Let’s get real:

Real Skills for people working in mental health and addiction
Let’s get real:

Real Skills for people working in mental health and addiction
Citation: Ministry of Health. 2008.

Let’s get real: Real Skills for people working in mental health and addiction.
Wellington: Ministry of Health.
Published in 2008 by the
Ministry of Health
PO Box 5013, Wellington, New Zealand
ISBN 978-0-478-31793-0

HP 4628

This document is available on the Ministry of Health’s website:
http://www.moh.govt.nz

Photography by John Daley
Foreword

The name of the framework – *Let’s get real* – poses an exciting challenge to the sector and was developed by the project advisory group. The question they asked was: What do we want from this framework? Real Skills for people working in mental health and addiction was the answer.

*Let’s get real* is a foundation document for mental health and addiction workforce development. It draws on much of the valuable competency development work that has been done in the sector over the past decade.

This framework is about supporting all of us to achieve the Workforce and Culture for Recovery challenge of *Te Tāhuhu – Improving Mental Health 2005–2015*: to build a workforce that supports recovery, is person centred, is culturally capable and delivers an ongoing commitment to assure and improve the quality of services for people.

*Let’s get real* takes a service-user-centred approach to developing the essential knowledge, skills and attitudes required to deliver mental health and addiction services. The workshops to develop the framework were based on the experience of people requiring a mental health and/or addiction service.

*Let’s get real* is primarily a quality improvement tool, which aims to complement professional competencies and the requirements of the Health Practitioners Competence Assurance Act 2003. It is intended to improve education and training for people coming into the workforce, to focus recruitment on attracting and selecting people with the desired values and attitudes, and to enhance performance appraisal and professional development processes.

Alongside this framework, resources are being developed to support the implementation of *Let’s get real* across a range of service settings.

Last, but not least, this document is for you, whether you work in or use mental health and addiction treatment services. You will be using it on a day-to-day basis. We want to ensure that it is user friendly and that you are supported to use it in different contexts.

Dr Janice Wilson
Deputy Director-General
Population Health Directorate
Ministry of Health
Acknowledgements

Many thanks to all the people who have contributed to this document. In particular, thanks to:

- the workshop participants and those who sent in written feedback, for your generosity and willingness to participate in the process, your honest feedback and constructive criticisms

- members of the advisory group, who have guided us in the development process and also contributed to parts of this document

- Ministry of Health staff and workforce development colleagues at Te Pou, Te Rau Matatini, Matua Raki and the Werry Centre for their contributions, commitment and support of this project.
Contents

Foreword iii
Introduction 1
The Fundamentals 3
Our values and our attitudes 3
The seven Real Skills at a glance 4
The Details 6
The performance indicator tables 8
Questions and Answers 21
Glossary 25
References 29
Introduction

Let’s get real: Real Skills for people working in mental health and addiction brings together work undertaken by people in the sector over the past decade on competency and capability frameworks specific to mental health or addictions. The process of developing this publication included feedback from written submissions and workshops held across New Zealand in both 2006 and 2007.

Let’s get real is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services. It is explicit in stating the expectations for people who work in mental health and addiction treatment services irrespective of their role, discipline or position in the organisational structure. Let’s get real isn’t about creating a ‘generic’ one-size-fits-all workforce. It is about creating a shared language and common understandings for the provision of effective services for service users.

Values and attitudes underpin all the work of mental health and addiction treatment services. They are expressed in action through each of the seven skill sets. Each skill set has a broad definition and three levels (essential, practitioner and leader) of performance indicators. Also known by the name Real Skills (shorthand for its seven skill sets within Let’s get real), this framework is flexible and may change over time as we learn more about it by using it in mental health and addiction services.

Let’s get real does not replace professional competency frameworks. It complements them by having a specific focus on the essential knowledge, skills and attitudes required of all people working in mental health and addiction services. Many elements of Let’s get real will already be reflected in current professional competency frameworks. Over time specialist professional competency frameworks may change to reflect their alignment with, and the influence of, Let’s get real.
Let’s get real aims to:

• strengthen shared understandings – everyone, including service users, families/whānau, support workers, regulated professionals, managers, funders and planners, people working in District Health Boards (DHBs) and people working in non-government organisations (NGOs), will understand the shared work that each person is engaged in.

• affirm best practice – appropriate knowledge, skills and attitudes will be better recognised and valued by services through human resources, performance management and professional development processes.

• complement the Health Practitioners Competence Assurance Act 2003 – the Let’s get real framework brings together the essential knowledge, skills and attitudes required of all professions working in mental health and addiction, and complements the different competency frameworks developed by each of the registered professions whose members work in mental health and/or addiction treatment services.

• improve transferability – other services around New Zealand will be able to recognise and value workers’ knowledge, skills and attitudes.

• enhance effective workforce development – all mental health and addiction workforce development activities, including education and training, human resources strategies, organisational development, and research and evaluation, will link back to the Let’s get real framework.

• increase accountability – by documenting the essential knowledge, skills and attitudes needed for the job, we can be measured against them and be more accountable to service users.
The Fundamentals

Our values and our attitudes

The essential common values and attitudes that underpin and run throughout Let's get real are described below.

The statements of values and attitudes are not intended to replace organisation-specific values statements. They are intended to express the fundamental shared values and attitudes across all mental health and addiction treatment services, whether delivered in Kaitaia or Invercargill, by a kaupapa Māori mental health service or a regional alcohol and drug service, or contracted by an NGO or a DHB provider arm.

Values

Respect
Service users are the focus of our practice. We respect the diversity of values of service users. The values of each service user and of their community are the starting point for all of our work.

Human rights
We strive to uphold the human rights of service users and their families. Human rights include, but are not limited to, the right to autonomy and self-determination, the right to be free from coercion, the right to be treated in a non-discriminatory way, the right to informed consent, and the right to receive care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of the service user.

Service
We are committed to delivering an excellent service for all service users. This includes service user partnerships at all levels and phases of service delivery, including the choice of services available as well as the actual delivery of service.

Recovery
We believe and hope that every service user can live a full and meaningful life in the presence or absence of their mental illness and/or addiction. We also understand that recovery is not only related to the mental illness and/or addiction itself, but also to all of the losses associated with it.

Communities
We value communities – the many places in which we all live, move and have our being – as pivotal resources for the effective delivery of services and support for service users and their families/whānau.

Relationships
We seek to foster positive and authentic relationships in all spheres of activity, including relationships with all people who work within mental health and addiction, wider communities, and service users and their families/whānau.
Attitudes

People working in mental health and addiction treatment services are:

- **compassionate and caring**: sensitive, empathetic
- **genuine**: warm, friendly, fun and have aroha and a sense of humour
- **honest**: have integrity
- **non-judgemental**: non-discriminatory
- **open-minded**: culturally aware, self-aware, innovative, creative, positive risk takers
- **optimistic**: positive, encouraging, enthusiastic
- **patient**: tolerant, flexible
- **professional**: accountable, reliable and responsible
- **resilient
- **supportive**: validating, empowering, accepting
- **understanding

The seven Real Skills at a glance

The seven Real Skills of *Let’s get real* are shared by everyone working in mental health and addiction treatment services, whether administrative staff, psychiatrists or team leaders. Each Real Skill cannot be read in isolation. It is important to read across all of the Real Skills to see how they inter-relate and connect with one another. Work in mental health and addiction treatment services is complex and involves using more than one Real Skill at any one time.

Working with service users

Every person working in a mental health and addiction treatment service utilises strategies to engage meaningfully and work in partnership with service users, and focuses on service users’ strengths to support recovery.

Working with Māori

Every person working in a mental health and addiction treatment service contributes to whānau ora for Māori.

Working with families/whānau

Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users and ensures that families/whānau, including the children of service users, have access to information, education and support.

Working within communities

Every person working in a mental health and addiction treatment service recognises that service users and their families/whanau are part of a wider community.

Challenging stigma and discrimination

Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination, and provides and promotes a valued place for service users.

Law, policy and practice

Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role in a way that supports service users and their families/whānau.

Professional and personal development

Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users.
Each of the *Let’s get real* Real Skills has a broad definition and three sets of performance indicators:

- essential
- practitioner
- leader.

In the following pages, the Real Skills are presented in a table format, with the three levels of performance indicators set out from left to right. As you read across the columns in the table you will notice there are more indicators in the essential level than in the practitioner or leader levels. This recognises the fact that people in practitioner or leader roles must already be working in accordance with the essential-level performance indicators.

The levels have been structured to recognise the requirements of different roles at the different times a person may enter the workforce. The levels can be cumulative – in other words, a person could aim to progress from essential to practitioner and then to leader – but they can also be used in other ways. As the Real Skills are gradually implemented, the ways in which the levels work in practice can be evaluated.

**Essential**

It is important to remember that everyone will be expected to be able to demonstrate the essential-level performance indicators of all the Real Skills, either:

a) when they first start in a role in a mental health and/or addiction treatment service (e.g., new graduate nurses), or

b) after an agreed period of induction, orientation or development (e.g., a service receptionist).

Flexibility and discretion are advised when applying some of the performance indicators to people in roles with no direct contact or influence on the lives of service users and their families/whānau.

**Practitioner**

Clinicians who have worked in a service for at least two years will be expected to be able to demonstrate both the essential-level and the practitioner-level performance indicators of all the Real Skills.

Managers will have an important role in ensuring that people are supported to develop their knowledge, skills and attitudes in terms of the practitioner-level performance indicators.

**Leader**

People who are management and/or clinical leaders – such as clinical directors, portfolio managers, service managers, professional advisors, team leaders and general managers – will be expected to be able to demonstrate both the essential-level and the leader-level performance indicators of all the Real Skills.

Only some people in leader roles will also be required to demonstrate the practitioner-level performance indicators. This recognises that not everyone working in a leadership role in the sector has a clinical background.

Some words used in the Real Skills performance indicators may not be familiar to all readers. They are described in the Glossary.
**Working with service users**

Every person working in a mental health and addiction treatment service uses strategies to engage meaningfully and work in partnership with service users, and focuses on service user strengths to support recovery.

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
<th>Essential</th>
<th>Practitioner</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential</td>
<td>Establishes a connection and rapport with service users as part of a thorough assessment process and recovery planning</td>
<td>Develops effective therapeutic relationships with service users and works flexibly with them</td>
<td>Develops and supports a service that is:</td>
</tr>
<tr>
<td></td>
<td>Acknowledges that tāngata whaiora and whānau may choose to communicate in te reo Māori</td>
<td></td>
<td>• responsive to the needs of service users</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• reflective of best practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• recovery focused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• culturally safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• trauma informed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• effective at communicating</td>
</tr>
<tr>
<td>Uses age-appropriate and culturally appropriate protocols and processes to work with service users</td>
<td>Applies understanding of the different stages of life development</td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td>Acknowledges the personal, physical, social, cultural and spiritual strengths and needs of each person, including the service users’ interpretation of their own experiences</td>
<td>Recognises the varying social, cultural, psychological, spiritual and biological contributors to mental illness and addiction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acknowledges the importance of identity for Māori and its significance to the recovery process and the achievement of whānau ora</td>
<td>Connects the tāngata whaiora and family/whānau with cultural support and expertise when appropriate, for example, te reo, karakia, kaumātua, kaupapa Māori services and practitioners</td>
<td></td>
</tr>
<tr>
<td>Essential</td>
<td>Practitioner</td>
<td>Leader</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>In day-to-day work, applies basic understanding of:</td>
<td>In day-to-day work, applies in-depth knowledge or understanding of:</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>• definitions and categories of mental illnesses and addiction</td>
<td>• definitions and categories of mental illness and addiction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a range of therapies and interventions</td>
<td>• assessment and intervention processes, including but not limited to consideration of risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the effects of psychiatric medications on people and interactions of these drugs with others and/or alternative remedies</td>
<td>• psychiatric pharmacology and its effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the range of evidence-informed therapies and interventions available</td>
<td>• the impact of physical health on mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands and works to mitigate the physical, social and emotional effects of trauma and abuse on people’s lives</td>
<td>Practises the principles of trauma-informed care</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Works in partnership with the service user to develop a plan for recovery that is service-user driven, identifies strengths and needs and is solution focused</td>
<td>Actively works in partnership with service users to plan for their recovery, including monitoring and review</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Effectively and inclusively ensures service users understand their plan for recovery and facilitates access to any other relevant information</td>
<td></td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Includes service users in all decisions about their service and treatment, and seeks feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Working with Māori**

Every person working in a mental health and addiction treatment service contributes to whānau ora for Māori.

### PERFORMANCE INDICATORS

<table>
<thead>
<tr>
<th>Essential</th>
<th>Practitioner</th>
<th>Leader</th>
</tr>
</thead>
</table>
| **Te reo Māori**  
Recognises that tāngata whaiora may consider waiata, karakia and te reo Māori as contributors to their recovery  
Uses available resources such as te reo Māori speakers and information written in both English and Māori when appropriate | Understands that speakers of te reo Māori may use metaphors to describe their situation | Promotes and provides for resources that:  
- ensure easy access to te reo Māori speakers and information written in both English and Māori  
- support staff and the service to integrate te reo Māori into their service delivery |
| Understands that tāngata whaiora and/or their whānau may wish to nominate a person to speak on their behalf and supports the involvement of nominated speakers |  | As above |
| Is familiar with local Māori groups (eg, mana whenua), their roles, responsibilities and relationships with each other as guardians of Māori cultural knowledge and te reo Māori  
Demonstrates respect for te reo Māori and tikanga | Demonstrates effective communication and engagement that promote early service access for Māori | Develops and maintains explicit relationships and partnerships with local Māori  
Utilises local Māori to verify the relevance and common practice of te reo Māori and tikanga in the health setting |

**Let’s get real 11**
<table>
<thead>
<tr>
<th>Essential</th>
<th>Practitioner</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whakawhanaunga</strong>&lt;br&gt;Recognises and understands the different roles and responsibilities within whānau and the nature of whānau relationships with tāngata whaiora&lt;br&gt;Is aware of Māori methods of interaction that support relationships – particularly with whānau, such as ‘No hea koe?’ (Where do you come from?) and tātai (establishing links)</td>
<td>Understands that some tāngata whaiora may be disconnected from their whānau</td>
<td>Promotes an environment that:&lt;br&gt;• is conducive to effective service delivery processes for whānau and significant others (eg, a time and venue for comprehensive assessment or whānau hui)&lt;br&gt;• supports whakawhanaunga processes</td>
</tr>
<tr>
<td>Hauora Māori&lt;br&gt;Develops an understanding of Māori models or perspectives of hauora in service delivery&lt;br&gt;Acknowledges that Māori may consider using traditional healing processes and practices that support health and wellbeing</td>
<td>Is able to incorporate Māori models or perspectives of hauora in service delivery when appropriate&lt;br&gt;Is familiar with local resources and promotes access to support recovery choices and whānau ora&lt;br&gt;Utilises interventions, with tāngata whaiora and/or their whānau, that optimise physical, social, cultural, spiritual and mental aspects of health</td>
<td>Promotes and provides for processes and practices that meet cultural requirements, such as:&lt;br&gt;• recognition of Māori models of practice and healing&lt;br&gt;• resource allocation and prioritisation to reduce Māori health inequalities&lt;br&gt;• activities that measure the cultural effectiveness of performance and service delivery&lt;br&gt;• outcomes information that indicates Māori and whānau satisfaction</td>
</tr>
<tr>
<td>Understands that tāngata whaiora and/or their whānau may utilise whenua, moana and ngahere in the support of whānau ora</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Demonstrates an understanding of the principles of tino rangatiratanga (self-determination) and mana motuhake (autonomy) and actively protects service-user rights</td>
<td>Recognises and supports the resourcefulness of tāngata whaiora and whānau</td>
<td>As above</td>
</tr>
<tr>
<td>Essential</td>
<td>Practitioner</td>
<td>Leader</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Wairua</strong>&lt;br&gt;Acknowledges differing spiritual practices and understands that these unique perspectives contribute to the support of tāngata whaiora and whānau ora</td>
<td>Understands concepts and perceptions of Māori spirituality and the role and function of Māori spiritual practices in the support of tāngata whaiora and whānau ora</td>
<td>Promotes and provides for resources that support:&lt;br&gt;• Māori-responsive interventions and processes to meet the wairua needs of tāngata whaiora, whānau and staff&lt;br&gt;• staff access to kaumātua and kaimahi Māori that support whānau ora</td>
</tr>
<tr>
<td><strong>Tuakiri tangata</strong>&lt;br&gt;Acknowledges the importance of identity as Māori to the recovery of tāngata whaiora and the process of whānau ora&lt;br&gt;Demonstrates knowledge and application of cultural safety and cultural competence in terms of working with Māori</td>
<td>Is aware of available kaupapa Māori interventions and supports tāngata whaiora and their whānau’s choice to engage in Māori-responsive services and activities that optimise cultural linkages and whānau connectedness</td>
<td>Promotes and supports:&lt;br&gt;• interventions and services to emphasise cultural linkages and whanaungatanga in practice&lt;br&gt;• staff access to wānanga and training that enhance knowledge and understanding of tuakiri tangata and its importance to the therapeutic relationship</td>
</tr>
<tr>
<td><strong>Manaaki</strong>&lt;br&gt;Acknowledges the significance of manaaki to the processes of engagement and whakamana, which contribute to whānau ora</td>
<td>Employs manaaki in the hosting of, working with and support processes for tāngata whaiora and whānau, including community agencies and organisations¹</td>
<td>Promotes and supports:&lt;br&gt;• awareness of manaaki and its significance in the recovery processes of tāngata whaiora and whānau&lt;br&gt;• manaaki of the community being engaged with&lt;br&gt;• staff learning and professional development of manaaki in practice</td>
</tr>
</tbody>
</table>

¹ Such as partnership with service users and whānau in developing care plans and hosting service users and whānau with respect and dignity.
Working with Families/Whānau

Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users, and ensures that families/whānau, including the children of service users, have access to information, education and support.

**PERFORMANCE INDICATORS**

<table>
<thead>
<tr>
<th>Essential</th>
<th>Practitioner</th>
<th>Leader</th>
</tr>
</thead>
</table>
| Recognises that a service user’s family/whānau may extend beyond traditional family concepts | Develops robust service systems that:  
  - ensure the participation and support of family/whānau  
  - recognise and respond to the strengths and needs of families/whānau  
  - ensure specific provisions to identify and develop relationships with Māori  
  Fosters relationships with whānau, hapū, iwi and communities to support service users’ health and wellbeing | |
| Recognises that Māori have processes that promote and support the establishment of relationships through kinship, genealogy, history and location | Is able to explain to family/whānau the options for family/whānau interventions  
  Facilitates family/whānau:  
  - access to relevant information and resources about all aspects of mental health and addiction  
  - input into and inclusion in service users’ recovery plans  
  - participation in effective family meetings | |
| Works in partnership with the service user to identify and include family/whānau, significant people and other networks to support recovery | Establishes connection and rapport with family/whānau as part of a thorough assessment process and recovery planning  
  Works with family/whānau in such a way that they feel heard, informed and supported  
  Shares relevant information with family/whānau and significant people while respecting the service user’s right to privacy  
  Works to understand family/whānau perspectives, including the dynamics within families/whānau  
  Identifies those who can provide support within the community, including hapū and iwi, and connects family/whānau with them | |
Working within communities

Every person working in a mental health and addiction treatment service recognises that service users and their families/whānau are part of a wider community.

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential</strong></td>
</tr>
<tr>
<td>Understands how the mental health and addiction system works and where their service fits within it</td>
</tr>
<tr>
<td>Identifies a service user’s community or communities of interest and supports the service user to develop or maintain connections</td>
</tr>
<tr>
<td>Recognises that tāngata whaiora are supported within a wider network of structures such as hapu, iwi and Māori communities</td>
</tr>
<tr>
<td>Demonstrates a comprehensive knowledge of community services, resources and organisations and actively supports service users to use them</td>
</tr>
<tr>
<td>Understands and uses mental health promotion principles</td>
</tr>
<tr>
<td>Demonstrates knowledge of the impact of current mental health and addiction policies at the community level</td>
</tr>
<tr>
<td>Networks and collaborates with health and social service providers and community agencies to ensure services are meeting the needs of service users</td>
</tr>
</tbody>
</table>

Challenging stigma and discrimination

Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination and provides and promotes a valued place for service users.

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential</strong></td>
</tr>
<tr>
<td>Understands the impact of stigma and discrimination on service users, families and whānau, services and communities</td>
</tr>
<tr>
<td>Understands and acknowledges the impact of language in relation to stigma and discrimination, and role models using language that is non-judgemental and non-discriminatory</td>
</tr>
<tr>
<td>Recognises and challenges stigma and discrimination</td>
</tr>
<tr>
<td>Articulates positive aspects of working in mental health and addiction treatment services to external groups</td>
</tr>
<tr>
<td>Ensures that oneself, the organisation and staff model and demonstrate non-discriminatory practices and behaviour in all aspects of work, internally and externally</td>
</tr>
<tr>
<td>Uses strategies to reduce stigma and discrimination, including promoting and facilitating social inclusion</td>
</tr>
<tr>
<td>Educates and supports services and communities to minimise stigma and discrimination</td>
</tr>
</tbody>
</table>
**Law, policy and practice**

Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role in a way that supports service users and their families/whānau.

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential</strong></td>
</tr>
<tr>
<td>Understands and adheres to legislation, regulations, standards, codes and policies relevant to the role</td>
</tr>
<tr>
<td>Recognises and respects the rights of service users and their families/whānau under the Code of Health and Disability Services Consumers’ Rights</td>
</tr>
<tr>
<td>Understands health policy, legislation and standards of practice that recognise the significance of te reo Māori, Māori concepts and models of practice that achieve whānau ora</td>
</tr>
<tr>
<td>Supports and assists service users to exercise their rights</td>
</tr>
<tr>
<td><strong>Practitioner</strong></td>
</tr>
<tr>
<td>Practice is guided by an understanding of the intent and implications of legislation and policy</td>
</tr>
<tr>
<td>When working with service users, demonstrates ethical decision-making</td>
</tr>
<tr>
<td><strong>Leader</strong></td>
</tr>
<tr>
<td>Contributes positively to legislative change and policy development that impacts on mental health and addiction practice</td>
</tr>
<tr>
<td>Creates organisational systems and a culture that reflect respect for the rights of service users and their families/whānau</td>
</tr>
</tbody>
</table>
### Professional and personal development

Every person working in a mental health and addiction treatment service actively reflects on their work and practice, and works in ways that enhance the team to support the recovery of service users.

#### PERFORMANCE INDICATORS

<table>
<thead>
<tr>
<th>Essential</th>
<th>Practitioner</th>
<th>Leader</th>
</tr>
</thead>
</table>
| Works effectively in a team by understanding team roles and respecting and accommodating different working styles | Actively facilitates collaborative working with other team members | Leads and nurtures a team environment that:  
- articulates a clear, service-user-focused vision for the service  
- provides role clarity (both individual and team)  
- encourages synergy within multi-disciplinary groups  
- encourages cross-sector collaboration |
| Communicates effectively (orally, in writing, when listening, by other non-verbal means) with a wide range of people  
Pronounces Māori names and words correctly and asks when unsure | Understands and can manage complex and multifaceted communication processes |  |
| Understands the nature and benefits of research and evaluation  
Gathers and uses information to inform decisions relevant to their role | Is familiar with current research and evaluation in the mental health and addiction treatment sectors  
Collects good-quality information and uses it in decision-making, with a focus on improving systemic and service-user outcomes | Ensures that processes and activities are in place to guide research and evaluation that foster innovation and effective outcomes-focused service delivery  
Uses information to assist planning and quality improvement, with a focus on better outcomes for service users |
| Engages with colleagues to give and receive constructive feedback  
Understands and practises self-care | Participates in professional and personal development of oneself and colleagues through feedback, supervision, appraisal and reflective practice | Creates a healthy workplace and culture that encourages and supports the professional development of individuals and teams as well as personal development |
| Reflects on own practice to identify strengths and needs  
Understands and engages in supervision  
Seeks and takes up learning opportunities | Supports colleagues to achieve goals and meet challenges  
Keeps up to date with changes in practice and participates in lifelong learning | Coaches, supports, provides feedback and challenges people so that they can reach their full potential |

Let's get real 19
Questions and Answers

How was Let’s get real developed?


Work on the Let’s get real project began in February 2006. It involved:
- initial meetings with stakeholders
- an environmental scan of existing frameworks in the sector
- a literature review of methodologies to develop capability and competency frameworks
- establishment of an expert advisory group.

In November and December 2006 the Ministry of Health, working together with Te Pou – the National Centre for Mental Health Research, Information and Workforce Development, conducted a series of workshops to further develop the draft set of Real Skills. The Ministry, together with its key advisory group members and Te Pou’s service-user consultant, developed a set of service-user scenarios that reflected the backgrounds and experiences of 80 percent of service users. At the workshops, participants worked on scenarios in groups to identify the knowledge, skills and attitudes required to work with service users. At the same time, the Ministry sought feedback on the first high-level draft set of Real Skills.

The information from the workshops was collated and analysed and compared to the initial draft set of Real Skills. The project team then further developed the draft Real Skills and sought feedback from its expert advisory group. The final draft for consultation was prepared by the joint Ministry-Te Pou project team, together with colleagues from the national workforce development centres, the Werry Centre for Child and Adolescent Mental Health, Te Rau Matatini and Matua Raki.

The draft consultation document was published in early September 2007, and four consultation hui were held in the middle of September. An additional teleconference was organised for a small group of Dunedin stakeholders. The submissions period was open until 12 October. The final publication incorporates feedback received during the consultation period.
How were the ‘Working with Māori’ Real Skills developed?

Te Rau Matatini (Aotearoa Māori Mental Health Workforce Development) and Matua Raki (National Addiction Treatment Workforce Development Programme) drew on their involvement in and knowledge of developing Māori dual competency frameworks to develop the ‘Focusing on Māori’ first draft Real Skills and the subsequent work, now called ‘Working with Māori’.

All Real Skills including ‘Working with Māori’ have been refined as a result of feedback and peer review.

What is ‘Real Skills plus’?

The Real Skills of Let’s get real will be complemented by other specialist skill sets – known as the ‘Real Skills plus’ series.

‘Real Skills plus’ skill sets will be added to the overarching mental health and addiction competency framework as they are completed including:

- working with Pacific peoples
- working in infant, child and youth mental health and alcohol and other drug services
- working in alcohol and other drug services.

What services will Let’s get real apply to?

Let’s get real has been developed for those people working in services that treat, care for and support people with mental illnesses and/or addictions.

Will Let’s get real be linked to pay?

It has the potential to be, but pay arrangements aren’t part of the project. They are a matter for discussion between employees and employers.

Will Let’s get real require retraining?

Let’s get real recognises and validates your current knowledge, skills and attitudes, especially those related to recovery-oriented services, person-centred care, culturally capable practice and ways of working.

Let’s get real may require you to develop new knowledge, skills and attitudes. Any retraining would be carefully phased in as part of the implementation of Let’s get real.
How does Let’s get real relate to other competency or capability frameworks?

Initial work on a draft set of Real Skills for people working in mental health and addiction began in July 2006. That work drew on all the current and emerging frameworks for mental health and addiction treatment services, including the recovery competencies for mental health workers (Mental Health Commission 2001), the competencies developed for professionals regulated by the Health Practitioners Competence Assurance Act 2003, the Te Ao Maramatanga standards of practice for mental health nursing (2004), mental health frameworks for particular professional groups, the practitioner competencies for alcohol and drug workers (Alcohol and Drug Treatment Workforce Development Advisory Group 2001), and the Midland Common Capabilities Project.

While Let’s get real has drawn on the great deal of work undertaken in the sector over the past decade on competency and capability frameworks (specific to mental health or addictions), it does not replace those frameworks, particularly when they relate to a specialist service such as addiction treatment services.

Over time, we expect such specialist frameworks to be reviewed and aligned to the Let’s get real framework.

How does Let’s get real fit with the Mental Health Commission’s recovery competencies?

Recovery underpins all of the Real Skills in Let’s get real. Recovery should be embedded in all of the work of mental health services.

How does Let’s get real relate to professional competencies?

The Real Skills in Let’s get real have been informed by the competencies developed by the professions regulated by the Health Practitioners Competence Assurance Act 2003 who work in mental health and addiction treatment services (ie, nurses, doctors/psychiatrists, clinical psychologists, occupational therapists), as well as the competencies developed for social workers.

Let’s get real is intended to complement those professional competencies by having a specific focus on the essential knowledge, skills and attitudes required of all people working in mental health and addiction treatment services funded to provide services to people with mental illness and/or addiction.

Where professional competencies overlap with the knowledge, skills and attitudes in Let’s get real, professionals will be able to avoid duplication of effort by using their portfolios and other evidence to demonstrate their Real Skills.
How will Let’s get real be implemented?

The Real Skills of Let’s get real will be phased in over time, starting from late 2008.

The first phase of implementation, 2008–2011, will be a transition phase. The aims during this phase include:

• everyone working in services is aware of and understands the Let’s get real framework
• current and new workers have learning opportunities to upskill as necessary
• managers understand and are able to work with Let’s get real (in relation to recruitment, day-to-day management, performance appraisals and professional development planning)
• organisations are supported to enable the development of individual and team Real Skills
• education and training providers are supported to review and develop their course content and teaching methods as required.

By the end of the transition phase, the Let’s get real framework will become part of the nationwide service framework.

In consultation with and agreement by the Ministry of Health, the national workforce development centres and regional coordinators will be supporting DHBs and non-government organisations to implement the Let’s get real framework.

We expect that the development of a national education and training plan by Te Pou – the National Centre for Mental Health Research and Workforce Development will lead to changes in the sector. Together with the phased implementation of the Let’s get real framework, this could mean the development of or phasing out of some education and training.

Our goals are that Let’s get real has a practical focus and is easy to understand and use in different contexts. With these aims in mind, guides, tools and other resources that support the use and application of Let’s get real will be developed.
The following descriptions have been taken from a variety of sources and are not meant to be definitive. Further discussion, enquiry and reading are strongly recommended.

**Addiction**
In the context of Real Skills, addiction relates only to alcohol and other drug use and/or problem gambling. It refers to a maladaptive pattern of substance use or problem gambling that leads to a clinically significant impairment or distress. Substance use disorders and pathological gambling disorder are characterised by dyscontrol, tolerance, withdrawal and salience, and they are considered chronic relapsing conditions.

**Aroha**
Love; compassion; empathy.

**Community**
The people living in a particular area, or people who are considered as a unit because of a common nationality, culture, occupation, belief, interest or experience.

**Culture**
The shared attitudes, beliefs, values, experiences and/or practices of groups in society.

**Family**
Relatives, whānau, partners, friends or others nominated by the service user.

**Hauora**
Health and wellbeing. In traditional kōrero, hauora was the breath or spirit of life that gave shape and form.

**Hinengaro**
This is often viewed as the psychological or mental dimension. In traditional kōrero, hinengaro is the deep mind or consciousness.

**Kaimahi**
Worker; staff; employee.

**Karakia**
Prayer; incantation; blessing.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaumātua</td>
<td>Elder; older person. Often older males are called kaumātua and older women are called kuia.</td>
</tr>
<tr>
<td>Kaupapa</td>
<td>Philosophy; foundation; platform.</td>
</tr>
<tr>
<td>Kawa</td>
<td>Protocol and etiquette.</td>
</tr>
<tr>
<td>Kōrero</td>
<td>Speech; speaking; narrative.</td>
</tr>
<tr>
<td>Mana</td>
<td>Often defined as status and standing, mana is the spiritual power that may be accorded a person or group through ancestral descent, possession of certain gifts or achievements. Personal mana can be enhanced through the collective opinion of the people.</td>
</tr>
<tr>
<td>Mana whenua</td>
<td>The customary authority exercised by the tangata whenua in an identified area.</td>
</tr>
<tr>
<td>Manaaki</td>
<td>This is the expression of love and hospitality towards others and the act of taking care of them.</td>
</tr>
<tr>
<td>Mental health promotion</td>
<td>Actions taken for the purpose of fostering, protecting and improving mental health. These can range from community-level interventions, such as equitable social policy development, to individual-level interventions that cultivate skills, attitudes and behaviours conducive to mental health. Mental health promotion applies to the whole population in the context of everyday life – it is not just for those who experience mental illness.</td>
</tr>
<tr>
<td>Moana</td>
<td>The sea and lakes.</td>
</tr>
<tr>
<td>Ngahere</td>
<td>The bush; forest.</td>
</tr>
<tr>
<td>Recovery</td>
<td>Living well in the presence or absence of mental illness and the losses that can be associated with it. Each person with mental illness needs to define for themselves what living well means to them.</td>
</tr>
<tr>
<td>Reo</td>
<td>Language; Māori language. Traditionally, language to Māori was the lifeblood of the culture – a gift from the gods.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Service user</td>
<td>A person who uses mental health services.</td>
</tr>
<tr>
<td>Tangata whaiora (plural: tāngata whaiora)</td>
<td>Person seeking wellness; mental health service user.</td>
</tr>
<tr>
<td>Tapu</td>
<td>Often defined as restricted or sacred, tapu is a state that provides the link between the mana of the gods and the spiritual powers of all things derived from the gods. All things have an inherent tapu. In modern times, tapu has been reframed in a protective sense to encompass secular things (eg, confidentiality, trespass). Restrictions and prohibitions protect tapu (wellbeing, dignity and sacredness) from violation.</td>
</tr>
<tr>
<td>Team</td>
<td>This word is used in a broad sense throughout this document. ‘Team’ can mean the formal team of which you are a member in your own service or organisation. ‘Team’ can also mean the group of people from other services and organisations with whom you work to support service users’ recovery, which would include service users themselves, their families/whānau and significant others.</td>
</tr>
<tr>
<td>Tikanga</td>
<td>Code of conduct; method; plan; custom – the right way of doing things.</td>
</tr>
<tr>
<td>Tinana</td>
<td>Physical dimension; the body.</td>
</tr>
<tr>
<td>Trauma-informed care</td>
<td>Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma on people, as well as an understanding of the prevalence of these experiences in those who receive mental health services. Trauma-informed care also recognises that mental health and addiction treatment can itself be traumatic for service users (not just those with trauma histories) and that practitioners may be affected when working with very distressed clients. The service seeks to minimise trauma for all service users and practitioners.</td>
</tr>
<tr>
<td>Tuakiri tangata</td>
<td>Persona; personality and identity. Tuakiri tangata embraces aspects of mauri, hinengaro, auahatanga, whatumanawa, tinana, wairua, pūmanawa, mana, tapu and noa.</td>
</tr>
</tbody>
</table>
**Waiata**  
Sing; chant; song.

**Wairua**  
Spiritual dimension. For many, the spiritual or inner force affects how people feel and how they respond.

**Wānanga**  
Learning; discussion.

**Whakamana**  
Empower; enable.

**Whānau**  
Often defined as family and birth, whānau has been proposed as a key component of Māori identity and the healing process. Whānau describes groups interconnected by kinship ties. In modern times, groups use whānau to encompass their common purpose, and they have adopted whanau values.

**Whānau ora**  
Māori families achieving their maximum health and wellbeing.

**Whanaungatanga**  
Wider relationships. Whanaungatanga is kinship in its broadest sense and concerns itself with the process of establishing and maintaining links and relationships.

**Whenua**  
Land.
References


