



What we have heard so far

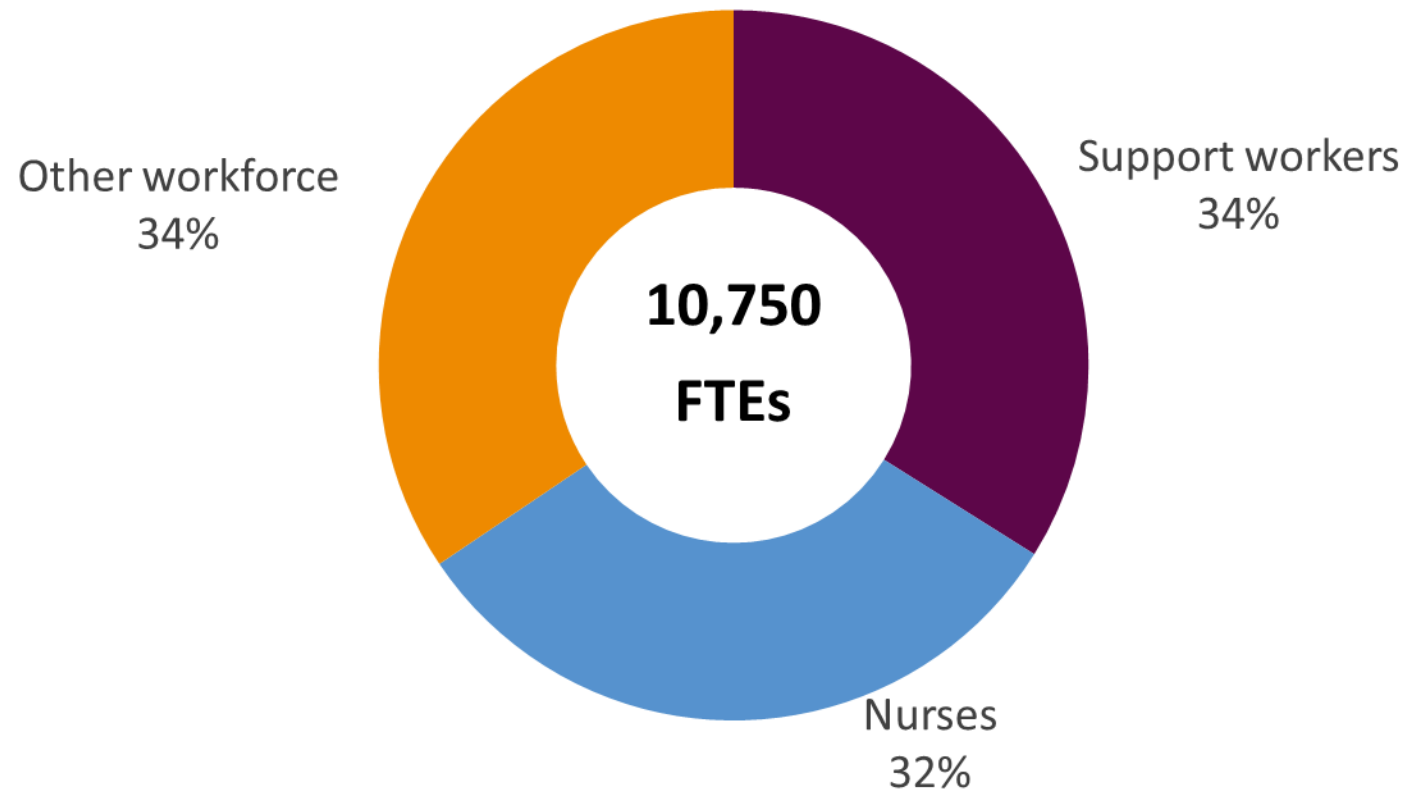
Emma Wood

Workforce information provided is preliminary estimates of the 2018 workforce derived from the NGO workforce survey and HWIP information about DHB employees. The information provided here is subject to further analysis and review, so figures may differ from subsequent publications.

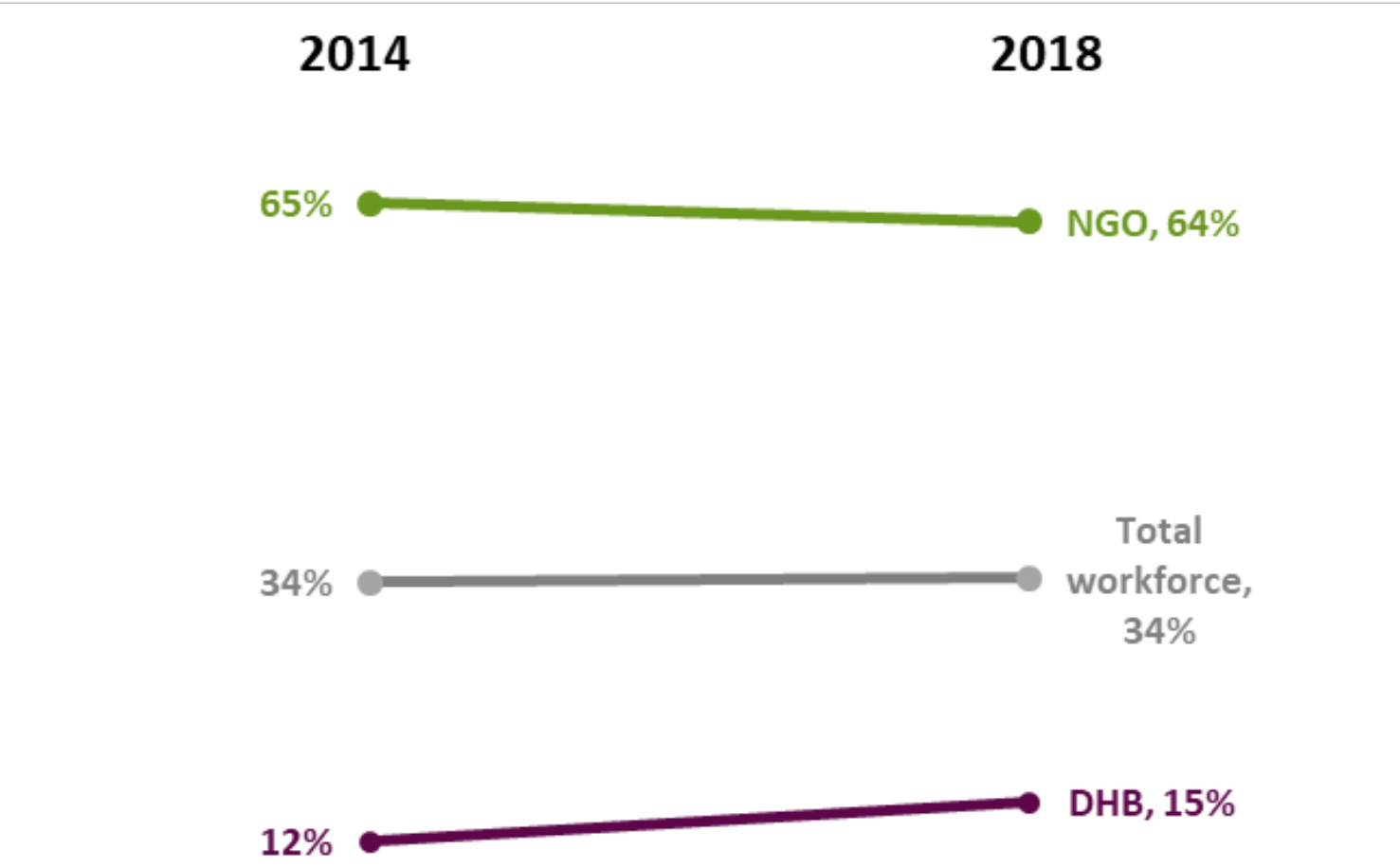
Growth in support workers

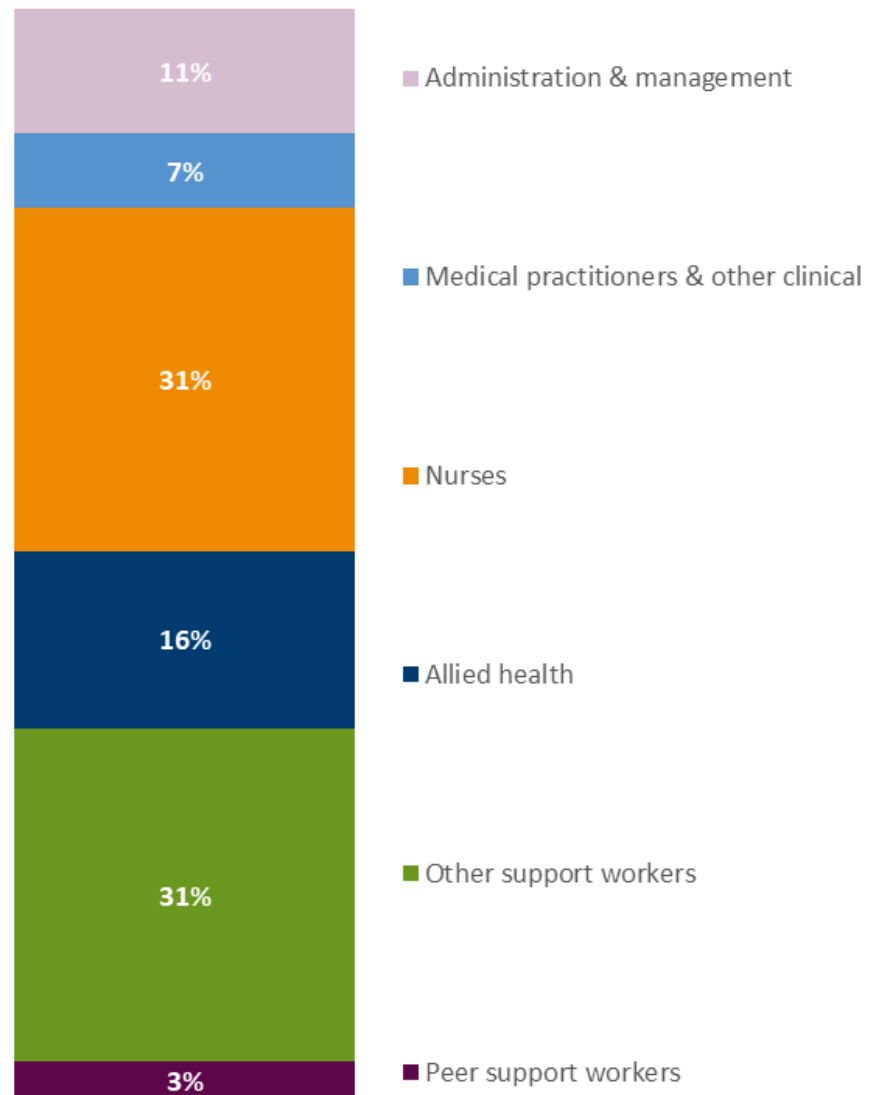
- Between 2014 and 2018, the number of FTE support workers in mental health and addiction services has grown by about 360 FTEs across all providers
- This represents a growth in the support workforce of approximately 12% (subject to ongoing analysis and review)
- Most of this growth has occurred in the NGO mental health and addiction workforce with some also occurring in the DHB workforce.
- The NGO and DHB workforce overall has increased in size by about 13%

Support workers are the largest group in the mental health and addiction workforce

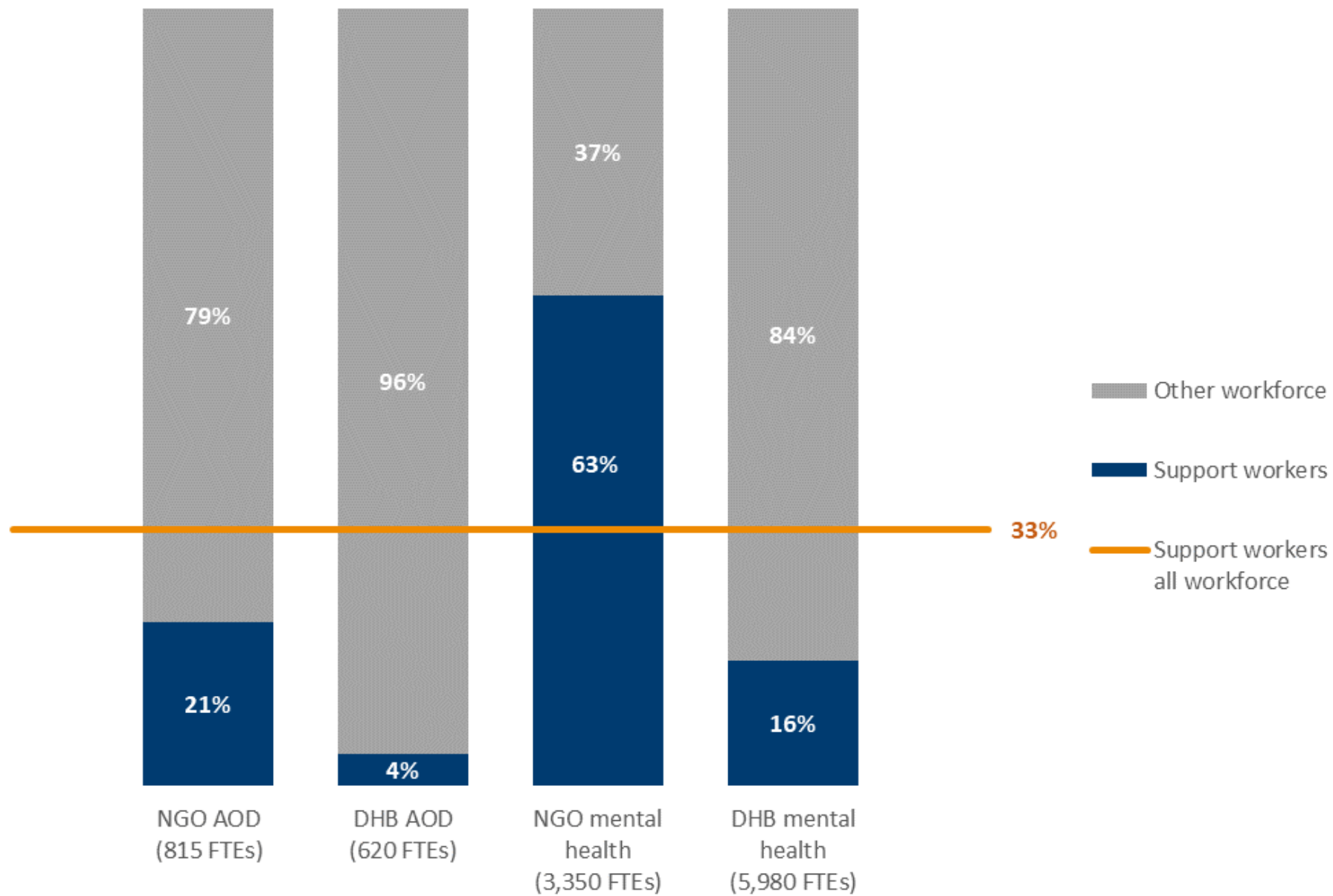


Representation of support workers in the DHB workforce has increased from 12 to 15 per cent; and it has decreased slightly for NGOs.





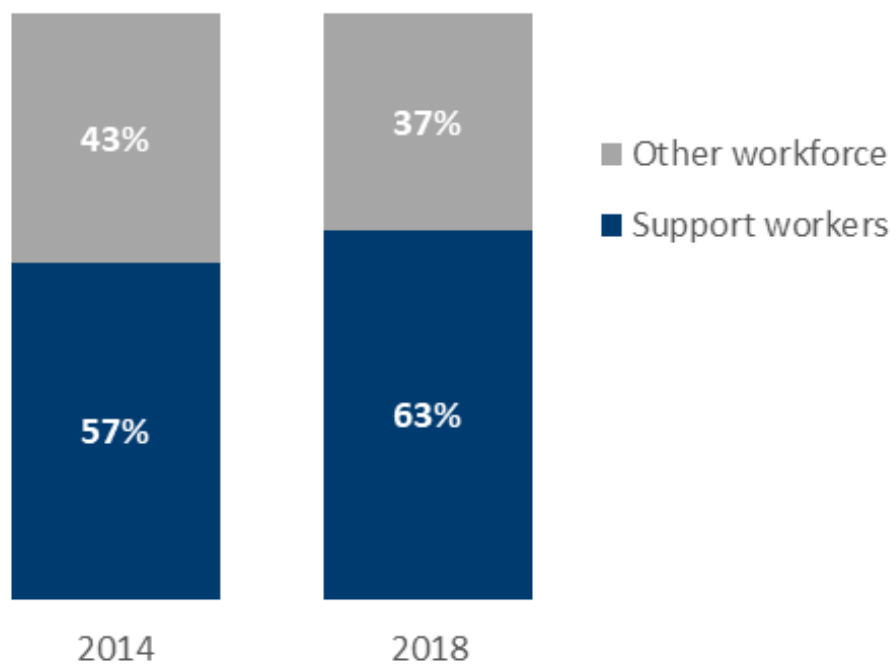
MHA workforce
(10,7650 FTEs)



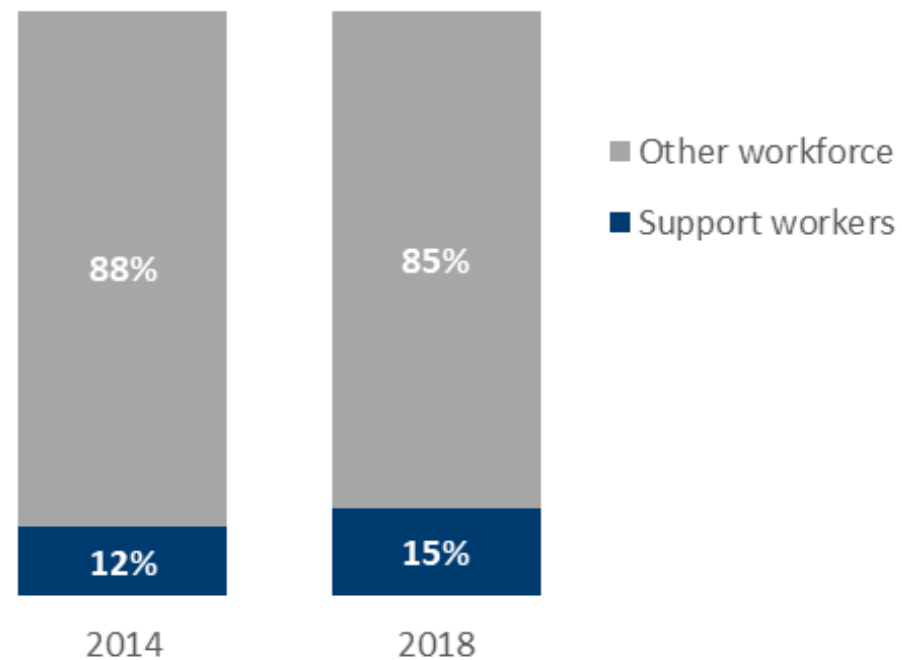
Te Pou o te
Whakaaro Nui

PLATFORM

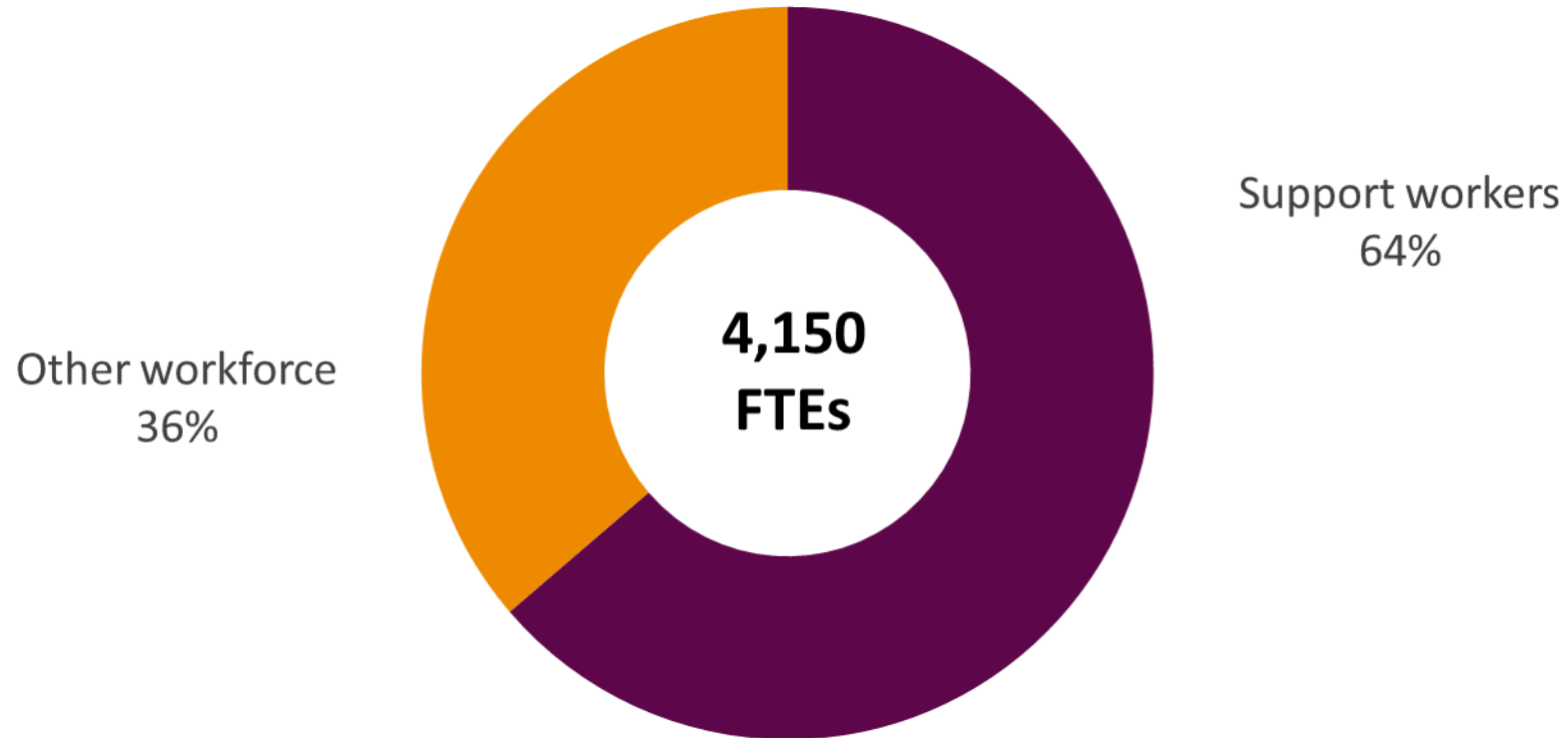
NGO mental health and addiction workforce



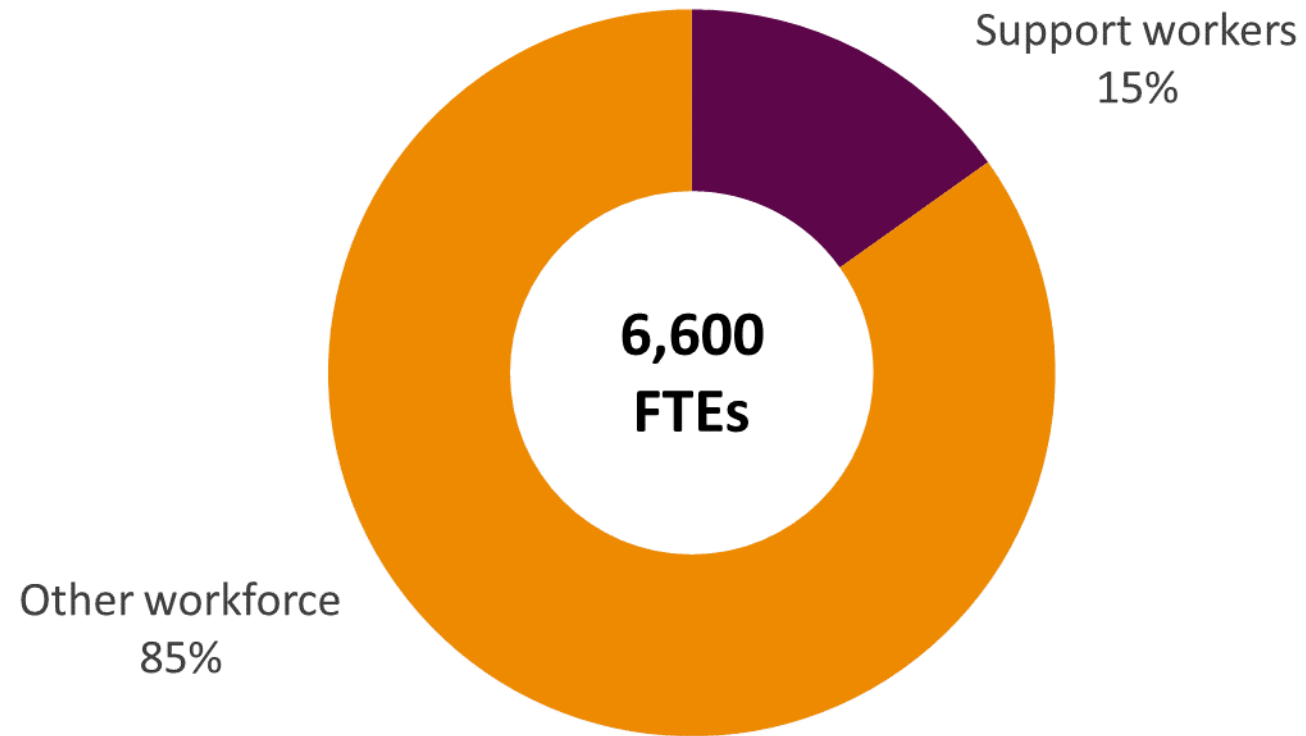
DHB mental health and addiction workforce



NGO workforce



DHB workforce





**Retention
and
recruitment**



**Training
and
development**



Professionalism



**Education
and career
pathways**



**Role
clarification**



**Health
and
wellbeing**





Key considerations: Some feedback from support workers

Te Pou o te
Whakaaro Nui

PLATFORM



Retention and recruitment

- Value for the role and expertise of support work roles.
- Foster a range of pathways into MH&A support work.
- Recognise that there are a number of registered health staff who choose to be employed as support workers.



Training and development

- Ensure that support workers have a certain level of proficiency in both mental health and addiction issues.
- Create flexible, inexpensive educational opportunities for MH&A support workers who want to specialise in one or more areas (eg, child & youth, aged care, trauma, brain injury, addiction, etc). These could be offered as 'bolt-on' training modules.



Professionalism

- Investigate the establishment of a professional body that will increase the profile and advocate for MH&A support workers.
- Consider the extent to which 'professionalism' might adversely impact on the role of mutuality between the worker and the person, particularly in relation to peer work.



Education and career pathways

- Recognition of support work as a career in its own right.
- Develop a range of career pathways that are supported by a range of educational opportunities.



Role clarification

- Clarify the core scope-of-practice for MH&A support work, particularly the interface and overlap with the regulated health workforce.
- Boost the value placed on the support worker role by increasing its visibility and by actively promoting the diversity of work that MH&A support workers do.
- Reinforce the essence of support work and peer support work.



- Promote the spread of creative ideas for enhancing the health and wellbeing of the support workforce.
- Increase the availability and uptake of supervision, coaching and mentoring opportunities for MH&A support workers.
- Improve both inter-organisation and intra-organisation policies and practices regarding the sharing of information related to 'risk' to help boost the safety of the MH&A support workforce.