



THE UNIVERSITY OF
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Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

Building workforce capacity and capability to implement mental health promotion: a family and sexual violence example

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Overview

- Why focus on violence as a key feature of mental health promotion?
- Who are the violence (prevention and response) workforces?
- What capacities and capabilities do we need to build?
- What workforce development strategies have other specialist workforces tried?

Mental Health Promotion Framework 2005 – 2007

Key Social & Economic Determinants of Mental Health & Themes for Action

Social inclusion

- Supportive relationships
- Involvement in community & group activities
- Civic engagement

Freedom from discrimination & violence

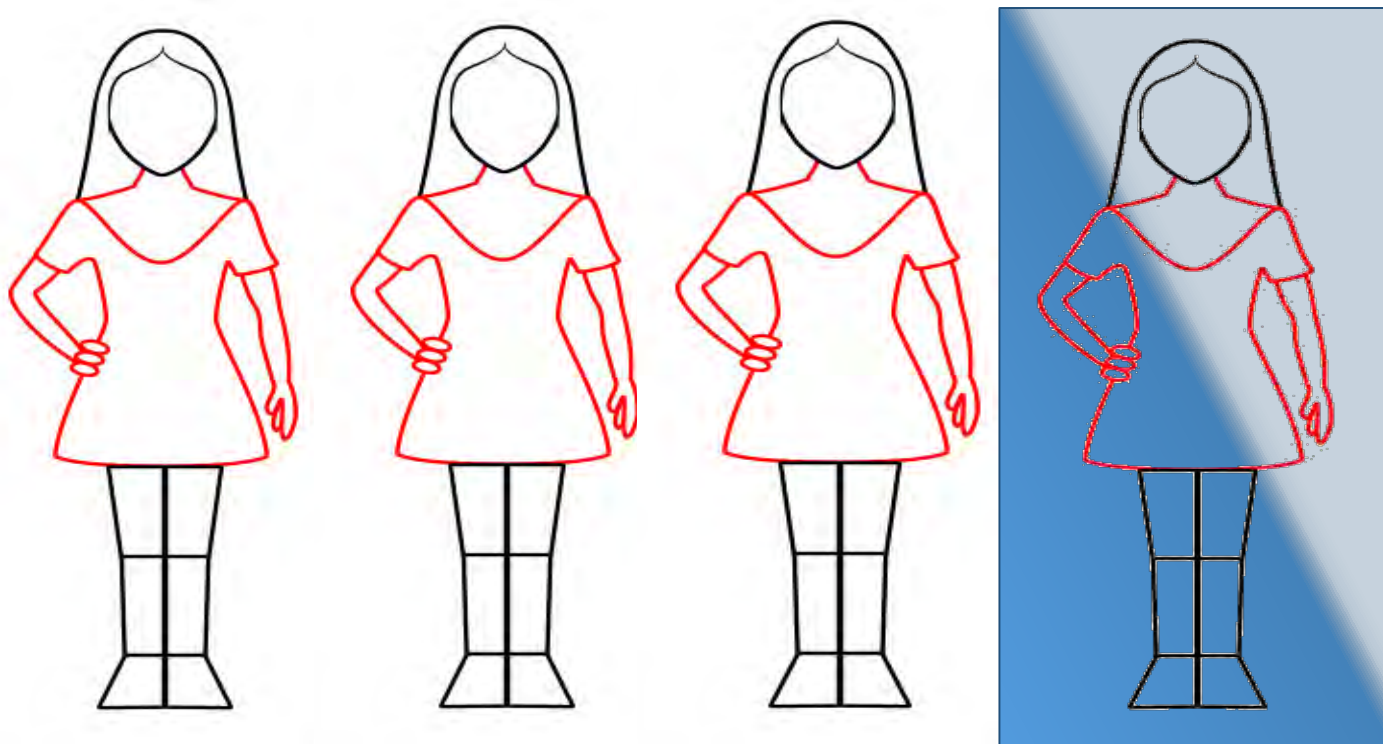
- Valuing of diversity
- Physical security
- Self determination & control of one's life

Access to economic resources

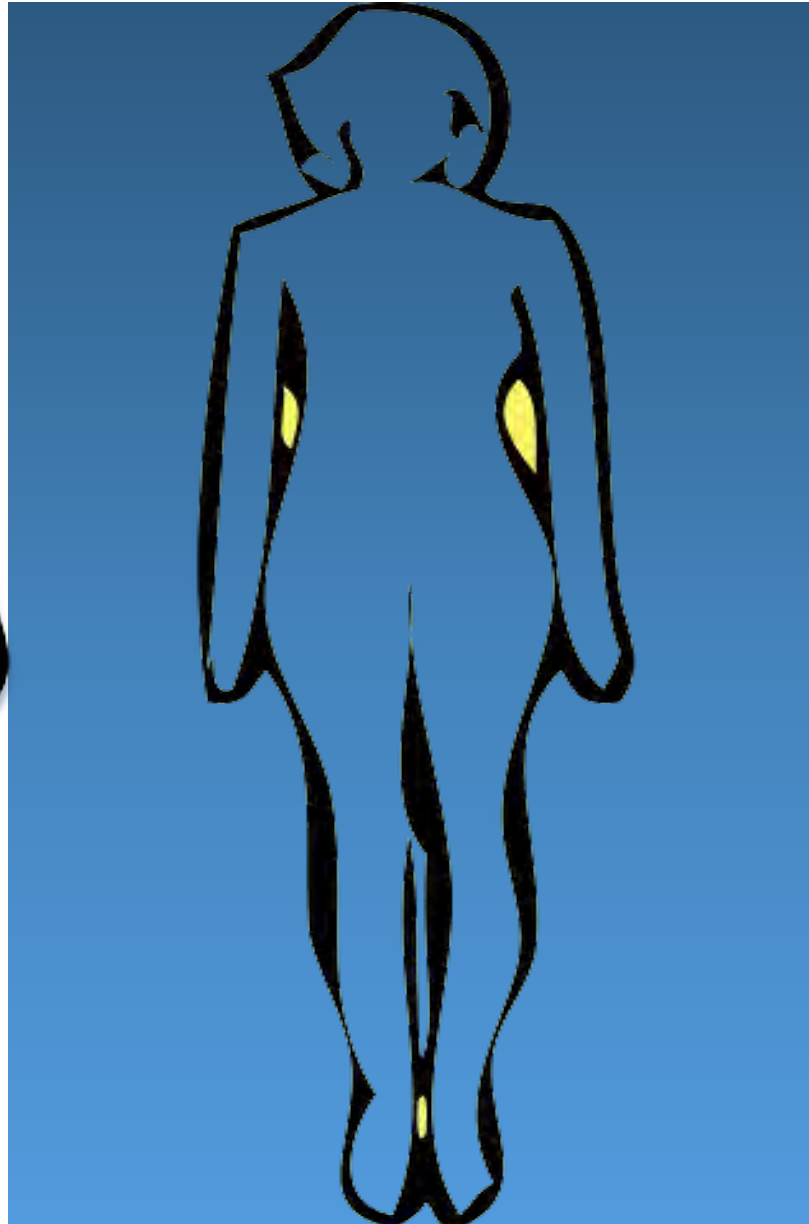
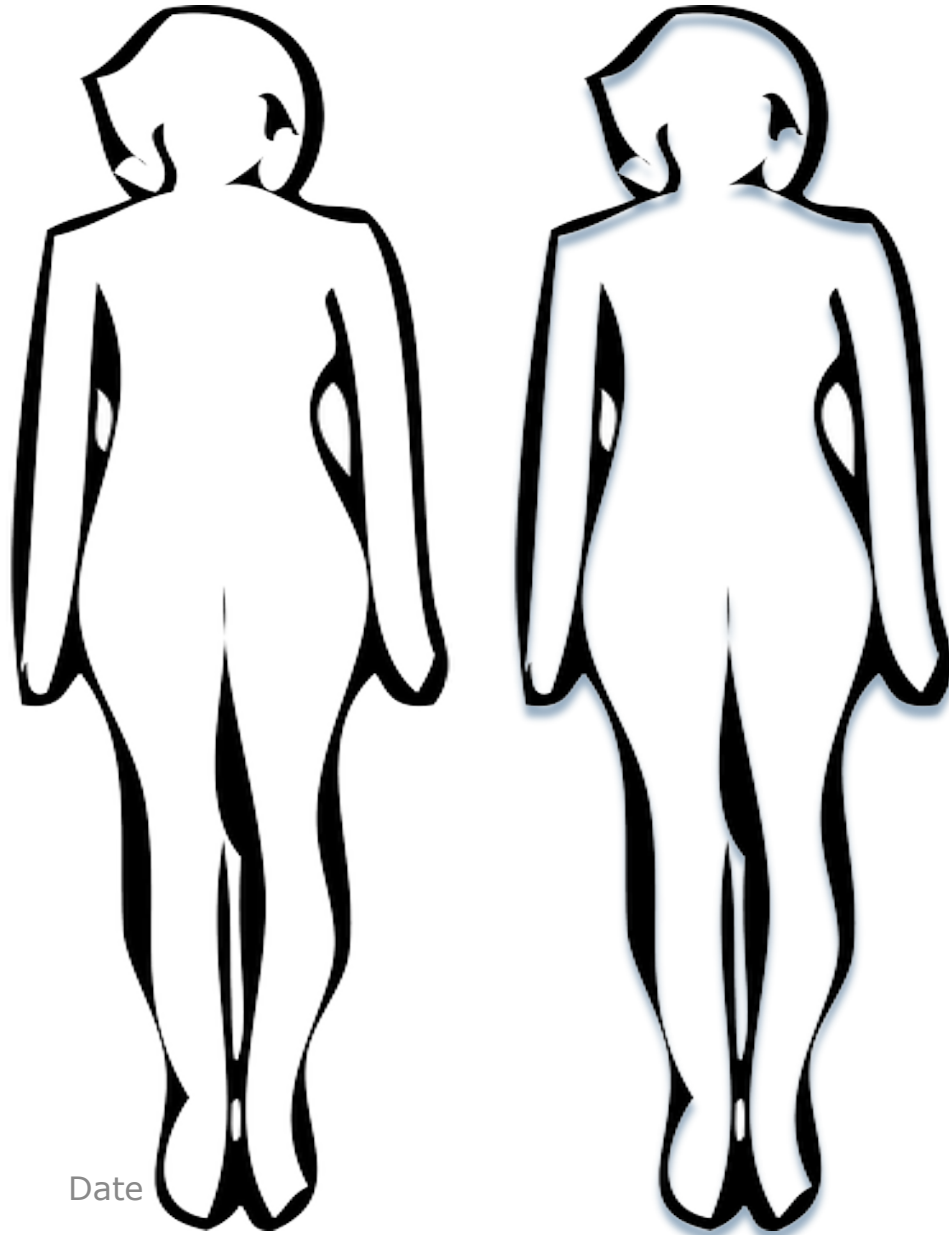
- Work
- Education
- Housing
- Money

In Aotearoa New Zealand:

1 in 4 girls experience child sexual abuse before the age of 15 years



In Aotearoa New Zealand: 1 in 3 women have experienced physical and/or sexual intimate partner violence in their lifetime



Mental Health

- Emotional distress
- Suicidal thoughts
- Suicide attempts

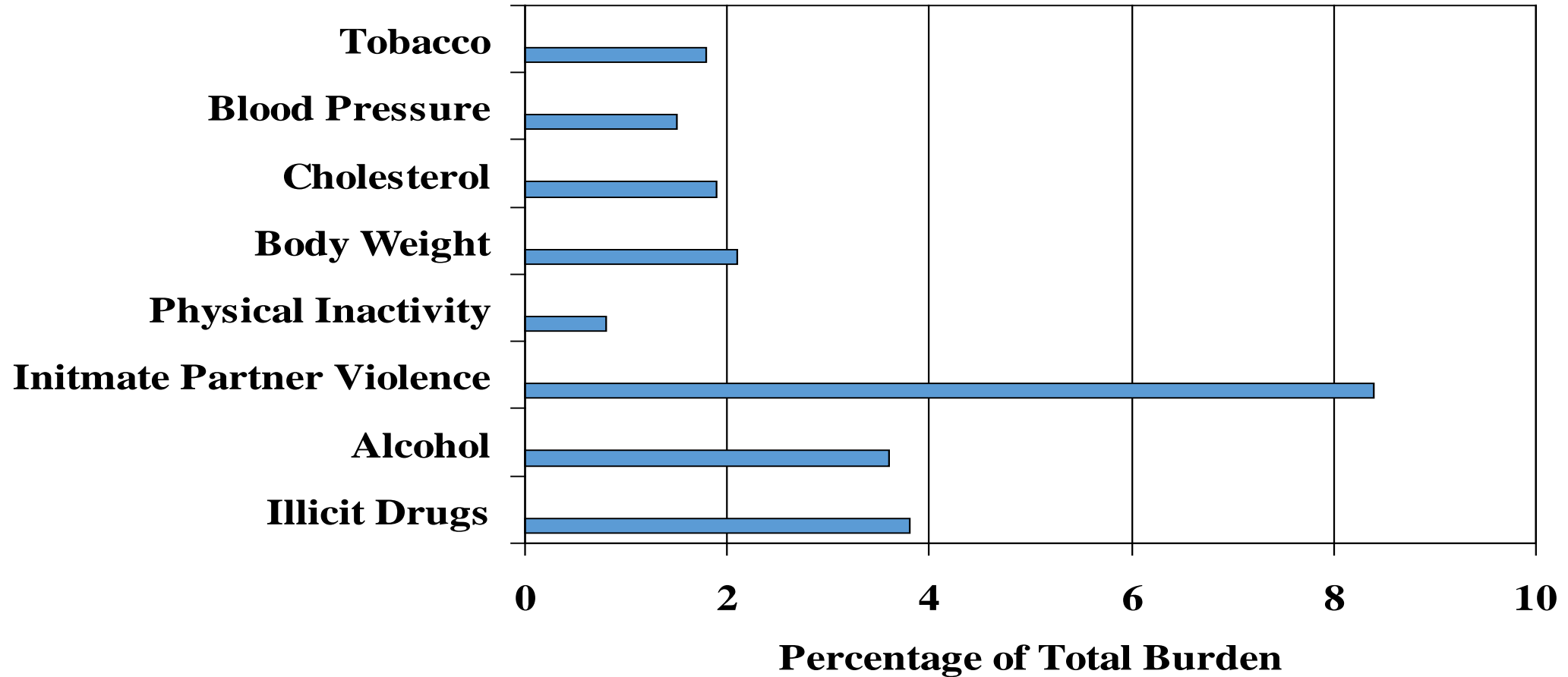
Reproductive health

- Miscarriage
- Stillbirth
- Abortion
- Violence in pregnancy

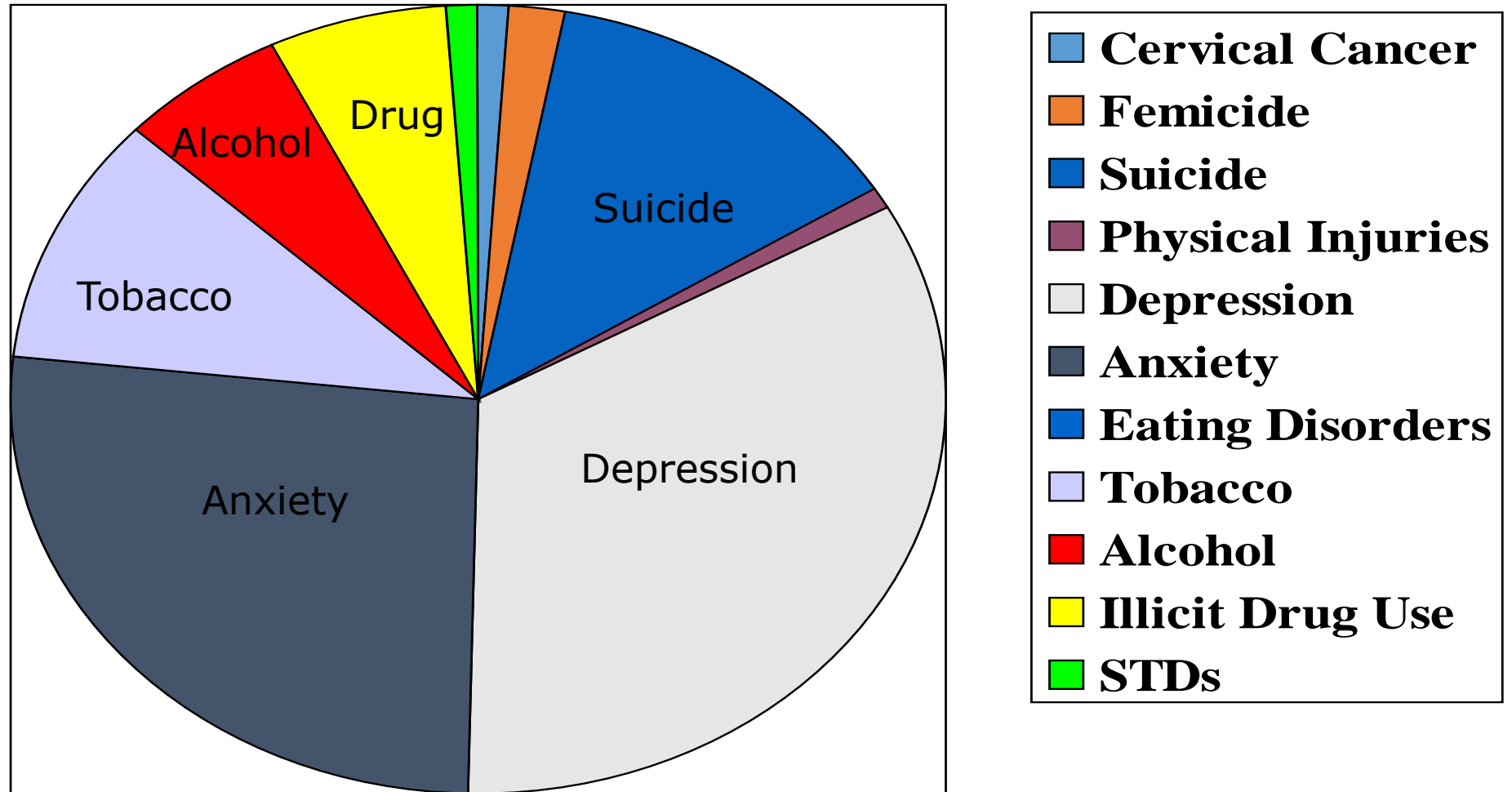
Physical Health

- Injury
- Chronic pain
- Increased hospitalisation
- Self-rated poor health
- Etc.

In Victoria, Australia:
Intimate Partner Violence is the biggest risk factor contributing to disease burden (women, 15-44 yrs)



Health outcomes contributing to disease burden of IPV in Victorian women



Health Consequences of Intimate Partner Violence

Physical. Abdominal/thoracic injuries, Bruises and welts, **Chronic pain syndromes**, **Chronic disease**, Disability, Fibromyalgia, Fractures, Gastrointestinal disorders, Irritable bowel syndrome, Lacerations and abrasions, Ocular damage, Reduced physical functioning

Sexual and Reproductive. Gynaecological disorders, Infertility, Pelvic inflammatory disease, **Pregnancy complications/miscarriage**, Sexual dysfunction, Sexually transmitted diseases, including HIV/AIDS, Unsafe abortion, **Unwanted pregnancy**

Psychological and Behavioural, **Alcohol and drug abuse**, **Depression and anxiety**, **Eating and sleep disorders**, Feelings of shame and guilt, Phobias and panic disorder, **Physical inactivity**, Poor self-esteem, Post-traumatic stress disorder, Psychosomatic disorders, **Smoking**, **Suicidal behaviour and self-harm**

Source: World Report on Violence and Health, (Krug et al, 2002).

Changing the story requires that we have workforce(s) to do the job

Capacity

whether we have the people needed and whether we have enough to deliver services.

Capability

whether the workforce has the right knowledge and skills and can apply these to achieve desired outcomes or whether these need to be developed or new people hired.

Te Pou o te Whakaaro Nui. (2017). *Developing your workforce: An overview of a systems approach to workforce development*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.

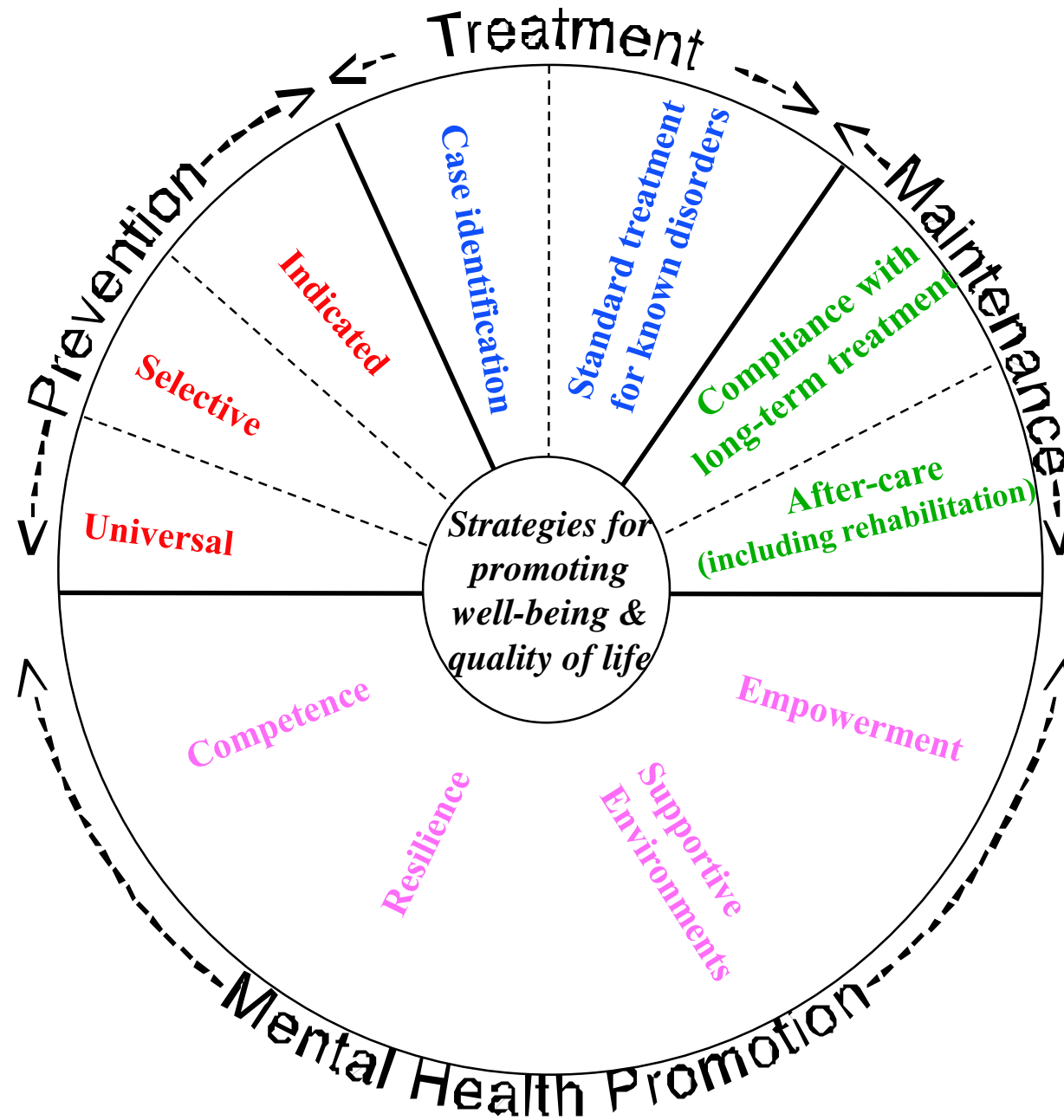
Who are ‘the workforce?’

- Individuals
 - Regulated professional workforce (e.g., doctors, teachers, social workers)
 - Unregulated workforce: registration or accreditation not a legal requirement, including volunteer workforce
- Organisations
 - Government, crown entities
 - Non-government organisations, or self-employed
 - Including private, charitable , not-for-profit
- Wider system
 - Referring workforce (with responsibility to recognise and refer)
 - Responding workforce (victims, perpetrators, and family and whanau, across the lifespan)
- Prevention workforce
 - May have more of a community focus, social norm change, etc.

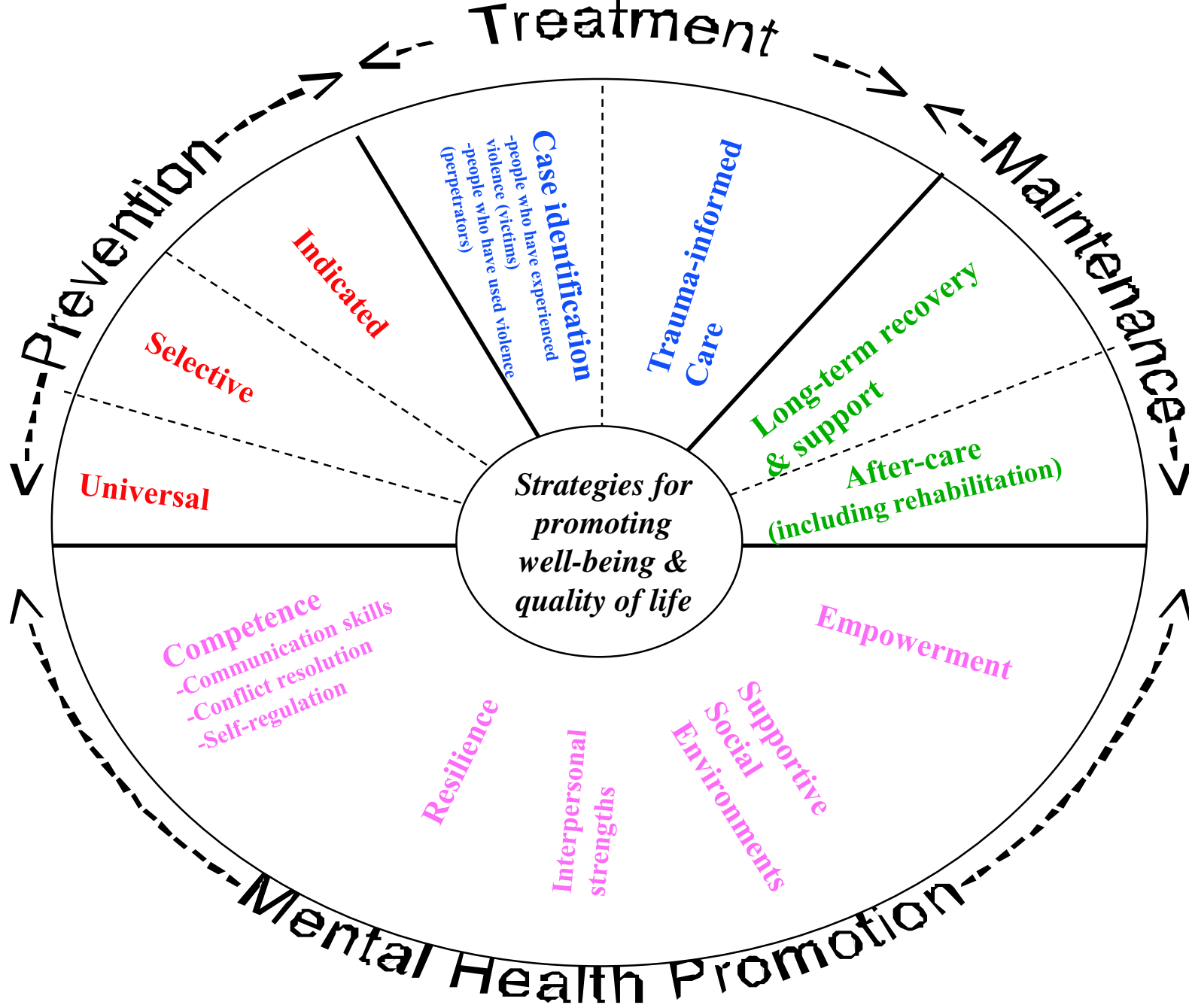
Source: Ministry of Health (2013). Training and Education for the Family Violence Workforce: Developing a national training framework.

What do we want the workforce to do?

Modified
Mental Health
Intervention
Spectrum



Building
Healthy
Relationships,
Violence
Prevention,
Violence
Response



Family Vi
Sexual Violer
Violence within W

WORKFORCE CAPABILITY FF

Family Violence
Risk Assessment and
Management Framework

A COMMON APPROACH TO SCREENING,
ASSESSING AND MANAGING RISK



What has worked well for others?: Ingredients for success in building the Alcohol and other Drug (AOD) workforces

- Focus on specialised learning overlaying generic undergraduate professional training
- Core commitment to practice-orienting teaching
- Investment in training by government bodies
- Parallel emergence of
 - professional bodies,
 - registration systems, and
 - collaborative relationships across agencies

Source: Adams, Sellman, Newcombe, et al. Postgraduate Alcohol and other drug practitioners training in NZ: Significant influences. *J Stud Alcohol Drugs*, 78, 468-474, 2017.

What we need: Investment in coordinating and training bodies

Mental Health and Addictions Workforces

Family and sexual violence



National Addiction Workforce Development



Le Va



Te Rau Matatini



Werry Workforce
WHĀRAURAU



Next Steps:

Practical strategies that would move us forward

Stocktake

To assess existing courses and training opportunities

Engage key players and providers

service providers

education providers

Government and Policy makers

Build training delivery mechanisms

Online

Blended

Face to face

Incorporate core knowledge into undergraduate programmes

Opportunities

- Find and capitalize on local pockets of excellence & experience
- Foster allies in related disciplines, e.g.,
 - Health promotion
 - Specialist treatment providers
- In partnership with tangata whenua, build approaches for Aotearoa New Zealand
- Draw on international best practice where appropriate

Challenges

- Need for succession planning
 - High rates of burnout and stress related illness
 - Aging workforce
- “Poaching” of limited workforce across settings and sectors
 - Linked with recognition, remuneration, and job stability
- Kaupapa Māori organisations and practitioners need equitable resourcing and support
- ‘Mainstream’ workforces need increased capability to work effectively with Māori
- Specialist and ‘mainstream’ organisations increased need capability to work effectively with marginalised communities

The Big One

Violence prevention and response need to be seen as real, tangible, worthwhile, and possible.

- Thank you.



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