

A Competency Framework for the Mental Health Workforce

A report of the National Mental Health
Workforce Development Co-ordinating
Committee

JULY 1999

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Preamble

The National Mental Health Workforce Development Co-ordinating Committee report *Developing the Mental Health Workforce* describes progress to date on developing workforce plans and initiatives to address critical workforce issues. A priority of the Committee was to develop an overarching strategic framework to guide subsequent workforce development. To do this the Committee focused on the competencies required for a skilled workforce rather than on individual numbers and specific requirements of health professional groups. The approach is consistent with workforce development internationally, was considered to be more useful to the sector as a whole and is expected to encourage the development of a more flexible workforce.

The model of core competencies (basic and advanced) and specialist skills developed is based on current and future roles for people working in the mental health service. They should be used by:

- educators in the development of education and training programmes
- regulators in the development of competencies required by applicants for registration and validation/accreditation of education programmes
- employers for provision of services, performance appraisals, personal development plans and design of career pathways.

The Committee wanted to ensure all relevant parties had ready access to the strategic framework so decided to publish separately *A Competency Framework for the Mental Health Workforce*.

The National Mental Health Workforce Development Co-ordinating Committee comprises the following members: Bob Henare, Mental Health Commissioner (Chairperson); Margot Mains, Chief Executive, MidCentral Health Ltd (Chairperson until August 1998); Barbara Anderson, Chair, HOMES NZ; Jane Cartwright, Mental Health Director, Healthlink South Ltd (from July 1998); Mason Durie, Professor of Maori Studies, Massey University (until May 1998); Karleen Edwards, Senior Project Manager, Mental Health, HFA (from June 1998); Kath Fox, National Director of Mental Health Services, HFA (until June 1998); Cheryll Graham, Administrator, Wellington Mental Health Consumers Union (from February 1999); Jacqui Graham, Joint Director, Pathways Inc; Madeleine Heron, mental health consumer (until January 1999); Murray Johnston, Mental Health Manager, Capital Coast Health (until July 1998); John Matthews, consumer representative, Tai Tokerau, Mental Health Services, Northland Health (from February 1999); Winston McKean, General Manager, Clinical Training Agency; Karl Pulotu-Endemann, mental health consultant; Mike Sukolski, Consumer Advisor, HFA (until December 1999); Rees Tapsell, Psychiatrist, Mason Clinic, Waitemata Health Ltd (from May 1998); and Cindi Wallace, National President, Schizophrenia Fellowship (from May 1998). Dr Janice Wilson, Director of Mental Health, Ministry of Health, has been an advisor to the Committee.

The Committee wish to acknowledge the assistance of the following individuals, groups and organisations who contributed to the development of the report, and especially contractors Lesley Askew and Eve McMahon (Clark Consulting Ltd).

Bodies consulted

Wide-ranging consultation throughout the mental health sector plus professional regulatory bodies, education providers, and professional associations.

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Strategic Framework for Workforce Development: Competencies for the Mental Health Workforce

1 Executive summary

A model of core competencies¹ advanced core competencies and specialist skills based on current and future roles for people working in the mental health service has been developed for use by:

- educators in the development of education and training programmes
- regulators in the development of competencies required by applicants for registration and validation/accreditation of education programmes
- employers for provision of services, performance appraisals, personal development plans and design of career pathways.

The model is one of several initiatives designed to improve the effectiveness of the mental health workforce in mental health service organisations.

Progression through the three core competency levels is dependent upon clearly proscribed and supported postgraduate and continuing education courses for all workers. Assessment of the competencies is the responsibility of employers, educators, regulatory bodies and consumers using criterion-referenced processes. The competencies have been developed to promote recovery.

The core competencies and their associated performance criteria have been developed with the assistance of mental health service providers, Maori, Pacific Islands people, professional organisations, professional regulatory bodies, and professional education and training providers.

The application of the core competencies in clinical practice will need to be regularly reviewed to maintain relevance and content specificity. Their inclusion in education programmes, performance appraisals and development plans, and standards for entry to professional practice, will require ongoing monitoring. Raising the standard of competence in the mental health service workforce will need not only application of the core competencies but also a sufficient number of appropriately trained multi-disciplinary teams of workers.

The core competencies can be found in Tables 1, 2, and 3. A strategic framework with priorities and targets for achieving the workforce requirements is set out in Table 4.

2 Introduction

Employers, consumers and health professionals have raised concerns about the competence of people preparing to work in, or working in, the mental health service. General concern has been expressed that education programmes and accrediting authorities (including health professional registering bodies) do not appear to be as responsive as they could be to the needs of the service. Others refer to the absence of an interdisciplinary team approach to consumer-focused care planning and inadequate levels of consultation with consumers, their families/whanau and their communities.

¹ Competency – a demonstrated ability to achieve a required level of performance.

Every person working in the mental health services is expected to use a recovery approach in their work (Mental Health Commission, 1998a, p.16). The approach requires recognition and initiation of early therapeutic intervention strategies, and is consistent with the guiding principles of the *National Mental Health Plan* (Ministry of Health, 1997a) and the *National Mental Health Standards* (1997b). Stopping discrimination and promoting respect, rights and equality for people with mental health illness is also important.

With these concerns in mind a set of core competencies has been developed as a requirement for all people working in the current and future mental health service. Specific competencies and skills required by individual health professionals in order to be able to practise in their particular profession, eg. psychometric testing by clinical psychologists, are additional to the core competencies described.

The core competencies are based on already published competency and standards material from a number of professional regulatory and non-regulatory bodies, on unit standards registered on the National Qualifications Framework for mental health support work, and published and unpublished reports on New Zealand mental health services.² They have not been developed to identify a generic multi-skilled mental health worker,³ but rather to demonstrate that there are sets of core competencies that need to be demonstrated by all mental health service workers, whatever their occupational discipline, at different stages of their careers.

The advanced competencies, although more clearly defined in the appendices than in some of the referenced material, are in fact, included amongst the competencies and performance criteria expected at entry to practise of most of the health occupational groups who practice in New Zealand's mental health services. They are also complementary to, and should be used together with, such publications as the *Blueprint* and the *National Mental Health Standards*.

Key threads link the basic, advanced and specialist competencies. These are set out in the competency descriptors and performance criteria. An example is the use of counselling (used widely and generally to include budget advice and therapeutic counselling), which can be considered as 'general advice' at the basic level and a content-specific skill at an advanced or specialist level.

3 Preamble

The mental health area has been one of major change over the last 10 to 20 years. Medical science, technology and societal demands predict further significant change occurring in the future. Services will be culturally appropriate and consumer focused and will be delivered in partnership with the consumer, their family/whanau and their communities.

Members of the mental health workforce must be willing to upgrade their knowledge and skills to meet the expected evolutionary changes in work practices and disease manifestations. Therapeutic options will continue to evolve, placing greater demands on the need for advanced competence in a highly specialised service staffed by highly competent workers.

² The resources referred to are included in the reference list.

³ Workers – this generic term has been used deliberately throughout the chapter to describe all persons who work therapeutically with consumers of mental health services. It fits within the use of the term 'workforce', and covers all mental health workers and other health professionals such as registered nurses, doctors, occupational therapists, clinical psychologists, social workers, psychotherapists and physiotherapists.

Linkages need to be improved to enhance integration between general medical practitioners, primary and other health services, schools, Maori health and Pacific Islands health groups and communities. Services sitting outside the health services (eg. prisons), will need consultation/liaison links with the mental health services.

There is general agreement internationally that mental health services are best delivered to consumers by teams of multi-skilled⁴ and multi-disciplinary workers.⁵ Members come with a variety of personal and professional competencies and experience. Teams of such workers need members with core skills and competencies representing generic as well as shared skills and knowledge to enable them to work with people accessing the services in a variety of therapeutic settings. They also need access to people with additional specific clinical skills.

Literature and experience supports the need for collaborative planning in the mental health service. Service delivery using collaborative approaches is frequently described as trans-disciplinary⁶ and/or inter-disciplinary.⁷ Consumers, their families/whanau and their communities must be included in the consultation process where planning affects the services they will receive.

4 Competence

There are several perspectives on the nature of competence. Those generally used in the reference documentation and in health professional practice in New Zealand marry the general attributes (knowledge, attitudes and skills) in an integrated approach to realistic tasks. These attributes are used in combination to bring together disparate things (abilities of individuals derived from combinations of attributes) and the tasks that need to be performed in particular situations (Gonczi, 1994). They also incorporate professional judgement.

A good set of competency standards will provide a clear statement of what is considered to be important in competent performance for the workforce (Hager, 1992). Partial demonstration cannot be considered adequate.

While the relationship between competency standards and education curricula needs to be flexible, the relationship should be one of overall coherence of an educational programme and the competency requirements required by an occupation. If curricula are conceived this way, it will be possible to overcome some of the fragmentation and lack of integration that currently characterise aspects of the initial education and training of clinical staff.

The use of competency based standards enables competence to be achieved in a recognised way. Clear public standards help to maintain public confidence, and give occupational groups a clearer understanding of their work and what constitutes good practice (Gonczi, 1994). Relationships with other occupations are also clarified. Their use potentially provides a more rational basis for initial and continuing education and for objective assessment of achievement (outcome) in the work setting. Emphasis can be applied to the application and synthesis of knowledge and the

⁴ Multi-skilled – skilled in a wide range of tasks.

⁵ Multi-disciplinary team – a team of workers from a variety of backgrounds or disciplines. Each member tends to practise independently within the team framework.

⁶ Trans-disciplinary – with agreement, members of the team may use skills that traditionally incorporate recognised professional practice of disciplines other than their own, to provide a unified treatment approach. The 'owner' of the professional practice skill retains overall authority and accountability for its use by other team members.

⁷ Inter-disciplinary – workers from a variety of backgrounds (or disciplines) working collaboratively together for a common approach.

integration of theoretical and practical knowledge in professional judgements. This is the heart of successful practice.

Competencies and their performance criteria, should not be used as an unqualified checklist, on their own. Because each competency relates to another, the set of competency standards needs to read as a whole. The performance criteria provide guidance and background on what are considered the important components for competent practice in the mental health service.

The core competencies described in Tables 1, 2, and 3 encompass the comments, additions and refinements offered by the following individuals and groups:

- mental health service providers
- professional associations representing health professional groups working in the mental health service
- education providers for all relevant health professional groups and mental health support work
- relevant professional regulatory bodies
- Maori and Pacific Islands people.

The majority of providers and professionals view very positively the initiative of requiring core competencies for all members of the mental health workforce. Strong support has been given for the use of specified competencies as a focus for education and training programmes and for performance appraisals for staff. The negative views indicated that professional competency and standards documents are already available, and that there is no need for a further set.

Standards of practice and competencies in mental health nursing, knowledge and skill-based competencies for clinical psychologists, and mental health training for psychiatrists and general practitioners have been defined. Other competency standards are currently immersed in generic competencies for a formal qualification and/or for registration with the respective professional regulatory bodies, and are not clearly identifiable as being the specific competencies required for practice in the mental health service.

5 Clinical experience/practice

Practice in the workplace setting is an essential and integral part of education and training. It encompasses direct and indirect consumer contact, including assessment, management of planned care, evaluation, and consumer focused family/community interactive activities. Observation, while an acceptable learning technique, is not interchangeable with clinical practice (Physiotherapy Board, 1988). It is essential that education and training programmes provide students with the most appropriate exposure to workplace clinical practice opportunities to enable students to achieve the competencies described. Access to such exposure requires the co-operation and resource support of mental health service providers.

6 Core competencies

6.1 Basic competence

The following core competencies are expected to be held by all mental health workers practising in the mental health sector. Actual practice frequently involves several of the following intentional actions simultaneously, and the competencies need to be considered as a whole.

The mental health worker (including support worker) will be able to:

- demonstrate knowledge and understanding of mental health, mental illness and mental health services⁸
- communicate effectively
- demonstrate culturally appropriate practice
- assess the client's health needs
- provide appropriate intervention for consumers
- keep records in a clear, concise and accurate format
- practise safely and ethically
- comply with legal responsibilities
- promote the health and wellness of consumers, families and communities
- promote individual professional growth.

The competency standards include the concept that the practitioner must take account of varying contexts in which they are operating (eg. residential, community, and alcohol and drug services). The holistic character of each competency represents complex tasks and behaviours that are not discrete and independent but are integrated within other competencies in a matrix. Details of the competencies and expected performance criteria are described in Table 1.

Basic-level competency standards should offer guidance for longer-term advancement and career development. The clear specification of what a competent mental health worker needs to be able to do will provide a sharper focus for continuing education and specialisation (Hager and Gonczi, 1991).

6.2 Advanced competence

The competencies in this model (see Table 2) build on the strengths derived from the basic core competencies to provide services at an advanced generic level. They are expected to be held by mental health workers who may have no formal qualifications at entry but who have gained experience and expertise while working in the mental health sector, and are supported by formal education and training programmes.

Practitioners entering the mental health sector with a formal health professional qualification would be expected to be able to practise at this level within 12 months of commencing work in the mental health service. This expectation applies not only to new graduates but also to those graduates transferring from other areas of practice (eg. medical services), to work in the mental health service. House surgeons would be expected to meet the advanced competencies at the completion of a three-month attachment to a mental health service.

Although health professional education and entry-level programmes prepare graduates for work in a range of professional practices, many new graduates entering the mental health workforce need extensive supervision and further training before they can practise effectively. Such supervision and training requirements also apply to experienced practitioners changing their practice setting (eg. general medical/surgical to mental health).

⁸ Includes alcohol and drug services.

There is a strong feeling among many practitioners that there is a good case for limiting caseload complexity during the first year of mental health service practice (Clark and Hughes, 1996; Evert, 1993). Regular and ongoing supervision from experienced staff is therefore critical. The type of supervision required for post-entry practice – such as close, routine, general, and minimal supervision – also needs to be addressed for workers shifting to another area of specialisation or to management, or for workers returning to practice after a break in their career.

The establishment of a formal one (academic) year post-entry mental health nursing programme using a model of collaboration between employers and an associated tertiary education provider is an example of a training initiative to upskill newly graduated registered comprehensive nurses for work in the mental health sector.

The advanced mental health practitioner will hold the basic core competencies (described in Table 1), basic competencies that are more complex, and additional competencies that incorporate leadership, management, research and education (Table 2).

The mental health worker will be able to:

- demonstrate knowledge and understanding of mental health, mental illness and mental health services⁹
- communicate effectively
- demonstrate culturally appropriate practice
- evaluate the consumer's health needs
- manage therapeutic interventions
- keep records in a clear, concise and accurate format
- practise safely and ethically
- comply with legal responsibilities
- promote the health and wellness of consumers, families and communities
- promote individual professional growth.

(Note: The requirements for the Duly Authorised Officers (DAOs)¹⁰ provide a useful recognised set of competencies. They are also a required extension of the clinical duties for any health professional fulfilling the role, regardless of their occupation.)

6.3 Specialist competence

Specialist core skills that are additional to the generic core competencies and skills required for working in the mental health service and for advanced competence for the following specialist areas, are described in more detail in Table 3:

- acute clinical services
- anxiety and eating disorders
- children and young people
- alcohol and drug services
- forensic psychiatry

⁹ Includes alcohol and drug services.

¹⁰ Appointed by the Director of Area Mental Health Services under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

- consultation liaison psychiatry
- Maori health
- Pacific Islands health
- psychogeriatrics
- residential care
- rehabilitation.

Estimates of dual diagnosis patients in New Zealand are substantial, and range between 35% and 85% of psychiatric patients. Close working relationships should be promoted between the alcohol and drug sector and the mental health services.

The specialist individual professional practitioner's clinical competencies (eg. occupational therapist, psychiatrist) have not been included, as these are specific to those disciplines and are not core competencies required by all mental health workers. Nursing and medical (general practice) mental health competencies (which include many of the core competencies) have been published. Specialist psychiatric requirements are available while others have yet to be defined by the professions. In addition, the Nursing Council has published guidelines and competencies for post-registration nursing and specialisation.

A wide range of specialised courses are being offered for Maori mental health, dual diagnosis, eating disorders and counselling although the regional distribution is uneven. It is estimated that the HFA probably contributes about 50% of the money allocated for mental health training.¹¹ Approximately 35% is estimated to be funded by Vote:Education. Education funding tends to be directed towards counselling, alcohol/drug and clinical psychology training. Health funding is directed towards psychiatric registrar training, new-graduate and advanced nurse training, and specialist courses.

6.4 Consultation on the competence model

The draft competencies were distributed widely for feedback and redrafted to include the specific content provided. The development of a defined three-level core competency model for all people working in the mental health service has received strong support from education and training providers, regulatory bodies and the majority of service providers. Some professional bodies expressed concern about the role and relationship of core generic competencies to their 'discipline-specific' standards.

Education providers generally considered that the competency framework was useful in setting curricula and some health professional educators commented that their graduates would already meet most of the advanced competencies. Several made comments similar to the following:

Documents such as the core competencies will be of considerable use to our programme. Since all academic programmes must undertake regular review and development, the document will reinforce where important areas are being addressed and highlight those areas that need further development.

Health professional groups varied from agreement that these competencies reflected their own professional standards to concern about the concept of generic competencies and the use of these competencies in relation to their professional practice. There was little disagreement on actual content.

¹¹ An estimate in late 1997 found that the then Transitional Health Authority (THA) either through the CTA or the regional offices of the THA, contributed 54% of the \$13.5 million allocated to mental health training.

Regulatory bodies confirmed that the competencies reflected their own requirements. The Nursing Council, Occupational Therapy Board and Physiotherapy Board all confirmed that the advanced-level core competencies matched, or were compatible with, their generic and mental health performance criteria competency requirements for registration. The Medical Council confirmed that psychiatrists would demonstrate the advanced competencies.

7 Detailed competencies

Table 1: Basic core competencies

Every mental health worker will be able to:

1 Demonstrate knowledge and understanding of mental health, mental illness and mental health services¹²

Performance criteria

- 1.1 Demonstrate knowledge of mental health and illness, treatments and services including alcohol and drug services.
- 1.2 Integrate knowledge of societal, cultural, psychological, environment, spiritual and belief systems that influence mental health and illness into practice.

2 Communicate effectively

Performance criteria

- 2.1 Use language and terminology appropriate to the needs of the consumer, the group and the setting.
- 2.2 Use appropriate communication style, level and medium for the consumer, the group and the setting.
- 2.3 Be sensitive to and modify approaches for situations in keeping with cultural differences.
- 2.4 Give and receive verbal and non-verbal communication in individual and group settings, with team members and others.
- 2.5 Maintain objectivity and minimise bias.
- 2.6 Respect the rights of the individual, their families and/or significant others.
- 2.7 Apply the principles of informed consent.
- 2.8 Recognise the availability and role of health consumer advocates/interpreters and use them appropriately.
- 2.9 Provide supportive relationships.
- 2.10 Liaise with family members and other resource persons/agencies.
- 2.11 Participate as a team member in a consumer-focused/goal-directed inter-disciplinary approach to client care.
- 2.12 Demonstrate empathy with consumer, family/whanau, team members and appropriate others.
- 2.13 Seek and accept critical feedback on understanding of imparted information from consumer, family/whanau, colleagues and others.
- 2.14 Use reflective practice techniques in order to alter practice when indicated.

¹² Includes alcohol and drug services.

3 Demonstrate culturally appropriate practice

Performance criteria

- 3.1 Apply the principles of the Treaty of Waitangi to mental health services.
- 3.2 Recognise the impact of the mental health service on a consumer's belief system.
- 3.3 Establish and maintain a supportive relationship with consumers and their families/whanau or significant others.
- 3.4 Evaluate own practice in relation to cultural appropriateness.
- 3.5 Identify own cultural value base and its impact on that of the consumer.
- 3.6 Avoid imposing own belief system on to consumers and others.
- 3.7 Recognise and respect the differing values and beliefs of individual consumers and groups.

4 Assess consumer health needs

Performance criteria

- 4.1 Undertake a basic mental health assessment.
- 4.2 Assess and acknowledge the needs of everyone affected by mental illness.
- 4.3 Assess risk of harm to self and others.
- 4.4 Treat the consumer and his/her family/whanau/resource group with respect.
- 4.5 Practise holistically.
- 4.6 Elicit pertinent data.
- 4.7 Apply observation skills to assess appearance, behaviour, speech, mood, thinking, perception, cognitive function, content of thought, insight and judgement of the consumer.
- 4.8 Recognise the presence of alcohol and drug problems.
- 4.9 Recognise the presence of co-existing disorders.

5 Provide appropriate intervention for consumers

Performance criteria

- 5.1 Use recovery approach as the guiding principle for planning of care and practice.
- 5.2 Work with consumers with a dual diagnosis/co-existing disorders.
- 5.3 Manage difficult behaviour.
- 5.4 Administer calming and restraint techniques when encountered by challenging and threatening behaviour.
- 5.5 Recognise and respond to changes in the consumer, self and the environment.
- 5.6 Provide interventions that achieve agreed goals.
- 5.7 Utilise the skills of other mental health workers.
- 5.8 Administer cardiopulmonary resuscitation.

6 Keep records in a clear, concise and accurate format

Performance criteria

- 6.1 Keep and maintain consumer records that are accurate, timely, objective and legible.
- 6.2 Meet legal, organisational and consumer management requirements.

7 Practise safely and ethically

Performance criteria

- 7.1 Ensure the consumer's and his/her family's right to privacy.
- 7.2 Recognise ethical and safety dilemmas as they arise.
- 7.3 Consult with experienced mental health workers and appropriate others to resolve ethical and safety issues.
- 7.4 Participate in regular ongoing supervision and support forums.

8 Comply with legal responsibilities

Performance criteria

- 8.1 Apply relevant legislation, statutory regulations, policies and protocols that influence mental health practice.
- 8.2 Work in accordance with relevant legislation and codes.
- 8.3 Respect a consumer's right to complain, or refuse treatment or any part of any care without instilling fear of recrimination, penalty or withdrawal of emotional and physical support.
- 8.4 Recognise and support the consumer's and his/her family's/whanau/resource group's right to access information.
- 8.5 Recognise the rights of family/whanau and/or significant others.

9 Promote the health and wellness of consumers, families and communities

Performance criteria

- 9.1 Support the implementation of individual lifestyle planning in accordance with Treaty of Waitangi partnership principles.
- 9.2 Support the implementation of family/whanau-inclusive mental health services.
- 9.3 Ensure that consumers and their families/whanau/resource group have access to relevant information, pertinent education, and support in relation to the diagnosis, illness and mental healthcare options available.
- 9.4 Use communication skills appropriate to the individual or group.
- 9.5 Apply the recovery approach.
- 9.6 Ensure that consumers and their families/whanau are made aware of, and have access to, relevant staff in relation to their mental health care.
- 9.7 Consult with alcohol and drug agencies.

10 Promote individual professional growth

Performance criteria

- 10.1 Identify own role and the roles of others in the mental health team.
 - 10.2 Demonstrate self-awareness.
 - 10.3 Recognise own learning needs.
 - 10.4 Recognise limitations of own abilities and refer to other team member or specialist resource when appropriate.
 - 10.5 Seek peer review annually.
 - 10.6 Participate in career development strategies
 - 10.7 Participate in continuing education activities.
 - 10.8 Participate in regular ongoing clinical supervision.
-

Table 2: Advanced competencies**Every mental health practitioner will be able to:****1 Demonstrate knowledge and understanding of mental health, mental illness and mental health services***Performance criteria*

- 1.1 Identify normal and abnormal patterns of human development.
- 1.2 Describe the societal, cultural, psychological, environmental, spiritual and belief systems influencing human development and behaviour.
- 1.3 Describe how human development can be affected by common mental health disorders.
- 1.4 Demonstrate a working knowledge of the dynamic changes in behaviour related to mental health.
- 1.5 Demonstrate a working knowledge of the epidemiology of mental health and mental illness in New Zealand.
- 1.6 Demonstrate an understanding of the natural history of mental disorders and the value of early intervention.
- 1.7 Describe the effects of common mental health disorders and impaired intellect on human behaviour.
- 1.8 Describe the effects of mental illness/substance abuse on family/whanau.
- 1.9 Demonstrate knowledge of current psychiatric medical diagnosis classification systems.
- 1.10 Demonstrate knowledge of treatment modalities used in primary, secondary and tertiary mental health care.
- 1.11 Use the mental health service and intersectoral agency linkages.

2 Communicate effectively*Performance criteria*

- 2.1 Use language and terminology appropriate to the needs of the individual, the group and the setting.
- 2.2 Use appropriate communication style, level and medium for the individual, the group and the setting.
- 2.3 Be sensitive to and modify approaches for situations in keeping with cultural differences.
- 2.4 Give and receive verbal and non-verbal communication in individual and group settings.
- 2.5 Apply assertiveness skills.
- 2.6 Apply interviewing skills.
- 2.7 Maintain objectivity and minimise bias.
- 2.8 Respect the rights of the individual, their families and/or significant others.
- 2.9 Apply the principles of informed consent.
- 2.10 Recognise the availability and role of health consumer advocates/interpreters.
- 2.11 Use leadership skills and group interaction effectively.
- 2.12 Provide a supportive environment to support communication and foster motivation.
- 2.13 Provide supportive counselling.
- 2.14 Liaise with appropriate family/whanau members and other resource persons.
- 2.15 Participate in team approach to consumer/family/whanau/resource group interventions.
- 2.16 Demonstrate empathy and respect for consumer, families/whanau team members and others.
- 2.17 Empower consumers, families/whanau, groups, team members and appropriate others.
- 2.18 Use appropriate physical and environmental setting for the individual or group.
- 2.19 Recognise situations where information should be imparted to appropriate others.
- 2.20 Seek and accept critical feedback on understanding of imparted information from consumer, families/whanau, colleagues and others.
- 2.21 Evaluate communication skills of self and others.
- 2.22 Use reflective practice techniques to alter practice deficiencies.

3 Demonstrate culturally appropriate practice

Performance criteria

- 3.1 Maintain the cultural identity of clients, consumers and others in relation to their culture, gender, marital status, age, disability, beliefs, sexual orientation, employment or family status.
- 3.2 Facilitate consumer's access to appropriate support, systems, services and resources.
- 3.3 Recognise the impact of a consumer's culture when providing mental health services.
- 3.4 Recognise the impact of the mental health service on a consumer's belief system.
- 3.5 Establish and maintain a supportive relationship with consumers and families/whanau.
- 3.6 Evaluate own practice in relation to cultural appropriateness principles.
- 3.7 Evaluate own belief system and refrain from imposing beliefs on to consumers and others.
- 3.8 Practise safely and effectively in in-patient, home-based care, community and rehabilitation settings.
- 3.9 Demonstrate a commitment to Maori and acknowledge them as tangata whenua.
- 3.10 Demonstrate a commitment to Pacific Islands people's, refugees' and migrants' health.

4 Evaluate consumer health needs

Performance criteria

- 4.1 Treat the consumer(s) and their family/whanau/resource group with respect.
- 4.2 Use an holistic approach.
- 4.3 Elicit pertinent data.
- 4.4 Apply observation skills.
- 4.5 Conduct a subjective mental health status examination that includes an assessment of presenting issues.
- 4.6 Select and conduct an objective mental health status examination.
- 4.7 Assess the risk of harm to self and others.
- 4.8 Interpret and synthesise findings.
- 4.9 Recognise the need for early therapeutic intervention.
- 4.10 Recognise alcohol and drug problems.
- 4.11 Set treatment/rehabilitation goals with the consumer.
- 4.12 Evaluate, and be involved in, strategies for relapse prevention and a care management plan.
- 4.13 Re-evaluate and modify accordingly.
- 4.14 Recognise when advocacy is required.

5 Manage therapeutic interventions

Performance criteria

- 5.1 Implement planning and mental health therapeutic management of care in partnership with the consumer, their family and significant others as required by the recovery model.
- 5.2 Use a range of appropriate therapeutic modalities such as individual therapy, group therapy, family intervention/education, and pharmacology as described in the care management plan.
- 5.3 Recognise the commonly used psychotropic medications and their side effects.
- 5.4 Manage anger and other challenging and threatening behaviours.
- 5.5 Apply crisis management and de-escalation skills.
- 5.6 Provide appropriate therapeutic management for consumers with co-existing disorders.
- 5.7 Identify hazards and implement safe practices.
- 5.8 Recognise and respond to changes in the consumer, self and the environment.
- 5.9 Apply cost-effective and efficient management skills.
- 5.10 Practise effectively in in-patient, home-based care, community and rehabilitation settings.
- 5.11 Provide professional leadership when required.
- 5.12 Effectively supervise delegated tasks.
- 5.13 Provide safe and effective intensive case management when indicated.
- 5.14 Set measurable and achievable rehabilitation goals with consumer, family and relevant team members.
- 5.15 Use research and educational material to improve service delivery.
- 5.16 Develop discharge plans with consumers, family and other team members.
- 5.17 Demonstrate effective problem-solving skills.

6 Keep records in a clear, concise and accurate format

Performance criteria

- 6.1 Keep and maintain consumer records that are adequate, accurate timely, objective and legible.
- 6.2 Meet legal, organisational, research and consumer management requirements.
- 6.3 Use accurate and factual language with professional terminology.
- 6.4 Complete a consumer's discharge summary.
- 6.5 Demonstrate organisational skills.

7 Practise safely and ethically

Performance criteria

- 7.1 Incorporate the concepts of professional independence, interdependence, authority, accountability and partnership into practice.
- 7.2 Ensure the consumer's and their family's right to privacy.
- 7.3 Use ethical reasoning strategies to resolve ethical dilemmas and problems arising in mental health practice.
- 7.4 Consult with experienced mental health workers when an ethical dilemma arises.
- 7.5 Ensure that each consumer of mental health services and their family/whanau is fully informed so that the consumer can optimise their decision making and options of choice.
- 7.6 Appropriately challenge mental health care practices which could compromise patient safety, privacy or dignity.
- 7.7 Provide appropriate supervision for delegated tasks.

8 Comply with legal responsibilities

Performance criteria

- 8.1 Ensure familiarity with relevant legislation, statutory regulations, policies and protocols which influence mental health practice.
- 8.2 Practise in accordance with relevant legislation and codes.
- 8.3 Respect a consumer's right to complain, or refuse treatment or any part of any care without instilling fear of recrimination, penalty or withdrawal of emotional or physical support.
- 8.4 Recognise the consumer's and their family/whanau's right to access information.
- 8.5 Recognise the rights of family/whanau and/or significant others.

9 Promote the health and wellness of consumers, families and communities

Performance criteria

- 9.1 Support the implementation of individual lifestyle planning in accordance with partnership principles.
- 9.2 Support the implementation of family-inclusive mental health services.
- 9.3 Assess and acknowledge the needs of everyone affected by the mental illness.
- 9.4 Ensure that consumers and their families/whanau have relevant and current information about their mental health care, including available treatment options.
- 9.5 Select and use appropriate mental health education promotion programmes to meet the needs of the consumer, their families/whanau and their communities.
- 9.6 Use formal and informal learning and teaching methods, strategies and resources.
- 9.7 Evaluate consumer learning and understanding when appropriate.
- 9.8 Liaise effectively with community groups.

10 Promote individual professional growth

Performance criteria

- 10.1 Identify own role in the mental health team.
 - 10.2 Apply self-awareness strategies.
 - 10.3 Recognise own learning needs.
 - 10.4 Recognise professional limitations and refer to another team member or specialist resource when appropriate.
 - 10.5 Seek peer review annually.
 - 10.6 Participate in career development strategies.
 - 10.7 Participate in continuing education activities.
 - 10.8 Participate in professional activities.
 - 10.9 Participate in regular ongoing clinical supervision and peer review.
 - 10.10 Acknowledge professional debate on mental health issues.
 - 10.11 Promote quality improvement strategies.
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Table 3: Specialist competencies

Mental health professional practitioners are expected to hold relevant additional qualifications and will practise at a level of advanced competence or better, with the following additional skills:

Acute clinical services

- Assess mental and physical health status, and developmental history.
- Administer a mental health status examination.
- Demonstrate in-depth knowledge of mental illnesses.
- Apply specific experience and skills in in-patient assessment and treatment of adults, children and youth.
- Develop care plan for action/follow-up.
- Support consumers on an intensive therapy programme.
- Provide crisis management and de-escalation skills.
- Use conflict resolution skills.

Anxiety and eating disorders

- Assess mental and physical health status.
- Educate and support consumers in stress management techniques.
- Demonstrate in-depth knowledge of eating disorders.
- Ensure consumer's physical safety.
- Provide therapeutic intervention and treatment plan.

Children and young people

- Communicate effectively with children and young people at different age levels.
- Conduct a comprehensive developmental assessment.
- Identify developmental needs of children and young people.
- Apply in-depth knowledge of developmental stages of childhood and adolescence, 'at-risk behaviour' and potential 'at-risk groups'.
- Identify and offer treatment for children and young people with substance abuse.
- Identify and treat illnesses that are likely to be an issue for children and young people (eg. pervasive developmental childhood disorder, psychiatric illness and early intervention psychosis).
- Use comprehensive biopsychosocial assessment and risk management techniques to identify and manage young people and children at risk of suicide.
- Use cognitive behavioural therapy and other behavioural therapies appropriate to developmental stage of growth.
- Identify patterns of learning, any learning disorders and educational history in liaison with child's school and Specialist Education Service (SES).
- Effectively liaise with both child and adult mental health services and other agencies to ensure the most appropriate supports and treatment processes are put in place for each service consumer.
- Effectively work with families/whanau.
- Meet cultural needs of Maori and Pacific Islands people.

Alcohol and drug services¹³

- Use a range of strategies to a) accurately identify and assess alcohol and drug problems, b) negotiate appropriate goals and c) plan relevant interventions with the client or client group.
- Intervene appropriately in alcohol and drug related issues and problems presented by a client, family, whanau, group or community.
- Work effectively with communities, groups, families, whanau and other significant networks in reducing the harms associated with alcohol and drug use.
- Use appropriate strategies to educate others on alcohol and drug related issues.
- Assist other workers to identify and deal effectively with people experiencing issues and problems related to alcohol and drug use.
- Formulate a suitable intervention and management plan.
- Manage a prescribed detoxification process.
- Assess consumer's suitability for home-based/residential care.
- Provide a consumer with supportive counselling, education and information on relevant issues, and available resources.
- Understand human biochemical processes relating to the use of drugs and alcohol.
- Work effectively within community mental health teams.
- Provide alcohol and drug information and harm-reduction strategies.
- Liaise effectively with other alcohol and drug services, including dual diagnosis specialists.
- Liaise effectively with Maori, Pacific Islands people and other cultural groups.
- Work according to a Maori kaupapa.

Forensic psychiatry

- Demonstrate specialist knowledge of intense pharmacological interventions for patients with behavioural problems and mental illness.
- Demonstrate knowledge of psychopathology.
- Demonstrate a working knowledge of relevant health and justice legislation.
- Use conflict intervention/resolution strategies in the management of high-risk behaviours exhibited by consumers.
- Manage an intensive supervision programme in a community setting.
- Contribute to the preparation of prison and court reports and recommendations.
- Provide consultation and support for prison services staff.
- Liaise effectively with public and private sectors, health providers, court personnel, prison staff and legal officers.
- Demonstrate an advanced level of ethical practice in forensic psychiatry.

Residential care

- Assess consumer's suitability for home-based/residential care.
- Evaluate suitability of home/residence for the management of home-based care.
- Manage a range of individual therapeutic intervention programmes.
- Demonstrate familiarity with specific cultural, socio-economic issues relevant to home-based/residential care.
- Manage home-based detoxification.
- Provide alcohol and drug information and harm-reduction strategies/risk management.
- Work according to a Maori kaupapa.

¹³ The following are interim competencies as the ALAC sponsored Alcohol and Drug Treatment Workforce Development Advisory Group is currently co-ordinating a national consultation process to develop competencies at both the advanced and specialist levels for workers in the alcohol and drug treatment field. The list includes draft competencies developed by ALAC.

Maori health

- Provide culturally effective and appropriate services to Maori.
- Acknowledge the positive impact culturally based treatments have on the healing process for Maori.
- Provide clinical treatment which integrates with Maori development.
- Promote tikanga Maori.
- Seek and ensure active Maori participation in the management and implementation of mental health services for Maori.
- Recognise the need for, and support the development of, relevant standards, policies and practices targeted at delivery of services for Maori.
- Ensure Maori priorities have equal consideration in the mental health services.
- Commit to non-discriminatory practice.
- Provide measures that promote wellness with a focus on whaiora and their whanau.

Pacific Islands peoples health

- Seek and ensure active participation with Pacific Islands people in the design, implementation and management of mental health services for Pacific Islands people.
- Provide culturally effective and appropriate services to Pacific Islands people.
- Use action research and evidence-based practice to actively monitor and evaluate service delivery to Pacific Islands people.
- Provide culturally appropriate community mental health education programmes within Pacific Islands communities to promote good health for Pacific Islands people and destigmatisation of mental illness.

Consultation liaison psychiatry

- Demonstrate knowledge of general medicine and surgery.
- Effectively liaise with other general hospital medical services.
- Assess and offer opinions for patients in consultation with their attending medical specialists.
- Diagnose and manage psychiatric illness in the medically ill.
- Assess suicidality.
- Demonstrate pharmacological knowledge of antidepressant, antipsychotic and analgesic medications, including their side effects and interactions.
- Apply psychotherapeutic management strategies for grief, adjustment reactions and abnormal illness behaviours.
- Communicate basic and relevant psychiatric knowledge in a succinct and competent manner.
- Demonstrate clinical competency when dealing with terminally ill patients (and their relatives).
- Portray the specialty of psychiatry to the hospital community appropriately.

Psychogeriatric

- Apply knowledge of the ageing process and its effects.
- Apply knowledge of mental illness associated with ageing.
- Apply skills in the psychiatry of older adults.
- Use the assessment, treatment and rehabilitation process appropriately.
- Formulate achievable and measurable rehabilitation goals in consultation with the consumer, family and/or caregiver.
- Liaise effectively with the consumer, their workplace and the community.
- Provide a therapeutic intervention.
- Apply knowledge of pharmacology specifically used with older people.

Rehabilitation

- Demonstrate an understanding of the various models and goals for rehabilitation.
 - Select and conduct appropriate objective assessments.
 - Determine consumer's level of functioning in all domains.
 - Consult with other team members and consumers to determine treatment and a management plan.
 - Formulate achievable and measurable rehabilitation goals.
 - Liaise effectively with consumer(s), significant other(s), their workplace and the community.
 - Provide a therapeutic intervention with a specified review date.
 - Provide a continuing-care plan to support ongoing maintenance of wellbeing.
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8 Role of regulatory bodies

Entry to the mental health workforce for a number of clinical professional groups is controlled by regulatory/registration bodies and specialist medical colleges.¹⁴ The registration bodies have their functions and responsibilities defined in legislation. As standard setters, these bodies need to be responsive to consumer, employer and professional requirements.

The accreditation/validation of education programmes is a compulsory external audit process to determine whether a particular education programme meets the principles, pre-determined standards, competencies and any other requirements set by a regulating body. The 'regulator' may be a professional statutory registration body, a non-statutory professional body, a funder (eg. Clinical Training Agency) and/or the NZQA.

The accreditation process requires each education institution and its staff to be accountable, to meet the competency standards set in terms of outcomes, and to provide evidence of means by which competencies are assessed, evaluated and achieved (eg. criterion-referenced).

The two activities, competence and accreditation/validation, together form a process which should meet the needs of the mental health service and its consumers.

The requirement for all mental health workers to hold the core competencies described will need the ongoing co-operation of the above regulatory bodies and the relevant education providers.

9 Strategic direction

Table 4 sets out a strategic framework for the achievement of a competent mental health workforce by the year 2002. A process for monitoring the inclusion and assessment of the core competencies in continuing and formal educational programmes, by regulatory bodies, and their application in staff performance appraisals in the workplace will be required.

Skill deficiency is the one strategic issue that needs to be grappled with to achieve the objective of a competent mental health workforce by the end of the year 2002. A major component is the need to upskill the current mental health workforce. The second is to recruit and retain the employment of an appropriate mix of competent staff.

¹⁴ Medical Council of New Zealand, Nursing Council of New Zealand, Occupational Therapy Board, Psychologists Board, Physiotherapy Board, and Royal Australian and New Zealand College of Psychiatrists.

A survey of mental health training programmes was undertaken for the Mental Health Strategy Project in the latter part of 1997. The key findings showed that the number of workers participating in training levels is increasing, a wider range of courses is being offered; multiple funding streams may be impeding systematic planning; and implementation of mental health training courses and the regional distribution of training programmes is uneven (Mental Health Strategy Project, 1998).

Upskilling alone will not meet the needs of the mental health service. Analyses of the 1998 health workforce survey data for nurses, medical practitioners, occupational therapists and clinical psychologists show significant growth in the numbers of each category of registered staff (except occupational therapists) working in mental health services over the last two- and four-year periods. There are, however, a number of significant workforce gaps in key clinical areas. Overall there are low numbers of Maori and Pacific Islands people in all occupational groups, and an uneven distribution of psychiatrists, registered clinical psychologists and registered occupational therapists particularly in areas away from the main centres. The analysis also indicates an ageing workforce across all groups. For example, 15% of specialist psychiatrists are over 60 years of age. A summary of important findings can be found in the appendices.

Table 4: Strategic directions

Key goals	Action points	Timeframes for implementation
To upskill the current and future mental health workforce	Mental health service providers have workforce development plans that are operational.	Immediate (3-6 months)
	The training status of all mental health support workers in the mental health service is surveyed.	Immediate (3-6 months)
	Formal post-entry and post-graduate clinical training needs for all mental health workers will be assessed.	Immediate (3-6 months)
	Individual annual performance appraisals and performance development plans based on the basic, advanced and specialised Core Competencies for the Mental Health Workforce are in place for every mental health worker.	Short term (6-12 months)
	There is regular ongoing supervision and peer review for every mental health worker.	Short term (6-12 months)
	Employers commit sufficient current and future resources to upskill all <ul style="list-style-type: none"> • untrained mental health workers to enable them to demonstrate basic core competencies • trained mental health workers to enable them to demonstrate specialist core competencies • mental health staff working in specialist mental health services to enable them to demonstrate specialist core competencies. 	Short term (6-12 months)
	Mental health service providers will promote teamwork and collaborative planning as important tools for the provision of consumer-focused/goal-directed/inter-disciplinary mental health services.	Short term (6-12 months)
	Postgraduate programme(s) will be established for mental health social workers.	Short term (6-12 months)

Key goals	Action points	Timeframes for implementation
To upskill the current and future mental health workforce (continued)	<p>All relevant education providers preparing graduates for practice in the mental health service will include the relevant level of <i>Core Competencies for the Mental Health Workforce</i> in their programme curricula.</p> <p>All pre-entry, post-entry and specialist education programmes preparing clinical and non-clinical staff for practice in the mental health services, and/or upskilling current mental health workers, will include the recovery approach and competencies intended to destigmatise mental illness in their curricula.</p> <p>Mental health service providers will have increased clinical practice resources and established partnerships with relevant education providers so that students in mental health support work and health professional training programmes have access to appropriate, quality clinical practice opportunities in mental health services.</p> <p>All education providers will be assessed to determine the extent to which their students will graduate with the basic and advanced <i>Core Competencies for the Mental Health Workforce</i>.</p> <p>All relevant regulatory bodies will ensure that all successful applicants for registration will demonstrate the advanced competencies of the <i>Core Competencies for the Mental Health Workforce</i> at a beginner practitioner level.</p> <p>All newly graduated registered comprehensive nurses wanting to enter mental health nursing will participate in certificated mental health nursing programmes that are designed to provide nurses with the advanced core competencies and specialist nursing competencies as set out in the <i>Core Competencies for the Mental Health Workforce</i> and the <i>Standards of Practice for Mental Health Nursing in New Zealand</i>.</p> <p>The <i>Core Competencies for the Mental Health Workforce</i> are reviewed for relevance and content specificity.</p>	<p>Short term (6-12 months)</p> <p>Short term (6-12 months)</p> <p>Short term (6-12 months)</p> <p>Medium term (12-18 months)</p> <p>Medium term (12-18 months)</p> <p>Medium term (12-18 months)</p> <p>Medium-long term (2-4 years)</p>
To ensure adequate numbers of appropriately trained staff are available.	<p>Implement plans to increase the number of Maori recruited into training programmes for mental health support work.</p> <p>Implement plans to increase the number of Pacific Islands people recruited into training programmes for mental health support work.</p> <p>Implement plans to increase the number of Maori recruited into health professional training programmes.</p> <p>Implement plans to increase the number of Pacific Islands people recruited into health professional training programmes.</p> <p>Complete a comprehensive graduate survey and analysis of occupational therapists from 1993 to identify cohort remainder rates and detailed worktypes and employment settings.</p>	<p>Short term (6-12 months)</p> <p>Short term (6-12 months)</p> <p>Short term (6-12 months)</p> <p>Short term (6-12 months)</p> <p>Medium term (12-18 months)</p>

Key goals	Action points	Timeframes for implementation
	<p>Complete a comprehensive workforce survey of registered clinical psychologists and occupational therapists practising in mental health services, focusing on recruitment and retention issues.</p> <p>Complete a comprehensive workforce survey of all clinical and mental health support workers practising in mental health services, focusing on recruitment and retention issues and broken down into specialised worktype sub-categories such as forensic services and child and youth services.</p>	<p>Medium term (12-18 months)</p> <p>Medium term (12-18 months)</p>

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