

# 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: Co-existing Substance Use and Mental Health

**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 A PROGRAMME IN THE ASSESSMENT AND MANAGEMENT OF CO-EXISTING MENTAL HEALTH AND ADDICTION PROBLEMS

#### 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. *National Drug Policy 2015 to 2020*, Ministry of Health (2015)
- r. *Transition Planning Guidelines for Infant, Child and Adolescent Mental Health / Alcohol and Other Drugs Services*, Ministry of Health (2014).

## **2 OVERVIEW OF PROGRAMME**

This service specification outlines the requirements for a training programme for mental health and addiction practitioners related to assessment and management of co-existing mental health and addiction problems. For the purpose of this document, co-existing problems refers to the concurrent experience of mild to severe mental health and addiction problems. Addiction problems include substance use (including nicotine) and gambling problems. The programme will support an integrated approach to working with co-existing mental health and addiction problems.

The programme will 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 a practitioner employed in a publicly-funded mental health and/or addiction service and who meets the trainee eligibility criteria set out in this specification.

## **3 DESCRIPTION OF SERVICE**

The aim of the programme is to enable practitioners to acquire specific knowledge and skills in the assessment and management of co-existing mental health and addiction problems. The programme must acknowledge the bicultural and ethno-cultural characteristics of New Zealand society that influence the recovery, resilience and wellbeing of people who experience co-existing mental health and addiction problems. 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.

The clinical component of the programme will be offered predominantly within the trainee's employment environment. The clinical setting will allow trainees to build on their theoretical knowledge base and apply that knowledge in mental health and/or addiction services. Trainees should have the opportunity to collaborate with other agencies to reflect integrated assessment and management of co-existing mental health and addiction problems.

The programme must:

- a. be predominantly vocational, with a focus on applying academic learning in the practice setting, and be based on recognised standards appropriate for mental health and addiction practice
- b. comprise a significant clinical component
- c. include appropriate clinical placements
- d. provide release time from the clinical employment setting for trainees 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 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 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 purpose, outcomes, content, assessment criteria and 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 whatever their discipline with some discipline specific components
- k. incorporate three areas of learning: clinical, cultural, and resilience/recovery.

#### **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 person and whānau centred practice
- f. incorporate principles underpinning resilience/recovery, wellbeing, whānau ora and family and whānau inclusive practice
- g. utilise academic and cultural learning resources
- h. include Māori 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 programme will include:

- a. understanding of mental health and addiction problems and disorders across the lifespan
- b. understanding of the impact of co-existing mental health and addiction problems
- c. understanding of the impact of other complex problems e.g. family violence, physical health problems, unemployment
- d. screening, assessment and diagnosis as it relates to co-existing mental health and addiction problems
- e. relevant contemporary evidence-based best practice models of care for people with co-existing mental health and addiction problems, including cognitive behavioural therapy, motivational interviewing, family and whānau inclusive practice, social and group interventions, brief interventions and pharmacological therapies
- f. development of person-centred plans that reflect integrated care with a recovery and wellbeing focus for people with co-existing mental health and addiction problems
- g. formal teaching input from someone with lived experience of co-existing mental health and addiction problems
- h. formal teaching input from a family member of a person with lived experience of co-existing mental health and addiction problems
- i. awareness of population health and public health dimensions to practice
- j. awareness of social determinants of health-housing, employment and education
- k. understanding and applying current legislation and occupational regulations relevant to the provision of mental health and addiction services

- l. a focus on developing an understanding and respect for the unique roles and functions within a multi-disciplinary environment with content supporting cross-disciplinary ways of working
- m. promotion of liaison and collaboration with a range of health and social related services to provide integrated care for co-existing mental health and addiction problems
- n. discipline-specific components including attention to the professional standards associated with the trainee's own profession
- o. reflective practice utilising critical thinking
- p. content that reflects *Let's get real*, *Real Skills plus CAMHS*, and *Real Skills plus Seitapu*
- q. content that reflects Te Whare o Tiki- Coexisting knowledge and skills framework
- r. awareness of outcome measures including validity, utility and use of information.

## 5 CLINICAL COMPONENT

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 clinical placements 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 but trainees must be working with people with co-existing mental health and addiction problems.

Clinical placements will allow trainees to:

- a. apply theoretical knowledge to clinical practice
- b. practice profession-specific treatment options
- c. participate in multi-disciplinary processes
- d. work with people with identified co-existing problems
- e. develop and implement person-centred plans that reflect integrated care with a recovery and wellness focus
- f. work collaboratively with other health service providers and social agencies
- g. receive routine supervision (provided to mental health and addiction professionals as part of their employment)
- h. access additional supervision/mentoring specifically focused on the programme
- i. have a reduced workload while undertaking the programme.

## 6 SUPERVISION and SUPPORT

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

### 6.1 Programme-specific supervision

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.

This programme-specific supervision will provide:

- a. an opportunity for the trainee to reflect on their clinical practice within a multi-disciplinary environment
- b. an opportunity to discuss and critically review clinical practice
- c. an opportunity to address cultural supervision needs
- d. timely, effective and constructive feedback to the trainee
- e. assistance to integrate theory and clinical practice.

## 6.2 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 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 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 practitioner, as defined above, 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 case 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.

### 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 supervision, preferably with a person trained in co-existing problems
  - d. access to cultural supervision where appropriate
  - e. active career plans
  - f. 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. ensuring that satisfactory training opportunities exist for trainees in their clinical placement(s)
- c. maintaining a record of trainees' progress (including attendance and assessment)
- d. liaison with clinical staff, including supervisor selection and training
- e. facilitation of clinical placements for trainees outside the normal workplace setting where necessary
- f. curriculum development and review
- g. advice to trainees on the training programme requirements including guidance on recognition of prior learning
- h. co-ordination of clinical teaching, e.g. study days, tutorials
- i. programme (including clinical workplace/placement) evaluation and quality improvement
- j. competency assessment of trainees – this will include an ongoing formative assessment over the duration of the programme
- k. issue resolution between trainee and supervisors
- l. 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
- m. 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 organisations
- e. academic providers
- f. regional and national mental health and addiction networks
- g. cultural advisory groups
- h. service user leaders, advisors, advocates or networks
- i. national mental health and addiction workforce development programmes.

## 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 an appropriate 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, and
- 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 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 and addiction journals and texts
- d. as the provider of a national programme you will address access issues by facilitating 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
- 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.