

Let's get real 
REAL SKILLS FOR PEOPLE WORKING IN MENTAL HEALTH & ADDICTION

Guide for Managers and Leaders

Published in September 2009 by Te Pou o Te Whakaaro Nui

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ISBN 978-1-877537-26-4

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To the reader

This *Let's get real* Guide for Managers and Leaders provides guidance for you, in the mental health and addiction sector, to use the enablers (tools and learning modules) that support implementation of *Let's get real* in your organisation and teams. As with all *Let's get real* framework resources, you are encouraged to 'pick and mix' from this material in a way that fits with your organisational needs.

It is intended that *Let's get real* has a practical focus, and is easy to understand and use in different contexts. This guide will assist you in realising this intention.

As the reader of this guide, you may be in one of several leadership or management roles, including as a:

- chief executive
- clinical leader
- consumer advisor
- family and whānau advisor
- general manager
- human resource manager
- operational manager
- planner and funder
- professional advisor
- quality manager
- service leader
- team leader.

The information in this guide is intended to:

- provide an understanding of *Let's get real* and the enablers
- outline practical suggestions for how *Let's get real* can be implemented within and across services
- offer guidance for managing the process of change, which will ultimately be associated with implementing *Let's get real* within your organisation and teams
- provide some practical resources and links to further information that you may use or adapt when planning and implementing *Let's get real*
- answer common questions that have arisen concerning *Let's get real* and its implementation.

Please note that this guide must be read in conjunction with the *Let's get real* Overview, available from www.tepou.co.nz/letsgetreal. Microsoft Word versions of all templates in this guide are available on the *Let's get real* implementation CD or from Te Pou's website, www.tepou.co.nz/letsgetreal.

Contents

1. Implementation	5
1.1. Introduction	5
1.2. Beginning implementation in your organisation	6
1.3. Who is responsible for implementation?	8
1.4. A process for the implementation of <i>Let's get real</i>	9
2. Roles and responsibilities to support the implementation of <i>Let's get real</i>	14
2.1. Introduction	14
2.2. <i>Let's get real</i> sponsor	14
2.3. <i>Let's get real</i> steering group	15
2.4. <i>Let's get real</i> stakeholders	15
2.5. <i>Let's get real</i> project manager	16
2.6. Team or service manager or leader	16
2.7. Team member	17
2.8. Using supervision to support implementation of <i>Let's get real</i>	17
3. Example approaches to implementation	18
3.1. Scenarios	18
3.2. Accessing resources	19
4. Summary	20
Appendix: Background information on change management	21
References	25



1. Implementation

1.1 Introduction

This section identifies some ways to get started with implementing *Let's get real*. This includes the use of the *Let's get real* enablers and some information about roles and responsibilities. In addition, there are examples of possible approaches to implementation (page 18).

The implementation of *Let's get real* may involve change for some organisations. As with any effective change process, consultation with service users, Māori and other stakeholders should be built into the planning process from the beginning (Ministry of Health, 2002).

Let's get real assists services to meet the requirements of the Ministry of Health's Nationwide Service Specification Framework. Service specifications from this framework are an essential component of district health board's contracting processes, stating the types of contracted services, both mandatory and recommended, and the lines of accountability for service delivery.

Service specifications that were revised recently in the first phase of the National Service Framework Project were made available for use in the non-government organisation sector from 1 July 2009, and will be in place in district health board provider arms from 1 July 2010. It is expected that district health boards will be moving to the revised service specifications (from all three of the project's phases) over the next two to three years, and embracing the service objectives. The tier one service specification, a mandatory document, includes reference to *Let's get real*. Developing workforce is one of the objectives in the specification, and *Let's get real* is a framework that will assist district health boards to do this.

Over the next two years mental health and addiction services, and education and training providers, will be implementing *Let's get real* within their organisations, courses and programmes. Implementation will focus on bringing the Real Skills, values and attitudes into organisational systems, processes and training. This is supported by the Ministry of Health and the national mental health and addiction workforce development centres. An audit tool is being developed by the Ministry of Health that will allow district health boards and non-government organisations to assess their progress in implementing the revised service specifications and their objectives, such as developing workforce.

1.2 Beginning implementation in your organisation

It is important that you are familiar with the content of the *Let's get real* Overview, including the seven Real Skills and their performance indicators, and with each of the *Let's get real* enablers.

The seven Real Skills

The seven Real Skills are:

- working with service users
- working with Māori
- working with families/whānau
- working within communities
- challenging stigma and discrimination
- law, policy and practice
- professional and personal development.

Each of the seven Real Skills has a broad definition and three sets of performance indicators attached to it. The performance indicators are for the following three levels:

- essential - intended for all people working in mental health and addiction services
- practitioner - clinicians who have worked in a service for at least two years will be expected to be able to demonstrate both the essential level and the practitioner level performance indicators of all the Real Skills
- leader - management and clinical leaders, such as clinical directors, portfolio managers, service managers, professional advisors, team leaders and general managers, will be expected to be able to demonstrate both the essential level and the leader level performance indicators of all the Real Skills.

The enablers

Te Pou has developed five enablers to support mental health and addiction organisations and teams to implement *Let's get real*. You are encouraged to 'pick and mix' from this material in a way that fits with your organisational needs.

The five enablers are:

- Guide for Managers and Leaders
- Team Planning Tool
- Human Resources Tool
- Learning modules for the seven Real Skills
- Education Tool.

Intention and purpose of each enabler

Guide for Managers and Leaders

The Guide for Managers and Leaders provides guidance for managers on using the enablers to support implementation of *Let's get real* within their organisations.

Team Planning Tool

The objective of the Team Planning Tool is to help services to:

- include and use *Let's get real* in service planning
- develop a team profile and a workforce plan to improve the skills of team members in the seven Real Skills.

Human Resources Tool

In recognition of the large variation in human resource capability that exists among mental health and addiction organisations and teams, the Human Resources Tool has two different aspects to it. These are:

- a high level guide that assists organisations to understand *Let's get real*, and identify gaps and ways that *Let's get real* can be introduced and integrated into their existing human resources systems and processes
- comprehensive templates that can be downloaded and adapted for immediate use.

Learning modules for the seven Real Skills

The learning modules address each of the three levels (essential, practitioner and leader) in all of the seven Real Skills. There are also the stand-alone modules – Getting Started and Values and Attitudes. The modules are designed for self-directed learning, although they can also be used for group learning. The intention of the learning modules is to improve workforce skills to meet the performance indicators of the seven Real Skills.

Education Tool

The Education Tool is intended for providers of training and education for the mental health and addiction sector. It has a two-fold purpose of developing a:

- process for incorporating *Let's get real* into existing review processes
- process or guideline for integrating *Let's get real* into curricula.

In addition, the Education Tool can support professional bodies (such as boards and councils) to audit the education and training programmes and courses provided to students and trainees of their particular profession.

Values-based practice and *Let's get real*

A unique aspect of *Let's get real* is the inclusion of values and attitudes. This is in recognition of the importance that values and attitudes have in the way that services are delivered.

Values-based practice underpins the work of mental health and addiction treatment services and is expressed in action through each of the seven Real Skills (Ministry of Health, 2007). Values-based practice was originally developed as a framework in the domain of mental health, and identifies that values are both pervasive and powerful and influence decisions about health care.

Stickley and Bassett (2008) discuss how having an awareness of values, where our own values differ from others', is the first and most crucial training step in values-based practice. They recommend that the first phase of raising awareness of values is to reflect on our own values, by standing back and viewing our behaviour in practice as distinct from how we think we behave. The *Let's get real* enablers have been designed to support staff working across all levels of mental health and addiction services to raise their own awareness of values-based practice, which will in turn assist them to meet the performance indicators of the seven Real Skills.

A great number of organisations work from a values base and have a clearly articulated set of organisational values that link with all of their organisational systems. You might find that your own organisation's values will be reflected in many of the values of *Let's get real*. For organisations that are less developed in this area, you are encouraged to adopt and use the values in the *Let's get real* framework.

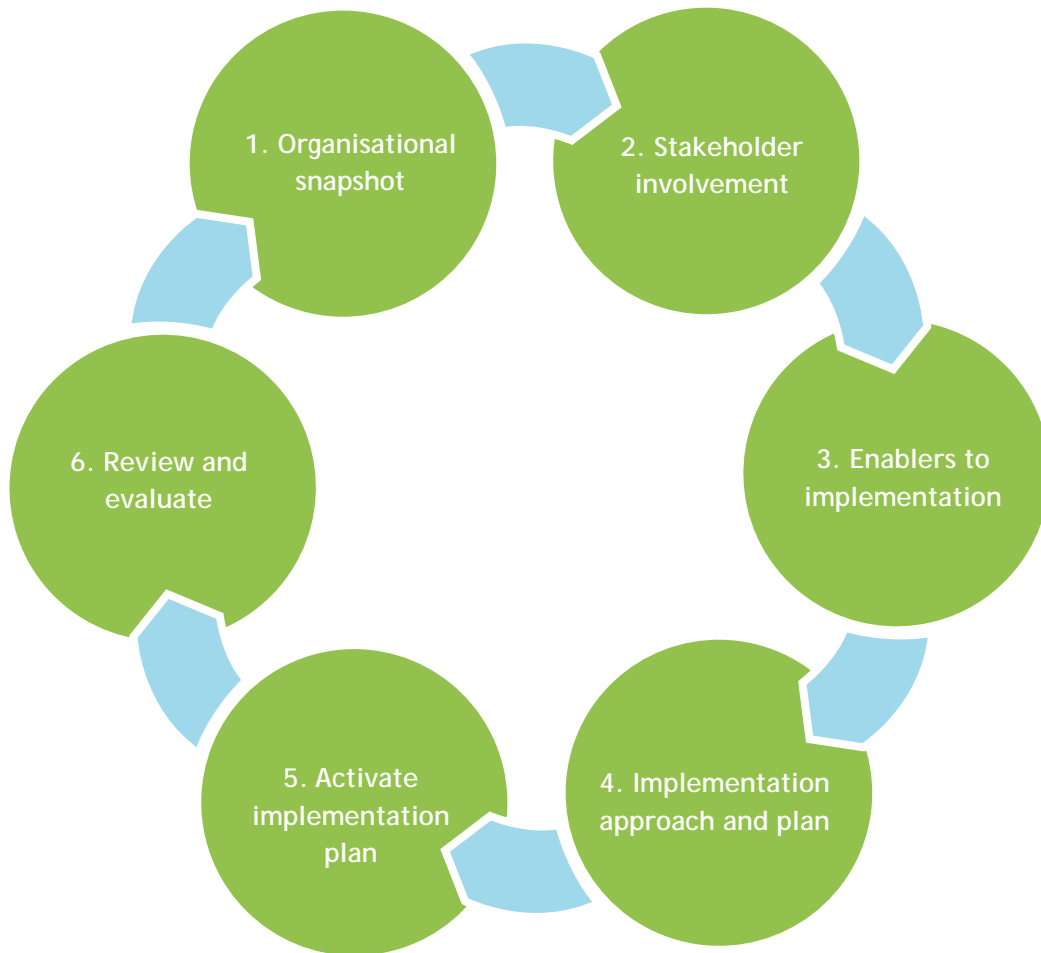
1.3 Who is responsible for implementation?

Managers and leaders in the sector are responsible for driving the implementation of *Let's get real*. Teams and individual staff also have a responsibility to reflect upon their own skills in relationship to the seven Real Skills and participate in any change process.

It is likely that you are familiar with change management processes. However, in the Appendix you will find background information about change management, should you need it.

1.4 A process for the implementation of *Let's get real*

The following diagram outlines a six-step process to guide organisations and services in managing implementation of *Let's get real*. Each of the six steps is described below, giving guidance and practical examples of how to progress implementation.



Step 1 - Organisational snapshot

Implementation of *Let's get real* starts with a snapshot of your organisation's alignment to *Let's get real*. It is important that people are briefed and understand the content of *Let's get real* and the seven Real Skills. The template below provides you with an opportunity to identify high level priority areas for commencing implementation of *Let's get real*.

Template - *Let's get real* organisational alignment snapshot

Use the following template as a guide for considering your organisation's alignment to *Let's get real*.

Area to be assessed for alignment	Possible processes	Findings
Vision and values	Reflect on the <i>Let's get real</i> values and attitudes, and look for alignment with your own organisation or service vision and values.	
Strategy	Reflect on the content of your organisation's key strategic documents, e.g. your strategic, service development, quality improvement and workforce development plans. In these plans, consider where opportunities exist for you to include <i>Let's get real</i> into your organisational activities. Implementation of <i>Let's get real</i> focuses on aligning <i>Let's get real</i> to things you are already doing.	
Systems	<p>Consider opportunities for alignment with <i>Let's get real</i>, and inclusion of the seven Real Skills, in human resources systems and processes, e.g. job descriptions, interview questions, inclusion of key stakeholders¹ in job design, interviewing and training.</p> <p>Review your quality systems and policies for inclusion of <i>Let's get real</i>.</p> <p>Reflect on your processes for stakeholder participation. Are all <i>Let's get real</i> key stakeholders included? Is your engagement consistent? Do you seek feedback from stakeholder groups? How does their feedback get implemented into service improvement?</p> <p>Review in-service training programmes to identify opportunities to align and include <i>Let's get real</i>.</p> <p>Consider the skills within teams to reflect a mix of essential, practitioner and leader.</p> <p>Review clinical pathways to establish:</p> <ul style="list-style-type: none"> • inclusion of key stakeholders • adequate time to engage with key stakeholders for the duration of the clinical pathway. 	
Structure	Consider your structure(s) to determine the presence of any dedicated stakeholder positions within them, e.g. consumer advisor, family and whānau advisor, cultural advisor, community liaison.	

1 – Key stakeholders include service users, Māori, families/whānau and communities (as identified in *Let's get real*).

This organisational snapshot will inform your choices about which of the *Let's get real* enablers you will use.

Example

The snapshot may identify clinical processes that do not fully support one or more of the seven Real Skills. For example, your organisation's satisfaction survey has revealed shortcomings in working with families and whānau. These findings would inform the choice of enabler you might use. For example you could use:

- the Team Planning Tool to:
 - include family and whānau as stakeholders
 - identify areas for development in the team with respect to working with families and whānau
 - include family and whānau advisors in service planning
- the learning modules:
 - individual staff or teams could work through the working with families/whānau learning modules.

Step 2 - Stakeholder involvement

Involving relevant stakeholders is important to the success of any organisational change process. Stakeholder involvement is also an essential element of *Let's get real*.

Example

You could hold a meeting involving key people, such as service user and family and whānau advisors, and family and whānau members. In this meeting, you would discuss the organisational snapshot and confirm which of the recommended enablers are best suited to achieve improved outcomes for families and whānau.

Step 3 - Enablers for the implementation of *Let's get real*

The enablers (outlined in section 1.2) have practical templates that can be used to integrate *Let's get real* into your organisation. For example, flowcharts in both the Human Resources and Team Planning tools identify the opportunities and decision points where organisations can use *Let's get real* and the seven Real Skills to enhance their existing systems and processes.

The enablers assist organisations to identify gaps and develop strategies to improve their alignment with *Let's get real*. Many organisations already have comprehensive and best practice planning systems and processes, therefore the *Let's get real* enablers are intended to complement, rather than replace, what you already have.

Example

Existing job descriptions could be reviewed and modified to include the seven Real Skills. The performance indicators of the seven Real Skills could be used to create key performance indicators for job descriptions. These can then be included in the performance management and coaching cycle to ensure that staff's skills improve through coaching or supervision. The Human Resources Tool has adaptable templates to support this.

Step 4 - Implementation approach and plan

Implementation approach

It is recommended that *Let's get real* implementation is sponsored by senior management and by planning and funding in a district health board. For non-government organisation services, there will be an expectation that they are working towards implementing *Let's get real*, as the revised National Service Framework specifications are used for service contracts.

The Human Resources and Team Planning tools require management sign off. Organisations need to consider what organisational function will drive the implementation of these tools for example, through quality, human resources, or service development. Quality managers, professional advisors and human resource managers are key to the success of implementing these tools. Other key roles that may be involved could include training and development managers and clinical educators. A detailed description of key roles and responsibilities that support the implementation of *Let's get real* is given in Section 2 (see page 14).

You will have already decided and prioritised which enablers are best suited to your organisation. There are a number of options for approaching implementation that include:

- taking a project approach to trial particular enablers in selected teams or services prior to rolling them out
- incorporating the implementation of *Let's get real* into your standard organisational planning and development activities, for example human resources and workforce activities such as orientation programmes and in-service training
- working in partnership with other teams or organisations to share a resource to support implementation
- releasing individual staff from normal duties to manage the implementation process as a professional development opportunity.

Implementation plan

The implementation plan outlines the steps the organisation or team will take to implement *Let's get real*.

Example

You have chosen the *Let's get real* enablers, identified priorities at the stakeholder meeting and are now at the point of writing an implementation plan. Use the checklist below to guide the content of your plan.

Task	Completed?	Date completed
Identified sponsor and sign off	Yes/No	
Key stakeholders	Yes/No	
Key deliverables, milestones and timeframes	Yes/No	
Financial implications	Yes/No	
Communication and reporting process	Yes/No	
Identification of resources required	Yes/No	
Identification of risk	Yes/No	
Roles and responsibilities	Yes/No	
Review and evaluation process.	Yes/No	

Step 5 - Activate implementation plan

Roles, responsibilities and timeframes in the implementation plan must be clearly defined and articulated to all involved staff. Deliverables and milestones, and the processes for monitoring and reviewing, should also be documented.

Example

- Include *Let's get real* as a regular agenda item in relevant meetings.
- *Let's get real* activities reported on and promoted.

Step 6 - Review and evaluation

Implementation of *Let's get real* is a developmental process and requires regular review and evaluation.

Example

Future satisfaction surveys are monitored to identify any improvements in working with families and whānau. Feedback on the usefulness of the *Let's get real* working with families/whānau learning module could help in identifying the development of skills and knowledge of staff in this area.

2. Roles and responsibilities to support the implementation of *Let's get real*

2.1 Introduction

Typical roles and responsibilities for undertaking projects and programmes, such as the implementation of *Let's get real*, are described below. As discussed previously in the process for the implementation of *Let's get real* (see section 1.4), these roles may be integrated into the existing workload of individuals or may be formally designated. The roles may be assigned to one or more individuals, or individuals may play one or more roles.

2.2 *Let's get real* sponsor

Implementation of *Let's get real* is likely to be more successful if it is owned and championed inside the organisation, rather than coming as a directive from senior management. A *Let's get real* sponsor would lead and champion the process of implementation and change. The appointed sponsor or sponsors may be senior managers or clinicians.

Role and responsibilities of the *Let's get real* sponsor

- Has ultimate authority and responsibility for the implementation plan, project or programme.
- Approves changes to scope of the *Let's get real* initiative.
- Provides additional funds if required.
- Approves deliverables.
- Champions the implementation plan or project.
- Provides a clearly defined decision making process.
- Manages issues that cannot be managed at the team level.
- Resolves conflict.
- Monitors and maintains alignment with organisational strategy.
- Facilitates alignment across functional departments.
- Defines what constitutes success and agrees the associated performance measures.
- Communicates and provides reports to the management team.
- Gives feedback to leaders and managers on progress, achievements and 'red flags'.
- Has overall authority for decision making.

2.3 *Let's get real* steering group

To assist implementation, it could be useful to establish a steering group. To reflect the *Let's get real* framework, the *Let's get real* steering group would include service users, Māori, family and whānau representatives, a community representative and professional advisors in its membership. The steering committee could also include managers, team members, human resource managers and quality managers.

Role and responsibilities of the *Let's get real* steering group

- Provides an overview of *Let's get real* implementation.
- Coordinates input from all key stakeholder groups.
- Supports implementation and contributes to regular reviews.
- Provides leadership and support of the implementation plan or project.
- Resolves issues escalated by the programme or project manager or team leaders.
- Provides policy decisions and direction to implementation.
- Resolves or forwards policy issues to appropriate decision making bodies.

2.4 *Let's get real* stakeholders

Identifying and involving stakeholders in the planning and implementation of *Let's get real* is a key factor in ensuring successful implementation. Many organisations have existing stakeholder networks or mechanisms that can be used. It is of paramount importance that representation from the following groups is included in key planning activities:

- service users or tāngata whaiora
- family or whānau
- Māori (individuals with an understanding of mental health and addiction services)
- Pasifika (individuals with an understanding of mental health and addiction services).

Role and responsibilities of the *Let's get real* stakeholders

- Models the intent of the seven Real Skills.
- Increases information sharing.
- Enhances mutual understanding.
- Creates new networking opportunities.
- Provides guidance to the *Let's get real* steering group and sponsor.
- Acts as a resource to the implementation process, for example co-facilitating briefing sessions to staff.
- Acts as a conduit between services and stakeholder groups.
- Facilitates any feedback.

2.5 *Let's get real* project manager

Depending on the size and nature of your service, you may decide to dedicate some of your team's time to leading and promoting *Let's get real*.

Role and responsibilities of the *Let's get real* project manager

- Agrees implementation plan with the *Let's get real* sponsor and steering group.
- Reports to and receives direction from sponsor.
- Manages, reviews and prioritises the work plans, with the objective of staying on time and within budget.
- Provides status reports and progress reviews.
- Receives feedback from the *Let's get real* sponsor and steering group.
- Manages allocated resources and collaborates to support partner organisations.
- Collaborates with other leaders and managers to resolve issues.
- Presents areas for discussion to the *Let's get real* steering group as needed.
- Recommends resource and policy changes to the *Let's get real* steering group.
- Meets with team managers to review concerns and monitor progress.
- Motivates and coaches other managers and team members.
- Conducts risk management analysis for *Let's get real* implementation.
- Reviews and approves deliverables.

2.6 Service manager or team leader

It is essential that *Let's get real* implementation has clear leadership to support team members. Depending on the size of your organisation, there may be a number of managers or leaders who take a lead role in implementation.

Role and responsibilities of the service manager or team leader

- Provides leadership and direction for the team or service in terms of *Let's get real*.
- Is responsible for contributing to the overall *Let's get real* implementation plan, through meeting objectives and specific team deliverables.
- Supports implementation by providing key documentation, access to staff meetings and release time for *Let's get real* activities.
- Coordinates documentation, testing and training efforts related to the implementation plan.

2.7 Team member

Let's get real applies to everyone working in mental health and addiction services. It is therefore important for everyone to understand they have a key role in bringing the seven Real Skills to life in their practice.

Role and responsibilities of the team member

- Contributes to the overall objectives of the *Let's get real* implementation plan and specific team deliverables.
- Raises policy issues with team for referral to appropriate policy making bodies.
- Provides direction and encouragement to other team members in terms of *Let's get real*.
- Participates in relevant processes required by the *Let's get real* tools and the *Let's get real* learning modules.

2.8 Using supervision to support implementation of *Let's get real*

Supervision is recognised as a key process to support *Let's get real* implementation. You should consider expanding the scope of your existing supervision processes to include implementation and monitoring of *Let's get real*. For example this could happen by:

- formalising an aspect of line manager supervision to review progress on *Let's get real*
- using the seven Real Skills as key content in supervision, and identifying areas for development in the different levels of essential, practitioner and leader
- holding team, group or peer supervision to discuss and determine planning and key actions for the implementation of *Let's get real*.

The National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses were developed by Te Pou in 2009. While these guidelines were developed for nurses, they are relevant to everyone who works in mental health and addiction services, and offer a useful guide for the provision of quality supervision. The document can be downloaded from Te Pou's website, www.tepou.co.nz.

3. Example approaches to implementation

3.1 Scenarios

The following examples illustrate the flexible approach that can be taken to implement *Let's get real* at an organisational level.

Scenario A: We Care Trust

We Care Trust is a large non-government organisation providing community support services for people who are re-integrating back into the community following residential therapeutic treatment for addiction problems. The trust employs twelve full-time equivalent (FTE) staff, split over two teams, comprising registered nurses, social workers, community support workers and peer volunteers.

The budget that We Care Trust has for workforce development is limited. We Care Trust wants to ensure that its staff are reflecting the seven Real Skills in their work. To do this they will use the *Let's get real* learning modules.

Following consultation with staff, it was decided that individual staff would work through a learning module, then bring this back to the in-service meeting to share ideas and learning. The registered nurses were keen as they could use the opportunity for their nursing portfolios and professional registration.

After an evaluation of the in-service sessions for the first module, it was decided to expand them to an in-service training slot of two hours. It was also decided to join with two other small non-government organisations that are providing mental health services, so that greater cross-sector learning could result.

Scenario B: Sunrise District Health Board

Sunrise District Health Board provides mental health and addiction services to an urban and semi-rural population. Sunrise has adopted a phased implementation approach for *Let's get real*, commencing with the Human Resources Tool.

Sunrise has been reviewing its existing human resource management systems and has identified that the *Let's get real* Human Resources Tool could help to improve current human resource processes. Sunrise then formulated a plan to integrate *Let's get real* into its recruitment processes, revamping the style and content of interviews and assessment of potential staff.

Phase two of Sunrise's implementation plan was centred upon incorporating *Let's get real* into its existing performance appraisal system for staff. In order to complete this work, Sunrise allocated 0.2 FTE of a project manager role to an existing team leader over a period of six months.

3.2 Accessing resources

Let's get real enablers can be downloaded from Te Pou's website, www.tepou.co.nz/letsgetreal. The enablers will also be available in CD format directly from Te Pou. To order a copy of the CD, email letsgetreal@tepou.co.nz.

A PowerPoint presentation is available to assist you in delivering key messages about *Let's get real* to your staff and other key stakeholders. Please 'pick and mix' from the presentation to best suit your audience. The presentation can be downloaded from Te Pou's website, www.tepou.co.nz/letsgetreal.

For more information

- *Let's get real: Real Skills for people working in mental health and addiction* (Ministry of Health, 2008). This document is available from the Ministry of Health's website, www.moh.govt.nz.
- The *Let's get real* video, which provides information on the background of, and vision for, *Let's get real*. This can be viewed on Te Pou's *Let's get real* website, www.tepou.co.nz/letsgetreal. DVD copies have also been sent to services and education providers.
- To access the *Let's get real* enablers visit Te Pou's *Let's get real* website, www.tepou.co.nz/letsgetreal.
- *Let's get real* implementation plan (Ministry of Health - to be published).

For support

The focus of implementation is to assist services to use the *Let's get real* resources to demonstrate the performance indicators of the seven Real Skills.

- The four mental health and addiction workforce development centres are all supporting implementation of *Let's get real*:
 - Matua Raki, www.matuaraki.org.nz
 - Te Pou, www.tepou.co.nz
 - Te Rau Matatini, www.matatini.co.nz
 - The Werry Centre, www.werrycentre.org.nz.
- Regional workforce development coordinators are supporting services and education providers with implementation at a regional level. Refer to the regional workforce development coordinator information on Te Pou's website, www.tepou.co.nz.
- Contact Te Pou on letsgetreal@tepou.co.nz or 09 373 2125.

4. Summary

This *Let's get real* Guide for Managers and Leaders provides guidance, for you, on the use of enablers to support implementation of *Let's get real* into your organisation and teams.

The guide identifies an implementation process (including the *Let's get real* enablers), along with roles and responsibilities, and directs you to a briefing presentation that can be used to support you in implementing *Let's get real*.

Managers and leaders are encouraged to 'pick and mix' from the *Let's get real* enablers to best suit their organisational needs. The enablers can be used in a variety of ways and settings.

Implementation of *Let's get real* can be approached in many ways including:

- a systemic approach through human resources and quality systems
- through teams working together
- through staff working on the learning modules as individuals or in groups.

Implementation provides an opportunity for services and smaller organisations to collaborate with each other in sharing resources. Alternatively, services that wish to improve consistency and continuity along a service pathway could use *Let's get real* implementation to bring together groups from primary care, in-patient, community and non-government organisation services.

Regardless of the approach, *Let's get real* implementation will support services to meet the requirements of the National Service Specification Framework. At the same time, staff have an opportunity to improve their skills through the seven Real Skills identified in *Let's get real*.

Implementing *Let's get real* is a quality initiative to build the workforce and, as a result, improve the experience of service users.

Appendix: Background information on change management

Introduction

Leadership in health is considered particularly complex because of the diversity of the role, the rapidly changing environment, and the wide range of relationships involved (Moulding et al, 1999). Managers and leaders will be required to balance this complexity while they are implementing *Let's get real*.

Leadership is the process of “developing the art of mobilising others to want to struggle for shared aspirations” (Kouzes & Posner, 1997, p. 31). Management is concerned with using power to organise others to share aspirations, but leadership encourages people to want to act. Aspects of both leadership and management are necessary to secure effective change. Research demonstrates that the ability to both lead and manage is a fundamental requirement of any competent leader (Kouzes & Posner, 1997; Moulding et al, 1999). Leadership produces change, adaptability and innovation, while management produces order, consistency and predictability. Effective leaders must also be good managers, or be supported by good managers.

In the mental health and addiction sector, effective leadership is needed at all levels. This can occur either formally (as a position), or informally (through influence and mana). Identifying and recognising these informal leaders is important to ensure that their influence over their peers and colleagues is used to engage people in the change process. This supports greater buy-in and commitment from a broader range of people than relying on management directives alone.

Managing up

As managers and leaders you may be required to exert influence, not only toward those whom you are formally designated to lead and manage, but also toward those who hold positions of power and influence over you. This process, termed “managing up”, has been defined by Turk (2007) as “the process of consciously working with your leader to obtain the best possible results for you, your leader, and your organisation” (p.1).

Some guidelines for managing up include:

- understanding the wider political and health sector environment
- understanding the priorities and imperatives of your manager and board
- understanding your service contract and the fiscal constraints on your service
- communicating clearly and concisely with your managers and directors
- providing solutions, not problems, for your service
- understanding and responding to the complexity of the environment in which your service exists
- understanding your own, and your manager's, work and personal styles
- requesting feedback from others and accepting it.

Some principles of effective change management

- Understand where you and your organisation are at the moment.
- Understand where you want to be, when, why, and what the measures will be for having got there.
- At all times, involve people within the system (system includes environment, processes, culture, relationships, behaviours, etc., whether personal or organisational).
- Ensure that people affected by the change agree with, or at least understand, the need for change.
- Involve people in how the change will be managed in order to support buy-in.
- Develop plans that identify the journey towards the desired stage.
- Communicate, involve, enable and facilitate involvement from people, as early, as openly and as fully as possible.
- Use face-to-face communication to handle sensitive aspects of organisational change management (*Change Management*, 2008).

John Kotter's eight steps to successful change

John Kotter's highly regarded books *Leading Change* (1995) and the follow-up *The Heart Of Change* (Kotter & Cohen, 2002) describe a helpful model for understanding and managing change. Each stage acknowledges a key principle identified by Kotter relating to people's response and approach to change, in which people see, feel and then change.

1. Increase urgency - inspire people to move, make objectives real and relevant.
2. Build the guiding team - get the right people in place, with the right emotional commitment, and the right mix of skills and levels.
3. Get the vision right - get the team to establish a simple vision and strategy, focus on emotional and creative aspects necessary to drive service and efficiency.
4. Communicate for buy-in - involve as many people as possible, communicate the essentials, simply, and to appeal and respond to people's needs. De-clutter communications - make technology work for you rather than against.
5. Empower action - remove obstacles, enable constructive feedback and lots of support from leaders, reward and recognise progress and achievements.
6. Create short-term wins - set aims that are easy to achieve - in bite-size chunks. Manageable numbers of initiatives. Finish current stages before starting new ones.
7. Don't let up - foster and encourage determination and persistence - ongoing change - encourage ongoing progress reporting - highlight achieved and future milestones.
8. Make change stick - reinforce the value of successful change via recruitment, promotion, new change leaders. Weave change into culture.

Applying the principles of effective change management

The following table is adapted from John Kotter's books (1995; Kotter & Cohen, 2002) and describes a useful model for understanding and managing change.

Complete the table, addressing each of the eight steps as a framework to guide the implementation of *Let's get real*. This may assist you in designing and carrying out a comprehensive and successful implementation and change management plan.

Step for change	How will you do this?	What support and resources will you need?	How will you monitor this?
1. Increase urgency			
2. Build the guiding team			
3. Get the vision right			
4. Communicate for buy-in			
5. Empower action			
6. Create short-term wins			
7. Don't let up			
8. Make change stick			

The change equation

There are many reasons why people may be hesitant about changing the way they do things. Kotter and Cohen (2002) suggests these include:

- having a poor appreciation of the need to change or considering the need to change to be secondary to other issues
- having a poor understanding of the proposed solutions or considering the solutions to be inappropriate
- disagreeing how the change should be implemented
- embarrassment about admitting that what they are doing could be improved
- lacking trust in a person or the organisation, as they believe it has failed to successfully implement change in the past
- anticipating a lack of resources.

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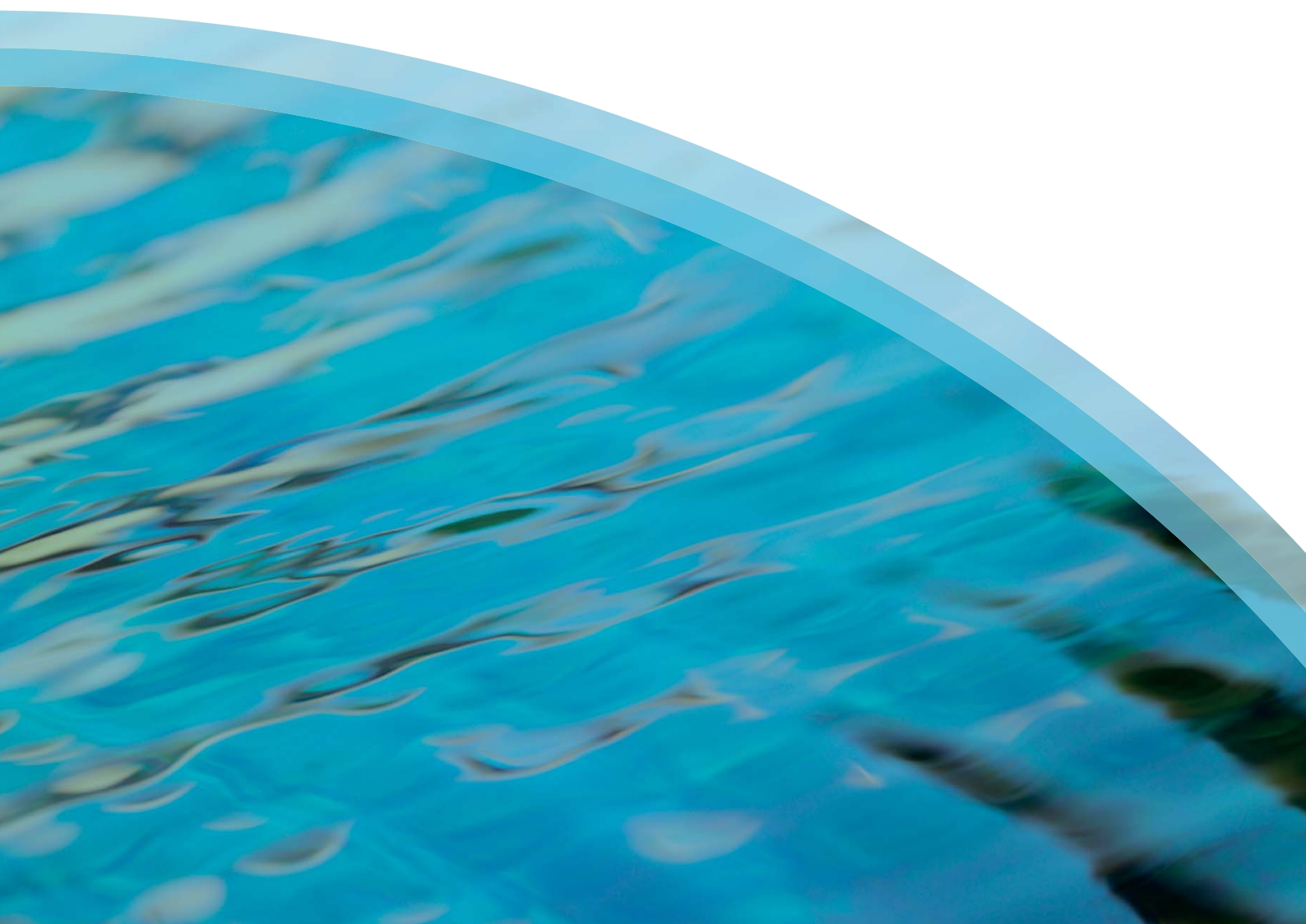
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