
**South Island
Shared Service Agency Limited**

*Supporting the South Island District Health Boards
E tautoko ana ngā Pōari Hauora ki Te Waipounamu*

The number of Maori clinical staff within South Island regional specialist mental health services - 2009

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Executive summary

This report records the number of Maori clinical staff within South Island regional specialist mental health services as at November 2009. The measure will be repeated annually.

The South Island Regional Mental Health Strategic Plan 2009-2012 requires:

Increased number of Maori clinical staff within regional specialist mental health services that are responsive to cultural and clinical needs of Maori.

This measure is consistent with national strategies such as Te Tahuhu.

Many national initiatives investigate the Maori mental health workforce and contribute to its development. This report should be read in the context of these other initiatives.

The report also lists some options that are available to District Health Boards to help improve recruitment and retention.

District managers and clinicians provided the numbers. Consistent with Te Rau Matatini work force profiles, people are identified as Maori if they self-identify as Maori and/or indicate Maori ancestry.

Findings

Maori make up 5.64% of the clinical staff of all regional services in the South Island. This is similar to the finding from the Health Workforce Advisory Committee in 2002, when Maori made up 5% of the regulated workforce. It is lower than the proportion of Maori of the South Island population (7.97%).

The largest number of Maori staff – almost 20% - is in the combined Community Forensic and Prison/Court Liaison Service. Per district the number of Maori staff in this service varies from 0% to 100% due to its very small size in most districts.

1. Why collect information on Maori clinical staff?

The South Island Regional Mental Health Strategic Plan 2009-2012 requires:

Increased number of Maori clinical staff within regional specialist mental health services that are responsive to cultural and clinical needs of Maori.

This measure is consistent with national strategies which focus on Maori mental health.

Maori are under-represented in the health and disability workforce in almost every area. Therefore, increasing the number of Maori in the health and disability workforce is one of the objectives of the Ministry of Health (*He Korowai Oranga – Maori Health Strategy*. Ministry of Health, 2002).

Maori also tend to access mental health services at a later stage of illness and with more severe symptoms. One of the ways services will improve is when Maori take an active role in delivering services (*Te Tahuu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan*. Ministry of Health, 2005).

1.1 Maori mental health workforce details

The Health Workforce Advisory Committee (HWAC) stocktake (2002) found that there were shortages in both the regulated and unregulated Maori health workforce. While Maori comprised around 15.1% of the New Zealand population (Statistics NZ, 2002) they made up only 5% of the regulated workforce at the time and they represent a much higher proportion of the mental health service user population.

The Werry Centre has assessed the situation in the area of child and adolescent mental health. Maori children and adolescents make up 24% of New Zealand's 0-19 year olds (*The 2008 Stocktake of Child and Adolescent Mental Health Services in New Zealand*. The Werry Centre, 2009). The total Maori child & adolescent mental health workforce made up 20% of the total workforce. In the Southern region, based on 2008 projected child and adolescent population statistics, Maori children and adolescents make up 14% of the region's 0-19 years population. The workforce in the Southern region (Headcount June 2008) was 430, of which 40 were Maori or 9.3%.

1.2 The vision for the Maori mental health workforce

The vision of the Mental Health Commission is that in 2015 the workforce will reflect the populations it serves in relation to ethnicity, gender and other characteristics (*Te Hononga 2015: Connecting for greater well-being*. Mental Health Commission, 2007). For the South Island this would mean that 7.97% of the workforce would be Maori. (Total South Island population 998,800; South Island Maori population 79,700) (Statistics NZ Census 2006).

The national aim is higher: "Maori will make up 20% of the national dedicated mental health workforce and the primary health care workforce." (*Kia Puawai Te Ararau: National Maori Mental Health Workforce Development Strategic Plan 2006-2010*. Te Rau Matatini. 2006).

2. What is being done to develop the Maori workforce?

Maori workforce development is a priority in the DHBNZ 'Future Workforce' plan (DHBNZ. 2005. *Future Workforce 2005-2010*). A number of initiatives have been contributing to Maori workforce development. For example, the Clinical Training Agency reviews Maori training programmes and access for Maori and in 2009 implemented a new funding model for Maori health training – all DHBs have access to this Hauora Maori Training Fund. The Health Research Council researches barriers to Maori involvement in health and is involved in a range of research projects by and for Maori. The Health Workforce Information Programme collects data including ethnicity. The Mental Health Commission undertakes a quarterly workforce survey of DHB providers.

The Maori Mental Health and Addiction Workforce Development Programme is designed to develop a Maori mental health workforce capable of addressing tangata whaiora requirements, both culturally and clinically (*Te Puawaiwhero: The second Maori mental health and addiction national strategic framework 2008-2015*. Ministry of Health, 2008). The programme includes:

- Te Rau Matatini (national Maori mental health workforce development organisation, established in 2002, not only providing training and resources but also conducting research such as workforce profile surveys)
- Henry Rongomau Bennett Memorial (scholarship and mentoring programme)
- Te Rau Puawai (programme to recruit Maori into a mental health development career pathway and prepare them for leadership in the future).

3. What options are available to District Health Boards?

For individual DHBs, useful actions would centre mostly around improving recruitment and retention. The following options were sourced from the websites of the four national workforce development providers (Te Rau Matatini, Te Pou, Matua Raki and The Werry Centre) and from *Whakamarama te Huarahi – To Light the Pathways. A Strategic Framework for Child and Adolescent Mental Health Workforce development 2006-2016*. The Werry Centre, 2006.

- Engage with a wide number of training providers and support clinical placements and internships of Maori students.
- Support the development of a kaumatua workforce.
- Ensure cultural support for Maori working in mainstream mental health services.
- Use mentoring programmes.
- Encourage professional development or postgraduate study.
- Utilise the Hauora Maori Training Fund from the Ministry of Health.
- Utilise the Henry Rongomau Bennett Scholarships and Te Rau Matatini bursaries.
- Utilise the Te Rau Puawai programme.

4. Numbers of Maori clinical staff in South Island Regional Specialist Mental Health Services

4.1 Method

Numbers were collected by asking the district managers and clinicians. Consistent with Te Rau Matatini work force profiles, people are identified as Maori if they self-identify as Maori and/or indicate Maori ancestry.

The stock take is not completely accurate because the Youth Inpatient beds in Otago are part of a general ward and there are no dedicated staff that work only with the youth. Figures for these beds have therefore been ignored.

4.2 Findings

Maori make up 5.64% of the clinical staff of all regional services. This is similar to the finding from the Health Workforce Advisory Committee in 2002, when Maori made up 5% of the regulated workforce. It is lower than the proportion of Maori of the South Island population (7.97%).

The largest number of Maori staff – almost 20% - is in the combined Community Forensic and Prison/Court Liaison Services. Per district the number of Maori staff in this service varies from 0% to 100% due to its very small size in most districts, consisting of only one staff member in three of the districts.

Table 1 has a summary for the region. Table 2 shows the figures by district.

Table 1: Number of Maori Clinical Staff in South Island Regional Specialist Mental Health Services

The Number of Maori Clinical Staff in South Island Regional Specialist Mental Health Services			
November 2009			
Regional Service	Maori FTE	Total FTE	% Maori
Community Forensic AND Prison/Court Liaison	5.5	28.5	19.30%
Medium Secure Forensic	2.5	73.2	3.42%
Minimum Secure Forensic	1	17	5.88%
Long Term Secure Forensic	1	20.3	4.93%
Mother-Baby/Eating Disorder-Inpatient	1	30.3	3.30%
Eating Disorders - Clinical Community FTE	0	5.4	0.00%
Child and Youth Inpatient Beds	2.6	53	4.91%
Detoxification - Medical Inpatient	0	13.4	0.00%
Total of all regional services	13.6	241.1	5.64%

Table 2: Number of Maori Clinical Staff in South Island Regional Specialist Mental Health Services by district

The number of Maori Clinical Staff in South Island Regional Specialist Mental Health Services			
Service	November 2009		
	Maori FTE	Total FTE	% Maori
Community Forensic AND Prison/Court Liaison			
Nelson Marlborough	1	3	33.33%
West Coast	0	1	0.00%
Canterbury	2.5	16.5	15.15%
South Canterbury	0	0.5	0.00%
Otago	1	6.5	15.38%
Southland	1	1	100.00%
Total	5.5	28.5	19.30%
Medium Secure Forensic			
Canterbury	1.5	41.2	3.64%
Otago	1	32	3.13%
Total	2.5	73.2	3.42%
Child and Youth Inpatient Beds			
Canterbury	2.6	53	4.91%
Otago		Part of general ward	N/A
Total			4.91%
Minimum Secure Forensic	1	17	5.88%
Long Term Secure Forensic	1	20.3	4.93%
Mother and Baby - Inpatient	0	Shared unit with ED	N/A
Specialist Maternal Mental Health Service	0	0	N/A
Eating Disorder Service - Inpatient	1	30.3	3.30%
Eating Disorders - Clinical Community FTE	0	5.4	0.00%
Detoxification - Medical Inpatient	0	13.4	0.00%
Total of all regional services	13.6	241.1	5.64%