

## **COMMUNITY SUPPORT WORKERS – ENABLING CHANGE IN THE MENTAL HEALTH WORKFORCE**

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### **RECOGNISE – PROMOTE - ADVOCATE**

Can Community Support Workers working within District Health Board (DHB) environments model the change they want and can they themselves be effective change agents?

This paper aims to inspire with a key message that anyone can effect, promote and advocate change if they are wishing to do so. The writers will outline how the community support role has not only been accepted into the Invercargill Community Mental Health and Forensic Teams at the Southland District Health Board (SDHB), but more importantly how community support workers continue to influence and enable change to happen.

Experiencing full support and goodwill from the organisation, managers and team members and having access to regular supervision, education and training, Gay and Doug continue to inspire and influence those around them on a daily basis.

They believe their non-clinical roles advantage consumers and their families with their recovery by providing support that is practical, meaningful, and real as well as complimenting the work of their clinical peers.

Both Gay and Doug recognise there is still plenty to do with pushing the frontiers of the community support role within the New Zealand context. Both hold a vision that the community support workforce is still to reach its full potential and still has much more to offer the sector. Here are their stories which they hope will inspire you to effect, promote and advocate change.

### **GAY'S STORY**

My name is Gay and I am a born and bred Southlander and live in Invercargill. "A city where dreams are possible." Like Burt Monroe and his Fastest Indian, I also have to be innovative, have determination and passion for what I do. I work towards instilling hope with people by encouraging them that their dreams are also possible.

In the ten years I have been working as a community support worker, initially at the SDHB activity centre and 8 years in the role of a Community Support Worker within the Invercargill Community Mental Health I have seen the support worker role grow and expand. Initially I felt that I was just a support worker and at the bottom of the food chain. Initially this role was seen as an unskilled position basically given to anyone with the necessary life skills. I was one of those people and I felt lost in the role had no voice?

The New Zealand Certificate in Mental Health Support Work and the Southern Institute of Technology Diploma in Mental Health Support Work became available locally. Obtaining both these qualifications changed how my colleagues viewed the

role and acceptance started. This also changed my own perspective on what I was doing and gave me the confidence to speak up for the people I was supporting and I found I was starting to be heard.

The passion for the position and changes I could see in the people I supported started to show through to the clinicians on the multi disciplinary team. I take strength from a nursing colleague's feedback. "You know this person so well and you can pick up their signs of un wellness quickly. Because of that we can move to keep this person in their own home and back to wellness, with as little disruption as possible." Being a community support worker in a clinical setting has the advantage of being on site with clinicians, so they have an understanding of the role. It also means we have to be professional with our approaches, so active participation in continuing education and professional development is really important. I also sit on the panel for Mental Health Services Education and Training Committee as the community support worker Representative.

In my role I have flexibility and autonomy and am enabled to look outside the square. I am in a position of being able to consult daily with my colleagues and to pass on the support worker perspective in many settings including reviews and intake. Not only can I attend psychiatric appointments, but I can also discuss with the psychiatrists issues pertaining to the recovery of the people I support. I can discuss with my colleagues the holistic side of peoples care and also listen to and absorb the specialised knowledge my colleagues.

We have been accepted by the multi disciplinary team and upper management but the people we support are the most important part of this acceptance. The people I support give me the passion to do what I do.

1. To follow a person on their journey is such a privilege.
2. I work with the things that matter to the person.
3. Looking for the inner strengths and resilience that the person has already and supporting these to grow.
4. I like to see the person as a whole person and look beyond the labels.
5. To be supportive in the things that matter for the person.
6. Providing support that is practical, meaningful and also compliments the work of my clinical peers.
7. The community support role has the advantage of coming from a non-threatening approach and being able to work with the person in all areas of their life not just the mental health disorder.
8. In the words of one person, "You show me the real things and use words I can understand".
9. Most of the people I support also have families and friends, and part of my role is to support them as well. This is achieved by referring on to other agencies, by just sitting around the kitchen table and allowing them to vent their frustrations and grief, offering encouragement, answering questions but mostly just by listening. Once again the advantage of working in the clinical setting is that it allows me to be able to utilise the advice of the Mental Health Services family advisor which is invaluable.

I also have a strong knowledge of community agencies and work closely with Work and Income New Zealand and many other community agencies, This not only is of great value to the people I support but also I find that clinicians are coming to me for advice on how to access these agencies. I have the advantage of trying to eliminate the barriers people I support have problems with. This includes being a role model for breaking down discrimination in the community as I am seen by many agencies as a strong advocate for the people I support.

All this has helped to influence change the environment I work within.

1. The passion I bring to this role.
2. My extensive background in the field.
3. Education that brings me in line with other professionals.
4. Continually pushing the barriers to education, professional development and supervision opportunities
5. Keeping strong boundaries and working within the limits of my competence in a safe way
6. Keeping my sense of humour

These are what have helped to make the changes for the people we support and the environment we work within.

## **DOUGS STORY:**

What inspires the passion in our roles as mental health support workers is best described in three separate areas which all interlock and thread together. These stages I will explain more fully and described as the past, present and future.

### **THE PAST**

For me the past began in 1991 where after a background of the freezing and shearing industry with a touch of the salesman thrown in I embarked on a career as a mental health worker. My original passion was driven by the security of a full time job and the ability to stay at home rather than having to follow work around. Not having any knowledge of mental health was an asset back then because support workers were the new kids on the block and were thrown-in the deep end without any training. Within three weeks I was doing emergency on call work for 40 clients with just gut instinct to rely on.

There was a fair amount of antagonism between clinical and non government organisations. (NGOs) Support work seemed like a foreign language at the time and unfortunately there were not a lot of interpreters around. The fact that we were fighting for our existence in an entirely new area of mental health care ignited my passion which was fuelled by seeing the difference that support work made to the people that we supported and their families.

Back in the early days it felt like captain Kirk or Spock of the Star Ship Enterprise by breaking new frontiers where no one has been before. Each day was learning in its purest sense at the coal face. As mental health services grew so did the numbers of people needing support and as a follow on the mental health support workforce grew in a parallel process.

At this stage there was no specific training for support workers and the career pathway looked more like a Himalayan goat track. This rising number of support workers with the thirst for knowledge was a catalyst for the introduction of the Mental Health Support Workers Certificate in Southland which started in 2000. It finally felt good having some specific training for support workers that was pertinent and relevant to our role. My passion was further ignited by a 7 month working holiday in England although normally the words working and holiday don't sit well on this occasion. They were a perfect match. I worked for three providers of mental health care in the Manchester area and the enjoyment that I derived from these roles stays with me today.

On returning to New Zealand I was fortunate to get the position of Coordinator of community support workers for a Southland NGO at a time when support workers were starting to get more options in more specialist services, such as youth and intensive support services. These were exciting times for support workers with much more interaction between clinical and NGO services.

## **THE PRESENT.**

The present starts with some forward thinking by managers employed by Mental Health Services at Southland District Health Board and the employment of the first support worker in clinical services back in 1999. This was an incredibly inspirational move and assisted to help with the understanding of clinical staff to the role of the support worker and how the support worker can be an integral part of the multi disciplinary team. I joined the Southland District Health Board Forensic Team as a support worker in 2001 with some trepidation but have been blown away by the support received from colleagues and management over the past 7 years as well as peer support from Gay who is here today.

Both Gay and I have proved that with perseverance and dogged persistence we have been able to achieve the Diploma in Mental Health Support Work, Motivational Interviewing and also Supervision Training which we use to provide supervision for other non clinical staff. Most of this training was previously the domain of clinical case managers. We have also formed excellent links with Platform and Te Pou that keeps us in touch with what is happening in the support work field. Our roles of working as part of a multi disciplinary team in a DHB environment keep us fresh and passionate and assist in promoting the understanding of the support work role.

Having worked both for an NGO and now for a DHB I understand the need for support workers attached to the provider arm in regards to people in an acute phase of their illness or those under Forensic Services. The relationship between the person needing support, support worker, key worker, family and psychiatrist is an integral part of the individual's recovery. By sharing an office with the key worker and seeing the Psychiatrist on a regular basis this creates an incredibly powerful support network and enables communication to take place on all levels at all times with excellent outcomes due to this. The learning from being a full participatory member of the multi disciplinary team is immense and one that I am proud to be part of. The greatest passion that we get is that of seeing the confidences grow in those that we support on their journey to independence.

We are fortunate in Southland that we have some excellent leaders and entrepreneurs such as Tim Shadbolt, Penny Simmonds (zero fees, Southern Institute of Technology) and huge financial backing for Southland initiatives by the Community Trust of Southland and the Invercargill Licensing Trust. This is all backed by a "can do" attitude which is exemplified in the services that we work with.

We have an excellent reciprocal relationship with Work and Income New Zealand (WINZ) that enables us to provide proactive and targeted assistance for those people that we support in the community. We have regular contact with WINZ staff to update on the latest benefit changes and how they will affect those that we support. Work Bridge and Housing NZ are also organisations that we have built up excellent relationships with. The key to support work is knowledge of self and the community and that knowledge fuels our passion. As support workers in Southland we get together as often as we can to share our thoughts and ideas and to provide support for each other.

## **THE FUTURE.**

Current statistics from Health Workforce Information, District Health Boards New Zealand show that there are currently 650 mental health support workers employed in District Health Boards with a 3.85% increase happening in the last 21 months. (HWIP, 2008) I predict this number to grow in the next 10 years due to the fact that we have an aging health work force and increased competition for clinically trained staff in other workforce areas and also internationally.

These gaps in service are going to have to be filled and in mental health who better to fill them than mental health support workers that are trained purely in mental health. Whilst this training may not be transferable to other areas I cannot think of any other area that I would rather be working at this point. A degree in mental health support work is the natural progression from the national diploma which hopefully someone is working on as we speak. The advent of a degree would also lead to the possibility of support workers as case managers. Support workers could also migrate to work orientated organisations such as Work and Income New Zealand and Workbridge to work alongside people with extra challenges re entering the workforce. Primary Health Organisations are another new growing area that offers huge opportunities to support workers to become involved.

Providing more support for families is also another area that support work could extend into other areas of health such as alcohol and other drug, children and young persons and maternal mental health.

Support work has come a long way in a short space of time due to a receptive environment and people with a vision to see it as a discipline of the future such as our own DHB whom we applaud for their far sightedness. Support workers now more than anytime in the past need to get connected so that the future vision is there to see and that we are all singing off the same page. This could be done through the formation of a Support Workers Association with regional links which is currently being started by SWANZ, but this is a big task and requires full time commitment to make it happen.

The future looks bright for support workers of which I am proud to be one in what has been and still is an amazing journey.

We hope by sharing our own stories as mental health community support workers we have inspired you to believe that you can influence change within a DHB Provider Arm environment and the community you work within. We have shared what inspires us to be passionate about what we do and what we believe is the future potential of the community support workforce in New Zealand. Now its your turn?

## ***References***

HWIP Base Data, (2008), *Health Workforce Information, District Health Boards NZ*, Wellington: HWIP