

Matua Raki

National Addiction Workforce Development

Matua Raki News – December 2011

Passion, commitment and striving for excellence



Snapshot Survey interim findings

Thanks to those who contributed to the 2011 Addiction Services 'Snapshot Survey'. These surveys have been developing over the last two years to help us identify trends in the workforce and demand for addiction services.

This information helps Matua Raki better provide workforce development activities and can also help others such as the Ministry of Health and DHBs in developing effective addiction services.

A full report will be available early in 2012, but we are pleased to share some of the interim key findings at this time.

More services

This year the survey received feedback from 51 services (up from 30 last year). Seventeen DHBs and

34 non-government (NGO) addiction services took part and a wide range of services were represented.

Workforce groups represented

Once again addiction practitioner/counsellor was the largest group identified in the survey at 52 percent (40 percent from DHBs, 60 percent from NGOs). Nurses were next largest at 16 percent (90 percent from DHBs, 10 percent from NGOs). Of note, and worthy of further investigation, is the difference we are now seeing in the make up of the DHB and NGO workforces.

Registration requirements

Those from professions regulated under the Health Practitioners Competence Assurance Act are much more likely to be working in DHB services (76 percent)

than NGO services (14 percent).

Approximately 40 percent of those with DAPAANZ registration are employed in DHB services and 60 percent in NGO services.

Most DHBs require staff to hold some form of professional registration, with most finding DAPAANZ registration sufficient. Generally NGOs indicated professional registration is desired but if necessary a majority will recruit staff and support them to attain registration.

Average annual salary

DHB services seem to be paying higher salaries, but this could be due to non-reported factors such as higher qualifications and lengths of service. The largest average annual salary difference between NGO and DHB services was for the addiction practitioner/counsellor role (\$9K-\$10K).

Recruitment and retention

Services reported that 4 percent of funded positions were vacant but most (75 percent) found recruitment the same or easier this year compared to 2010. The hardest positions to fill were addiction practitioner/counsellor positions where addiction experience is required.

Most services found staff recruited in the last year to be the same or more skilled than in 2010.

Rising demand

Demand continues to rise with 58 percent of services seeing more clients this year. Just four services reported fewer clients.

Clients with co-existing problems (CEP) make up nearly 50 percent of demand, with justice sector clients at 41 percent and clients with primary methamphetamine issues at 15 percent (these groups overlap). Again, justice sector client numbers have increased the most.

Innovations to meet increased demands

Services have expanded existing programmes and provided new initiatives tailored to local needs. Some have introduced new roles, expanded existing roles, improved referral processes and client management, and provided evening or mobile services.

Relationships

Relationships with other services are the same or better this year, particularly with the mental health and justice sectors. Integrated service models, shared MDT meetings and co-working were noted in relation to mental health services, along with court-based roles and a range of specific programme initiatives for justice sector clients.

Integration with mental health services

Just over a third of services reported they are



Chief Survey Developer Klare Braye

"It's great so many services took the time to complete the survey.

"The information gathered will be invaluable in analysing industry trends."



Tim Harding, Chief Executive, Care NZ

"I can't stress enough how valuable the Addiction Services Snapshot Surveys are. It's essential as many services as possible participate to help us understand and address important

workforce trends. One particular concern the Survey reveals is the emerging differences in pay rates that make it a real challenge for NGOs to compete with DHBs in recruiting and retaining addiction specialists and other clinical staff such as nurses."

integrated with a mental health team/service or will be in the next year. However, differing definitions of service integration may have been applied. Comments suggest integration has improved treatment effectiveness.

Workforce development challenges

Key challenges include meeting professional development costs and recruiting/retaining experienced staff.

Most services (76 percent) support staff development by paying for course fees, study leave, travel and accommodation. Some reported non-payment of these costs as barriers to training.

There is a high level of uptake of Matua Raki training and events rate positively. Resources produced by Matua Raki are well distributed, and deemed useful by most services.

Services would like more CEP and management support training and more training in motivational interviewing, cognitive behavioural therapy and assessment.

Editorial

In this newsletter we have highlighted some findings from our 2011 Addiction Workforce Survey.

This time we conducted the survey electronically instead of by telephone. This allowed us to survey all services, but we missed the personal contact which last year captured the impression that – despite increasing workloads and strains on funding – there was a high level of enthusiasm, commitment and passion for working with people with addiction related problems.

This year's survey shows there is now a difference between the NGO and DHB workforces, particularly in relation to qualifications and disciplines. For example, although nurse numbers have remained steady at around 16 percent of the total workforce, 90 percent work in DHBs.

Although half the workforce are in practitioner/counsellor roles, 60 percent work in NGO services. These findings are likely to have implications for future workforce development planning.

Matua Raki is continuing with its suite of short courses, but we have made changes to how we are offering training.

Evaluations show significant change in practice occurs when course participants are in organisations that have workforce development plans in which training is embedded and learnings from courses are built on and supported by management. In order to maximise positive outcomes we are now offering training upon request from organisations or regions that have plans in place to support ongoing learning. We welcome opportunities to meet with services to look at ways we can support workforce development planning.

You may know that Matua Raki is now primarily funded by Health Workforce New Zealand (HWNZ). The HWNZ Board has recently approved a joint proposal from Matua Raki and Te Pou, supported by Te Rau Matatini, for a merge between the two organisations. Funding is secured through to 30 June 2012 when Matua Raki will pursue an integrated model of workforce development with the mental health workforce programmes within Te Pou.

Our focus will be still be on addiction workforce development and providing a level of support and resource to the addiction sector. We will update you on progress.

On behalf of Matua Raki I wish you all a great Christmas and holiday break.

Raine Berry, Director



In this issue:

Snapshot Survey interim findings	1
Editorial	3
Getting to know Vanessa Caldwell	4
Leadership Day November 2011	5
Innovation through collaboration	8
Smokefree cessation and pregnancy training	9
Alcoholism and Drug Addiction Act review	10
Managed Withdrawal Guidelines	10
Recent project updates	11
Book launch: <i>Social Work with Substance Users</i>	12

Getting to know Vanessa Caldwell



Vanessa Caldwell is Matua Raki's Project Manager Methamphetamine. We asked her a few questions so as to get to know her a little better.

How did you come to be working in the addiction field?

I became aware of the consequences of addiction very early in my life, so I'm interested in this work as a way to help people. That's why I became a psychologist. You could say I feel called to do this type of work.

What does your job involve?

At the moment my work is mainly in response to the government's Reducing Harm from Methamphetamine programme. The programme calls for a multi-agency approach (Justice, Customs etc) and my job is to develop the treatment sector's role – to develop resources and to make the best use of this funding.

What makes you keen to get to work each day?

I have a firm belief in the power of people to make positive change and I love being part of that process on various levels. It's a buzz to be doing work that makes a real difference. I help resource people to be the best clinicians they can be!

When you're not saving the world, what else do you like to do?

I'm married with two kids (10 and 11) and, as much as I love my job, these guys are the main focus of my life. I love spending time with them. I'm also a compulsive studier and am working on my doctorate. I like to keep my interest up in all sorts of things.

If you could wave your magic wand, what single change would you make in New Zealand?

I think it's a bit mean only letting me make one change, seeing as I have a magic wand, but I think it would have to be our collective sense of apathy.

If that thinking that "someone else will do it" changed we'd all do our part and there'd be no more room for children being abused or living in poverty, or groups being discriminated against.

"I have a firm belief in the power of people to make positive change and I love being part of that process."

Leadership Day November 2011



The most recent Addiction Treatment Leadership Day, hosted by Matua Raki in partnership with NCAT, was held 24 November in Christchurch and attended by more than 80 delegates from all around the country. The days are held three times yearly to bring together leaders in the addiction workforce for learning and knowledge-sharing.

The theme this time was Change in the Addiction Sector and, fittingly, the day began with a session led by Nigel Loughton (Odyssey House), Rebecca Webster (Christchurch CADS), Marc Beecroft (ADANZ), and Sandy McLean (Canterbury DHB) who gave a regional perspective on how things had changed in Christchurch.

The presentation set an optimistic tone for the day because it revealed that rapid and effective change is indeed possible – an apt start considering the immense challenges facing the sector discussed later in the day.

The earthquakes have increased the needs of all Christchurch's vulnerable populations (not just those struggling with addiction problems). This has forced an urgent rethink on the way alcohol and other drug services are offered to become more efficient to meet increased demand.

Pictured left to right: Phil Grady (Odyssey House), Doug Sellman (National Addiction Centre), Sandy McLean (Canterbury DHB) and Tony Martin (CADS Southern DHB)

So providers now hold weekly meetings to discuss all referrals and make sure the best service is matched to individual client needs. Providers now have a much more accurate snapshot of the community's needs and collaboration has ensured more efficiency in providing resources. Incredibly, wait times have been reduced from six weeks down to just one week since September when the meetings started.

The second session of the day focused on future directions.

Phil Gander (Synergia) spoke about Health Workforce New Zealand's long-term focus of simplifying and unifying the workforce's response to mental health and addiction problems. He stressed the need for all services to have a patient-centred view.

Mental Health Commissioner Lynne Lane said the Commission was working furiously to develop a second Blueprint for Mental Health Services before the Mental Health Commission is disestablished next year. She said a concept paper had been developed and a project team set up to review sector feedback. A green paper would be released in January outlining some of the concepts underpinning the new Blueprint



Graeme Ramsey (Problem Gambling Foundation) and Peter Kennerley (Ministry of Health)



Tim Harding (Care NZ), Fiona Trevelyan (Counties Manukau DHB) and Denise Giles (Care NZ)



Former Deputy Drug Czar to the Obama Administration Professor Tom McLellan



Terry Huriwai (Matua Raki) and Ashley Koning (Matua Raki)



Fraser Todd (National Addiction Centre), Ian McEwen (DAPAANZ) and Doug Sellman (National Addiction Centre)



Raine Berry (Matua Raki) and Daryle Deering (National Addiction Centre)



Jim Hauraki (ALAC) and Tuari Potiki (ALAC)



Lynne Lane (Mental Health Commission)

and workshop sessions would be organised to help finalise the Blueprint to produce the best foundation for service delivery into the future.

The Ministry of Health's Peter Kennerley spoke about the Mental Health and Addiction Service Development Plan which sets out the government's high level priorities for the sector. These include: better rates of recovery, effective primary care, improved resilience for young people, and better access for older people. He said the Ministry sought a holistic view (i.e. recognising the effects things like unemployment and income disparity have on health) and that it recognised future directions must be evidence-based.

Marion Blake (Platform Charitable Trust) stressed the importance of community organisations and NGOs. She said some of the biggest challenges they faced were related to funding which makes it imperative that NGOs stop "defending their patches" and collaborate on community resources.

She said we shouldn't shy away from speaking about people in terms of numbers; simply to convey the size of the problems we face.

Discussion from the floor included suggestions to the

Mental Health Commission about groups within the sector who could help contribute to the Blueprint; agreement that we do need to talk loudly about numbers; concern that addiction not just become a "minor add-on" to mental health; and some scepticism about new developments and the government's ability to recognise how poverty drives mental health and addiction.

Perhaps the highlight of the day was the afternoon session discussing leadership themes. This was based around a short DVD taken from a presentation made in Wellington earlier this year by former Deputy Drug Czar to the Obama Administration Professor Tom McLellan.

McLellan's main point is that addiction is generally a chronic disorder similar in course to other diseases such as hypertension, diabetes and asthma. There is a significant genetic inclination to all these chronic conditions and all can be brought on or exacerbated by lifestyle choices.

He argues that these other forms of illness are usually identified in primary care and treatment is started there. Sadly, this doesn't happen with problematic alcohol or drug use. GPs rarely factor in alcohol when diagnosing, and are frequently ill-equipped to deal

with addiction. As a result opportunities for early intervention, that could have prevented chronic addiction, are lost.

Addiction is a chronic disorder and should be treated the same way – using the full spectrum of the healthcare system. Intervention needs to occur early, and addiction must be treated with the same long-term focus as any other chronic condition.

After watching the video, the floor was opened and lively discussion ensued. Points included:

- Collaboration between primary care and specialist services does already occur – opioid substitution treatment, for example. This sort of collaboration could increase as the primary healthcare workforce grows in expertise.
- The treatment sector needs to better communicate with primary care the excitement it feels at new possibilities in treating addiction, and we need to get much better at backing up primary care.
- We're the ones that have to move. We're like leper workers on the edge of society and patients have to come to us. Our vision needs

to be about moving that care back into the mainstream and eroding away the stigma associated with addiction.

- A nettle we perhaps haven't yet grasped is that many GPs see primary care as a private business rather than as a public service, and this is getting in the road of prevention. Clinicians need to be talking with GPs to shift their thinking in a system where retaining patients is incentivised rather than referring them.
- GPs are caring people too. They need to see evidence that early intervention and long-term treatment will work. Could we look at developing pilot programmes and also involving practice nurses?

A recording of Tom McLellan's presentation at the Drug Symposium is available on YouTube via the NZ Drug Foundation's website: www.nzdf.org.nz.

The last session of the day involved updates from the Ministry of Health, ADOM and PRIMD.

The next Leadership Day will be held in Wellington on 22 March 2012.

Innovation through collaboration

“Innovation” means finding new and effective ways to do things. Matua Raki has been working in partnership with Midland DHB’s Mental Health and Addiction Regional Network and Lakes DHB Māori Health Division to do just that.

One outcome has been the delivery of Takarangi Competency Framework (TCF) introductory, Champion and Assessor workshops across the Midland region between June and October.

One of the aims of the TCF is to enhance cultural fluency to help practitioners and providers build and maintain welcoming, hopeful and meaningful services that can make a difference in people’s lives.

At the workshops practitioners examined the authenticity and accountability of their practice through a Māori lens, which helped them align their organisations’ responsiveness to Māori.

Midland Regional Workforce Development Coordinator Ruth Choudhary said there was broad occupational and service attendance at the workshops.

“The way participants interacted showed Midland practitioners had a real desire to improve service access and quality even in a time of what seems like constant change,” she said.

Another exciting development has been considering how Matua Raki can further support the coexisting problems (CEP) initiative.

The integration of CEP and the TCF led to a pilot two-day Cultural Fluency and Formulation workshop in Taumarunui in October and the TCF was the vehicle for the training. The workshop was facilitated by

Matua Raki’s Dr Joel Porter and Terry Huriwai.

The TCF, the workshop and associated resources have been further customised to enhance the work of a number of providers and practitioners in the Te Kotahitanga Whānau Ora collective.

“Just as addiction is everybody’s business, so too is being responsive to Māori.”

“I think this demonstrates the usefulness of the Takarangi Competency Framework, not only across roles and settings within the mental health and addiction sector, but across the whole continuum of care,” said Terry Huriwai.

“Just as addiction is everybody’s business, so too is being responsive to Māori.”

The Takarangi Competency Framework has been a collaborative effort over time involving services and practitioners from around the country.

It articulates a fusion of cultural and clinical elements in practice and seeks, in particular, to address the needs of those working with Māori.

It aligns with the Māori responsiveness requirements of a number of professional bodies and has been helpful to professionals such as nurses, psychologists, counsellors, social workers, support workers and addiction practitioners.

Find out more at www.matuaraki.org.nz/projects/maori.html.



Participants at the Midland Regional TCF Assessor Training workshop in Rotorua, September 2011



Participants at the Cultural Fluency and Formulation Workshop in Taumarunui, October 2011

Smoking cessation and pregnancy training

Smoking during pregnancy causes sickness and even death for woman and babies in New Zealand. The consequences are so serious that pregnant women who smoke are a priority for our smoking cessation services. It’s especially concerning that the rates of smoking while pregnant are much higher for Māori and Pacific Island women.

Matua Raki was contracted by Tobacco Control within the Ministry of Health to develop and run training across the country for Māori and Pacific services. The aim of this training was to build on the skills and experiences of the smoking cessation workforce to strengthen the services they offer for pregnant women.

The training was led by Matua Raki’s Rawiri McKinney and Tangihaere Walker. They consulted with cessation experts and put together a number of resources including handouts, booklets, reference cards and fact sheets.

Twelve sessions were held during September and November 2011, attended by more than 80 practitioners from as far north as Kaitiaki and as far south as Invercargill.

The sessions were highly practical, interactive and hands-on, involving opinion sharing, workshoping and role-plays. Attendees came mainly from organisations such as Aukati Kaipapa, DHBs and Pacific health organisations.

Responses have been extremely positive with participants saying the training has been very useful in supporting their work with pregnant women and their whānau.



“The training was fantastic! The visual demonstrations were brilliant and I loved how interactive and interesting it was. I will be using these techniques at every opportunity – whether it’s with

pregnant women who smoke or nurses I’m training so they can inform their pregnant patients.”

Marleen Tuigamala
Smokefree Coordinator
Te Hononga O Tamaki Me Hoturoa

Alcoholism and Drug Addiction Act review

A Bill to replace the outdated Alcoholism and Drug Addiction Act 1966 has been drafted following the Law Commission's report and recommended changes. The draft Bill is likely to be tabled early next year with a view to it becoming law in 2013.

The review of the Act is part of the government's Reducing Harm from Methamphetamine programme. Calls for its review have been made for several years and a key focus of updating this legislation is to ensure it conforms to the Bill of Rights Act 1990.

Matua Rāki has been working closely with the Ministry of Health to ensure the proposed changes will occur smoothly. The new Act will involve new threshold criteria and some different roles and processes to increase protections for those experiencing severe effects of addiction.

This group of people, while small in number, is typically challenging to manage and providing appropriate levels of intervention and care is a key priority for the revised Act.

“At present there are no dedicated Māori addiction services gazetted to accept clients under committal.”

A small working group consisting of members from Matua Rāki, Te Rau Matatini, Te Puni Kokiri and the Ministry of Health are undertaking an initial scoping exercise to explore the feasibility of a kaupapa Māori response to this new Act.

At present there are no dedicated Māori addiction services gazetted to accept clients under committal and the current committal process arguably does not fit well for whānau seeking assistance for a loved one who is severely affected by addiction.

This review is an opportunity to address some of these oversights in the original Act and establish some principles and processes that may more appropriately address the needs of Māori in this difficult situation.

We welcome your comments and feedback regarding your experiences of working with the Act and particularly how the provision of compulsory treatment may be improved. Contact Vanessa Caldwell, Matua Rāki Project Manager, on 04 499 9340.

The Law Commission report is available at <http://tinyurl.com/66actreview>.

Managed Withdrawal Guidelines

To address a lack of standardised guidelines and information on withdrawal management the Ministry of Health commissioned Matua Rāki to develop guidelines appropriate to New Zealand health settings.

A reference group made up of acknowledged specialists identified a need for guidelines for three distinct groups: nursing and medical clinicians, generic addiction and allied practitioners, and for consumers, family and whānau.

The first of these guidelines, *Substance Withdrawal Management Guidelines for medical and nursing practitioners in primary health, specialist addiction, custodial and hospital settings*, was published in September 2011 and disseminated to addiction services, emergency departments and acute mental health units.



Copies have also been provided to health professionals working in custodial settings. It has a clinical focus and has been positively received by the sector.

The second of these guidelines, *Substance Withdrawal; Management guidelines for addiction and allied practitioners*, is more general. Its aim is to provide practical and accessible information to help identify substance withdrawal, risk assessment and appropriate non-medical management options for a range of substances.

The third guideline, *Managing your own withdrawal: A guide for people trying to stop using drugs and or alcohol*, was written for people who are thinking about stopping or having a break from drinking or using drugs. It will also be of use to their family and whānau.

The second and third guidelines are due for publication shortly. All three may be ordered online for free at www.matuaraki.org.nz/contact-us.html.

Recent project updates

Pacific projects

Pacific Addiction Workforce Strategy

This joint project between Matua Rāki and LeVa (within Te Pou) aims to implement the Pacific Addiction Workforce Strategy that was launched at Cutting Edge 2011 in September. The strategy has three key objectives:

- building capability
- recruitment and retention
- resources and tools.

Over the next year, Le Va and Matua Rāki will work on a number of key actions within the strategy including:

- creating a single centralised hub for Pacific mental health and addiction workforce development
- delivering the Le Va Engaging Pasifika training to addiction services
- supporting relevant research and evidence-based approaches to treatment
- promoting scholarships for the Pacific addiction workforce.

Find out more at www.leva.co.nz/page/185.

Pacific addiction worker scholarships

Applications are now open for tertiary education scholarships for Pacific addiction workers (with a priority to those who work with youth) under the 'futures that work' programme. Please apply online at www.leva.co.nz or email futuresthatwork@leva.co.nz for more information.

Family/Whānau update

In partnership with Kina Trust, Matua Rāki launched the Think Parent Think Family resources at the Cutting Edge Conference in September. Research shows the importance family and the role of parenting play in the long-term wellness of people with addiction related problems.

The resources include a guide on how to reduce the barriers for parents accessing addiction services, how to discuss family and parenting with tangata whaiora and how to talk to their children. The resources come with a poster for waiting and counselling rooms that aims to help services feel more family inclusive. There's also a door hanger reminding staff that family should be involved in treatment plans wherever possible by announcing Family/Whānau meeting in progress.

A mail-out of these resources has been done, but if you did not receive copies please let us know. See www.matuaraki.org.nz/contact-us.html.

Regional consumer forums

Matua Rāki will be holding four regional consumer forums as opportunities to discuss the skills, knowledge and attitudes required of a growing consumer and peer workforce. The first forum will be held in Christchurch in December with the remaining forums to be held early in 2012. Find out more via the Addiction Sector Calendar at the Matua Rāki website.

Consumer involvement in education

In collaboration with others, Matua Rāki has developed a draft discussion document, *Consumer Involvement in Education: A discussion paper for education and tertiary training providers*.

Its purpose is to provide an overview for education and tertiary providers on including consumers in training health professionals who work and/or intend to work with people with addiction-related problems.

You can download this document free (from January 2012) at: www.matuaraki.org.nz/contact-us.html.

Coexisting Problems Formulation workshops

Te Ariari o te Oranga – the assessment and management of people with co-existing mental health and substance use problems by Dr Fraser Todd was launched in 2010. Following this a workshop based on the publication was developed for practitioners in both mental health and addiction services. This workshop, delivered by Dr Joel Porter, promotes the use of a practical approach which enhances co-existing problems (CEP) responsive assessment and treatment planning – and helps 'Any door is the right door' become a reality.

Matua Rāki began delivering this training nationally in late 2010. To date 915 practitioners have been trained at 40 workshops across New Zealand. CEP Formulation workshops are now provided to services on request and can be adapted to the needs of particular areas and services. The demand for the workshops remains high.

Matua Rāki has developed a database of addiction and mental health practitioners who have been identified by their services as being 'enhanced CEP practitioners'. This group has been supported to participate in advanced CEP specialist training opportunities and encouraged to share resources.

Matua Rāki plans to sponsor a series of forums for enhanced practitioners working in more isolated locations to meet, discuss and support each other in their specialist work.

Matua Raki

National Addiction Workforce Development

Book Launch:

Social Work with Substance Users



Anna Nelson, Matua Raki's Programme Manager, has had her book, *Social Work with Substance Users*, published by Sage Publications.

While the book is primarily for use in academic teaching around social work it will be a valuable resource for social workers operating in a variety of settings with people experiencing problematic substance use.

Written from an evidence-based perspective, the book highlights successful responses to the issues.

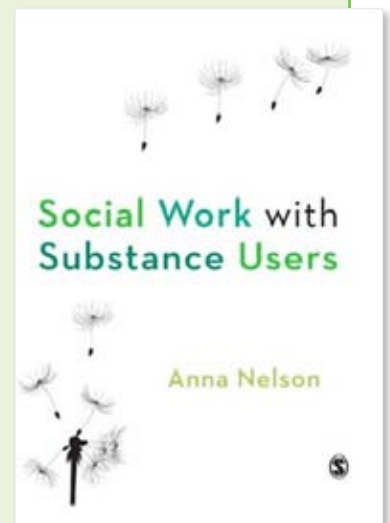
Each chapter includes reflective exercises and examples of further reading, challenging

students to critically reflect on their practice.

Anna started writing the book when she was employed as a Senior Lecturer in Social Work at London's South Bank University, and completed it when she returned to Wellington with her husband and young daughter.

Matua Raki would like to congratulate Anna on her achievement.

You can find out more and order the book at www.uk.sagepub.com/books/Book233495.



To download electronic copies of this newsletter or any of Matua Raki's workforce resources, visit our website: www.matuaraki.org.nz.

To inquire about our resources or request hard copies, contact us at www.matuaraki.org.nz/contact-us.html.