

A Pacific Perspective on Child and Adolescent
Mental Health Services Workforce
Development Needs:
**Report from the First
National Fono**

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A Pacific Perspective on Child and Adolescent Mental Health Services Workforce Development Needs:

Report from the First National Fono

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**Talofa lava, malo e lelei, kia orana, ni sa bula, taloha ni,
fakaalofa lahi atu, halo olaketa, kam na mauri, ia orana, kia ora,
greetings.**

This report was written to document the process and outcomes of the fono held by The Werry Centre to consult Pacific mental health workers and community providers on the needs of the Pacific child and adolescent mental health workforce.

I would like to express my gratitude to these workers and providers who voluntarily attended the fono and shared their valuable knowledge and experience, especially those who travelled from afar.

I would particularly like to thank our guest speaker, Fuimaono Karl Pulotu-Endemann, for his inspirational expert guidance and advice.

Special thanks to The Werry Centre's Pacific Advisor, Ettie Pasene-Mizziebo, for her leadership of and dedication to the project and for her availability for consultation, and to her supportive team.

I would also like to acknowledge the staff at The Werry Centre for their commitment to supporting a Pacific initiative, and special thanks to the administration team for organising the fono.

1.0. Introduction

The University of Auckland and the Ministry of Health (MOH) have a contract to develop part of the mental health workforce strategy signalled in the Health Funding Authority's *Tuutahitia te wero, Meeting the Challenges: Mental Health Workforce Development Plan 2000-2005*. It was anticipated that the initiatives described in the agreement would promote the child and adolescent sector as a positive place in which to work and provide essential training for employees.

The Werry Centre was established in 2002 within the Department of Psychiatry, University of Auckland. The aim of The Werry centre is to improve the mental health of children and adolescents in New Zealand by:

- Providing or facilitating first-class training and support to the workforce nationally
- Promoting research of a high quality into child and youth mental health
- Advocating for the mental health needs of children and adolescents
- Supporting the child and adolescent mental health workforce to provide high quality care.

The workforce development project undertaken by The Werry Centre is one of a number of initiatives that would provide a focus for a range of activities to support the education and training of the specialist child/tamati and youth/rangatahi mental health workforce including:

- An analysis of relevant workforce needs
- The determination of appropriate education and training goals, modalities and materials
- The delivery, or arranging for delivery, of education and training
- Monitoring and evaluation of the impact of training and unmet training needs.

One of the specific initiatives to be undertaken is to develop a network of Pacific child and adolescent mental health workers and to clarify workforce development needs. In order to progress this initiative, The Werry Centre staff in collaboration with the Centre's Pacific Advisor, Ettie Pasene-Mizziebo, held the first National Fono for Pacific child and adolescent mental health workers in August 2003.

2.0. Method

The fono aimed to facilitate consultation with Pacific mental health workers and community providers on the potential needs of the Pacific Child and Adolescent mental health workforce. A list of participants was prepared in consultation with the Centre's Pacific Advisor, Ettie Pasene-Mizziebo, and representatives from the Pacific community, including Monique Faleafā. Pacific people with relevant specialized knowledge in the mental health field and other community leaders and providers were identified for invitation to the fono. Participants were sent invitations and where appropriate telephoned to encourage participation in the fono. Travel assistance was available to those from outside the Auckland region who wished to speak/attend the fono.

The fono day started with talks from staff from The Werry Centre and Pacific Consultant, Fuimaono Karl Pulotu-Endemann, which set the scene for discussions about Pacific mental health for young people and their families. The attendants then divided into six smaller groups, each with a volunteer facilitator, to discuss topics of importance. To guide these discussions, the following questions were provided and allocated to groups:

- i. What are the training and support needs for Pacific workers and how could they best be met?
- ii. How could we recruit more Pacific workers?
- iii. How could we retain Pacific workers in child and adolescent mental health?
- iv. How do we best deal with Pacific children and adolescents in mainstream services?
 - a. How do we increase the number of Pacific clinicians?
 - b. What support and/or training do cultural community health workers need?
- v. What is the best way for The Werry Centre to work with the Pacific community?

These questions were formulated in consultation with Ettie Pasene-Mizziebo and a fono committee consisting of Pacific child and adolescent mental health workers.

This consultation is envisaged as the beginning of an ongoing relationship and dialogue between The Werry Centre and relevant Pacific communities. The Werry Centre is committed to feeding back outcomes to relevant Pacific communities and acting on a Pacific workforce development initiative.

Information from the fono attendees was recorded via pen and paper. Group facilitator's noted pertinent issues on easel-pads. Where possible, the head researcher further recorded verbatim narratives on these main points. Data from both these sources were collated and analysed using thematic analysis. The common themes emerging from these data formed the basis of the results.

3.0. Results

3.1. Training and support

The first theme identified in response to the above questions was the need to acknowledge the existing skills and wisdom of Pacific People, particularly cultural knowledge and experience.

Training should include a well-considered balance of clinical and cultural education and information facilitated by appropriate teachers, i.e. “for Pacific by Pacific”. With clinical competency and “*palagi paradigms*”, cultural competency would be a key training element that would demonstrate practising within Pacific values, norms and cultural practices.

Leadership/guidance and financial support were seen as the two major themes to support Pacific training. Leadership/guidance was discussed in terms of mentorship, and of clinical and cultural supervision to facilitate academic, clinical, cultural, spiritual and emotional support. Financial support included the provision of free training or full scholarships by the training provider and also paid study leave by their employer. It was emphasised that this funding should be ongoing and planned strategically to ensure sustainability.

3.2 Recruitment, retention and mainstream services

All groups acknowledged that active recruitment and retention of Pacific workers in mainstream services would eventually not only increase the number of Pacific clinicians but also provide the best way to deal with Pacific children and their families. Hence, although the issues of recruitment, retention and mainstream services were presented separately at the fono, it is clear they are interconnected and have therefore been amalgamated in the results.

The most important theme for recruitment was to “*invest in our own first*”. Up-skilling current Pacific staff to fill clinical and management positions was considered integral to valuing experienced Pacific staff and would also encourage retention. An abundance of passionate, partially qualified Pacific People already work in the community. These people need to be accessed by child and adolescent mental health services and pathways to intersectoral recruiting need to be established (e.g., between education and health providers). Mainstream responsiveness should also include proactive engagement with established Pacific services for recruitment assistance and promotion.

As the few, currently professional Pacific mental health clinicians are often enticed to other, more lucrative fields of work, financial incentive was judged particularly important. Moreover, because cultural competency is an added value to a

professional clinician, *“above and beyond their palagi clinical role”*, this should be acknowledged financially.

The retention of workers in child and adolescent mental health also involved those themes already mentioned for recruitment of new workers, i.e. mentoring, cultural and clinical supervision, financial incentives, provision of training, and up-skilling. In an environment of potential isolation, marginalisation, discrimination and burn-out (due to the high client demand for Pacific workers), Pacific workers need to feel valued. Mainstream providers need to ensure Pacific participation in and consultation on strategic planning and policy. This participation should include more Pacific People at management levels, promotion of affirmative action policies in up-skilling and recruitment, and a Pacific representative on recruitment and interview panels. Mainstream services should also provide cultural competency training, education on Pacific models of mental health, and anti-discriminatory courses for management. Reciprocally, Pacific workers should be encouraged to share their knowledge with mainstream services.

3.3. Partnership with The Werry Centre

The endorsement of a Pacific advisory group to inform the Werry Centre was seen as the most appropriate way for the Centre to work with relevant Pacific communities. Alternatively, in consultation with Pacific People, The Werry Centre could seek advice from the Pacific community, but “community” would need to be defined. These two processes should be transparent and accountable.


Other suggestions were for The Werry Centre to prioritise Pacific participation in training (to meet disparities in mental health) and support the development of a Pacific child and adolescent mental health service.

3.4. Feedback comment

Those attending the fono commented that it was an appropriate method of consulting Pacific People for this initiative. However, many stated that the amount of money allocated for the initiative was insufficient for the work envisaged. Furthermore, inadequate funding of this initiative would serve as a potential barrier to a successful outcome. Adequate funding would need to be taken into account before the initiative performance indicators were established.

Reference

Health Funding Authority. (2000b). *Tuutahitia te Wero, meeting the challenges: Mental Health Workforce Development Plan 2000- 2005*. Wellington: Health Funding Authority.



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