

## SCHEDULE C

TO XXXX/TPSMXXX

BETWEEN MENTAL HEALTH PROGRAMMES LIMITED

TRADING AS TE POU AND XXX

### SERVICE SPECIFICATION FOR A PROGRAMME IN THE ASSESSMENT AND MANAGEMENT OF COEXISTING SUBSTANCE USE AND MENTAL HEALTH

which leads to a

#### POST GRADUATE CERTIFICATE

#### 1 PREAMBLE

Te Tahuhu: 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 are relevant to this service specification.

Outlined in this service specification are the requirements for training programmes related to the assessment and management for practitioners working with people with coexisting substance use and mental health needs (includes gambling).

#### 2 DESCRIPTION OF SERVICE

2.1 Programmes should provide foundation knowledge in the assessment and management of coexisting substance use and mental health. For the purpose of this document, practitioner also includes those working in a broad range of settings such as NGO, DHB, primary health care, justice and mental health contexts. Programmes need to be vocational, substantially practice oriented, completed within one to two academic years and lead to a nationally recognised qualification. Programmes should contain both theory and practice experience.

The aim of the programmes is to enable practitioners to acquire specific knowledge and skills within the area of co-existing substance use and mental health. The programmes must acknowledge the ethno cultural characteristics of New Zealand society that influence the recovery of people with substance use and mental health needs.

#### 2.2 Learning Environment

##### 2.2.1 Practice placements – general requirements

Trainees must be currently working with people with substance use and/or mental health needs. Trainees will obtain relevant practice experience. The practice components of the programme should ideally ensure appropriate exposure to (either through the programme or workplace/placement):

- a. application of cultural safety and cultural fluency principles in the practice area (links with Lets get real and Real Skills Plus),
- b. assessment, screening and problem identification of substance use disorders, and
- c. assessment and screening of mental health conditions.

#### 2.3 Formal Teaching Programme

A formal teaching programme delivered by appropriately skilled and experienced teaching staff must be provided. The programme will adapt teaching methods and style to suit the cultural needs and the level of learners and involve a range of teaching methods and resources. The theoretical component of the programme will be designed to integrate with, and be relevant to, practice work environments. The programme content will be also guided by the Drug and Alcohol Practitioners Association (DAPAANZ) Practitioner Competencies. The programme will include:

- a. the principles underpinning recovery and whanau ora based perspectives,
- b. attention to the professional standards associated with practising in the trainee's own profession,
- c. psychiatric disorders and co-existing substance use,
- d. assessment, screening, and diagnosis as it relates to substance use and mental health conditions,
- e. interpreting and understanding current legislation and occupational regulations relevant to the provision of mental health services including the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Alcoholism and Drug Addiction Act 1966 and the Privacy Act 1993,
- f. an overview of the theory and research base for practice assessment and intervention approaches,
- g. 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,

- h. knowledge of relevant contemporary therapeutic models of care for people with coexisting substance use and mental health needs, including therapies such as cognitive behavioural, motivational, MBET, brief interventions, social networking and therapies as applied to substance use, mental health and related health services,
- i. perspectives on population and public health dimensions to practice,
- j. promotional material available that clearly shows the training and career pathway that the course supports,
- k. course content is available in distance friendly format,
- l. access cultural resources,
- m. include principles underpinning recovery and whanau ora based perspectives, and
- n. Maori models of health, wellbeing and related interventions.

#### 2.4 **Access to Resources**

Trainees must be provided with ready access to a suitable library facility or search facilities for current journals and texts, learning spaces where appropriate, practitioner meetings and other forums that provide interaction with other relevant health professionals.

#### 2.5 **Supervision**

Supervision and ongoing assessment of trainees is necessary to ensure the quality of training, educational support and guidance, progress towards expected outcomes and suitability to continue training and complete the programme.

##### 2.5.1 **Practice mentorship**

Practice mentorship will be undertaken by designated and appropriately experienced health professionals with a goal to integrate mentorship into ongoing practice supervision.

##### 2.5.2 **Educational supervision**

Educational supervision may be carried out as part of practice mentorship and includes:

- a. integration of theory and practice,
- b. educational and career guidance,
- c. objective monitoring of progress and assessment against core standards,
- d. constructive timely feedback, and
- e. assessment co-ordination.

#### 2.6 **Programme Coordination**

The training provider must:

- a. ensure that satisfactory training opportunities exist for trainees in their practice placement/s, and
- b. standards for practice and educational supervision are set and ensure that supervisors are assessed against these.

#### 2.7 **Expected Outcomes**

##### 2.7.1 **Trainee outcome**

The trainee will utilise professional judgement, ethical decision making and interact in teaching/learning sessions in order to practise as a competent practitioner in AOD, mental health and other related health services. This is likely to include the following outcomes:

- a. skills in assessment, problem identification, treatment, referral and liaison with a range of health related services,
- b. ability to assess and develop management plans for clients with coexisting substance use concerns,
- c. understanding client care management models and their theoretical and research underpinnings,
- d. clinical supervision skills both as a trainee in supervision and as a supervisor of others,
- e. assess the needs of a client with coexisting substance use and mental health concerns, formulate and implement intervention strategies based on a sound body of knowledge, as a supervised member of a team,
- f. work as a member of a multi-disciplinary team within the broader dimension of mental health, primary health, correction and addictions services,
- g. reflective practice utilising critical thinking,
- h. practice leadership, and
- i. recognition and understanding of tikanga Maori and other cultural responsiveness input to mental health and addiction services.

##### 2.7.2 **Client/Service outcomes**

Client or service outcomes will include:

- a. access to quality assessment, diagnosis, and treatment services,
- b. reflective practice with positive outcomes and improving quality services,

- c. clinical leadership,
- d. recognition and understanding of tikanga Maori and other cultural responsive input into mental health and addiction services, and
- e. development of knowledge through applied research to areas of specific interest and need resulting in the contribution to the body of knowledge of mental health and addictions.

### **3 ELIGIBILITY**

#### **3.1 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) where they have at least one year's experience - new graduates must be working a minimum of more than 0.7FTE (28 hours a week) in a mental health setting, and.
- d. complete the post graduate certificate programme in one year, or over two academic years at the discretion of the training institution.

#### **3.2 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).

### **4 LOCATION AND SETTING**

The practice component will be predominantly offered either within the trainee's current work environment or in an appropriate series of planned placements. The formal teaching component will be predominantly delivered in an academic setting.

### **5 ASSOCIATED LINKAGES**

The training provider will be able to demonstrate that they maintain relationships with relevant services and an up to date knowledge of relevant sectors.

### **6 QUALITY STANDARDS: PROGRAMME SPECIFIC**

#### **6.1 Quality Standards**

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

- a. a quality improvement plan to monitor, evaluate and improve the quality of the training programme,
- b. an appropriate complaints process available to service users, 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 is provided at an appropriate standard using current methods with appropriately skilled staff,
- e. reports are provided by the due date, and
- f. records of trainees' progress are kept and are available.

#### **6.2 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, and
- 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 clients.

### **7 REPORTING REQUIREMENTS**

All reporting requirements are set out in Schedule D.

