

## **SCHEDULE C**

TO XXXX/TPSMXXX

BETWEEN MENTAL HEALTH PROGRAMMES LIMITED

TRADING AS TE POU AND XXX

### **SERVICE SPECIFICATION FOR NEW ENTRY TO SPECIALIST PRACTICE ALLIED MENTAL HEALTH and ADDICTION**

#### **1 PREAMBLE**

Te Tahuu: Improving Mental Health 2005-2015, Tauawhitia te Wero: National Mental Health and Addiction Workforce Development Plan 2006-2009, Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015, Te Kokiri: Mental Health and Addictions Plan 2006-2015, Te Rau Hinengaro: The New Zealand Mental Health Survey 2006 and Let's get real: Real Skills for people working in mental health and addiction including the Education Tool (available in August 2009) are relevant to this service specification.

This service specification outlines the training requirements for an Allied Mental Health and Addiction practice programme. The programme will provide a practice centered curriculum that assists the allied health professional to develop confidence and effective clinical practice. On completion of this programme allied health professionals will be able to practice at a competent level within the mental health and addiction multidisciplinary team.

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

#### **2 DESCRIPTION OF SERVICE**

2.1 It is expected that the programme will enable trainees to attain the level of 'advanced competence' as outlined in the document 'A Competency Framework for the Mental Health Workforce' – Section 6.2, July 1999, Report of the National Mental Health Workforce Development Coordinating Committee. The programme will enable trainees to attain the level of 'Practitioner' as outlined in the document 'Lets get real' 2008: Real Skills for Working in Mental Health.

Programmes must:

- a. be vocational
- b. be substantially clinical
- c. be not less than nine months or more than one year full-time equivalent in length
- d. result in the award of a post-graduate certificate in mental health practice that is equivalent or equates to Level 8 on the National Qualifications Framework (NQF)
- e. offer both theory and significant clinical experience to enable trainees to develop their knowledge, skills and practice in the specialty area of mental health and addiction
- f. have a detailed documented curriculum that outlines the purpose, outcomes, content and process, assessment criteria, and assessment methods
- g. provide four streams of learning: clinical, cultural, recovery and organisation/systems which are underpinned by a programme of professional development specific to each discipline
- h. comprise one programme for both Occupational Therapy and Social Work trainees with some discipline specific components
- i. provide appropriate clinical placements (e.g. inpatient unit and community)
- j. provide release for trainees from their clinical setting during employed time to undertake the formal teaching component of the programme.

#### **2.2 Learning Environment**

The learning environment will ensure that trainees are able to build on their theoretical knowledge base and apply that knowledge in the mental health and addiction clinical setting. Arrangements will be made for release from the clinical service to attend the formal teaching programme, supervision sessions and where required relevant clinical format experience/placement outside the trainee's usual place of employment.

#### **2.3 Clinical placement**

The clinical component of the programme will provide the trainee with opportunities to expand clinical skills and apply knowledge gained in the formal teaching programme. Clinical placements will be for a minimum of 1000 hours over the duration of the programme, be planned and coordinated to allow for supervision that is in addition to the professional supervision provided to mental health professionals as

part of their employment. This will also include a wide range of clinical work placements (e.g. community, inpatients, child and family).

Clinical placements will provide trainees with:

- a. the opportunity to practice discipline specific interventions to gain experience in case management
- b. the opportunity to participate in providing services for consumers with a range of clinical presentations
- c. access to a workplace preceptor and relevant professional supervision in addition to that provided as part of employment
- d. reduced/shared workload for a designated period of time for both the trainee and preceptor based on individual trainee need.

#### 2.4 **Formal Teaching Programme**

A formal teaching programme will:

- a. be delivered by appropriately skilled and experienced teaching staff
- b. be equivalent to a minimum of half the time and other requirements expected of full time students
- c. be designed to integrate with, and be relevant to, the clinical work environment
- d. provide opportunities for distance learning
- e. access cultural resources
- f. include principles underpinning recovery and whanau ora based perspectives
- g. include Maori models of health, wellbeing and related interventions.

#### 2.5 **Clinical**

Processes will be in place to consider recognition of prior learning (RPL) on a case-by-case basis. The formal teaching component will include:

- a. major mental illness as defined by accepted current diagnostic criteria (currently DSM IV), assessment processes and the appropriate treatments for these illnesses from a bio/psycho/social and occupational context using the standard format from the clinical area
- b. the tools required to conduct mental state examinations including comprehensive risk assessment
- c. design and application of clinically appropriate profession specific interventions that are consumer centred
- d. side effects of medication and the clinical requirements for monitoring these relevant to practice
- e. skills required to deliver consumer education in relation to relapse prevention and dealing with side effects of medications
- f. integrated care plans, including relapse planning and comprehensive risk management
- g. substance abuse and co-morbidity in the assessment and treatment of major mental illness
- h. relevant legislation and its application in the planning and delivery of mental health and addiction care
- i. a focus on developing an understanding and respect for the unique roles and functions of other professions within the multi-disciplinary team; content supports cross-disciplinary ways of working
- j. sector requirements for inclusion of the whanau/fono/family/primary caregiver in the development of integrated care plans and the delivery of treatment and education to the consumer.

#### 2.6 **Organisation and systems include:**

Programmes must be supported by an adequate organization and systems including:

- a. roles and responsibilities of the case manager in the multidisciplinary team environment
- b. service development processes including policy and procedure review in the clinical setting
- c. use of quality systems within the organisation
- d. mental health and addiction policy and standards and their application in the clinical setting
- e. structure of the national mental health system and role of each group within the system

#### 2.7 **Access to Resources**

Trainees shall have access to:

- a. library or search facilities with current discipline specific and mental health and addiction literature
- b. other relevant literature and resources (including internet access)
- c. relevant clinical employment and experience (including employee placements outside the normal work area where necessary) and release time to attend the formal teaching programme
- d. forums that provide interaction with other relevant health professionals
- e. teleconference and audio/video equipment to facilitate distance-learning methods

## 2.8 **Supervision**

Supervision and ongoing assessment of trainees is necessary to ensure the quality of training, educational support and guidance for trainees, progress towards expected outcomes, suitability to continue training and complete the training programme. Clinical supervision is additional to the professional supervision normally provided to health professionals practicing in the mental health and addiction setting.

## 2.9 **Clinical/Profession supervision**

Trainees will have access to an experienced and qualified practitioner who will provide the trainee with guidance and support. Where possible this practitioner will be of the same discipline as the trainee. Clinical supervision will be individual 'face to face' supervision and will be provided outside of the trainees' normal clinical duties/or professional supervision. This supervision will include:

- a. supervision of practice with appropriate consumer consent for a minimum of 20 hours over the duration of the programme
- b. opportunity for the trainee to develop their clinical practice as part of a multi-disciplinary team practicing in the mental health and addiction setting
- c. opportunity to discuss, critically review and question clinical practice in the mental health and addiction setting
- d. timely and effective feedback to the trainee.

## 2.10 **Educational supervision**

Educational supervision may be carried out as part of clinical supervision and will ensure that:

- a. the theory and clinical experience are well integrated
- b. trainee assessment and monitoring of progress is completed against objective/ competency base standards
- c. constructive feedback is given to trainees in a timely manner
- d. there is adequate preparation for assessment, e.g. written and oral presentations and case analysis
- e. trainees foster lifelong learning skills.

## 2.11 **Preceptorship**

Nominated experienced members of the multidisciplinary team who have undertaken Preceptorship training will undertake clinical Preceptorship. The role of the preceptor is to provide a role model and support for the trainee in relation to mental health and addiction team specific activities (e.g. case Management, service planning, etc). Each trainee will have a named preceptor who has a reduced clinical workload to enable preceptorship. Each trainee and preceptor will have a minimum of 20 hours, outside of normal clinical duties, to undertake Preceptorship activities over the duration of the programme.

## 2.12 **Programme Coordination**

Programme coordination will be provided and include:

- a. coordination of the recruitment and selection of trainees
- b. advice to trainees on the training programme requirements including guidance on recognition of prior learning
- c. facilitation of clinical placements for trainees outside the normal workplace setting where necessary
- d. curriculum development and review
- e. selection and training of preceptors and supervisors
- f. coordination of clinical teaching, e.g. study days, tutorials
- g. liaison with the clinical workplace/placement
- h. competency assessment – this will include an ongoing formative assessment over the duration of the programme.
- i. issue resolution between trainee/preceptors/supervisors
- j. convening an advisory group, which shall include representation from the health and education sector
- k. programme (including clinical workplace/placement) evaluation and quality improvement
- l. record keeping and reporting (internal and external).

## **3 EXPECTED OUTCOMES**

### 3.1 Trainee Outcomes

At the conclusion of the programme the trainee will:

- a. have satisfactorily demonstrated an ability to competently practice as a mental health and addiction professional within the mental health and addiction multidisciplinary setting and act in a way that ensures professional practice is integrated into consumer care

- b. demonstrate reflective practice utilising critical thinking
- c. recognise and understand Tikanga Maori and other cultural responsiveness input to mental health and addiction services.

### 3.2 **Consumer/Service Outcomes**

On completion of the programme the capabilities of trainees will be developed in areas such as clinical, cultural, recovery and organisation systems. These will result in an increased capacity to deliver clinical services to improve consumer and service outcomes, including recognition and understanding of Tikanga Maori and other cultural responsiveness input to mental health and addiction services.

## 4 **ELIGIBILITY**

### 4.1 Trainee Eligibility

Trainees are required to:

- a. meet the education providers criteria for eligibility to study at this level
- b. meet the requirements of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), Social Worker registration, Drug and Alcohol Practitioners' Association Aotearoa New Zealand (DAPAANZ) registered competent practitioner and associate practitioner status, or other relevant professional body, e.g. NZAC, at the discretion of the training provider
- c. be working clinically for at least 0.6FTE (24 hours a week) if where the trainee has at least one year's experience - new graduates must be working a minimum of more than 0.7FTE (28 hours a week)
- d. complete the certificate programme in one year, or over two academic years, at the discretion of the training institution.

### 4.2 **Provider Eligibility**

The programme must be accredited by NZQA or CUAP. Providers of the clinical placements must comply with the Health and Disability Services Standards (NZS 8134.0:2008; 8134.01:08; 8134.02:2008 and NZS 8134.3:2008).

## 5 **LOCATION AND SETTING**

The clinical component will be predominantly offered within the trainee's current employment environment. Clinical placements outside the trainee's employment setting may also be offered to allow for learning not available in the usual area of employment. The theoretical component will be delivered by an accredited educational provider in a formal teaching setting. Distance learning opportunities will be available to trainees.

## 6 **ASSOCIATED LINKAGES**

The programme provider will have established linkages with:

- a. mental health and addiction services
- b. cultural advisory groups
- c. regional mental health networks
- d. other mental health and addiction training programmes
- e. professional associations and boards
- f. academic providers
- g. consumer advocates for Code of Health and Disability Services consumers' rights and privacy issues.

## 7 **QUALITY STANDARDS: PROGRAMME SPECIFIC**

### 7.1 Quality Standards

In addition to all other quality requirements in the contract, each training provider will demonstrate their commitment to training by:

- a. maintaining a quality improvement plan to monitor, evaluate and improve the quality of the training programme
- b. having an appropriate complaints process available to consumers, trainees and other personnel involved in the programme.
- c. ensuring clear lines of responsibility and accountability for client care exist at all times, with backup available appropriate to the level of experience of the trainee
- d. teaching at an appropriate standard using current methods with appropriately skilled staff
- e. ensuring reports are provided by the due date
- f. ensuring records of trainees' progress are kept and are available.

### 7.2 **Trainee Outcomes**

The provider must:

- a. undertake an initial assessment of the trainees entry level of practice to be used as a baseline to assess progress during, and on completion of, the programme.
- b. have a plan for the evaluation of the trainees' performance and progress and this must be available to the trainee and us. This will provide a baseline established from the preliminary evaluation of the trainee's entry level of clinical competence, ongoing monitoring of progress towards these outcomes as well as final assessment against the stated outcomes. The evaluation plan will allow for guided self-assessment, clinical supervisor/preceptor assessment, and cultural supervision (where appropriate) and peer audit
- c. recognise and understand Tikanga Maori and other cultural responsiveness input to mental health and addiction services.

### 7.3 **Programme evaluation**

You must, amongst other things, have a quality assurance plan to monitor the effectiveness of the programme both during and on completion of the programme. This plan will incorporate regular feedback from trainees and will:

- a. ensure that those supervisors who accept a clinical supervision role are clear about that role
- b. regularly evaluate the effectiveness and feasibility of the clinical supervision process
- c. monitor the applicability of the theoretical programme and its effectiveness
- d. monitor assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that their assessment is fair, consistent and valid
- e. ensure that all protocols and processes associated with assessment and monitoring, and programme related complaints, are made explicit to all parties
- f. ensure there are processes in place to identify trainees who require additional support and appropriate action is taken
- g. include input from Maori, Pacific Island and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and consumers.

## **8 REPORTING REQUIREMENTS**

All reporting requirements are set out in Schedule D.