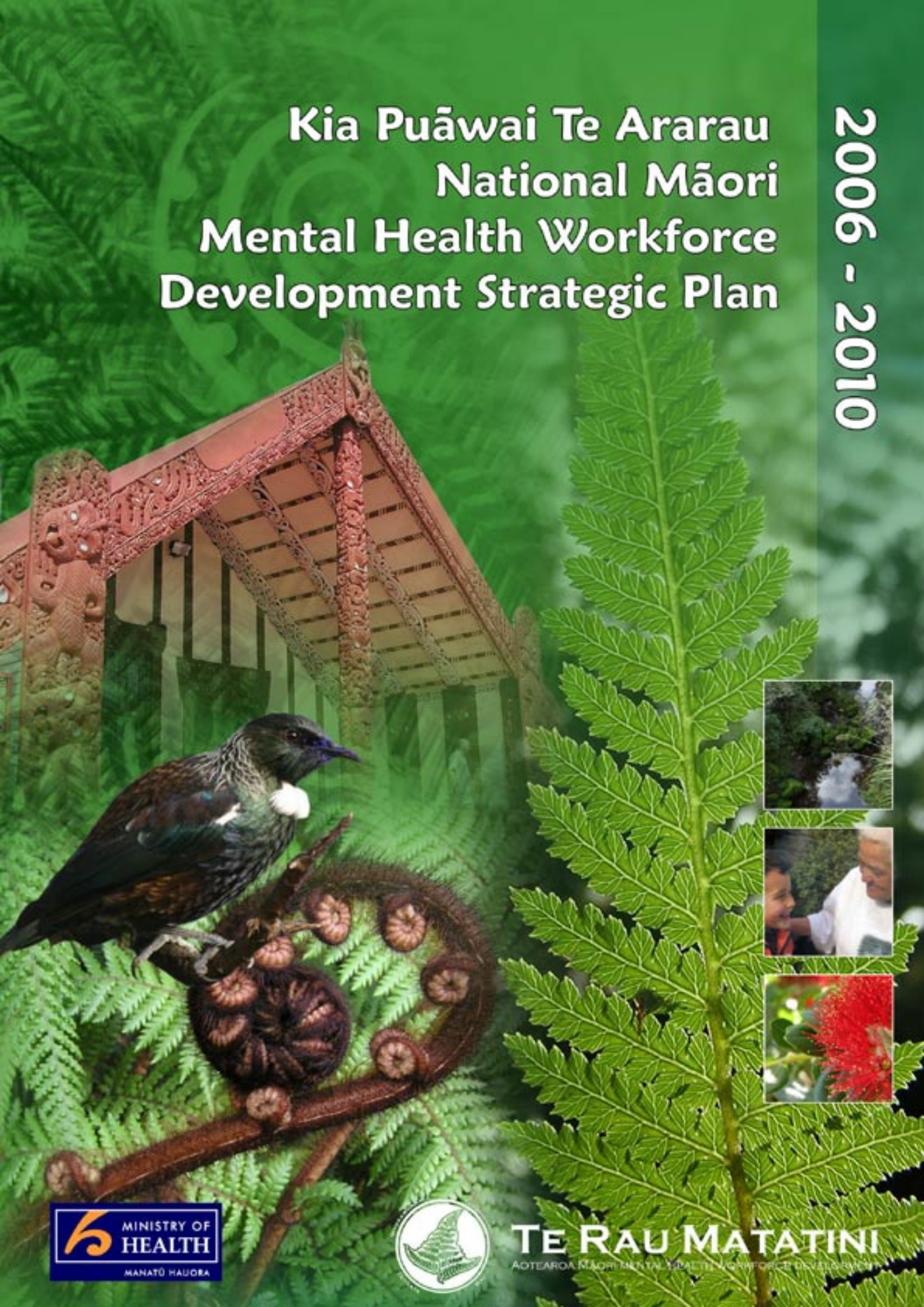
Kia Puāwai Te Ararau National Māori Mental Health Workforce Development Strategic Plan

2006 - 2010



MINISTRY OF HEALTH
MANATŪ HAUORA

TE RAU MATATINI
AOTEAROA MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

FOREWORD

Māori mental health workforce development depends on the interaction of a range of factors, systems, and people. Some of these are clearly located within mental health services and play a pivotal role in attracting and retaining qualified and experienced staff. Others lie outside mental health services as part of the wider health, social services, Māori development and education sectors.

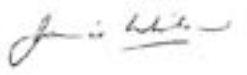
The roles undertaken by primary health care services for instance have the potential to greatly increase the level of mental health assistance available to individuals, families and communities, and in the process, to extend and expand primary health workforce and appropriate responsiveness to mental health needs.

Furthermore for workforce excellence and successful development of the future Māori mental health workforce, tertiary education programmes must be closely aligned with workforce realities so that high standard benchmarks can be realised and maintained.

Kia Puāwai Te Ararau the National Māori Mental Health Workforce Development Strategic Plan provides a strategic focus for Māori mental health workforce development over the next 5 years, and aims to align workforce development with Māori mental health needs. It seeks to develop the current and future Māori workforce through a cross-sector, all-age inclusive approach to mental health and workforce development.

The name *Kia Puāwai Te Ararau* refers to the advancing of multiple networks and pathways and encapsulates the notion that Māori mental health workforce development must be progressed through myriad pathways aligned to health workforce development, underpinned by the distinctive character and aspirations of whānau, hapū, iwi, and wider Māori workforce development.

The development of *Kia Puāwai Te Ararau* has been strongly influenced by challenges, initiatives and innovations shared by the Māori mental health workforce nationwide and links to relevant strategies in Māori mental health, workforce development and Māori health. In doing so it builds on *Te Tāhuhu Improving Mental Health 2005–2015: The second New Zealand mental health and addiction plan and compliments Tauawhitia Te Wero National Mental Health and Addictions Workforce Development Plan 2006-2010* by strengthening dual-competency based models of practice, training and systems where indigenous values and the highest international clinical standards are priorities.



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nā koutou anō te tino mātātoa ki a mātau.
Nō reira ka puta, ka whaihua i konei.
Tīhei mauriora.

The development of *Kia Puāwai Te Ararau* has been strongly influenced by challenges, initiatives and creative innovations shared and discussed at various Māori mental health -related local, regional and national hui attended by Te Rau Matatini during the past years. The expressed desires, concerns and aspirations of Māori participating in and receiving mental health services formed the foundation of *Kia Puāwai Te Ararau*. Feedback from the consultation document released in August 2004, has shaped this Plan, as have Te Rau Matatini reference group members, pilot providers, and trainees, through their generous participation, and their sharing of experience, expertise and knowledge.

A Māori Child and Adolescent Mental Health Services (CAMHS) working party was established as a result of The Werry Centre Symposium on the Strategic Framework for Child and Adolescent Mental Health. The working party, made up of representatives from Te Rau Matatini and The Werry Centre, informed and extended the Māori CAMHS workforce development strategies in Kia Puāwai Te Ararau.

Many thanks to the Board of Te Rau Matatini Ltd and Trust and; to the office of the Assistant Vice Chancellor Māori (Massey University), who have guided the work of Te Rau Matatini, supporting the projects and team at a local, regional and national level; to Te Pūtahi-ā-Toi, School of Māori Studies, for their continued support; The Werry Centre; and Mauri Ora, Associates who contributed to the development of *Kia Puāwai Te Ararau*.

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GLOSSARY OF TERMS

Dual competency Best practice based on the highest international clinical standards underpinned by indigenous values and concepts of healing.

Evidence-based practice Decision making based on a systematic review of evidence of the risks, benefits and costs of alternatives. (Ministry of Health, 2000).

Kaumātua In this report the term encompasses both koroua (male) and kuia (female).

Kaupapa Theme.

Mātauranga Information, education and knowledge.

Mental Health Workforce/Services

In this document, these terms are used broadly to encompass Māori workforce development across the continuum of mental health services including public health, primary, secondary and tertiary sectors, for both Māori and non-Māori organisations providing mental health services for all age groups.

Preceptorship Workplace mentoring that pairs experienced health workers with new workers.

Rangatahi It is common today to hear the term 'rangatahi' used to refer to young people. The word 'rangatahi' literally means 'fishing net' and was used as a metaphor to describe young people in a famous whakataukī (proverb). However, for the purposes of this document the word 'taitamariki' (see explanation below) has been reclaimed and used in place of 'rangatahi' to refer to young people. Other terms referring to 'the younger generation' (regardless of age) that may also be used in this document include 'taiohi' and 'tamariki' (Ministry of Youth Affairs, 2002)[1].

[1] For further explanation about the terms rangatahi and taiohi refer to p.13. *E Tipu E Rea Activity Kit: A Framework* for Taiohi Māori, Ministry of Youth Affairs, 2002.

Tamaiti/Tamariki	Child/Children.
Taitamariki	Young or younger person.
Taiohi	Young/youthful.
Tangata whaiora	Tangata whai ora means “a person seeking health” and is also frequently written as tangata whaiora, which refers to “a person who has well-being” (Ministry of Health, 2000). Given the workforce development focus of Te Rau Matatini, tangata whaiora is currently used to encompass both contexts and all ages and gender.
Whānau ora	Māori families supported to achieve their maximum health and well-being.

SECTION ONE

Me whakawhitiwhiti kotahi
Ka oti te mahi[2]
In working together
We can achieve our goals and aspirations

Kia Puāwai Te Ararau aims to provide strategic direction for Māori mental health workforce development over the next 5 years, and to align workforce development with Māori mental health needs. The name *Kia Puāwai Te Ararau* refers to the advancing of multiple networks and pathways, and encapsulates the notion that Māori mental health workforce development must progress through many pathways aligned to health workforce development, underpinned by the distinctive character and aspirations of whānau, hapū, iwi, and wider Māori workforce development.

The implementation of *Kia Puāwai Te Ararau* will make valuable contributions to achieving the vision for Māori mental health workforce development, and will benefit Māori in the short, medium and long term. *Kia Puāwai Te Ararau* will inform the Action Plan to identify key milestones, timeframes, and measurable indicators that are reliable, accurate and achievable.

Overview

Kia Puāwai Te Ararau is presented in four sections. *Section One* outlines the proposed vision and strategic directions supported by a framework of six operational principles, eight specific pathways aligned to key workforce strategic imperatives, and priorities leading to the overall goal of whānau ora. *Section Two* describes the existing Māori mental health workforce and key players in workforce development, as well as the challenges and opportunities facing the sector in recruiting and retaining Māori workers.

It also provides background for the workforce strategic imperatives contained in the Kia Puāwai Te Ararau framework. *Section Three* contains an overview of Māori workforce development and its relationship within broader mental and Māori health strategies. *Section Four* highlights the challenges mental illness presents for Māori, and emphasises the importance of culture to well-being, trends in mental health service delivery, and future responsiveness to Māori mental health needs.

"There is no future without a past and by the same token there is no past without a future"[3]. Essentially *Kia Puāwai Te Ararau* seeks to build on the progress of Māori mental health workforce progress made to date and to provide strategic direction for future workforce development.

[2] Parekura Horomia (Minister of Māori Affairs, 2002)

[3] Durie (2002)

Methodology

The development of *Kia Puāwai Te Ararau* has been shaped over the past 2 years by the evidence drawn from Te Rau Matatini pilots. National and international literature and research underlies each pilot. As part of the initial scoping phase for each project, a literature review and analysis of other workforce development initiatives, government policies and sector reports are undertaken. Reference groups are also formed to ensure the essential inclusion of expertise from the Māori mental health sector alongside pre-pilot surveys, one-to-one interviews, focus groups and post-pilot evaluations (see Appendix A for more information on the pilots and pivotal initiatives and documents that have shaped *Kia Puāwai Te Ararau*). This approach aims to ensure that the Te Rau Matatini pilots and the conclusions drawn from them are based on sound clinical standards supported by local, national and international evidence, Māori expert opinion, and indigenous values.

In August 2004, the consultation draft of *Kia Puāwai Te Ararau* was sent to over 500 mental health, and alcohol and drug providers, as well as to key stakeholders. This was followed by 15 hui held throughout the country (see Appendix B for details), designed to gather and discuss feedback. Submissions were welcomed via the Te Rau Matatini website or by returning a form located at the back of the consultation document (see Appendix C).

Although this plan focuses on Māori mental health priority goals and objectives, improving Māori mental health outcomes effectively requires a multifaceted approach and needs to be the responsibility of the whole health sector. This encompasses mental health, the wider health and related sectors and the non-Māori health workforce to increase ability and capacity to work effectively with tangata whaiora and whānau. It is not the sole responsibility of Māori workers in dedicated Māori mental health services. This will require intra-and intersectoral collaboration.

Kia Puāwai Te Ararau focuses on workforce development for Māori working in mental health and parallels prevailing mental health workforce developments of other national mental health workforce development programmes. This includes non-Māori responsiveness to Māori mental health needs, which is an important issue being progressed outside of *Kia Puāwai Te Ararau*.

The Werry Centre and Matua Raki provide two examples of non-Māori responsiveness to Māori workforce development. Together with Te Rau Matatini, these organisations have taken a collaborative approach to developing strategic workforce plans to coordinate and align objectives and activities to meet the common goal of strengthening the Māori workforce.

This document seeks to support and encourage development for the current and future Māori workforce. It takes a cross-sector and all-age inclusive approach that aligns with a holistic paradigm of health, yet challenges a system that places services, staff and resourcing into silos.

THE VISION FOR MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

Mā te whakapakari i te hunga hāpai,e piki ai te hauora hinengaro o te whānau

To strengthen the Māori workforce to maximise mental health gains for whānau

Over the next 10 years there will be a significant increase in the number of Māori working at all levels of mental health services. The Māori mental health workforce, located in both dedicated mental health services and wider health and social support services, will be internationally recognised for cultural and clinical expertise that leads to best health outcomes for Māori. This vision anticipates a substantial increase in the quality and quantity of the Māori mental health workforce and is aligned to key strategic policy documents[4] and directions[5].

The vision subscribes to Māori mental health workforce development as a function of recruitment, retention, career pathways, clinical and cultural training, education of individual Māori mental health workers, and evidence-based processes and practices. The vision also incorporates organisational development and infrastructure, leadership and communication, coordination, information access and sharing, relationships, beliefs, and values. While the vision is premised on a 10-year timeframe, the plan itself focuses on what is needed to strive towards the vision in the next 5 years.

Māori Mental Health Workforce Target

Key Aim: Māori will make up 20% of the national dedicated mental health workforce and the primary health care workforce

The target of 20% is based on a workforce to population ratio aligned to the projected Māori population in 2011. The target is conservative, given that Māori admissions and discharges into secondary mental health care services are two to three times higher than non-Māori (Te Puni Kōkiri, 1996; Durie, 2001).

The target provides forward momentum for achieving an effective Māori mental health workforce[6], and takes into account specific areas such as child and adolescent mental health services (CAMHS) where staffing levels are critically low[7]. The target aims to meet the mental health needs of the 6% of Māori who have the severest mental health needs, and the 20% with mild to moderate mental health need (through enhanced, integrated management and early detection through primary health care). Furthermore, the target recognises the likelihood of continuing global health workforce shortages and ongoing competitive recruitment and retention environments.

[4] Such as *He Korowai Oranga: The Māori Health Strategy* (Ministry of Health, 2002a).

[5] Such as *Te Puāwaitanga: The National Māori Mental Health Strategic Framework* (Ministry of Health, 2002b).

[6] In line with the Moving Forward objective (Ministry of Health, 1997).

[7] See pages 43 and 52 of this document for more detailed information.

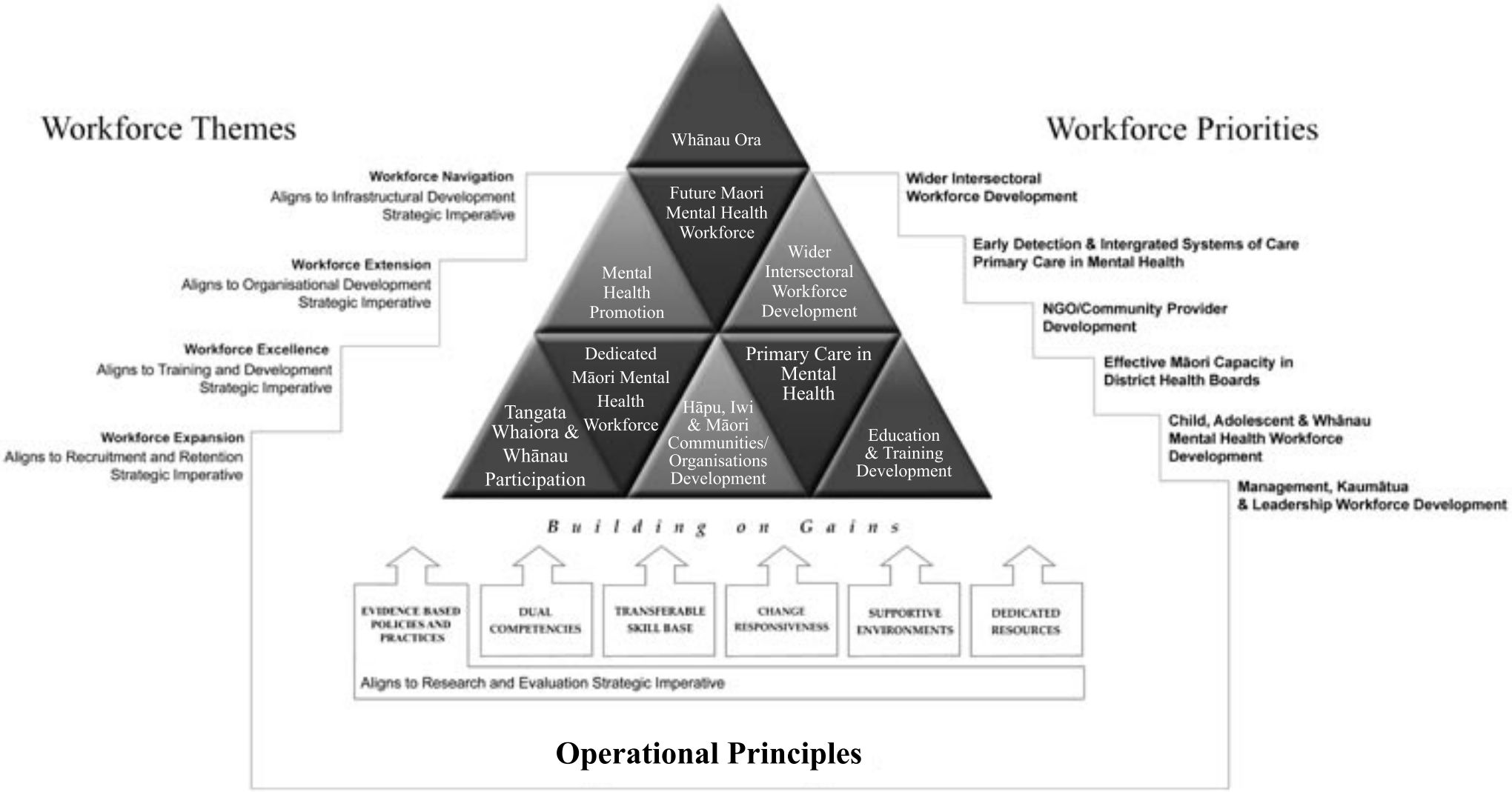
The target applies to clinical professions as well as community and whānau support workers and, given the current low representation in the workforce, recognises that significant acceleration of education, training and recruitment of Māori into clinical professions is required (Health Workforce Advisory Committee [HWAC], 2002). Occupational figures for the future for each main Māori mental health group will need to be developed over the next 12 months, based on the availability of information provided by the District Health Boards New Zealand Workforce Numbers Project and other information sources.

Future Directions for Māori Mental Health Workforce Development

The main task for Māori mental health workforce development will be to build a workforce that will:

- effect the best possible mental health outcomes for tangata whaiora and whānau
- strengthen and develop each area in the mental health workforce[8]
- recognise, facilitate and support Māori values, aspirations and approaches to health
- align with broader Māori development goals
- complement other mental health and Māori health workforce development directions and initiatives, and
- enhance dual clinical and cultural training and development opportunities for Māori working in mental health and related sectors, and
- develop inter-sectoral and intra-sectoral partnerships to enhance services and meet common goals and objectives.

[8] Tuutahitia te Wero Goal Two (Health Funding Authority, 2000) and refer to the Glossary for definition and scope of Mental Health Workforce/Service as used throughout this document.


Workforce Themes
Workforce Navigation
Aligns to Infrastructural Development Strategic Imperative
Workforce Extension
Aligns to Organisational Development Strategic Imperative
Workforce Excellence
Aligns to Training and Development Strategic Imperative
Workforce Expansion
Aligns to Recruitment and Retention Strategic Imperative
Whānau Ora
Future Maori Mental Health Workforce
Mental Health Promotion
Wider Intersectoral Workforce Development
Dedicated Māori Mental Health Workforce
Primary Care in Mental Health
Tangata Whaiora & Whānau Participation
Hāpu, Iwi & Māori Communities/ Organisations Development
Education & Training Development
Workforce Priorities
Wider Intersectoral Workforce Development
Early Detection & Intergrated Systems of Care Primary Care in Mental Health
NGO/Community Provider Development
Effective Māori Capacity in District Health Boards
Child, Adolescent & Whānau Mental Health Workforce Development
Management, Kaumātua & Leadership Workforce Development
Building on Gains
EVIDENCE BASED POLICIES AND PRACTICES
DUAL COMPETENCIES
TRANSFERABLE SKILL BASE
CHANGE RESPONSIVENESS
SUPPORTIVE ENVIRONMENTS
DEDICATED RESOURCES
Aligns to Research and Evaluation Strategic Imperative
Operational Principles

KIA PUĀWAI TE ARARAU FRAMEWORK FOR MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

The framework of *Kia Puāwai Te Ararau* is built on the tāniko pattern of aronui (a pattern based on inverted triangles). The pattern is commonly found on the side and lower borders of korowai, and represents strength through symmetry and balance. The repeated tāniko pattern forms the large triangle, Ngā Aronui, depicted in the centre of the framework.

Mirrored poutama are adjacent to both sides of Ngā Aronui. The left poutama represents **workforce development themes and strategic imperatives** that consolidate the progression of Māori mental health workforce development.

The workforce themes have been taken from the *Te Rau Matatini Framework* (Durie & Maxwell-Crawford, 2003) and are:

1 **Workforce Expansion**
Increasing the capacity of the Māori mental health workforce through recruitment and retention across all disciplines, professions and occupations.

2 **Workforce Extension**
Extending the capacity of the Māori mental health workforce by strengthening the expertise of workers in related fields.

3 **Workforce Excellence**
Promoting excellence in the Māori mental health workforce through the development of both clinical and cultural expertise.

4 **Workforce Navigation**
Facilitating a coordinated approach to workforce development at national and regional levels, across a range of workforce development endeavours both within the health sector and also more widely across the broader arena of Māori development.

The **workforce themes** are consistent with the over-arching strategic imperatives identified in the *Mental Health (Alcohol and Other Drugs) Workforce Development*

Framework (Ministry of Health, 2002d) that informs the direction of mental health workforce development at a macro-level.

The right poutama represents the **workforce priority areas** for Māori mental health workforce over the next 5 years. They include:

- Child and Adolescent Mental Health Workforce Development
- Wider Intersectoral Workforce Development
- Early Detection and Integrated Systems of Primary Care in Mental Health
- NGO (Non Government Organisation)/Community Provider Development
- Effective Māori Capacity in DHBs
- Management, Kaumātua[9] and Leadership.

[9] Koroua me Kuia.

The **workforce priority areas** have been identified through sector hui, workshops, Te Rau Matatini reference groups, workforce needs assessment and Te Rau Tipu, Māori Child, Adolescent and Whānau Mental Health Workforce Development 2004 conference plenary session (Te Rau Matatini & The Werry Centre, 2004).

Ngā Aronui is in the centre of the two Poutama, and contains eight key workforce pathways for enhancing Māori mental health workforce development, leading to the goal, whānau ora. At the base of Ngā Aronui are six operational principles, which are important to maintain and extend the Māori mental health, education and workforce development gains achieved to date. The principles are important touchstones for all pathways.

While the framework may initially appear hierarchical, the three core pathways at the base of Ngā Aronui (Tangata Whaiora & Whānau Participation; Hapū, Iwi & Māori Community Development; and Education & Training Development) essentially provide an even-keeled, strong foundation that facilitates subsequent pathway progressions.

The framework as a whole brings together the over-arching workforce themes, Ministry of Health strategic imperatives, essential workforce priority areas, operational principles, and eight Māori mental health workforce development pathways leading to the overall goal, whānau ora. The framework reflects an integrative approach that ensures Māori mental health workforce development does not operate in isolation from other workforce development initiatives, Māori mental health priorities, Māori health initiatives, education and training developments, or Māori development aspirations and goals.

OPERATIONAL PRINCIPLES FOR MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

The operational principles for Māori mental health workforce development apply to all parts of the mental health sector and services. The six principles underlying the *Kia Puāwai Te Ararau* framework have been integral to policies, initiatives and developments and have been widely endorsed as relevant to Māori workforce development, especially in the health sector.

❖ Supportive Environments

Supportive living, learning and working environments will enhance the collective capacity of individuals, communities, schools, tertiary institutions, and employers to contribute to whānau ora. Supportive living environments encompass increased visibility and understanding of mental health issues, the promotion of holistic mental health and whānau ora based on recovery, greater access to information about health promotion, and destigmatisation and prevention of mental illness at a local, regional and national level.

There is also a need for supportive learning and working environments. This broadly includes healthy and supportive primary, secondary and tertiary learning environments in both Māori and non-Māori settings as well as healthy work environments that value processes of engagement and nurturing. An important aspect of this principle is the transition between school and workplace. This principle is also an extension of healthy workplace environments, which are central to health workforce development (HWAC, 2002). Features of healthy workplace environments include the fostering of enthusiasm, shared learning and career development, continuing education, teamwork, co-operation, and a commitment to innovation. Initiatives designed to improve workplace environments, such as the magnet hospital model[10], have suggested a strong link between healthy workplaces and increased recruitment and retention (Upenieks, 2002).

❖ Evidence-based Policies and Practices

Best practice must be informed and supported by research including local, regional, national and international evidence, Māori expert opinion, and indigenous values. In working to achieve national consistency balanced to reflect local and regional perspectives, evidence-based decision making is necessary for Māori mental health workforce planning and development at all levels. Evidence comes from a variety of sources, mostly published, but there is a place also for expert opinion based on experience and demonstrated capacity to integrate generic trends with indigenous realities.

❖ Dual Competency

Dual competency recognises the importance of both clinical and cultural expertise. While some mental health services tend to be strong in clinical delivery, others are strong in cultural interventions and therapeutic models of practice (Durie & Maxwell-Crawford, 2003). The aim of *Kia Puāwai Te Ararau* is to promote dual competency within the Māori mental health workforce to ensure comprehensive and relevant services are available to tangata whaiora and whānau. "Culturally appropriate best practice, which incorporates an understanding of the importance of whānau and traditional healing, represents a synthesis between indigenous values and the highest international clinical standards" (Te Rau Matatini & The Werry Centre, 2004).

[10] This model highlights characteristics to recruit and retain nursing staff through the provision of work environments that have a reputation for quality nursing care and being a good place to work, proactive monitoring of retention and turnover rates, the proportion of Registered Nurses on staff, and nurse-to-patient ratios (Carryer, 2001).

❖ Transferable Skill Base

Acknowledging the transferable skills that exist between Māori mental health, primary health care and the wider intersectoral workforce will assist in the sharing of staff and the proactive growing of the generic and specialist skills needed to better understand and manage mental health. A growing trend is that people pass through a number of jobs or occupational roles during their careers as opposed to focusing on one career for the duration of a working life (Ponga, Maxwell-Crawford, Ihimaera, & Emery, 2004). One of the important influences in these transitions is the accumulation of transferable skills. These skills, such as effective communication with all members of the whānau, positive relationships, sound knowledge of Māori communities, and relevant knowledge of holistic health and well-being, can be adapted across different occupations and provide a platform for efficient and effective acquisition of new learning, specific to the role or work environment.

❖ Change Responsiveness

A sector that can respond positively to change, embrace new technologies and practices and re-embrace traditional ways of working[11] will be better equipped to utilise past learning to inform future developments. This is particularly important given the relatively new, emerging sections of the sector such as the recent growth in Māori mental health NGOs and the need for NGOs to work together in delivering integrated services.

Changes, such as the shift from institutional care to community-base support, have meant that many Māori mental health occupational roles (for example Tangata Whaiora Advocates, Community Mental Health Support Workers) were not consistently recognised ten years ago. Furthermore, occupational roles that were common (for example, Enrolled Nurses and Hospital Aides) have become less common today. This is not unique to Māori mental health as change has become a global feature of most employment industries.

Forces and drivers of change identified around the world include:

- ❖ affordability
- ❖ technology
- ❖ integrated frameworks for service delivery
- ❖ devolution from central government to state or regional government
- ❖ shifts in research and development balance
- ❖ demography
- ❖ epidemiology
- ❖ public expectations
- ❖ internationalism, and
- ❖ ethics[12].

Involving and considering the expertise of staff at an early stage of change is essential to encourage a shared understanding of the range and nature of change agents operating in the mental health sector and to encourage a willingness to embrace a change-responsive ethos[13].

[11] Recognising the increased resurgence and return to Māori models of practice and longer term likelihood of iwi and hapū specific models of practice (New Zealand Indigenous Health Workforce Conference, 2004).

[12] Krieble (1996)

[13] Referring to positive change based on true consultation and a sound evidence-based rationale.

❖ Dedicated Resources

The prioritisation of dedicated resources for Māori mental health workforce development is necessary to develop quality services that can meet the needs of tangata whaiora and whānau. Quality must be at the forefront of resource utilisation, whether the resources are within existing or additional Māori mental health workforce development arrangements. Maximising the ability of the workforce to pursue whānau ora actively will require sustainable, dedicated resources and effective prioritisation management.

PATHWAYS FOR MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

Mā te whakapakari i te hunga hāpai,e piki ai te hauora hinengaro o te whānau

To strengthen the Māori workforce to maximise mental health gains for whānau

In striving to bring the above vision to fruition, eight key workforce pathways have been identified for the future development of the Māori mental health workforce[14]. The pathways represent an innovative and holistic approach to developing the Māori mental health workforce and recognise the dynamic components that contribute to strong and effective workforce development. The pathways identified are based on existing health policies, including:

- *Te Tāhuhu: Improving Mental Health 2005-2015, The Second New Zealand Mental Health and Addiction Plan 2005* (Ministry of Health, 2005)
- *He Korowai Oranga: Māori Health Strategy* (Ministry of Health, 2002a)
- *Te Puāwaitanga: Māori Mental Health National Strategic Framework* (Ministry of Health, 2002b)
- *Youth Development Strategy Aotearoa: Action for Child and Youth Development* (Ministry of Youth Affairs, 2002)
- Mental Health Commission's *Blueprint for Mental Health Services in New Zealand: How Things Need To Be* (Mental Health Commission, 1998)
- Te Rau Matatini publications, and,
- Health Workforce Advisory Committee (HWAC) reports.

The strategic direction, goals and priority actions of each pathway have been identified, and recognise the importance of bringing together local initiatives and activities to inform national, innovative, future directions has been recognised. The goals and priority actions highlighted are areas for urgent attention. The follow-on implementation strategy as part of the action plan will need to expand on these to include action-orientated, measurable key milestones, and indicators.

[14] The pathways have been numbered for easy reference and are not ranked in a particular order.

TE ARA TUATAHI: PATHWAY ONE
TANGATA WHAIORA & WHĀNAU PARTICIPATION

Strategic Direction

To strengthen systems and processes that create new and improved opportunities for tangata whaiora and whānau to participate in the design, delivery and monitoring of mental health service provision and expand career pathway opportunities for tangata whaiora in mental health

Kia Puāwai Te Ararau recognises whānau and tangata whaiora participation at all levels is essential to strengthening the effectiveness of mental health service delivery and to achieve whānau ora. "Our personal health and well-being are influenced by the collective and, importantly, our links with our culture. Whānau, and importantly healthy whānau, play an essential role in supporting our mokopuna, tamariki and taiohi, and providing them with a sense, of identity, security and belonging, and the knowledge and skills to contribute to whānau development in their turn" (Te Rau Matatini and The Werry Centre, 2004).

Within the Māori mental health sector, tangata whaiora and whānau are in unique positions to shape and strengthen the ability of the workforce and services to meet Māori needs (Mental Health Commission, 1998). By increasing the active participation of Māori in the planning and delivery of mental health services (Ministry of Health, 2002a), the role of tangata whaiora and whānau must be acknowledged and valued.

Consultation carried out with taitamariki and their whānau to develop *He Nuka Mō Ngā Taitamariki*[15] (Health Funding Authority, 2000) demonstrated and affirmed that young people want to participate more in all aspects of mental health services including projects, planning, recruitment, training and quality monitoring. It is important therefore that taiohi are supported to participate effectively in workforce development activities to help Māori CAMHS identify ways to improve service access and delivery that will inform CAMHS workforce development strategies.

He Whāinga ō Te Ara Tuatahi mō te Hunga Kaimahi: Workforce Goals of Pathway One

1.1 To include tangata whaiora[16] and whānau representatives in the development, service delivery and auditing of mental health services

1.2 To increase tangata whaiora and whānau input into design, delivery and review of training programmes

1.3 To promote career pathways for tangata whaiora and whānau in mental health services, particularly in areas of low workforce numbers such as CAMHS, to enhance recruitment and retention strategies and policy.

1.4 To increase the number of tangata whaiora-led initiatives and provide greater opportunity for taitamariki involvement in appropriate Māori CAMHS workforce development activities

1.5 To increase access to kaumātua guidance and support for tangata whaiora and whānau working in or supporting mental health services

1.6 To promote early intervention mental health training and education for whānau and tangata whaiora.

[15] See *He Nuka Mō Ngā Taitamariki* (Health Funding Authority, 2004, p.4)

[16] Refer to glossary for definition of tangata whaiora as being inclusive of all ages and gender for the purpose of this document

He Kaupapa Matua ō Te Ara Tuatahi: Priority Actions of Pathway One

1.1.1

Mental health service audit teams will have tangata whaiora and whānau representatives

1.1.2

Māori CAMHS will develop age-appropriate strategies to engage whānau in service development including workforce planning

1.1.3

Tangata whaiora and whānau representatives will take a leadership role in the implementation of Hua Oranga

1.1.4

Increase opportunities and training for tangata whaiora and whānau in all relevant areas, specifically, advocacy, destigmatisation, leadership and support including relevant training and support designed for all parts of the Māori mental health sector

1.2.1

Increase awareness of the importance of communication and inclusion of whānau in training and service provision

1.2.2

Training and education providers will work with tangata whaiora and whānau to ensure their perspective is presented and encouraged. This includes age-appropriate tangata whaiora representation as/when appropriate

1.3.1

In further guideline development at a national level, tangata whaiora will be supported to pursue mental health career pathways

1.3.2

Establish a career pathway for tangata whaiora working in consumer roles

1.3.3

Establish whānau and taiohi advocacy career pathways

1.4.1

Increase resources to support tangata whaiora-led initiatives, including initiatives that provide opportunity for taitamariki and whānau participation

1.4.2

Investigate options for a kaupapa Māori recovery model

1.4.3

Increase the participation of tangata whaiora in the recruitment of new staff to mental health services

1.5.1

Mental health services will ensure kaumātua will be available to tangata whaiora of all ages and whānau to provide cultural expertise and support

1.6.1

Whānau will gain knowledge of early intervention principles and have the ability to identify and intervene at early stages of mental health problems.

TE ARA TUARUA: PATHWAY TWO
HAPŪ, IWI AND MĀORI COMMUNITY DEVELOPMENT

Strategic Direction

To foster Māori mental health workforce development in line with whānau, hapū and iwi aspirations for Māori to succeed as Māori

Māori mental health workforce development must reflect the aspirations and ideals of Māori communities, including tangata whaiora and whānau. The development of hapū, iwi and Māori communities is also pivotal to achieving whānau ora. *Kia Puāwai Te Ararau* seeks to integrate the aspirations of Māori for strong and vibrant communities that have initiative, capacity and self-direction. "Healthy whānau will contribute significantly to strengthening both our hapū and iwi…. we should not underestimate the value of traditional healing, based on indigenous knowledge and encompassing te ao Māori and the mana and place of tangata whenua" (Te Rau Matatini & The Werry Centre, 2004).

The importance of whānau participation in te ao Māori, through Te Reo Māori, Tikanga Māori, Māori hui, social groupings and Māori resources (Ministry of Health, 2002a; Te Puni Kōkiri, 2004) must form the basis for enhancing Māori mental health workforce development. Mental health services should maintain awareness of on-going changes in the dynamics of Hapū, Iwi and Māori community development.

Changes to the social, cultural and political climate need to be monitored to ensure services remain responsive to needs and workforce demands. For example, Te Kohanga Reo and Kura Kaupapa Māori have produced its first generation of graduates from its total immersion programmes. They bring a new set of skills and a different worldview to the employment market. This phenomenon not only creates a new supply for the mental health workforce but conversely will also create new service demands by consumers who may come from the same new generation. Services such as CAMHS will need to adapt in order to reflect consumer and whānau realities and meet consumer and whānau expectations.

He Whāinga ō Te Ara Tuarua mō te Hunga Kaimahi: Workforce Goals of Pathway Two

2.1 To increase the opportunity for hapū, iwi and Māori community participation in the mental health sector and all levels of decision making

2.2 To promote early intervention mental health training and education for whānau, hapū and iwi

2.3 To promote healing through reconnecting tangata whaiora and whānau cultural ties and supporting cultural identity

2.4 To recognise the value of traditional healing practices

2.5 To support hapū- and iwi-driven participation in the development of best practice for Māori mental health.

2.6 To increase knowledge and understanding of the most current and important issues for Māori development in relation to mental health.

2.7 To reduce negative attitudes and behaviours of whānau and the wider community towards tangata whaiora.

He Kaupapa Matua ō Te Ara Tuarua: Priority Actions of Pathway Two

2.1.1

Promote awareness, understanding and opportunity for meaningful hapū, iwi and Māori community participation in service development, auditing, evaluation, planning, provision and monitoring through formalised relationship pathways

2.2.1

Hapū, iwi and Māori communities will gain knowledge of early intervention philosophies and have the ability to identify and intervene at the early stages of mental health problems

2.2.2

Raise awareness amongst hapū, iwi and Māori communities about factors that affect the mental well-being of taitamariki, early recognition of mental illness and how to access services

2.3.1

Promote a greater understanding of the healing associated with reconnecting tangata whaiora with whānau, enhancing tangata whaiora cultural identity, and incorporating cultural activities/learning as a healing modality

2.3.2

Support hapū, iwi and Māori communities to implement strategies such as *Kia Piki Te Ora o Ngā Taitamariki* (Youth Affairs, Te Puni Kōkiri, Ministry of Health, 1998) and *E Tipu e Rea* (Ministry Youth Affairs, 2002) to strengthen cultural identity and social inclusion for taiohi Māori and promote mental well-being.

2.4.1

Mental health services will ensure tangata whaiora have access to traditional healing practices

2.5.1

Hapū and iwi and Māori communities will have opportunities to participate in the development of best practice models for Māori mental health

2.6.1

Support collaborative regional research projects that examine Māori mental health need and monitor shifting trends for Māori development to inform workforce planning

2.6.2

Establish a research and mentoring program that supports hapū- and iwi-driven research into mental health needs

2.7.1

Provide opportunity for whānau, hapū, iwi and Māori communities to participate in public health mental health promotion programmes and Like Minds Like Mine initiatives to eliminate discrimination against tangata whaiora.

TE ARA TUATORU: PATHWAY THREE
EDUCATION AND TRAINING DEVELOPMENT

Strategic Direction

To facilitate cultural and clinical education and training opportunities at all levels in order to build Māori capacity and capability to respond effectively to whānau mental health needs

Education and training are important foundations on which the capacity and capability of the Māori mental health workforce will be built. Ongoing education and training opportunities are integral to recruit and retain Māori already working in the sector, new workers transferring from related sectors, and those considering entering the workforce for the first time.

Increasing Dual Competency-based Training and Development Opportunities

Dual clinical and cultural competency-based training is essential to ensure the Māori mental health workforce is able to integrate professional and technical knowledge, skills and experience with cultural expertise. In addition to strengthening existing opportunities, the development of career pathways that value clinical and cultural expertise will provide an innovative means for development. Orientation, mentoring, and preceptoring will further reshape the capacity and capability of the Māori mental health workforce to utilise training and development opportunities more effectively to advance personal and professional development.

Working in Partnership with the Education Sector

Quality education and training that recognise and reflect te ao Māori and include Māori realities (Ministry of Education, 2002) will be critical to ensuring the Māori mental health workforce is capable of meeting the needs of tangata whaiora and whānau and their communities. To foster workforce excellence and successfully develop the future Māori mental health workforce, tertiary education programmes must be closely aligned with workforce realities so that coherent and uniformly high standards can be maintained. Sectoral links (health and education) will need to be supplemented by institutional links (e.g., university and health services). Stronger relationships with and connections to the directions and objectives outlined for the tertiary education sector (Ministry of Education, 2002) will strengthen the future capability of the Māori mental health workforce.

Partnerships with the Māori education sector and kaupapa Māori teaching institutes should not be overlooked to develop and provide training programmes based on applied Māori mental health models of practice and mātauranga Māori. Furthermore, these types of partnerships acknowledge the growth of Te Kohanga Reo and Kura Kaupapa Māori graduates and the workforce development opportunities, such growth, provides including the need for dedicated strategies to inform and attract the future Māori working population.

To build momentum for workforce extension and develop the allied intersectoral and dedicated Māori mental health workforce, increased participation by Māori in a broader range of disciplines and in

programmes that lead to higher qualifications (Ministry of Education, 2002) across all workforce priority areas in the framework will be essential. Programmes that enable the wider sectoral workforce to contribute actively to improving tangata whaiora, whānau health and well-being will be needed to address mental health problems that can be managed outside the formal mental health sector.

He Whāinga ō Te Ara Tuatoru mō te Hunga Kaimahi: Workforce Goals of Pathway Three

3.1 To increase access to, and promotion of timely and effective post- and pre-entry mental health training opportunities

3.2 To establish forums to exchange information on Māori workforce needs, training opportunities, and other initiatives

3.3 To provide adequate preceptorship supports in the workplace

3.4 To formalise communication pathways between the Māori mental health sector and the education sector to promote education and training that is relevant to the Māori mental health workforce

3.5 To increase research opportunities to and advance Māori mental health

3.6 To further develop and promote national training on the application of Māori models into mental health practice.

He Kaupapa Matua ō Te Ara Tuatoru: Priority Actions of Pathway Three

3.1.1

Increase national access and support for Māori to participate in and graduate as mental health professionals

3.1.2

Support staff training opportunities and to address issues such as time release, transport and backfilling

3.1.3

Promote bridging courses for kaimahi Māori between their practice and further qualifications

3.1.4

Provide increased training opportunities in clinical and cultural supervision

3.1.5

Encourage potential and existing Māori CAMHS staff to pursue specialist training to meet growing service demands and critical staff shortages in this area

3.2.1

Establish a Māori mental health preceptoring programme to support tertiary students and new staff

3.2.2

Create job sharing and work exchanges between rural and urban mental health services

3.3.1
Facilitate annual forums to promote the exchange of information on Māori workforce needs, training opportunities, and other initiatives, e.g., Te Rau Tipu, national Māori CAMHS quarterly networking forum
3.4.1
Develop a mechanism for ongoing synergies between the Māori mental health sector and the primary, secondary and tertiary education sector inclusive of Te Kohanga Reo and Kura Kaupapa Māori
3.4.2
Develop strategies aimed at Te Kohanga Reo and Kura Kaupapa Māori to attract graduates and students into the Māori mental health workforce
3.5.1
Develop a national strategy for Māori mental health research
3.6.1
Increase national training access to Māori models of practice
3.6.2
Provide opportunities for all Māori sector staff to learn te reo me ona tikanga and how to use Māori models of health and values in their own personal and professional development
3.6.3
Encourage mental health training programmes to incorporate dual cultural and clinical competency learning outcomes.

TE ARA TUAWHĀ: PATHWAY FOUR
DEDICATED MĀORI MENTAL HEALTH WORKFORCE

Strategic Direction

To expand and extend a qualified, competent, resilient and effective dedicated Māori mental health workforce in NGO/community and generic services to support best health outcomes for tangata whaiora and whānau

Lack of investment in the workforce development of mental health staff during the 1970s and 1980s, the lengthy duration of training (National Mental Health Workforce Development Coordinating Committee, 1999), and the under-representation of Māori at all levels in the mental health sector (Ministry of Health, 2002b), have led to a need for multiple, comprehensive workforce development strategies. *Kia Puāwai Te Ararau* has a committed focus to increasing the capability and capacity of the Māori mental health workforce by recruiting and strengthening the expertise of workers who are already employed in mental health services. The following goals and priority actions take into account the workforce development needs of the Māori mental health sector, with an emphasis for the next five years on:

- The child and adolescent workforce
- Management, kaumātua and leadership, and
- Building effective Māori capacity in NGO, community, iwi and DHB mental health services.

He Whāinga ō Te Ara Tuawhā mō te Hunga Kaimahi: Workforce Goals of Pathway Four

4.1 To strengthen and maintain the capacity and capability in and across all areas of the Māori mental health workforce

4.2 To promote effective relationships between Māori mental health organisations

4.3 To promote Māori CAMHS networking initiatives

4.4 To develop proactive recruitment and retention of Māori into mental health services where shortages of critical roles are identified, including the need to increase the Māori male mental health workforce

4.5 To support leadership in Māori mental health through management and kaumātua workforce development

4.6 To lead innovative and holistic approaches to mental health care.

He Kaupapa Matua ō Te Ara Tuawhā: Priority Actions of Pathway Four

4.1.1

Develop and implement national best practice guidelines for Māori mental health for all occupations that incorporate dual competency and allow for Māori diversity and specialised roles

4.1.2

Extend and maintain an information base for the Māori mental health workforce

4.1.3

Pilot a human resources hotline for Māori mental health NGOs

4.1.4

Promote preceptoring in Māori mental health

4.2.1

Establish work exchange/experience placement programmes between local DHBs and NGOs; urban and rural services and other relevant work experience initiatives

4.3.1

Increase networking opportunities for Māori CAMHS workforce to identify skill gaps and support training, recruitment and retention workforce initiatives

4.4.1

To effectively market and promote Māori mental health career pathways prioritising workforce gaps, e.g., Māori CAMHS workforce development will require proficiency in te reo Māori, age and gender specific recruitment initiatives to attract young Māori into the CAMHS workforce

4.4.2

Develop and promote Māori specialist core competencies and relevant career pathways

4.5.1

Ensure all advanced practice in career pathways include management opportunities to foster leadership in Māori mental health

4.5.2

Develop Māori managers mentoring programme to support workforce needs

4.5.3

Establish a national kaumātua mental health body to progress workforce development needs of kaumātua

4.5.4

Ensure kaumātua are recognised and acknowledged as specialists in their field and are adequately resourced and supported to carry out their roles efficiently, effectively and safely

4.6.1

Innovative best practice including, Māori models of practice, will be enhanced, recognised, rewarded and celebrated.

TE ARA TUARIMA: PATHWAY FIVE
PRIMARY CARE IN MENTAL HEALTH

Strategic Direction

To support early intervention and integrated systems of mental health care by increasing the capacity of primary mental health care to support appropriately mental health needs

The development of integrated systems of care is integral to the provision of timely and effective mental health care with closer links between mental health services and primary health care. *Kia Puāwai Te Ararau* recognises the link between primary and secondary care as key to delivering effective mental health services. Traditionally, the links consisted largely of a referral letter from a general practitioner to a psychiatrist, and vice versa. However, the Blueprint for Mental Health Services has acted as a catalyst for the further development of models that will integrate mental health services across primary/secondary care. Integration has two meanings. First, it refers to "seamlessness" and continuity of care. Second, it also refers to the acquisition of mental health knowledge and skills by primary care workers so that mental health intervention can be effectively delivered in primary care settings.

The Primary Health Care Strategy[17] also requires Primary Health Care Organisations (PHOs) to consider:

- activities to reduce the incidence and impact of mental health problems on their enrolled population, specifically education, prevention, and early intervention activities
- the skill mix of primary health care practitioners and their ability to respond effectively to the majority of mental health problems that, can be managed in primary care settings, and
- building effective link with other providers of mental health care so that the care of those with chronic and/or long-term mental health problems is effectively coordinated.

He Whāinga ō Te Ara Tuarima mō te Hunga Kaimahi: Workforce Goals of Pathway Five

5.1 To increase mental health training opportunities for primary health care staff

5.2 To support national mental health early detection and early interventions in primary health care

5.3 To support the implementation of continuity of care between primary and secondary care

5.4 To support integrated models of mental health care by increasing resources and capacity to support the contribution of primary health care services in mental health

5.5 To increase inclusiveness and acceptance of people who experience mental illness by the primary health care sector.

[17] Ministry of Health (2001a).

He Kaupapa Matua ō Te Ara Tuarima: Priority Actions of Pathway Five

5.1.1

Develop Māori mental health training for primary health care to recognise and manage mental health need.

5.2.1

Develop and deliver Māori mental health early intervention programmes tailored for Primary Health Care

5.2.2

Primary health care early intervention practices are adequate and appropriate for taitamariki

5.2.3

Tangata whaiora and whānau will be given opportunities to identify service access barriers to assist CAMHS in eliminating or reducing those barriers to increase early intervention

5.3.1

Ensure adequate resourcing and training for initiatives to improve the interface between primary and secondary care

5.3.2

Māori CAMHS staff and primary health care to work collaboratively to minimise unnecessary transfer of taitamariki from primary to secondary mental health services unless essential in which case both services will work together to ensure a seamless transition for all parties involved.

5.4.1

Promote best practice frameworks and primary care mental health roles

5.4.2

Pilot the effectiveness of dedicated consult liaison positions focussed on preparing and supporting tangata whaiora to move between services

5.4.3

Develop an online resource of mental health information specifically for primary health care

5.5.1

Support the reduction of stigma and discrimination in the primary health care sector and in service delivery through mental health promotion.

TE ARA TUAONO: PATHWAY SIX
WIDER SECTORAL WORKFORCE DEVELOPMENT

Strategic Direction

To strengthen collaboration between the wider sectoral workforce and the mental health sector to support whānau ora better

As well as health sector workers, workers in a number of other sectors are often the first point of contact for a Māori person or whānau in need of mental health support. Therefore the ability to recognise and effectively support whānau with mental health issues becomes a daily reality for the generic workforce. This includes social workers and other employees in Child Youth and Family, and staff in corrections, social services, education, housing, income, employment support, and other services. Maximum gains in whānau ora can only be achieved through a wider workforce that is well equipped to detect and understand mental health need. "Our collective goal must be achieving positive outcomes for whānau….Our people knew the advantages of working as a collective unit. We work within the framework of whānau, hapū and iwi. We understand the power of the collective and its ability to strengthen, nurture and heal. We know that as a collective we can achieve great things" (Te Rau Matatini & The Werry Centre, 2004).

Child, Youth and Family (CYF) are well aware of the prevalence of mental illness among not only their young clients but the parents of those young people[18]. In 2002, CYF collaborated with a number of agencies including CAMHS to develop a guidebook for their social workers working with children and whānau experiencing mental illness. More of these types of intersectoral workforce initiatives are needed to achieve consistency across the sectors.

He Whāinga ō Te Ara Tuaono mō te Hunga Kaimahi: Workforce Goals of Pathway Six

6.1 To increase understanding of mental health across the wider sectoral workforce including voluntary groups

6.2 To promote recognition of Māori mental health initiatives in other sectors

6.3 To promote national early intervention mental health training and education for the wider sectoral workforce including voluntary groups

6.4 To increase resources and information sharing between mental health services and the wider workforce sectors.

[18] Te Rau Tipu Proceedings of the national Māori mental health child and adolescent workforce conference, Te Rau Matatini & The Werry Centre, 2004, p.18.

He Kaupapa Matua ō Te Ara Tuaono: Priority Actions of Pathway Six

6.1.1

Develop and deliver education packages suitable for wider workforce sectors including specific programmes promoting CAMHS targeting agencies and organisations that support taitamariki

6.2.1

Identify and utilise a wide range of forums such as police training, corrections, education, Child, Youth and Family, and WINZ to promote better understanding of Māori mental health issues and initiatives

6.3.1

Develop and deliver early intervention mental health training for the wider sector to encourage recognition and treatment of mental health problems and support whānau ora

6.3.2

Provide early intervention mental health training specifically for Māori community and voluntary taitamariki support services

6.4.1

Develop local directories of mental health services for intersectoral agencies and guidelines to facilitate referral and consultation procedures

6.4.2

Promote local forums to dialogue across sectors about mental health and build networks

6.4.3

Encourage joint initiatives between CAMHS, social services and other child/youth support services to achieve common goals and shared outcomes that have a positive impact on the mental well-being of taitamariki.

TE ARA TUAWHITU: PATHWAY SEVEN
MENTAL HEALTH PROMOTION

Strategic Direction

To enhance the capability of Māori to encourage supportive living, learning and working environments that foster positive mental health outcomes

Promoting well-being and enhancing the capacity of people to live full lives underlie the importance of mental health promotion and the move towards whānau ora. Promoting mental health and whānau ora can happen anywhere "where people live, work, play, party, relax, shop, study, pray, meet, exercise, or receive treatment" (Mental Health Foundation, 2004, p. 16).

The destigmatisation of mental health by mental health providers, wider Māori health and social service sectors, tertiary and secondary training institutions, and wider Māori communities is critical to strengthening mental health promotion and enhancing the capacity of tangata whaiora and whānau to make informed life decisions and enhance their mental health and well-being (Joubert & Raeburn, 1998, cited in Mental Health Foundation, 2004). The promotion of holistic well-being (as outlined in Te Whare Tapa Whā), the use of Māori models of health, such as Te Pae Mahutonga[19], and freely accessible information about Māori mental health and well-being are also essential to mental health promotion.

For children and young people, mental health promotion places the focus on mental *well-being* i.e. what contributes to well-being and how this can be achieved and maintained in spite of the stresses and challenges such as identity and peer pressures facing taitamariki. New Zealand's youth suicide prevention strategy *Kia Piki Te Ora o Ngā Taitamariki: Strengthening Youth Well-being* (Youth Affairs, Te Puni Kōkiri, Ministry of Health, 1998) aims to reduce and prevent the risks of youth suicide by promoting mental well-being through strengthening cultural identity and whānau support and encouraging taitamariki to contribute to Māori development. This mental health promotion resource, as well as Whaia Te Ara Mōu, a ten-lesson teaching unit with plans and videos featuring Māori talking about their various roles in mental health services[20], can be used by any organisation to enhance services for taitamariki.

Kia Puāwai Te Ararau focuses on proactively increasing the visibility of mental health and the understanding of mental health issues, the promotion of holistic mental health and whānau ora based on prevention as well as recovery, and greater access to information on resilience, resourcefulness, self-esteem, relationship building, supportive environments, parenting skills, life skills, prevention of mental illness and empowerment. Linked to this is the need for accessible dedicated Māori mental health human resource support services to encourage and support healthy workplace programmes such as stress management.

[19] Te Pae Mahutonga outlines elements of modern health promotion that include the four key tasks: Mauriora (cultural identity), Waiora (physical environment), Toiora (health lifestyles), and Te Oranga (participation in society) as well as the two pointers Ngā Manukura (community leadership), and Te Mana Whakahaere (Autonomy)

[20] Whaia Te Ara Māu, developed by Te Rau Matatini, is a free resource and is available on line at www.matatini.co.nz

He Whāinga ō Te Ara Tuawhitu mō te Hunga Kaimahi: Workforce Goals of Pathway Seven

7.1 To increase access to Māori mental health promotion information and resources for taitamariki, whānau and the wider sector (e.g., justice, social services, housing, and education)

7.2 To reduce the stigma of working in mental health to encourage more Māori into the mental health workforce

7.3 To assist managers, team leaders and those in governance positions to provide healthy and supportive work environments for all staff

7.4 To celebrate and acknowledge mental health services that promote and provide healthy and supportive work environments for Māori mental health staff

7.5 To create intersectoral avenues for mental health promotion across all sectors.

He Kaupapa Matua ō Te Ara Tuawhitu: Priority Actions of Pathway Seven

7.1.1

Develop and promote bilingual information resources designed for Māori audiences of all ages and gender

7.1.2

Actively promote existing public health resources that advocate mental wellness for taitamariki within mental health services in the wider sector

7.1.3

Using a public health population-based approach, develop campaigns promoting mental health messages appropriately designed for target audiences, e.g., Māori CAMHS and building on the concept of 'tama tu, tama ora'[21] to reach young men

7.2.1

Promote mental health careers as challenging, interesting and rewarding

7.3.1

Research the impact of organisational culture on recruitment and retention of Māori working in mental health

7.4.1

Reward mental health services that role model non-discriminatory, healthy workplace policies and practices

7.5.1

Develop pathways and identify forums to discuss and bring awareness of positive mental health

7.5.2

Māori CAMHS workforce to initiate and/or participate with public health in joint health promotion activities to support mental wellness of taitamariki.

[21] 'Tama tū, tama ora' is a whakataukī or proverb that can be translated as 'he who stands, lives, he who sleeps, dies' (Reed Books, 1999), and is used in this context to value, support and encourage the role of tāne working with taitamariki within mental health services.

TE ARA TUAWARU: PATHWAY EIGHT
PLANNING FOR THE FUTURE MĀORI MENTAL HEALTH WORKFORCE

Strategic Direction

To develop and co-ordinate an integrated approach to workforce development at national and regional levels

A coordinated approach across a range of workforce development endeavours in health and the wider sector and also more broadly across the arena of Māori development is seminal to planning for the future Māori mental health workforce. It is important to build synergies with other workforce development programmes and health and education initiatives to ensure alignment towards a common goal of whānau ora, to reduce the likelihood of duplication and to increase cohesion across the wider Māori workforce.

He Whāinga ō Te Ara Tuawaru mō te Hunga Kaimahi: Workforce Goals of Pathway Eight

8.1 To facilitate a strategic and coordinated approach to Māori mental health workforce development

8.2 To create Māori workforce gains from collaborative national, regional and local mental health workforce development initiatives

8.3 To strengthen synergies across Māori workforce development initiatives.

He Kaupapa Matua ō Te Ara Tuawaru: Priority Actions of Pathway Eight

8.1.1

Implement the Strategic Māori Mental Health Workforce Development Plan

8.1.2

Develop workforce development resources to support implementation of Kia Puāwai Te Ararau National Māori Mental Health Workforce Development Strategic Plan for kaimahi Māori in the workplace

8.1.3

Develop and maintain workforce development data systems to inform future planning and policy development

8.2.1

Establish a regional, local and national coordination and communication plan

8.3.1

Facilitate national and regional information sharing systems that ensures best outcomes for Māori workforce initiatives across all sectors.

IMPLEMENTATION OF PATHWAY GOALS AND PRIORITIES

A series of milestones and indicators that link to the goals and priorities of each pathway will be developed to provide a tangible measure of progress and to shape target achievement. The indicators will be developed by a process that draws on existing datasets, generic indicators that are universal across the mental health, health and wider sector workforces, and Māori specific indicators. The indicators will relate directly to the Māori mental health workforce including the relative proportion, skill level, remuneration and retention levels of Māori in the various mental health workforce groups, provider types and service areas.

SUMMARY

Kia Puāwai Te Ararau aims to bring coherence in a complex sector that has many participants. Service providers are best placed to know the needs of their own workforce but may not be able to have access to sufficient information to develop comprehensive plans to influence wider systems beyond their own. As a consequence, regional and national planning is important. *Kia Puāwai Te Ararau* has drawn on local perspectives and sound evidence to identify key directions that might be pursued at regional and national levels. Through eight pathways, strategic directions will be advanced as each recognises key workforce themes, workforce priorities and underlying principles. For each pathway a series of priority actions have been recommended as vehicles to advance Māori mental health workforce development. The plan takes a cross-sector and all-age inclusive approach that aligns with a holistic paradigm of health yet challenges a system that places services, staff and resourcing into silos.

SECTION TWO

THE MĀORI MENTAL HEALTH WORKFORCE

This section examines the Māori mental health workforce and the key stakeholders who influence the shaping of the Māori mental health workforce. The framework of *Kia Puāwai Te Ararau* and workforce strategic imperatives identify a number of trends and influences that impact on Māori mental health workforce development, and acknowledges a Māori mental health workforce that is diverse and located in a wide range of service settings, such as community-based Māori mental health providers, mainstream mental health services and primary health care organisations.

CONFIGURATION OF THE MĀORI MENTAL HEALTH WORKFORCE

Māori mental health occupational groups include clinicians such as mental health nurses, clinical psychologists, psychiatrists, psychotherapists, occupational therapists, counsellors and social workers; support roles, including kaiāwhina or community and whānau support workers; kaumātua (koroua and kuia), cultural workers, traditional healers, and tohunga; tangata whaiora advocates and advisors; and within the mental health infrastructure, roles such as policy analysts, managers, administrators and researchers.

Māori mental health workers are employed in dedicated Māori and mainstream mental health services, provided by District Health Board provider arms, Non-Government Organisations in the community, and/or hospital settings. The service continuum includes preventive and primary mental health services, supported accommodation, community mental health teams, secondary or in-patient treatment services, tertiary services such as forensic teams, specialist services such as kaupapa Māori, maternal, child and adolescent, early psychosis, drug and alcohol addiction services, as well as policy, planning and research organisations at the other end of the service continuums.

The data presented in this section derive from a collation of sources on Māori working in mental health and from estimations of the level of Māori participation in clinical and support roles. The information is gathered from three main sources: The National Mental Health Workforce Development Co-ordinating Committee; the Health Workforce Advisory Committee; and Te Rau Matatini.

In March 1999, the National Mental Health Workforce Development Co-ordinating Committee undertook a national telephone survey, to establish an estimate of the number of Māori working in mental health services in New Zealand. Despite difficulties in obtaining information as some mental health providers did not collect staff ethnicity data, the survey provided the estimated level of Māori participation in mental health job roles, regional location and frequency (part- and full-time), and a benchmark from which future workforce data could be measured.

Using survey, information the total number of Māori working in contracted mental health services was 1434; 75% in full-time and 25% in part-time positions. The largest percentage of staff was support workers, who formed 46% of the workforce; registered nurses comprised 17%; and the overall number of clinical professionals including nurses was 31%. Table 1 sets out the results for all job types for the four former Health Funding Authority regions.

Table 1.

Māori workforce identified in the survey by the Health Funding Authority region and work type

Table 78: Māori workforce identified in the survey by the Health Funding Authority region and work type

Work Type	Southern		Central		Midland		Northern		TOTAL		
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	Total
Kaumatua	1	5	2	4	1		6	12	10	21	31
Kuia	1	2	1	5		1	3	3	5	11	16
Tohunga								1		1	1
Support worker/Māori mental health worker	49	23	104	34	121	87	194	46	468	190	658
Tangata whaiora worker		2		33	6	11	1	5	7	51	58
Psychiatrist or MOSS	1			2*			1		2	1	3
Registrar							1		1		1
Registered nurse	36	4	38	10	98	7	49	6	221	27	248
Enrolled nurse	2		10	2	12	1	6		30	3	33
Social worker	7	1	6	2	16	2	14		43	5	48
Clinical psychologist	1		3		1	1	1		6	1	7
Occupational therapist	1		1		1				3		3
Manager/team leader	11	1	15	5	24	2	29	2	79	10	89
Therapist	1	1	2	2	2		1	1	6	4	10
Counsellor	12	1	18	7	40	3	16	1	86	12	98
Others	1	2	9	7	32	9	62	8	104	26	130
Total	**124**	**42**	**209**	**104**	**354**	**124**	**384**	**85**	**1071**	**363**	**1434**

** One psychiatrist who works part time work for two services was initially recorded as 2*

Source: Table 78, National Mental Health Workforce Development Co-ordinating Committee (1999). *Developing the Mental Health Workforce.*

In 2002 The Health Workforce Advisory Committee published an extensive national stocktake of the New Zealand health workforce, drawing on information from a number of sources including health services, Statistics New Zealand, annual practicing certificate surveys, surveys, and professional bodies (HWAC, 2002). The data available on the Māori mental health workforce were again limited as ethnicity data were not obtainable for many work groups.

However, the stocktake did reveal (see Table 2 below) a higher percentage of Māori health practitioners in mental health than most other sectors. Yet while Māori comprised 15% of the mental health workforce, only 1.3% of registered psychologists, 0.6% of occupational therapists, 12% of mental health nurses, and less than 2% of psychiatrists were Māori.

Table 2.

Characteristics of the mental health workforce

Table 12.1: Characteristics of the mental health workforce

Workforce group	Estimated number	% Māori	% Pacific	Per 100,000 population	Source/date
Alcohol and drug workers	785	23.5	4.1	21	*survey 96*
Counsellors					
Mental health consumer and family workers	167			5	*FTE(contract) 01*
Mental health nurse	2889	12.0	3.2	76	*APC 00*
Mental health support workers	875			23	*Completed training 01*
Psychiatrists [1]	274			7	*APC 00*
Psychotherapists	269			7.2	*NZAP membership 01*
Registered psychologists [2]	1124	1.3	0.0	30	*APC 00*
Workforce group not included in this section, but which has component in mental health	Estimated number in mental health				
Social workers [3]					
Occupational therapists					
Total					

Notes:

1 This table does not include the number of medical practitioners (such as MOSSs, registrars and house surgeons) who would also be working in hospital mental health services, or the number of GPs providing some mental health services in a primary care setting.

2 The number here includes all registered psychologists, not just clinical psychologists.

3 Rounded to the nearest 500.

Source: Table 12.1, Health Workforce Advisory Committee (2002). *The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001.*

A national postal and on-line training needs survey conducted in 2002 by Te Rau Matatini gave further insight into Māori participation in a variety of mental health workforce roles. While the primary aim of the survey was to identify the level of past training and key future training needs, it also allowed for the generation of a national Māori mental health workforce profile[22].

[22] Based on the 532 responses received, estimated to be between one third to a half of the total workforce.

The following table captures the workforce roles of those who responded to the survey.

Table 3.

Make-up of respondents in survey of the Māori mental health workforce

Workforce Group	Proportion of Respondents	
Māori Health Workers Community Support Workers Community Health Workers	19.9% 14.3% 7.3%	41.5%
Cultural Advisors Traditional Māori Healers/ Tohunga	3.2% 0.4%	3.6%
Social Workers Occupational Therapists	5.1% 0.4%	5.5%
Registered Nurses Enrolled Nurses Counsellors Registered Psychologists Psychiatrists	11.7% 0.6% 11.5% 1.3% 0.2%	25.3%
Other No Response	18.2% 6.0%	24.2%
Total	**100%**	**100%**

Source: Hirini & Durie (2003). *Te Rau Matatini Workforce Profile.* Palmerston North: Te Rau Matatini.

The training needs survey indicated that the majority of Māori mental health workers are in support roles; that they are female (69% of respondents); that the Māori mental health workforce is relatively mature (65% were aged between 30 and 49 years) but with less practice in mental health service provision; 56% of respondents had been in their present roles for two years or less; and 43% had been in the Māori mental health sector for two years or less. This is consistent with a national pattern of Māori entering tertiary education later than non-Māori, and emphasises the importance of second-chance as well as on-going education for Māori.

The survey also revealed that most people worked in DHB services (48%), with 33% in Māori health services, and 6% in 'other' (i.e. non-Māori) community services. About half worked in organisations providing services either exclusively or mainly to Māori clients (25% and 22% respectively); with another 37% working for specialist organisations whose clients were not mainly Māori; 15% of respondents worked for agencies providing mental health services for children, adolescents and families; 36% worked for agencies specifically providing services for adults;13% did not work for specialist mental health services.

A sub-sample of the 2002 survey was used to develop a profile of the Māori CAMHS (Tassell & Hirini, 2004). Of the 532 Māori respondents to the survey, 78 indicated they worked in specialist mental health services for child and adolescents and whānau. In summary, the report highlighted for CAMHS that:[23]

- Males are under-represented in this service (71% of respondents were female)
- There are few young people working with taitamariki (only 9% of respondents were under the age of 30)
- Respondents were largely based in DHBs or Māori health NGO settings
- The distribution of Māori CAMH staff between services could indicate some disparities between service providers, e.g., twenty-three respondents (30%) worked for exclusively Māori mental health services compared with 35 (45%) who worked in specialist services whose clients were not mainly Māori, and 12 (15%) respondents worked for organizations that were not exclusively Māori but whose clients are mainly Māori.
- Māori are under-represented in CAMH clinical roles, with most respondents identifying their roles as 'community' and 'support' workers or 'mental health' workers.
- There is a shortage of sector experience among CAMH staff, with job duration in both CAMH-specific roles and the mental health sector for most respondents being two years or less.

The Māori CAMHS workforce profile has been broadened through two key activities since the 2002 survey sample: Te Rau Tipu Māori CAMHS conference held in February, 2004, and The Werry Centre Stocktake of CAMHS in 2005. Te Rau Tipu 2004 Conference was an opportunity for Māori CAMHS staff to provide recommendations that are encompassed in the *workforce goals* and *priority actions* outlined under Pathways 1-8 of this Plan[24]. The Werry Centre Stocktake provides broader CAMHS workforce and service delivery information that has implications for non-Māori responsiveness to Māori and the development of kaimahi Māori within CAMHS.

[23] Māori Child, Adolescent, and Whānau Workforce Profile: Survey Findings, Tassell & Hirini, 2002, p.10.

[24] See Te Rau Tipu: Proceedings of the National Māori Mental Health Child & Adolescent Workforce Conference, Te Rau Matatini and The Werry Centre, Feb 2004.

The figures provided by the National Mental Health Workforce Development Co-ordinating Committee, Health Workforce Advisory Committee and Te Rau Matatini all highlight the existing discrepancy between the number of Māori mental health workers and the proportion of tangata whaiora. The reports have also allowed a rudimentary comparison between the Māori and non-Māori mental health workforce and also the composition of the Māori mental health workforce from 1999 to 2002. These comparisons reveal that mental health nurses feature most strongly in the non-Māori workforce (at approximately 34%[25]), whereas Māori are more likely to be employed in support roles rather than professional positions and are relatively new to the mental health sector. Furthermore, the composition of the Māori mental health workforce has remained consistent between the 1999 and 2002 surveys.

CHARACTERISTICS OF THE FUTURE MENTAL HEALTH WORKFORCE

The workforce required to meet the needs of tangata whaiora and whānau in the future will need to:

- be proportional to the Māori population and its mental health needs, including a gender and age balance across all service areas
- be focussed on effectively meeting the needs of tangata whaiora and their whānau
- be equipped to meet, over time, the needs of the 20% of the Māori population with the greatest mental health needs (including mental health promotion and prevention as well as treatment)
- be culturally and clinically competent and engaged in ongoing competency development, education and training
- base its services on evidence and good practice, with a focus on best outcomes for tangata whaiora and whānau
- be comfortable and competent with technology-based practice and training
- have transferable skills
- be located across the range of service locations, public/preventative, primary, secondary and tertiary (specialist) health services; in both Māori service providers and mainstream organisations
- have a strong presence in a variety of mental health roles, including a range of registered general and specialist mental health clinicians, skilled kaiawhina and whānau support workers who provide a bridge for whānau and mental health services; kaumātua to ensure the safety of tangata whaiora and staff; and in allied professional roles
- be aligned to education, and the wider intersectoral workforce, such as child protection, social services and justice, and
- develop intersectoral relationships and form partnerships to seek innovative ways to develop competencies, e.g., Māori CAMHS training and work experience activities with Te Kohanga Reo, Kura Kaupapa Māori and wānanga, to effectively work with taitamariki in a kaupapa Māori setting.

[25] Of those occupations featured in the breakdown, which does not include counsellors or medical practitioners.

WORKFORCE STRATEGIC IMPERATIVES

The following outlines how the Ministry of Health's strategic imperatives align with the Workforce themes of *Kia Puāwai Te Ararau*.

Workforce Expansion: Recruitment

The strategic imperative of recruitment is a primary focus of the expansion workforce theme. Recruitment must recognise education and labour market trends to identify and implement effective strategies for positive recruitment of new entrants.

Māori participation in tertiary education is now higher than non-Māori in all age groups except 18–24 years, with dramatic increases in the number of Māori attending wānanga in particular. In July 2001, the number of Māori tertiary enrolments was nearly 18% of all enrolments (Tertiary Education Commission, 2004), whereas Māori comprise 15.1% of the total population. However, user-pays education continues to place barriers before many Māori wishing to enter health professions.

In line with improving future employment projections for Māori, increasing levels of educational attainment and wider employment prospects should provide opportunities beyond traditional industries to enable Māori to work in a wider range of occupational roles, specialist areas and workplace settings (Ponga et al., 2004). An outline of current mental health workforce development recruitment initiatives, challenges and future opportunities is included in Appendix D.

Workforce Expansion: Retention

Expansion also encompasses the need for retention strategies. For communities to trust health services, and for the health profession to be viewed positively, health services must not only attract capable, competent people, but also be able to retain them. Therefore effective recruitment strategies are obsolete if effective retention strategies are not in place (London, 2002). Work conditions and environments that foster and encourage Māori to remain in the mental health workforce will add to the overall size and experience of the Māori mental health workforce. Reliance on recruitment initiatives alone will not provide sustainable solutions nor create an enduring base on which the future Māori mental health workforce can be structured.

Retention is related to job satisfaction and opportunities to make a difference and develop both personally and professionally as well as to remuneration (Maxwell-Crawford & Gibbs, 2003). Where these do not exist, Māori are quick to leave services because their expectations have not been met. According to Kāhui Tautoko (2001), what attracted many to the Māori mental health workforce and what has kept them there was their ability to "practise in a Māori way" without having to justify it to non-Māori managers or practitioners. Where Māori practitioners were able to provide their services within a kaupapa Māori framework, and receive recognition for their skills, they gained considerable satisfaction and reward from the job. An outline of current mental health workforce development retention initiatives, challenges and future opportunities is included in Appendix E.

Workforce Excellence: Training and Development

The primary component underlying excellence is the need for increased dual clinical and cultural training and development opportunities. This is because access to relevant training and development opportunities is an important aspect of both recruitment and retention of Māori mental health workers and the attainment of workforce excellence[26]. Increasing the skill sets of Māori working in mental health has become increasingly important with changes in technology, reviews of service (e.g., the Auckland Review, Recovery Competencies for New Zealand Mental Health Workers, Mental Health Commission, 2003), and in regulation (e.g., the National Mental Health Standards, Ministry of Health, 2001a).

Mental health workers with recovery-focused skills are in demand, as is a workforce capable of working in multidisciplinary teams (Mental Health Commission, 2001) whilst maintaining and developing specialist skills in different areas such as risk assessment, community management of mental illness in children, adolescents, families and older people (Ministry of Health, 2002b).

Inclusion of kaumātua as part of the Māori mental health team is integral to working in a Māori way, as it keeps the staff, tangata whaiora, and whānau safe, provides support, and contributes to cultural development. It is important, however, that the skills of kaumātua be explicitly recognised and funded, and that kaumātua themselves have access to training to support their role in mental health. There is also a need to 'grow' future kaumātua, and have succession plans to ensure their valuable skills are passed on (Kāhui Tautoko Ltd, 2001; Te Rau Tipu Conference, 2004). An outline of current mental health workforce development training and development initiatives, challenges and future opportunities is included in Appendix F.

Workforce Extension: Organisational Development

Mental health expertise is required in many areas of the health sector, such as primary health care, so that early intervention and reduction of mental illness can be realised without adding demands to already stressed mental health services. Furthermore, extending the capability of Māori working in mental health services and related health services is important to strengthen holistic health approaches and integrated care. The aim of this theme is therefore twofold: to improve Māori mental health workforce systems, and to extend mental health care in primary health care to improve the effectiveness of mental health integrated management of care. An outline of current mental health workforce development organisational development initiatives, challenges and future opportunities is included in Appendix G.

Extension of Organisational Development

Organisational development looks at improving management and workforce systems that support the workforce and creating a national resource that will attract and concentrate expertise in organisational development specifically for mental health services (Ministry of Health, 2002d).

[26] Workforce excellence encompasses the promotion of dual competency within the Māori mental health workforce so that comprehensive and relevant services are available to tangata whaiora and whānau.

The aim includes the need to continue to create greater access to information and supports that of enhancing the management and operational practices of the workplace, thereby enabling the workplace environment to support more effectively the work of staff in Māori mental health.

Fostering and developing leadership within the Māori mental health workforce is a key driver that, when exemplified by role models, supervisors, mentors and kaumātua, can positively contribute to the expansion of ongoing learning, skill development and the retention of experienced workers. In addition, strong leadership within management, planning and investment processes provides opportunities for long-term infrastructural and sustainable systematic development. Organisations in which processes are developed and aligned with people, in particular where effective leadership is fostered, will be better placed to retain and develop 'people-focussed' workplaces.

Extension of Mental Health Care and Service Provision

Changes in legislation together with the current health reforms mean primary health care practitioners and community health workers will have an increasingly important role in the delivery of mental health care. Consequently, innovative methods and training opportunities are required to ensure the workforce is equipped with the necessary skills and competencies to fulfil these roles effectively.

This can be inclusive of:

- the creation in primary care of new roles and new workforce structures such as nurse-led primary health care clinics/services supported by specialist mental health teams
- clear definitions of Māori community support workers' key roles
- opportunities to participate in early intervention strategies, and,
- the increase of the capacity of general practitioners to detect mental health problems[27].

In DHBs and NGOs where the population base does not justify the establishment of comprehensive early intervention services/strategies, other more innovative models of practice would need to be explored, e.g., the development of the 'first contact care' where a nurse/community health worker is employed as part of the primary care team to ensure quicker access to more effective treatment for people with mental health problems. Where appropriate, these health professionals could participate in the provision of information, assessment, screening and onward referral, and could receive training to deliver some brief, evidence-based techniques such as anxiety management. Based on the feedback from the Te Rau Whakawhānui Mental Health in Primary Health Care Pilot, the training programmes need to incorporate cultural and clinical skills as well as addressing issues on working relationships (Holdaway, 2003). Strategies to build trust both for service users and workers in and across services will also support service users developing strong confidence in the skills and knowledge of nurses and community health workers.

[27] Holdaway (2003).

Workforce Navigation: Infrastructural Development

Workforce Navigation recognises the critical importance of collecting, analysing and making available comprehensive and accurate information for Māori mental health workforce development. Infrastructural development focuses on the creation of a wider system of organisation and processes within the mental health sector, to manage planning and investment processes (Ministry of Health, 2002d). The workforce theme and strategic imperative encompasses coordination and collaboration informed by reliable data and information at a local, regional and national level. It also acknowledges the importance of relationships between key stakeholders in and across the health and education sectors.

Effective communication, coordination and cooperation between the health sector and wider related sectors, including education, housing and social development, will be required to strengthen the ability of the workforce to contribute effectively to whānau ora.

Data and information are integral to effective workforce development and planning. Much research and analysis undertaken to date points to the fact that more informed, practical and needs-based projects, initiatives and investments will be possible with more current and readily available data (Health Workforce Advisory Committee, 2002; National Mental Health Workforce Development Coordinating Committee, 1999; Ministry of Health, 2002a). Information systems and technology are significant in the provision of this information; however, national coordination of Māori mental health data and general health data will need to be further developed to support this. An outline of current mental health workforce development infrastructural development initiatives, challenges and future opportunities is included in Appendix H.

SUMMARY

The combined workforce themes and strategic imperatives demonstrate a range of initiatives already underway to strengthen the Māori mental health workforce. The Māori mental health sector is complex and dynamic, with many interacting contributors. It operates at the intersection between health and mental health policy and service trends, wider Māori development, broad social and economic trends, shifts in the labour market, and educational policy and service developments. It is influenced not only by trends within New Zealand but also internationally, in indigenous health development[28] and mental health service developments in associated countries.

Although there is strong competition for skilled Māori mental health practitioners, the mental health labour market is also an international one, with significant movement between the New Zealand mental health workforce and those of other countries. New Zealand employers, predominantly the NGO/community provider sector, often find it difficult to compete not only on a local level but also with overseas salary levels and training opportunities, particularly given the level of student loan debt for more specialised clinical work groups.

[28] The recent establishment of the Pacific indigenous health network is an example of international co-operation to advance indigenous workforce development and research in New Zealand, Australia, Canada and the United States

The ability of New Zealand to meet the mental health need of Māori, as discussed in Section Four, demands shared responsibility between mental health, and the wider health and related sectors, and requires specific planning and coordination to ensure proactive systems and processes are developed, monitored and realigned where required, to meet long-term objectives. It also requires commitment to provide resources to sustain and maintain the mental health workforce in DHB and NGO/community provider services. Therefore *Kia Puāwai Te Ararau* takes a cross-sector and all-age inclusive approach that aligns with a holistic paradigm of health yet challenges a system that places services, staff and resourcing into silos.

SECTION THREE

THE IMPORTANCE OF A MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT PLAN

Major disparities exist between the mental health status of Māori and non-Māori. For gains to be achieved in the areas of mental health, key issues surrounding the Māori mental health workforce need to be addressed. These key issues, comprehensively covered in the macro-analysis of the Māori mental health workforce (Ponga et al., 2004), emphasise that to achieve better health outcomes for Māori, it is necessary to build the Māori mental health workforce to ensure there are enough Māori with the right skills to meet the needs of whānau and Māori communities.

The current Māori mental health workforce comprises people with a variety of skills, knowledge and experience who contribute culturally, clinically and socially to improving the mental health of Māori individuals, whānau and communities.

It is now recognised that clinical competence cannot be separated from culture. Culture influences how behaviours and symptoms are perceived, understood and responded to, by both whānau and mental health workers. Māori culture is important to Māori mental well-being. A secure identity is a prerequisite to good mental health, and culture is part of identity. Cultural identity depends not only on having access to that culture and heritage, but also on being able to express one's culture and have it endorsed within social institutions such as health services (Durie, 2001). Clinical outcomes are strengthened when there is a match between health consumers and workers (Huriwai, Sellman, Sullivan, & Potiki, 2000).

In essence, the mental health workforce needs to be both clinically and culturally competent to work effectively with Māori. This means growing the size of the Māori mental health workforce, and supporting those Māori in developing both their clinical and cultural knowledge and skills. It also requires recognising and valuing the knowledge and skills they already have that enable them to better meet the needs of tangata whaiora and whānau.

Since the 1990s, mental health strategies and plans have increasingly focussed on services for Māori and developing the Māori mental health workforce. Te Puāwaitanga, (Ministry of Health, 2002a), for example, has set the goal of increasing the number of Māori mental health workers by 50% over the 1998 baseline (Goal 4). There has been much activity as a result of this emphasis, including new research initiatives, training schemes, and tertiary training initiatives in workforce development, for example, Te Rau Puāwai and the Henry Rongomau Bennett Memorial Scholarships for Māori psychiatric registrars, the Mental Health Workforce Development Programme managed by the Health Research Council, and the Ministry of Health.

Much progress has been made. There was an 89% increase in the number of Māori psychologists between 1991 and 2001. In 1991 only 3% of registered nurses were Māori, by 2001, 6% of registered nurses were Māori, and currently about 15% of the overall mental health workforce is Māori (HWAC, 2002). However, benchmarks for Māori child and adolescent mental health workforce numbers are far from being achieved, and CAMHS workforce development continues to be a workforce priority within the mental health sector (Mental Health Commission, 2003).

WORKFORCE SHORTAGES

There is still much work to be done, however, to develop mental health services that are appropriately responsive to Māori mental health needs, to facilitate best health outcomes for Māori and proactively contribute to whānau ora. While Māori comprise around 15.1% of the New Zealand population (Statistics New Zealand, 2002) they represent a much higher proportion of the mental health service user population (Te Puni Kōkiri, 1996), and while around 15% of the mental health workforce is now Māori, most of these are in relatively low paid or unskilled support roles (HWAC, 2002). A significant increase in numbers employed is still needed in all the mental health workforce areas, and particularly in registered professions. Māori are under-represented in this field particularly in specialist areas such as CAMHS, and unfilled vacancies remain high (Mental Health Commission, 2003 and The Werry Centre, 2005). Reasons for this include a lack of critical mass in the workforce, many still in training, under-developed training and career pathways, and inadequate recruitment and retention strategies.

KEY STAKEHOLDERS IN THE MĀORI MENTAL HEALTH SECTOR

As the two major employers of the Māori mental health workforce, District Health Boards and Māori mental health providers are important stakeholders. Māori health professional groups also have an important leadership role in developing solutions and promoting participation in particular professional areas. The regional mental health networks are one key mechanism for bringing together information on the needs and views of the different players.

Other key players also have significant influence on the efficiency of the process, particularly funders and regulators of health and education services, and industry and advocacy bodies such as professional and consumer groups. Māori workforce development needs to be able to encompass and influence all these key stakeholders.

For successful mental health workforce development both the health (primary, secondary and tertiary levels) and education sectors need to communicate and coordinate activities in a more focussed manner. The central relationships are between the users of health services, the providers of health services, and the providers of education and training services. Mental health service providers need to match the skills of their workforce to the needs of their users, and to obtain training and development for their workers to develop these necessary skills. A central goal of workforce development is to make this process as smooth and efficient as possible. National consistency will be needed to ensure education and training opportunities are coordinated to optimise the ability of the workforce to up-skill and further develop their skill sets.

How the Plan fits within and beyond the Health and Disability Sector

Kia Puāwai Te Ararau comes under the umbrella of Te Rau Matatini and can be aligned to New Zealand Health and Disability Strategies. It integrates the directions set by:

- national directions for Māori health and wider Māori development (including He *Korowai Oranga: Māori Health Strategy* and *Strategic Directions: Māori succeeding as Māori*)
- national mental health strategies (including *Te Puāwaitanga, Te Tāhuhu, the National Māori Mental Health Strategic Framework*, *Looking Forward, Moving Forward*, and the *Blueprint for Mental Health Services in New Zealand: How Things Need to Be*)
- Child and adolescent strategies (including *New Futures, He Nuka mō Ngā Taitamariki, Kia Piki Te Ora o Ngā Taitamariki*)
- wider health workforce development work
- Māori education strategies, and,
- establishment of Workforce Centres of Excellence.

Figure 2 below, illustrates the relationships between these key documents.

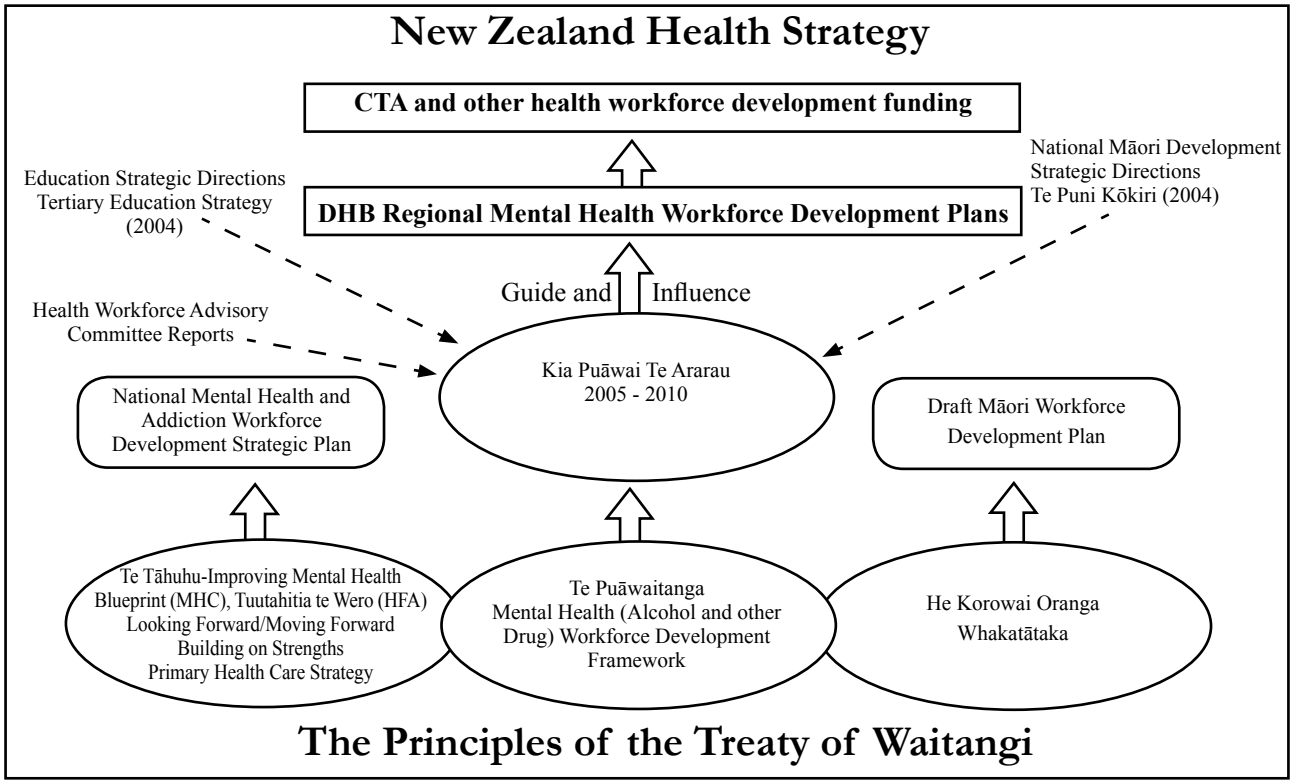


Figure 2. Relationship between *Kia Puāwai Te Ararau* and other national strategies and plans.

MĀORI HEALTH AND DEVELOPMENT STRATEGIES

He Korowai Oranga, Māori Health Strategy (Ministry of Health, 2002a) takes a holistic approach to Māori health, with whānau ora as its ultimate goal. It emphasises the need to identify and build on the strengths and assets of whānau and Māori communities, and not just focus on the problems. It seeks to integrate Māori health approaches throughout health service delivery and improve access to and effectiveness of services for Māori. It established four pathways for improving whānau ora and reducing Māori health inequalities:

- whānau, hapū, iwi and Māori development
- Māori participation throughout the sector
- effective service delivery for Māori, and
- working across sectors.

Whakatātaka, the Māori Health Action Plan (Ministry of Health, 2002c) sets out some practical first steps to begin implementing *He Korowai Oranga*, one of which is to develop a Māori health workforce development plan. This plan is expected about mid 2004.

Broader directions for Māori development include Te Puni Kōkiri's vision of *Strategic Directions: Māori Succeeding as Māori.* This includes Māori participating in te ao Māori, as well as Māori participating and succeeding as Māori in New Zealand and in the wider world, in whatever pursuits they choose (Te Puni Kōkiri, 2004).

Māori Mental Health Strategy

Te Puāwaitanga, the Māori Mental Health Strategic Framework (Ministry of Health, 2002a) has built on the objectives and milestones *from Tuutahitia te wero, Meeting the Challenges*, the Health Funding Authority's Mental Health Workforce Development Plan 2000–2005 (Health Funding Authority, 2000). *Te Puāwaitanga* also includes five goals specifically for DHBs, reflecting their statutory responsibilities for improving Māori health outcomes and reducing Māori inequalities through planning, funding and delivering services. This is recognised in Section 23 of the New Zealand Public Health and Disability Act 2000, which requires District Health Boards to help Māori build the capacity to provide for Māori health needs.

Mental Health Strategies

Looking Forward: Strategic Directions of the Mental Health Workforce (Ministry of Health, 1994), *Moving Forward: The National Mental Health Plan for More and Better Services* (Ministry of Health, 1997) and the *Blueprint for Mental Health Services in New Zealand: How Things Need to Be* (Mental Health Commission, 1998) reinforced the move to deinstitutionalised mental health services and the need to invest more in mental health services. They took a recovery approach to mental health, and focussed on better meeting the needs of the 3% of the population with the severest mental health problems (the Blueprint suggests 6% for Māori, given their higher mental health need). *Building on Strengths, a Springboard for Action: A New Approach to Promoting Mental Health in New Zealand/Aotearoa* (Ministry of Health, 2002e) expands the focus to encompass 'public mental health', including mental health promotion and prevention and intersectoral action to address wider determinants of mental health outcome. *Te Tāhuhu: Improving Mental Health 2005-2015 (*Ministry of Health, 2005) acknowledges the achievements of the past decade since *Looking Forward* was first introduced and considers recent developments and current trends in the social and political environment that will impact on the way mental health services are delivered. There is a strong emphasis for mental health services to work across the health sector and government sectors to improve service integration.

Primary Health Care Strategy

The Primary Health Care Strategy (Ministry of Health, 2001d) encourages a shift in primary health to population health, health promotion and preventative approaches, particularly with regard to the 14 population health objectives in the New Zealand Health Strategy, which includes mental health. The strategy encourages greater community involvement in planning primary care, multi-disciplinary decision-making and service delivery, and improved coordination and continuity of care.

Child and Adolescent Strategies

New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand (Ministry of Health, 1998) provides a clear definition of mental health services for children and young people with a focus on expansion and development of this service. This document focuses on objectives and targets set for CAMHS in *Looking Forward* and *Moving Forward*.

Kia Piki Te Ora O Nga Taitamariki/In Our Hands: Strengthening Youth Well-being (Youth Affairs, Ministry of Health, Te Puni Kōkiri, 1998) is inspired by the vision to value, nurture and strengthen taitamariki in order to reduce the rate of youth suicide. The goals and objectives of this Strategy are well-matched to the vision of child and adolescent mental health services for both service delivery and workforce development. *He Nuka Mō Ngā Taitamariki: A National Workplan for Child and Youth Mental Health Services* (Health Funding Authority, 2000) provides a pathway for CAMHS to follow in order to develop and expand services to meet benchmarks set by government in Mental Health Commission Blueprint (1998). This document is significant as it contains input from young service users, including Māori, in the informing of the goals and objectives[29]. Finally, *The Youth Development Strategy Aotearoa: Action for Child and Youth Development* (Youth Affairs, 2002) can assist and guide services to be more responsive to young people. The Strategy was developed with the input of young people and provides initiatives that can be implemented by services to support the goal of youth development.

Wider Health Workforce Development Work

In 2003, the Health Workforce Advisory Committee made a number of recommendations to the Minister of Health on ways to progress Māori workforce development within the health and education sectors (Health Workforce Advisory Committee, 2003):

- include requirements for Māori capacity building in their workforce plans
- develop "Māori preferred employer criteria"
- continue ongoing education and development for existing Māori health practitioners
- consider second-chance health education initiatives, including work experience and internships for Māori, and
- establish a national Māori workforce development group in the form of a specialist Māori advisory group to HWAC, the Māori Health and Disability Workforce Development Sub-Committee.

The Health Workforce Advisory Committee also recommended the Ministry of Education, in collaboration with the Ministry of Health and District Health Boards should:

- provide accessible and positive health careers guidance to Māori students
- develop a marketing strategy to promote health sciences as a career option, and
- develop outcome-based incentives encouraging tertiary institutions that provide health and education to increase Māori recruitment and completion.

Education Strategies

Broad directions for education include shifting the focus from schools to life-long education, which equips all New Zealanders to gain strong learning foundations and the ability to keep acquiring new skills, knowledge and attitudes that will give them the best chance to get good jobs and share in the wider life of their community and society (Ministry of Education, 2003).

[29] Appendix A, *He Nuka Mā Ngā Taitamariki: A National Workplan for Child and Youth Mental Health Services,* Health Funding Authority (2000), p. 44.

The Tertiary Education Strategy (Ministry of Education, 2002) concentrates on increasing the relevance, connectedness and quality of tertiary education so it better aligns with national goals and has stronger links with stakeholders such as the health sector.

The strategy emphasises the important contribution the tertiary education system needs to make to Māori development and the retention and development of mātauranga Māori. It encourages effective partnerships with Māori communities, a focus on future needs, greater collaboration and rationalisation within the system, and increased quality, performance and effectiveness. These partnerships need to extend to Te Kohanga Reo, Kura Kaupapa Māori and bilingual units and wānanga to influence curriculum, academic pathways and career choices for young Māori considering a career working with taitamariki in mental health services.

National Workforce Centres

Three Workforce Centres have been established to support and further develop mental health workforce development.

Matua Raki

The National Addiction Treatment Workforce Development Programme Matua Raki was established in March 2004 to support the development of the addictions workforce. A strategic plan to support the development of this workforce, and addictions workforce development projects and initiatives are key components of the work currently being undertaken by Matua Raki.

The Werry Centre

The Werry Centre for child and adolescent mental health is a multidisciplinary, multicultural national organisation, set up in March 2003. The Centre aims to improve the mental health of children and adolescents in New Zealand through the provision and promotion of training for mental health professionals, conducting and promoting child and adolescent mental health research, advocating for their mental health needs, and supporting the child and adolescent workforce to provide high quality care.

Te Rau Matatini

Te Rau Matatini was launched in March 2002 and is the national Māori mental health workforce development organisation. Te Rau Matatini was established to ensure that Māori mental health consumers, tangata whaiora and whānau have access to a well-prepared and well-qualified Māori mental health workforce. Te Rau Matatini aims to increase the number and clinical and cultural expertise of Māori working in mental health and related sectors, and contribute to improved services for tangata whaiora and whānau.

SUMMARY

Accelerated Māori mental health workforce development can contribute to whānau ora in a number of ways. It not only promotes more effective care for Māori with mental health issues. It also increases the knowledge and skills in whānau and in the community. Knowledge and skills create greater employment opportunities, which raise socio-economic status, which is linked to better mental health and overall whānau ora (Blakely, 2004).

Consistent and coordinated national direction, and long-term commitment and funding are needed for substantial gains. This is why *Kia Puāwai Te Ararau* takes a cross-sector and all-age inclusive approach that aligns with a holistic paradigm of health and challenges a system that places services, staff and resourcing into silos. It takes time to train and educate mental health workers, and particularly clinical specialists. It is necessary both to anticipate and plan for workforce needs some years into the future to be in a position to meet them when the time comes, and to have a system that is sufficiently flexible and responsive to change, as population needs change. All New Zealand will benefit if Māori have better mental health and well-being.

SECTION FOUR

THE RATIONALE FOR STRENGTHENING MENTAL HEALTH SERVICES FOR MĀORI

Mental health is the primary health concern for whānau. "Tuberculosis, pneumonia and malnutrition were the substantive causes of suffering and death [in the late 1800s]. Today cancer, motor-vehicle accidents and heart disease fill similar roles. There is however, further evidence that….the greatest threat to good health to Māori is poor mental health" (Durie, 1999, p.6). Over the last 30 years, Māori admission and re-admission rates to psychiatric facilities have dramatically increased, while rates for non-Māori have remained static or declined (Durie, 1998).

The prevalence of mental illness for Māori compared with non-Māori has not been fully investigated, although the mental health epidemiological survey is underway. The survey aims to improve information about the prevalence and severity of mental health problems in New Zealand compared with other countries, including how Māori mental health compares with other population groups. The final results are due in 2006[30]. The Mental Health Information National Collection (MHINC) will also provide more in-depth information about the use of mental health services by Māori over time.

Māori hospital admissions and readmissions information provides some insight of prevalence through those who have accessed services but does not complete the full picture to include those who *need* to access mental health services, yet do not. Hospital admissions and readmissions rates are about 40% higher for Māori than for non-Māori, and although Māori often spend less time in hospital they are re-admitted more frequently (Te Puni Kōkiri, 1996). Māori also have higher rates of presentation to crisis, acute and forensic services, and are also more likely than non-Māori to suffer from alcohol and drug disorders. One review of forensic services found that of 189 patients in forensic services at that time, 50% were Māori (Ministry of Health, 2001c), which is a high percentage considering Māori make up only 15.1% of the total New Zealand population (Statistics New Zealand, 2002).

Late intervention for Māori is a key concern, as it points to a possible lack of effective or appropriate early intervention services for Māori. Because Māori access mental health services at a much later stage in their illness than non-Māori and are more likely to be admitted through the compulsory assessment and treatment system, they are more likely to be seriously ill by the time they present to a service, and to have suffered trauma (Mental Health Commission, 1998). Tangata whaiora are also likely to experience poorer outcomes from their treatment even after they have accessed treatment. This is because delayed access to treatment and trauma associated with the first episodes of mental illness are both risk factors for poor treatment outcomes (Mental Health Commission, 1998).

Mental health services for children and young people remain a high priority, and feature as one of the Ministry of Health's *Ten Leading Challenges* to build mental health services (Ministry of Health, 2005). A fast growth rate of the young Māori population coupled with a higher prevalence of mental illness among taiohi Māori compared with non-Māori could indicate an increase in service demands

[30] A joint project between the Ministry of Health, the New Zealand Health Information Service and the Health Research Council.

on an already strained service. A number of national Māori mental health projects currently support the Māori CAMHS workforce in finding solutions to build its workforce and improving the quality and capacity of Māori CAMHS. These are notably:

- Te Rau Tipu national quarterly networking hui
- Te Rau Tipu bi-annual conferences
- Te Rau Arataki orientation on-line resource
- Te Rau Pīataata, 'BNOT', Whaia te Ara Mōu resources
- Kaimahi database to enhance networking opportunities and better coordinate and identify workforce trends[31].

CULTURE AND MENTAL WELL-BEING

Culture and ethnicity play important roles in mental well-being.

First, the development of a positive identity is necessary for good mental health, and culture is part of identity. Te Hoe Nuku Roa (1998), the longitudinal study of Māori whānau, indicates that a secure and positive cultural identity appears to offer Māori some protection against ill health, and is also more likely to be associated with educational and employment participation. For Māori, cultural identity depends not only on identification as Māori but also access to Māori society, i.e. participation in whānau and marae activities, access to ancestral lands and contact with Māori people (Durie, 1997). It also depends on being able to express one's culture and have it endorsed within social institutions such as health services (Durie, 2001). Te Hoe Nuku Roa also indicates that many Māori do not currently have a secure cultural identity (Te Hoe Nuku Roa, 1998).

Second, the culture of the therapist and client strongly affects the assessment process, the therapeutic relationship, and treatment outcomes – including what is considered an appropriate outcome from treatment processes. A number of international and New Zealand studies have demonstrated that judgements about psychological functioning depend at least in part on whether therapists are of the same ethnic or cultural background as their clients. Because people learn to express distress in culturally acceptable ways, similar symptoms may hold different meanings in different cultures. Misdiagnoses can result where clinicians do not understand the client's culture (Sue, 1998; Gurung & Mehta, 2001; Johnson & Cameron, 2001). Cultural matching between clinician and client is associated with lower treatment dropout rates, higher client satisfaction (Sue, 1998; Huriwai et al., 1998), and better treatment outcomes (Gurung & Mehta, 2001).

Third, mental health services can contribute to better mental health outcomes for Māori by reinforcing being Māori as a positive identity, helping to re-establish links with whānau and Māori communities, and providing an environment where Māori values, beliefs and practices are the norm.

[31] More information on each of these projects can be found in Te Rau Matatini publications and on their website www.matatini.co.nz

Fourth, through increasing the cultural as well as clinical competence of practitioners, mental health services can also significantly reduce the proportion of misdiagnoses and poor treatment outcomes. Māori mental health practitioners are of critical importance in building services that reinforce cultural identity and provide professional and effective practice (Durie, 2001).

Māori CAMHS staff identified *cultural training* as a priority training need in the 2002 Māori mental health workforce survey (Tassell & Hirini, 2004). The importance of strategies and innovations to increase the practice of using Māori models within CAMHS can be gleaned from presentations at Te Rau Tipu Māori CAMH conference, 2004 and through current Te Rau Matatini training related projects.

The emergence of young people educated and immersed in te reo Māori is coupled with a growing demand for the integration of Māori cultural values and practices into mental health services. These evolutions pave the way for new health ideals and new best practice models that will impact on future training needs for mental health staff.

While culture and ethnicity play a key role in mental wellness and pathways to wellness, having access to age-appropriate workers has been identified by young tangata whaiora as important for their own recovery. Young people value being able to talk about their illness with others their own age and would find it useful to hear from people who have experienced the same illness to hear messages of hope and recovery from those they perceive as real people as well as professionals[32] (*New Futures: A Strategic Framework,* Ministry of Health, 1998).

TRENDS IN MENTAL HEALTH SERVICE DELIVERY

Over the past three decades mental health has moved from an institution-based service to a community-based one. The focus has shifted from containment to recovery, which supports full participation of tangata whaiora in society, protecting rights and helping to create supportive environments as well as more traditional clinical tasks of providing diagnosis and illness treatment services. Māori mental health development trends have included:

- growing understanding of the importance of culture in mental health interpretation and service delivery
- recognition of the benefits of involving tangata whaiora and whānau in service planning and delivery
- greater interest in broader determinants of mental health, mental health promotion and prevention, destigmatisation
- mental health care delivery in a broader range of settings and through multi-disciplinary teams, for example primary health organisations and whānau support services
- the need for increased wider sectoral partnerships between mental health services and other agencies and organisations, e.g., CAMHS and Child, Youth and Family.

[32] *New Futures: A Strategic Framework*, Ministry of Health (1998), p.16

For Māori mental health services, there has been nearly 20 years of Māori provider development driven by strong Māori leadership, incorporation of mātauranga Māori into service provision, and, more recently, the emergence of new health workforce development organisations such as Hauora.com, Te Ohu Rata, Te Rau Puāwai, and Te Rau Matatini. These developments are compatible with the vision for Māori to participate fully in society as Māori, and to have a greater sense of self-determination. They also create an even stronger demand by Māori communities for skilled Māori mental health workers with clinical and cultural competencies.

The Importance of Primary Care in Mental Health

The *Primary Health Care Strategy* (Ministry of Health, 2001d) estimates that health services contribute to one-fifth of health improvement, and as the majority of improvement occurs through changes in social, economic and cultural impacts on the community's health problems, adopting "a broader approach to primary health care can contribute to reducing health inequalities and improving outcomes" (Ministry of Health 2001d, p.18).

Early intervention is fundamental in preventing deterioration to full-blown illness, and in controlling symptoms and improving outcomes. As Māori access mental health services at a much later stage, early recognition of mental health needs and increased mental health supports by primary health care will facilitate an integrated approach to mental health care (Holdaway, 2003). This is aligned to the Government's emphasis on partnerships to address the problems of resources, communication, and coordination in health and social care.

Anxiety disorders, along with depression and substance abuse are currently the most common mental health problems, and presentation is often assumed normal. Therefore these frequently escape the notice of primary health care or other professionals who are providing health services and support (such as for diabetes, asthma, a new born baby, or housing needs) to an individual or whānau. This is particularly the case for Māori who access these services (Te Puni Kōkiri, 1996).

Compared with Māori access pathways, non-Māori access to mental health services occurs more often through nurses in community services outside mental health, general practitioners or specialist supports (Te Puni Kōkiri, 1996). Early recognition of mental health needs and greater management of mental health supports through primary health care will further facilitate early intervention, reduce distress, disability and the burden of illness, and also has the potential to reduce the need for secondary mental health services for all the population. Greater shared understanding of Māori mental health needs will assist further gains, early recognition, and timely referrals, and will also ensure integrated systems of mental health care are achieved for Māori and non-Māori. Partnerships and joint initiatives between CAMHS and primary health care services need to increase to ensure young Māori access services that are responsive to their needs at the right time.

Future Response Required For Māori Mental Health Need

The Māori population is growing, and is projected to be a third larger in 2014, at nearly 890,000 Māori, than in 2001 when approximately 526,000 people identified as Māori. Māori also have a younger age profile than non-Māori. In the 2001 Census, 25% of the 1–14 year age group and 20%

of those aged 15–17 identified as Māori (Statistics New Zealand, 2002). This means the Māori population comprises an increasingly large proportion of people entering late teens and early adulthood. This is also a high-risk age group where serious mental illnesses (such as first presentation psychosis, schizophrenia, and bipolar) often emerge (Horwood & Ferguson, 1998; Te Puni Kōkiri, 1996; Durie, 2001). Once again, this reinforces the urgent attention required to address the shortfalls of Māori CAMHS workforce development at this time.

The implication is that unless issues of access, service effectiveness and appropriateness are addressed, Māori will make up an increasingly large proportion of those needing mental health services, and mental health problems will take a growing toll on whānau and Māori communities.

The trends are not entirely negative, however. In terms of broader determinants of mental health, Māori appear to be recovering from the economic shocks of the 1980s. More Māori are now participating in the education system and graduating with qualifications; income levels are beginning to rise, and unemployment appears to be dropping. With the growth of Te Kohanga Reo, Kura Kaupapa Māori and wānanga, more Māori are learning te reo, whakapapa and tikanga and developing confidence in their identity and culture. Mental health problems are also less likely to develop where people have socio-economic well-being and confidence in their cultural identity (Blakely, 2004; Durie, 2001).

One important strategy to reduce the high admission and readmission rates to mental health services and the unmet mental health need is to increase the ability of people in front-line services such as primary health care, midwifery, accident and emergency departments, corrections, social services and community aid centres to recognise the symptoms of emerging mental health problems and appropriately refer or assist individuals and whānau (Maxwell-Crawford, Hirini, & Durie, 2002). This strategy is consistent with the broader vision for primary care services (Ministry of Health, 2001d).

Effectiveness of Outcome Measures

Services are beginning to be more concerned about whether what they do is making a real difference for tangata whaiora and their whānau. There is a growing interest in measuring the impact on outcomes and effectiveness of services. It is important that outcomes for Māori reflect Māori values and models of health. Two recent models developed for measuring outcomes from a Māori perspective are:

- *Hua Oranga, A Māori Measure of Mental Health Outcome* (Kingi & Durie, 2000). The framework integrates clinical and cultural outcome measures and holistic health approaches from tangata whaiora, whānau and mental health staff perspectives.
- *Māori Specific Outcomes and Indicators* (Durie, Fitzgerald, Kingi, McKinley, & Stevenson, 2002). This is a broader model developed by Massey University for Te Puni Kōkiri.

Both frameworks include positive participation in society as Māori, including access to and the level of use of Te Reo and tikanga, and enhanced whānau capacity as key outcome measures. Tangata whaiora and whānau are also raising their expectations of mental health services for effective and competent services to improve their outcomes. Increased consumer expectations are driven by improved access to information about effective service delivery and technology, particularly through the web; a growing confidence in their Māori identities and a demand that this be reflected in service delivery; tangata whaiora participation in service planning and delivery; and easier access to and a higher profile for advocacy and complaints mechanisms (HWAC, 2003; Hirini & Durie, 2003).
Again, these developments increase the demand for well-trained Māori mental health workers who are both clinically and culturally competent, and who are focussed on quality and outcomes for tangata whaiora and whānau. This highlights further the critical workforce and service deficits for service areas such as CAMHS where barriers to services include costs, cultural barriers, family issues, lack of Māori health professionals and waiting times to get into services (The Werry Centre, 2005). Consumer demands not only for service but for *quality* service will only become greater over time.

Growing Interest in Prevention and Mental Health Promotion

There is growing interest in expanding mental health services beyond the 6% of Māori with the severest mental health needs to the 20% of Māori who are either at high risk of becoming one of the 6% without intervention, or whose needs for support are not in the highest category but are still substantial. This will require Māori mental health workers to acquire an understanding of population approaches for mental health and the skills to work with whānau and Māori communities to promote mental health. There is also scope for Māori primary health care workers to play a significant role in mental illness prevention, mental health promotion and early intervention (Ministry of Health, 2002d).

Public health, health promotion and mental health promotion share common principles through the use of Māori models of health[33]. Many health promotion programmes are designed to reach young Māori. This provides a key opportunity for CAMHS to work collaboratively in some areas to facilitate early intervention and mental health promotion programmes.

FOUNDATIONS FOR ENHANCED AND EFFECTIVE MĀORI WORKFORCE DEVELOPMENT

Māori mental health workforce development means dedicated investment in Māori participation in the mental health sector and across the health and allied sectors to better provide for the mental health needs of tangata whaiora and their whānau. This means accelerated workforce development to ensure the right people are in the right places at the right times and with the right numbers and skills to meet the needs of tangata whaiora and whānau. It requires a continuation of the innovation, creativity and holistic approaches that Māori providers have shown in the past.

[33] Te Whare Tapa Whā and Te Paemahutonga are two examples of Māori health promotion models as described in *Māori Public Health Action Plan 2003-2004,* Ministry of Health, 2003.

Māori mental health workforce development must be consistent with broader aspirations of positive Māori development as well as with the national strategic directions (outlined in section three) and needs to be underpinned by indigenous values. The Māori mental health workforce should:

- align and integrate with other programmes that will advance Māori people
- incorporate Māori values and ideals
- have close affiliations with Māori community networks
- mirror Māori aspirations for greater autonomy and positive development and,
- reflect Māori models of health, Māori realities and Māori priorities.

At the same time, Māori mental health workforce development needs to be aligned with wider mental health workforce development. This reflects the inter-dependence of mental health services, the need for skill sharing and increased career opportunities, and the necessity for well-integrated, coherent service provision for tangata whaiora.

SUMMARY

Mental health workforce development needs to address the organisations and systems in which Māori work to ensure their identity as Māori is supported and their access to relevant training and development is secure.

Kia Puāwai Te Ararau is a Māori mental health workforce development strategic plan, underpinned by whānau ora, based on foundational principles that include evidence-based policies and practices, supportive environments, dedicated resource, and a workforce that attains transferable skills and is change responsive and dual competency based. The eight pathways woven into Ngā Aronui have clearly outlined the key strategic workforce development directions. Three of those pathways, Tangata Whaiora & Whānau Participation, Iwi, Hapū & Māori Communities, Organisations Development, and Education & Training Development form the base of Ngā Aronui. The goals and priority projects of both poutama are achievable as the overarching workforce themes and strategic imperatives have confirmed the progress made, while acknowledging that many challenges remain. The implementation strategy and action plan will bring life to those poutama in a cross-sector and all-age inclusive approach that aligns with a holistic paradigm of health.

Although it is difficult to predict accurately what other priorities may emerge over the next five years, the holistic framework of Kia Puāwai Te Ararau provides a firm foundation for future Māori mental health workforce development needs.

Kia Ngātahi te Waihoe!
Let us row the waka in unison!

Appendix A: Rationale for Māori Mental Health Workforce Development Pathways

PATHWAY 1	
TANGATA WHAIORA AND WHĀNAU PARTICIPATION	
Contribution/Influence	**Source**
Ensure Māori involvement in planning, development and delivering Māori mental health services	• Blueprint For Mental Health Services in New Zealand: How things need to be (Mental Health Commission, 1998) • New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand (Ministry of Health, 1998) • He Nuka Mō Ngā Taitamariki: A National Workplan for Child and Youth Mental Health Services (Health Funding Authority, 2000) • Te Puāwaitanga Māori Mental Health National Strategic Framework (Ministry of Health, 2002b) • Te Tāhuhu: Improving Mental Health 2005-2015:The Second New Zealand Mental Health and Addiction Plan (Ministry of Health, 2005)
Ensure Tangata Whaiora involvement in planning, development and delivering responsive mental health services	• New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand (Ministry of Health, 1998) • He Nuka Mō Ngā Taitamariki: A National Workplan for Child and Youth Mental Health Services (Health Funding Authority, 2000) • Tuutahitia te Wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 (Health Funding Authority, 2000) • Te Puāwaitanga Māori Mental Health National Strategic Framework (Ministry of Health, 2002b)

PATHWAY 2	
WHĀNAU, HAPŪ AND IWI DEVELOPMENT	
Contribution/Influence	**Source**
Strengthen whānau, hapū and iwi	• Kia Piki Te Ora o Ngā Taitamariki: Strengthening Youth Well-being (Youth Affairs, Te Puni Kōkiri, Ministry of Health, 1998) • He Korowai Oranga, Māori Health Strategy (Ministry of Health, 2002a) • Strategic Direction: Māori Succeeding as Māori (Te Puni Kōkiri, 2004) • Strategy for the Tertiary Education Commission: Working with Māori (Tertiary Education Commission, 2004)
Healthy communities, families and individuals	• New Zealand Health Strategy (Ministry of Health, 2001a)
Foster Māori community development	• He Korowai Oranga, Māori Health Strategy (Ministry of Health, 2002a)
Create environments that are supportive of positive mental health	• Building on Strengths (Ministry of Health, 2002e)
Implement community-based and comprehensive mental health services	• Blueprint For Mental Health Services in New Zealand: How things need to be (Mental Health Commission, 1998)

PATHWAY 3	
EDUCATION AND TRAINING DEVELOPMENT	
Contribution/Influence	**Source**
Build on Māori models of health	• Whakatātaka, Māori Health Action Plan (Ministry of Health, 2002c) • Te Puāwaitanga Māori Mental Health National Strategic Framework (Ministry of Health, 2002b) • Mauri Ora: The Dynamics of Māori Health (Durie, 2001)
Improve mainstream effectiveness	• Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998) • Te Tāhuhu: Improving Mental Health 2005-2015:The second New Zealand Mental Health and Addiction Plan (Ministry of Health, 2005)
Increase responsiveness of mental health services	• Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998) • Te Puāwaitanga Māori Mental Health National Strategic Framework (Ministry of Health, 2002b) • Te Tāhuhu: Improving Mental Health 2005-2015:The second New Zealand Mental Health and Addiction Plan (Ministry of Health, 2005)
Develop the mental health services infrastructure	• Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998) • Te Puāwaitanga Māori Mental Health National Strategic Framework (Ministry of Health, 2002b) • Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002d)

Clinical placements for Māori tertiary students	• Te Rau Whakamaru Pilot, Te Rau Matatini 2003 (Maxwell-Crawford, Hirini & Durie, 2003) • Clinical Placement Guidelines for Māori Tertiary Students (Ihimaera & Tassell, 2004) • Training-Workplace Nexus (Ihimaera, Maxwell-Crawford & Tassell, 2004)
Māori mental health service training	• Tuutahitia te Wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 (Health Funding Authority, 2000) • Te Rau Whakaemi Pilot, Te Rau Matatini 2003 (Maxwell-Crawford, Hirini, & Durie, 2003) • Workforce Profile (Hirini & Durie, 2003) • Māori in the Mental Health Workforce (Kāhui Tautoko Ltd, 2001). • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)

PATHWAY 4	
DEDICATED MĀORI MENTAL HEALTH WORKFORCE	
Contribution/Influence	**Source**
Reduce inequalities in health status	• New Zealand Health Strategy (Ministry of Health, 2001a) • He Korowai Oranga, Māori Health Strategy (Ministry of Health, 2002a) • Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998) • Mauri Ora: The Dynamics of Māori Health (Durie, 2001) • Te Tāhuhu: Improving Mental Health 2005-2015: The second New Zealand Mental Health and Addiction Plan (Ministry of Health, 2005)
Better mental health	
A healthy social environment	• New Zealand Health Strategy (Ministry of Health, 2001a)
Māori participation	• Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998) • He Korowai Oranga, Māori Health Strategy (Ministry of Health, 2002a) • Te Puāwaitanga Māori Mental Health National Strategic Framework (Ministry of Health, 2002b) • Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002d) • Te Tāhuhu: Improving Mental Health 2005-2015: The second New Zealand Mental Health and Addiction Plan (Ministry of Health, 2005)
Reduce the inequalities in mental health that are experienced by some groups	• Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998)

PATHWAY 4 CONTINUED	
DEDICATED MĀORI MENTAL HEALTH WORKFORCE	
Contribution/Influence	**Source**
Increase Māori provider capacity and capability	• Te Rau Arataki Pilot, Te Rau Matatini, 2004 (Maxwell-Crawford, Hirini, & Durie, 2003) • Te Rau Whakaemi Pilot, Te Rau Matatini, 2003 (Maxwell-Crawford, Hirini, & Durie, 2003) • Māori Mental Health NGO Leadership (Sidney-Richmond & Maxwell-Crawford, 2004) • Whakatātaka, Māori Health Action Plan (Ministry of Health, 2002c)
Provide highest-quality service	• New Zealand Health Strategy (Ministry of Health, 2001a)
Develop the health and disability workforce	
Increase Māori involvement in the delivery of mental health services	• Te Rau Whakamaru Pilot, Te Rau Matatini, 2003 (Maxwell-Crawford, Hirini, & Durie, 2003) • Te Rau Ararau Pilot, Te Rau Matatini, 2003-2004 (Maxwell-Crawford & Emery, 2004) • Blueprint For Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998) • Te Tāhuhu: Improving Mental Health 2005-2015:The second New Zealand Mental Health and Addiction Plan (Ministry of Health, 2005)
Preceptorships for new Māori staff	• Te Rau Arataki Pilot, Te Rau Matatini, 2004 (Maxwell-Crawford, Hirini & Durie, 2003) • Orientation & Preceptoring in Māori Mental Health (Maxwell-Crawford & Gibbs, 2003)

PATHWAY 4 CONTINUED	
DEDICATED MĀORI MENTAL HEALTH WORKFORCE	
Contribution/Influence	**Source**
Career pathways for Māori registered nurses with mental health experience	• Te Rau Ararau Pilot, Te Rau Matatini, 2003-2004 (Maxwell-Crawford & Emery, 2004) • Core Competencies and Career Pathways in Māori Mental Health Nursing (Moko Business Associates, 2003) • Huarahi Whakatū: A Career Pathway for Māori Mental Health Nurses (Maxwell-Crawford & Emery, 2004)
Māori child and adolescent mental health workforce development	• New Futures: A Strategic Framework For Specialist Mental Health Services for Children and Young People in New Zealand (Ministry of Health, 1998) • He Nuka Mō Ngā Taitamariki: A National Workplan for Child and Youth Mental Health Services (Health Funding Authority, 2000) • Tuutahitia te Wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 (Health Funding Authority, 2000) • Working with Children and Young People with Mental Health Problems (Child, Youth and Family Services, 2002) • Youth Development Strategy Aotearoa, (Ministry of Youth Affairs, 2002) • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)

PATHWAY 4 CONTINUED	
DEDICATED MĀORI MENTAL HEALTH WORKFORCE	
Contribution/Influence	**Source**
Ensure the availability of adequate numbers of appropriately trained staff	• Tuutahitia te Wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 (Health Funding Authority, 2000) • Te Rau Whakaemi Pilot, Te Rau Matatini, 2003 (Maxwell-Crawford, Hirini, & Durie, 2003) • Workforce Profile (Hirini & Durie, 2003) • Macro-analysis (Ponga et al., 2004) • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)
Māori mental health workforce development information	• Tuutahitia te Wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 (Health Funding Authority, 2000) • Te Rau Tukutuku Pilot, Te Rau Matatini 2003-2004 (Maxwell-Crawford, Hirini & Durie, 2003) • E-Workforce Development (Waetford, 2004) • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu: Proceedings of the National Māori Mental Health Child & Adolescent Workforce Conference, February 2004 (Te Rau Matatini & The Werry Centre, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)

Education and health interface is critical to achieving a workforce responsive to new directions	• Te Rau Whakamaru Pilot 2003 (Maxwell-Crawford, Hirini & Durie, 2003) • Training-Workplace Nexus (Ihimaera, Maxwell-Crawford & Tassell, 2004) • The New Zealand Health Workforce: Future Directions – Recommendations to the Minister of Health (HWAC, 2003) • Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002d)
Up-skill the current and future mental health workforce to address changes in mental health service delivery	• National Mental Health Workforce Development Co-ordinating Committee (Author, 1999) • Tuutahitia te Wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005 (Health Funding Authority, 2000) • Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002d) • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)

PATHWAY 5	
PRIMARY CARE IN MENTAL HEALTH	
Contribution/Influence	**Source**
Improve the health status of people with mental illness	• Primary Health Care Strategy (Ministry of Health, 2001b)
Increase integrated mental health care	• Te Rau Whakawhānui Pilot 2003 (Holdaway, 2003) • Macro-analysis of the Māori Mental Health Workforce (Ponga et al, 2004) • The Primary Health Care Strategy (Ministry of Health, 2001b)
Māori primary health care workforce development	• Te Rau Whakawhānui, Te Rau Matatini Mental Health in Primary Health Care (Holdaway, 2003) • Recognition and Management of Mental Health in Midwifery (Tupara & Ihimaera, 2004)

PATHWAY 6	
WIDER INTERSECTORAL WORKFORCE DEVELOPMENT	
Contribution/Influence	**Source**
A healthy physical environment	New Zealand Health Strategy (Ministry of Health, 2001a)
Work across sectors	• He Korowai Oranga • (Ministry of Health, 2002a) • Working with Children and Young People with Mental Health Problems (Child, Youth and Family Services, 2002) • Mosaics: Key Findings and Good Practice for Regional Coordination and Integrated Service Delivery (Ministry of Social Development, 2003) • Te Rau Tipu: Proceedings of the National Māori Mental Health Child & Adolescent Workforce Conference, February 2004 (Te Rau Matatini & The Werry Centre, 2004)
Education and health interface is critical to achieving a workforce responsive to new directions	• The New Zealand Health Workforce: Future Directions – Recommendations to the Minister of Health (HWAC, 2003) • Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002d)

PATHWAY 7	
MENTAL HEALTH PROMOTION	
Contribution/Influence	**Source**
Strengthen promotion and prevention	• Building on Strengths (Ministry of Health, 2002e) • Making a Positive Difference in People's Lives: A Recipe Book for Promoting Mental Health and Well-being Draft (Mental Health Foundation, 2004) • Māori Public Health Action 2003-2004, (Ministry of Health, 2003)
Encourage, recognise, reward (local) innovation and excellence; share the experience and learn from it	The New Zealand Health Workforce: Future Directions – Recommendations to the Minister of Health (HWAC, 2003)
Healthy workplace environments	
Māori mental health career videos	• Te Rau Piataata, Te Rau Matatini Recruitment in Māori mental health (Maxwell-Crawford & Gibbs, 2004)

PATHWAY 8	
FUTURE MĀORI MENTAL HEALTH WORKFORCE	
Contribution / Influence	**Source**
Māori mental health workforce planning	• Te Rau Maherehere, Te Rau Matatini • Macro-analysis of the Māori Mental Health Workforce (Ponga et al., 2004) • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)
Māori mental health workforce information	• Macro-analysis of the Māori Mental Health Workforce (Ponga et al, 2004) • The New Zealand Health Workforce: A stocktake of issues and capacity 2001 (HWAC, 2002) • Māori Child, Adolescent and Whānau Workforce Development (Tassell & Hirini, 2004) • Te Rau Tipu Phase One Final Report: Māori Child and Adolescent and Whānau Workforce Development (Waetford & Ihimaera, 2005) • Stocktake of the Child and Adolescent Mental Health Service in New Zealand (The Werry Centre, 2005)
Workforce development cohesion	• Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002d) • Te Rau Matatini Framework (Durie & Maxwell-Crawford, 2003)

Appendix B: Consultation Hui

Northland Hui (Ngāti Hine Health Trust, Kawakawa)
Organisations Represented
Mental Health and Addictions Services, Northland DHB
Te Tai Tokerau MAPO
Ngāti Kahu Social Services
Hauora Whānui
Whangarei Hui
Te Roopu Whitiora
Te Tai Tokorau MAPO
Tu Te Ora
Māori Health Directorate, Ministry of Health

Auckland Hui (Counties Manakau DHB, Waitemata DHB)
Organisations Represented
Te Korowai Aroha
Mahitahi Trust
Hapai Te Hauora
Māori Mental Health Team, Counties Manakau DHB
Māori Mental Health Team, Waitemata DHB
Tuia Services
Te Huarahi Ora
Moko Services
Whitiki Maurea
Te Atea Marino, Waitemata DHB
Rameka Te Rāhui
Te Wai Awhina
Māori Health Services, Waitemata DHB

Hamilton Hui (Te Rūnanga O Kirikiriroa)
Organisations Represented
Te Rūnanga O Kirikiriroa
Tokoroa CMHS
Te Wānanga O Aotearoa
Regional Forensic Psychiatric Service, Waikato DHB
Whānui AOD Services / Wahi Whaanui Trust
Richmond Fellowship
CAT Service, Waikato DHB
Richmond Fellowship

Tauranga Hui
Organisations Represented
Alcohol and Drug Services, Bay of Plenty DHB
Ngāti Ranginui Iwi
Te Puna Hauora, Bay of Plenty DHB
Waitaha
Ngāti Kahu Hauora
Te Manu Toro
Ngāti Kahu Kuia O Te Hau Ora O Ngāti Kahu, Ngāti Ranginui
Whaioranga Trust
Ngā Matapuna Oranga

Gisborne Hui (Tairawhiti DHB)
Organisations Represented
Richmond Fellowship
Tairawhiti Polytechnic
Turanga Health
Mental Health Services, Tairawhiti DHB
Community Mental Health, Tairawhiti DHB
Nursing Students, Tairawhiti Polytechnic
Māori Health, Tairawhiti DHB
Te Aitanga a Hauiti Hauora

Taranaki Hui (Owae Marae)
Organisations Represented
Manaaki Oranga Ltd
Te Rau Pani
Tiaho Mai Acute Mental Health Unit Counties Manakau DHB
Tui Ora Ltd
Mahia Mai a Whaitara

Hawkes Bay Hui (Te Roopu Huihuinga Hauora, Hastings)
Organisations Represented
Te Puāwai O Te Whānau Oranga Hinengaro
Te Roopu Huihuinga Hauora Inc

Palmerston North Hui (Te Rau Matatini Office)
Organisations Represented
Massey University
Oranga Hinengaro, MidCentral DHB

Wellington Hui (Te Roopu Awhina, Porirua)
Organisations Represented
Te Whare Marie, Capital and Coast DHB
Family Start
Te Roopu Pokai Taniwhaniwha
WIPA (Wellington Independent Practitioners Assoc)
Te Roopu Awhina
Te Oranga Hinengaro, Hutt Valley DHB
Porirua Healthlinks

Christchurch Hui
(Te Korowai Hinengaro, Te Korowai Atawhai, Te Rūnanga o Ngai Tahu)
Organisations Represented
Te Korowai Atawhai
South Island Shared Service Agency
Purapura Whetū
Mokowhiti Consultancy
Te Awa O Te Ora Trust
Te Pito Ora
He Oranga Pounamu
Canterbury DHB
Te Rito Arahi
Te Rūnanga o Ngāi Tahu
Mental Health Directorate, Ministry of Health
Social Work Students, Christchurch Polytechnic

Appendix C: Feedback Form for Kia Puāwai Te Ararau

Please detach and send to:

Te Rau Matatini, PO Box 12175, Palmerston North.

1. Please tick the box or boxes that best describe you or your organisation.

- ☐ Māori Mental Health NGO provider
- ☐ Māori Health NGO Provider
- ☐ DHB Mental Health Provider
- ☐ Education provider
- ☐ Professional association/body
- ☐ Tangata Whaiora/ Service user
- ☐ Academic/researcher
- ☐ Whānau/family member/carer
- ☐ Other (please specify) _____
- ☐ _____

2. Does the vision encapsulate the direction needed for Māori mental health workforce development over the next five years? If not, how can it be strengthened?

_____

_____

_____

_____

_____

_____

_____

_____

3. Do the principles accurately reflect the key values that underlie Māori mental health workforce development? If not, what other principles could be included?

_____

_____

_____

_____

_____

_____

_____

_____

Continued on next page

4. Do the pathways reflect the workforce development priorities for Māori mental health?

5. What kind of mental health workforce planning is needed in the future to meet tangata whaiora and whānau needs?

6. How can the pathway goals be measured and recognised?

7. Please provide any other comments below.

Thank you for your comments please send to Te Rau Matatini by 27 August 2006

Appendix D: Workforce Expansion: Recruitment

Recruitment: To develop a national and regional response to issues of recruitment

Recruitment Source

The two main sources of Māori mental health workers are recruitment of new workers, either as new entrants to the workforce or from other services, and longer retention of existing workers. The following looks at the trends and issues for recruitment and retention of Māori in the mental health workforce, under the Te Rau Matatini Framework theme of Workforce Expansion, and highlights current wider issues and initiatives relating to the other Te Rau Matatini themes of Workforce Extension, Workforce Excellence and Workforce Navigation. Alignment to the Mental Health (Alcohol and Other Drugs) Workforce Development Framework strategic imperatives of recruitment and retention, training and development, organisational development and infrastructure development is demonstrated.

Challenges for Recruitment

There is strong competition for skilled Māori labour within the health sector and across sectors. While this can be positive for workers as it creates a demand, offers choices and a career path, from an employer's perspective it means valuable skills are harder and more expensive to attract and retain. There is also an increasing trend for workers to join casual pools, making it hard to retain permanent staff, particularly in specialist areas.

Mental health workers are also recruited from other health and social service professions. While this is good for the mental health sector it reduces the wider health and social service sector compromising effective services and contributions to whānau ora. A joint effort across sectors is therefore necessary to ensure mutually beneficial transitions and that attracting staff from one sector to another does not compromise the overall capability of a sector to contribute to the joint aspiration of whānau ora.

For both new entrants and recruits from other parts of the workforce, an issue of particular importance is the stigmatisation of mental health services compared with other health services.

A number of workforce gaps have been clearly identified for services such as CAMHS[34]; however, more research into the barriers that exist for potential tane and taitamariki workers needs to happen so that recruitment initiatives can be targeted more effectively. Concepts such as 'tama tu, tama ora'[35] are being explored to develop strategies that attract more males into the Māori CAMHS workforce. Furthermore, strategic relationships between Māori CAMHS and educational institutes could lead to more effective promotion of academic pathways leading to a career in mental health in a way that is appealing to taitamariki Māori.

[34] For a description of the Māori CAMHS workforce profile see p. 46 of this document.

[35] 'Tama tū, tama ora' is a whakataukī or proverb that can be translated as 'he who stands, lives, he who sleeps, dies' (Reed Books, 1999) and is used in this context to value, support and encourage the role of tāne working with taitamariki within mental health services

Recruitment Challenges for NGO/Community Providers

Some Māori mental health workers are also concerned about the perception that Māori providers are less credible and less stable (as employers) than non-Māori providers. On the other hand, some Māori are hesitant to apply for kaupapa Māori mental health positions because they feel they are 'not Māori enough' (Kāhui Tautoko Ltd, 2001). "We have a lot of kaimahi come to us from mainstream services who are really anxious about coming to work in Māori mental health because they might not have the reo or they're brought up in a Pākehā way but they feel the pull of the wairua, I think that's about working with Māori" (Banks, 2002).

Many Māori community-based providers feel disadvantaged when trying to recruit skilled mental health workers because they cannot compete with District Health Boards due to short-term funding contracts, which usually do not cover the long-term costs of staff employment security and development. This makes it harder to offer workers permanent employment, career pathways or long-term opportunities for training and development.

Kaupapa Māori services that participated in the 2004 CAMHS Stocktake (The Werry Centre, 2005) identified the 'lack of clinical expertise and difficulty filling clinical positions'[36] as a key recruitment issue. For rural Kaupapa Māori providers, geographical isolation was seen as a barrier to attracting workers to rural services.

Workforce Expansion: Recruitment Opportunities and Initiatives

Initiatives already underway to strengthen recruitment into Māori mental health include:

- broader national mental health destigmatisation campaign, which includes Māori as one of its target audiences
- provision of general support for Māori students of health sciences such as the Vision 20:20 scheme at Auckland University
- Māori Provider Development Scheme scholarships
- development of Clinical Placement Guidelines For Māori Tertiary Students to improve the placement experiences of Māori tertiary students and provide realistic insights into mental health careers (Ihimaera & Tassell, 2004)
- production of three videos by Te Rau Matatini, which promote mental health as a positive career, for use in schools, career advisory services, public libraries, tertiary institutions and other places where people seek careers advice (Maxwell-Crawford & Gibbs, 2004)
- development of Whaia Te Ara Mōu: Finding the Career Pathway for You, a ten-lesson secondary school mental health teaching resource to raise awareness of Māori mental health careers (Maxwell-Crawford & Gibbs, 2004)
- establishment of the Henry Rongomau Bennett Memorial Scholarships for Māori psychiatric registrars, clinical psychologists and general practitioners (administered by Te Ohu Rata, the Māori Medical Practitioners Association)

[36] Stocktake of Child and Adolescent Mental Health Services in NZ, The Werry Centre for CAMH Workforce Development, 2005, p.221

- extension of Te Rau Puāwai bursaries for Māori studying to, or currently working in, Māori mental health to gain Māori mental health related tertiary qualifications at Massey University, and
- exploration of preceptorship and orientation models (intensive needs-based one-on-one induction) for new Māori mental health staff (Maxwell-Crawford & Gibbs, 2003)
- development of a workforce recruitment plan based on a sector review, consultation and the identification of the successes and barriers facing NZ recruitment strategies (Mental Health Workforce Development Programme, 2004)
- establishment of Te Rau Tipu national quarterly networking hui to support Māori CAMHS sector to network, share best practice and identify Māori CAMHS workforce trends to inform future workforce development strategies.

Appendix E: Workforce Expansion: Retention

Retention: to develop a national and regional response to issues of retention

Challenges for Retention

Some of the issues that have encouraged Māori to consider leaving their jobs in mental health have included overload, stress and burn-out due to low numbers of staff to high tangata whaiora caseload ratios; the stress of dealing with clients with very complex issues and high acuity; the stigma of mental health services; high-media profile when something goes wrong; additional pressures from supporting clinical training placements within the service; regular restructuring of the health sector, and high levels of audits and investigations (Kāhui Tautoko Ltd, 2001).

For Māori mental health workers in rural areas there is additional pressure from expectations that they do 'everything' for tangata whaiora and whānau. Offers of better salaries in mainstream services (or overseas) and, as previously noted, the inability of community-based providers to offer secure employment shorter term funding because of contracts also impact on retention of Māori mental health staff (Kāhui Tautoko Ltd, 2001).

Workforce Expansion: Retention Initiatives

Initiatives already underway to strengthen retention within the Māori mental health workforce include:

- development in 2004 of Māori mental health core career pathways for Māori registered nurses with mental health experience (Moko Business Associates, 2004; Maxwell-Crawford & Emery, 2004) and planned career pathways for Māori community mental health support workers
- extension of networking opportunities and identification of unique workforce development issues for the Māori child, adolescent and whānau mental health workforce (Tassell & Hirini, 2004), e.g., Te Rau Tipu National Māori Mental Health Child Adolescent Workforce Conference held in 2004
- development of a handbook to assist kaimahi Māori to align to and more clearlyunderstand the Kia Puāwai Te Ararau framework
- establishment of employment guidelines and core competencies for Tangata Whaiora and Consumer Advisors (Case Consulting, 2004)
- evaluation of Mental Health Support Work and a review of mental health competencies (Mental Health Support Work Advisory Group, 2003)
- exploration of national retention best practice standards aligned to other relevant plans such as DHBNZ plans and regional mental health plans (The Mental Health Workforce Development Programme, 2004).

Appendix F: Workforce Excellence: Training and Development

Training and Development: to coordinate the education, health and employment sectors, and, within the mental health sector, to align pre-service entry, orientation and ongoing development of mental health workers with service provision requirement.

The difficulty NGO community providers have in the recruitment and retention of Māori mental health staff is compounded when NGO providers and staff are unable to access appropriate, nationally recognised training (Kāhui Tautoko Ltd, 2001).

Challenges for Training and Development

The challenges associated with training and development for mental health providers are varied. This is particularly so for the NGO community sector. First, financial burden continues to be a barrier for Māori and access to external funding sources remains competitive. Providing a culture of ongoing learning where employees have the opportunity to undertake further training to develop their skills is often difficult because low staff numbers and high tangata whaiora caseloads, amongst other things (Kāhui Tautoko Ltd 2001) make it difficult to release staff.

Second, there is no clear coordinated career pathway for Māori mental health workers or standardisation of mental health training courses or recognition of prior learning, which makes informed career choices difficult.

Finally, the stigma associated with mental health with regards to recruitment to mental health mainstream and Māori mental health services, creates barriers for staff attempting to enter the mental health sector. Mental health and Māori mental health services are not promoted by kura kaupapa and other schools, wānanga and other tertiary institutes or by career advisory services as positive career choices for school leavers and whānau.

Specific Challenges for Training and Development in the NGO Sector[37]

Issues and challenges for Māori workers and Māori NGO community providers include:

- lack of formal training pathways for workers in community-based providers, and difficulties providing cover while workers are training (Kāhui Tautoko Ltd, 2001)
- difficulties finding supervisors, only senior staff can provide supervision and they're in high demand in specialised services
- national accredited training is ad hoc and inconsistent, particularly for support workers (Kāhui Tautoko Ltd, 2001)
- variances in training institutions, e.g., in the way Mental Health Levels 4 - 6 training courses are provided by institutes of technology and universities, as well as vast differences in the cost of the courses (Kāhui Tautoko Ltd, 2001)
- lack of an appropriate RPL (Recognition of Prior Learning) including life experience, tikanga Māori, whakapapa, traditional healing, strong community backgrounds – such workers can have very broad social skills and experiences but are unable to have these recognised in the RPL model (Kāhui Tautoko Ltd, 2001)

[37] (Kāhui Tautoko Ltd, 2001; Hirini & Durie, 2003; Maxwell-Crawford & Gibbs, 2003; Mental Health Support Work Advisory Group, 2003).

- perception that the Clinical Training Agency has not invested in training for NGO community providers to the same level as specialist services
- lack of coordination across mental health training and workforce projects
- greater prioritisation of training and learning opportunities in te reo Māori and Māori models of practice, and
- lack of access to training opportunities that will enhance dual competency.

Workforce Excellence: Training and Development Initiatives

Initiatives already underway to strengthen training and development include:

- completion of a national assessment of the mental health training needs of Māori working in the mental health sector (Hirini & Durie, 2003)
- development of best practice guidelines for kaupapa Māori mental health services (Milne, 2001)
- piloting of a range of Māori mental health specific training packages (Maxwell-Crawford, Hirini, & Durie, 2003)
- development of a training package for Tangata Whaiora and Consumer Advisors (Case Consulting, 2004)
- development of training packages for the Māori alcohol and other drug workforce (National Addiction Centre, 2004)
- examining options for a national training plan, and national training programmes (The Mental Health Workforce Programme, 2004)
- review post-entry Clinical Training Agency funded mental health training and exploration of cultural audit opportunities
- post-graduate teaching in Child and Adolescent Mental Health, and
- national training days (The Werry Centre)[38].

[38] For further CAMHS training initatives visit The Werry Centre website (www.werrycentre.org.nz)

Appendix G: Workforce Extension: Organisational Development

Workforce Development Infrastructure: to develop the ability of DHBs to progress workforce by creating a nationally relevant infrastructure, with a focus on systems change at the higher level.

Challenges for Organisational Development in Māori Mental Health

The lack of investment in the workforce development of mental health staff during the 1970s and 1980s, the under-representation of Māori at all levels in the mental health sector (HWAC, 2002), and the changes to the structure of health sector (from Area Health Boards to Crown Health Enterprises to DHBs) during the 1980s and 1990s have led to the impetrative need to strengthen Māori mental health organisational development strategies. Furthermore, given the recent phenomenal growth in Māori mental health NGO providers during the 1990s, opportunities currently exist to support positive organisational developments while the sector is young and emerging. In strengthening the capacity of NGOs, research suggests an NGO organisation must have (Kaplan, 1999):

1. a conceptual framework that reflects the organisation's view of the world
2. an organisational attitude that incorporates confidence in a way the organisation believes can have an impact
3. clear organisational vision and strategy and sense of purpose
4. organisational structures and procedures supporting the vision and strategy
5. relevant individual skills, abilities and competencies, and
6. sufficient and appropriate material resources.

Challenges for Organisational Development in Extended Mental Health Care and Service Provision

A recent evaluation of early intervention for psychosis services in New Zealand (Turner et al., 2002) noted that the primary barrier to implementation of best practice is lack of resources. Resource constraints can often impede most innovative community care initiatives. In the Te Rau Whakawhānui Mental Health in Primary Health Care Pilot the services often commented that they were unable to carry out the early intervention work they would have liked because of resource constraints, and that no systematic reviews of the outcomes were undertaken. Adequate resourcing inclusive of resources for further research is needed to identify those services that work well and define how best to support such innovative programmes.

The development of information systems and follow-up procedures is also needed to ensure service users are not lost in or between either systems. In 1997 the Commonwealth of Australia invested in the establishment of the Australian Early Intervention Network for Mental Health in Young People (AusEinet). AusEinet aimed to co-ordinate a national approach to early intervention for mental health in young people with three streams:

- the development and maintenance of a national early intervention network for mental health in young people
- the reorientation of service delivery towards early intervention, and,
- the identification and promotion of good practice in early intervention.

Workforce Extension: Organisational Development Initiatives

Initiatives already underway to strengthen mental health organisational development include:

- development of a strategy document to help develop the capability of Human Resource Managers and staff responsible for HR development in mental health (Mental Health Workforce Development Programme, 2004)
- development of a management and leadership programme for Mental Health Managers and Clinical Leaders (Mental Health Workforce Development Programme, 2004)
- development of a leadership training package for NGO Trustees/Board members and managers (Sidney-Richmond & Maxwell-Crawford, 2004),
- development of a child and adolescent mental health leadership programme (Werry Centre, 2004).
- pilot of mental health training programmes and evaluations in three Māori primary care providers (Holdaway, 2003; Moko Business Associates, 2003)
- pilot of a training programme to increase recognition and management of mental health within midwifery (Tupara, 2004, Moko Business Associates, 2004)
- exploration of increasing mental health awareness in Emergency Departments.

Appendix H: Workforce Navigation: Infrastructural Development

Workforce Navigation: Infrastructural Development Initiatives

Initiatives already underway to strengthen infrastructural development consist of:

- increased mental health information including:
  - DHBNZ Mental Health Workforce Numbers Project
  - New Zealand Mental Health Epidemiology Study (MHES), Te Rau Hinengaro. The survey will provide data on the prevalence of mental disorders, the disability associated with health problems, patterns of health service use, and whether mental health needs are being met.
  - Mental Health National Information Collection (service usage for Māori as well as other consumers)
- establishment of the broader Mental Health Research Strategy and Mental Health Workforce Development Programme
- establishment of three Workforce Development Centres
- establishment of a Māori mental health workforce information web site to assist Māori individuals and organisations access relevant information for planning, development of workplace policies, and mental health careers (www.matatini.co.nz), and
- establishment of a Māori health workforce focussed website (www.hauora.com).

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