

# Let's get real refresh e-survey headlines

## Tēnā koutou katoa – Greetings to you all.

Thanks to everyone who generously responded to our recent *Let's get real* (Ministry of Health, 2008) refresh e-survey. We received over 350 responses. We thoroughly reviewed all feedback and are encouraged by the volume of well-considered responses. Overall, feedback affirms the relevance and highlights the strengths of *Let's get real* and provides clear direction for refreshing the framework. We are pleased to bring you some headlines from the results. Thank you for supporting this project.

## Who provided feedback

All regions were represented in the feedback as shown in Figure A below.

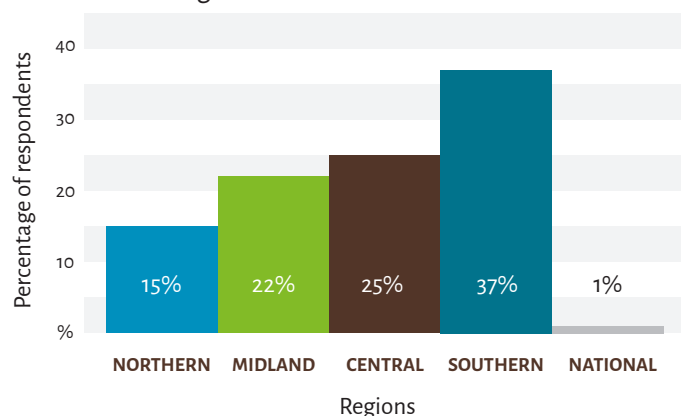


Figure A. Percentage of respondents, by region

Most people who responded were connected with and/or working in District Health Board (DHB) mental health and alcohol and other drug (AOD) services. Many other respondents worked in non-government organisation (NGO) services. Other people represented primary care, forensic services, public health, disability services and education. We heard from people who access services, families and whānau members and from people from a

range of professional groups and roles. Nurses were the largest group, with managers/leaders being the next largest.

## Values are key

Values are at the heart of *Let's get real* (Ministry of Health, 2008). Survey results confirmed the importance of this, and the ongoing relevance of the *Let's get real* values. Many people noted that the refresh provides an opportunity to enhance the values and make them even more potent. To give some examples:

*"Great to have what we know to be important, put out as values."*

*"All those values need to be at the forefront of our work and can never be enhanced too highly. They always need to be assessed and progressed."*

## Respect is a priority value

Respect is the first value in *Let's get real*, and feedback indicates that it remains

*"the top priority".*

Respondents emphasised the importance of having mutual respect between professionals and people accessing services and family and whānau, respect for colleagues, and showing respect by being welcoming, civil and humane. Many stressed the imperative of respecting people's choices and reinforcing that workers are in service for people who are experiencing mental health and addiction issues. It was suggested that there is scope to further describe respect in *Let's get real*, as follows:

*"Define respect, individuals have their own interpretation of respect. What does it look like for the organisation, how will staff know if they are doing it?"*

## Strong support for Māori values to be woven through *Let's get real*

There was strong support for weaving Māori values and attitudes through *Let's get real*. The following provides one example of the many comments that support this:

*"Using concepts that are relevant to Māori eg. manakitanga would transition the values into a better cultural context."*

## Human rights are important

Feedback indicated that a focus on human rights continues to be important. There were three key strands that people would like to see reflected in *Let's get real*:

- ▶ strengthened support for consumer autonomy and self-determination
- ▶ guidance on how to reconcile upholding human rights and providing coerced treatment
- ▶ explicit reference to the UN Convention on the Rights of Persons with Disabilities and other codes of rights.

## Recovery and wellbeing

'Recovery' remains an important value. Feedback suggested that there is a way to go in ensuring that it is reliably reflected in the way we work. It was suggested that *Let's get real* could reinforce that recovery is defined by the person. Other feedback indicated that a focus on 'wellbeing' could overcome some of the limitations and emerging criticisms of 'recovery' as a term. Some examples include:

*"While recovery is embedded in policy, real belief in recovery is still a long way off being embedded in practice."*

*"This should be WELLBEING. Recovery is too colonised and also limited."*

## Let's get real attitudes widely supported

Survey results provide strong evidence that the attitudes in *Let's get real* are well supported. Many people felt the attitudes did not need to be changed. Those who did suggest changes indicated, for example, there are currently too many attitudes and therefore some needed 'collapsing into each other'. While others suggested the addition of attitudes such as 'authenticity' and Māori cultural attitudes. Still others suggested an attitude of 'curiosity' or 'seeking to understand (the other's world view)'.

## Strong support for including the broader health workforce

There was strong support for extending the reach of *Let's get real* to include the broader health sector. Many commented there is much in the current framework that applies to anyone working in health care. People suggested making the linkage to the broader health workforce explicit and using language as a mechanism to reinforce that the framework is for everyone working in health. For example:

*"Everyone across the health system should understand and take action to improve the physical health of people who experience mental health and addiction problems."*

*"Language needs to be easily identifiable and relatable to services using this framework."*

It was suggested that *Let's get real* is a tool for providing key messages to address stigma and advocating a holistic, person-centred approach. For example:

*"In mental health services we often find that the main issue in the broader health workforce is addressing discrimination when our clients have other health needs so this would be a priority."*

*"The attitudes and beliefs will be the same for all aspects of healthcare, however may need to include a focus on supporting physical and holistic wellness throughout the document."*

## Direction for refreshing the Real Skills

survey results show that there is a high level of support for the seven Real Skills. Alongside this, there were several suggestions for refreshing them, with many of the emerging themes applicable across several, or all, of the Real Skills.

### Partnership/working alongside people

Feedback indicated that the concepts of partnership, equity, valuing the skills and expertise of people and whānau and working alongside them should be more prominent in the refreshed framework. Some comments explicitly noted the importance of shared-decision making and respecting the autonomy of people accessing services and family and whānau. For example:

*"There needs to be a greater focus on the equivalency between consumers and clinicians, the shared decision making and the ability for consumers and family perspectives to be incorporated and respected in services."*

Some respondents expanded on this theme, suggesting that the framework should emphasise the value of working in partnership with the peer workforce which has grown substantially since *Let's get real* was developed. For example:

*"Needs to be more work done on balancing the perspective of the consumer with that of the clinician, as well as looking at the situation from the top down - co production and co design, and valuing and developing the consumer workforce and what they have to add to the services."*

*"I'm wondering how we might include working alongside the peer workforce, or peer leaders and advisors. I feel these are two things developing, working with service users remains at the forefront. But knowing how to support and value peer workers and leaders is becoming more necessary as the workforce strengthens."*

### More person-centred, strengths based and less illness focus

Many responses supported strengthening the emphasis on people and what they are experiencing, focusing less on categories of illness and diagnoses. Respondents also called for a strengths approach to be more prominent. For example:

*"Move away from categories of illness and more about understanding the person and their experiences."*

### Challenging stigma and discrimination remains a key issue

Feedback indicates the need to retain a focus on challenging stigma and discrimination in *Let's get real*. For example:

*"Stigma and discrimination still a major issue needs more impact."*

*"This is a huge area for development as I think it often gets forgotten."*



## More signposts for the Real Skills

People made many other helpful suggestions about the Real Skills - examples are:

- ▶ reference *Supporting Parents Healthy Children* (Ministry of Health, 2015) to support awareness, knowledge and practices consistent with this guidance
- ▶ support a broader definition of community to include cultural communities and other communities that are important to people and their identity
- ▶ place more emphasis on acknowledging and respecting diversity
- ▶ strengthen references and provide more indicators on trauma informed care
- ▶ include reference to inequity and the impact of poverty on people and their wellbeing
- ▶ enhance the content on inter-agency working and working across systems.

## Performance indicator levels

Feedback on the levels in *Let's get real* (Ministry of Health, 2008) suggested that people can easily identify the level that applies to them and the terms Essential, Practitioner and Leader are easily understood. Some respondents indicated the levels in *Let's get real* should be retained as they are with no changes. Some made suggestions about how descriptions could be clearer and how the levels could be enhanced. The strongest theme was that the Practitioner term is confusing as some roles appear to be excluded from the Practitioner level.

For example:

*"I believe we need to clear about the word practitioner as it means different things to different professional groups."*

*"Probably just clarifying Practitioner - in my view it should include experienced non-clinical roles as well as clinical."*

## Implementing *Let's get real*

There was a high volume of feedback pertaining to the implementation of the framework. Respondents commented on the need for ongoing promotion of *Let's get real*, ongoing training and the need to develop a credentialing option. Some respondents suggested it would be helpful to clarify the links between *Let's get real* and other competency frameworks. A small minority of respondents suggested *Let's get real* was not useful and a number commented on broader issues pertaining to the workplace and the overall sector.

## What's next?

Feedback from the survey provides some useful direction for the refresh of *Let's get real*. Responses will be used to inform some focus groups and the draft refreshed version of the *Let's get real* framework.

A draft of the refreshed framework will be available in January/February 2018 for feedback. We hope you will contribute responses to this.

Te Pou will have a final draft for the Ministry of Health by 30 March 2018.

Te Pou will work with the Ministry of Health to finalise publication.

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