimise stigma and discrimination

LAW, POLICY AND PRACTICE		
Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role in a way that supports service users and their families/whānau.		
PERFORMANCE INDICATORS		
Essential	Practitioner	Leader
<p>Understands and adheres to legislation, regulations, standards, codes and policies relevant to the role</p> <p>Recognises and respects the rights of tāngata whaiora and their families/whānau under the Code of Health and Disability Services Consumers' Rights</p> <p>Understands health policy, legislation and standards of practice that recognise the significance of te reo, Māori concepts and models of practice that achieve whānau ora</p> <p>Supports and assists service users/ tāngata whaiora to exercise their rights, including supporting service users/tāngata whaiora to develop an advance directive</p>	<p>Practice is guided by an understanding of the intent and implications of legislation and policy</p> <p>When working with service users, demonstrates ethical decision-making that promotes least-restrictive treatment options</p>	<p>Contributes positively to legislative change and policy development that impacts on mental health and addiction practice</p> <p>Creates organisational systems and a culture that reflects respect for the rights of service users/tāngata whaiora and their families/whānau</p>

PROFESSIONAL AND PERSONAL DEVELOPMENT		
Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users.		
PERFORMANCE INDICATORS		
Essential	Practitioner	Leader
Works effectively in a team by understanding team roles and respecting and accommodating different working styles	Actively facilitates collaborative working with other team members	Leads and nurtures a team environment that: <ul style="list-style-type: none"> • articulates a clear, service-user-focused vision for the service • provides role clarity (individual and team) • encourages synergy within multi-disciplinary groups • encourages cross sector collaboration
Communicates effectively (orally, in writing, when listening, by other non-verbal means) with a wide range of people Pronounces Māori names and words correctly and asks when unsure	Understands and can manage complex and multifaceted communication processes	
Understands the nature and benefits of research and evaluation Gathers and uses information to inform decisions relevant to their role	Familiar with current research and evaluation in the mental health and addictions treatment sectors Collects good-quality information and uses it in decision-making with a focus on improving systemic and service-user outcomes	Ensures that processes and activities are in place to guide research and evaluation that foster innovation and effective outcomes-focused service delivery Uses information to assist planning and quality improvement with a focus on better outcomes for service users
Engages with colleagues to give and receive constructive feedback Understands and practises self-care	Participates in professional and personal development of oneself and colleagues through feedback, supervision, appraisal and reflective practice	Creates a healthy workplace and culture that encourages and supports professional development of individuals and teams as well as personal development
Reflects on own practice to identify strengths and needs Understands and engages in supervision Seeks and takes up learning opportunities	Supports colleagues to achieve goals and meet challenges Keeps up to date with changes in practice and participates in lifelong learning	Coaches, supports, provides feedback and challenges people so that they can reach their full potential

Glossary

The following descriptions have been taken from a variety of sources and are not meant to be definitive. Further discussion, enquiry and reading are strongly recommended.

Addiction	In the context of <i>Real Skills</i> , addiction relates only to alcohol and other drug use and/or problem gambling. It refers to a maladaptive pattern of substance use or problem gambling that leads to a clinically significant impairment or distress. Substance use disorders and pathological gambling disorder are characterised by dyscontrol, tolerance, withdrawal and salience, and they are considered chronic relapsing conditions.
Advance directive	A statement to others, usually in writing, setting out the service user's treatment choices if the service user experiences a period of mental illness that leaves them unable to make decisions or communicate their choices during that period
Community	The people living in a particular area or people who are considered as a unit because of a common nationality, culture, occupation, belief, interest or experience
Culture	Culture is the shared attitudes, beliefs, values, experiences and/or practices of groups in society
Ethnoculture	This term reminds us that ethnic and non ethnic groups have 'cultures'. Examples of non-ethnic cultures include age related (particularly youth), gender and sexual orientation.
Family	Relatives, whānau, partners, friends or others nominated by the service user
Hauora	Health and wellbeing. In traditional kōrero, hauora was the breath or spirit of life that gave shape and form.
Hinengaro	This is often viewed as the psychological or mental dimension. In traditional kōrero, hinengaro is the deep mind or consciousness.
Kaimahi	Worker, staff, employee
Karakia	Prayer, incantation, blessing
Kaumātua	Elder, older person. Often older males are called kaumātua and older women are called kuia.
Kawa	Protocol and etiquette
Kōrero	Speech, speaking, narrative

Mana	Often defined as status and standing, mana is the spiritual power that may be accorded a person or group through ancestral descent, possession of certain gifts or achievements. Personal mana can be enhanced through the collective opinion of the people.
Manaaki	This is the expression of love and hospitality towards others and the act of taking care of them.
Moana	Refers to the sea, lakes
Mental health promotion	Actions taken for the purpose of fostering, protecting and improving mental health. These can range from community-level interventions, such as equitable social policy development, to individual-level interventions that cultivate skills, attitudes and behaviours conducive to mental health. Mental health promotion applies to the whole population in the context of everyday life; it is not only for those who experience mental illness.
Ngahere	Refers to the bush, forest
Recovery	Living well in the presence or absence of mental illness and the losses that can be associated with it. Each person with mental illness needs to define for themselves what living well means to them.
Reo	Language, Māori language. Traditionally, language to Māori was the lifeblood of the culture – a gift from the gods.
Service user	A person who uses mental health services. This term is used interchangeably with tangata whaiora.
Tangata whaiora (plural: Tāngata whaiora)	Person seeking wellness, mental health service user
Tapu	Often defined as restricted or sacred, tapu is a state that provides the link between the mana of the gods and the spiritual powers of all things derived from the gods. All things have an inherent tapu. In modern times, tapu has been reframed in a protective sense to encompass secular things (eg, confidentiality, trespass). Restrictions and prohibitions protect tapu (wellbeing, dignity and sacredness) from violation.

Team	This word is used in a broad sense throughout this document. Team can mean the formal team of which you are a member in your own service or organisation. Team can also mean the group of people from other services and organisations with whom you work to support service users' recovery, which would include service users themselves, their families/whānau and significant others.
Tikanga	Code of conduct, method, plan, custom – the right way of doing things
Tinana	Physical dimension, the body
Trauma-informed care	Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma on people, as well as an understanding of the prevalence of these experiences in those who receive mental health services. Trauma-informed care also recognises that mental health and addiction treatment can itself be traumatic for service users (not just those with trauma histories) and that practitioners may be affected when working with very distressed clients. The service seeks to minimise trauma for all service users and practitioners.
Tuakiri tangata	Persona, personality and identity. Tuakiri tangata embraces aspects of mauri, hinengaro, auahatatanga, whatumanawa, tinana, wairua, pūmanawa, mana, tapu and noa.
Wairua	Spiritual dimension. For many, the spiritual or inner force affects how people feel and how they respond.
Wānanga	Learning, discussion
Whakamana	Empower, enable
Whānau	Often defined as family and birth, whānau has been proposed as a key component of Māori identity and the healing process. Whānau describes groups interconnected by kinship ties. In modern times, groups use whānau to encompass their common purpose, and they have adopted whanau values.
Whanaungatanga	Recognises wider relationships. Whanaungatanga is kinship in its broadest sense and concerns itself with the process of establishing and maintaining links and relationships.

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Appendix 1: The First Draft of *Real Skills* (2006)



Introduction

Set out on the following pages are seven draft '*Real Skills* for people working in mental health and addictions'.

Each real skill encompasses a cluster of knowledge, skills and attitudes.

Each has:

- an English catchphrase or quote and an equivalent te reo Māori whakatauki (proverb) – both are intended to capture the essence of the real skill
- a name
- a scope – ie, a description of proposed content.

Based on the regional workshops and feedback on these draft *Real Skills*, we will further develop the scope for each real skill into:

- a definition
- three levels of more detailed performance indicators that will enable each real skill to be measured.

A performance indicator is usually expressed in more active language and describes what behaviour demonstrates a real skill. For example, a performance indicator for 'Working to serve tāngata whaiora/service users' could be:

Provides feedback on the effectiveness of services and service changes to improve them and/or develop new ones.

'It's all about people.'

'He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata'

Working to serve tāngata whaiora/service users

Scope: Working with service users/tāngata whaiora to maximise self-determination. Encouraging whānau participation. Working in partnership with individuals, families, whānau and significant others using services as well as with other health and social services. Taking a role in service improvement.

‘Life is a journey.’

‘Ma te tauihu o tou waka e u te waiora’

Caring for the whole person

Scope: Recovery, spirituality, wairua, strengths-based practice, resiliency, whānau ora, whakapapa and a holistic approach. Culturally safe practice (working with service users of other cultures than oneself, including Māori, Pasifika and Asian service users). Understanding social history, trauma, abuse and their effects.

‘Toi tu te kupu, toi tu te mana, toi tu te whenua’

Focusing on Māori

Scope: Māori culture is a vehicle for wellbeing and recovery for Māori. Cultural competence for working with Māori service users/tāngata whaiora. Tino rangatiratanga, wairuatanga, te reo me ōna tikanga, whanaungatanga, manaakitanga, tuakiri and the application of Māori models of practice (such as Te Whare Tapa Wha). Improving Māori mental health outcomes.

‘Being the best we can be’

‘Whaia te iti Kahurangi’

Developing professionally and personally

Scope: Understanding the mental health–mental illness continuum, addictions and dual diagnosis. Being a responsible and effective practitioner (including culturally safe practice, understanding personal boundaries and vicarious traumatisation or compassion fatigue). Practising reflectively (supported by supervision), inquiring critically and thinking conceptually. Working collaboratively in multi- and inter-disciplinary teams.

‘First do no harm.’

‘Whakatipu te rito o te harakeke’

Practising safely, legally and ethically

Scope: Relevant legislation, human rights, social inclusion, citizenship. Understanding power dynamics and culture-exclusive barriers. Culturally safe practice.

‘Speak, listen, learn’
‘Tōku reo tōku ohooho’

Communicating effectively

Scope: Oral, written and listening skills, as well as non-verbal forms of communication, both as a member of a team and as a person working with service users/tāngata whaiora, their families, whānau and significant others. Communication preferences, including Māori and non-Māori patterns of communication.

‘Everyone is one of us.’

‘Kotahi te kōhao o te ngira, ka kuhu mai te miro pango te miro mā, te miro whero’

Understanding discrimination

Scope: Understanding and awareness of the impact of discrimination (one’s own and others’) and stigma on service users. Racism, social inclusion, inequality and inequity.

Note on ‘Focusing on Māori’

The scope for ‘Focusing on Māori’ is based on work being developed by Te Rau Matatini (Aotearoa Māori Mental Health Workforce Development). It includes the following knowledge, skills and attitudes:

Wairuatanga	Demonstrating an understanding of taha wairua (spiritual wellbeing) and incorporating it into practice as an integral part of health
Te reo me ōna tikanga	Practice that incorporates Māori language and Māori ways of working
Whanaungatanga	Relationship building with tāngata whaiora and whānau
Tuakiri	The need to know your identity in order to support tāngata whaiora to know theirs

Consultation Questions

Please send your comments to the Ministry of Health by Friday 12 October 2007.

By email: letsgetreal@moh.govt.nz
By post: Let's Get Real consultation submission
 Ministry of Health
 Private Bag 92–522
 Wellesley Street
 Auckland

Introduction

1. Do you think that the proposed structure (separating core values and attitudes and then describing the *Real Skills*) is the right approach?

Yes

No

Please provide additional comment:

2. Does the 'Our values' statement represent the core values of all mental health and/or addiction treatment services?

Yes

No

Should anything be excluded from the 'Our values' statement?

Should anything else be included in the 'Our values' statement?

3. Does the 'Our attitudes' statement represent the attitudes we should be seeking in all people who work in mental health and/or addiction treatment services?

Yes

No

Should anything be excluded from the 'Our attitudes' statement?

Should anything else be included in the 'Our attitudes' statement?

4. Are the essential, practitioner and leader levels a useful aspect of the framework?

Yes

No

Please provide additional comment:

5. Do the levels require further definition in terms of who they apply to?

Yes

No

Please provide additional comment:

The draft *Real Skills*

6. Looking at the definitions and scope of all of the *Real Skills*, do they describe the essential knowledge, skills and attitudes that we should expect of everyone working in mental health and/or addiction treatment services?

Yes

No

If not, please provide additional comment:

7. For the 'Working with service users' real skill:

- a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

- b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

8. For the 'Working with Māori' real skill:

- a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

- b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

9. For the 'Working with families/whānau' real skill:

- a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

- b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

10. For the 'Working within communities' real skill:

a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

11. For the 'Challenging stigma and discrimination' real skill:

a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

12. For the 'Law, policy and practice' real skill:

a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

13. For the 'Professional and personal development' real skill:

a. Does the definition describe the elements required?

Yes

No

If not, please provide additional comment:

b. Do the performance indicator statements describe what should be demonstrated at each level?

Yes

No

If not, please provide additional comment:

14. Do you have any other comments you would like to make?
Please use additional paper if there is not enough space for your comments.