

# Skills Matter

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

## CONTRACT FOR SERVICES

PROVIDER/CONTRACT NUMBER:

PROVIDER:

DATE OF COMMENCEMENT: 1 February [     ]

DATE OF COMPLETION: 30 November [     ]

Service: New entry to specialist practice allied mental health and addiction

**Te Pou**  
o Te Whakaaro Nui

*Skills Matter is a workforce development programme within Te Pou.*



## SCHEDULE B

BETWEEN TE POU LIMITED AND [ ]

### SERVICE SPECIFICATION FOR NEW ENTRY TO SPECIALIST PRACTICE

#### ALLIED MENTAL HEALTH & ADDICTION

##### 1 CONTEXT

Key documents relevant to this service specification include:

- a. *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012 - 2017*, Ministry of Health (2012)
- b. *Blueprint II Improving mental health and wellbeing for all New Zealanders: How things need to be*, Mental Health Commission (2012)
- c. *Blueprint II Improving mental health and wellbeing for all New Zealanders: Making change happen*, Mental Health Commission (2012)
- d. *Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015*, Ministry of Health (2008)
- e. *Te Rau Hinengaro: The New Zealand Mental Health Survey*, Ministry of Health (2006)
- f. *Let's get real: Real Skills for people working in mental health and addiction*, Ministry of Health (2008)
- g. *Real Skills plus Seitapu: working with Pacific peoples*, Le Va (2009)
- h. *Real Skills plus CAMHS: A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*, The Werry Centre (2009)
- i. *Our Lives in 2014 – A recovery vision from people with experience of mental illness for the second mental health plan and the development of the health and social sectors*, Mental Health Commission (2004)
- j. *Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems*, Ministry of Health (2010)
- k. *Service Delivery for People with Co-existing Mental Health and Addiction Problems: Integrated Solutions*, Ministry of Health (2010)
- l. *Mental Health and Addiction Services for Older People and Dementia Services* Ministry of Health (2011)
- m. *He Korowai Oranga: Maori Health Strategy*, Ministry of Health (2002)
- n. *Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010-2014*, Ministry of Health (2010)
- o. *Pacific Addiction Workforce Strategy*, Matua Raki and Le Va (2011)
- p. *Te Whare o Tiki: Co-existing Problems Knowledge and Skills Framework*, Te Pou and Matua Raki (2013)
- q. *Supporting Parents, Healthy Children - Supporting parents with mental illness and or addiction and their children: A guideline for mental health and addiction services*, Ministry of Health (2015).

##### 2 OVERVIEW OF PROGRAMME

This service specification outlines the training requirements for a new entry to specialist practice allied mental health and addiction programme. The programme will target allied health professionals (e.g. social workers and occupational therapists) new to mental health and addiction, and aim to enhance their knowledge and skills. The programme will provide a practice-centred curriculum that assists the allied health professional to develop confidence and effective clinical practice.

The theoretical aspects of the programme must not repeat the content of the pre-entry programme but rather emphasise the application and use of knowledge in mental health and addiction settings. A 'trainee' is defined as a person enrolled in this programme, who is an employee of a publicly-funded mental health and addiction service and who meets the trainee eligibility criteria as set out in this specification.

### **3 DESCRIPTION OF SERVICE**

The programme will support allied health professionals to develop their professional practice while developing the specific skills required in the specialty field of mental health and addiction. As it comprises a formal teaching component and a clinical component the programme will be delivered by an academic provider and a clinical provider working in partnership (see Section 9 below).

The formal teaching component will be delivered predominantly in an educational setting. Arrangements will be made for release from the clinical service to attend the formal teaching programme, and supervision sessions (separate and in addition to clinical mentoring).

The clinical component of the programme will be offered predominantly within the trainee's employment environment. It is desirable that clinical placements outside the trainee's employment setting are also offered to allow for learning not available in the usual area of employment. The clinical setting will allow trainees to build on their theoretical knowledge base and apply that knowledge in mental health and addiction services.

The programme must:

- a. be predominantly vocational rather than solely academic training or research, and be based on recognised standards appropriate for allied mental health and addiction practice
- b. comprise a significant clinical component
- c. include appropriate clinical placement(s)
- d. provide release time for trainees from their clinical employment setting to undertake the formal teaching component of the programme.
- e. be not less than nine months or more than one year in length (training providers, in conjunction with the funder, will utilise their discretion to allow trainees a longer length of time to complete the programme where there are significant extenuating circumstances precluding completion within the one year requirement)
- f. result in the award of a post-graduate certificate that is equivalent or equates to Level 8 on the National Qualifications Framework
- g. reference relevant competency frameworks (e.g. social work, occupational therapy, addiction) and integrate theory and significant clinical experience to enable trainees to develop their knowledge, skills and practice in the specialty area of mental health and addiction
- h. have a detailed documented curriculum that includes the programme's purpose, outcomes, content and process, assessment criteria, and assessment methods
- i. be nationally recognised by the relevant professions and the mental health and addiction sector as meeting a national health services skill requirement rather than only meeting local employer need
- j. comprise one programme for trainees with some discipline specific components
- k. incorporate four areas of learning: clinical, cultural, resilience/recovery and organisational systems and development which are underpinned by a programme of professional development specific to each discipline.

## 4 ACADEMIC COMPONENT

### 4.1 Generic

The formal teaching component of the programme will:

- a. be designed to integrate with, and be relevant to, the trainee's clinical work environment
- b. be delivered by appropriately qualified, skilled and experienced teaching staff
- c. be equivalent to six month's full-time study
- d. utilise distance learning technology as appropriate
- e. reflect service user centred practice
- f. incorporate principles underpinning resilience/recovery, wellbeing, whanau ora and family and whanau inclusive practice
- g. utilise academic and cultural learning resources
- h. include Maori models of health and wellbeing
- i. include Pacific models of health and wellbeing
- j. include awareness of health perspectives relevant to Asian, refugee, migrant and other culturally diverse communities
- k. include the concept of health literacy, as well as its application
- l. include the implications of different developmental needs across the lifespan.

### 4.2 Programme-specific requirements

The formal teaching programme is to include:

- a. development of discipline-specific skills and knowledge for working in mental health and addiction
- b. major mental health and addiction disorders as defined by accepted current diagnostic criteria (currently DSM IV), assessment, and the appropriate treatments for these disorders from a bio/psycho/social and occupational context, including:
  - the skills and tools required to conduct a comprehensive assessment, including co-existing problems, mental state examinations and risk assessments
  - knowledge of interaction and side effects of medications and substances and the clinical requirements for monitoring these relevant to practice
  - profession-specific service user centred treatment options
  - formulation and documentation that informs the development of integrated care plans – e.g. risk management, relapse prevention planning, wellness plans
  - family and whānau inclusive practice
- c. development of engagement and communication skills and therapeutic skills to work with service users and family and whanau
- d. access to cultural learning resources and the application of cultural safety principles in mental health and addiction practice
- e. relevant legislation and its application in the planning and delivery of mental health and addiction service and treatment
- f. incorporation of *Let's get real*, *Real Skills plus CAMHS* and *Real Skills plus Seitapu*
- g. health organisations and systems including:
  - roles and responsibilities within the multidisciplinary team environment
  - mental health and addiction policy and standards and their application in the clinical setting
  - service development processes including policy, procedure review, use of quality systems and health information (e.g. PRIMHD and outcomes)
  - structure of the national mental health and addiction system, and its relationship to other social agencies, including the importance of partnering across a range of service providers and community groups
  - collaboration and integration with primary care and other health service providers.

## **5 CLINICAL COMPONENT**

### **5.1 Clinical Placements**

The clinical component of the programme will provide the trainee with opportunities to expand clinical skills and apply knowledge gained in the formal teaching programme. The trainee will be in a clinical placement(s) for the duration of the programme. Placements will be planned and co-ordinated to allow for supervision specific to the programme. They may include a range of clinical work placements (e.g. community, inpatient, child and family).

Clinical placements will allow trainees to:

- a. apply theoretical knowledge to clinical practice
- b. practice profession-specific treatment options
- c. participate in a multi-disciplinary team environment
- d. work with service users with a range of mental health and addiction problems and cultural perspectives
- e. work with service users with co-existing problems
- f. develop and implement comprehensive and integrated treatment plans
- g. work collaboratively with other health service providers and social agencies
- h. receive routine supervision (provided to mental health professionals as part of their employment)
- i. access a workplace mentor and receive additional supervision specifically focused on the programme
- j. have a reduced workload while undertaking the programme.

### **5.2 Clinical Experience**

Clinical placements will provide planned practice experiences and will ensure:

- a. application of assessment skills in mental health and addiction practice
- b. development of knowledge of the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Alcoholism and Drug Addiction Act 1966 (*shortly to be replaced by an updated statute*), and other legislative requirements impacting on mental health and addiction
- c. acquisition and application of knowledge of pharmacology and substances relevant to allied mental health and addiction practice, and their impact on the health and wellbeing of service users
- d. development of understanding of the physical health needs of mental health and addiction service users
- e. development of understanding of co-existing problems across the spectrum of mental health and addiction care
- f. the trainee understands and values the roles and skills of all members of the multi-disciplinary team, including their own role, and how to work collaboratively to facilitate effective outcomes
- g. work with service users and families and whanau in the development of integrated treatment plans and provision of health education appropriate to their needs
- h. adherence to relevant clinical policies, protocols and procedures
- i. the development engagement and skills and therapeutic relationships
- j. application of relevant therapeutic approaches eg talking therapies, group work.

## **6 SUPERVISION and SUPPORT**

You will ensure trainees receive supervision and support as outlined in 6.1, 6.2 and 6.3 below.

### **6.1 Clinical mentoring (provided as part of the clinical component)**

Each trainee will have an identified clinical mentor, who may be the trainee's existing mentor. Clinical mentors will be experienced members of the multidisciplinary team. The role of the mentor is to provide a role model and support for the trainee in relation to mental health and addiction team specific activities (e.g. case management, service planning, etc).

## 6.2 Programme-specific supervision (provided as part of the clinical component)

Trainees will have access to an experienced and qualified practitioner trained in supervision who will provide the trainee with programme-specific guidance and support, in addition to routine supervision for clinical practice. Where possible this practitioner will be of the same discipline as the trainee.

This programme specific supervision will provide:

- a. supervision of practice (with consumer consent where required) for a minimum of 20 hours over the duration of the programme
- b. an opportunity to address cultural supervision needs
- c. an opportunity for the trainee to develop their clinical practice as part of a multi-disciplinary team practicing in the mental health and addiction setting
- d. an opportunity to discuss and critically review clinical practice
- d. timely, effective and constructive feedback to the trainee
- e. assistance to integrate theory and clinical experience.

## 6.3 Academic support (provided as part of the academic component)

Academic support will be provided to:

- a. assist trainees to successfully complete the academic component (e.g. assistance with understanding course material, academic writing and use of academic resources)
- b. assist integration of theory and clinical practice
- c. support effective practice development in partnership with the clinical provider.

## 7. TRAINEE OUTCOMES

To complete the programme successfully, the trainee will:

- a. meet the academic and theoretical outcomes of the programme
- b. meet the clinical outcomes of the programme
- c. be awarded a post-graduate certificate in mental health and addiction specialist practice.

## 8 ELIGIBILITY

### 8.1 Trainee Eligibility

Trainees are required to:

- a. meet the academic provider's criteria for eligibility to study at this level
- b. be registered pursuant to the Health Practitioners Competence Assurance Act 2003, or be a registered social worker (or be working towards registration), or be a registered practitioner with the Addiction Practitioners' Association Aotearoa New Zealand (DAPAANZ) or other relevant professional body (e.g. New Zealand Association of Counsellors) at the discretion of the training provider and funder
- c. have an active career plan
- d. be currently employed as a registered health professional, in a defined mental health or addiction role sufficient to support the clinical component of the training programme, either by a mental health and/or addiction service or a Primary Health Organisation - in both cases funded by the Ministry of Health or a District Health Board
- e. be working clinically for at least 0.6FTE (24 hours a week) where they have at least one year's experience - new graduates must be working a minimum of 0.7FTE (28 hours a week) in a mental health and/or addiction setting

- f. be a New Zealand citizen or hold a New Zealand permanent resident visa
- g. complete the post graduate certificate programme in one year, or over two academic years at the discretion of the training provider and funder
- h. be new to the mental health and addiction workforce.

## 8.2 Provider Eligibility

The programme must be accredited by NZQA or CUAP. You will supply us with written evidence of the programme's accreditation status prior to the commencement of the programme. Providers of the clinical placements must comply with the *Health and Disability Services Standards* (NZS 8134.00:2008; 8134.01:2008; 8134.02:2008 and NZS 8134.03:2008).

## 9 PARTNERSHIP

- 9.1 The programme will be delivered by an academic provider and a clinical provider working in partnership to:
- a. ensure effective practice development opportunities that integrate theory and clinical practice
  - b. link professional knowledge and education to the specifics of the trainee's clinical practice.
- 9.2 Subject to Clause 6.2 of this agreement you will enter into a subcontract for the provision of either the clinical component or the academic component of the training programmes with a clinical provider or an academic provider as the case may be. The agreement will amongst other things outline:
- a. roles and responsibilities of the partners
  - b. study release arrangements
  - c. provision of mentoring and supervision and training for mentors/supervisors
  - d. access to cultural supervision where appropriate
  - e. active career plans
  - f. allied mental health and addiction liaison and co-ordination
  - g. reporting on trainees' progress for academic and clinical components
  - h. financial compensation.
- 9.3 You must provide us with the names of those providers who will be subcontracted by you, as well as copies of relevant subcontracts.
- 9.4 Notwithstanding any subcontracting arrangements, you are responsible for the delivery of the training programmes and for financial compensation of the subcontracted providers.

## 10 PROGRAMME ADMINISTRATION

### 10.1 Programme co-ordination

You will undertake programme coordination tasks which include:

- a. selection of trainees
- b. maintaining a record of trainees' progress (including attendance and assessment)
- c. liaison with clinical staff, including clinical mentor and supervisor selection
- d. facilitation of clinical placements for trainees outside the normal workplace setting where necessary
- e. curriculum development and review
- f. advice to trainees on the training programme requirements including guidance on recognition of prior learning
- g. coordination of clinical teaching, e.g. study days, tutorials
- h. programme (including clinical workplace/placement) evaluation and quality improvement

- i. competency assessment of trainees – this will include an ongoing formative assessment over the duration of the programme
- j. issue resolution between trainee/mentors/supervisors
- k. convening an advisory group, which provides appropriate knowledge and expertise from the mental health and addiction sector to ensure the relevance and currency of the programme
- l. reporting to the funder.

## 10.2 **Associated linkages**

You will establish and maintain links with:

- a. current employers of trainees on the training programme
- b. mental health and addiction services
- c. other relevant mental health and addiction training programmes
- d. relevant professional organizations and leaders
- e. academic providers
- f. regional training hubs
- g. regional and national mental health and addiction networks
- h. cultural advisory groups
- i. service user leaders, advisors, advocates or networks
- j. national mental health and addiction workforce development centres.

## 11 **QUALITY REQUIREMENTS**

### 11.1 **Quality obligations**

You will:

- a. maintain and implement a quality improvement programme which will include documented processes to operate throughout the training programme for:
  - monitoring, evaluating and improving the effectiveness of the training programme
  - monitoring the applicability and relevance of the theoretical programme to keep it up-to-date with mental health and addiction practice and developments
  - regular monitoring of individual trainee performance and ensuring trainees receive timely feedback
  - ensuring trainees who require additional support have access to help
  - effective stakeholder input, including trainees, trainees' employers and service users, into programme delivery and review (e.g. programme content and relevance),
  - ensuring trainees are getting relevant role development opportunities as part of the clinical component
  - providing input from Maori, Pacific and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and service users
  - ensuring there is open, systematic and fair selection of trainees
- b. provide us with a copy of your quality improvement plan
- c. have a complaints process available to trainees and other personnel involved in the programme
- d. maintain clear lines of responsibility and accountability between providers of the formal teaching component and the clinical component to ensure trainees are working safely in their workplaces
- e. teach at an appropriate standard using current methods with qualified and skilled staff
- f. ensure reports are provided by the due date
- g. ensure a record of trainees' progress is maintained and reported.



## 11.2 Cultural responsiveness

The programme will acknowledge the cultural characteristics of New Zealand society and the principles of partnership that influence planning and delivery of mental health and addiction services. You will ensure that:

- a. the environments in which trainees undertake the programme requires and supports the trainees to demonstrate culturally appropriate clinical practice
- b. the academic and clinical components of the programme are informed by consultation with Maori and take into account the health needs and differing cultural expectations of Maori
- c. programme planning involves and is responsive to the expectations of Maori.

## 12 MISCELLANEOUS TERMS

In delivering the services:

- a. where the number of trainees in a programme falls below 85% of the maximum number set out in Schedule A clause 1 as a result of low enrolments, withdrawals or resignations, then we reserve the right to review and at our discretion, give notice to terminate this contract in whole or in part
- b. you will not charge either trainees or their employers for the programme either directly or indirectly
- c. you will ensure trainees have access to a library and search facilities with current relevant literature, including mental health journals and texts
- d. as the provider of a national programme you will endeavour to address access issues e.g. by having teleconference and audio/video equipment to facilitate distance-learning methods
- e. you will ensure trainees have access to this service specification and are informed about the Skills Matter travel and accommodation grants prior to the commencement of the training programme (our grant policies, guidelines and applications can be accessed on our website)
- f. you will ensure that all programme promotional material clearly indicates the programme is funded by Te Pou
- g. if required you and Te Pou shall participate in an annual all-provider meeting.

## 13 REPORTING REQUIREMENTS

All other reporting requirements are set out in Schedule C of the contract.