Addiction Nurses
Workforce Development

Addiction Nursing in Context

www.matuaraki.org.nz
The Addiction Workforce
Nurses in the Workforce-context
‘More than numbers’
Workforce Survey

• Inclusion
  ◦ Mental health and addiction
    • N=251 service identified
    • 75% response rate
    • 20 DHBs (17addiction), 169 NGOs (54addiction)
  ◦ Vote health funded
  ◦ Treatment delivery services

• Exclusions:
  ◦ primary care   disability   youth
  ◦ whanau ora   aged care   health promotion
Vote Health Funding

Total funding for addiction = 12% ($130m of $1.082b for mental health and addiction)¹

¹ Ministry of Health Price Volume Schedule (PVS) 12/13
People who access services
(PRIMHD and CLIC reporting)
Workforce by Sector

8,929 MH&A Vote health funded FTEs
NGO and DHB Split

- FTE positions in NGO addiction services: 52%
- FTE positions in DHB addiction services: 48%

Mental Health Services

- 66% FTE positions in DHB provider arm mental health services
- 34% FTE positions in the NGO sector

Addiction Services
Ethnicity of the workforce

Proportion of New Zealand population aged 20-64

12% Māori 6% Pasifika 13% Asian 69% Other
2,473,404 total adult population aged 20-64

Proportion of workforce in adult mental health services

19% Māori 5% Pasifika 6% Asian 70% Other
Total mental health workforce 5,405 FTE positions

Proportion of workforce in adult addiction services

23% Māori 6% Pasifika 3% Asian 68% Other
Total addiction workforce 925 FTE positions
Roles in Addiction Services

- **68% are clinical roles**
  - 24% addiction practitioners/clinicians
  - 16% nursing
  - 8% dual diagnosis practitioners/co-existing problems (CEP) clinicians
  - 6% other
  - 4% medical/psychiatric professionals
  - 5% counsellor
  - 5% social worker

- **32% are non-clinical roles**
  - 17% support and cultural workers*
  - 15% administration/management

*Support roles include cultural, peer, residential and other ‘non clinical’ roles
Nursing Roles

• 30% of total MHA workforce (2,677 FTEs)
  • 45% of total DHB workforce
  • 5% of total NGO workforce
  ◦ 88% in mental health (2,362 FTE)
  ◦ 4% in combined MH&A (103 FTE)
  ◦ 8% in addiction (212 FTE)
    • 86% in DHB (179 FTE)
    • 14% in NGO (35 FTE)
Nursing FTE distribution in service types

**Mental health services**
- Community: 39%
- Inpatient: 35%
- Forensic: 19%
- Other: 3%
- Residential: 2%
- Administration and management: 2%

2,361 FTEs

**Addiction services**
- Community: 80%
- Inpatient: 12%
- Residential: 8%

212 FTEs
Increases in knowledge and skills are required in...

- Cultural competence for working with Maori
- Cultural competence for working with Pasifika ethnic groups
- Cultural competence for working with Asian ethnic groups
- Working with new technologies and IT
- CEP capability
Challenges Facing Addiction Services

DHB responses:
- Managing pressure on staff due to:
  - changing service delivery models (78%)
  - increased demand for service (78%)
  - increased complexity (73%)
- Retaining qualified and experienced staff (65%)

NGO responses:
- Static or reduced funds (66%)
- Managing pressure on staff due to increased complexity (61%)
- Cost of training and other professional development (58%)
- Recruiting qualified and experienced staff (58%)
Cross Sectoral Relationships

Working Well

- other addiction services (56%)
- Corrections Department (49%)
- other mental health services (33%)
- primary health practices (32%)

Need Improvement

- Housing NZ & other accommodation providers (46%)
- MHSOP (40%)
- General hospitals/EDs (30%)
Can you see yourself in this data?

What does this mean for you?
  your professional development?
  your collegial relationships?
  your work across services?
Scopes of practice

‘Health of the Health Workforce’-(HWNZ, 2016)

Nurses
- flexible and generalist
- responsive to changing health needs
- relationships based on partnerships
- health outcomes are influenced by factors outside direct nursing care
- part of multidisciplinary teams, inc. education, welfare, housing, police and corrections.

Allied health
- operate within a context of increasing expectations
- added complexity and volume of demand
- have evolving scopes of practice
- provide more responsive and integrated care, both within hospital systems and closer to home.
Rising to the Challenge

5 year plan for service delivery

• Use resources more effectively
• Integration between primary and specialist services
• Build on resilience and recovery
• Increase access
• Support and strengthen the workforce
Whanau Ora Approach

Achieving better outcomes for whānau and families

- Empowering whānau to identify their aspirations
- Development of a whānau plan
- Use of
  - Commissioning agencies
  - Provider collectives
  - Navigators
- All agencies with responsibilities for whānau wellbeing
  - commit to Whānau Ora principles
  - support the Whānau Ora approach
Matua Raki Team
About Matua Raki

• work with organisations and people
• to ensure a confident and competent workforce
  ◦ including service providers (DHB and NGO), training and education providers, researchers and international experts
• who can contribute to the minimisation of addiction-related harm
Tangibles

- Publications:
  - Guidelines
  - Newsletters
  - Bulletins

- Professional development
  - Training
  - Information days

Intangibles

- Projects
- Policy
- Research/evaluation
- Networks
- Collaborations
  - MoH; MSD; Corrections
  - HWNZ
  - Careerforce
  - International relationships
  - Addiction sector
  - Workforce development
Workforce development activities

- Cultural competence
- Supporting Families Healthy Children (COPMIA)
- Therapeutic communities
  - NAOTP
  - CEP
- Māori
- Pasifika
- Nurses
- Research
- Peer support
- Training providers
- Stocktake
- Compulsory ax and tx - (SACAT)
- Criminal justice sector
- Working with family and whanau
- Outcome measures
- Family violence
Supporting Addiction Nurses

- Addiction nurses’ symposia (7th)
  - encourages innovation sharing, leadership, portfolio development
- Withdrawal management publications and training
  - Corrections
  - Addiction practitioners/allied health
- Addiction Nurses Framework
- Cep training
  - Undergraduate, Skills Matter scholarships
- Promotion of nursing initiatives in publications
  - MR newsletter, Handover, Research bulletin
- Conference support
- DANA and certification process
- Nurses working/advisory group
- Consultation and submissions
  - (nurses as prescribers, FASD, NP scope of practice...).
Sector Initiatives

- CEP- Integrated Care
- Substance Addiction (Compulsory ax & tx) Bill
- Supporting Parents Health Children (SPHC)
- Vulnerable Children's Action Plan
- Primary care
- Older persons
- Reducing restraint and seclusion
- Suicide preventions
- Equally well
Substance Addiction (compulsory assessment & treatment) Bill

To enable persons to receive compulsory treatment if:

• They have a severe addiction AND

• Their capacity to make decisions about treatment for addiction is impaired
Purpose of the SA(CAT) Bill

The aims are to:

- Protect them from harm
- Facilitate a comprehensive assessment
- Stabilise their health
- Protect and enhance their mana
- Facilitate planning for treatment and care
- Give them an opportunity to engage in voluntary treatment
**Process**

- **Application made by anyone over 18**
  - They have seen the person
  - Believe they have a severe addiction
  - Attached a medical certificate

- **Area Director**
  - Organises specialist assessment by approved specialist

- **Approved specialist**
  - Undertakes assessment & confirms 4 criteria met

- **Application heard in court**
  - Compulsory treatment continues (dated from certificate) OR
  - Discharged

- **Responsible clinician**
  - Order release when criteria no longer met
  - Release must be planned if possible

- **Responsible clinician can**
  - Apply for further 8 wks if evidence of BI

- **If further 3 weeks given**
  - Develop new treatment plan
  - Investigate BI
  - Future care arranged
Supporting Parents, Healthy Children
(previously known as COPMIA)

Supporting parents with mental illness and or addiction and their children

A guideline for mental health and addiction services
The vision: A mental health and addiction sector that...

- Is family and whānau focused
- Takes responsibility for promoting and protecting the wellbeing of children
- Makes the rights and needs of children a core focus of all that they do
Guts of it! - for all family and whanau

- strengths-based approach
- protects and strengthens parenting capability
- builds resilience of children
- interventions are informed by evidence
- culturally safe and appropriate services
- creates connections to community supports and services
- provides a coordinated response to addressing needs
- a safe, competent workforce, confident, able to recognise and respond to the needs of children and their family and whānau.
Fetal Alcohol Spectrum Disorder (FASD)

Taking Action on Fetal Alcohol Spectrum Disorder - A discussion document
Proposed outcomes

- Women are supported to have alcohol-free pregnancies.
- Neurodevelopmental issues are identified early and receive timely assessments from FASD capable teams.
- Timely, joined-up support tailored to needs and strengths is received.
- An improved evidence base can inform decisions and effective investments.
What else?

What do you need to (do to):

- advance your practice?
- implement initiatives that respond to a need?
- support your colleagues?
- integrate with other services?
- assist tangata whai ora in their journeys?
Ehara taku toa i te toa takitahi, engari he toa takitini
| Ehara tuku toa i te toa takitahi, engari he toa takitini | A warrior never stands alone, but stands with man |