Preface

A number of years ago one of the co-editors had the experience of working with a group of senior managers and leaders on workforce development in the mental health context. One of those leaders summed up, inadvertently, one of the problems with understanding workforce development when they said “Workforce development, that’s just training isn’t it”? While training is often the focus of workforce development, it is only one aspect. In addition to training and development, workforce development may be focused on recruitment and retention, organizational development, research and evaluation, leadership, supporting systems and infrastructure (Ministry of Health, 2002). So we hope this book will make clear that there is a lot more to workforce development than the provision of training.

This preface will endeavour to provide an overview or description of:

- The subject matter of the book: *Workforce Development Theory and Practice in the Mental Health Sector*
- Where this topic fits in the mental health and addiction world today
- The target audience
- The importance of each of the chapter submissions
- How the book impacts the field and contributes to the subject matter.

OVERVIEW

Workforce development is an emerging discipline of great importance that is critical to the delivery of quality care and support. The maxim “no health without a workforce” has never seemed more apt (World Health Organization [WHO], 2014). In the 21st century, as in all areas of health, we can expect that mental health workforce development will become increasingly significant. Workforce development supports high quality practice, the development of services responsive to diverse groups and populations, and sustainability of the workforce to meet current and future needs (Roche & Skinner, 2005).

Workforce development has been variously defined but it can be seen as “a multi-faceted approach which addresses the range of factors impacting on the ability of the… workforce to function with maximum effectiveness” (Roche & Skinner, 2005, p. 4). When underpinned by strategic workforce planning, it makes efficient use of limited resources; targets development in priority or risk areas; and enables services to proactively plan for the future. The overall aim of workforce development is to support having the “right number of people, with the right skills, in the right place, at the right time, with the right work attitude, doing the right work, at the right costs, with the right work output” (WHO, 2010, p. 1).
The WHO (2014) publication, *A Universal Truth: No Health Without a Workforce*, asks three questions. “What health workforce is required to ensure effective coverage of an agreed package of healthcare benefits? What health workforce is required to progressively expand coverage overtime? How does a country produce, deploy and sustain a health workforce that is both fit for purpose and fit to practice in support of universal health coverage?” (p. v). These questions seem as relevant to mental health as to any other area of health and the chapters of this book provide a number of answers and potential solutions to these questions.

WHO (2014) propose ten steps to ensure the workforce is ready.

1. Recognising the problem.
2. Assessing how to deal with it.
3. Formulating a plan.
4. Building the data.
5. Building and sustaining policies and procedures.
6. Building political support.
7. Reform of existing workforce.
8. Assessing how to move forward.
10. Encouraging.

As a relatively new approach to service delivery the research base for mental health workforce development is still being developed. A robust evidence base with good information and data, along with effective design and implementation are key components of workforce development. Evaluation of workforce development initiatives is also essential in understanding what works and in which contexts.

**Where This Topic Fits**

This book is an attempt to fill some of the gaps in our understanding around workforce development in the field of mental and behavioral health. Given the many important drivers in the health sector this has never been more appropriate or necessary. The book is broad brush in its approach, covering the range of mental health settings and interventions across the age range. The book includes a variety of international perspectives with practical examples of how workforce development initiatives have been implemented around the world.

**Target Audience**

The book should be of interest to a range of health professionals: planners and funders and managers of all kinds will find the chapters helpful in comparing workforce development across several jurisdictions, and what may be usefully adapted locally. Those involved in the development of policy in the area of workforce development will find it a useful text for understanding what is happening across countries and in specific programmes. Educators and training providers will find it a useful text for their courses. Clinicians from across all the mental health professions will find the approach a pleasing mix of theory and practice. Researchers and students in the mental health sector will find the book a useful introductory text to this new and exciting field.
Preface

ORGANIZATION OF THE BOOK

Section 1: Introduction to Workforce Development

The first introductory chapter provides a broad overview to the concept of workforce development. Ann Roche and Roger Nicholas set out a useful framework that seeks to explore the theory around workforce development. They analyse changes in the conceptualization of workforce development and its implications for mental health and addiction workers, services, and sectors. Firstly they provide an overview of the background, historical, and contextual factors impacting current approaches to workforce development. Next, they provide an examination of systems thinking, service delivery models and goals, workforce planning, leadership, workforce recruitment, retention and wellbeing. Roche and Nicholas highlight the need for a systems approach to workforce development, rather than primarily targeting the individual worker. The authors also reiterate the need to “grow your own” workforce rather than relying on immigration to fill staff shortages. Such an approach, as they make clear, will require leadership at many levels for this and many other initiatives in workforce development to succeed. The point is also made that training only has the potential to be effective when applied in the context of broader contextual issues, once again highlighting the need for systems thinking. Finally, Roche and Nicholas examine theories of knowledge and innovation dissemination, learning models and theories, and the emerging use of technology. All these themes find practical and specific application in the chapters which follow.

Section 2: International Perspectives on Workforce Development

Section 2 of this book considers the nature of workforce development from the perspective of various jurisdictions, and contains contributions from various countries and ethnic perspectives. In Chapter 2 Michael Hoge and colleagues provide a U.S. perspective on some of the critical workforce issues occurring in this country. Mental health and substance use conditions are among the most prominent causes of illness and disability in the U.S., yet less than half of the people with these conditions are shown to receive treatment. An overview of the U.S. behavioral health workforce is provided along with a description of seven strategic areas in which activity has been undertaken to strengthen the U.S. behavioral workforce. The authors emphasize the need for better workforce data to base workforce analysis and decisions upon. Also highlighted is the need for a range of systems approaches to address the challenges faced by mental health and addiction services in building capacity and capability to support greater access to support for people with mental health problems. As is mentioned in many chapters in this book, the need for a greater role for people with lived experience in the delivery of care is emphasized. While developed in the U.S., the chapter includes links to a number of useful resources which have broader applicability.

Christopher Hill and Kelley Withy in Chapter 3 provide a Hawaiian and rural perspective. The authors provide an overview of U.S. licensing requirements for mental health professionals. There is a strong need for state-level coordinated workforce development efforts given the differences in licensing requirements between states. The authors describe and explore how the use of mental health services in the U.S. are generally driven by three inter-related concepts - the quality, access, and cost of mental health care. The authors draw particular attention to the health and substance use disparities experienced by native Hawaiians, recent immigrants, and people living in rural areas. The chapter goes on to show the shortage of health practitioners in many areas in Hawai‘i. An overview of workforce development activities
undertaken in Hawai‘i and U.S.-Affiliated Pacific Islands is provided which aim to support recruitment in health careers, training and development, particularly for people from minority and disadvantaged backgrounds, and rural and underserved areas. The chapter shows how these initiatives are helping to address health disparities, in particular by using native Hawaiian cultural responses.

Chapter 4 from Rod McKay, Tim Coombs, and Julie Anderson considers workforce development in the Australian mental health and addiction context. In particular they focus on the differences between the mental health and addiction sectors in Australia. In contrast to many countries, these workforces remain largely separate in Australia even though significant investments have been made at various levels of government. In Australia, great hopes are being placed in new workforces, including peer workers, vocationally qualified coaches, and e-mental health technicians. As the authors make clear, much rides on the outcomes of these initiatives. This chapter highlights a number of critical factors, including the role of policy and funding in the mental health and addiction system being a prominent consideration, along with the need for a whole of sector approach to workforce development rather than focusing on the mental health and addiction sectors in isolation. Additionally, the need for clear leadership is emphasized, a theme which has reverberations across many of the chapters in this book.

Mark Smith and Angela Jury in Chapter 5 explore mental health workforce development in New Zealand, with a number of nationally led adult initiatives. The chapter provides an introduction to the New Zealand workforce development context, explaining how New Zealand has developed a number of national workforce centers responsible for the implementation of government policy into practice for distinct populations. The chapter focuses on the work of one of those national centers, which is responsible for adult mental health workforce development. The authors examine three national initiatives: the development of knowledge, skills, values, and attitudes for all people working in the mental health and addiction sector; the development of an outcomes culture to ensure individuals and services are focused on outcomes as much as inputs and outputs; and post graduate clinical training for nurses and allied health professionals, where the focus on the outcome of recovery is central.

Rex Billington in Chapter 6 considers workforce development from a more global perspective drawing on his extensive experience working for the WHO. This chapter discusses mental health workforce training in developing countries and makes comparisons with the developed world from where many of the systems and practices originate. As the author notes, all countries are different in the various factors that affect mental health care, mental health promotion, and workforce training. But there are common themes. The author explores the theoretical perspectives which influence workforce training, the prevalence and burden of disorders in specific countries, workforce availability, and the environments and resources available within each country which impact on workforce development. The chapter shows how the realities and limitations of each country influences the types of people available for workforce training, the training approaches that are practical and can be sustained, the type of educational technologies available, and retention of the mental health workforce once trained.

Chapter 7 by Shariful Islam and colleagues focuses on workforce development in low and middle income countries, with specific examples from Bangladesh. The authors highlight that while mental disorders are a major public health challenge globally, these are often neglected in low and middle income countries. Bangladesh, one of the low income countries, suffers from severe shortage of mental health workers, and those with appropriate training. As the chapter makes clear emigration of skilled professionals is a major problem for low and middle income countries given the loss to more developed countries. This chapter critically examines the current situation of human resources for mental health in Bangladesh, and explores ways to further strengthen the mental health workforce to enhance mental
health service delivery. The authors reiterate the importance of the workforce as being the most significant resource within mental health services; that the workforce requires significant investment; and the need to look at how the available workforce can be most effectively utilized. The chapter also highlights the need for reliable data to inform workforce development, future planning and partnerships, and collaboration across sectors.

Fuimaono Karl Polotu-Endemann and Monique Faleafa in Chapter 8 discuss Pacific workforce development within a New Zealand context. The authors highlight the disparities in outcomes for Pacific people in comparison to the general population. The authors show that Pacific peoples in New Zealand have higher rates of mental illness, substance abuse, and suicide attempts, as well as disproportionately low rates of access to services when compared to the general population. Pacific families or aiga also tend to have high and complex mental health needs, and traditional cultural worldviews that are distinctly different from the dominant western mental health paradigms. Moreover, Pacific people are severely under-represented within the mental health and addiction workforce in New Zealand. An overview of innovative Pacific mental health and addiction workforce development initiatives is provided which have been led by Le Va, a national workforce center. These have been aimed at increasing the capacity and capability of the Pacific workforce in New Zealand, and enhancing the cultural competency of the “mainstream” workforce to better meet the needs of Pacific people and their families. The chapter emphasizes the importance of cultural responsiveness and how this can contribute to improving the equity of outcomes for people with experience of mental health problems. Also highlighted is how collaboration and co-design are fundamental to the successful development and implementation of workforce development initiatives.

**Section 3: Specific Workforce Development Applications**

Section 3 of this book focuses on specific workforce development areas, including undergraduate nursing education; mental health support workers; peer support workers; co-existing problems; eating disorders; e-competency; and routine outcome measurement.

Helen Bingham in Chapter 9 shows how undergraduate nursing education supports the development of the nursing workforce to have the right knowledge and skills to deliver effective and appropriate services to people with experience of mental health problems in all clinical settings. The importance of understanding the competencies and capabilities required so that education is relevant to practice and models of service delivery is highlighted. Also the need to take a broader biopsychosocial approach to understanding health, including the environment and early intervention. The chapter explains that traditionally nursing undergraduate education and training has focused almost exclusively on responding to clinical disorders or illness. The new emphasis is to explore connections between physical and mental health, particularly the brain itself. The chapter shows how the role of people with lived experience of mental health problems and their families is more central to undergraduate nurse education than it has been in the past. Encounters with people with lived experience are shown to be of value to nursing students and in challenging assumptions and beliefs that support stigmatizing beliefs and discriminating behaviors. Outlined in the chapter is an overview of how a nursing curriculum integrates mental health knowledge and skills.

In Chapter 10 Julia Hennessy, Liz Smythe, Max Abbott, and Frances Hughes consider how mental health support workers contribute to the recovery of people with experience of mental illness. Traditionally seen as support to mental health professionals, mental health support workers are increasingly
being seen as professionals in their own right. Support workers assist people with the transition from residential or hospital services to independent living within the community. The authors describe how mental health support workers are usually based within community based non-government organisations (NGOs) within the New Zealand context. However, some support workers are also employed in acute or rehabilitation settings within secondary care services. A key initiative has been the development of a national qualification within New Zealand to prepare mental health support workers for employment into community mental health services. The chapter explores the role and significance of mental health support workers. The authors show how mental health support workers can add real value to mental health services, and support other mental health professionals in working to top of scope.

Lisa St. George in Chapter 11 considers workforce development for peer support workers, which is a growing area of interest throughout the western world. St. George makes a strong case for greater investment in peer support and the role of peer workers in supporting the recovery of individuals with mental health challenges. Drawing on a rich recovery literature and experience in delivering training from the U.S., the author shows how peer support can enhance existing services by including peer support workers within multidisciplinary teams. Recovery pathways and the value of using recovery language are emphasized. The chapter also includes an overview of peer support in New Zealand, Australia, and Scotland by Mary O’Hagan, Michael Burge, and Simon Bradstreet.

Ashley Koning and Suzette Poole in Chapter 12 explore the issue of workforce development in relation to co-existing problems for people with both mental health and addiction problems. This chapter draws on extensive theory and practice to show an implementation strategy around working with co-existing problems, involving competencies, resources, training, and other approaches. The authors highlight the importance of a set of competencies based on a three tier approach of foundational, capable, and enhanced for assisting people with co-existing problems. They emphasize the centrality of evaluation in the implementation of workforce development initiatives. Also the need for a more integrated system of care, where a more planned and co-ordinated approach is taken.

In Chapter 13, Rachel Lawson and Bronwyn Dunnachie focus on eating disorders, which are serious illnesses with both physical and psychological symptoms. In New Zealand, the evidential Maudsley Family Based Therapy has been rolled out for anorexia nervosa, to specialist eating disorder services and clinicians in child and family services. The authors outline a useful process used in this national workforce development initiative. The chapter describes key factors that need to be considered to support successful implementation of workforce development programmes, including programme characteristics; systems level factors such as funding, organizational support, and leadership; and ensuring clinicians have access to training and development opportunities to help build knowledge and skills required to deliver responsive services. It shows how having an evidence base and planning, design, implementation, and evaluation are critical to the process of workforce development.

Simone Rodda, Max Abbott, Nicki Dowling, and Dan Lubman in Chapter 14 consider workforce development and e-learning. The authors describe how there has been a rapid increase in the demand for chat and email over recent years and much of the demand has been met by services that have traditionally provided helplines or crisis support. The authors provide an overview of the key issues associated with the delivery of e-mental health services and workforce development. This includes an examination of the range of options for providing e-mental health and key issues to consider when working online. A range of practical tips that can be implemented in practice are provided. The chapter concludes with a brief exploration of issues associated with client suitability for e-mental health via chat and email. The chapter shows that e-learning can be a vehicle for therapeutic work, focusing in particular on chat
and emails the authors show the advantages and potential problems of utilizing this form of therapeutic relationship. This offers the potential to reach people who might not otherwise access help.

In the final chapter of this book, Chapter 15, Tim Coombs, Philip Burgess, Rosemary Dickson, and Rod McKay provide an overview of the implementation of routine outcome measurement in mental health services in Australia from a workforce development perspective. The authors describe the preparation and development work required to enable the collection of outcome measures, including policy development. The authors explore issues related to training, benchmarking, communication, and other workforce development activities needed to initiate and sustain the collection and use of outcome measures. As more jurisdictions across the world move to outcome focused services this chapter has never been more relevant for workforce development. The chapter concludes by outlining the future development of the collection of outcome measures and the implication for continued workforce development. The authors emphasize the importance of ensuring people accessing services are at the center of workforce development initiatives, the value in benchmarking, and taking a whole of systems approach as has been emphasized throughout this book.

**CONCLUSION**

In conclusion, many countries are facing similar challenges with respect to workforce development in mental health. Whilst focusing on different topics, parts, and aspects of the mental health or behavioral workforce, the chapters contained in this book highlight a number of common themes.

Workforce development is critical to the delivery of quality mental health services and in achieving better outcomes for people accessing services. The workforce is the most costly but valuable resource within mental health services. As emphasized by WHO (2014), there is no health without a health workforce.

There are a number of critical drivers for changes in workforce development outlined in this book. Some of these drivers include: demographic changes, with an aging population and workforce; new technology and ways of accessing and using information; new evidence-based treatments and scientific understandings on the way the brain works; new ways of delivering services; the global demand for health workers; the need to respond to population changes and service user expectations; and a trend towards increasing empowerment of people with lived experience of mental health problems being just a few of the critical developments which the mental health sector now faces.

The challenges in building a sufficient workforce to deliver mental health and addiction services is highlighted throughout this book. Workforce shortages in many countries are shown, along with expectations of increasing demand. This necessitates a need to look at new workforces, giving thought to what is the optimal or right skill-mix, and how health professionals can be supported to work to top of scope. Both support workers, and peer support workers may well be critical workforces as Julia Hennessy and Lisa St. George indicate. Access to better information and data to inform strategic workforce planning is also required to support proactive approaches being taken to address future gaps and risks, rather than crisis driven approaches.

With the move to more recovery focused person-centered support for people with experience of mental health problems in the community, there is a need to think about the knowledge, skills, values and attitudes required of the workforce. What does the workforce currently have, what will they need in the future, what are the gaps, and how can these be addressed? As Helen Bingham shows, there is a need to also think about the workforce of tomorrow and ensure education programmes are responsive
to future needs, particularly the connection between mental and physical health. This necessitates closer relationships between education and service providers to ensure education and training is both useful and relevant for the mental health workforce and service delivery.

The importance and need for greater priority and funding for development of the mental health workforce is highlighted in this book. Funding and access to resources is a real issue in low and middle income countries and developing countries as shown in both Shariful Islam’s and Rex Billingham’s chapters. These countries along with many others may struggle with access to on-line learning, resources and tools, therapies and support due to the technology and infrastructure required. This means the way resources and tools are developed and disseminated in many of these countries differs.

Workforce development in the mental health sector, as this book amply demonstrates, needs to take a whole of system approach. Focusing on one aspect in isolation, such as training or recruitment, will not provide the transformative changes that are needed for workforce development. In addition to training, there needs to be a focus on leadership development, organizational culture and climate, access to the right information including workforce data and outcomes information to inform workforce development, recruitment and retention, and the development of a supporting infrastructure. As is reiterated many times in the individual chapters, workforce development strategies need to target systems, organizations, teams, and individuals in a holistic manner.

Effective workforce development is shown throughout this book to be a long term investment that takes time. In order to bring about change in practice, the importance of involving stakeholders and gaining sector buy-in is emphasized. The need for clear leadership in bringing about change, including a shift towards recovery focused services, is repeatedly stressed. This is shown to be a fundamental issue which impacts on the success of workforce development initiatives.

Ultimately if the aim of mental health workforce development is to make a difference and achieve better outcomes for people accessing services, then the inclusion and leadership of people with lived experience of mental health problems and recovery is important in bringing about this change. Change can be ad hoc and ultimately fail to address the needs of the people for whom the services exist, or it can be planned and improve the well-being of the people for whom it is intended. There is a need to see the end user, the person accessing services, as central to the process of workforce development.

This book is focused on the mental health sector, both present and future workforce. We hope this book contributes towards the emerging approach of workforce development, inspires fresh thinking and practice as the mental health and addiction sector faces one of its defining periods of change.

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REFERENCES


