Matua Raki

National Addiction Workforce Development

Matua Raki News – June 2012

Passion, commitment and striving for excellence

Raine Berry (Matua Raki) and Robyn Shearer (Te Pou)

As of 1 July, Matua Raki will move to a new hosting arrangement with Te Pou. You'll learn more about this exciting development in this issue.

Matua Raki is on the move!

By Robyn Shearer,
Chief Executive, Te Pou

As leaders of national workforce development organisations, Raine Berry, Sue Treanor (Werry Centre Director, who will be sadly missed after her passing this year) and I met in 2010 to discuss developing a stronger alliance between Te Pou, Matua Raki and the Werry Centre.

We were aware our work had points of common ground where we can collaborate, as well as areas of uniqueness that require a specialist approach. This meeting of minds helped us come to the place we are at now with merging Te Pou and Matua Raki, and forming an alliance with the workforce activity throughout mental health, addiction, child and youth, Māori, Pacific and disability services.

A bit about me…

I am a registered comprehensive nurse and I have worked in the mental health and addiction sectors since the late 1980s.

My clinical experience was in both acute and community mental health. I held leadership roles in nursing and service management in Waitemata and

Taranaki DHBs before leading the national mental health workforce programme developed through the Health Research Council. I then led the development of the national workforce plan – Tauawhitia te Wero, and associated programmes at the Ministry of Health.

I had a year as Acting Group Manager at the Ministry of Health in the Mental Health Group, before taking up the CEO role at Te Pou four years ago.

My leadership philosophy is based on practical experience, strong communication and problem solving. I take the opportunity whenever I can to grow my leadership learning by networks and programmes on leadership development.

I believe in working with others to get things done, patience being a virtue in order to achieve bigger results, and keeping focused on a vision for excellent services.

And a bit about Te Pou…

Te Pou is part of the Wise Group family. We sit alongside Pathways, Workwise, Wild Bamboo, Blueprint for Learning, Wise Management Services, The Monastery and Social Angels within the Group. Wise Management Services provides Te Pou with infrastructure services such as finance, communications and marketing, IT, HR and legal advice.

> *"We believe that where strong relationships exist anything is possible."*

Te Pou's Board is chaired by Julie Nelson, Chief Executive for the Wise Group. Rounding out the board's expertise is Professor Ritchie Poulton (researcher), Dr Francis Agnew (Pacific psychiatrist), Shelley Campbell (CEO for the Sir Peter Blake Trust), Jacqui Graham (Chief Executive for the Wise Group), Bruce Sheridan (Wise Trust Chair), Fran Silvestri (director for IIMHL)and George Salmond (whom some of you will remember as the previous Director General of Health).

The Te Pou Board reports to the Wise Trust Board, which is considering appointing further Board members to support the Matua Raki merger.

Te Pou also has a clinical reference group which is chaired by Dr Francis Agnew. This group provides me, the Board and the Te Pou team with sector intelligence and input to guide the direction of our programme.

The group helps us in our work plan and contract discussions with Health Workforce New Zealand (HWNZ) and the Ministry of Health, and ensures we have programmes which set a positive direction for service and workforce development. As a result of this merger I have asked Daryle Deering and Sheridan Pooley to join this group. Raine Berry has been on the group for some time.

We now have five workforce development programmes at Te Pou – Le Va, Pasifika workforce development; disability workforce development; Matua Raki, addiction workforce development; the mental health delivery programme; and our research and evaluation programme.

The leaders of these programmes form our senior leadership team. I feel very lucky to have a great team to work with and look forward to the prospect of Matua Raki's team joining us to further our whānau.

Like Matua Raki, Te Pou is contracted through the Ministry of Health and HWNZ. We have recently presented a business case to HWNZ (with the Werry Centre and Matua Raki) to set out a three- to five-year work programme. Importantly, this alliance demonstrates how we can work together, within our unique work areas, yet speaks strongly to collaboration.

> *"Our work and approach can push people's buttons – because we are pushing a change and quality improvement agenda. I am very comfortable with that..."*

We remain keen to work with Te Rau Matatini to further progress its Māori workforce development programme. We believe that 'where strong relationships exist anything is possible'.

We've established partnerships across the country to ensure we are taking the right approaches to our work. Sometimes this results in us contracting others to complete work, or we bring in expertise as needed. Our team of 45 staff has clinical, research, evaluation, service user and leadership expertise.

Our work and approach can push people's buttons – because we are pushing a change and quality improvement agenda. I am very comfortable with that as I believe we are here for the people we serve – those who use services. They say they want things to be better for them… but they are also clear there are parts of the system that are working well – so let's not mess with that too much!

I don't believe it's helpful to keep reinventing things – and we have a wealth of experience in our services and with our leaders and practitioners that we can bring into future service development.

During the next six months we'll work with HWNZ to shape our combined work programmes, and we will be seeking your input. Service integration and workforce planning require further development. It is signalled in the HWNZ review documents, the Ministry's service development plan and Blueprint II.

I'm looking forward to learning more about the addiction sector. I'm committed to supporting Matua Raki's strong and important role in supporting workforce and service development.

I am looking forward to working with you all.

Editorial

So there's about to be a new merger. We have received approval from our main funder, Health Workforce New Zealand (HWNZ), for the hosting of our addiction workforce programmes to be transferred from Te Rau Matatini to Te Pou active from 1 July 2012.

Both Matua Raki and Te Pou are very excited about this and are committed to demonstrating that integration of mental health and addiction workforce development can result in strengthening both workforces and ultimately improving outcomes for service users and their whānau.

Our contracts with HWNZ have been extended until December 2012 and you will see very little change in the way Matua Raki operates during this time. We will still be offering our courses to services and regions who have identified a training or resource need in their workforce plans, developing more best practice guides, supporting leadership and leadership days, working with the Ministry on the Compulsory Treatment Orders project and on a range of other projects and activities.

HWNZ will be making decisions before the end of the year on the way they want the workforce centres to operate. We are confident addiction workforce development is still high on the Government's agenda and will be continued to be resourced and supported.

We have had a very busy year with staff being involved in a range of activities nationally. We have also produced a number of great resources including three Managed Withdrawal Guides, a guide to the addiction sector for new staff and a resource for education providers on utilising consumers in training. Others nearing completion include guides for Brief Intervention and Impaired Driving Interventions.

Staff changes since our last newsletter include the departure in May of Anna Nelson, our Programme Manger. Anna is taking maternity leave and we wish her and her whānau all the very best. Rawiri McKinney, our Youth Programme Leader, left Matua Raki in April to take up a position as Senior Advisor at the Ministry of Education. Rawiri was responsible for setting up Mana Arahi, the Year 13 AOD programme aimed at getting young achievers to consider a career in addiction. WelTec continues to run this programme.

I am also on the move after nearly three years leading Matua Raki. I want to spend more time at home in Golden Bay and to return to part-time clinical work. It has been a pleasure to be involved in so many great activities to support our workforce and I would like to take this opportunity to thank the many people who have supported me in this position.

Vanessa Caldwell, who has been managing some of our key initiatives, such as the Compulsory Treatment Orders project, will be taking on the role of National Manager. Vanessa is a psychologist who has an MBA and is currently nearing completing her doctoral thesis. I feel very confident in Vanessa's ability to lead Matua Raki into this next phase.

Finally I would like to thank Te Rau Matatini for being our hosts for the last three or more years and we look forward to working closely with them in the future.

Raine Berry, Director

In this issue:

Assessment and treatment of repeat impaired drivers

Cross agency presentation to Addiction Leadership Day

Wellington, 19 April 2012

In 2010 7,182 people were convicted of impaired driving in New Zealand for at least the third time, but the majority of these were not referred for assessment or treatment.

At the recent Leadership Day, organised by Matua Raki and the National Committee for Addiction Treatment, a cross-agency panel discussion was held to examine and discuss problems around impaired driving in New Zealand.

Contributors included representatives from the Ministries of Transport and Health, NZTA and the treatment sector.

Alcohol Interlocks — separating drinking from driving

Kathryn MacIver, from the Ministry of Transport, provided an update on where New Zealand is at with the introduction of alcohol interlocks.

An alcohol interlock is a device similar to a breathalyser that is hardwired into the ignition of a vehicle. Before the vehicle can be started, the driver must give a breath test and the vehicle will not start if the result is over the pre-programmed breath-alcohol level.

In New Zealand courts will soon be able to sentence a repeat drink-driver, or a first time drink-driver with a high BAC, to use an alcohol interlock. Release from the interlock programme will be based on meeting criteria such as no having no violations for 12 months.

Data will be downloaded to NZTA monthly for monitoring of violations. Of course there will be penalties for those who tamper with, or enlist someone else to tamper with, the interlock.

However, overseas evidence suggests there are very few people out there who would actually blow into an interlock to enable a drunk friend to drive, and face recognition software can be installed to confirm the identity of the person blowing.

Interlocks have been used successfully overseas for around 30 years. They are relatively new here, however, which means we are starting out with a system based on the very latest technology.

Government plans for new services

The Ministry of Health's Peter Kennerley provided an update on the Government's plans for new treatment programmes for repeat impaired drivers.

He said $1m of new funding has been allocated to deliver these treatment programmes.

He said the Ministry is working through processes to identify elements of preferred practice and to develop service specifications for the services.

Tenders for the delivery of services will be invited in second half of 2012, with proposals from Māori providers particularly welcome.

There are existing programmes available in New Zealand, and the Ministry is looking to build on best practice. It is also considering issues such as:

- clarifying the pathway into a suitable treatment programme, for example whether to take first time offenders as well as repeat drink drivers
- what other aspects should be covered as well as AOD treatment, e.g. anger management
- what services might be provided post-treatment
- whether AOD treatment services should ask all their clients whether they drive while they are impaired through alcohol and/or other drug use.

Assessments for Section 65 of the Transport Act

Section 65 of the Land Transport Act 1998 sets out procedures for mandatory penalties for repeat impaired drivers. Courts must order an alcohol or drug assessment where a person is convicted twice within five years, and where on at least one of these occasions they had more than 1000 micrograms of alcohol per litre of breath. Further, the person is disqualified from driving until the NZTA removes that disqualification.

The NZTA's Mark Pugin said about 1200 applications are received each year to have driver disqualifications removed.

NZTA checks that everything required of the driver has been done and seeks a recommendation from the offender's treatment providers that this particular person has been assessed as having their alcohol or drug problems under control and is fit to hold a driver's license.

Normally NZTA is happy to accept the treatment provider's recommendation unless there are some things they know about the nature and extent of the individual's violations that the treatment provider may not.

Mark said that, basically, the system is working well. NZTA takes responsibility for the decisions made and funds assessments.

However, a problem he mentioned is that there is only funding for one assessment while some consumers were arranging assessments with other providers at different points in time during the process. He asked treatment providers to make sure their client will go through with the assessment when they book an application to NZTA on their behalf.

Impaired Driver Treatment Guidelines

Ashley Koning, for Matua Raki, said that, in response to recommendations coming out of the Drivers of Crime initiative and requests from the addiction sector, Matua Raki has developed a guideline for working with alcohol and other substance impaired drivers.

Impaired driving: treatment guidelines for addiction practitioners provides the addiction sector with information about the extent and nature of alcohol and substance impaired driving and best practice treatment strategies for providing interventions to this group.

Services not currently providing dedicated programmes will be able to use the guidelines to plan and develop programmes that suit the needs of their region and population.

Matua Raki intends to provide training to complement the guidelines which will be distributed to addiction services later in 2012.

Continued over page...

Safer Journeys action: education of substance impaired drivers


Margaret Stevenson-Wright

One of the actions in *Safer Journeys*, the government's road safety strategy to 2020, is to conduct further research into the extent and scope of drug impaired driving in New Zealand, and to put in place education approaches to limit harm from substance impaired driving.

A stakeholder group has been formed to provide input and advice, and existing literature about impaired driving in New Zealand is being examined.

Margaret Stevenson-Wright of NZTA and Consultant, Anne Dowden of Anne Dowden-REWA, said we know we have an issue around substance impaired driving that goes way beyond alcohol. One study of drivers injured in accidents found that around 30 percent of crashes involve drivers that have drugs in their systems, but what we don't have is a lot of good and reliable data about whether these drivers were actually impaired by drugs, and just how many other drivers like them are out there.


Anne Dowden

NZTA is working with its stakeholder agencies to identify potential audiences, and then to determine how best to focus educational approaches to reach those audiences.

Audiences might include, for example, elderly drivers, younger drivers, cannabis users and patients who drive while using medications.

The next step will be to identify the roles and needs of professionals such as GPS, pharmacists, treatment workers and counsellors in the light of these findings, and how best to meet them.

More pictures from Addiction Leadership Day, April 2012


Matua Raki's Klare Braye (left) and Anna Nelson


Prof Doug Sellman, National Addiction Centre, and Dr Jackie Blue, National MP, Mt Roskill


Catherine Inder (Ministry of Health) and Vanessa Caldwell (Matua Raki)


Terry Huriwai (Matua Raki)

Matua Raki Steering Group

The Matua Raki Steering Group provides strategic advice and serves as a conduit to the addiction treatment sector to inform and support Matua Raki in achieving its work programme. It also acts as an advocate for Matua Raki with key stakeholders.

The members are (from left to right): Robert Steenhuisen, Manager of CADS, Auckland Chair; Monique Faleafa, Manager Le Va; Fraser Todd, Senior Lecturer, National Addiction Centre; Raine Berry, Director, Matua Raki; Ian McEwan, Director, dapaanz; Trish Davis, CEO, Te Rau Matatini; Lynette Hutson, National Consultant – Addiction, Salvation Army; Annemarie Wille, Service Development Manager, Waitemata DHB; and Vanessa Calwell, Project Manager, Matua Raki.

Not pictured are: Sheridan Pooley, Regional Consumer Advisor, CADS Auckland; Te Puea Winiata, Chief Executive Officer, Turuki Health Care.

A fond farewell to Raine Berry

I joined the Matua Raki Steering Group in 2009. The organisation was gradually settling into the new structure and hosting with Raine at the helm. A bunch of great new staff had just been employed and I could see it was a big responsibility for her to keep everything together and moving forward.

I think Matua Raki projects strongly connected with the addiction field and matched the issues our practitioners were grappling with. Many had a specific "Raine" angle to them, and by that I mean they were down to earth and practical for the people working in the field. In an environment where there are as many opinions as there are practitioners, that was a significant achievement.

Raine guided the organisation through much external turbulence: uncertainty about future hosting, contracting arrangements moving to HWNZ, demand for greater alliance with the "other" workforce organisations, new ideas about workforce development, and generally pressure to do more with less.

It was a great accomplishment. She led the staff, picked her way though budgets and put together a great network of organisations and key personalities, pushing Matua Raki to the front of the sector. And all was done in a warm, compassionate style that aimed to keep everybody on board.

Upon her departure Matua Raki is in a good position to move into the next chapter. The transfer to Te Pou will provide a stable platform and a sound professional environment. Better alignment will mean better coordinated and larger projects for all.

The work of addiction workforce development is never finished. There are always new trends, new drugs, new practitioners and future leaders to be developed. But there is only one Raine and her name will be linked to this stage of the journey.

If I had lived in Golden Bay I probably would have made the move much earlier. but I am certain her absence will only be temporary! She'll be back!

Robert Steenhuisen
Matua Raki Steering Group Chair

Engaging the difficult-to-engage

Motivational interviewing with Dr Allan Zuckoff

Dr Zuckoff is an international expert in motivational interviewing and a lecturer in psychology and psychiatry at the University of Pittsburgh.

He explains motivational interviewing as a counselling approach that explores and resolves people's ambivalence towards change. People find themselves stuck in a variety of patterns and addictions (drugs, gambling, sexual behaviour, procrastination etc). In most cases they acknowledge that their behaviours are doing them harm, but the cost-factors in pursuing change are often perceived as being too great.

"What if I fail again? How will I cope without my drug of choice? What will happen to my identity if I give up this substance or behaviour?"

Other reasons why people are reluctant to engage in treatment include practical barriers, negative past experiences with treatment, and concerns about whether treatment providers can understand what their lives are like given cultural or other differences.

He suggests this ambivalence is why so many dropout or remained unchanged, and struggle to engage with whatever counselling or treatment they are receiving, particularly when there are co-existing problems.

But this tendency to opt out of what we might be good for us is evident across all forms of care – not just addiction or mental health treatment.

At the workshops, Dr Zuckoff raised the example of people who have undergone bariatric surgery (e.g. a gastric bypass operation). It is common for these patients, who often have invested considerable sums to receive their surgery, to ignore behavioural and dietary instructions and so undo much of the good surgery would have achieved for them.

In fact ambivalence seems to be a part of the human condition. Even people who are not in treatment procrastinate when they wish they didn't, or fail to take their medication, or don't make healthy diet or exercise choices.

Dr Zuckoff asked those attending the workshops to think about reasons three of their clients were difficult to engage into treatment. He then shared some from his own experience.

Discussion showed that most of these reasons boiled down to one common denominator: people are not convinced that the end result of any treatment is going to be any better or worth the risk.

Motivational interviewing is about helping a person truly perceive that the benefits of change outweigh the costs and to feel confident that the changes they make will be successful.

Treatment dropout or lack of engagement is a real concern and a significant waste of resources, but, if ambivalence is a "normal" reaction to change, are we right to blame clients for their failure to engage? Would it perhaps be better to look more closely at why the treatment we offered failed to engage?

Dr Zuckoff suggests a significant reason why engagement rates have been so low in the past is that we have confused motivation for change with motivation for treatment. We've concluded that if a client has said they want to change but made little apparent effort, then it must be their fault (yet we often take the credit ourselves whenever a client succeeds). By letting ourselves off so lightly and failing to get to the real heart of the problem we may well have let many treatment opportunities slip away.

The success of motivational interviewing has been demonstrated by a number of studies, several of which Dr Zuckoff has collaborated in. His first study in 1998 showed that as many as two thirds of inpatients failed to turn up for outpatient follow-up treatment. However, only a third of patients failed to turn up for treatment after a motivational interviewing session.

What's more, when outpatients were given a tour of treatment facilities and introduced to a counsellor before treatment, an attendance rate of 100 percent was achieved. These results suggest some barriers to engagement, such as fear or uncertainty, may not be that difficult to overcome, and that helping clients feel confident about their counsellors may significantly impact on the cost-benefit analyses they do.

A core feature of the workshops was a video showing Dr Zuckoff with a client in a real life motivational interview setting. Dr Zuckoff talked the audience through the interview, illustrating important aspects and techniques he used along the way which included:

- showing clients you understand and empathise with their dilemma
- letting them initiate and lead discussion
- making them feel like you are on their side
- getting them to identify and then solve problems rather than solving problems for them.

This was followed by session work with those attending to step through issues such as affirmation and how to show empathy and respond to ambivalence and resistance. Discussion then returned to the three example clients given by each of the attendees and was specifically about why they had failed to engage and how motivational interviewing could potentially have helped.

In March this year Matua Raki brought Dr Allan Zuckoff to New Zealand to present at the Motivational Interviewing Symposium held in Auckland and to deliver three workshops on motivational interviewing around New Zealand (Christchurch, Wellington and Auckland).

The purpose of the workshops was to help develop New Zealand's addiction and mental health treatment workforces.

"This workshop was a great opportunity to learn from an internationally recognised trainer.

"Motivational interviewing is a core skill, and I was able to step back and gain a perspective on how I currently work.

"The training was a chance to enhance my expertise particularly in the 'co-existing problems' environment."

Wellington workshop attendee
John Mellors
Alcohol and Drug Clinician
Community and Mental Health and Addiction Service, Hutt Valley DHB

New motivational interviewing DVD resource

Clinical psychologist Dr Joel Porter has been working in the addiction sector for the last 25 years, with the last 10 in New Zealand.

Dr Porter spends much of his time training other treatment workers in his specialty field of motivational interviewing, and this year he has been instrumental in the development of a new training resource, a DVD on motivational interviewing suitable for the New Zealand context.

"Many people say our existing motivational interviewing resources, while great, tend to be from the US, making them harder for Kiwis to relate to; so I had the idea we should create our own," he says.

But with funds dedicated to training receding, the challenge became creating something useful and of a high quality on a budget.

"The Ministry of Health's Green Prescription initiative agreed to contribute. I also talked to Matua Raki Director Raine Berry. She loved the idea, and Matua Raki took on most of the funding, but I had to have the job done by May 2012!

"The purpose of the DVD is to teach clinicians, team leaders, researchers and the general public more about motivational interviewing, and to give practitioners a basis for developing their own techniques. The idea isn't that they'll watch the DVD and become experts on the subject. It's intended to provide a start by showing people what motivational interviewing is (and what it is not).

"During the International Symposium on Motivational Interviewing in March I managed to record a number of interviews with leading experts, including Theresa Moyers and Allan Zuckoff from the US. This gave the DVD a bit of a documentary feel, making it more than just a clinical training tool.

"An actor friend of mine, Peter Fenney, who teaches drama, managed to persuade a number of his students to participate too, which was great. No scripts were used in the mock interviews. The actors went off and created their own characters the clinicians had no knowledge of, so we ended up with a very realistic result."

Joel says what he's most proud of is that this DVD is going to be distributed for free.

"We're also looking at putting it online so people from around the world can also view it at no cost. Ideally it would become like an open source document, where people can create their own learning tools and resources and upload them to accompany the DVD."

Dr Joel Porter

"The DVD will contain the most relevant and up-to-date material. I am sure it will be worth the wait!"

The DVD is largely complete but won't be distributed until August because there have been some recent advancements in motivational interviewing which will be discussed in a coming book by two of its originators: Bill Miller and Steve Rollnick. They were happy for their research to be included but requested the DVD be deferred until their new book comes out.

"I was more than happy," says Joel. "It means the DVD will contain the most relevant and up-to-date material. I am sure it will be worth the wait!"

The DVD will be available from Matua Raki from mid August 2012.

A still from the DVD

Getting to know Ashley Koning

Ashley Koning is a Project Leader at Matua Raki.

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

After several years working as a social worker and community-based counsellor/therapist it became clear to me that many of the problems people were being seen for related to substance use. The addiction sector was just starting to develop harm reduction and motivational approaches to treatment which I was able to philosophically embrace and I eventually decided to go full time as an addiction practitioner as the work and people were so interesting and rewarding. I have never regretted it.

What does your job involve?

Day to day my work consists of developing and editing resources and guidelines for the addiction sector. I work with colleagues from other workforce centres to promote the capability of the addiction and mental health workforces to respond to co-existing problems. I also support work on other Matua Raki projects.

What makes you keen to get to work each day?

The variety and intellectual challenge involved with my job are things I look forward to every day.

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

Recently I had a reasonably serious altercation with a motor vehicle while cycling. If I can't ban all cars from the road, then I'd like to reduce the gap between the rich and the poor in New Zealand. That widening gap is something we're all going to pay for dearly as a society.

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

If I'm not recovering from my latest cycling injury, I'll be swimming, golfing, reading, being a couch potato, eating out and cooking (in increasing order of preference). A particular dish I like to cook is vegan or vegetarian curry.

> "That widening gap [between the rich and the poor] is something we're all going to pay for dearly as a society."

March Leadership Seminars

Throughout March, Matua Raki, in association with the National Committee for Addiction Treatment (NCAT), led a series of Addiction Leadership Seminars around the country.

Seminars were held in Kaitaia, Palmerston North, Dunedin, Hamilton, Nelson, and New Plymouth. They were run by the following NCAT members in the different locations, including Raine Berry and Terry Huriwai (Matua Raki), Robert Steenhuisen (CADS Waitemaa), Graeme Ramsey (Problem Gambling Foundation)and Wolfgang Theuerkauf (dapaanz).

Their purpose was to explore and discuss documents to be released in 2012 that would significantly affect policy direction and the funding framework for the immediate future of the alcohol and drug sector and to help organisations better understand the challenges that lie ahead.

The three policy documents discussed were:

- *Blueprint II*, to be released by the Mental Health Commission in June 2012
- *Towards the next wave of mental health and addiction services and capacity*, released by Health Workforce NZ
- *Mental Health and Addiction Services Plan*, to be released by the Ministry of Health in October 2012.

The seminars were attended by senior staff and management from addiction services who are involved in strategic planning, overseeing service delivery and supporting staff. Also attending were Planning and Funding portfolio managers and mental health service managers.

"The seminar provided up-to-date, relevant information that was helpful to us as leaders. It was also an excellent opportunity to network with others.

"I was able to discuss our marae based training programmes we run in conjunction with WELTEC and at least four service leaders have wanted to put their staff into the training."

Seminar attendee Pam Kupa-Sheerin,
Service Manager for Te Waireka-Central Health Ltd

Recent project updates

Matua Raki withdrawal management guidelines

Guidelines for medical and nursing practitioners

Substance withdrawal management: guidelines for medical and nursing practitioners in primary health, specialist addiction, custodial and general hospital settings was published in late 2011 and distributed to addiction, general hospital, mental health and corrections health services where acute withdrawal management may be necessary. Further copies have been printed to meet demand from nursing and medical staff in allied and community health services.

Guidelines for addiction and allied practitioners

Substance withdrawal management: guidelines for addiction and allied practitioners provides a general overview of the effects of substances, associated withdrawal symptoms and risk assessment and general withdrawal management strategies and is suitable for a non-medical audience. Copies will be provided to addiction services and can be ordered from Matua Raki.

Managing your own withdrawal

Managing your own withdrawal is a booklet that outlines simple strategies for managing withdrawal as a self-help guide and an adjunct to ongoing outpatient support for people who use substances, along with their families, whānau and support people.

Copies can be ordered from Matua Raki.

All of these withdrawal management resources are available online at www.matuaraki.org.nz/Matua-Raki-Publications.

How the documents affect the future for the sector and the challenges identified

By Robert Steenhuisen, co-Chair, National Committee for Addiction Treatment

The Mental Health Commission's *Blueprint II* updates the 1998 B*lueprint for Mental Health Services in New Zealand: How Things Need to Be.*

Its bold vision for the mental health and addiction sectors will require innovation and changes in how New Zealanders' needs are met over the next decade.

The original blueprint was well supported by the then Labour Government, and the addiction sector benefited through a significant increase in funding. However, both *Blueprint II* and the Health Workforce NZ report predict that funding will now be more constrained, while the challenges of ageing, ethnically diverse populations and a recognition that alcohol and drug problems have a significant impact on the social, education, health and justice sectors mean demand for services will likely increase.

Blueprint II will address these changes, and identify ways to use existing resources to meet the increasing needs of the future.

Perhaps one of the greatest proposed changes by both *Blueprint II* and the Health Workforce NZ document is increasing the overall target population cover from the traditional 3 percent most impacted by mental health and addiction problems to a "whole of population cover".

For the sectors this means a re-orientation towards earlier intervention and a much broader focus on the wider impact of substance abuse.

Other challenges include a greater role for primary care, more brief interventions for alcohol and drug problems, a stronger focus, broader (non health) government targets, and improved access for young people and their families.

The Health Workforce NZ report predicts a doubling in demand for mental health and addiction services spread over the primary and secondary health sectors, but with only a modest increase in future funding. This will increase the demand for improved effectiveness and efficiency.

Another significant change is that the documents indicate the need for greater alignment between the addiction, mental health, corrections, social welfare, physical health, and education sectors. Ideally, this would work to reduce crime, welfare dependency, avoidable health expenditure and educational under-achievement.

Co-existing problem responsiveness and capability

As part of the ongoing Co-existing Problems project Matua Raki, Te Pou, The Werry Centre and ABACUS have adapted the Victorian Dual Diagnosis Capability Agency/Service Level Checklist to suit the New Zealand context.

The Co-existing problem (CEP) service checklist is an online resource to help services assess the level of their current responses to CEP and to plan for developing further capability as needed. Links within the checklist highlight the relationship between the CEP project and other major mental health and addiction workforce development initiatives and lead to relevant information and guidelines that enhance current practice and service delivery to tangata whaiora.

This online guideline is available at www.matuaraki.org.nz.

CEP Workshop

In early March a CEP workshop was provided to practitioners and champions from across Dunedin's DHB mental health and addiction/AOD services.

This workshop was provided by Drs Fraser Todd and Joel Porter and expanded on the content of the earlier Formulation workshops and the explored implications for existing services to become CEP responsive.

The workshop was well received and will be adapted to meet the needs of other regions to advance the development of CEP responsive services across mental health and addiction/AOD services.

Jenny Wolf, and the nationwide CEP initiative

Jenny Wolf came to New Zealand 20 years ago from across the Tasman where she'd trained in social work and specialised in community mental health.

She became the rural mental health worker for Kaipara in Northland and her interest in workforce development soon saw her leading informal training for mental health and addiction staff working with women who had experienced domestic violence.

She says her social work training (a placement at AOD residential provider Cyrenian House and one at Richmond Fellowship, a mental health residential programme) were invaluable.

"Little did I know then that these placements would pave the way for what I'm now doing 20 years later."

Jenny has worked in a number of quality and management positions within the addiction and mental health sectors and spent five years with the Ministry of Health as Senior Advisor Addiction Treatment, where she grew strong ties with Matua Raki and Te Pou. She now works part-time for Matua Raki.

One of her key Matua Raki tasks is the national co-existing problems (CEP) project, a Ministry of Health initiative to align numerous sectors, including addiction, mental health and problem gambling. Matua Raki is facilitating the process with the objective of creating an early intervention focus which identifies individual treatment needs and ensures people get the right services.

Jenny has travelled around the country offering workshops promoting the integrated care approach. The workshops, she says, were less about workforce development, but more an opportunity to re-assess treatment pathways and systems redevelopment.

"It wasn't just about training. It was about system-wide changes meaning organisations were addressing CEP at every level so those trained were well-supported by all systems in place. It was also about getting the whole infrastructure integrated and 'on the same page' when it came to CEP."

"Momentum can already be seen outside the sector, with interest in the CEP project expressed by a range of agencies."

Simultaneously with the integrated approach, dapaanz took up the Ministry's invitation to develop the *Addiction Intervention Competency Framework*, a charter of necessary skills and requirements for the workforce developed in consultation with the sector. Jenny is proud to state New Zealand is the only country in the world to possess such a resource.

Jenny says she's happy with how the CEP project is going, but knows there's a long road ahead.

"Change takes time; a system-wide change like this can take as long as 25 years before it's completed. My role is to keep the momentum up. We can't drop the ball or the momentum stops and everything comes to a grinding halt."

Momentum can already be seen outside the sector, with interest in the CEP project expressed by a range of agencies, including Community Probation and Work & Income.

But while the focus is on nationwide change, she says it's important for each region to take responsibility for their own learning and change, especially in training people who are able to identify treatment needs

across the sectors.

"Matua Raki's profile and credibility have increased significantly over time and a wide range of professionals endorse the organisation."

Another project that has Jenny excited is the development of a drug court in Auckland which should be operational by the end of 2012. She believes the initiative arises from a generally more accurate understanding of people with addiction and mental health issues by government agencies. She finds it encouraging that the Justice system's focus for people with addiction issues has shifted from punishment alone to the acceptance of treatment as a valid rehabilitative option.

Matua Raki has helped promote and disseminate a number of guidance documents for professionals to use in this sort of treatment context such as *Te Ariari o te Oranga – The assessment and management of people with co-existing mental health and substance use problems* (2010, Fraser C Todd) and *Integrated solutions – service delivery for people with co-existing mental health and addiction problems* (2010, Ministry of Health).

Jenny is excited about Matua Raki's role in the current review of the 1966 Alcoholism and Drug Addiction Act which, she says, will have accompanying best practice guidance for specialist AOD services to increase their skills when working within the Act's client pathway. Matua Raki has been asked by the Ministry to develop aspects of the guidance document.

She says she's seen Matua Raki's profile and credibility increase significantly over time and that a wide range of professionals now endorse the organisation.

"It takes years for any workforce programme to generate tangible results. Matua Raki is certainly now producing valuable training opportunities and resources which aren't just sitting on shelves."

Addiction Specialty Nursing Knowledge and Skills Competency Framework

Matua Raki, in conjunction with Drug and Alcohol Nurses of Australasia (DANA) has developed an Addiction Specialty Nursing Knowledge and Skills Competency Framework.

The New Zealand-DANA Framework evolved out of a Matua Raki addiction nursing project led by Dr Daryle Deering involving a national reference group comprising advanced practice addiction specialty nurses and New Zealand DANA representatives.

The framework responds to a need, identified mainly by addiction and mental health nurses, for greater clarity around the expected skills and qualifications for addiction specialty nurses. This lack of clarity could potentially lead to a range of problems.

First, with no specific criteria regarding what constitutes an addiction specialist level nurse, those with foundation level qualifications could find themselves in roles that should be assigned to a more qualified nurse.

Secondly, managers, unaware of any qualifying criteria could expect more than is realistic and fair from under-qualified nurses.

Thirdly, consumers, who have a right to know they are receiving the best treatment available, could receive treatment from nurses not sufficiently qualified or experienced in addiction specialty treatment.

Accordingly, the framework presents a series of criteria and guidelines that stipulate expectations for a specialist level addiction speciality nurse. In so doing, the framework helps protect nurses, managers and consumers.

The framework applies to nurses working in a range of settings including those in autonomous roles or within an addiction specialty service multidisciplinary team.

Dr Daryle Deering

Managers are given better expectations of nurses' capabilities; nurses are made aware of the competencies they should have achieved so are better able to assess their own suitability for certain roles; and consumers can better understand what to expect and have confidence they will get the specialty care they need.

The framework also offers guidance on clinical career pathways for nurses seeking addiction specialty qualifications, and assists educators to design curricula conducive to specialist level education.

The project was developed nationally through an extensive consultation process inclusive of nurses, consumers, Māori and Pasifika. A main goal was to have a framework that was consistent with that of Australia while also acknowledging New Zealand's unique cultural situation.

The framework, which is available now on the Matua Raki website, is intended to be flexible. It is not a legal requirement, but does serve as an excellent set of guidelines for organisations wanting to improve their addiction and mental health services or training.

Organisations are encouraged to begin working with the framework now. It is intended to be a living document adapted in response to feedback and changes in the mental health and addiction sectors.

First nurse practitioner endorsed

At Leadership Day 2012 from left to right: Brenda Wraight (Director of Health Workforce New Zealand); Raine Berry (Matua Raki); Louise Leonard (Waikato DHB); Daryle Deering (Matua Raki Nursing Project Co-ordinator); and Jane O'Malley (Chief Nurse, Ministry Of Health)

Louise Leonard (Waikato DHB) has been endorsed by the Nursing Council as the first prescribing nurse practitioner (Alcohol and Other Drug [AOD] scope) in New Zealand. She was acknowledged for her achievement at the recent Addiction Leadership Day held in Wellington on 19 April, by Raine Berry, Director of Matua Raki; Daryle Deering, Matua Raki Nursing Project Co-ordinator; and Jane O'Malley Chief Nurse, Ministry Of Health.

This is an exciting development for the addiction sector and Louise provides a role model for other nurses on this pathway. Her endorsement's a tangible example of how this role can be applied within the addiction sector and in a range of settings to improve access and outcomes for people with AOD issues.

Louise has been endorsed to provide assessments and interventions along the health continuum from health promotion to working with people with complex issues – such as co-existing substance use, mental health and medical conditions, and their families and whānau.

An important focus of the nurse practitioner role is working with vulnerable populations and those with underserved health related needs. The role involves working collaboratively and autonomously and includes ordering tests and prescribing medications in combination with a range of psycho-social interventions.

In day to day practice nurse practitioners such as Louise provide clinical leadership that may involve direct client care, consultation services e.g. to primary care, NGO and general hospital staff, being involved in audits, service development and research as well as teaching.

However the central focus of the nurse practitioner (AOD) is clinical and working with clients with substance use issues and their families and whānau.

Matua Raki
National Addiction Workforce Development

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.