

National Non Government Organisations (NGO)
Mental Health and Addictions Workforce
Development Plan
2006-2009

**A SUBMISSION TO
THE MENTAL HEALTH WORKFORCE
DEVELOPMENT PROGRAMME
In Response to the
DRAFT DISCUSSION DOCUMENT
August 2005**

Prepared
23 September 2005
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1 INTRODUCTION

The Alcohol Drug Association (ADA) is a not-for-profit organisation and has been operating in the South Island since 1982. ADA's statement of purpose is

"Improving the health of the community by minimising harm associated with alcohol, other drugs and gambling".

ADA's core businesses are coordination and information dissemination. Our clinical service is the National Alcohol & Drug Helpline. Other services are the National Directory of Alcohol and Drug Services; AOD consumer advisors and regional and national representation on advisory committees.

This submission expresses the views and opinions of ADA and is based on broad experience in and communication with the AOD sector in the South Island.

ADA would like to thank members of the Mental Health Workforce Development Programme for the opportunity to make this submission.

The submission begins with the first section, an introduction and is followed by these 5 sections

1. Acknowledgment of the Advances the AOD and the Mental Health sector have made over the last 10 years,
2. NGO Addiction Workforce and its fit within Mental Health
3. Key Elements of the AOD Sector that inform ADA's recommendations
4. Recommendations
5. Closing statement

Please note that the terms AOD (alcohol and other drug) and Addictions will be used interchangeably as will the National Non Government Organisations Mental Health and Addictions Workforce Development Plan 2006 – 2009 and the Plan.

2 Acknowledging Advances

This submission acknowledges that both the mental health and more specifically, the alcohol and other drug sector have advanced a long way over the last 10 years and identifies the following areas that have noticeably developed

- Workforce development initiatives such as the Drug and Alcohol Practitioner's Association of Aotearoa New Zealand and the National Addiction Centre have been established
- Increasing recognition that addiction, particularly alcohol and drug issues and including gambling, must be addressed if the national mental health strategies are to be met
- That the word 'Addiction' has been included in Mental Health document titles such as National Non Government Organisations Mental Health and Addictions Workforce Development Plan 2006 – 2009
- The increasing recognition, valuing and inclusion of service users and consumer advisors, in planning and service delivery; employed within services and peer support and advocacy roles. It is further noted that the mental health sector has progressed further than the AOD sector with significantly more resources allocated to mental health consumer participation than AOD consumer participation
- An increase in NGO and community based mental health service providers. However, it is noted that the AOD sector has not been developed as significantly as mental health.
- Increasing services aimed at meeting the needs of specific populations such as Maori, Pacific Island peoples, women and young people across both the mental health and addictions sector.
- The extremely useful development of the plan that this submission addresses, i.e. National Non Government Organisations Mental Health and Addictions Workforce Development Plan 2006 – 2009.

3 NGO ADDICTION WORKFORCE

While the advances above are acknowledged the AOD NGO sector has specific issue in relation to workforce and retention.

As is often the case in high-level strategic planning documents, while addictions are noted, there is no substantive acknowledgement of the differences within Mental Health and Addiction Sector service delivery. Rather, the documents are weighted towards the Mental Health Sector and therefore results in planning and implementation being weighted towards the needs of mental health, and not necessarily reflecting the needs of the addiction sector.

It is ADA's belief that the National Non Government Organisations Mental Health and Addictions Workforce Development Plan 2006 – 2009 does not fully encompass the needs of the NGO Addiction workforce. If the harms from

substance use in New Zealand society are to be reduced as stated in various Mental Health Commission documents and aims, workforce development specific to alcohol and other drug addiction and use must be acknowledged firstly, then consistently planned for, funded, developed, monitored and maintained.

Both the Mental Health Workforce Development Plan 2000-2005 and the South Island Alcohol and Other Drug Services Review identified that workforce development is a significant issue in the AOD sector and that additional focus is required to build a competent and sustainable workforce.

ADA believes the National Non Government Organisations Mental Health and Addictions Workforce Development Plan 2006 – 2009 can be considerably strengthened if AOD needs are more visible within the Plan and will result in better integration between AOD and Mental Health NGO services.

4 KEY ELEMENTS OF ADDICTION SECTOR

Surveys by the National Addiction Centre of the AOD workforce show that during the years 1998 – 2004, there was an increase in the level of graduate and post graduate clinical workers; this is a positive sign and is possibly due to the many tertiary level courses and programmes available for AOD workers at the clinical and top end of the workforce. There are however, areas that need to be addressed in the Plan.

It is acknowledged that the AOD and Mental Health sectors sit alongside each other, however there are fundamental differences in, treatment models, expectations, treatment duration and workforce needs. While “Recovery” is a term that is used within the Mental Health sector it has a different interpretation within the AOD sector

- AOD Consumers see “recovery” terminology as aligned with 12 step/ abstinence philosophies which excludes many consumers who have adopted a harm minimization approach.
- The AOD sector has always worked with models that empower the consumer/tangata whaiora to adopt a positive attitude to their AOD issues through a variety of recovery models that aim to increase motivation for behaviour change.
- These models have had efficacy when working with those with co-existing disorders.
- The AOD Sector sees its approach to AOD service delivery and workforce development as one of working towards “wellness”.
- AOD services differ from Mental Health services in use of recovery language but both sectors aim to achieve the same outcome. If national documentation is to present mental health and the addictions sectors as integrated, the language of both must be present in all high level planning documents.

CONSUMER/ TANGATA WHAIORA

- That the NGO WFD Plan acknowledge the different needs of AOD consumer/tangata whaiora and Mental Health Consumers/tangata whaiora in regards to residential services.

5 RECOMMENDATIONS

- That at least two representatives from the AOD sector are part of any national mental health steering group. In addition to two AOD representatives to include an additional AOD consumer representative
- That the following three additions be made to the Plan
 - a section be added that relates specifically to the NGO AOD sector
 - in that section, differences between the AOD and Mental Health sectors including the language are acknowledged
 - specific differences in workforce development tasks are identified
- That the executive summary in talking of the “journey of recovery” to include a position statement that also reflects the NGO AOD workforce.
- That recognition is noted in the Plan, of the differences between the AOD and Mental Health sector workforces but also acknowledgment that there is an overlap of workers who are capable of working with both addiction and mental health issues.
- ADA recommends and supports that the workforce will be strengthened by promoting and sharing of evidence-based practice across the AOD Mental Health NGO sector and intersectorally, and inclusion of AOD consumer workforce development and training.
- That parallel to the planning for the development of the workforce, pay parity between DHB and NGO services is essential in order to retain the NGO workforce.
- AOD consumers, like Mental Health consumers, are having an increasingly important work role and although they have a valued place in various levels supporting the work in treatment, advocacy, policy advisory role and service development, there is little or no research, training, or baseline qualification available to cover this important area of AOD and Mental Health. ADA recommends that the Plan include a statement committing research, resources and planning in this area of the workforce.

6 CLOSING STATEMENT

ADA has acknowledged how far the AOD sector has progressed and identified some of the major issues for the AOD sector of being included within Mental Health.

ADA have made the recommendations in this submission based on the views and opinions of ADA, and on the broad experience in and communication with AOD sector in the South Island and nationally.

It is our purpose to improve the health of the community by minimising harm associated with alcohol, other drugs and gambling and we believe that by strengthening the AOD and Mental Health sector and having a strong workforce it will make our aim increasingly possible.

It is positive that this Plan is being developed and we believe that if ADA's recommendations are taken up and implemented the goal to build a competent and sustainable AOD and Mental Health workforce will be achievable.

ADA are pleased for the opportunity to make this submission.