

**The NGO Child and Youth Mental
Health and Addictions Workforce:
A Current Perspective**



The Werry Centre
for Child and Adolescent Mental Health
Workforce Development

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EXECUTIVE SUMMARY

The Werry Centre for Child and Adolescent Mental Health Workforce Development was funded by the Ministry of Health to complete a project ascertaining the Non Government Organisation (NGO) perspective on Child & Youth Mental Health and Addictions (CYMHA) Workforce needs.

The objectives of the project were:

- To provide an opportunity for NGO providers to be supported in workforce development through a survey and consultation to ascertain their workforce development needs.
- To hold a series of regional consultation meetings to form the basis of a workforce development plan that is targeted to the specific issues of the NGO providers.
- To analyse the CAMHS Stocktake data (Bir et al., 2007), consider the findings of NgOIT Landscape Survey (Platform, 2005) and NGO survey and focus group information gathered during this project.

The first phase of the project identified present and future workforce requirements of the CYMHA NGO sector. This was followed by a survey of all Ministry of Health (MOH) funded NGOs holding child and adolescent mental health contracts in May 2007. A consultative process across the four regions followed, namely: Northern; Midland; Central and Southern, discussed the findings of the national survey and the relevance of these findings to individual regions. Taking a whole-system approach to mental health workforce development this project considered the survey findings against the five key strategic imperatives: Training and development; Workforce infrastructure; Recruitment and retention; Research and evaluation; and Organisational development (Ministry of Health, 2002). The survey and focus groups captured the diversity of the NGO workforce, identified the strengths of the NGO sector and the significant role they play currently in child and youth mental health and addictions services.

The findings of this project, however, highlight the need to establish a national and regional workforce infrastructure that supports effective and efficient workforce planning, promotes competency and capacity development, develops NGOs clinical leadership and encourages opportunities to strengthen relationships between the NGOs and the DHB provider arm services. Ongoing development of the NGO workforce would ensure the ability to the grow services within the sector that are complementary and contribute to a seamless system of care.

The following recommendations are intended to address key NGO workforce needs at a national, regional and local level.

1. That all NGOs have access to Real Skills Plus Training. To ensure that all roles receive fundamental child & adolescent mental health and addictions training consideration should be given to attaching a child & adolescent mental health and addictions component to the Essential Skills Level (Let's Get Real) as this level caters for both clinical and non-clinical roles.
2. That a resource directory targeted at the NGO workforce detailing relevant training opportunities, grants and scholarships be compiled.
3. A National Training Map be developed identifying learning pathways from support worker to leadership roles within the NGO sector and beyond. This would also inform the development of career and role pathways in the NGO sector (see 5.2). Establishing an online portal which offers training information and e-learning opportunities would ensure NGOs access regardless of location.
4. DHB provider arms and their local NGOs take up opportunities to share in-service and or local training. This would promote greater understanding and networks between the two sectors, foster common language and processes as well as reducing costs and improving economies of scale for each party.
5. That Werry Centre support a local pilot of reciprocal training/supervision between the DHB provider arm services and NGO services.
6. To introduce and support the implementation of Workforce Leadership Initiatives so that NGOs can optimise the uptake of existing leadership development opportunities.
7. NGO workforce plans be developed either in association with local and regional DHB partners or independently – such as the 6 step local workforce planning process facilitated by the Werry Centre.
8. Identify successful recruitment strategies employed currently by NGOs with high recruitment and retention rates which can be developed into a recruitment guide to be disseminated to other NGOs to attract and support workers into the child and youth mental health and addictions sector.
9. The Werry Centre endorse the implementation of recommendations proposed by the HPCA report in relation to the Disability and Mental Health & Addictions NGO sector. (Platform, 2005)

10. That NGOs be supported by the funders and planners of services to build their Information Technology capability which is aligned to PRIMHD.
11. That National Data Collection include CAMHS focussed questions which could be incorporated into the NGOIT survey.
12. To strengthen leadership in the sector, build relationships and minimise barriers between providers' scheduled opportunities for networking, collaboration and information sharing at a local and regional level to grow organisations that meet the need of young people and their families.
13. That funders and planners consider supporting flexible packages of care which incorporate wrap-around and collaborative approaches. The development of An Integrated System of Care approach would promote inter-agency participation and service innovation within the sector.