Mental Health Support Worker Advisory Group

Evaluation of the National Certificate in Mental Health Support Work

Case Consulting Ltd.

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Acknowledgements

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Abstract

The National Certificate in Mental Health Support Work was formally introduced as a qualification, within the National Qualifications Framework (NQF) of the New Zealand Qualifications Authority (NZQA), in 1998. The National Certificate is a level four qualification which consists of 22 unit standards. It is currently delivered by both polytechnics and private training organisations throughout New Zealand.

Mental health support workers are most commonly employed by non-government organisations (NGOs) who deliver services such as residential accommodation based support, home-based and mobile community support, respite and education, recreational, and employment support services/programmes. To a lesser extent support workers are also working within District Health Board (DHB) mental health services.

The Mental Health Support Worker Advisory Group (MHSWAG) was established in 1998 as the Standards Setting Body recognised by the NZQA for the National Certificate in Mental Health Support Work.

It was the MHSWAG that contracted Case Consulting Ltd. to undertake the present work, the aim being: *to evaluate the effectiveness of the National Certificate in Mental Health Support Work from the perspective of consumers/ Tāngata whai ora, families/ whānau, employers, individual support workers, and educators.*

The present evaluation was focused on mainstream services. Part of the project was specifically concerned with collecting the views of Māori in mainstream services (NGO and DHB), and the views of non-Māori in terms of their responsiveness to Māori. As such, the evaluation endeavoured to ensure Māori participation, therefore acknowledging the special status of Māori as Tāngata Whenua of Aotearoa. An equivalent evaluation has already been undertaken in relation to Kaupapa Māori services (*Te Puawaitanga o Te Oranga Hinengaro).* A separate piece of work is currently underway to collect a Pacific Peoples' perspective.

The project brief required an analysis of the unit standards of the National Certificate in Mental Health Support Work against the *Recovery Competencies for New Zealand Mental Health Workers* (2001). Based on this analysis, material was prepared for focus group consultation. Individual focus groups were held in different locations throughout the country for the following stakeholder groups: consumers, Tāngata whai ora/ whānau, family, support workers, Māori support workers, educators, and managers. A total of 126 people attended one of the focus groups held.

The results provide a description of the stakeholder views on the content, status, limitations, and future of the National Certificate in Mental Health Support Work. This includes discussion of issues of relevance in respect of the wider sector and other impacting factors. From this extensive material, the evaluators identified those points that were communicated through all groups and any material that was particular to one stakeholder perspective or another. Each of these results are discussed in relation to the development and evolution of support work education.

Executive Summary

The National Certificate in Mental Health Support Work was formally introduced as a qualification, within the National Qualifications Framework (NQF) of the New Zealand Qualifications Authority (NZQA), in 1998. The National Certificate is a level four qualification which consists of 22 unit standards. It is currently delivered by both polytechnics and private training organisations throughout New Zealand.

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Due to the coverage of the present project, in terms of both range of stakeholder perspectives and topic scope, it is very difficult to provide an overall summary. The following points reflect a broad overview of the main findings which are fully presented and discussed in the conclusion:

- There is presently a lack of uniformity in terms of what people are being taught through the National Certificate and how they are being taught and assessed whilst undertaking the course. This is especially apparent in respect to aspects of course content which relate to working with Māori.
- Development of the course in each locality seems to have been strongly focused and dependant on the expertise, background and knowledge of the tutors involved in delivering the training.
- One of the major developments that educators have attempted to integrate into the mental health support work training has been the recovery competencies, despite the fact that the unit standards don't specifically reflect this.
- The work and roles that support workers are currently employed to undertake, across the sector, are extremely diverse. This in turn affects the base knowledge that students have when embarking on the course, the work-based support and learning that the student is being provided with whilst undertaking the course, and the anticipated outcomes of the course in terms of the knowledge and skills that the student will acquire.
- A number of stakeholder groups reported a wish for students to receive more basic knowledge about mental illness through the course.
- There were variable reports from non-Māori in terms of whether the National Certificate equipped them to work with and be responsive to the needs of Tāngata whai ora and whānau, and this is largely dependant on the population of Māori in the area and the classroom.
- Māori who had completed the National Certificate reported that the course does not provide enough to equip people to work with Tāngata whai ora and whānau.
- Māori working in kaupapa Māori services require a specialist and specific knowledge that is not provided through the National Certificate.
- All stakeholders reported that the National Certificate does not presently equip support workers to work effectively with Pacific people.
- Educators expressed concern that the moderation of the course is focused at the level of 'performance criteria' rather than on learning outcomes – 'elements'.
- Support workers are commonly interacting with a whole range of health professionals and community agencies as part of their role and would appreciate learning more about how to work with other types of health professionals.
- Support workers and managers communicated several factors that they felt impinged on overall perceptions and development of the support work role, including entry and completion requirements of the course and remuneration issues.
- All stakeholders acknowledged that there was no common set of values/ethics underpinning mental health support work, although there was considerable variation as to whether people thought this was an issue that required addressing or not.
- Some of the common features of many support worker relationships with consumers, whilst conducive to establishing strong relationships necessary for effective support work, can accentuate the likelihood of situations arising that are highly vulnerable in terms of boundary issues and conflicts.
- There are tensions around the timeframe of the course and the nature and scope of what should/can be provided through an introductory qualification that is presently catering to people that have existing mental health sector work experience and people that don't.
- There were concerns expressed in relation to the advanced level roles, involving considerable responsibility and autonomy, that some support workers are presently undertaking. This was identified as a particular issue for Māori.

- **Educators and managers are fully supportive of the development of a National Diploma for Support Work.**
- **Support workers have mixed views about the possibility of an advance formal qualification in support work. Some other methods of progressing qualifications were identified as being worth consideration, including the idea of endorsements to the National Certificate and bridging from the National Certificate into other relevant training/education programmes.**
- **Māori also suggested the development of a specific qualification for working with Māori.**
- **Many people were critical of the fact that the present qualification has no facility to give recognition to prior learning, particularly in relation to recognising the learning and experience that Māori bring to working with Māori.**
- **Support workers were adamant that generally their circumstances suit a work-based learning style where people can continue to work and earn whilst progressing qualifications.**
- **Unit standards that have a deficits/risk management focus must, at the very least, be rewritten, to reflect more positive approaches.**
- **A number of issues were identified, by various stakeholders, in relation to the extent of documentation skills that are/should be taught through the National Certificate.**
- **Advocacy and support with self-advocacy are significant aspects of many support worker roles. The extent of content around advocacy in the unit standards does not currently reflect this.**
- **The National Certificate is an introductory level course and the ongoing development of workers requires the provision of supportive working environments, supervision and ongoing training by service providers.**
- **Whilst acknowledging that some formal training was generally necessary, consumers, Tāngata whai ora, whānau and family felt that many of the key attributes of support workers were dependant on the life skills and experience that people had.**
- **Many stakeholders expressed concern that the grants scheme was not going to continue to support people to undertake the National Certificate.**

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Introduction

The National Certificate in Mental Health Support Work was formally introduced as a qualification, within the National Qualifications Framework (NQF) of the New Zealand Qualifications Authority (NZQA), in 1998. The NZQA was set up in 1990 to provide for the development and delivery of quality assured, national qualifications. A national qualification framework provides people with the opportunity to study for qualifications that will be recognised nationwide by both education and service providers.

The Framework has ten progression levels which distinguish the degree of process, learning demand and responsibility required with respect to the different types of qualification. Levels one to three are of approximately the same standard as senior secondary education and basic trades training. Levels four to six approximate to advanced trades, technical and business qualifications. Levels seven and above equate with advanced qualifications of graduate and postgraduate standard.

Framework qualifications consist of:
- National Certificates - at all levels but normally found at levels 1-4
- National Diplomas - at levels 5 and upwards

National Certificates and National Diplomas are each made up of a number of unit standards. Unit standards reflect either what a student needs to know or what they must be able to achieve. It is these standards (rather than course content) that students are assessed against when progressing this type of qualification.

Only institutions that are registered with the NZQA and accredited to assess for NQF qualifications are able to deliver such education. Education providers can only be accredited to the NQF if they fulfill quality requirements to prove they have the tutors, resources and equipment to run their programmes.

Mental health support workers are most commonly employed by non-government organisations (NGOs) who deliver services such as residential accommodation based support, home-based and mobile community support, respite and education, recreational, and employment support services/programmes. To a lesser extent support workers are also working within District Health Board (DHB) mental health services. Across the mental health sector the range of support work roles are reflected in the following titles: support workers, community support workers, support persons, support work professionals, independent living assistants, caregivers, lead workers, psych assistants (in wards), health care associates, housekeepers (in wards), cultural support workers, and Pukenga Atawhai[1].

The National Certificate in Mental Health Support Work is a level four qualification which consists of 22 unit standards. Being level four means that the qualification must meet the following overall parameters:

Process
Carry out processes that:
- Require a wide range of technical or scholastic skills
- Offer a considerable choice of procedures
- Are employed in a variety of familiar and unfamiliar contexts

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[1] This specialist role is specific to the Maori staff within the Maori Mental Health team of Canterbury DHB.

Learning Demand

Employing:
- A broad base incorporating some theoretical concepts
- Analytical interpretation of information
- Informed judgment
- A range of sometimes innovative responses to concrete but often unfamiliar problems

Responsibility:

Applied:
- In self-directed activity
- Under broad guidance and evaluation
- With complete responsibility for quantity and quality of output
- With possible responsibility for the quantity and quality of the output of others.

The 22 unit standards are:

Unit No.	Unit Standard Title
6401	Provide first aid
6402	Provide resuscitation level 2
	Manage first aid in emergency situations

13424	Demonstrate knowledge of the application of Te Tiriti o Waitangi to mental health settings
13426	Demonstrate self awareness for mental health support work
13427	Establish and maintain a supportive relationship with consumers/ Tāngata whai ora
13428	Demonstrate knowledge of law and legal services in mental health support work
13429	Demonstrate knowledge of mental health and illness, and mental health services
13430	Recognise, respond to, record, and report serious incidents in mental health support work
13431	Participate in supervision as a mental health support worker
13432	Participate in a group or team to achieve mental health support work objectives
13433	Support the implementation of an individual lifestyle plan in mental health support work
13434	Support a mental health consumer/ Tāngata whai ora to access services in the community

13436	Participate in a community network for mental health support work purposes
13437	Contribute to community acceptance of a consumer/ Tāngata whai ora experiencing mental illness
13438	Support a consumer/ Tāngata whai ora to establish a safe environment in their own home
13439	Manage responses to challenging and threatening behaviour in mental health support work

13440	Manage unacceptable behaviour in mental health support work
13441	Integrate knowledge, skills, and values learning in mental health support work
18547	Support a mental health consumer/ Tāngata whai ora in their management of alcohol or other drugs
19750	Establish supportive relationships with families and whānau in mental health support work

497	Protect health and safety in the workplace

Each unit standard contains elements and performance criteria. Elements are learning outcomes within a standard – collectively the elements constitute the substance that drops out of the title of each standard. Performance criteria do not express outcomes. They enable assessors to judge whether the learner's performance has met the outcome expressed in the element.

Through the NZQA web-site an overview and brief description of the National Certificate in Mental Health Support Work qualification is available. It provides:

> [t]he National Certificate in Mental Health (Mental Health Support Work) (Level 4) is designed to be a first qualification for people who are wishing to enter mental health support work, or who are already working as paid or unpaid mental health support workers with limited autonomy. They carry out supportive work with people who have been or are experiencing mental illness or disability. Mental health support workers support consumers/ Tāngata whai ora to develop and implement individual lifestyle or support plans. They work in a collaborative manner alongside consumers/ Tāngata whai ora (and sometimes with their families or whānau) who are living in the community in their own or rented homes or in supported accommodation, or in mental health facilities, to assist them to achieve their life goals and objectives. Mental health support workers include caregivers or support people, consumers who operate as providers of services, Māori health workers, Pacific Nations' health workers, and health workers from other ethnic groups. They work within a framework for practice informed by Te Tiriti o Waitangi, and boundaries set by service specifications, codes of conduct and legislation.
>
> The National Certificate in Mental Health (Mental Health Support Work) (Level 4) is not designed to qualify people to be clinical mental health practitioners.

The National Certificate in Mental Health Support Work is currently delivered by both polytechnics and private training organisations throughout New Zealand.

Although there has been no full evaluation of this qualification since its inception in 1998, there have been reviews, amendments and additions in respect of some unit standards. In 2002 the following changes were implemented:
- Minor typographical amendments to enhance readability
- Up-date of some of the special notes to include comprehensive definitions of family and whānau
- Unit 13428 increased to three elements (rather than two)
- Title changes to unit standards 13424 and 13438
- Up-date of the moderation option.

In 2003 more extensive changes were made:
- Unit standards 18547 and 19750 were added

- Unit standard 13425 was removed
- The elective section was removed
- The credit total was increased from 120 to 123
- The expiry date was extended to December 2004 to allow time for a full review to be completed.

The Mental Health Support Worker Advisory Group (MHSWAG) was established in 1998 as the Standards Setting Body recognised by the NZQA for the National Certificate in Mental Health Support Work.

This group's mission statement is:

> *to develop and maintain national mental health support work training standards and qualifications that are valued by consumers/ Tāngata whai ora, families/ whānau, employers, students, educators and the workforce.*

It was the MHSWAG that contracted Case Consulting Ltd. to undertake the present work, the aim being:

> *to evaluate the effectiveness of the National Certificate in Mental Health Support Work from the perspective of consumers/ Tāngata whai ora, families/ whānau, employers, individual support workers, and educators.*

More specifically they wanted the key stakeholder groups to consider and feedback on the qualification in relation to the recovery competencies.

Mental Health Support Work and the National Certificate are relatively new as compared with other health qualifications such as the Bachelor of Nursing and the Bachelor of Social Work. For this reason this evaluation suited an approach which was orientated towards improving effectiveness rather than measuring effectiveness. Implicit in this type of evaluation is stakeholder involvement which is necessary to understand what is required for programme improvement.

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It is anticipated that the findings and recommendations from all three pieces of work will assist future planning and decision making in relation to developing training and qualifications for the mental health support workforce.

There were a couple of wider sector considerations that were considered pertinent in relation to the present work. They were identified at the outset of the work to ensure consideration at all stages of the project. Firstly, mental health workforce development has been of significant interest to the mental health sector in recent years. This work has been identified as critical within the National Mental Health Strategy which is made up of the following key documents: *Looking Forward: Strategic Directions for Mental Health Services* (Ministry of Health, 1994); *Moving Forward: The National Mental Health Plan for More and Better Services* (Ministry of Health, 1997); the *Blueprint for Mental Health Services in New Zealand: How Things Need To Be* (Mental Health Commission, 1998); and *Te Puawaitanga: Māori Mental Health National Strategic Framework* (Ministry of Health, 2002a).

A 1996 report by the National Working Party on Mental Health Workforce Development suggested that the best way to deliver mental health services to consumers is by having a team of multi-skilled and multi-disciplinary workers, including community support workers and Māori and Pacific Island workers (Ministry of Health, 1996). They recommended the establishment of a mechanism for national co-ordination of workforce development. As a result the National Mental Health Workforce Development Co-ordinating Committee was established in 1998. The purpose of this Committee was to take responsibility for national co-ordination and leadership of workforce development, set targets, priorities and directions, and develop and implement a framework (National Mental Health Workforce Development Co-ordinating Committee, 1999a). This Committee acted as the first Standards Implementation Body for the National Certificate of Mental Health Support Work, being tasked with accrediting education providers to deliver the National Certificate, monitoring existing programmes and developing a system of moderation. One of the key products of this Committee was the development of a three-level model of core competencies (basic, advanced, and specialist skills) for the overall mental health workforce. It was intended that these competencies be used by:

- Educators in the development of education and training programmes
- Regulators in the development of competencies required by applicants for registration and valid/ accreditation of education programmes
- Employers for provision of services, performance appraisals, personal development plans and design of career pathways.

The basic competencies, expected to be held by all mental health workers practicing in the mental health sector (and identified specifically as being applicable to support workers) were:

- Demonstrate knowledge and understanding of mental health, mental illness and mental health services (including alcohol and drug services)
- 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
- Practice safely and ethically
- Comply with legal responsibilities
- Promote the health and wellness of consumers, families and communities
- Promote individual professional growth (National Mental Health Workforce Development Co-ordinating Committee, 1999b).

This competency framework has never been progressed (Ministry of Health, 2002b).

The recovery competencies were developed by the Mental Health Commission. They describe the competencies mental health workers need to acquire when using a recovery approach in their work. The Commission are clear that:

> [e]veryone in the workforce needs to acquire recovery-based competencies to a certain level, but some many need to acquire some of the competencies to a more developed level, depending on their job description or occupational group. For instance, mental health support workers may need to acquire some of the community-focused competencies to a higher level than psychiatrists (p. 3).

Kate Prebble investigated the issues that relate to the use of competencies for the New Zealand mental health workforce (Prebble, 2002). A number of options were identified as being available for progressing this issue:

- Use of the existing competencies for the mental health workforce
- Use of the recovery competencies
- Develop new mental health competencies

- Auditing tool for services (clinical indicators)
- New Zealand-based research.

Prebble concluded that:

> [b]efore any further work is done on the development of mental health competencies, there needs to be a thorough functional analysis of mental health services in New Zealand… The functional analysis would form the basis of an assessment of the skill-mix required in the mental health workforce. Competencies could then be identified based on the functions and skills required (p. 42).

A key issue identified from the stocktake of issues and capacity of the New Zealand Health Workforce in 2001 (Health Workforce Advisory Committee) was the need for some facility for career development building on the National Certificate in Mental Health Support Work. The follow up document (Health Workforce Advisory Committee, 2002), concerned with framing future directions, provided:

> [t]he education and development of support workers involves uncharted territory. This is a complicated balance between accessibility and ease of entry into the support workforce, with the need for development of specialist skills and career structures (p.61).

They go on to suggest:

> [a] set of core competencies for support work may provide a useful basis for further developing an overall consistent and coherent education and standards framework for the support workforce. Education would be more transportable through nationally recognised qualifications, with more consistent use of core competencies. It may also be important for the crediting system to acknowledge the competencies of people who have been effectively working in a support capacity for many years prior to training being available (p. 99).

Eleven goals were reported in *Tuutahitia te wero, Meeting the Challenges Mental Health Workforce Development Plan 2000-2005* (Health Funding Authority, 2000) as being necessary to respond to current and future mental health workforce needs. One of those goals (number seven) was to enhance the ability of support workers to play an important role in the current and future mental health sector. The specific objectives in relation to this goal included:

- To assist trainee access to the National Certificate in Mental Health Support Work
- To expand the range of training for support workers (p. 22).

More specifically it was reported that:

> [i]n future years, there will be a need to add to the generic qualification currently on offer, to allow support workers to develop additional skills in areas such as child/ tamaiti and youth/ rangatahi, cultural workers and the like. Good working relationships between the education providers and service providers are essential as well (p. 22).

In 2002 the Ministry of Health identified examples of workforce development initiatives for 2000-2002 that had been undertaken in relation to each of the goals identified in *Tuutahitia* (Ministry of Health, 2002b). In relation to goal seven, they reported:

- The New Zealand Qualifications Authority (NZQA) Mental Health Support Workers Advisory Group accredits and moderates education providers offering the level 4 National Certificate in Mental Health (Support Work). The contract includes ongoing work, such as a review, and development of further unit standards for alcohol and drug, child and youth and Māori support workers.

- National Support Worker Training Grants programme provides for $2000 training grants for each person enrolled in the National Certificate in Mental Health (Support Work), administered by NETCOR according to policies set by the Mental Health Directorate.

The report provided that the consolidation of initiatives (where funding was to continue at the same level) included grants to students enrolled in National Certificate training and funding for in-service training. Progression of new initiatives (new funding) included the output of mental health support workers bridging and mentoring into clinical training based on the rationale that this identifies and progresses a career path for support workers to become clinicians.

This framework document also highlights that workforce development initiatives to date have focused primarily on training. They provide a strategic direction of building capacity and capability within the mental health workforce that is supported by five strategic imperatives:
- Workforce development infrastructure
- Training and development
- Retention and recruitment
- Organisational development
- Research and evaluation (p. 15).

To support the implementation of workforce development initiatives based on these strategic imperatives, the Ministry of Health has established two partnerships. One partnership is between DHBs and the Ministry of Health to ensure a nationally co-ordinated approach to a Mental Health Workforce Development (MHWD) Programme. A team has been established to implement the initiatives and projects rolling out of the programme. This team supports the National Mental Health Workforce Development Committee. One of the main projects of relevance to the National Certificate of Mental Health Support Work that is currently being undertaken through the MHWD programme is the evaluation of scholarship grants paid to students who complete the National Certificate. The School of Population Health of Auckland University is working on this particular evaluation project at the present time. The second partnership is between the Ministry of Health and Te Rau Matatini. Te Rau Matatini was established in 2001 to strengthen the Māori mental health workforce by: contributing to Māori mental health workforce policy at national and regional levels; contributing to Māori mental health workforce that subscribes to excellence in clinical and cultural practice; expanding and extending the Māori mental health workforce and promoting rewarding career opportunities for Māori in mental health (Te Rau Matatini, 2003).

More recently a project has been undertaken to provide a stocktake of issues and activities in the disability support workforce and to identify mechanisms and steps that can be taken now and in the future to address problems and assist in the development of this workforce (Easterbrook-Smith, 2003). The report on this project was prepared for the Health Workforce Advisory Committee (HWAC) whose role is to advise the Minister of Health on health workforce issues. This Committee has identified the need to build the health and support workforce capacity to meet the needs of people with disability as one of its six priority areas. The report firstly provides a description of the current situation in relation to support work:

> it continues to be largely undervalued, poorly trained and supported and poorly paid, and is not usually seen as an attractive employment option. Nevertheless, the demand for the services of support workers is growing…(p. 4).

Given this, it was recommended that urgent action is needed to make support work an attractive employment option, by better recognising the value of the contribution made by support workers and by ensuring that their pay and employment conditions reflect that value. It was also recommended that the training needs of this workforce are considered to ensure that it is

able to provide effective services and that it has opportunities to make a career in the support area. They go on to provide that:

> [*t*]*his will require a change in present thinking about discreet support workforces to a consideration of the support workforce as a whole. A wider industry view is needed for the development of training programmes, career options, and appropriate employment practices that support and value the support workforce as a whole* (p. 4).

More specifically, in relation to training and development, they stated that collaboration and co-ordination across the sectors providing support services would be necessary in order to:

- Align training where appropriate
- Consider the development of core generic competencies for all support workers
- Develop appropriate additional specialist competencies for working with particular population groups
- Ensure that qualifications are portable between sectors
- Develop appropriate post-entry qualification that would allow support workers to become specialist support workers and to increase their career options (p. 27).

The second significant issue of major relevance to the present project is the development of mental health support work services in New Zealand. This development has been occurring over the last nine years within regional (as compared with a national) contexts. This has meant (and still does mean) significant differences between regions in the way that support work services are both funded and delivered. In a 2001 consultation report concerned with feedback on national mental health non-clinical services, one of the key service delivery differences between services in different regions was described:

> [*s*]*ometimes needs assessment/ service co-ordination is conducted separately from other services like Residential Rehabilitation, Community Support Work or hospital inpatient and outpatient treatment services. Sometimes needs assessment/ service co-ordination is done as part of these services (e.g. a person's key worker in a community support worker team or community mental health team helps the person with their needs assessment/ service co-ordination)* (Ministry of Health, 2001, p. 28/34).

Given this, it was not really surprising that when key stakeholders were asked: 'should the funder pilot community support work models that include Needs Assessment and Service Co-ordination?' those providers working from that type of model already were in favour, and those that weren't currently working from such a model, were opposed. Future improvements suggested, based on this feedback, was workforce development through training (e.g. change to the National Certificate in Mental Health Support Work) so that there can be confidence that community support workers have the training/ skills to perform the duties suggested in the models. Sector feedback stressed that continuing workforce development for community support work is crucial (Ministry of Health, 2001).

There has been some comment from service providers on their perceptions of mental health support work training. Summarised by Caird (2001) the following key points were identified:

- Training should include:
  1. the role of support needs assessment
  2. boundaries and ethics
  3. an overview of best practice rehabilitation and recovery models
  4. indigenous models of Māori and Pacific peoples
- Training should increase consumer involvement in course design and delivery
- Service providers need more say in and control of the community support work workforce to ensure its relevance and effectiveness
- There is a concern around professionalisation of the community support work role

- It is important that any training in the area aims to enhance the fundamental personal and relationship aspects of community support work (Caird, 2001).

A number of discrete research projects have been undertaken in relation to support work services. From the Northern region Kukler (1999) identified that the outcome domains for community support work, as identified by consumers, were:
- Establishment of positive relationships
- Access to community supports
- Unmet needs/ service gaps
- Natural supports
- Preventative safeguard/liaison.

From the Southern region a couple of studies (Roen, 1999 & Cameron, 2000) have contributed to the mental health support work knowledge base with the following key issues being highlighted:
- Addressing work-related issues such as workload, peer support and recruitment
- Addressing gender issues in mental health care and recovery
- Dealing with waiting lists
- Recognising the value of community support workers
- Establishing a favourable employment culture that offers leadership, passion and commitment
- Ensuring regional flexibility and diversity in future community support work developments
- Improving community support work knowledge and sensitivity in identified areas
- Addressing the balance of attitudes and qualifications
- Addressing negative perceptions of hospitalisation.

Method

Establishment of reference group

A reference group was established at the outset of the project. The key tasks of the group were:

- To monitor and advise on the process for undertaking the work
- To monitor and advise on the material generated through the work
- To ensure the working team considers all key stakeholders in the process of undertaking the work
- To communicate appropriately with others about the project work (e.g. MHSWAG).

The group consisted of seven persons from around New Zealand; each of whom was able to articulate the perspective of one of the project's identified stakeholder groups.

During the course of the project, the group came together for four full day meetings. Communication between the evaluation team and the reference group principally occurred via e-mail.

Analysis of unit standards and preparation of focus group question schedules

The project brief required an analysis of the unit standards of the National Certificate in Mental Health Support Work against the *Recovery Competencies for New Zealand Mental Health Workers* (2001). The recovery competencies were developed by the Mental Health Commission and describe the attitudes and knowledge required of a mental health workforce that is recovery focused. When the training standards and curricula of a number of different mental health disciplines (psychiatrists, comprehensive nurses, diploma level social workers and mental health support workers) were reviewed in respect of the recovery competencies, it was found that the mental health support workers training standards came the closest to including recovery competencies.

The recovery competencies provide that a competent mental health worker:

- Understands recovery principles and experiences in Aotearoa/ NZ and international contexts
- Recognises and supports the personal resourceful of people with mental illness
- Understands and accommodates the diverse views on mental illness, treatments, services and recovery
- Has the self-awareness and skills to communicate respectfully and develop good relationships with consumers
- Understands and actively promotes consumers' rights
- Understands discrimination and social exclusion, its impact on consumers and how to reduce it
- Acknowledges the different cultures of Aotearoa/ NZ and knows how to provide a service in partnership with them
- Has comprehensive knowledge of community services and resources and actively supports consumers to use them
- Has knowledge of the consumer movement and is able to support their participation in services
- Has knowledge of family/ whānau perspectives and is able to support their participation in services.

The actual recovery competency document identifies sub-categories and examples in relation to each of the ten overall competencies. It was the element level of the unit standards and the sub-category level of the recovery competencies that were cross-matched to identify the key similarities and differences between the two. This process was undertaken by identifying which recovery competency sub-categories were currently covered by elements of unit standards and consequently, which recovery competency sub-categories were missing. In addition, the parts of the unit standards that did not align with any recovery competency were also identified. This task was undertaken manually, rather than electronically, so that similar concepts between the unit standards and recovery competencies could be identified even if the exact phrasing/ wording of the two were not the same.

This overall analysis was summarised in a table format (Appendix one). The key differences between the recovery competencies and the unit standards (based on the main omissions of the unit standards) were determined as being:

- The unit standards cover the influence of personal values but do not refer to any universal values, or values specific to mental health support work. The values mentioned in the recovery competencies are autonomy, self-determination, human rights and social inclusion

- The unit standards do not cover the role of national policy and its influence in determining the practice of organisations and professionals

- The unit standards currently focus on medical definitions of mental illness with relatively less content in regard to other models of explaining/ understanding mental illness, e.g. social models of disability

- Some of the unit standards have an emphasis on deficits/ risk management approaches to working with people with experience of mental illness rather than working with a more holistic view of people as addressed by other approaches, e.g. recovery approach, strengths/ resiliency, health promotion and Whare Tapa Wha

- The unit standards have elements, which appear to support an approach of 'doing for' rather than 'supporting to do', with an absence of terms such as empowering, educating, and self-advocacy

- The unit standards are limited in content specifically relevant to equipping support workers to be responsive to Māori

- The unit standards are limited in coverage of material specifically relevant to Asian and Pacific People

- The unit standards are limited in coverage of relevant legal documentation

- The unit standards are limited in relation to documentation knowledge and skills

- The unit standards are limited in relation to the concept of discrimination, in particular, the impact of social and institutional discrimination

- The unit standard 'elements' are often focused on 'describing knowledge' rather than 'demonstrating' or 'applying knowledge'.

The analysis material was presented to the reference group for review. They endorsed both the methodology and results of this process.

Based on these key themes, question schedules were prepared for focus group consultation. Although all question schedules were based on the above themes, different approaches were taken based on the perspective different groups would be coming from. For example, for managers, educators, and support workers there was direct reference made, throughout the question schedule, to the unit standards (Appendix two). The question schedule for consumers, family, Tāngata whai ora and whānau did not contain any specific reference to the unit standards (Appendix three and four).

Information gathering process

Background and context

Information to identify the background to, and the context of, the National Certificate in Mental Health Support Work was collected in relation to four main considerations:
- History of development of National Certificate in Mental Health Support Work – e.g. purpose, process, and outcome
- Material specifically relevant to the current delivery of the National Certificate in Mental Health Support Work – e.g. unit standards, qualification, objectives, and national framework
- Materials generally relevant to mental health education and service provision – e.g. *Mental Health Standards*, *Mental Health Strategy*, *Blueprint*, *Recovery Competencies*, *Mental Health Workforce Competencies*, contract specs, and planning documents (e.g. regional workforce development plans, and non-clinical services review)
- Health Workforce Advisory Committee work, Health Research Council workforce development project, Stocktake, and Framing Future Directions.

Consultation process

In preparing for the evaluation, the Wellington Ethics Committee was approached to determine if ethical approval was required. The Chair of the Committee confirmed an ethical review was not necessary. However, some advice was provided and this was taken into account in the planning.

Based on the advice from the reference group, it was decided that the consultation focus groups would take place in Rotorua, Christchurch and South Auckland. These sites were assessed as suitable to cover:
- Urban, metropolitan, South and North Island areas
- Different types of education providers - both private training organisations and polytechnics
- Different models of support work provision.

In each location seven separate focus groups were organised to cover each stakeholder perspective:
- Tāngata whai ora and whānau [2]
- Māori support workers[3]

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[2] The Tāngata whai ora and whānau group was purposely distinguished from the consumer and family groups as a forum specifically for Maori.

[3] This focus group was specifically for support workers who identified as Maori.

- Support workers
- Educators
- Managers
- Consumers
- Family.

In addition, separate focus groups for consumers and family were conducted in Tauranga.

Upon reflection of attendance rates of the focus groups held in Rotorua, Christchurch and South Auckland, additional groups for Māori support workers, support workers and Tāngata whai ora and whānau were organised to take place in Wellington. Finally, three groups were organised specifically for women consumers in the Wellington region.

Recruitment of participants for all groups (except for educators) occurred through service providers, both NGOs and DHBs. This involved service providers being sent an initial letter (on behalf of the co-chairs of the Mental Health Support Work Advisory Group) introducing and outlining the project (Appendix five). Approximately two weeks later the same providers were sent a letter (Appendix six) requesting them to assist in the recruitment of participants for the focus groups by identifying and organising a specified number of people, from their service, to attend the scheduled focus groups. Information sheets (Appendix seven) and invitations (Appendix eight), specific to each stakeholder group, were prepared for distribution by service providers to those people that were interested in participating in the focus groups. Once participants had been identified, service providers were asked to record the names and contact details of each proposed attendee and forward those through to Case Consulting. Case Consulting rang or emailed each identified person to confirm their attendance at the focus groups two days prior to the scheduled forum.

Recruitment of educators of the National Certificate was a similar process to other stakeholder groups but was through education providers.

Each of the focus groups ran for three hours. The Māori specific groups were co-facilitated by the two people who were sub-contracted to direct the project's responsiveness to Māori. All other groups were co-facilitated by two people from the overall project team which included the director of Case Consulting, the project manager and the two sub-contractors to the project.

Most focus groups started with the facilitators providing an introduction of themselves and the project, and outlining the focus group process. Attendees were then given the opportunity to introduce themselves to the group. The forum progressed with facilitators directing group discussion by working through the focus group question schedule. The Māori focus groups were facilitated using a Māori process.

Non-waged consultees were given koha for focus group attendance.

Each of the focus groups were taped.

Analysis of consultation data

Based on the tape recordings and facilitator's notes, recorded during each of the focus groups, a summary of the main points communicated at each focus group were written up. This included key quotes that reflected the essence of the main points. This summary information from each focus group was then used to identify the key points, in respect of each question asked, of each stakeholder group. It was this data that the results section is based upon.

Results

Focus group numbers

The number of focus group participants, in respect of each stakeholder group, is recorded in the table below:

Numbers of focus group participants by stakeholder group

Stakeholder	Māori	Non - Māori	Total
Tāngata whai ora and whānau	9	NA	9
Consumers	NA	44	44
Family	NA	10	10
Support Workers	20	14	34
Managers	3	11	14
Educators	5	10	15

Managers, educators and support workers

Introduction

The information collected from the focus groups held with managers, educators and support workers is presented under key thematic headings. A separate chapter reporting the results for Māori support workers follows.

View on mental illness and recovery

The analysis of the unit standards identified a strong emphasis on medical/ clinical knowledge about mental illness. The recovery competencies require that a competent mental health worker understands diverse views on mental illness, treatments, services and recovery. In addition to demonstrating knowledge of major types of treatments and therapies, mental health workers need to demonstrate an understanding of major ways of understanding mental illness: different explanations (spiritual/ moral; psychological, sociological, biological); different cultural responses; impact on consumers and family; Western historical responses; and improvement rates. The recovery competencies specifically include the social model of disability, cultural models and the recovery approach. Managers, educators and support workers were asked if support workers need to be learning a range of definitions and models for understanding mental illness, including Māori models of understanding mental illness.

Managers' responses focused on three issues: 1) support workers did not have enough basic knowledge about mental illness; 2) support workers did not have a clear understanding of the boundaries of their role; and 3) other views or models of understanding mental illness were currently skimmed over too lightly in the National Certificate.

Contrary to the analysis, **managers** were of the view that the National Certificate did not give support workers enough basic medical/ clinical knowledge about mental illness to apply to their work. Although it was acknowledged that support workers are not working from a clinical focus, managers believe it is important that support workers have this type of knowledge in order that they understand this perspective on mental illness and the effects that mental illness can have. Support workers are often finding themselves being tasked with advocating on behalf of consumers/ Tāngata whai ora, or supporting clients to self-advocate, in clinical settings. To fulfill this role they want to have the information and skills to communicate knowledgeably with and between clients and clinicians.

Managers felt that the course could teach support workers more about the boundaries of the role, particularly in relation to clinical areas. Managers reported that some support workers complete the National Certificate with intense enthusiasm to undertake the work but without an appreciation of the limits of their role. The National Certificate could teach more about the limits of the role and how support workers can seek out other resources so that they don't step beyond those limits. However, it was acknowledged that this was not just an issue for individual support workers, but was compounded by systemic issues which meant that support workers were increasingly expected to do more. For example, by the very nature of the role, support workers (particularly community support workers) can end up having to deal with situations when clinicians are not available. In addition, some support workers who are in receipt of minimal supervision, have become the back-bone of organisations delivering community mental health support services.

Managers were concerned that other (non-medical) models and approaches were not covered in sufficient depth. Managers thought that too many models can be confusing. Whilst one model was not the answer, any model or models being taught should be considered and taught from a New Zealand perspective/ focus.

Support workers reported that they did cover other models through their training although it was variable as to which were covered and/ or the extent to which they were covered; recovery and strengths approaches were most commonly mentioned. Some support workers felt they were taught enough about Māori models of health while others reported it was minimal. This was heavily reliant on the presence and contribution of Māori students. Support workers generally did not think there was an emphasis on medical/ clinical knowledge. Contrary to what was expected, support workers said they felt they needed more medical/ clinical knowledge about mental illness, e.g. common medications and side effects associated with these. At the moment students are not receiving this information and they feel they need it for the work they are commonly undertaking.

"Holistic type healing, we did go over that quite extensively, spiritual healing, because we had people from five Māori mental health teams (in the area). They informed us a lot about how Māori deal with it and all that sort of stuff. We went into Pacific Islands, how mental health is perceived in the Islands. It wasn't a huge amount but we did go into it. We did go over recovery".

"(We) went over (Māori models) very lightly [and] I had to do a lot of learning on my own… [Consequently] I don't have a clue in the practical part of my work (when working with Māori) – I need (to undertake) further courses because 1:1 I'm still struggling working with Māori people. I have always felt during the course that that was up to me [but] there was too much to learn on my own".

"Recovery competencies were pretty much skimmed over at the course. But there was so much to learn, learn, learn. I didn't realise it till about 18 months later, that we're all meant to have a copy of them, and know them".

"It's pretty much skimmed over (Māori models) and I think they could devote much more time to it… Most [of my] information on Māori models came from [my] peers. We had very proactive Māori students on the course… and a couple of Māori activists in the group too… who taught us about their models. [I'm] not sure if the tutor took a step back and let them lead those sessions… [but] the tutor allowed these students to take up a lot of the time and consequently we got behind on the [rest of the] course stuff. It did cause some disruption at times… and took a bit of sorting out at times- but it was very valuable… We should be learning about it- it's an obligation really, under the Treaty".

Person A: "We get asked all the time (about medication) and if my bosses aren't there for me to refer them to, (they are registered nurses), to explain it more deeply to them, I will take them to

the computer and we will look on the net and basically they can get any information they want off that".

Person B: "In the training I did at work we covered administering, the signing of things but it also covered oral questions on all the main drugs we are using, what they are, where they come from, the side effects we had to know all that. I have actually got a National Certificate for that. So that is the clinical side of things because we do deal with the clinical side of things".

Person A: "At some stage we do give out drugs".

Person B: "It would be good for more clinical to be covered in the course".

Person A: "We do need to know more about illnesses, that's what we are dealing with. You don't want to come and work with someone with bipolar and not know what bipolar is. So we need to know what the illnesses are".

Educators said that they are currently teaching other models. Educators think that the actual models that need to be taught could be specified and emphasised more within the unit standards, as currently much is left to interpretation by the tutor, which is dependent on their knowledge, skills and experience. Educators believe it is important to retain the current unit standard on 'Knowledge of mental health and illness and mental health services' but they don't see a need for teaching about medications and side effects.

As for teaching Māori views on health, **educators** acknowledged that the National Certificate is mainstream focused and that currently the National Certificate does not generally prepare non-Māori to work with Māori, although this can depend on the way it is taught. In general, the unit standards need to be rewritten with more emphasis on Māori. For Māori, the recovery approach has an emphasis on self expression and self knowledge. This can conflict with Māori approaches.

"We assess to unit standards but don't teach to them".

"Learning is beyond the unit standards".

"The other models could be more defined – holistic, cultural, social models".

"Unit standards don't meet what we teach in the classroom".

"Unit standards don't necessarily equate to what is taught".

Managing behaviour

In the preliminary analysis it was identified that two unit standards have a deficits based approach in relation to working with people who experience mental illness. This is reflected in the titles of these units: 'Manage responses to challenging and threatening behaviour in mental health support' and 'Manage unacceptable behaviour in mental health support work'. The recovery competencies introduce a range of other approaches, such as the strengths/resiliency approach. Managers, educators and support workers were asked if they needed to be learning about a range of approaches for working through 'challenging situations' that may arise when working with people who experience mental illness, including any other approaches for Māori.

Managers who attended the focus groups believed it was important that support workers know how to deal with 'difficult situations' as this was a reality of the job. It was their understanding that students are taught positive approaches to dealing with such situations. It was accepted that the course could be more inclusive of the broad range of approaches identified in the recovery competencies. However, covering all the different approaches in a more in-depth manner would require more teaching time than is currently available in the National Certificate. Specific content about Māori models or approaches could be improved in the course. If Māori models are to be taught, then theory is not sufficient; both knowledge and application need to be considered.

Support Workers believe that they need to know how to deal with 'difficult situations' when they arise, and most valued what they had learnt through their training. Some support workers conveyed feeling uncomfortable with the language associated with these unit standards. While several support workers had learnt about the strengths approach in relation to dealing with difficult situations, others expressed that they were uncomfortable with the emphasis on 'behaviour'. In addition, some of the ways people described working with people in these situations (as reflected in a few of the quotes below) raised concerns about the approaches that had been learnt and were now being applied. Some support workers identified the importance of being taught about communication, calm attitudes and stepping in early to defuse these types of situations. In general, non-Māori support workers did not discuss Māori approaches for working through 'challenging' or 'difficult situations' with Māori.

"Got to be realistic here - we need to be able to defend ourselves. We learnt how to, not control, how to handle misconduct - you get a lot of misconduct, (other person agreed) so you have to have a balance of both. You can't be pussyfooting around and not teaching the other things as well. We learnt all the strengths as things - you just can't hope that it's not going to happen, that if you get grabbed from behind or something or attacked. I am lucky that in nine years that I have only had one guy have a go, come at me - we were nose to nose, and I faced him out and nothing happened".

When the facilitator asked a support worker "did you learn how to avoid a situation escalating in the first place?" a male support worker's response was: "not at all… we learnt how to protect ourselves, like if we were in a headlock how to get away to a safe area. I think they should talk about how to avoid some of those things".

Person A: "One of the things that came out of it for myself was that it gave me really good direction as to how to keep myself safe, how to handle a situation without myself being the person at the end of the stick because I didn't do the right thing. If you handle this, you are going to be safe. That was really worthwhile because you are more confident".

Person B: "I thought it was really good. Being in respite, we still get acute people and we have to know how to handle all sorts of behaviours. I have learnt a lot on the course about how to stay 'down here' while the client is 'up there' and just be calm and just talk to the person and allow that person to make decisions within what we have to work with. One of the biggest things is to remain calm and if you can't, then you need to get assistance".

Educators said the title and content of these two unit standards were open to interpretation but many have already adapted their courses and teach them specifically from a strengths approach. However, not all have done this and educators reflected that the language in the unit standard was problematic in the class. Educators recommend that this unit standard needs to be rewritten, using more positive wording to reflect government policy and what is already being taught in most classes.

"The title and content of this unit standard is open to interpretation. This unit standard requires a change of intent from the negative. It is very difficult introducing this unit standard in the class. It is very demeaning".

Policy

Preliminary analysis identified minimal content in the unit standards related to national policy that impacts on mental health service provision. Managers, educators and support workers were

asked if they need an overview of national mental health policy and how it has changed over the years as well as an over view of Māori mental health policy.

Managers were of the view that understanding the history of the mental health sector in New Zealand was basic knowledge required to work in the sector. However the timeframe of the National Certificate does not allow for in-depth teaching about the development and evolution of relevant National policy. At the National Certificate level, an introductory overview of policy development should be provided. It could be covered more in-depth at Diploma level. Managers also thought that support workers could be introduced to Māori health policy but, as with the more general discussion about policy, there were concerns about being able to fit this all into the current course.

Most **Support Workers** thought that it was important to have some knowledge of national policy, but only an overview. The general feeling was that it didn't relate directly to their daily role. Contrary to this view, one group expressed frustration and pain over some situations where they felt they just can't do anything and that having an overview of policy might help them to understand the wider context within which they work. Most support workers had been taught about historical changes in mental health delivery with respect to de-institutionalisation but that was generally the limit of the policy education received through the course. However, as the first quote below identifies, there have been many policy changes that have influenced the environment that support workers are working with.

"It's really important that we have an overview of mental health policy… how we can work effectively within it… but from that course we don't really come away with what the policy is. I'm still learning about NGO's – I really didn't even know what an NGO was – I didn't know there was so many – apparently there's hundreds. I'd like to have learnt more".

"It is important to have an overview, to understand how the role came about, the context we work within and how we can influence the development of the role".

"But 'overview' is the key. We just need an overview".

Educators thought it might be useful for support workers to have a broad overview of historical changes in policy as well as more recent developments; history helps to provide a context for understanding current delivery of services. However, educators were quick to remind us that the National Certificate is only a one-year course, at Level 4 on the NZQA Framework. Policy could be introduced in the National Certificate but covered more in-depth at Diploma level.

Values and ethics

The preliminary analysis identified that the unit standards required students to reflect on their own personal values and those of clients, but there did not appear to be any particular values or ethics specific to the role of support work. Managers, educators and support workers were asked about the importance of being more specific about the values and ethics underpinning mental health support work.

Managers considered that support workers have to rely on their own personal values as well as being guided by their organisation's code of ethics, although it was acknowledged that not all organisations have such a code. Consequently, there is no consistency across the sector. Managers identified that, in their experience, support workers don't have a base on which to reflect and question their practice and that a common set of values/ ethics underpinning support work would provide a solid foundation for support workers to work from. It was accepted that this situation was a reflection of the infancy of the role and that developing a common set of values/ ethics would probably emerge with the professionalising of the role. Managers also thought this might lead to the development of other regulatory functions, such as registration.

Managers conveyed both positive and negative experiences of how support workers' values had been shaped by the course. On the one hand managers had seen support workers challenged by the course and as a result they had seen significant changes in personal growth and application to work. On the other hand there was concern that people's personal values were not always sufficiently challenged in the course and that support workers could pass the National Certificate with discriminatory attitudes being maintained. It was noted that the lack of challenge to personal values in the course also applied to support workers working with Māori in mainstream mental health organisations, which meant that support workers maintained stereotypical attitudes and approaches when working with Māori. As one Māori manager pointed out, Māori values are not just individual values but are also related to the collective values of hapū and iwi. Recognition also needs to be given to the diversity of values between hapū and iwi. If staff do not understand these fundamental differences for Māori, advancing such learnings into practice in the workplace can be nigh impossible.

"Not enough in the National Certificate to challenge people's existing beliefs and attitudes".

"From my understanding, support workers are working to the ethics and values that relate to the organisation so that means that there is no consistency across the sector".

Support workers said the course provided an opportunity to reflect on their own personal values and how these related to their work in mental health. Some support workers reported that the course made them particularly aware about judging people based on their own personal values. In addition, it was quite commonly stated that people would not do this work or the course if they did not have the right personal values. Despite these beliefs and the intentions of the course, support workers questioned the way in which some of their peers worked. Support workers agreed that there was not a common set of values or ethics to the role that they were taught.

"You have to have strong personal values to do this work - these are developed before you begin, otherwise you wouldn't do the work. Life experience goes a long way and you bring your learning from other work. If you are very young or haven't worked in this type of work before you couldn't learn it in the classroom, although the classroom is important. Some people in the classroom struggled with it - they didn't seem to have empathy or sincerity".

"You're not going to want to be a mental health support worker if you have terrible morals and ethics and things and you robbed shops at night as a hobby. It's there to start with and the course adds to it and gives you some more knowledge".

"These days there are less values and ethics being recognised by people - but they're very important. We can either learn about values through training or through experience. We talked about values in the course, but practically I have seen values missing… I don't think we learnt enough about work ethics on the course. So when you get out there and work with other support workers, I don't think a lot of other support workers have good ethics. To work effectively you have to have good ethic".

"If support workers were empowered more to talk to each other, to motivate each other etc, our Māori and PI support workers would then be able to challenge us to look at our work. We're not challenged to look at things differently because we're not taught good ethics or good values".

Educators accepted that currently values are taught in relation to raising awareness of personal values. In addition, support workers were influenced by the values of the organisation they were employed with, and assignments required support workers to reflect on these values. However, once again there appears to be variation in the way this is taught, which is primarily dependent on tutor background. For example, one educator reported that prior to the Drug & Alcohol Unit there was room within the National Certificate to offer optional units. She therefore offered a unit on ethics but was no longer able to do this, although she was still

attempting to introduce ethics through other units. Educators agreed that there wasn't a core set of values for support work. They thought any core set of values for the role could only be established by the industry, and educators could then support promoting them in the National Certificate. Educators supported that any further development in teaching values should incorporate a bicultural approach.

Social and institutional discrimination

The unit standards currently require students to consider the impact of mental health institutions but there isn't any mention of understanding the impact of social and institutional discrimination *per se*. The recovery competencies require that a competent mental health worker understands discrimination and social exclusion, its impact on consumers and how to reduce it. Managers, educators and support workers were asked if support workers require more knowledge about discrimination and social change in order to fulfill their role. They were also asked if support workers require knowledge about the compounding effects of institutional racism for Māori.

Managers were of the view that the course definitely needs to provide an overview of the impact of social and institutional discrimination associated with mental illness, as support workers are dealing with these issues on a daily basis. Managers said that the types of skills that support workers require in relation to this area are two fold: i) those that enable them to not buy into social and institutional discrimination; ii) those that enable them to challenge social and institutional discrimination. However, managers also responded that support workers are not always in a position to challenge, and at best they can change the culture by not buying into it. One manager, who had undertaken the National Certificate, noted the theoretical part of the Treaty is covered well. However, it is questionable whether this is enough to understand the impact of institutional racism for Māori.

Support workers acknowledged that dealing with stigma and discrimination at an individual level was an integral part of their daily work. In the course they had learnt about stigma and discrimination associated with mental illness and racism, although the latter depended on location and mix of students in the class. There were a number of opportunities within the course to raise awareness about these issues. Learning pertaining to racism was heavily reliant on being lead by Māori students which, in some circumstances. resulted in conflict. This gives rise to questions about student safety and national consistency.

Support workers said that that did not cover social and institutional discrimination or examples of other social change movements. Generally support workers were interested to learn more about processes of social change, particularly community support workers. It was suggested that learning more about social change could be covered at a Diploma level.

"Systems advocacy you learn more on the job - it isn't in our job description. It's just something that you have to do. It depends on your role. Perhaps this is something that would be at a Diploma level".

Educators thought that they already covered the effects of institutional discrimination related to historical mental health institutions. The Treaty Unit provided an opportunity to cover the impact of racism. Educators thought that the nature of support work is more focused on working with individuals rather than taking a systemic/ organisational approach. On that basis, educators said it would be more appropriate to have further training about discrimination and how to deal with it at Diploma Level.

The Diploma could cover a broader view of discrimination to include other forms of social and institutional discrimination that impact on people who experience mental illness. An alternate view was to shift the focus of the Self Awareness Unit to see self in relation to the community or society rather than just reflecting at the level of individuals; similarly for clients.

Working with Māori (Tāngata whai ora and whānau) in mainstream organisations

Managers, educators and support workers were asked if they thought the National Certificate equips support workers to work with Māori.

Managers had differing views about the adequacy of the course in relation to equipping support workers to work with Māori. In locations with high Māori populations and hence, more Māori in services, managers thought the National Certificate was not adequate. In another location which had a relatively low Māori population, managers thought the need for the National Certificate to equip support workers to work with Māori was less of an issue because they don't have as many Māori in their services. They considered it was more the role of mainstream NGOs to work with kaupapa Māori services (direct clients there and/ or collaborate within service provision). Concerns were raised about recent New Zealand immigrants who had done the National Certificate but still did not have sufficient background to relate to working with Māori, as Tāngata Whenua. However, regardless of the regional variation, it was noted that this part of the National Certificate was very dependent on the educator at the time.

"There is a huge variance between education providers".

Support workers had a range of views as to whether the National Certificate equipped them to work with Māori. There was definitely regional variation and a link with the proportion of Māori in their community. In areas with a higher Māori population and consequently, more Māori students in each class and more Māori in services, support workers felt they had learnt a lot in this respect. However, the learning was related as much to their workplace and the contribution of Māori students in their class, as to the teaching provided by educators of the National Certificate. In one location visited, which had proportionally a low Māori population, support workers felt that learning was mainly theoretical with little opportunity to apply knowledge due to the nature of the organisations that they worked in.

"Even my boss has commented on my way through the course how much more understanding I was. I didn't think that I had changed, but they just noticed little things that I was doing differently, I got a lot out of it".

"Due to the fact that in our residential homes there are a lot of Māori, so we did focus a lot on that".

"It is designed for us to work with a Pakeha person. There are elements referring to Māori but not to the extent that you could say that I could work with Māori".

Support workers also identified that there were particular issues around teaching people who had recently immigrated to New Zealand about the significance of Māori as Tāngata Whenua. As one support worker said, his classmates all came from different cultures and *"for lots of people it was hard for them to understand"*. An example of the lack of cultural knowledge was shared by an immigrant woman - a resident in the home that she worked in got chewing gum on her clothes. A staff member told the person you could get the chewing gum off by putting it in the freezer. She did so, and a Māori resident of the home found it when she went to the fridge to get kai. Putting clothing in with food was culturally offensive to this Māori woman and other Māori residents who were described as being *"very disturbed"* by the situation. As a result *"all the food had to be discarded"*. The Support Worker said, had the staff known a bit more about Māori cultural beliefs, this could have been avoided.

"The Māori content in the Cert was OK but it got boring - people (class mates) were slipping off… [but]- not enough information was provided…"

"[We] did two days [learning about Māori models], but at two days I was only just starting to come to grips with it. I still don't know much about Māori people - like how to access a tohunga, or when".

"We need more tools and [need to] be able to put it into practice".

"I haven't had the opportunity to see how hui happen - so I just imagine it".

Educators acknowledged that the National Certificate is currently a mainstream qualification but what is taught is strongly influenced by who is doing the tutoring. In addition, the point was made that student learning is very much dependent on their workplace and therefore, if students are not Māori and working in a service where there are not many Māori, they do not have a workplace that is conducive to learning about working with Māori. This perspective raises questions about the relevance of course content related to non-Māori working with Māori, as well questions about education providers' responsiveness to Māori.

"It equips them to have a greater awareness to work cross culturally rather than blundering in - that there are issues to be aware of. It equips them to have a level of awareness and sensitivity and not sure that they should have any more".

Working with Pacific People

Managers, educators and support workers were asked if the National Certificate currently equips support workers to work with Pacific People.

For **managers**, the National Certificate does not equip support workers to work with Pacific People. In this respect the National Certificate comes very much from a 'white' education system.

Most **support worker**s felt that the National Certificate was very limited in relation to information about working with Pacific People and that generally the course was very 'Pakeha' orientated. Support workers also highlighted that they are now working with people from a whole range of cultures; those mentioned included Indian, Asian, Egyptian and Turkish. Support workers thought the course needed to attend to the increasing cultural diversity of their communities, acknowledging that it was not practical or possible to learn about every culture. It was suggested that the National Certificate could benefit from extending the cultural component or networking module so that people are equipped with skills to seek out cultural groups/ associations to support people from various cultures.

Educators acknowledged that they did not cover much on Pacific health. At most Pacific models are touched on, although this was dependent on the location and proportion of Pacific people in the community. Educators acknowledged the changing cultural mix of our communities and that this needs to be catered for in the National Certificate but had concerns about how much could be covered in a one-year National Certificate.

"There is a strong emphasis on biculturalism. We just touch on Pacific models of health. Where do you stop? There are a huge number of other populations – Asian and Indian".

A broader definition of culture

The recovery competencies introduce a range of cultural domains that are not covered in the unit standards. In the unit standards culture is currently ethnically defined and focuses primarily on Māori and Pacific cultures. Managers, educators and support workers were asked if support workers need to be trained with respect to a broader definition of culture.

Managers agreed that people are more than their ethnicity and support workers require awareness in this domain. They though that support workers could benefit from a broader

interpretation of culture. However, it is primarily about self awareness and respect for other peoples' beliefs, what ever they may be. It is not about having an understanding of all different cultures but getting support workers to work directly with individuals so that they are responsive to the culture each individual identifies with. In order to do this, support workers require skills to ask the right questions.

For some **support workers**, the way they were taught about culture reflected a broad interpretation beyond ethnicity. However, there was diversity as to how this was taught, which was dependant on area, institution and educator.

Educators' comments indicate that there is a great deal of variation as to how culture is interpreted and taught through the National Certificate. Again it would appear to be dependent on the tutor's knowledge. Some tutors feel they already teach a broad approach to culture.

"Could enhance the current cultural module to broaden the concept of cultural beyond ethnicity".

"We define culture in the broader sense. Culture is defined as to how people identify as a group with values and associated behaviours. The workbook exercises support this".

Working with children and adolescents

In preparing for the focus groups it came to the attention of the evaluation team that, in some parts of the country there are support work services being delivered to children and adolescents, yet the unit standards do not cover this age group. Managers, educators and support workers were asked if support workers should be better equipped to work with children and young people who experience mental illness.

For **managers** this issue sits primarily with the fact that most support workers are currently working in adult services. In one location where an NGO was delivering a service specifically catering for children and young people, their contract specified that support workers had as a minimum, a Diploma in Social Work. It was acknowledged that the Mental Health Standards mention working with young people and hence, the National Certificate should also address this age group. Although the question was directed at working with children and young people who actually experience mental illness, managers thought that the National Certificate could acknowledge more that clients have their own children and that a support worker can find themselves supporting a person in their role as a parent.

For **support workers** this was not particularly an issue, as they were mainly working in adult services. They didn't think this age group should be included in the current National Certificate because they considered working with children and adolescents to be quite a specialist area of work. If there was training particular to working with children and adolescents it should definitely be in addition to the National Certificate or as part of the Diploma. It was only the odd support worker who acknowledged their role in supporting clients as parents.

"Most of what we talked about was based on our work places and they are all adult, as well as the assignments, so we never did children".

"A lot of clients have teenage children with behavioral problems who may in the end be referred for an assessment. I am often helping women with their family. It would be helpful to have insight into this area. However, the course would have to be two years to fit all these aspects in".

Most **educators** thought this was a specialist area and that it should not be included in the current National Certificate. One suggestion was that training directed at working with children and youth was available as an endorsement National Certificate, combining an elective placement with assessment. The exception to this view was one tutor who had experience in working in child and adolescent services. She currently incorporated the differences of working

with this age group within the current National Certificate and her preference was to see it written more into the current National Certificate. This tutor's approach reflects how dependent current delivery of the National Certificate is on the tutors' background and their interpretation of the unit standards.

"I have worked in child and adolescent services and know this material. Throughout the course I always compare and contrast youth and adult but this is because of my own work experience. I would like to see it written in somehow".

Empowerment and tino rangatiratanga

In the reading of the unit standards it was unclear the extent to which support workers are trained and understand the concepts of tino rangatiratanga and empowerment. The recovery competencies emphasise a way of working with consumers/ Tāngata whai ora and families/ whānau through supporting and educating people to do for themselves rather than 'doing for'. There are particular challenges for support workers in this area in terms of balancing empowerment and neglect. Managers, educators and support workers were asked about support workers' skills in managing this balance.

For **managers**, there was considerable variations as to the extent that support workers have skills to differentiate between *doing for* and *doing with*. In general, it was thought that currently it came down to support workers' own beliefs and values as to how they managed this. While some managed it well, for others it was a struggle every day. One group of managers felt that with clear organisational values and supervision you could build on what was covered in the course. It was also thought that the course does not cover enough about the teaching role within the support work role.

Support workers acknowledged that this 'juggling' or 'balancing' act was an important part of the role, although to some extent this depended on the role you were in. Focus group participants reported there was great diversity in their work as well as that being done by other students in their classes. While some were adamant that they had learnt about this in the course, some were unsure the extent that this could be taught in the classroom and that you learn it more through experience. Generally it was thought that the concept of empowerment could have been given more focus. Although part of the question, tino rangatiratanga wasn't discussed by support workers.

"It is a bit of a juggling act. Initially you need to build rapport and develop a trusting relationship. (Did the National Certificate equip you for that juggling act?) Not sure that you can learn that in the classroom. Every person you see, is different. I feel that initially you need to do for them, I know that is not right, but sometimes you do need to do for them to set the standard and as a role model and then with trust this can change. It is not something you can learn in the class - it is an individual thing that you learn more as you go".

"Empowerment means different things to different people. It could be covered more in depth as it is important… I was the only person in our class doing community support work - others were doing residential (dual diagnosis – IH, youth), working in activity and craft, some working as volunteers. Our tutor was really stretched by the range of people in the course".

Educators felt that student learning about working in an empowering way was very much dependent on where they worked, the philosophy of the organisation and if service providers had enough infrastructure to assist in developing this skill in support workers. Some providers live the (recovery) philosophy and are therefore able to support the application of this approach, but not all service providers are like that. Some service providers were still orientated towards 'doing for' and educators had been told by support workers that in these situations individuals found it difficult to challenge the ethos of their workplace. In general, educators thought the unit standards could be more specific about empowerment. Educators also believe that, as

education and service providers both play a role in training support workers, they need to be congruent in what they are teaching support workers.

"Organisations need to ensure that there is good supervision in place".

"Support workers aren't autonomous practitioners".

Documentation skills

In the unit standards, documentation is limited to the individual lifestyle plan and serious incidents. Managers, educators, support workers were asked if the National Certificate provided adequate coverage of the documentation skills required of support workers in their working roles.

Managers in all locations identified documentation as a problematic area, as currently service providers are doing most of the coaching in this area. It was noted that documentation skills required of support workers are very dependent on the types of tasks they are fulfilling. Managers felt that if support workers were being prepared more for the roles they are undertaking, then it might be clearer what documentation skills were required. Managers identified the following documentation areas that support workers are currently required to meet: file notes; and recording of medications. Support workers also need to be aware of the risks with not documenting, e.g. if something tragic happens.

Most **support workers** said that they have to undertake more documentation than was currently covered in the course and that support workers do require basic training in this area that could be covered in the National Certificate. However, it was acknowledged that this was complicated by the diversity of documentation requirements of different roles and different services. They thought any teaching about documentation needs to reflect that support work notes are not the same as clinical notes.

"We have to write daily reports. We have to write something on everyone for every shift even if a couple of words".

"It depends on the service that you work for. We take notes following every meeting with a client, and you have to remember that your client could read them. You do need skills to do this, keeping strictly to observations and being non judgmental and factual. I have read some appalling notes from other support workers".

Person A: "We didn't do anything on that and I really notice it because we have had a new worker this year and he had had no training and he has just started the National Certificate this year. Documentation is so funny - having the nursing background (enrolled nurse) it came easy to me, but some of what he writes is absolutely hysterical. So there could be more into it about that"

Person B: "I would agree with that. We talked about it quite a lot and we had to have a journal on the course. Although we talked about it, there wasn't much about the how to do it and what is appropriate and what isn't because documentation is important. It is important what you write and how you write it".

Educators are aware that support workers require documentation skills but what is required varies greatly between roles, organisations and responsibilities. Educators acknowledge that documentation training is currently being met by service providers. At present there is no specific requirement in the unit standards in relation to documentation, other than individual lifestyle plan and serious incidents. Some educators teach more than this by linking it in with legislation, but again this is dependent on the tutor. Educators identified that many of their students experience literacy limitations and whilst they can support students within an education setting, they are not sure how students deal with this in the workplace. Educators thought the sector could look at innovative ways to up-skill people in documentation skills if they have

literacy problems. While doing the course, education providers assist students through Learning Support, but a person can still leave the course without being able to do it themselves. Problems with literacy make educators reluctant to see specific requirements for documentation incorporated into the National Certificate, particularly when it is unclear what basic documentation skills are required of all support workers. In addition, the question was raised as to whether documentation was being done for consumers or to support the system.

Working with health professionals and community agencies

According to the unit standards the team of people that support workers are primarily trained to work with are other mental health support workers. Our understanding of the type of work being undertaken by support workers means that they are involved with working with a range of health professionals and community agencies. Managers, educators and support workers were asked if support workers need to be trained to work with a broader range of health professionals and community agencies.

Managers confirmed that the mental health support work role has definitely expanded. Support workers now engage regularly with a whole range of health professionals and community agencies, and this is continuing to broaden, e.g. with the increasing role of GPs. Some managers expressed concern that support workers engagement with health professionals is limited by health professionals' perception of the support work role as a low status position. Managers with this concern would like to see the profile of mental health support work raised so that support workers can work more effectively with other health professionals. This perceived low status was attributed to the lack of certification, which means that health professionals don't know if support workers are qualified or not. Low pay for the work was also a contributing factor.

Support workers said that they currently work with a range of health professionals within NGOs, generally working in teams with nurses and social workers as well as other support workers. More challenging is their interaction with health professionals based in clinical teams, whether these are specialist mental health services, specialist 'physical health' services, or general practices. Support workers spoke of the advocacy role they play for consumers in their interactions with health professionals. Support workers across all areas said that they currently learn about the range of health professionals, mainly within the mental health sector, and where they can be found within their community. What they don't learn about is the support work in relation to these other health professionals. Currently they only learn through experience. As the comments below testify, this can be a hard way to learn. Support workers thought the course could be improved in relation to working with other mental health professionals and the different types of situations that support workers find themselves having to deal with.

"To me it's about engaging with another culture - if you come from a non-medical background and you get involved as a lot of people do with the National Certificate, come from a 'consumer' background, then you come from a completely different perspective and you are ill equipped for the culture".

"The course currently informs you that you might, at some time, you may work with a whole range of health professionals but not what will happen when we work with them. You just find out by experience. I would like them to inform us more than just who they are, what their roles are in conjunction to us, or the nature of our relationship with them. Also need to cover sharing of information between health professionals - this could be clearer. It is very important to have client consent and this is not emphasised enough".

Person A: "When it comes to dealing with psychiatrists and GPs it's good to know our rights when dealing with them. We are working with clients everyday and so we know more about them, about mood changes, than the doctor does. It can be difficult when they say one thing and you see it to be another".

Person B: "I don't do psychiatrist or psychologist appointments because they are a bit above me but I do GP appointments".
Person A: "See, I do those".
Person B: "You have to learn to argue with them, that we know better when you are with them everyday".
Person A: "It's good to define our role cos some of us do go to appointments with them, to psychiatrists sometimes - I go as a key-worker. But it depends on your role, not all support workers would do that".

Educators agreed that the current unit standard is about identifying other roles, not about working with other people in the sector, and that support workers could benefit from training in this area. Educators acknowledge it is important that support workers are able to network and collaborate. It was thought that the contribution that support workers make is quite different to what other health professions contribute. This unique contribution needs to be promoted throughout the sector. There is a perception by other health professions of the role having low status and therefore support workers could benefit from developing skills to mitigate against the 'disempowering games of some health professionals'.

Application of knowledge

The recovery competencies acknowledge the importance of the application of knowledge in the workplace. Managers, educators and support workers were asked how support workers manage the application of their knowledge.

For **managers**, support workers' application of knowledge is problematic because of the lack of definition about the role of support work, which is compounded by the wide variation of roles around the country. The situation is further compounded by the shortage of the mental health workers, which means that support workers are often expected to expand their role beyond their training. Managers are of the view that there is a lack of congruency between job descriptions and education provision. That is, the National Certificate no longer meets the education and training requirements of the roles that mental health support workers are fulfilling. In this respect, it was felt by a few managers that there could be further clarification about what work the qualification equips people to undertake, and what the boundaries of the role are.

Support workers' experience of applying what they learnt varied greatly, depending as much on the individual, as well as their life and work experience prior to starting the National Certificate. There was also a view that for some support workers, what was covered in the National Certificate had very little application to what they actually did as support workers. In addition, support workers conveyed that what they learnt through the course was also very much dependent on the organisation where they were working, because students were directed to utilise aspects of their work for assignments. This could work positively in terms of course work being congruent with the way the organisations worked. On the other hand, it could create conflicts if the organisation was working at odds with the approach being taught by the National Certificate. A major limitation, in terms of knowledge application, is that students are located with one service provider for the entirety of time they are doing the National Certificate. Some support workers felt they would benefit from being able to do placements within other organisations in order to expand their work place experience. However, they did realise that this would be complicated with the current scholarship scheme.

For **educators**, support workers' application of their knowledge is very dependent on the individual and the organisation that support workers are employed in.

Length of the National Certificate

Managers, educators and support workers were asked if they thought there was sufficient time, within the current National Certificate, for people to learn enough to equip them to work as mental health support workers.

Managers thought that the way the course was currently delivered, based on 30 days in class, created a lot of pressure to cover the required material. Generally, students did one day in the class and the rest of the week in the workplace. Suggestions were put forward about looking at other options that might work better for students and workplaces, e.g. two consecutive days a fortnight, rather than one day a week. It was an issue for managers that support workers required further basic training (post-National Certificate), which was currently being covered by service providers and not acknowledged. Managers are very keen to maintain an entry level National Certificate for three reasons: 1) for people entering this type of work with no other qualification; 2) the National Certificate is attracting people to work in the mental health sector; and 3) raising the expectation that people working in this area need qualifications.

Support workers thought that the one-year National Certificate was sufficient as an introductory course, particularly if you had previous work experience in a social service area. Life experience was also considered important. For students that didn't have work experience, focus group participants were unsure if the one-year was enough.

Even so, they felt that the National Certificate should be delivered as a one-year course, as this was a realistic commitment for people to make, particularly for those who hadn't done any post-school study. The negative aspect of having the National Certificate limited to one year, with 30 days in the class, was that some support workers felt the course was too pressured in relation to the breadth of material that was covered and was frustrating for some students because topics were skimmed over or learning was limited to options chosen within topics. On the other hand, some students expressed frustration because they felt topics were repeated and this took up valuable class time, which could have been used for something else.

"Because we are working at the same time and have experience, it's enough - but there are some who go into it green and it's not enough. Some people on the course are doing voluntary work".

"If you didn't have previous mental health related work experience it wouldn't be enough".

Educators were keen to point out that the National Certificate is only a Level 4 qualification and as such it only provides a very beginning. While it covers considerable breadth it doesn't go into anything in great depth. Educators thought that service providers had unrealistic expectations about what this qualification provides. Some service providers think that once a person has done the National Certificate they know everything. Educators think service providers need to have a much more realistic view of the introductory nature of the National Certificate.

Future qualifications

Focus group participants were asked about the range of qualifications that should be available for support workers in the future.

Managers were all keen to see more opportunities for support workers to acquire more in-depth knowledge and the skills to apply such knowledge; they see a Diploma as fulfilling this need. Managers view the role of mental health support work as requiring specific skills, unlike social work or nursing, and therefore it makes sense to enhance training options specific to this area. There were a number of issues that needed clarifying for different managers: 1) would further qualifications be vocational or academic in their focus?; 2) currently the National Certificate does not have a clear place to sit within any particular educational discipline and it might be

better linked with one discipline, e.g. social work, whereas by default it seems to have generally become an offshoot of nursing; and 3) the purpose of the Diploma (as compared to the National Certificate) in relation to the roles that support workers are currently and potentially fulfilling. If a Diploma was developed, managers would like to see the current work-based model continuing. That is, that people study while they work.

Support workers had mixed views about wanting to advance their qualifications: some were satisfied with doing the National Certificate - in fact, that had been enough of a challenge. Others were keen to do more but didn't necessarily see that would be in the area of support work if it was available. Even in the areas where a Diploma was available locally, we didn't meet anyone who was considering this as an option. Support workers in one area said that they were put off by the Diploma not having national status. Support workers were unsure about the development of a Mental Health Support Work Diploma for several reasons: 1) they were unsure of the value of a Diploma; 2) they question if it is necessary for the type of work they are doing - most feel the National Certificate is adequate for what they are doing; 3) if anything, you need to improve through experience, e.g. improvements in interpersonal skills which is unlikely to occur in a classroom; 4) an academic course is not necessarily going to equip them to do the job; and 5) having team leaders and supervisors from other disciplines is currently appreciated and they therefore don't see the necessity for developing a Diploma specifically for senior team positions.

Support Workers' concerns about the Diploma included: currently the Diploma doesn't have a national status; the development of a Diploma could reduce the value of the National Certificate; not sure remuneration would make it worthwhile; and wouldn't like it to be compulsory in order to keep your job like what happened with the National Certificate.

Two suggestions were put forward in terms of future qualifications: 1) members of one focus group were interested in the idea of 'endorsements' to the National Certificate as an alternative to a Diploma. These could be additional units that could be tagged onto the National Certificate to acquire skills specifically related to work being undertaken but might not be directly mental health. Examples that were given included working with groups and recreational activities. These units might still be at Level 4, not necessarily a higher level. However, it was possible for them to see the same approach being used to build up a Diploma; and 2) at the end of the National Certificate, students are introduced to other training/ educational options relevant to the sector, not just those being delivered by the education provider where students are enrolled.

Educators believe the role of support work is limited because there is no career pathway and that the National Certificate is not valued by clinical services (DHBs). Educators are keen to see the development of a Diploma because: 1) it will provide further qualifications specific to this role, which they believe is unique; 2) it would provide the base for a career pathway for people wanting to specialise in this field - at the moment the role is limited because there is no career pathway for support workers; and 3) support workers with the Diploma could become team leaders, positions that are currently filled by other disciplines, which they do not think is appropriate. Educators would like to see the Diploma delivered two years part time on an elective basis.

"A clear recommendation is required to allow for the development of this pathway of qualification".

"Would like to see support work have equivalence with other disciplines. It is a unique role. It is a type of work that is not being covered by any other sector".

"There are concerns over a risk that, with professionalising the role, support workers might become alienated from the people they are serving".

Other issues for managers

Managers raised a number of issues, mainly to do with credibility and relevance of the National Certificate in relation to the development of the mental health support work role.

Managers noted that they had seen support workers significantly develop by doing the National Certificate - people believed more in themselves and became more professional and assertive in their role. However, it was still a concern to managers that they could not assume support workers had a certain level of skill or knowledge just because they had done the National Certificate. Managers were concerned over the lack of consistency in what is taught and how it is taught across education providers. Some managers felt that entry criteria should be tightened and that there should be better process for 'weeding out' unsuitable people. Managers believe that currently the National Certificate is devalued by it being too easy to get into and too easy to pass.

"You go into the National Certificate already knowing that you are going to pass - very little challenge – it doesn't weed people out".

Managers thought that the National Certificate could be aligned more with the sector needs, although they acknowledged that there is a fundamental issue around what the support work role actually involves, given the extent of the roles. In addition, not only is there a vast diversity in the work being done by support workers, there is also a huge range of people being attracted to the work, including those without any qualifications, as well as people with degrees.

Managers want to see the scholarship continue as they are not sure that people would do the course if this wasn't available.

Currently development of mental health support work is being stifled by remuneration issues and while the sector, particularly health purchasers, continue to view this as low paid work, the role will remain limited in its capacity and scope.

In one area there was concern expressed over the increasing autonomy of some mental health support worker roles and that some organisations did not have enough team leaders for their support workers.

Other issues for support workers

When support workers had the opportunity to raise any issues, these related primarily to the course content and assessment procedures as well as some work related issues.

Concerns raised about the current course content were: 1) regarding the relevance of some of the course content in relation to the work being done. One person who had previously done the Social Services National Certificate found this course covered community skills better, and was more in depth around legislation, housing and benefits, which had given them more resources for doing community work;. 2) the course could be fine-tuned as some felt there was quite a bit of repetition; 3) there needs to be more content about the range of mental illnesses and how these affect people, as well as medications and how these affect people; 4) unsure of the need to have First Aid and Health & Safety as these are generally covered by service providers; 5) lack of consistency in course content and/ or depth on information covered between education providers; 6) lack of consistency in assessment procedures, both within the one education provider as well as between education providers in the same city/ area; and 7) questions for assignments (assessment) often used language that needed to be explained to students.

Support workers identified that supervision was not always provided by their workplaces, yet the National Certificate had promoted this as desirable.

One person thought that support workers shouldn't be doing community support work until they had completed the National Certificate due to the more autonomous nature of the role. Whilst

undertaking the National Certificate, support workers are better to limit their work to supported accommodation where they can be supervised more, working alongside other team members with more experience.

Concern was expressed about the credibility of the role in the sector. Suggestions for improving the credibility of the role included developing an accreditation body (with support workers requiring a practicing National Certificate), as well as developing a national body that represented support workers.

"We are taught the importance of supervision. But organisations don't seem to embrace that and we are sick of hearing it is down to funding. It's important when we are empowering people that we are empowered ourselves. At most you might get your peers, but that is not enough. You need feedback about your practice – it's really important for constructive criticism. It feels particularly important in my role where I am working in quite isolation in a rural area. You can work quite a long time with out talking to anyone - you can ring a colleague, but that's all there is".

Other issues for educators

Educators raised a number of additional issues in relation to the National Certificate. These issues covered: the unit standards; acknowledgement of other training; moderation; current student pool; and interface with service providers and mental health sector.

Educators' concerns with the current unit standards included: 1) courses they are delivering have already been adapted to the needs of the sector but that this is not reflected in the unit standards; 2) previous changes to the unit standards had not been well thought through; 3) some unit standards are not specific enough to mental health support work - they lean more towards social support and social work area, and perhaps there is a need to be more specific to the area of mental health support work; 4) some unit standards have become redundant, particularly First Aid and Basic Life Support which most people cross credited; 5) some parts of the course are repeated in different unit standards: lifestyle planning, supportive relationships and terminating relationships; and 6) unit standards, as they are currently used, do not encourage educators to foster integration of learning and holistic approaches to practice.

Educators in one area expressed great concern with they way the moderation process is being conducted. In their view, the moderation process is too prescriptive and 'limits the scope for professional judgment' by educators. There are also concerns that moderation focuses in too much detail on the specifics of student learning, whilst disregarding students' need to integrate 'piecemeal knowledge' into practice. They are of the opinion that changes need to be made in the moderation process by shifting the current focus of moderation on 'performance criteria' to learning outcome level. In general, educators were aware of local variations in the way the National Certificate was delivered.

"An issue is the huge variation in how the course is delivered and in the assessment of students. I am not particularly optimistic that consistency in delivery can be achieved".

Currently the National Certificate is unable to acknowledge other training that students undertake. This includes: 1) some students come on to the course with previous qualifications and these are not considered in the current approach; and 2) there isn't any way to recognise other learning that people undertake, such as sector workshops run by the Ministry of Health.

The current student pool has changed over the years. There are now more students attending who have previous experience of mental illness. However, one educator was concerned at the high drop out rate amongst this group. Educators identified that current students are recruited from a small pool of people, as recruitment is focused on the mental health sector only. In the future consideration could be given to expanding this recruitment to include other workforces such as the Police, WINZ and Justice.

Educators raised a number of issues related to the workplace, both the mental health sector in general, as well as service providers specifically. Educators feel that some service providers are not committed to supporting students in their study – some seem to send for contractual reasons as opposed to valuing the qualification. There are currently no guidelines for appropriate employment placements for students, nor any guidelines for workplace assessments.

Educators raised concerns about the status and perception of mental health support workers by the mental health sector: the mental health sector does not have a good understanding about the level of the qualification and therefore the roles, responsibilities and accountabilities than can be fulfilled by support workers. There is confusion about what the sector actually wants from support workers. Particular concern was raised about a sector which can easily exploit support workers.

"With the role of support worker there are huge problems with the exploitation of support workers and the system has actually encouraged the exploitation of a low level workforce".

The working environment is a fundamental part of learning for a student doing the National Certificate, yet there aren't any guidelines for appropriate work placements, nor are there guidelines for workplace assessments. Overall, educators felt that there could be a great deal of improvement in the way that service and education providers worked together so that their approaches with student support workers were more congruent.

Perspective of Māori who have completed the National Certificate

Participants in the focus groups held specifically for Māori had completed the National Certificate but were not necessarily working in support work roles. These roles were diverse and invariably demanded dual responsibilities in the domains of mental health and as being Māori. They included Kuia, Koroua, support workers, Pukenga Atawhai, cultural support workers and people with experience of mental illness in support work roles. Participants were from both NGO and DHB services.

National Certificate content on mental Illness, recovery and Māori approaches

Māori participants did not think that the National Certificate had an emphasis on medical/ clinical approaches. In one location it was noted that the course had changed to having less of a medical/ clinical focus than when it had first begun. In another location they thought the information about mental illness was adequate, but the course did not cover enough about medications provided. Participants were generally of the view that they needed more medical/ clinical information than they were currently receiving, that is, more about the different types of mental illnesses, medications and side-effects of medications. They believe they need a basic level of medical/ clinical knowledge because they have 'more hands on contact' with Tāngata whai ora as compared to mental health professionals. However, the level of knowledge did not have to be to the extent of detail that is in the DSM IV, as that was thought to be more relevant to a clinically specialised role.

"We need to have some idea about why, for example, the person is shaking".

"I would have preferred to have more medical and clinical information [in the National Certificate]… The clinical and medical stuff wasn't in-depth enough… although there was probably enough medical and clinical information for the support workers' level. I probably should have done something else to get that information - like nursing… I would just have liked more personally".

"The man and the women all agreed that medication was given the 'once over lightly' in their learning".

"You really need longer than one day a week... for the safety thing, you really need longer. I think things like that [medication] on the safety aspect, shouldn't be rushed. Because we see that all the time... like our Tāngata whai ora ask all the time- "what's that for?"... [They want to know] the side-effects... It [learning about medications] was very once over lightly".

Participants said they were taught about other approaches and models, e.g. the recovery approach. However, Māori participants reported there was an emphasis on non-Māori models with a tendency to draw on imported American models. They thought the National Certificate would be improved by drawing from more relevant and New Zealand material rather that overseas models and texts. Participants reported that Māori approaches/ models were either covered lightly or not at all, and relied on the contribution of Māori students. The most commonly mentioned model was mentioned was Te Whare Tapa Wha. Other approaches/ models included Te Wheke, Poutama, and Powhiri. Participants believed that more was required than presenting Māori models, and that students need to learn and understand about concepts such as koha and tino rangatiratanga. These examples, along with many others, have significant practical application for Māori, yet non-Māori struggle to understand and appreciate their meaning. The ability to apply Māori concepts in practice is a matter for urgent attention.

"[I was] just told that Māori work from a holistic model. It was kei te pai to learn about the Pakeha models but there was nothing here for Māori. If there's going to be a model for Māori, bring it out. Our model is holistic - [we] work with tinana, wairua, whānau, hinengaro, but the Pakeha models get more of a highlight rather than Māori".

"When I did the National Certificate I understood the Pakeha models they taught, but I thought 'where's my people's [model] going to be? How am I going to work with my people with this?' I work from a holistic perspective".

Participant felt support workers "definitely" needed to have "more options" taught, in terms of other models particularly "from a Māori perspective"- models he was referring to included the reciprocal model of koha, and tino rangatiratanga, which he described as "doing something that we want to do... If the unit standards could move the concepts into application that would be better - e.g. koha is an act of good faith that is reciprocal, so that when you walk away from this whole ordeal you can think 'well, I did my part'... I've just started to introduce the idea of koha to my people in Rehab and to develop some participation on their part... I've started getting the boys there to think about making things for somebody else- for Mum, for Dad, not just for yourself. Let's start thinking about the whānau... [We] don't say how much koha is, but it is reciprocal - so if people can use their tino rangatiratanga to make that decision, that's good".

"[Tino rangatiratanga is] one of the models that isn't explained in the course to Pakeha".

"They had spent less than one day in the course learning about the importance of whānau to Māori or about working outside of the whānau".

Māori participants expressed concern about the reliance that tutors placed on them to contribute Māori knowledge. Whilst Māori obliged in contributing this knowledge in the class they often felt this was not necessarily their role as students, and/ or it was an additional burden for them. In addition to tutors' reliance on them for Māori knowledge, there was a tendency for tutors to utilise guest speakers for the Māori content of the National Certificate, which meant it was not well integrated into the course as a whole. This silo approach further inhibits the consolidation of the learning required to improve understanding and knowledge of Māori concepts.

"We had to elaborate on the questions and answers [asked in the National Certificate], for example there was nothing about Kaumatua. They talked about the Treaty but there was nothing about Kaumatua so we had to put that in".

"It [Māori definitions and models of mental illness taught in the course] was really only what we would present as part of our whakaaro".

"Māori/ Western knowledge needs to be integrated with specific guest speakers for key issues".

The women talked about the differing levels of knowledge within the group they trained with and because of the substantial amount of experience they had in comparison to most, the role they played in sharing information- *"what helped was we were a whānau ... even the kaiako... [But] it was more like we were becoming the teachers"*.

Managing behaviour

Māori participants had learnt calming and restraint as a way of dealing with difficult situations although people suggested that more knowledge was needed about why this would get used, as opposed to how to do it. They thought they could have been taught more about de-escalation techniques.

"Other than learning 'breakaway techniques and calming techniques', they were told to check organisational policies".

"(There was) nothing (in the National Certificate training) about why people are secluded... and nothing about what to do if they 'nut out'".

Participants talked about situations in their workplaces where Tāngata whai ora were perceived to be 'challenging', when in fact situations had arisen out of a lack of understanding and misinterpretation on the part of staff. This is one reason why non-Māori need to be taught approaches for working with Māori. It is also important to note that non-Māori need to know their limitations in relation to working with Māori.

"I think if non-Māori are working with Māori ... if they're going in there with pen and paper and asking 'what is your whānau, hapū, iwi?'... particularly if that Māori person doesn't know who the hell they are... it's like 'who the hell do you think you are?'... There are certain things that only Māori can do with Māori ... like the types of questions we ask".

"The content of the National Certificate needs to address teaching non-Māori the line! What belongs with Māori and what is okay for non-Māori to do".

Participants discussed that as Māori, they have a range of approaches that work very well with calming Tāngata whai ora, but that they do not necessarily see this as 'different approaches'. These approaches include: 'being with', being able to korero te Reo Māori, karakia, waiata, interacting with Tāngata whai ora as whānau, and sharing kai. A Kuia in one of the groups outlined that Māori have ways of knowing and understanding and implied an innate Māori approach that was important for Māori to use. Some other members of this group disagreed that all Māori had this knowledge or ability that she was referring to. This way of knowing and understanding could be an important consideration in developing a 'by Māori for Māori' qualification.

"[I] treat male Tāngata whai ora as [I] would my brothers... it works well ... heaps of people from other services end up calling on me [for help with working with Māori men within their services]".

"When [one particular Māori resident] becomes very unwell, I'll do a boil-up... That comes naturally for me so I didn't think about that as a different approach".

"I think that they [Māori approaches such as using karakia and waiata] are more to do with political correctness within the group- and really they [support workers] need to be qualified so that they [Māori approaches] are not used to be correct - but because they have an effect... It probably needs to be taught that they [Māori approaches] are inclusive... able to be used for Māori and non-Māori".

"I don't think people really appreciate their involvement in it [karakia]. [They think] it's just something Māori do, not part of our belief system".

"Sometimes it's about providing people [support workers] with the understanding that when you get to a certain point you need to go and check that with people… i.e. you don't have all the knowledge".

"Respect is one of the models of Hauora Māori, but it's not an end in itself. It's a means to an end. And it generates wellness/ wellbeing and makes you feel great… feel settled. Pakeha don't quite understand this because they approach everything from the surface and try and get to the core of it, instead of starting from the core of it and working their way out… the head rather than the whatumanawa".

"We talked about other ways (of dealing with conflict)… like the use of waiata. We talked about taking them (Tāngata whai ora) away (from the situation) to have a discussion with them".

"There is more emphasis on networking with Māori … getting alongside of [others]".

Policy

Participants tended to refer to organisational policy when this question was asked. When the difference between organisational and national policy was outlined by facilitators, participants were either unsure of its relevance or didn't particularly relate to it. Others thought it was important and they would like to understand more about national mental health policy and specifically Māori health policy. None of the participants had heard of *Te Puawaitanga – Māori Mental Health National Strategic Framework*.

"[National policy is] a whole lot of big words with the four tahas [Whare Tapa Wha] in small print at the bottom … [They] like to use big words… and a lot of jargon with no foundation… They need to have those [Whare Tapa Wha] at the front, to base the policy on".

"All the Pakeha stuff - it's so incredibly top-heavy… For us it just goes tika, pono and aroha… [That] describes the whole wairua, the practice".

Values and ethics

Māori participants said that there was korero in the National Certificate about beliefs and values and the role of their own beliefs and values in relation to others. As with other Māori knowledge through the course, it tended to be up to Māori students to talk about values that were important to them as Māori. Examples given were the value placed on whānau and the structure and roles within whānau, such as teina/ tuakana.

"One thing I did think was really sad, was [that] some of our young ones [classmates] were very young… and some of the ones they are looking after could be older than them… A lot of the community support workers out there are quite young".

Māori participants felt that incorrect pronunciation of te Reo Māori was disrespectful and that this was not appreciated by non-Māori. There is generally little value associated with correct pronunciation of te Reo. One aspect of this relates to respect. If respect is not attributed to the correct pronunciation of the words, one assumption that may be derived is that there is even less value on the meaning that underlies the word.

"It's like when people don't pronounce the basic words and concepts right, such as 'karakia' and 'aroha', then there's not much care for those values".

"A number of people spoke about incorrect pronunciation of Māori language which one person referred to as "discrimination of our own language". One example given was of Tāngata whai ora being pronounced incorrectly".

Participants were in favour of the development of a code of ethics for support workers and could see the possibility of a Māori code of ethics, as had been developed for Māori social workers.

"I think that support workers work by their own personal values and ethics, and sometimes I don't even think they realise it".

Social and institutional discrimination

Some participants reported having been taught about institutional racism in the National Certificate, whilst others reported they had not. However, they definitely thought it needed to be taught.

"Support workers require knowledge of discrimination in general to fulfill their role. It probably could have been boosted up in the training I was taught, particularly against people who experience mental illness".

"Yes, knowledge of institutional racism would help support workers work better in their role, particularly with Māori. When you look at how many white heads are sitting in the office blocks, or in management structures in mental health... I mean, are Māori included in writing those policies?"

"[Without this knowledge] not only do you put them [the Tāngata whai ora] at risk, but also their whānau".

"[But] in some ways, it's not entirely to do with the course, but more to do with the individuals".

"We did talk about it [institutional racism] and we do all experience it, but it wasn't as full on [wasn't given a lot of emphasis in the National Certificate]... It was [more talked about in the National Certificate as being] about raising awareness that these things exist, and maybe how you as people can help to address it".

Examples were recounted of both personal and institutional racism. Participants thought that there needs to be an increase in emphasis and content around discrimination and racism both at individual and institutional level. Whilst Māori know about racism because they experience it regularly, this is not the case for non-Māori. Some examples given were:

- People in their class had been unaware of racist attitudes and views as expressed in the class.
- When a person asked her workplace for cultural supervision, the response from her manager was - *"won't you get awhi from your whānau?"* The person responded by asking the question - *"what about the confidentiality issues?"* Another participant said *"I was told to leave my wairua out of my practice".*
- Assumptions that are made about Māori stereotypes, e.g. being paru, having gang affiliations, being able to sing, dance and play the guitar.
- Tokenism in the workplace, e.g. when powhiri are not considered until the last minute and Māori staff are expected to respond immediately, referred to by participants as *'dial-a-powhiri'* and *'dial-a-nigger'.*

Māori participants suggested that the National Certificate would be improved if support workers were taught about the importance of these issues for Māori. A Kuia in the group supported this by adding *we need to stop trivialising things like our powhiri processes".*

A number of Māori participants spoke about the discrimination in their workplace in relation to being a support worker with experience of mental illness.

"You still have in the back of your head [other staff are thinking] 'can she handle the job?'"

"I didn't divulge I had a diagnosis because of the comments like 'oh, did you see so-and-so was pacing?' [referring to other staff who had divulged they had experience of mental illness]... It doesn't make you feel good because it's part of who you are".

Māori participants also raised concern about discrimination in the workplace that was directed at other minority groups.

"Being Māori and having a mental illness- it's a double whammy... and if you have feminine attributes, that's a triple whammy. And if you have a forensic history...- all these things could be discussed more [in the National Certificate]".

Working with Māori (Tāngata whai ora and whānau) in mainstream organisations

The current focus of the Treaty Unit is limited to a historical and theoretical approach. Although this historical information is important, and should remain, it does not give support workers (particularly non-Māori support workers) an understanding of ways to work with Tāngata whai ora and whānau. In addition, participants said that the National Certificate currently places an emphasis on support workers networking with Māori organisations to address the needs of Tāngata whai ora. However, as participants said, this does not address the fact that non-Māori are working with Māori and that they need to have the knowledge and skills to work with Māori using their services. They need to know more about Māori protocol and ways of working with Māori and to understand whānau, Hauora Māori, and Māoritanga.

"They can do all that Treaty stuff, but they still don't realise how that part [the Treaty] has affected our Māori people today".

"Hauora Māori doesn't just stay in the past. It moves with the whānau... so these principles coming from the past... are adaptable to today".

Māori felt that there was too much reliance on them having to share their own knowledge and personal experiences during the course. In one group there was extensive discussion about being asked for advice all the time, and they perceived that this was because *"the kaiako was trying to be culturally sensitive...she was always so 'thing' about 'takahi-ing' on cultural things... so she would consult with us as Māori all the time".* While one in this group thought this was a version of political correctness, another thought it was the institution that was at fault. Despite the differing perceptions of why it happened, they felt sorry for the tutor and obliged in sharing their own knowledge with other students.

Suggestions for improvements included the teaching being delivered by a tutor, specifically a Māori tutor. As one person described, this would give it *"more oomph".*

"The approach is all important for Māori. If you go in the wrong way...".

"We're taught how to work with non-Māori on the course, but when it comes to Māori, they would look at us... we obliged".

"I don't think the support workers are equipped to work with Māori effectively because there is no section that is based on Hauora Māori. Hauora Māori is the great baseline to have some common sense about the right things to do. If there was something like that in the unit standards then that would give people much more confidence to be able to know what to do/ be with Māori".

"All this stuff is just background stuff in regard to how you can work in safety... You still need to see someone as whānau, as whānaunga".

"The tutor was awesome but we had to give a lot... she didn't know too much about the Māori stuff".

"The Māoritanga wasn't really elaborated on the Māori side of it [the National Certificate] - felt more like a token gesture… not tokenism… the kaiako was marvelous - very culturally sensitive, but…".

"So it's important for the kaiako to recognize that there are Māori tauira in the class… but it's not really OK for Māori tauira to have that expectation of delivering the Māori knowledge".

"Māori stuff being glossed over… [which is] a bit dangerous for non-Māori".

"I know we got into some different cultures there when people started to say where they came from… I think most of the korero was around cultural groups… but Māori culture… that wasn't really handled [well] overall… because there were five of us from different iwi and hapū who had different perspectives… so it may have been put to one side [because of this]".

"Some of the families don't want to know- they've done their grieving. And some of the support workers don't understand that".

"For some whai ora, the whānau aren't involved and don't want to be involved. For some it's not there… hasn't been there for a long time… [There are] very different issues for these whānau".

Working with Pacific People

The feedback was that the National Certificate content was very limited with respect to Pacific People. Māori participants described that Pacific students would provide Pacific content or that there might be a visiting speaker.

"The PI people [Pacific students in the course] presented one of their models [as an assignment]…"

"PI people [students in the National Certificate] would give their perspective on whatever we were learning."

A broader definition of culture

Participants reported that the Self Awareness Unit covered a broad interpretation of culture and that it gave the opportunity to talk about a range of different cultures. Participants talked about the increasing cultural (ethnic) diversity of clients as well as support workers. This meant an increasing awareness was also needed to be considered in the workplace in relation to being more respectful and welcoming of support workers from minority cultures. In terms of being responsive to the increasing cultural diversity of New Zealand, Māori participants felt that they needed to know how to access information about cultural groups and associations and this was not currently covered in the National Certificate.

"You can learn about different cultures like Māori etc, but when you're confronted by, for example, refugees, you need to know how to go about finding out about what they need to know… what is available to these people, how to access services".

Māori participants also discussed that support workers needed to learn about the culture of institutionalisation, as well as the process of moving away from it. There was discussion about creating a culture of inquiry, which would allow for more input into decision-making and to ask questions. This discussion came about through someone talking about the culture of a good consumer which made it difficult for people to ask questions or to say *"I don't like this medication"*.

There was acknowledgement of differences in relation to gender, sexual identity and hearing impaired. Māori participants considered that these matters were addressed in the National Certificate but that it was limited.

Working with adolescents and children

Māori participants agreed that the National Certificate did not specifically cover working with children and adolescents. In general, participants thought that working with tamariki and rangatahi who experience mental illness was a specialist area. However, it was noted, that as Māori, they were mostly working with whānau and therefore, already had contact with tamariki and rangatahi of people who experience mental illness. In acknowledging this, participants generally agreed that the current content of the National Certificate does not cover this area adequately and that additional specialist training would be required.

"Us being whaea, or mothers, or kuia, we know how to look after our tamariki- but in that paper there was nothing".

Participants highlighted the importance of early detection and intervention for tamariki and rangatahi who experience mental illness. In their view, if support workers were going to work in this area, they needed to know how to work with tamariki and rangatahi in a manner that is consistent with Māori world views. As with other areas of the National Certificate there would need to be careful consideration as to the content developed and how this would cater for Māori needs and responsiveness.

"The National Certificate was pretty adult-focused… but as a mental health paper, they need to be [better equipping support workers to work with children and adolescents] because there are those 'little cherubs' that come to us after hours… We were just talking the other day that a lot of our people are coming through younger and younger… we had one the other day… nine years old".

"It [working with children and adolescents] would require detailed inclusion and thorough consideration".

Empowerment and tino rangatiratanga

Māori participants discussed how support workers' own cultural practices and assumptions about culture can influence their approach to support work, particularly in relation to empowerment. An example was given of an Indian support worker one of the participants worked with, who was used to doing all the cooking and cleaning because this was *"part of her culture - she does everything for her family".*

Participants felt that non-Māori often made assumptions about Māori ways of living. An example was given where the notion of empowerment was used as an excuse for leaving people living in squalor on the basis that Tāngata whai ora choose to live that way. A participant recounted her experience of starting as a support worker in a Level 4 house with Māori residents, which, when she started, was *"very paru".* When the support worker questioned the Pakeha manager about the state of the house the manager said - *"that's their house, they want to live like that."* The support worker recounted how she didn't think that was good enough -*"our people don't live like this, so I got stuck in and cleaned up".* As a result she was promptly told off by the manager. The support worker then went on to describe how after the above account they worked alongside of people living in the house to teach and lead by example as to what skills are required - the end result is that the house now only requires the usual maintenance. It is important to acknowledge that Māori concepts relating to awhi and tautoko, to name a few, can be misconstrued by non-Māori as doing-for and doing-to.

Examples were also given where Tāngata whai ora could be encouraged to do more for themselves, but that this required a level of intervention. This approach also required knowing when you could use a bit of humour to challenge people as well as being prepared to 'get in there' and do things for people.

Māori participants felt that at times there is a conflict between the aim of empowerment and support workers not taking responsibility. They felt that there needed to be more discussion on empowerment in the National Certificate and how it is interpreted in terms of Māori concepts such as awhi and manaaki.

"I work with the elders… and for me, you're taught to look after our elders… What are you meant to do? Do you take the power or do you give it back to them"?

"It's about giving back our Tāngata whai ora the power… [asking them] do you want to stay here [unwell]? Or do you want to get well and get back with your whānau"?

Documentation skills

There was a range of views from Māori participants regarding whether the National Certificate covered enough about documentation. While for some it was enough, there were others for whom it wasn't sufficient for the work they were doing. Māori working in the DHB reported that the current National Certificate didn't cover the documentation that was expected of them, particularly in relation to their involvement in cultural assessments. Within a DHB the standard of documentation is set by the organisation and this usually entails progress notes. Participants discussed that there were particular issues for Māori with respect to documentation, e.g. in a whānau hui, how much of the discussion do you document? Do you document whakapapa, a genogram - briefly or in-depth?

"It is very important to know that stuff because at the end of the day you're [the support worker] responsible for the person - legally. Even a phone call needs to be documented".

"Even knowing [that] what we're putting down in those progress notes are tika and pono [is important]… so it's important to be taught this".

"The course content regarding documentation needs to cover the range and scope of notes that people with the support workers National Certificate may be employed into".

Working with other health professionals and community agencies

Māori participants' discussion focused on the lack of recognition their various roles have amongst other health professionals. There needs to be greater clarity about the role of support workers, and their impact.

Participants also talked about the value of their role, the value in their mahi which was not always appreciated by other people working in health. They drew a parallel with views of Māori knowledge and how it is viewed in the mental health context. In addition, there was often confusion about their role in relation to other Māori health workers.

Application of knowledge

Māori participants said that the application of their knowledge depends a great deal on workplace. The biggest issue for them was that not all mainstream organisations support Māori approaches.

Participants also acknowledged that application of knowledge was also dependent on peoples' background. Māori came into the National Certificate with a diverse range of experiences. This meant that the practical experience that people could draw on, to apply to their work, varied greatly. In addition, some people had more interpersonal skills that they could draw on. A Koroua talked about the way that Māori support workers come into the services that he works in - *"most have the skills - we [just] bring them in and put them through the National Certificate, which before they wouldn't have had"*. While for some support workers gaining this qualification was a bonus, others felt pushed into undertaking the National Certificate. It was

suggested that the necessity to have the National Certificate does not give recognition to the life skills that some people bring to the job. A Kuia questioned whether some people were really meant to be doing this type of work and that support workers should be encouraged to question themselves as to whether they really want to be a support worker.

"The Māori model gets crushed in working in mainstream. I'm doing my best to help Māori and it is always a set-back".

"The doing hands-on is important… it helps to consolidate the theory".

Length of the National Certificate

Participants were asked if there was sufficient time within the National Certificate, for people to learn enough to equip them to work as support workers. Māori participants reported that there was insufficient time spent on working with Māori. As for the rest of the National Certificate, this was very dependent on people's existing practical and personal skills. In addition, it was acknowledged that there were diverse levels of ability to do the course work. While some found it very easy academically, others struggled with the literacy component of the course, despite having the practical knowledge and/ or verbal skills required.

Pukenga Atawhai discussed additional education they had received in Christchurch (the Tikaka Hauora Māori course developed by Dr Erihana Ryan), where they undertook competencies in psychiatry training, which provided them with Western teachings, as well as cultural training. Support workers present in this discussion thought that this mix of two six month courses - western and cultural - was a good model for them.

"Those were the things I found difficult - reading the questions and understanding. [So] the tutor would say it in layman's terms and I'd say 'oh yeah… that's dadadadada'… but trying to put it down into words was very difficult".

"Maybe if I was new and had less experience… if I didn't know anything… I would have thought 'yeah, I know a bit about the law, their [Tāngata whai ora] rights, documentation' etc… theoretical things… but it didn't teach you the interpersonal stuff about working with people with mental illness… It didn't really cover stuff like working with people… like different approaches".

"The National Certificate touches lightly on things - it's more introductory… you need more than what they give you".

"Personally I think 6 months would be better than the current structure (one day a week theory alongside the practical work".

"[But] if I hadn't been [working] in mental health [already], and came in new because I wanted to work in there [in mental health], then 'no, there is not sufficient time in the current National Certificate for people to learn enough to equip then for the job".

"I think [the way it is currently delivered] anyone can get a mental health National Certificate. There should be more strictness on who passes… for example, I know people who've got it, who copied each other's work. There is no such thing as plagiarism [in the National Certificate] so I wonder how much people really take it [what they are being taught] in… It should be structured in a way where the tutor says 'show me how you came up with this answer… Where's the proof? Where did you get this answer from"?

"The cultural component wasn't part of the course… apart from us… It comes back to needing more time instead of having the cultural thing just tacked on… It needs more time so that people can get into a class and get real teaching".

"One and a half days [spent learning the Māori cultural component of the course] just wasn't long enough to cram that stuff in".

"In a way the National Certificate, as a tohu, is a mainstream National Certificate… for non-Māori who are going to work with Māori".

Future qualifications

Māori participants were unsure of the value of a Diploma in Mental Health Support Work as a qualification. They thought that if there is to be a Diploma, it does need to be part of the NZQA Framework to give it national recognition.

Rather than a more advanced Diploma, a suggestion was put forward for the development of a National Certificate for working specifically with Māori; with equivalent status to the present National Certificate in Mental Health Support Work.

Some Māori participants also said that they would like to see that the National Certificate lead to other types of qualifications such as Medicine, Psychotherapy, Counseling, Nursing, Social Work or Clinical Psychology. For these people, the National Certificate was seen as a stepping stone to go on to other vocations.

Māori felt the National Certificate as it was structured, now gave no recognition of prior learning, particularly in relation to recognising the learning and experience of Kaumatua or the specific skills that Māori bring to working with Māori. Participants also expressed frustration over not being able to cross-credit from other qualifications.

"It seems to be that the way that everything is being moved out to the community, and so the support worker's role is going to be even more hard-out… so support workers probably need to move towards being more clinical".

"I did the National Certificate but got no pay increase as a result. If I do all this training [Diploma] and want to move up, I want something better… I want it recognised. Otherwise I will move on".

"What's to stop them from developing another National Certificate for Māori, because when you look at the number of Māori using the services [there's a need for such a National Certificate]… [We] need to get them to focus on that".

"Where would a Diploma in support work take me? What else can you do in support work? Would having a Diploma change my role? How much responsibility would I have? Would I have more than someone who'd [only] done the National Certificate? I would want that… and higher pay".

"The Diploma must have a better Recognition of Prior Learning (RPL) process, e.g. recognising the knowledge and experience of Kaumatua."

Consumers, families, Tāngata whai ora and whānau

Introduction

In addition to conducting focus groups with managers, educators and support workers, focus groups were also conducted with people who have used mental health support work services: people with direct personal experience of mental illness - consumers and Tāngata whai ora, as well as with family and whānau. Focus groups were run specifically for Tāngata whai ora and whānau. In one of the four locations we also conducted focus groups specifically for women consumers.

Questions asked of Tāngata whai ora and whānau, consumers, and family, were different to those that were asked of support workers, managers and educators. The questions we asked support workers, managers and educators were directly related to the training of support

workers and the content of the National Certificate in Mental Health Support Work. As consumers, family, Tāngata whai ora and whānau would not necessarily know about the training that support workers currently receive, questions focused on their experiences of using mental health support work services.

Separate chapters have been prepared to report the results for each of these stakeholders groups. The views of women from the women only focus groups will be included in the consumer section and only if women discussed additional material will this be reported as specifically from women.

Consumers

Initially we asked focus group participants what type of support work services they had experienced.

Most **consumers** who participated in the focus groups were currently using supported accommodation or had previously experienced supported accommodation, and currently had a community support worker. In addition, there were people who had experience of mental health support workers in 'intensive care teams', 'flexi-teams', supported vocational employment centres, facilitating support groups, transitional support from supported accommodation to 'independent living', and respite care.

What does a support worker do?

Consumers, family, Tāngata whai ora and whānau were asked what was important for them about what a support worker does.

Consumers' reporting of what is important in relation to support workers services varied a great deal depending on the type of service that a person had experienced; the main difference being between supported accommodation and community support work services. Consumers reported that there was a lot of variation in the way individual support workers and support workers from different organisations worked. Despite this variation, there are six broad roles or functions that consumers identified as important - the first four were discussed in all groups and the last two were identified in the women only groups: 1) a structured, supportive relationship; 2) an opportunity for discussion; 3) assistance with practical daily tasks; 4) assistance both in accessing and using 'the community' - community activities, facilities, agencies, services as well as the environment; 5) assistance with planning; and 6) family/ whānau support.

Consumers discussed the importance of the relationship that they had with support workers and the importance of trust which developed when they saw someone regularly, consistently and felt respected by that person. Within this supportive relationship, an important function the support worker provided was the opportunity for discussion - the nature of the discussion being anything from a 'listening ear' to being guided through problem solving either associated with tasks or relationships. Consumers identified that once a supportive relationship was established, it was important that support workers both encouraged and challenged them. In the **women** only focus groups, women felt it was important that they could talk about women's health issues preferably with a female support worker. Examples mentioned were: having cervical smears; childbirth choices and or decisions they or others have made for them; effects of lost access to their own children; menstrual issues - effects of medication on periods, hormones and menopause; managing their body weight which is also affected by medication; and problems with breasts as a consequence of being overweight.

"Basically being there for us".

"They see you as a person".

"They get down to your level, they don't treat you like they're way up and you're way down here".

"Just to have someone there, regardless if it's just to walk along the beach".

"Sometimes it's important for them to be there just so I have someone to talk to and bounce my ideas off... maybe just to have a bit of a laugh".

"They encourage you to do the most that you can for yourself with support alongside".

"Sometimes you feel that you can't do it and if they are there saying you can do it, it makes you feel better".

"I've always liked having support workers in my life - they're very important to me... otherwise I wouldn't leave the house other than to do the shopping".

"I find that the support workers' role is not totally clearly defined so that everyone's personality, the different personalities of the support workers come across more strongly because the role is not defined and so the role of the support work can differ a lot".

"Cause they are all individuals. Cause if your house needed vacuuming one person might start it for you whereas the other person might encourage you to do it, and that lady 'bossy britches' and she said 'don't call her that, say encouraging [things]."

"I have found them helpful. I haven't needed a great deal of help like other things that have been talked about. [They help me with] getting information, and telling you things that go on, opportunities that occur, course - a support worker found me a computer course that I am doing, and that sort of thing, like getting tradesman for when my place needed something done, that sort of thing."

Consumers talked about the importance of receiving assistance with quite practical daily tasks, tasks that could be considered as essential for living in the community. The most commonly mentioned was the provision of transport whether it was for appointments or recreational activities. Other practical assistance tasks covered a range of things, such as: ensuring a person got out of bed; assistance with and/ or developing skills in cooking, cleaning, shopping; and paying rent and other bills, as well as managing a budget.

Consumers also discussed the important role support workers play in terms of assisting them in both accessing and using aspects of 'the community', whether these are events, agencies, facilities, services, or the environment in which they live. Other than the real and practical barrier of transport, consumers identified a number of other barriers they need to deal with. Consumers talked about how support workers play an important role in providing information about what is available for them to access. However, consumers identified that they often need more than information – that, to actually follow through with making use of what is available in the community, they need support workers to go along with them either as company or as an advocate. Consumers emphasised the importance of support workers as advocates, particularly in relation to their dealings with WINZ, psychiatrists and other health professionals – general practitioners and specialists. In addition to accessing services of agencies, services users also talked about the importance of having a support worker for company to engage in different activities.

"They try and help you get over the stereotype in the system".

"My support worker helps me to stand up for myself - for my rights as a person, not a number - with rights that anyone in the street would have".

"That was the first support worker that really listened to what I wanted [overcome anxiety associated with visiting large gallery/ museum] - that wouldn't follow the priorities of the everyday things. Because for me I could do all the everyday things, but not being able to do anything else didn't give me the will to do the everyday things".

In addition to what has already been discussed, in the focus groups for **women**, consumers identified assistance with planning as important, both on a weekly basis and more long term. Planning on a weekly basis might be a matter of organising an individual's time, and longer term planning might cover finances or planning an event or task and then sorting out how to go about it. Women also introduced the importance of support with family/ whānau. Women discussed the importance of support workers being able to provide whānau support, whether this was at the level of being welcoming and inclusive of whānau or being able to provide some education for whānau.

"Working out how to do things that I want to do".

"I had months and months I used to spend, so much. But now, I am saving and my support worker gives me a cheque for the money I want and I can live on that and it works out quite well".

"Write out a support plan for the week - what I am going to do each day; grocery shopping, going out visiting people and family and going out shopping, and might be something else you might be interested in doing, like coming out here, going home to see your family, shopping and go to church, and sometimes go out to the hotel to drink, to the RSA, once a week".

Doing for or doing with

We were particularly interested to hear how consumers experienced support workers' decisions about the level of support a person needs - whether to do something for them, with them or to let them do it themselves.

For **consumers** communication was the key way that support workers were able to encourage people to do things for themselves. Consumers spoke positively about how support workers talk through a situation to find out what a person wants to do and then points them in the right direction, guiding but not pushing, providing encouragement and praise along the way. The following comments reflect an emphasis on support workers encouraging people to do things for themselves. Whilst consumers were generally praiseworthy of this approach, they felt that support workers placed too much emphasis on people doing everything for themselves and that at times support workers could be more flexible about what they did for people, particularly if their health changed and affected their ability to do what they might usually be able to do. In the **women** only focus groups, participants mentioned support workers' lack of flexibility when their physical health interfered with what they could do themselves.

"Sometimes they have expected too much of you, but other times they can see the end result that you can't, and you're thinking, maybe just, that what they're doing, is not helpful. They need to learn how to deal with that."

"For me, having someone who listened to my needs. I have been really lucky in that I have had people with really good listening skills and in the beginning to talk over things quite a bit".

"I think it's very hard to change when people have done things for you your whole life".

"It is good to do things for yourself but sometimes it is nice to have someone do things for you".

"I don't know what I am looking for when I am in a crisis. The expectation on me is too high".

"I have a physical disability as well, which meant I couldn't do anything. It's all very well them chanting the mantra with 'not for' but sometimes you need things done for you".

Consumers' experience of support workers' decisions about the level of support a person needs - whether to do something for them, with them or to let them do it themselves - varied a great deal. Most participants in the focus group had experience of a number of support workers. Consumers' comments covered three common themes which affected support workers ability to make satisfactory judgments: 1) consistency of the same support worker; 2) the support worker

communicating with other people in their life; and 3) the support worker having general life skills and experience that they can draw on. Although these themes were common across all areas, there was definitely regional variation. In particular, one area had a more distinct delineation about the limit of support worker involvement if a person was becoming unwell (but not in crisis), whereas in other areas support workers seemed to have more flexibility.

"Normally they discuss with us how much we want them to come, depending on whether I am having any problems".

"I think they think if you're not feeling well, they're wasting your time".

"My support worker doesn't come and visit you if you're feeling unwell… Because if you're not feeling like going to the pictures, then it's quite probable she'll say 'well, I'll see you next week', that's no good because then you can feel worse about yourself for not meeting someone else's standards. You want to see them even more but you don't want to tell them".

"I think it's a set criteria for them, that they're not supposed to be with you when you're unwell".

Supportive relationship

There is a unit standard with the title: 'Establish and maintain a supportive relationship with consumers' and the recovery competencies require a mental health worker to be competent in 'developing good relationships with consumers'. Consumers were asked how they perceived the relationship and interactions between themselves and their support workers.

Consumers' discussion about the nature of the relationship they had with their support workers rested a lot on the regularity of contact they had. Consumers of supported accommodation services have experiences of regular daily contact. With community support work services, consumers see their support worker at least once a week, if not three times a week, and in some cases, even more. A positive consequence of this regular contact was the sense of a supportive relationship. Some consumers see their support workers as friends. Others see them as role models. In one of the **women**-only focus groups, a woman felt her support worker was more like a mother. Consumers often reported feeling that support workers did things beyond what was their usual experience with other health professionals. Examples that were given included being bought cups of coffee and other small items when they were out; going back to a support worker's home for a coffee; and a friendship continuing after the support role finished.

Person A: *"She is a friend to me".*
Person B: *"That's the way I feel too".*
Person C: *"My support worker - she is more like a mother than an aunty or a friend. She is more like a mother because she clicks onto what I am talking about, anything that worries me or is hurting me I can talk to her - she is a person that you can have a confident conversation with and it is personal and she makes you feel like you are important and worthy and all that, that's how I feel. I used to say to her - you are like my mum, sometimes it's like hearing my own mother".*
Person D: *"You summed it up really well".*

"I have found different support workers have different ways, in both community and live-in things, and some I have got really close to and in a lot of areas it has crossed the line in the things that they do, and in other ways it is very clinical - and that is what made me come to think the support workers' role isn't as easily defined as it could be. Some workers I have gone shopping with and they would say 'oh I will buy you something.' Or they will take me to their home for a coffee, stuff like that, or I can ring them any time when I need to. I have had that sort of relationship with a lot of support workers. In some ways it's been very good for me because it has been a real support, but then in other ways I only feel supported and safe when that person is on and not when the others are on. So, it's really hard".

Consumers identified four dimensions to their positive interactions with support workers: 1) support workers' attitude; 2) support worker communication skills; 3) continuity of the same support worker; and 4) flexibility in response. Consumers' experience of support workers varied a great deal, and although most participants could identify positive experiences, they also frequently reported negative experiences.

"It's important that your support worker doesn't stereotype you themselves - you know when you're being patronised or belittled".

"In the past [I have had a support worker who has been] very derogatory".

"Support workers can also get angry with you - like you're not contributing… it's not like you don't have enough stress on you".

"I have had some terrible experiences in the past – treated like a child. I have had some nasty support workers".

Consumers talked about the attitude of support workers as being important in their interactions. In general, consumers found interactions with support workers were favourable when support workers were caring, friendly and respectful; enthusiastic about their work; reliable; perceptive and receptive; and believed in the people they supported.

"Their enthusiasm - when I see my support worker is enthusiastic about something, it makes me feel enthusiastic too".

"They are there for you".

"It is important that they are in touch with what and how you are, and receptive when something is wrong".

"That they make you feel you are worth something".

"If you have a bad one it can have really negative consequences".

Consumers identified communication skills as very important in their interactions with support workers. These skills include being able to engage in conversation and being able to listen and talk at the same level as the person being supported.

Consumers appreciate continuity and flexibility with support workers. Continuity was discussed in three different ways. Firstly, continuity of the same support worker allows a supportive relationship to develop. Secondly, continuity of support when moving from supported accommodation to 'independent living' is necessary. Thirdly, adequate continuity of support is important. Sometimes support is withdrawn too early because consumers are assessed as no longer needing it, or at the other extreme, in one location where support workers withdraw completely at any sign of a person becoming unwell. As well as continuity, flexibility is also appreciated. It is important to consumers that support workers have the flexibility to respond to people as individuals and also to the varying needs an individual might have, particularly in relation to their changing levels of wellness and unwellness. Consumers feel that support workers need to be able to recognise 'the signs' of when they are becoming unwell and adapt to differing levels of need as appropriate.

"I find with my support workers, it can be moral support you might need, and maybe in some cases you might overlook something that needs to be done round the place, and they might see it and point it out to you. And as I said, if you are in crisis and they can give and will do - give you extra support".

"Working with what my needs are, which back then were quite flexible. Like, depending on how I was at the time, sometimes I might have been good and sometimes I might not have been too good at all. So having a support worker who could be flexible with how I was, what I was going through - because they stuck very rigidly to how they thought they should work, so I really needed flexibility which wasn't there".

Support workers working with family

Consumers were asked how support workers work with other people that support them - family, health professionals and community agencies.

Consumers had a range of views of about how support workers work with their families. Some consumers were very positive about the inclusive approach that support workers took with their families; some consumers had positive experiences of their support worker acting as an advocate with their family. Other consumers had experience of support workers putting too much emphasis on family involvement when it was not what they wanted - it was almost as if some support workers thought family involvement was obligatory and were reluctant to accept their view. As consumers pointed out, there can be all sorts of reasons why they don't want their family involved, and this should be respected. Consumers in these focus groups were quite clear that family involvement should be dependent on consumer choice, and it is important for support workers to accept consumers' decisions about how and when family are involved. Support workers also need to be careful to discuss with consumers prior to communicating with family members.

"Family relationships are a delicate matter".

"I don't think it's their role to be involved in the family... it's up to the consumer to determine that".

"They wanted my family involved and one night I was very sick and in crisis and they wanted to ring my family and I said that would make it worse. It just makes the situation extremely stressful. I just don't want that".

"My support worker was very good with my family, because she had been told how I was with my family. That worked really well. She said things I wanted to say [to my family] that I never had the guts to say. She said things to them in a subtle way that wasn't abusive, that I couldn't... that was through her strength".

"That they are there, to support, caring, not just for me but my whānau - they educated my whānau about my illness".

"The only way my support worker would be involved with my family would be as an advocate."

"When they [support workers] have something they want from you and they can't get it, they go to your family".

"I used to get upset that she [support worker] would go to my family to ask questions, instead of coming to me".

"It's important you have a support worker who knows not to go around you".

"It's extremely important that they [support workers] let you know if they are going to talk to the doctor or to your family".

In the **women**-only focus groups, women spoke in more detail about positive experiences of both direct and indirect support worker involvement with their family. These experiences included inviting family/ whānau to participate by making them welcome, helping them to organise visits to family, providing whānau with information and helping to cope with family dynamics. Women also pointed out that support workers can be too rigid about their definition of family and that people other than blood relations may fulfill this role for them, and that support workers could be more open to non-blood whānau. Some women in these groups spoke about the effect of losing access to their children. One woman reflected how at the time of her illness, some years ago, if she had had more support she may not have become so estranged from her children. Another woman was currently trying to get support with legal aid to gain access to her adopted child. These women thought that support workers could be more aware of child-access issues, as well as knowing how to deal with CYFS.

Support workers working with health professionals

Consumers discussed four aspects of support workers' roles in relation to health professionals. The first three were mentioned by all groups, the last one in women-only groups: 1) transport to appointments; 2) support in the form of company or as an advocate; 3) maintain links with health professionals on their behalf, a liaison role; and 4) interpretation of health information.

Consumers frequently talked about the role of support workers in attending health (mental and physical) appointments - with psychiatrists, general practitioners and other secondary health specialists. In the first instance, support workers provided assistance with transport to ensure that people attended appointments. At appointments, the presence of a support worker was important, as much for the company but more importantly, if required, support workers could fulfill the role of advocate. The presence of a support worker was important for consumers because of previous experiences where they felt that health professionals had not listened, discounted their views, or talked over them. Consumers said that generally support workers discussed with them, prior to appointments, what was wanted of the support worker during the appointment. Consumers also discussed support workers role beyond appointments, in maintaining ongoing links with health professionals on their behalf.

"Other professionals listen to the support worker more than me as a consumer".

"I always take my support worker as the psychiatrist treats me like an idiot".

"My support workers have always, no matter where I have been, supported me with my physical doctors because I have something wrong with my [particular part of body] - they have helped with me that and with [medical intervention]. I have to have them every few months and so they support me with my physical as well as my mental state - they have supported me. And when they don't know, they have gone out themselves to libraries to find out, to find out information, helping me to understand".

"She [support worker] is there to liaise with my doctors".

"I've recently had a meeting with my case manager and needs assessment person and my support worker, so that we're all moving in the same direction".

"I remember a doctor said to me once, talking to me and the support worker and that, and then says to me can I leave because I want to talk to the support worker. I says – "excuse me the support worker is here supporting me" - and he says – "I know. I want to talk to talk to the support worker" – and I said – "well, why don't you talk to me as well" – and he said – "I want to talk on a different level to them than you"".

Consumers in the **women** only groups identified the role that support workers play in helping them with interpreting health information, whether this was what health professionals were talking about, or written information in pamphlets. Support workers also helped them with learning and understanding about how medications interacted with their body, e.g. affecting their menstrual cycles.

Support workers working with community agencies

In relation to support with community agencies, **consumers** said support workers helped out with: 1) information; and 2) advocacy.

Consumers outlined that support workers play an important role in helping them with information pre and post appointments with community agencies, particularly WINZ. Assistance prior to appointments can include providing information for the consumer and helping a person to organise their personal information for an appointment. Assistance post appointments can be following though with what arose in the meeting and helping a person to remember what happened in the meeting.

"I think support workers have a lot of information at their fingertips, so are able to send you in the right direction, they are a good knowledge base… they can tell you which department to go to… and WINZ don't tell you…they're secretive. Most support workers would tell you (about benefit entitlements) - they have the information."

"They [support workers] tell you what you need to bring [in to WINZ] so you come prepared."

"Because if you're sick, your mind wanders and you may not take it all in".

"The staff offer to go, but they don't say they will or they want to, they say "if you would like me to go, I will go with you" and they say, "what would you like me to do there? Would you like me to say anything, or do you just want me there, in case, for support?" - creating an independency. The kid in me really wants them to make decisions for me and fill out my forms. The adult in me says I have to do it myself. But the kid in me really wants them to make the decisions for me. They offer to come and do whatever I want them to do but they would rather I made the decisions. And I say "why don't you make the decisions?" They say "that's not very independent", but I say "I don't want to be independent anyway"."

Consumers also discussed the important advocacy role that support workers play in their dealings with community agencies, particularly WINZ. Generally support workers ask about the nature of the support required and are responsive to that. Support workers will advocate on people's behalf and encourage consumers to advocate for themselves.

"Do you want me to go in with you or stay outside"?

"Because of their role, they [support workers] have a little bit more clout so the Council or WINZ listen".

"I take the community support worker when we have a rap with social welfare. Because they're a bit more concrete. Because (then) I can sit in front of the social welfare lady and answer the question".

"I have recently had trouble with food grants and my community support worker has come into WINZ to sort that, as an advocate".

"WINZ always gives you the run around so just having a witness there even if they don't say anything".

In addition to the support with dealing with WINZ, **consumers** said that support workers were useful in providing information about a whole range of activities or services in the community. Those that were mentioned included recreation opportunities, educational/ vocational courses, employment opportunities, and one person even talked about getting help with sourcing tradesmen for house maintenance.

There were participants in the focus groups who were attending supported vocational/ employment centres, which a support worker might or might not have linked them to. Such centres might or might not have qualified support workers employed. Participants attending these centres spoke very highly of them and the staff that worked there.

"Working at [Centre] gets me out there – gets me out of home. I'm getting money. But I don't do it for the money. I do it to get out there. To feel like I'm doing something useful and stuff because if I started dwelling on the world and deciding that it's, all crap".

"Being in a workplace works better for me than having an individual support worker. Because what can they do in half an hour"?

Support workers and their understanding of mental illness

Consumers, family and Tāngata whai ora and whānau were asked about the emphasis that support workers place on medical knowledge about mental illness.

Consumers had fairly mixed views about support workers' understanding about mental illness. Generally consumers thought support workers didn't know enough about the different mental illnesses and how they affect people, although it was acknowledged by some consumers that they had experienced an improvement over the years. Overall, consumers thought that support workers need to know about the different illness categories - symptoms and behaviour - as well as being familiar with medications and their side effects. In the **women**'s focus group, participants also felt that support workers did not have enough knowledge about the effects of mental illness. They felt that support workers did not appreciate the impact that 'hearing voices', sexual abuse and anxiety had on a person.

"I think it's really important that they know that just because two people have the same diagnosis, they are not the same. Two depressives are very different- one may be bi-polar".

"They need to realise that everyone's personality is different, so you can't treat all schizophrenics the same".

"I don't think support workers understand half of it".

"I don't think that they [support workers] are informed enough".

"Support workers don't know enough".

"If they [support workers] know a lot about mental illness I am comfortable about them being my support worker, and knowing about medication side effects, that they can make me eat a lot and put on weight".

There were also mixed views as to how support workers might acquire understanding about the effects of mental illness and medications. The most prevailing view was that support workers require more training about the effects of mental illness and medication. However, there were a few people who thought this knowledge wasn't specific to their role or that support workers could just pick it up as they go along. One way that support workers do gather this knowledge is through attending psychiatrist appointments with consumers, but as one person pointed out, it would be helpful if they had this knowledge from the outset. Consumers also acknowledged that often it was those support workers who had personal experience of mental illness who had more awareness and understanding about mental illness.

"It's important that they [support workers] have a basic understanding of the medication".

"I think they have pretty much got the right balance now, but they do need more training about mental illness".

"The role of a support worker is more the role of a person to person relationship, as opposed to a clinical person".

"They need to know about mental illness and diagnosis because then they know and understand when they talk with your psychiatrist".

Difficult and challenging situations

Consumers, family, Tāngata whai ora and whānau were asked how support workers deal with difficult and challenging situations.

Consumers generally found that support workers had the necessary skills to deal with difficult situations and this was mainly through their communication skills. There were two exceptions to this prevailing view: 1) a couple of situations were recounted where support workers over-reacted to situations with negative consequences for the individuals - both situations being in supported accommodation settings; and 2) in one location, consumers said that in their experience support workers dealt with difficult situations by avoiding them, and that if they weren't feeling well their support worker wouldn't visit. This could be as much to do with the service contract in that area, as the support workers themselves. In this location, consumers

who had community support workers also had 'crisis plans' with local Community Mental Health Teams, and if a crisis situation did develop, the support worker would step out of the picture. This had the consequence of people feeling like support workers were 'not taking responsibility' or 'passing the buck'. In the same location consumers also reported that they had to sign a contract that 'you would take your meds'. Other people reported having to sign contracts in supported accommodation which entailed three warnings for any breaches. People felt this was a bit harsh, particularly when some of the conditions of the contract might relate specifically to aspects of their mental illness, e.g. self harming.

"They talk through different situations with you, and make decisions and come to conclusions, it's usually with me, or they will let me think through a problem and for me to come to my own conclusions".

"Their criteria are that you don't work with the consumer when they're unwell, but perhaps this is one part of their training that needs to change; If you're not feeling well [support workers] say "well, I'll just not come and see you"".

Limitations of support workers

We were interested to hear from consumers, family, Tāngata whai ora and whānau, as to whether they thought support workers could be doing anything that they are not doing already.

Consumers talked about wanting to see support workers: 1) deal better with their own stress – consumers talked about observing and personally experiencing support workers 'unloading' on consumers; 2) improve their understanding of the effects of different types of mental illnesses (already discussed extensively); 3) help people to find work; 4) be more aware of the power that they have; 5) continue to support consumers through changes in health and not withdraw their support (as already discussed, this is more specific to one location); and 6) support you in what you have decided you want to achieve, even if it seems impossible to them.

"It's very important in the course that they undertake that they're taught unloading… stress management… that they have someone to answer to… that they're taught relaxation because they have a very hard job that they need to unload from. I know support workers who have unloaded on clients before - and that's not good".

"Support workers need to realise how much power they have. For example, if you don't turn up for an appointment they can say – "right, I'm not going to contact WINZ"".

"They need to support you in any decision you make, even if it's a decision they're not capable of. For example, I wanted to have my daughter for just one weekend but my support worker just said "no way" like it was something that was so undoable- reaching for something way out there… [that was] a horrible feeling".

In the **women** only focus groups, women raised a number of other limitations in what support workers do: 1) that support workers lacked an awareness of women's issues, such as the diversity amongst women and different women cultures (e.g. lesbian culture, the impact of anxiety, the impact of sexual abuse, the impact of lost opportunities to have children, loss of access to their own children, impact of physical health issues, importance of being able to have a female support worker to discuss female issues, problems with managing their weight); 2) that there should be more support workers to reduce pressure on existing support workers and increase overall availability (most support workers are on a 9am to 5pm shift when often consumers' need is greater beyond these hours, and in residential services, often there are only temporary and casual staff at night); 3) improve continuity (in particular that you can have one for longer, rather than being assessed that you no longer need one; 4) that support workers could 'step in earlier' when they are becoming unwell.); 5) that support workers could be more respectful about going into people's homes, as one person said *"it's a privilege to go into a*

person's home, not a right" as well as being more reliable with keeping appointment times; and 6) that the right to confidentiality is respected.

"Support workers talking to you about other clients, makes me concerned about talking about myself to them".

Values of support workers

We were interested to see whether participants thought that support workers were working to any particular values.

Consumers' most prevailing view was that 'most support workers come with their own values', although some participants thought their values were shaped by the organisation they worked for and the individual they are supporting.

"They work to their own values".

"I think that support workers' values for you and the other people they see are all different".

"Each organisation has its own philosophies they like their support workers to work to - a certain way or belief to meet their criteria".

"It's up to the organisation that supports them to give them a set of guidelines".

"I think they each bring their own set of values into the job… and how they treat you is a certain respect to their own set of beliefs and values as well as the organisation's".

Qualifications for support workers

Consumers had quite divergent views about the necessity of support workers having training and qualifications - some felt strongly that this was important, but others thought it was just as important to have the right attributes and or life skills/ experience to draw on, and qualifications did not ensure this:

"Even if you have a degree in something, the mental health stuff is imperative when you're working with people with mental health issues".

"Support workers have 'life skills' and don't need to go to training for that, but training is reinforcement of skills".

"If they have done study in that area, there is so much more they can give us but some people have got it already".

"They must have to have some kind of training to do what they do. Not just anyone can work with people with mental illness".

"The training they have is important, but as a person, they wouldn't do it unless they had empathy for the field, because it must be really hard".

"They've got to have some prior knowledge of what the condition means, and how it affects [people]".

"Training gives them the idea not to put people in little boxes".

"Yeah – a lot of it is common sense. It's really good to know mental health has come this far… because back in my day (came from a background of institutionalisation) we've come out of the tunnel and seen the light".

"It's good to know the support worker knows what they're on about - that they're trained… and professional".

"At the end of the day support workers are good people. You talk to them and realise you're not the only person with that problem. I've come across some good ones… They're been a safety net for people like me".

Tāngata whai ora and whānau

Tāngata whai ora and whānau participants included Tāngata whai ora, whānau, Kuia, Koroua, and Whānau Tautoko.

Tāngata whai ora and whānau referred to Māori support workers within DHBs as either health care associates (HCAs), cultural support workers or Pukenga Atawhai. HCAs, generally employed within in-patient or rehabilitation settings, are not Māori specific roles. Tāngata whai ora described their role as being more of an assistant role to nurses rather than being support for Tāngata whai ora. Whereas an Occupational Therapist may be more likely to support the Tāngata whai ora with tasks such as cooking or budgeting, the HCAs might only help with escorting Tāngata whai ora between buildings, or setting a table for lunch, for example.

"They're there to lend you a hand… like if someone wants to come over from another Unit, they'll send an HCA [as an escort]… they're there to help the nurses really".

"They're [HCA's] handy for the nurses. They watch us [because] the nurses have more important things to do".

Cultural support workers and Pukenga Atawhai, on the other hand, are Māori specific support work roles. Within the NGO environment Māori support workers are most commonly referred to as Kaiawhina. The Kaiawhina role is also Māori specific in that it not only incorporates the community type support role, i.e. assisting Tāngata whai ora with, for example, educational and vocational options, with WINZ liaison, or with physical health by way of fitness or access to GPs; but the role also incorporates working by tikanga Māori which involves whānau hauora, and utilisation of Māori processes etc.

What does a support worker do?

Tāngata whai ora and whānau descriptions of what was important for them about what support workers do in the community included:

- Providing affirmation and assurance
- Creating solidarity
- Helping with matauranga Māori, e.g. learning waiata and karakia

"[It is important for me that support workers] help with knowing your maunga, waiata, and karakia… with tauparapara"

- Teaching skills such as forming friendships, cooking, communication, gaining driving licences, internet use, and using public transport
- Shopping for kai
- 'Getting us out into society', e.g. going to the gym and cafes, or out into the environment, e.g. swimming and fishing

"They [support workers] do things with you on Thursdays that are useful… beneficial. On Fridays they do other things like travel to places… do fishing, go swimming, go to the gym… They used to take us shopping for our kai".

- Supporting with giving up smoking, offering alternatives with 'not drinking' and helping with a diet plan. (One Tāngata whai ora talked about a support worker who had

assisted in a diet plan to help the him lose weight - this was seen as a positive role the support worker took)

- Being an advocate in dealing with other agencies such as social services, or primary health care, e.g. organising nicotine patches to help quit smoking

- Providing information

- Being able to mediate, particularly with whānau

"The first few years was pretty difficult. Then we got someone coming out to see us [the whānau] and explaining what was there for us. We were introduced to the [organisation] - helped us a lot. We never used to have contact in the first few years - it was very hard. It's marvelous now. We can ring up at any time without feeling we are intruding or being a nuisance".

- Dealing with WINZ and sorting benefit issues

- Talking about and then getting them involved in work schemes. Examples given were mowing lawns, learning how to do garden work, and learning mechanics.

"Having a support worker helped me feel more confident. Before I used to sit at home with no money, smoking buts... Now I [attend supported employment] can say I've done a hard day's work".

Doing for or doing with

For **Tāngata whai ora and whānau**, experience of support workers' decisions about the level of support a person needed depends on having quality time with a support worker. Tāngata whai ora felt that decisions about the level of support they require needs to take into consideration whānau issues. Also identified in Tāngata whai ora discussion was that a 'sense of pride' and/ or their 'own aspirations for independence' could mean that Tāngata whai ora might not ask for assistance. This may be related to the Māori concept of whakama which is often interpreted as shyness.

"I'm working on myself at the moment to become more and more resourceful and independent. I own all my stuff... my mountain bike, my stereo... I say to myself - "you got all this by yourself. What else can you do?" There are some things I find hard... [But] I do everything on my own unless it's really necessary [to get assistance]... I've got too much pride [to ask for help] - I don't want to lower my pride".

"When I first left [supported accommodation] I found it very hard to ring for help. You realise you are not mad - you've just got a mental illness. I've met people [Tāngata whai ora] who've got more brains than the doctor! It's just getting past their stereotype. Having a support worker helped me feel more confident."

"A road to recovery – at first I needed more and more but now I need less and less."

Tāngata whai ora and whānau talked about the need for support workers to be able to guide them, without dictating – being *"firm but fair"*.

"They need to be able to say "you're doing it wrong. You need to be able to do this" but not in a patronising way - not whakahihi".

"I don't want someone who tells me what to do- 'do this, do that'".

"Don't want a dominant support worker".

"Our illness is about 1% of our lives here [indicates small amount]. The rest of our lives is 99% here [indicates larger amount]. You don't want a support worker who governs your whole life- you need to have a place for everything. It's difficult to actually get a support worker who

can recognise that fact - not govern your whole life so you're not seeing your whole life as an illness. That's what I tried to tell the doctor and nurse at [Centre] - "don't look at me as a person with mental illness". They said that's being positive".

Supportive relationship

Some **Tāngata whai ora and whānau** described the relationship between themselves and their support workers as being *"like a parent"* or friend.

"You can become good friends with some of them… you can have a friendship with some of them…".

They thought their interactions with support workers were positive when support workers could communicate well on all levels, in particular when support workers had good listening skills.

"Someone that understands and listens to what the person has to say".

"A good listener is really important... because someone can talk to me and it can be going in one ear and out the other…".

"Communication is really important".

When asked what support he needed from a support worker to stop him coming back to hospital, one young Tāngata whai ora responded that he needed a support worker who was able to give him *"quality time; [who had] contact [with him] every day during the day, for a long period of the day".*

For some **Tāngata whai ora**, interaction with Māori support workers, and being able to utilise Māori processes was identified as important, particularly those able to converse in te Reo Māori.

"At the (Centre) I don't like anyone getting too close to me - unless they're Māori. At (Centre) I don't like the Case Manager or psychiatrist getting too close to me".

"In my role as Whānau Tautoko the biggest thing is listening, because Māori are very shy to go into a mainstream organisation. Our processes as Māori are different than what mainstream is…".

Interactions with support workers are most favourable when support workers are caring, supportive, *"have understanding"*, and are friendly. Having a willingness to help was also identified as important by **Tāngata whai ora and whānau**, as was maintaining confidentiality.

"Always smiling".

"A person who's nice and kind and warm and able to provide the right support at the right time".

"[Someone who is] friendly… [who] does things with you… Like if you play chess, he might play chess with you. [Or] like support you at the gym. Maybe just watch a video together…".

"Their attitude [is important]. A good support worker should have a good, understanding attitude".

"Some one who's able to apply his knowledge in bringing a client forward".

"If you get the right person who's been in the job for years… they can help you achieve your goals".

"Just somebody that's got wise decisions and has a proper outlook on a person's wellbeing".

Tāngata whai ora and whānau talked about the importance of support workers helping to 'ground them', i.e. helping them to stay calm. They also talked about the importance of support workers *"walking alongside"* them.

"A person with good balance. That is he knows how to talk to someone who's way up there, or way down there, and bring them back to the same level".

"Having a support worker be alongside of you".

"They are there every step of the way, in the ups and downs".

"Someone that works alongside you... and with you, and for you".

A particularly important component of any supportive relationship between Tāngata whai ora, whānau and support workers is respect.

"The support worker needs to treat me with respect - not treat me like an idiot. The boss [support worker] treats me like normal. He doesn't treat me like an idiot, like they're my parents and I'm a little kid and I have to listen".

"It's the same thing for whānau to be treated with respect – both the whānau and the whānau member".

Tāngata whai ora and whānau also identified the need for *"flexibility when it comes to cultural relations"*, referring to the cultural differences between Māori and non-Māori. Not being judgmental, being tolerant and being able to accept different points of views were considered part and parcel of this need.

"Some Māori can say something and it sounds racist to them [Pakeha support workers] - so a sense of humour can not be under-rated".

"Being able to interact with Māori because it's not that easy if you're Pakeha and you go into a Māori house..."

"It's important for people to be tolerant of different views".

"Someone who's very understanding with you... who has a lot of tolerance".

Support workers working with whānau

Tāngata whai ora and whānau felt strongly that whānau should always be involved in their mental health service provision. There was unanimous agreement in one of the focus groups that support workers should not make judgments about when whānau should or shouldn't be involved. For Māori, whānau should always be involved.

"It's a given... There should be no question about it".

"There is a role for someone who's working with you as a support worker to help you make those links back with whānau".

Whilst some have a good whānau relationship however, this is not always the case. In such circumstances the support worker can act as a mediator, but it is important that support workers work in collaboration with the Tāngata whai ora in respect to whānau so that the needs and aspirations of the Tāngata whai ora are upheld in all interactions with the whānau. For example, one Tāngata whai ora talked about how his support worker tried to talk to his whānau about returning home. He said his whānau told the support worker that he could come back, but that that was not what he wanted - *"the whānau said I could go back but they didn't say they'd support me... I don't think my whānau want me. I contact them by phone but they don't come to see me or call me up. It's been the nurses and others who have 'tautoko-ed' me. I tell them [my whānau] if any of their sons or daughters come to these places [psychiatric hospital] don't ask me for help".*

"Yeah- some of them [Tāngata whai ora in supported accommodation] want to look at moving back with their whānau. It's about making sure you're in a safe situation".

"When I was going through a bad patch with whānau it sometimes felt like the support worker was more for my whānau than me."

"Sometimes we need a mediator with our whānau".

Some support workers readily involve whānau, helping maintain contact, or re-establish links, which can be very beneficial to the improved wellbeing of Tāngata whai ora. Whānau does not always have to be biological whānau either.

"They helped to organise leave/trips to my whānau in [other city] – organised to help me to be close to my family".

"If you want to go to your Aunties or Uncles, they'll help you with those sorts of things".

Support workers working with health professionals

Tāngata whai ora and whānau talked about their experience of support workers helping them to arrange appointments with doctors, as well as acting as advocates in appointments.

"If you want they [the support worker] can sit in with you. It's totally up to the client".

The importance of support workers being able to advocate for **Tāngata whai ora and whānau** and both represent their views back to the decision-makers, as well as help make some of the decisions, was highlighted by participants.

"So if the person [Tāngata whai ora] has been taken off the Mental Health Act or doesn't need to be on meds etc, they [the support worker] can take that info back to who needs to know… let him [the clinician] know how he [the Tāngata whai ora] feels directly… and know exactly what a person [Tāngata whai ora] wants".

"I think it's good to have a mental health support worker because a place like [Mental Health Service] might want to lock you up and put you under the Act but a support worker can mediate between you and the doctor. For example a nurse keeps ringing me up and I say "look, all I want to do is get on with my life". I think her idea is that someone with a mental health illness is someone who is always going to be stupid… I don't see why I should have to take a day off just to see the nurse when I could be making $30 on that day instead".

Some **Tāngata whai ora and whānau** prefer to access Māori mental services, as opposed to mainstream services, and Māori support workers can mediate for them in this regard.

"I'm a Māori and I know where there's a Māori mental health service I'll go there".

Support workers working with community agencies

Tāngata whai ora and whānau generally talked about support workers interacting with WINZ, in particular acting on their behalf or supporting them as advocates. One participant also spoke about the importance of support workers being able to represent Tāngata whai ora and whānau as a group, and not just as individuals.

"Support Workers can make a person like myself seen".

The support workers' knowledge of how 'the system' works was considered an advantage by **Tāngata whai ora and whānau** in being able to attain best results, not just with the social welfare system but with other systems such as the Court. For this to be effective, the support worker must be in tune with their particular needs or aspirations of the Tāngata whai ora and whānau.

"[They are] very good at representing my goals, views and what I want to achieve".

"Yeah- I've been through that situation [Court]. I spent a night in clink and the next day the Community Support Worker bailed me out. I believe wholeheartedly in whatever titles they've

got… they've got a lot of push with the Police. They can really get you out through that door… because they really know their job".

One participant spoke of learning skills from support workers about how to interact with community agencies.

"Yeah- I'm an old hand at it now. I answer all the questions [WINZ ask]. I take in all the information, [bank] statements etc [requested by WINZ for e.g.]. The main thing is if you're genuine with them [community agencies] they'll be genuine back and be warm".

Tāngata whai ora also spoke about support workers removing barriers to access employment for them, and the huge impact this had on their outlook on life.

"He [support worker] gives us a sense of responsibility to ourselves to be able to get work… and maybe at a later date go fulltime in the workforce. I am happy to give my job to someone else [now] because I feel I am ready to go into fulltime work now. [The support worker] has really helped me to get a sense of responsibility for myself and not feel all together useless".

"Helping them back into the workforce is important. Work has been a very important focus of my life - that has helped me to combat my illness".

Support Workers and their understanding of mental illness

There was a general feeling from **Tāngata whai ora and whānau** in the focus groups that, from their experience, support workers needed to know more about Māori understandings of mental illness, as a balance for the dominant medical model presented.

"They need to learn about Māori and Māoritanga".

"I think when they're studying in a certificate like that, they should have some sort of understanding of Māori - because the majority [of people accessing mental health services] are Māori anyway. If you take it back before the Pakeha came here, Māori never had that. They brought that with them…".

Alongside Māori understandings of mental illness, it is also important that support workers know about Māori ways of healing as an alternative to medication, as well as matauranga Māori, e.g. learning and/ or supporting others in karakia and waiata. However, the point was made that **Tāngata whai ora and whānau** should always be able to access the full range of supports and opportunities and not be limited to only Māori ways to develop equitable access.

Whānau: "[We look at] are there any other alternative ways - it always seems to be medication. But for Māori there's other ways other than medication. That's something our Māori support workers do well - like singing a waiata… I would see that as a good thing is there was someone who was in a support worker role who could do that. I find waiata really helpful".

"Using waiata is good… everyone enjoys themselves".

One **Tāngata whai ora** spoke about the importance of medication for her in maintaining her wellness.

"Medication is a priority for me, but having work gives meaning to life. It is important to have a balance".

Difficult and Challenging Situations

For **Tāngata whai ora and whānau** it is important for support workers to have the strength to deal with situations, part of that strength is not getting offended or hurt themselves. One Tāngata whai ora reported she had "found women [support workers to be] a lot stronger" in this regard.

"People get offended… people get hurt… It would be important for people doing the Certificate to know that sometimes people just need a bit of space…".

It was also important for support workers to allow whānau to help in such situations.

"Keep their distance when something like that occurs. Maybe allowing whānau to help with that situation…".

Tāngata whai ora and whānau considered the best way for support workers to deal with difficult and challenging situations was for them to remain calm; a calming influence can defuse many tense situations and just talking with Tāngata whai ora and whānau can prevent situations escalating.

"Just being there- being calm… taking a load off your shoulders".

"A good support worker should be calming [when there is conflict]. They should know how to act when someone's agro. They should know the right things to do… like try to not let it get out of hand".

"In stressful situations Support Workers were really good. They kept things low… calmed things".

"Having someone who can talk the situation out with you".

The key is in knowing when to support through talking or calming a situation, or when to give a person some space or allow whānau to step in. One participant also spoke about the importance of whānau or peer support, and about the need to read early warning signs.

"A while back one of the boys [living in the same residential whare] freaked out and wrecked the car. When he came back we knew he had been unwell and rallied around and supported him. If I'm feeling unwell I tell the nurses. You've got to be on to it. You know if someone around you is unwell. You know they're down in the dumps. That's what support workers are trained in. They should be on to it".

Limitations of support workers

For **Tāngata whai ora and whānau** the current limitations of support workers focused on:

- A need for more support workers particularly to work with whānau

"There should be more Māori Support Workers able to work with Māori whānau".

- More support workers who speak te Reo Māori

"It is hard to get a Māori [support worker] who understands and speaks te Reo Māori… [If they are Pacific People which is often the case] if you ask them what your maunga is they don't know what it is or who to go and ask".

- Better continuity of support staff from inpatient to community
- More responsive to complaints

"I'd like them to understand complaints more easily".

- Skills to represent individuals - 'speak up for you'

"Speak up for you. Say how good you've been. Give us understanding. Make us understand what we're doing because my social worker, the first day I came back [to the service currently in], she was waiting for me and made me think real seriously about giving up dak. That was a nice thing to do - help me to understand things".

- Acknowledgment of the importance of work

"When I was a young Māori man we were taught go to work, be honest etc…"

"Someone that works hard... Māori are hard workers".

Values of Support Workers

Tāngata whai ora and whānau felt that it was important that support workers worked to a set of values.

"Yep- they have policies anyway. I think it's really good to know a support worker has values and standards".

"It's good to know you're getting the right help from the right person with the right values".

Tāngata whai ora and whānau also talked about Māori specific values, such as acknowledging the importance of te Reo Māori. Some Tāngata whai ora and whānau prefer to korero i te Reo Māori, and spoke about the importance of support workers recognising this fact, and supporting them to do so. This includes supporting Tāngata whai ora to access the opportunity of learning te Reo Māori. Whilst having a support worker who can speak te Reo is an advantage someone can still have the tikanga (which is important) without having the Reo.

"Language is very important. If you hear a person speak Māori you know that everything else comes with it".

"If I want to korero in my own tongue I go to (such and such) to korero there".

Qualifications for support workers

Tāngata whai ora and whānau were clear that they believed qualifications are important. Some suggested that knowing support workers are qualified gave them a sense of security that they knew what they were doing. However, the person is considered just as important.

"It is important to have some qualifications but the person is important".

"At one stage I didn't know what was up – so they need to know how to fill the gaps".

"Qualifications are good and you must do it well, but people are more important".

"I'd like someone who's got an educational background behind him".

"I think they should so we know they know what they're talking about".

"[It is important that they have knowledge about your mental illness] so they know what to look for".

"It's good to know that a Support Worker knows that you need help... and it's professional help as well... Because he's a trained worker he can see... he knows from experience...".

"It definitely helps. The training does help. It gives them the skills in dealing with the hard things".

Tāngata whai ora and whānau said that they didn't question if a support worker had a qualification - it's either assumed or they put it down to the responsibility of the organisation.

"I don't think I'd question them... If they look professional, that verifies it for me".

"I'd take it for granted they had [qualifications], but it's still very important".

"I think the organisation that employs them have their checks".

Families

For those people who attended these focus groups, their family members had used a range of services including residential services, community support work and supported

vocational/employment centres. Most family participants were talking about their sons or daughters.

What does a support worker do?

Family identified that their experience of what support workers do depends on the service that their family member had used. Family discussed the wide variation between individual support workers. Family members had experienced frequent changes in support workers. This meant that they often had to adapt to the different approaches of individual support workers. From family discussion on what is important about what support workers do, they identified: 1) support and encouragement with general living skills; 2) support with medication – amount of support might vary depending on wellness; 3) accessing educational and recreational opportunities; 4) support in improving their self-esteem and confidence; 5) acting as advocate; 6) being a buddy; 7) sourcing information and being able to convey this in an understandable manner; 8) provide structure, particularly in some types of services (e.g. vocational/ employment centres); and 9) provide family with relief from worries and the high level of involvement they had been having with their adult children.

"To get down to the level of talking with people, and not looking down on them".

"The most important thing is that whoever the support worker is, they support the carer".

"The support worker needs to have a very thorough appreciation of his own limitations and a very thorough knowledge of where to get information they need to pass on".

"In the initial stages, having a support worker for my son gave me a break and that was very important – even if it was just taking him for a walk … just having someone do things with him".

"It is really important that they (consumers) get a rapport with a support worker because that is the be all and end all with a consumer".

"It has made a huge difference [for her 21 year old son going to day service-vocational/ recreational center] because they offer NZQA unit standard - he feels like he is part of the community. He has become more like he used to be. There has been an extraordinary change in him. They have picked him up. He is motivated and has hope for the future. He enjoys it so much. It is an environment that is safe and comfortable. If he has an episode they will understand and he can work at his own pace".

"My daughter had a support worker for six months who took her to stained glass window classes because that was what she wanted to do but the next support worker didn't want to do this, so didn't. It was good to have a support worker who was like a buddy, which is how she saw the first of these two support workers".

"The good ones understand a holistic approach is required, not just medication, but as well employment, environment, social interaction and something to do in the day - are all important. People need a range of things to get well".

Doing for or doing with

Family identified that transport was often a major issue for their family members because they either don't have a car or can't drive because of medication. Therefore, assistance with transport can make a huge difference to what their family member can do. Although support workers provided transport, support workers tended to work towards people using more independent forms of transport (e.g. using public transport). Family also talked about support workers providing support with the practical chores of daily living. However, they felt at times that support workers placed too much emphasis on independence and were unrealistic in what they were trying to achieve. Family were concerned that in their experience, the quality of

support workers varied greatly - for every good experience, there was a negative one. Those that had been around for a while communicated that there had definitely been an improvement in support workers since the introduction of the *"requirement for training"*.

"I think that with a lot of the systems we have been in, the aim has been towards independence. For example, my son was taken shopping because it was suggested he could be independent… he just ran away. Independence is not always attainable for some people".

"Some support workers are not able to cope… understand. They try to normalise people and they need to understand that they can't normalise them – they need to just accept – understand… They must understand that they're not going to be able to change these people".

"The recovery approach is not always wanted".

"They got (my son) to bus into town where they could all meet… it was hard to start with, but then wonderful'.

"They [support workers] seem to treat them [consumers] all the same. The first thing they [support workers] want to do, is to take them [consumers] shopping… With everything they [consumers] want to buy, they [support workers] ask them "do you need this? Do you need that?" My granddaughter is perfectly capable of doing her own shopping".

Supportive Relationship

Family discussion about support workers' interactions with them and their family member varied a great deal and were very dependent of the support workers' understanding of mental illness and their level of experience. Family participants expressed concern about some support workers' lack of tolerance for behaviours related to their family members' illness. For them, this intolerance was due to support workers not understanding enough about mental illness. Despite this, there were positive experiences as well. Positive interactions occurred when support workers were compassionate, understanding, respectful, and were able to build rapport and foster a trusting relationship. Communication skills were particularly important in interactions with support workers. It was important that support workers could be encouraging without pressuring. Family members said that they like to know what is happening and appreciate support workers that keep them in the loop.

Support workers working with family

Family focus group participants reported that they generally found support workers open and responsive to communicating with them. However, they also expressed concern for those people who experience mental illness that do not have a family member to advocate for them. Some family participants felt they could have more support themselves but this view was not shared by everyone - other participants thought support for families was adequately covered by other organisations. Some felt their main support was in the form of relief, knowing that their family member was receiving some support and making progress in their lives.

"It's a shame the support worker couldn't come and spend a day with the family because often they (consumers) put on their best behaviour for the small amount of time the support worker is with them. We (the families) get the bad behaviour. They don't. They only get the good side often".

"All these support workers are good but one person can involve so many other people. It's not just the one person who needs help. It's all those around that person who desperately need help".

Support workers working with health professionals and community agencies

Family discussion identified that there was a wide variation amongst support workers in relation to working with health professionals. Family conveyed that they had excellent experiences of support workers managing a wide range of relationships with community and government agencies, and they were very confident with support workers in this respect.

Support workers and their understanding of mental illness

Family focus group participants reported that in their experience, support workers didn't appear to have a lot of understanding of behaviours associated with different mental illnesses, nor about the effects of medication on people. Some family recounted situations where this lack of knowledge and understanding limited what the support worker was able to provide. Family participants had differing views as to the necessity of support workers having this knowledge. In their view, understanding came from a mix of training as well as learning through experience of working with people. It was also important that support workers knew the limits of their role, part of which was knowing how to find information they required, and being able to share this information appropriately.

"The support worker needs to have a very thorough appreciation of their own limitations and a very thorough knowledge of where to get information they need to pass on".

"They don't know much about medical/ clinical understandings of mental illness but that's not their job".

"It appears that support workers don't seem to have a lot of understanding of the behaviours associated with mental illness".

"In general support workers need a basic understanding of clinical/ medical knowledge - a broad brush knowledge of mental illness".

"They need to know what the meds are and what the side effects are – it's very important to know what meds they are taking".

Difficult and challenging situations

Family participants' comments about support workers dealing with difficult and challenging situations highlighted that this is very dependent on the individual support worker. However, there was also variation in family comments between regions, which matched consumers' experiences. Whereas in three locations support workers were considered to be responsive to difficult situations, in the other location, family thought support workers were quite limited in what they would or could do.

"One person (support worker) gave the – "he's not towing the line… we can't waste our time - naughty boy stuff"… That leaves parents with an awful lot of guilt".

"One support worker said – "he's run away again". Well that's really what his (their family member's) problem is – that's what he does!"

One support worker said – "da, da, da… he did this… he did that" – and I said, "well if he didn't do that, you wouldn't have a job".

Limitations of support workers

Family participants discussion about current limitations of support workers were related to availability and continuity of support: 1) concerns about support workers limited understanding and tolerance about mental illness, particularly when this restricted the scope and continuation of support provided; 2) the necessity of family to be strong advocates which raised concerns

about what would happen when they die; and 3) the need for more support workers so that more people can receive support of this type. This latter point is an indication of how support workers are valued by families.

"In general they (support workers) do very well... but there is still that gap when (their family member) won't do as they're told and they're told "well, you're not helping yourself, so I'm not going to help you any more".

Values of Support workers

Family participants spoke about support workers needing to be a certain type of person and that they have to have a genuine desire to do the job. It was important to make sure the wrong type of person didn't qualify. They thought that support workers came with their individual values and that these are then cultivated by their place of work. It was particularly important that support workers didn't bring their own agenda to the job.

Qualifications for support workers

Family participants reported that they generally did not know what training or qualifications support workers had. Although it was a *"bit scary"* to think that workers might be working with their family with no qualifications, it was explained that often the share relief of support meant they you were unlikely to question staff.

"Most of us are unaware of the training that support workers have".

"There are better support workers emerging now that there is a requirement for training to be undertaken. It should be the case that all support workers are trained before they start their roles".

Conclusion

Consumers, Tāngata whai ora, whānau and family members who had been involved with community services for a long time, conveyed that there had definitely been an improvement in mental health support work services over the years.

The focus groups drew attention to the valuable and unique role that support workers can have in the lives of consumers, particularly in relation to supporting consumers, Tāngata whai ora, whānau and family members to access and use community services and resources.

One thing that must be kept in mind, in respect of all comments and feedback on the National Certificate in Mental Health Support Work, is the relative newness of this qualification and role. Much of the literature pertaining to support work, both specific to mental health and generic, highlights the fact that this is new territory upon which there is not precedent to consider and reflect on possible developmental options.

However, even in this short time-frame, there have been major developments across the mental health sector that have had considerable impact on the mental health support work qualification and the support worker role. Trying to keep a qualification relevant and responsive to the needs of such a dynamic sector is an extremely difficult task. One of the key findings of the present project was the lack of uniformity in terms of what people were being taught through the course, and how they were being taught and assessed whilst undertaking the course. This matter was of concern to all stakeholder groups and was especially apparent in respect to aspects of course content related to working with Māori.

In addition, the work and roles that support workers are currently employed to undertake, across the sector, are extremely diverse. This in turn affects the base knowledge that students have when embarking on the course, the work-based support and learning that the student is being provided with whilst undertaking the course, and the anticipated outcomes of the course in terms of the knowledge and skills the student will acquire through the course. Consequently this entry level qualification, that generally involves 30 classroom teaching days, is attempting to cater to the incredibly expansive education and training needs of a rapidly developing mental health support workforce. Given this, it is certainly necessary, at this time, for considerable review and revision of the National Certificate in Mental Health Support Work.

It is felt that one of the main reasons for this present lack of consistency across education providers has been individual organisations attempting to be responsive to the various developments with respect to both the wider sector and the support workers' role specifically. Furthermore, most of this development seems to have been strongly focused and dependant on the expertise, background and knowledge of the tutors involved in the delivery of the course in each of the locations. This does mean that there is considerable variance across the country and that, in most locations, there is incongruence between the roles that are being undertaken by support workers and the material that is being delivered through the course. The continued evolution and development of relevant support work education is reliant in close and ongoing relationships between service providers, education providers, consumers, Tāngata whai ora, whānau, and family.

From the consultation it appears that one of the major developments that educators have attempted to integrate into the mental health support work training has been the recovery competencies. This became clear as we presented each of the stakeholder groups with the results of the analysis of the unit standards based on the recovery competencies. The communication from all groups confirmed that much of the material, currently being delivered

through the National Certificate, is consistent with a recovery approach, despite the fact that the unit standards don't specifically reflect this.

This is why it was particularly surprising to the evaluators when one of the key themes coming from a number of the stakeholder groups was the wish for students to receive more 'basic knowledge about mental illness' through the course. When elaboration on this point was requested, consultees communicated that it was imperative that they learn about: i) the different types of mental illness that people can experience; ii) the common effects experienced in relation to the different types of mental illness; and iii) the medications (and associated side-effects) commonly prescribed for people. In particular, people argued that this knowledge was important to fulfill three key tasks often associated with the support worker role:

- Being able to communicate knowledgably and empathetically with consumers in relation to what they are experiencing as a result of their mental illness and/ or treatment
- Being able to support with detection of, and response to, early warning signs
- Being able to advocate and/or support consumer self-advocacy in respect of issues to do with what can be perceived to be the 'clinical domain' of mental health.

Despite support workers not working from a clinical base it is extremely important that 'the baby is not thrown out with the bath water'. The clinical/ medical approach to mental illness is one that is used within the sector. The recovery competencies are not about denying that – they are about highlighting that there are alternatives, and attempting to support an overall approach that involves options rather than strict adherences to one approach or another. This is the model that must be taught through the National Certificate in Mental Health Support Work if the recovery approach is going to be the basis for both the qualification and the role. It does not mean that support workers need to have an advanced level of knowledge and skills in relation to the medical/ clinical approach. However, they do require a basic awareness and understanding. This was identified as being particularly important to consumers. The consumer consultation highlighted the value of support workers having this type of knowledge in terms of understanding where consumers are coming from (many consumers have considerable experience in respect of the medical/ clinical approach to their illness) and what they are talking about. These issues were shared by Māori and non-Māori alike and, to some degree, are congruent with the findings documented in *Te Puawaitanga o Oranga Hinengaro*.

There were variable reports from non-Māori in terms of whether the National Certificate equipped them to work with and be responsive to the needs of Tāngata whai ora and whānau, and this was largely dependant on the population of Māori in the area and the classroom. Some support workers identified that course content had been useful. However, many participants reported that classroom learning was largely dependant on Māori students leading this component. Generally, comments related to content being minimal and more skimming than real understanding. This raised serious issues for non-Māori in relation to application of knowledge.

Māori who had completed the National Certificate were of the view that the course did not provide enough to equip people to work with Tāngata whai ora and whānau. This point became particularly clear through the questions on different understandings of mental illness and various approaches to working with people with experience of mental illness. In particular, participants felt that the other approaches were more focused on American concepts and models rather the focus being on Māori and New Zealand perspectives. Whilst people acknowledged that different models/ approaches were generally covered through the course, albeit in variable degrees of depth and scope, they did mostly feel that material specific to Māori concepts and understandings were not adequately conveyed through the course. In addition, a large number of people reported that Māori students undertaking the National Certificate were often relied on

to provide the necessary information and perspective in relation to Māori concepts. This places significant responsibility and pressure on these students and is not appropriate. One of the other methods commonly used to deliver this teaching is through 'guest speakers'. One issue with this approach is the discrete nature of this type of knowledge provision, rather than the integration of the knowledge through the entire course.

To a certain extent, some of these issues can be addressed through accreditation and moderation. As recommended in *Te Puawaitanga O Te Oranga Hinengaro* (recommendations 9: Responsiveness by the education and training sector and recommendation; and 10: Cultural and industry appropriate learning environments), the accreditation and moderation action plan for the National Certificate needs to put processes in place to ensure that Māori learning and industry requirements are met. Moderation is also one of the areas that will need to be reviewed in light of the significant variation in what and how the National Certificate is currently being delivered by education providers. Educators raised a major concern they had in relation to the moderation process. Currently moderation is focused at the level of 'performance criteria' which is too detailed. Rather, it should be focused on the 'elements', which are the 'learning outcomes'.

Support workers are now commonly interacting with a whole range of health professionals and community agencies as part of their role. Whilst support workers acknowledge that the National Certificate provides them with an understanding of the types of roles that exist within the sector, they would appreciate more learning around how to work with other types of mental health professionals. In particular, this point seemed to relate to a combination of factors including communication skills, confidence, assertiveness and belief in oneself and the support worker role.

There were a number of concerns expressed in relation to this last point, particularly by support workers and managers. They communicated several negative factors that they felt impinged on overall perceptions and development of the support work role:
- The support work role is not always understood and valued by clinical services
- The National Certificate is de-valued by it being too easy to get into and too easy to pass
- The development of mental health support work is currently being stifled by remuneration issues.

An additional issue in relation to these concerns is not only the effect they have on support workers, but the flow on effects that may be being felt by consumers in receipt of support work services.

The consultation in relation to the 'values and ethics' issue was extremely interesting. Whilst all stakeholders acknowledged that there was no common set of values/ ethics underpinning mental health support work, there was considerable variation as to whether people considered this an issue that required addressing or not. Managers felt that the lack of a common set of values/ ethics for support work was a problem, particularly in respect of boundary issues. Generally, non-Māori support workers felt that relying on individuals' perceptions of appropriate values and ethics was satisfactory, particularly given that the National Certificate currently requires students to consider and reflect on these areas, although, in saying this, there were reports of peer practice that people viewed as being of concern which, in part, they related to the lack of a shared set of values and ethics. Educators believed it was the responsibility of the sector to implement any common set of values and ethics for support work. Māori that had completed the National Certificate expressed support for the development of a code of ethics for support workers and were particularly keen on one specific to Māori, similar to that that had been developed for Māori social workers. However, the main consultation results which

indicate the need for further exploration of this matter was that of consumers, Tāngata whai ora, whānau, and family. Whilst there was some reports of support worker practice that was concerning, this is not a unique feature of support workers and is equally observable in respect of other health professional groups, including those that already have a common set of values or ethics underpinning their discipline. What is perhaps of more significance, in regard to this issue, is some of the common features of many support worker relationships with consumers. These tend to be quite unique to this role and are features that, whilst conducive to establishing strong relationships necessary for effective support work, can accentuate the likelihood of situations arising that are highly vulnerable in terms of boundary issues and conflicts. These features include:

- The extent and regularity of time spent with consumers
- The types of tasks and roles that workers are undertaking to support consumers
- The independence and autonomy that is often associated with community based support work services.

It is paramount, should this area be developed, to wisely consider these matters in the context of Māori and non-Māori as it would not be appropriate to utilise only one paradigm.

There is definitely a tension, in relation to the National Certificate, around what should be included in the course and what should be excluded. During the consultation we often heard people comment that it would be ideal if support workers did have that knowledge/ those skills but the course was limited in terms of both time and scope. In this regard it is valuable to reflect on the description of the qualification:

> [t]he National Certificate in Mental Health (Mental Health Support Work) (Level 4) is designed to be a first qualification for people who are wishing to enter mental health support work, or who are already working as paid or unpaid mental health support workers with limited autonomy.

The focus during the early years, evidenced by the processes set up to support people to undertake the course, was on qualifying those people who were already working in the sector and hence, had existing 'experiential' knowledge and skills. It was evident during the course of the present project that more and more people are embarking on the qualification with no or little history of working in mental health. Stakeholders were all fairly adamant that the present National Certificate is sufficient as an introductory qualification, in terms of time and scope, for those people that have existing sector work experience. However, they did question whether the present course was satisfactory to equip people with the basic skills and knowledge required to embark on working as a mental health support worker. This was identified as a particular concern in relation to people working with and being responsive to the needs to Tāngata whai ora and whānau.

In addition it became clear, through the consultation, that many support workers are no longer working with limited autonomy. As noted above, one of the key themes from the findings of the present project is the diversity of work that is currently being undertaken by support workers. Associated with that theme was the observation of the expansion of some support work roles in terms of both responsibility and autonomy. This increased autonomy is in direct conflict with the stated objectives of the present qualification. People expressed concern at the exploitative nature of requiring people to undertake roles beyond the stipulated parameters of the qualifying course. This is a situation often experienced by Māori who are placed in workplace situations where they are completely responsible for fulfilling roles that involve responsiveness to individuals both generally and culturally. Situations like this put great pressure on individuals, and support workers, as a group, feel that they have no recourse against such practices. In regard to this, several people identified and supported the idea of a national body being established to address these types of issues. In addition, the idea of having

identified competencies relevant to support workers could be explored. As noted in the introduction, Kate Prebble investigated the issues that relate to the use of Competencies for the New Zealand Mental Health Workforce (Prebble, 2002). A number of options were identified as being available for progressing this issue:

- Use of the existing competencies for the mental health workforce
- Use of the recovery competencies
- Develop new mental health competencies
- Auditing tool for services (clinical indicators)
- New Zealand-based research.

Prebble concluded that:

> [b]efore any further work is done on the development of mental health competencies, there needs to be a thorough functional analysis of mental health services in New Zealand… The functional analysis would form the basis of an assessment of the skill-mix required in the mental health workforce. Competencies could then be identified based on the functions and skills required (p. 42).

From the results of this evaluation, it seems that Prebble's conclusion is certainly relevant in terms of the mental health support workforce. In addition, the present project has highlighted that considerable revisions would need to be made to the unit standards for them to be congruent with the recovery competencies and fully responsive to Māori.

The above discussion does not mean that some support workers do not want to develop their skills, qualifications and role beyond the National Certificate level. However, at present, there is a tension between the introductory level qualification and the advanced level roles that some support workers are already engaged in. Workforce development documents, as reviewed in the introduction, did predict the need for the development of more in-depth and specialist courses to cater to the developing mental health support workforce. It seems that time is here. When talking about the development of future qualifications most people focused on the idea of a National Diploma for Support Work.

Educators and managers were fully supportive of the development and implementation of a National Diploma. They believed that such a development would provide a qualification base for a career pathway for support work which would expand the options for people wanting to specialise in this field. Support workers had very mixed views about the possibility of an advance formal qualification in support work. The main concerns expressed included:

- What would be the value of a Diploma?
- Is a Diploma level qualification necessary to undertake the work we are doing?
- Isn't experience more valuable learning in relation to the support worker role?
- Is an academic course going to equip people to do the job?
- Will the development of a Diploma reduce the value of the National Certificate?
- Would the Diploma be compulsory in order to keep your job?
- Would benefits (e.g. increased remuneration) make doing the Diploma worthwhile?

Support workers raised the possibility of other ways of progressing qualifications that they thought were worth exploring. These included:

- The idea of 'endorsements' to the National Certificate. These could be additional units that could be tagged onto the National Certificate to acquire skills specifically related to work being undertaken. These units might still be at Level 4, not necessarily a higher level. The Diploma could involve the accumulation of a certain number of endorsements

- The idea of bridging from the National Certificate in Mental Health Support Work into other relevant training/ education programmes such as Psychotherapy, Counseling, Nursing, Social Work or Clinical Psychology.

In relation to this second point, it should be highlighted that one of the new initiatives (new funding), reported in the Ministry of Health's Mental Health (Alcohol and other Drugs) Workforce Development Framework (2002), included the output of mental health support workers bridging and mentoring into clinical training based on the rationale that this identifies and progresses a career path for support workers to become clinicians.

Māori shared the views of developing a more advanced Diploma as well as bridging into other training and education as positive steps. However, also suggested was the development of a National Certificate for working with Māori; with equivalent status to the present National Certificate in Mental Health Support Work. This is consistent with the finding and recommendation 6 (Māori Participation and Matauranga Māori) of *Te Puawaitanga O Te Oranga Hinengaro*. In addition, recommendation 7 of that report provides that 'Māori mental health providers and stakeholders are involved in the development and design of a Diploma in Māori mental health carried out 'for Māori by Māori' and includes Māori mental health key competencies'.

Many people were critical of the fact that the present qualification has no facility to give recognition to prior learning. This was identified as a particular concern in relation to recognising the learning and experience that Māori bring to working with Māori.

Whatever eventuates in terms of future qualifications, people were adamant that generally their circumstances suit a work-based learning style where people can continue to work and earn whilst progressing qualifications.

In terms of the present course continuing to serve as an introductory qualification, people were clear that no subjects can be covered in-depth through the course. With regard to this point all stakeholder groups were fairly unanimous that:
- The National Certificate should only provide an overview on the development and evolution of national policy relevant to mental health, including those specific to Māori
- Education specific to working with children and adolescents should be covered through a higher level qualification and/ or endorsement with specific attention to Māori and non-Māori working with Māori
- Given that support workers were currently working with people from a range of different cultures, they needed to be equipped with the skills to know how to be responsive to different cultures via community resources (rather than being taught specifically about each and every cultural group).

Non-Māori also felt that more in-depth education about social and institutional discrimination and social change movements should be covered through a higher level qualification and/ or endorsement. However, based on their own personal experience, Māori who had completed the National Certificate felt that this should be covered more extensively in the National Certificate, along with more material on racism and the effects of racism.

There are a number of distinct issues relevant to how the current National Certificate equips support workers with the knowledge and skills to work with Māori:
- For non-Māori working in mainstream, the course requires much more development of a bicultural approach in order to equip support workers to work with Māori in mainstream NGOs. The reliance on networking with Kaupapa Māori services is an insufficient solution to the requirement for support workers to be responsive to Māori in

their own organisations. Improving the bicultural content of the course would pave the way for support workers being more responsive to other cultures

- Māori working in Kaupapa Māori services require a more specialist and specific knowledge for the type of work they are doing than what is currently being offered in the National Certificate. It is unlikely that the type and level of knowledge required could be reconciled with the parameters of the current National Certificate, a specific 'Māori for Māori' response is required
- New immigrants generally have no or little background knowledge about the significance and status of Māori in New Zealand. For them, the current course content about working with Māori is not in context with the level of their knowledge. The idea of a pre-requisite course was proposed for new immigrants who had no or limited knowledge.

Universally, stakeholders reported that the National Certificate did not equip them to work with Pacific people. At most, Pacific models are touched on through the course, although this was dependent on the location and proportion of Pacific People in the community. Educators felt that the unit standards are currently written to reflect a bicultural society, although it was apparent from the support workers themselves that this was not consistently demonstrated in the teaching.

There were some specific questions asked through the consultation in relation to a couple of unit standards that were identified as being deficits/ risk management focused. In particular, unit standards 13439 and 13440 focus on 'behavioural' considerations in relation to difficult situations. Whilst all stakeholders confirmed that they do require the skills to be able to deal with difficult situations through their work, they did not feel that these unit standards established the appropriate framework and guiding principles for this topic. Many educators reported that they had already adapted the course, in relation to these standards, to be more consistent with up-to-date and best practice models of working with difficult situations. However, it was not evident through the information gathered and the opinions expressed that this included appropriate content relating to Māori responses/ approaches. In addition, some of the ways people described working with people in these situations, and some of the experience of consumers, Tāngata whai ora, whānau, and family in these situations, raised concerns about the approaches that had been learnt and were now being applied. Educators also reflected that the language in the unit standards was problematic in the class. They suggested that this unit standard needs to be rewritten, using more positive wording to reflect government policy and what is already being taught in most classes. Furthermore, this must reflect and demonstrate responsiveness to Māori.

The question about the extent of documentation skills required to be taught through the National Certificate raised a number of pertinent points from the perspective of the various stakeholders:
- Support workers are generally required to undertake more documentation than what is covered through the National Certificate
- There is currently nothing in the unit standards specific to documentation matters and issues pertaining to Māori knowledge and information e.g. whānau hui, and whakapapa
- There is inconsistency in the type and extent of documentation tasks that are required of support workers through various roles
- Service providers are currently providing support workers with the required training in regard to documentation requirements
- Literacy limitations need to be taken into account when considering documentation issues
- More extensive documentation skills could be covered through the National Certificate in order to meet what is generally required of support workers in terms of documentation.

Consumers, Tāngata whai ora, whānau and family highlighted the following functions as being most important to them, in terms of what support workers provide:

- A structured, supportive relationship
- An opportunity for discussion
- Assistance with practical daily tasks
- Assistance both in accessing and using 'the community' and the environment
- Assistance with planning
- Assistance with family/ whānau relationships and provision of information and education
- Providing affirmation and assurance
- Creating solidarity
- Knowledge and assistance of learning with Matauranga Māori, e.g. waiata and karakia
- Assistance with access to education and vocational opportunities
- Assistance with access to employment
- Teaching skills
- Support with health lifestyle choices
- Assistance with access to information and services
- Advocacy and support with self-advocacy.

This final function was one that was identified consistently and constantly through the consultation. It seems to be a major aspect of many support work roles. It applies to a broad range of persons and organisations, including other health professionals, family and government agencies such as WINZ. The extent of content around advocacy in the unit standards does not currently reflect this significant aspect of what support workers are doing.

The relationships that consumers, Tāngata whai ora, whānau and family had with support workers were primarily dependant on the following dimensions:

- Support workers' attitude (including being respectful, non-judgmental, caring, willing, tolerant, appreciative and understanding of different points of view)
- Support workers' communication skills (being able to speak te Reo Māori was an advantage for Tāngata whai ora and whānau)
- Knowledge, understanding and the application of Māori concepts and their relation to working with Tāngata whai ora and whānau
- Continuity of support worker relationships
- Flexibility of support workers
- General life skills and experience of support workers.

These things were particularly important in relation to the concepts of supporting people to do things for themselves and being flexible and responsive to times where levels of support required might vary. The other factor that had significant impact on these considerations was the support (or otherwise) of the organisation that the support worker was employed with. Despite learning appropriate theoretical knowledge through the National Certificate, it is very difficult for the student if the organisation's approach is not congruent with this, and hence, application of the theoretical learning is not supported. This was a matter of particular concern in respect of some providers not supporting the application of Māori models/ approaches. The education of support workers is very dependant on service providers. As already stated, the National Certificate is an introductory level course and the ongoing development of workers requires the provision of supportive working environments, supervision and ongoing training by service providers. Educators were particularly critical that currently there are no guidelines for appropriate employment placements for students, nor any guidelines for workplace assessment. In addition, and once again, this point highlights the importance of service and education providers working together so that their approaches are congruent.

When asked about the qualifications that support workers need to undertake this role consumers, Tāngata whai ora, whānau and family had mixed views. Whilst acknowledging that some formal training was generally necessary, participants felt that many of the key attributes of support workers were dependant on life skills and experience that people had. This is an important point in relation to both the development of future qualifications and the issue of what existing skills people need to have in order to take up a support work role and/ or embark on the support work qualification. A concern from several consultation participants was that it was too easy to enter the mental health support workforce, both through the education and service provision routes. Some people felt that this phenomenon impacted on perceptions of the support work role and qualification. However, as the feedback of consumers, Tāngata whai ora, whānau, and family indicates, it is very important that the appropriate people are being supported in this field and this does not extend to everyone and anyone.

Many of the stakeholders involved in the present project were aware of the current evaluation of the scholarship grants which sponsor support workers to complete the National Certificate. Many stakeholders raised concerns that the grants scheme was not going to continue. They felt this would affect the numbers of people able to undertake the course and gain the National Certificate.

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Appendix One

1. Treaty/Laws/Principles/Ethics/Values

Unit No	Name	Recovery Competencies (Best Fit)	Observations[4]
13424	Demonstrate knowledge of the application of Te Tiriti o Waitangi to mental health settings	Competency 1. 1.1 They demonstrate the ability to apply the Treaty of Waitangi to recovery Unit Element 4 ⇔1.1 but not specific about recovery Unit element 3 ⇔ 1.1 b & 1.1c	**General comment** Current unit standard appears very generically theoretical rather they it being written relevant to mental health support work **Missing:** 1.1d ability to enable Māori service users to rediscover their identity and to enrich their mana
13428	Demonstrate knowledge of law and legal services in mental health support work	Competency 5 A competent mental health worker understands and *actively protects service user rights* Unit. Element 1⇔**5.1** Demonstrate knowledge of human rights principles and issues Unit. Element 2⇔**5.2** Demonstrate knowledge of service users rights within mental health services and elsewhere Unit. Element 3⇔**5.3** Demonstrate the ability to promote and fulfill service users rights	**General comment** C. Current Unit misses the second part of the competency regarding the application of knowledge, that is, 'actively protects service user rights' **Missing:** 5.2b. knowledge of guardianship law: Protection of Personal Property Act, Human Rights Act and NZ Bill of Rights Act 5.2e. familiarity with international rights instruments 5.2f. about advance directives (Code of Health & Disability Consumers' Rights) 5.3a. ability to educate service users about their rights 5.3b. knowledge and use of complaints procedures **Need to be more specific about:** 5.1c. understanding the importance of minimizing involuntary practices, e.g., seclusion, restraint and forced treatment
		Pool from a range of competencies	**Missing** 5.1a. understanding the principles of autonomy, self determination and privacy 5.1d. understanding the tensions between political, bureaucratic, professional, legal processes and service users rights 8.1a. knowledge of mental health policy and standards 9.1a. understanding of the principles of self determination, human rights, and social inclusion

2. Role of Support Work: day to day work

Unit No	Name	Recovery Competencies (Best Fit)	Observations
13427	Establish and maintain a supportive relationship with consumers/ Tāngata	Unit element 1⇔ **Comp 2** A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness	**General Comment** Current Unit is deficits based rather than resilience/strengths focused **Missing:** 2.1a. familiarisation with the concepts of

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[4] The numbers in this column refer to Recovery Competencies. When parts of the recovery competencies are identified as missing this means that they are not present in any Unit Standard but should not be interpreted to mean that it should be present in the particular unit standard identified in that row.

	whaiora	Unit Element 4 ⇔ **Comp 4 .2** A competent mental health worker has the self awareness and skills to communicate respectfully and develop good relationships with service users Unit Element 4/5 ⇔ **Comp 4.3** They manage relationships that will facilitate recovery Unit Element 1 ⇔ **Comp 3** Demonstrate knowledge of European derived cultures Unit Element 1 ⇔ **Comp 7.1** Demonstrates awareness of cultural diversity Unit Element 1 ⇔ **Comp 7.4** They demonstrate knowledge of Pacific Island cultures Unit Element 1 ⇔ **Comp 7.5** They demonstrate knowledge of Asian cultures Unit Element 4/5 ⇔ **Comp 2.3** They demonstrate the ability to support service users to experience positive self image, hope and motivation	resilience and strength in contrasts to deficits based approaches 2.1b. understanding of adult education principles 2.2b. understanding of how to minimize the impact of trauma and negative life experience that predates mental illness 4.2i. conflict resolution skills, not sure which Unit 7.4a. knowledge and diversity of Pacific cultures 7.4b. knowledge of Pacific people's culture ability to articulate Pacific people traditional views on health 7.4d. knowledge of Pacific people's treatment 7.4e. knowledge of Pacific people services and ability to work with them 7.4f. ability to involve Pacific people's families, communities and service users in services 7.5.a. knowledge of diversity within Asian cultures 7.5b. knowledge of Asian cultures 7.5c. ability to articulate Asian views on health 7.5d. knowledge of traditional Asian treatments **Need to be more specific about:** 2.2a. ability to support people to find positive meaning in their experience of mental illness 4.2b. ability to use communication styles that motivate and support people to change 4.2g. use of non-technical, understandable written and oral language 4.2h. knowledge of how to use interpreters for non English speaking people 4.3.a ability to build trust with service users 4.3b. ability to work in partnership and reciprocity with service users 4.3c. ability to focus on strengths and to encourage purpose 4.3d. ability to adapt levels of support to people's different and changing needs 4.3.e. ability to let service users think for themselves and make free decisions 7.3c. understanding of European privilege in the European context

13429	Demonstrate knowledge of mental health and illness and mental health services	Element 1 ⇔ **Comp 3.1**
		Demonstrates knowledge of the major ways of understanding mental illness
		Element 1 ⇔ **Comp 1.3**
		Element 2 ⇔ **Comp 3.2 & 3.4**
		  3.2 demonstrate knowledge of the major types of treatments and therapies and their contributions to recovery
		  3.3 demonstrate knowledge of innovative recovery orientated service delivery approaches
		Element 3 & 4 ⇔ **Comp 8.1**
		Demonstrate ability to facilitate
			General Comment
			1. Current Unit Standard is very medically orientated. Talks about mental health as well as mental illness but does not define what this is. There is no mention of recovery.
			2. Mentions the 'value base of mental health support work' but does not define what this is
			Missing:
			3.1b. understands the social model of disability
			3.1f. knowledge of rates of improvement of people with mental illness
			8.1a. knowledge of mental health policy and standards
			8.1d. knowledge of local and national mental health advocacy organisations
			8.1e. ability to develop links with other local mental health services and mental health

		access to good use of mental health services	organisations. 8.1f. ability to assist the service user to get the most out of services, that is, 'discretionary use'. **Need to be more specific about:** 3.2c. knowledge of self help approaches 3.2f. knowledge of alternative complementary therapies.
13433	Support the implementation of a lifestyle plan in mental health support	Element 1 ⇔ **Comp 3.3 & 2.4** 3.3. Demonstrate the ability to facilitate service users to make informed choices for recovery 2.4. Demonstrate the ability to support service users live the lifestyle and culture of their choice Element 2 ⇔ **Comp 2.2** 2.2. Demonstrate the ability to support service users to deal constructively with trauma, crisis and keeping themselves well. Unit Element 1/2 ⇔ **Comp 2.3** They demonstrate the ability to support service users to experience positive self image, hope and motivation	**General Comment** N/A **Missing** 2.3a. ability to support people to take control of their lives 2.3b. ability to support people to self advocate and know their rights 2.3c. ability to support people to develop hope an optimism 2.3d. ability to support people to cope and use problem solving skills 2.3e. ability to support people in deciding what they want out of life 2.2f. understanding the importance of exercise nutrition sleep spirituality creative outlets and stress management 9.3a. ability to work in partnership with individual to support recovery, e.g. collaborative approaches to goal setting, treatment, crisis planning **Need to be more specific about:** N/A
13434	Support a mental health consumer/ Tāngata whai ora to access services in the community	Element 1 ⇔ **Comp 8.3** Demonstrate ability to facilitate access to and good use of community resources and services Element 2 ⇔ **Comp 8.2** Demonstrate ability to facilitate access to good use of other government sectors	**General Comment** N/A **Missing** 8.3a. knowledge of community development principles and practices 8.2a. knowledge of current polices and practices which impact on people with mental illness 8.2i. ability to advocate with other service providers for access to services **Need to be more specific about:** N/A
13437	Contribute to community acceptance of consumer Tāngata whai ora experiencing mental illness	Element 1⇔ **Comp 6.1, 6.2, 6.4.** 6.1. Demonstrate knowledge of discrimination and social exclusion issues 6.2. They demonstrate an understanding of discrimination and exclusion by the wider community 6.4. Demonstrate an understanding of other kinds of discrimination and how they interact with discrimination on the grounds of mental illness Element 2 ⇔ **Comp 6.3. & 6.5.** 6.3. Demonstrate an understanding of discrimination by the health workforce 6.5. demonstrate familiarity with different approaches to reducing discrimination	**General Comment** Too much emphasis on fear and danger Needs to be more about systemic/social movements No mention of discrimination in general No mention of discrimination by the health workforce Missing about internalised stigma **Missing** 6.3a. understanding of discrimination in legislation public policy and funding 6.3b. understanding if the discrimination in the management of services 6.3c. understanding of one to one discrimination, e.g, derogatory or incomprehensible language, controlling behaviour, paternalistic attitudes, low expectations, neglect, abuse 6.3d. understanding of discrimination against service users working in mental health services 6.3e. understanding of discrimination in the

		Element 2 ⇔ **Comp 9.1** They demonstrate knowledge of the principles and activities of the service user movement	mental health workforce 6.4a. understanding of discrimination on the grounds of ethnicity, gender, sexual orientation and other disabilities 6.4b. understanding of the impact of multiple discrimination on service users - on the grounds of ethnicity etc. 6.5a. knowledge of legislation, anti discrimination law 6.5b. knowledge of public policy to reduce discrimination 6.5c. knowledge of mass media campaigns to reduce discrimination 6.5d. knowledge of community development approaches for the mental health workforce 6.5e. knowledge of service development and educational approaches for the health workforce 6.5f. knowledge of current projects to counter stigma 6.5.g. ability to educate other service sectors and the wider community on discrimination 9.1a. understanding the principles of self determination, human rights and social inclusion 9.1b. understanding of the similarities with other social movements e.ge.g., women's movement, civil rights, indigenous movements 9.1c. understanding the meaning and scope of advocacy 9.2d. understanding the meaning and scope of service user run self help **Need to be more specific about:** 6.1b. awareness of stories about research on discrimination against people with mental illness 6.1c. understanding of internalised stigma and impact on service users
18547	Support a mental health consumer/ Tāngata whaiora in their management of alcohol an other drugs	Element 2 ⇔**Comp 2.2** 2.2f ability to inform people of the likely impact of alcohol and other recreational drugs and smoking	**General Comment** N/A **Missing** No mention of the Alcohol & Drug Act 1996 **Need to be more specific about:** N/A
19750	Establish supportive relationship with families and whānau in mental health support work	Element 1 ⇔ **Comp 10.1** 10.1. They demonstrate knowledge of the range of family participation and the principles behind it Element 2 ⇔ **Comp 10.3** Demonstrate the ability to apply their knowledge of family participation to different groups and settings Element 3 ⇔ **Comp 10.2** Demonstrate knowledge of the methods of family participation Element 4 ⇔ **Comp 10.4** Demonstrate awareness of the experiences of families and their potential to support recovery	**General Comment** N/A **Missing** 7.4f. ability to involve Pacific people's families, communities and service users in services 7.5e. ability to involve Asian families 10.1e. understanding of the importance of service user consent to family involvement 10.2b. ability to seek a representative view if what families in a given service, population, or network think. 10. 2c. ability to use experts among families 10.3a. understanding of family involvement with child and adolescent services (unit in development) 10.4a. understanding the impact of mental illness on family relationships

			10.4e. knowledge of family support and advocacy groups and resources **Need to be more specific about** 4.3f. ability to build respect and trust with families and whānau
13441	Integrate knowledge, skills, and values learning in mental health support work		**General Comment** Although values are mentioned these are not defined **Need to be more specific about:** N/A

3. Professional Development

Unit No	Name	Recovery Competencies (Best Fit)	Observations
13424	Demonstrate self awareness for mental health support work	4. A competent mental health worker has the self awareness and skills to *communicate respectfully and develop good relationships with services users* Unit Element 1 ⇔ **Comp 4.1** 4.1 Demonstrate self awareness of their life experience and culture	**General Comment** Where is the part in italics covered **Missing** N/A **Need to be more specific about** N/A
13431	Participate in supervision as a mental health support worker	Doesn't align with any competency	
13432	Participate in a group or team to achieve mental health support work objectives	Doesn't align with any competency	
13436	Participate in a community network for mental health support work	Doesn't align with any competency	

4. Risk Management

Unit No	Name	Recovery Competencies (Best Fit)	Observations
13430	Recognise and respond to, record, and report serious incidents in mental health support work	Doesn't align with any competency	**General Comment** Too focused on serious incidents and should be in relation to recording and reporting work generally including serious incidents **Missing** N/A **Need to be more specific about** N/A
13438	Support a consumer/ Tāngata whai ora to establish a safe environment in their own home	Doesn't align with any competency	**General Comment** Too focused on negative and threatening behaviour Should be more focused on communications and relationships **Missing** N/A **Need to be more specific about** N/A

4. Risk Management

Unit No	Name	Recovery Competencies (Best Fit)	General Issues
6401	Provide First Aid	N/A	
6402	Provide Resuscitation Level 2	N/A	
497	Protect Health and Safety in the Workplace	N/A	

Appendix Two

Managers/Educators/Support Workers

Introduction

Welcome to the focus group that we are running today. Thank you for taking time to participate in a discussion on the training of support workers. Before we begin the focus group discussion we'll introduce ourselves and *Case Consulting*, provide some background information as to this project and give an overview of what we will do today.

Introduce yourself / Mihi

Introduce *Case Consulting*
Case Consulting is a consumer consultancy company that focuses on mental health work. They/We undertake education, training, advisory work as well as research and evaluation work. This present work we are doing is an evaluation of the National Certificate in Mental Health Support.

We want to find out about how people perceive the training of mental health support workers. We are conducting focus groups with a range of stakeholders for this research: consumers, Tāngata whai ora/ whānau, managers of support workers, support workers, teachers. For this focus group we have invited _____ from a range of providers. We are particularly interested in your views as _____.

The evaluation that *Case Consulting* is undertaking is aimed at mainstream services both NGO and DHB services that employ support workers. Part of the project will specifically focus on collecting the views of Māori in mainstream services (NGO/DHB). An evaluation focused on Kaupapa Māori services (Iwi/NGO) *Te Puawaitanga O Te Oranga Hinengaro* has already been conducted and a separate piece of work is being undertaken to collect a Pacific People's perspective.

Today we are interested in discussing your experiences, your views and opinions about the training of support workers. There are no right or wrong answers, but rather differing points of view. Please share your point of view even if it differs from what others have said. We are just as interested in negative comments as well as positive comments.

I would like to now provide you with a bit more background to the project before opening the discussion. We, *Case Consulting*, have undertaken an analysis of the Unit standards against the Recovery Competencies. The Recovery Competencies define some of the attitudes, skills, knowledge and behaviour required of people working in the mental health. The Mental Health Commission and the Government have signaled that all mental health qualifications must include recovery content.

MHSWAG, the Mental Health Support Work Advisory Group are responsible for advising on the qualifications for support workers and they have sponsored this research to find out what stakeholders think about the current qualification and improvements that need to be made, taking into consideration the recovery competencies. As not everyone will be totally familiar with the detail of the Unit standards as well as the Recovery Competencies we have undertaken the initial analysis to identify any gaps.

Our analysis has identified some gaps in the Certificate in relation to the Recovery Competencies. The next part of the focus group will involve us discussing these gaps. How are we going to do this? We will present our view and then we will open it up for discussion.

Before we begin I just want to make some things clear:
- This is a research project and the information gathered will only be used for the purposes of this project
- Please speak up – only one person should talk at a time. We are recording the session because we do not want to miss any comments. The tapes will be listened to after the focus group to supplement notes that will be taken. These tapes will be destroyed at the end of the project.
- We will only be on first name basis today and there will not be any personal names recorded in the report. As this is not an evaluation of support workers, service providers or education agencies, these will also not be identified in the report.

Our session will last for ……
We will have break at ….
The Toilets are….
If there is a fire…..

If you would like feedback about the evaluation we have agreed to write updates about the project which we can send to you.   If you would like to receive an update, we have a form for you to fill out your contact details (reminder at the end)
Time check

Question One
To start with if you would like to introduce yourself

For teachers:
How long have you been teaching the Certificate in Mental Health Support Work?

For Managers:
How many people in your agency have completed the Certificate/currently training?

For SW:

How long have you been working as a support worker and how long ago did you complete the Certificate in Mental Health Support Work?

Question Two

There appears to be an emphasis on medical/clinical knowledge about mental illness in the Unit standards. The Recovery Competencies introduce a number of other models of explaining and understanding mental illness. Some of the models that are mentioned in the Recovery Competencies are the social model of disability, cultural models and the recovery approach

a. Do you think that support workers need to be learning about other definitions and models of mental illness?

b. Given the number of Maori using services do you think that support workers should be learning about Maori models of understanding mental illness?

Question Three

In our view there is strong emphasis on managing the negative aspects associated with mental illness in the Unit standards, for example 'manage responses to challenging and threatening behaviour' and 'manage unacceptable behaviour'. The Recovery Competencies introduce a range of other possible approaches, for example strengths /resiliency approach, health promotion, Whare Tapa Wha.

a. Do you think that mental health support workers need to learn about a range of approaches for working with people who experience mental illness?

b. Do you think that support workers need to understand Māori approaches for working with Māori who experience mental illness?

Question Four

The Recovery Competencies identifies the role national policy has in directing service provision as well as identifying the impact of historical policy on people using services today. In our view the role of policy is not really addressed in the Unit standards.

a. Do support workers need to have an overview of national mental health policy in this country and how this has changed over the years?

b. Do support workers need to understand current Māori mental health policy in order to work effectively with Māori?

Time check

Question Five

In our view the Unit standards are not specific enough about the particular values and ethics that form the basis of support work nor are they specific about those relevant to Māori.

a. What is your opinion about the importance of being specific about the values and ethics that form the basis of support work?

b. Should the training for support workers be specific about values that are relevant to Māori?

Question Six

The current Unit standards do not include knowledge about social and institutional discrimination associated with mental illness and what has been learnt from other social change movements. For Māori this is compounded by institutional racism.

a. Do you think that support workers require this knowledge to fulfill their role?

b. Do support workers require knowledge about the compounding effects of institutional racism and discrimination for Māori?

Question Seven

The Recovery Competencies introduce a range of cultural domains that are not covered in the Unit standards. Currently culture is ethnically defined and focuses primarily on Māori and Pacific cultures. Māori have a unique position as mana whenua and it is our view that the Unit standards could be enhanced with respect to Māori.

Does the Certificate currently equip support workers to work with Māori?

Question Eight

Does the training in the Certificate currently equip support workers to work with pacific people?

Time check

Question Nine

If we consider that the Recovery Competencies introduce a range of other cultural influences and we take a broader interpretation of culture that is not limited to ethnicity. For example, there are cultures associated with sexual orientation, age, for example 'youth culture', recreational pursuits 'rugby'.

Do you think that support workers need to be trained with respect to the different types of cultures that people identify with?

Question Ten

In some parts of the country there are support work services being delivered to children and adolescents. However the Unit standards do not cover this age group, for example in the legislation section there isn't any mention of the Children, Yong Person and their Families Act and there are particular parts of the Mental Health Act that are specific to this age group?

a. Do you think that support workers should be better equipped to work with this age group?

b. Are their any particular issues for Māori?

Question Eleven

In our reading of the Unit standards it is unclear the extent to which support workers are trained and understand the concepts of tino rangatiratanga and empowerment. The Recovery Competencies emphasise this way of working with consumers/ Tāngata whai ora and families/ whānau through supporting and educating people to do for themselves rather than 'doing for'.   There are particular challenges for support workers in this area in terms of balancing empowerment and neglect?

a. What is your experience of support workers' skills in this area?

b. Are their any particular issues for Māori?

Question Twelve

Currently in the Unit standards, documentation is limited to the individual lifestyle plan and serious incidents.

In your view does this provide adequate coverage of documentation skills required of support workers?

Time check

Question Thirteen

According to the Unit standards support workers are educated about working with other mental health support workers.

Is this the extent of team involvement that support workers have and should they be trained to work with a broader range of health professionals, including Māori health professionals and community agencies?

Question Fourteen

In your view how do support workers manage the application of their knowledge to the workplace?

Question Fifteen
In your view is there sufficient time within the current National Certificate for people to learn enough to equip them to work as mental health support workers?

Question Sixteen
What range of qualifications do you think should be available for support workers in the future?

Time check

Question Seventeen
Have we missed anything?

In Conclusion
Summary Feedback to the group

Thank you

Reminder about putting name on form if they want an update sent to them.

Appendix Three

Tāngata whai ora / Whānau
And Consumers

Introduction

Welcome to the focus group that we are running today. Thank you for taking time to participate in a discussion on the training of support workers. Before we begin the focus group discussion we'll introduce ourselves and Case Consulting, provide some background information as to this project and give an overview of what we will do today.

Introduce yourself / Mihi

Introduce Case Consulting
Case Consulting is a consumer consultancy company that focuses on mental health work. They/We undertake education, training, advisory work as well as research and evaluation work. This present work we are doing is an evaluation of the National Certificate in Mental Health Support.

We want to find out about how people perceive the training of mental health support workers. We are conducting focus groups with a range of stakeholders for this research: consumers, Tāngata whai ora/ whānau, managers of support workers, support workers, teachers. For this focus group we have invited _____from a range of providers in_____.

Today we will be discussing your views and opinions about mental health support workers. There are no right or wrong answers, but rather differing points of view. It is intended for this to be as much a discussion amongst yourselves as with us. Please share your point of view even if it differs from what others have said. We are just as interested in negative comments as positive comments.

The questions that we are going to ask you to discuss are based on our looking at two documents, one which outlines the current training the support workers receive and a second document which suggests aspects that should be included. The questions then, are aspects that we want to find out about what happens in practice and in that respect your experience of using this type of service is important.

Before we begin I just want to make some things clear:
- This is a research project and the information gathered will only be used for the purposes of this project

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- We will only be on first name basis today and there will not be any personal names recorded in the report. As this is not an evaluation of support workers, service providers or education agencies, these will also not be identified in the report.
- As facilitators our role is to keep the discussion reasonably focused on the purpose for running the focus groups.

Our session will last for ……
We will have break at ….
The Toilets are….
If there is a fire…..

If you would like feedback about the evaluation we have agreed to write updates about the project which we can send to you.   If you would like to receive an update, we have a form for you to fill out your contact details (reminder at the end)

We will provide a koha/donation at the end of the focus group.

Time check

Question One
To start the discussion, could you introduce yourself and describe your use of support work services, for example, you might like to mention when you last have a support worker and for how long or maybe you have one now, and whether you have had just one support worker or a few different ones?

Question Two
What is important to you about what a support worker does?

Need to check (ask specifically if not already covered in the discussion)
2a. How do support workers support you to do things for yourself?

2b How do support workers deal with making judgments with the level of support that you need? For example, with deciding about whether to do something for you, with you or to let you sort it out for yourself.

Question Three
What is important about how a support worker interacts with you?

Need to check (ask specifically if not already covered in the discussion)

3a. How do you feel that support workers manage the relationship between you and them?

3b. How do support workers work with other people that support you?
>   Family
>   Health Professional
>   Community Agencies

3c. Do you find that support workers place too much emphasis on medical / clinical understandings of mental illness?

3d. What other ways or approaches do support workers utilise to help you deal with your mental illness?

3e. Do you think support workers need to learn more about other ways of understanding mental illness?

3f. How do support workers manage difficult or challenging situations?

Time check

Question Four
What do support workers not do, that you would like to see them do?

Question Five
What makes a good support worker?

Need to check:
5a. Do you think that support workers work to any particular values? If so, what are they?

Question Six
Do you think that support workers need to have training and qualifications?

Question Seven
Is there anything else that you would like to discuss?

In Conclusion

Reminder about putting participants name on the form if they want an update sent to them.

Thank you and payment for participants.

Appendix Four

Family

Introduction

Welcome to the focus group that we are running today. Thank you for taking time to participate in a discussion on the training of support workers. Before we begin the focus group discussion we'll introduce ourselves and Case Consulting, provide some background information as to this project and give an overview of what we will do today.

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We want to find out about how people perceive the training of mental health support workers.   We are conducting focus groups with a range of stakeholders for this research: consumers, Tāngata whai ora/ whānau, managers of support workers, support workers, teachers.   For this focus group we have invited _____from a range of providers in_____.

Today we will be discussing your views and opinions about mental health support workers.   There are no right or wrong answers, but rather differing points of view. It is intended for this to be as much a discussion amongst yourselves as with us. Please share your point of view even if it differs from what others have said. We are just as interested in negative comments as positive comments.

The questions that we are going to ask you to discuss are based on our looking at two documents, one which outlines the current training the support workers receive and a second document which suggests aspects that should be included. The questions then, are aspects that we want to find out about what happens in practice and in that respect your experience of using this type of service is important.

Before we begin I just want to make some things clear:
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be listened to after the focus group to supplement notes that will be taken. These tapes will be destroyed at the end of the project.

- We will only be on first name basis today and there will not be any personal names recorded in the report. As this is not an evaluation of support workers, service providers or education agencies, these will also not be identified in the report.
- As facilitators our role is to keep the discussion reasonably focused on the purpose for running the focus groups.

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We will have break at ….
The Toilets are….
If there is a fire…..

If you would like feedback about the evaluation we have agreed to write updates about the project which we can send to you. If you would like to receive an update, we have a form for you to fill out your contact details (reminder at the end)

We will provide a koha/donation at the end of the focus group.

Time check

Question One
To start the discussion, could you introduce yourself and describe your family members use of support work services, for example, you might like to mention when you last have a support worker and for how long or maybe you have one now, and whether you have had just one support worker or a few different ones?

Question Two
What is important to you about what a support worker does for your family member?

Need to check:
2a. How do support workers support your family member to do things for yourself?

2b How do support workers deal with making judgments with the level of support that you need? For example, with deciding about whether to do something for someone, or do something alongside or let someone do it themselves?

Question Three
What is important about how a support worker interacts with your family member?

Need to check:

3a. How do you feel support workers manage the relationships with those they are supporting?

3b. How do support workers work with other people involved in another person's support?
> Family
> Health Professional
> Community Agencies

3c. Do support workers place too much emphasis on medical / clinical understandings of mental illness?

3d. Do you think support workers need to learn more about other ways of understanding mental illness?

3e. Do you find support workers utilise other approaches than medical/clinical approaches in supporting your family member?

3f. How do support workers manage difficult or challenging situations?

Time check

Question Four
What do support workers not do, that you would like to see them do?

Question Five
What makes a good support worker for you?

Need to check:
> 5a. Do you think that support workers work to any particular values?

Question Six
Do you think that support workers need to have training and qualifications?

Question Seven
Have we missed anything?

In Conclusion
Summary Feedback to the group

Thank you
Reminder about putting name on form if they want an update sent to them.
Payment for participants.

Appendix Five

Dear

We are writing to inform you about the Evaluation of the National Certificate in Mental Health Support Work which is taking place this year.

The Mental Health Support Work Advisory Group (MHSWAG) is responsible for developing unit standards and qualifications for mental health support work, including the National Certificate in Mental Health Support Work. MHSWAG is made up of representatives of the sector and has delegated authority under the New Zealand Qualifications Authority (NZQA).

The purpose of the evaluation is to evaluate the effectiveness of the National Certificate in Mental Health Support Work and to gain information that will assist MHSWAG with the future development of unit standards and qualifications for the mental health support workforce, from the perspectives of consumers/ Tāngata whai ora, families/ whānau, employers, support workers and educators. The information will also be used to promote the development of unit standards and qualifications that adopt / reflect a recovery approach.

We have commissioned Case Consulting to undertaking the evaluation on behalf of the Mental Health Support Work Advisory Group. The evaluation that Case Consulting is undertaking is aimed at mainstream services, mainly NGO, that provide support services and / or employ support workers. Part of the project will specifically focus on collecting the views of Māori in mainstream services. An evaluation focused on Kaupapa Māori services *Te Puawaitanga O Te Oranga Hinengaro* has already been conducted and a separate piece of work is being undertaken to collect a Pacific Peoples' perspective.

Case Consulting will be contacting you in the near future as they commence this important work. We hope that you can find the time and energy to participate - it is the experience, information and views of people directly involved in mental health support work that will help create national training and qualifications that are relevant, effective and make a positive difference in people's lives.

Sincerely

John Wade and Tipa Compain

Co chairs, on behalf of the National Mental Health Support Work Advisory Group

Appendix Six

Dear provider

We are writing to invite your service to participate in an evaluation that we are undertaking for the Mental Health Support Work Advisory Group (MHSWAG).   This is an evaluation of the National Certificate in Mental Health Support Work.   The evaluation that Case Consulting is undertaking is aimed at mainstream services (NGO/DHB) services that employ support workers.   Part of the project will specifically focus on collecting the views of Māori in mainstream services (NGO/DHB).   An evaluation focused on Kaupapa Māori services (Iwi/NGO) *Te Puawaitanga O Te Oranga Hinengaro* has already been conducted and a separate piece of work is being undertaken to collect a Pacific People's perspective. In order for your service to participate in the evaluation we would appreciate some assistance from your service.

It is our understanding that MHSWAG has already sent you a letter introducing the evaluation, MHSWAG and Case Consulting Ltd. This letter is enclosed again for your information.

In preparing for the evaluation, we approached the Wellington Ethics Committee to determine if ethical approval was required. We met with the Chair of the Committee and he confirmed that we did not need to go through an ethical review. However he did provide some advice and this has been taken into account in our planning.

The purpose of the evaluation is to evaluate the effectiveness of the National Certificate in Mental Health Support Work and to gain information that will assist MHSWAG with the future development of unit standards and qualifications for the mental health support workforce, from the perspectives of consumers/ Tāngata whai ora, families/ whānau, employers, support workers and educators. It has been decided that focus groups are the best means to collect the views and opinions of the various stakeholder groups. As this a national evaluation we have tried to develop an approach which we can repeat, as much as possible, in the different locations that we go to.

In an effort to provide greater clarification about the purpose of the evaluation, please note that this is **not** an evaluation of your services or the support workers that you employ. Your service will not be identified in the final report unless you agree to being acknowledged for your participation.

There are two aspects to our plan for the focus groups:

1) Separate focus groups will be run for each of the different stakeholder groups: support workers (general), support workers (Māori), consumers, family, Tāngata whai ora/ whānau, educators, employers (management).

2) The focus groups for Māori support workers and Tāngata whai ora/ whānau are for people who identify as Māori.

3) In any one focus group, for a particular stakeholder group, there will be participants from a range of service providers.

In order to run the focus groups we require assistance from your service to select participants for the focus groups.   We are asking you to select people who have knowledge about the support work role and/or qualification and can participate in a focus group discussion. We are aware that the level of knowledge will vary amongst the various stakeholders. For example, we do not expect that all consumers will have specific knowledge about the unit standards that make up the National Certificate.

Please note that, as we are not evaluating your service or individual support workers of your service, the people you select do not have to be representatives of your organization.

We have included a list of the number of people, for each stakeholder group, we would like you to select from your service:

2 Support Workers who have completed the Certificate

2 Māori Support Workers who have completed the NZQA Certificate

2 Tāngata whai ora/ whānau

2 Consumers

2 Family

2 Management

To assist you with selecting people we have included information sheets to form the basis of discussion about the proposed focus groups. It is important that all focus group participants, irrespective of which stakeholder group they are from, read this information prior to deciding to participate and before you forward their names and contact details to us.

When you have selected focus group participants can you fill their names and contact details in the respective focus group category on the enclosed form headed 'Focus group participant – contact details' and return the form to us in the self-addressed envelope. This will enable us to confirm attendance for the focus groups. We will use these contact details for this purpose only.

The focus groups in Christchurch are planned to take place during **26-29 August 2003.** We will therefore require focus group participant details by **18 August**.

We hope this approach will enable your service to contribute to the evaluation of the National Certificate in Mental Health Support Work.   Please contact us if you have any queries regarding the Evaluation.

Yours sincerely

Valerie Bos

Included in this letter are

Invitation and Information sheets for

Consumers

Managers

Family

Tāngata whai ora / whānau

Māori support workers

Support worker

Focus Group participant - contact details

Self-addressed envelope (postage paid)

Copy of letter from MHSWAG

Appendix Seven

Evaluation of the National Certificate in Mental Health Support Work
He whakamatauria a te National Certificate in Mental Health Support Work

Focus Group Information Sheet for Consumers
He panui korero a nga Tāngata whai ora

This information sheet has been provided so that you can decide whether you want to take part in a focus group discussion about your experiences of using mental health support work services over the last five years. The focus group is being conducted to contribute a consumer perspective to the Evaluation of the National Certificate in Mental Health Support Work, which provides training for mental health support workers.

The focus group is for consumers who have used mental health support work services for a minimum period of six months during the last five years.

Who is conducting the Evaluation and why?

This Evaluation is being completed by Case Consulting Ltd, on behalf of the Mental Health Support Work Advisory Group. As part of the evaluation we are also speaking with service management, education providers and support workers, Tāngata whai ora/ whānau and family. The information from the evaluation will be used by the Mental Health Support Work Advisory Group to promote the development of training and qualifications for mental health support workers that reflect a recovery approach.

It is important to note that this is not an evaluation of the service that you use or of individual support workers.

Who will be in the focus group and what will happen?

For the consumer focus group we would like participants who have used support work services for a minimum period of six months over the last five years. The focus groups will have between 8 to 12 people. These people will be from the service that you use as well people who use other support work services in your area.

The focus groups will take three hours. This provides plenty of time for breaks, introduction and closure, as well as two lots of 45 minute discussion. There will be tea and coffee on arrival and a light snack.

The focus group will be facilitated by Valerie Bos and an assistant, from Case Consulting. The facilitator's role will be to introduce questions for the group to discuss and then to ensure that everyone gets a fair chance to contribute.

What will happen to the information collected in the focus group?

The focus group will be taped to ensure that we have collected the views and opinions expressed in the focus group. The tapes will be listened to again after the focus group to supplement notes taken during the discussion. A summary of the discussion will be documented in a written report. In the report it will not be possible to identify you personally, neither the services that you use, nor individual support workers. All information will be kept

confidential. The only people that will listen to the tapes will be the facilitator and the assistant. The tapes will be destroyed two weeks after the project is finished.

Personal contact details collected for confirming focus group attendance and information collected in the focus group will only be used for this evaluation.

There will be a koha/donation of $40 paid to unwaged participants to cover expenses associated with attending the focus group.

If you have any questions or would like to receive further information about the project, please contact Valerie Bos at Case Consulting:

valerie.caseconsulting@paradise.net.nz

Phone DDI: O4 385 2104

Appendix Eight

Invitation to Consumers

He karanga ki nga Tāngata whai ora

You are invited to participate in a focus group discussion regarding Mental Health Support Work

The focus group is being conducted as part of a National Evaluation into the training and qualifications for support workers.

We want to talk to people who have used mental health support work services for a minimum period of six months over the last five years.   We are interested in your views and opinions about your experiences of this type of service.

If you are interested, there is an information sheet that outlines the research. If you would like to participate in the focus group, please inform the person who approached you about this evaluation as they will need to forward your contact details. This will enable Case Consulting to confirm your attendance prior to the focus group.

The focus group will take place:

Date: 6 August 2003

Time: 10am to 1 pm

Venue: Carrus Theatre
           Compass Community Village
           17th West Avenue
           Tauranga