**Let’s get real: Enhancing the values, attitudes, knowledge and skills of the health workforce**

**Additional information**

*Let’s get real: Real Skills for people working in mental health and addiction* (Ministry of Health 2008) describes the essential values, attitudes, knowledge and skills we need to deliver effective services in partnership with people who experience mental health and addiction needs. It complements professional competency frameworks, providing a shared language we can use across roles, professions and organisational contexts.

*Let’s get real* has three components: values, attitudes and seven Real Skills (see Figure 1). The values and attitudes underpin the framework, they interrelate and overlap to contribute to positive experiences and outcomes for people experiencing mental health and addiction needs and their whānau. These values are intended to express the shared approach that applies across mental health and addiction, regardless of context, organisation, role or profession.

The Real Skills are for everyone working in mental health and addiction, regardless of role or context. They describe what we do when we are working in partnership with people who experience mental health and addiction needs. The Real Skills are interrelated and not intended to be used in isolation. Each Real Skill has a definition, an expected outcome and a set of performance indicators at three levels: ‘essential’, ‘practitioner’ and ‘leader’.

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Figure 1: Relationship of Let’s get real values, attitudes and Real Skills (2008)

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1 Whānau is the te reo Māori term for extended family or family group. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
2.1 Evidence of a significant contribution to the field of mental health on a local, state or national level

Our greatest investment in mental health and addiction is our workforce. Equipping workers with the right knowledge and skills ensures people with mental health and addiction needs consistently get the support they need when they need it. New Zealand’s framework, Let’s get real: Real Skills for people working in mental health and addiction, identifies the knowledge and skills required. It ensures values and attitudes are recognised and utilised in every interaction and every role.

The heart of Let’s get real is its focus on people. Each component of the framework demonstrates this, which echoes the most-cited reason the workforce chose to work in health—to support people. It is designed for all workers in New Zealand mental health and addiction services, regardless of role or discipline. This mutual framework provides the workforce with a common language and a shared understanding of the fundamental elements of good practices. Let’s get real offers the opportunity for the workforce to reflect upon and affirm their own best practice, as well as identifying areas for improvement. It extends beyond individual practice to organisational culture, supporting all New Zealand mental health and addiction organisations with tools and resources to ensure they are providing appropriate and effective services.

As a national framework, developed and with ongoing endorsement of the New Zealand Ministry of Health, Let’s get real aims to improve the transferability of workers’ knowledge, skills, values and attitudes. It was a key action from Tauawhitia te Wero, Embracing the Challenge, the 2006-2009 national mental health and addiction workforce development plan. Let’s get real directly identifies the need for the workforce to challenge stigma and discrimination. When the whole of the mental health and addiction workforce development is aligned to the concepts described in the framework, no matter where a worker is employed, or where a person seeks out services, the fundamentals of good practice will be evident.

Let’s get real development

Let’s get real supports organisational culture change through targeted workforce development. It was developed over two years, drawing on UK Essential Shared Capabilities work (McGonagle, 2009), then tailored to the New Zealand context. Throughout the development phase, over a dozen regional workshops were held across the nation to identify the knowledge, skills, values and attitudes that should inform good practice and how services are delivered. These workshops targeted a wide variety of groups, bringing together people with lived experience, family/whānau, practitioners, support workers, leaders and managers from across the mental health and addiction sector.

Using participants’ feedback on prepared commonly experienced scenarios, an expert advisory group comprising of people with lived experience, whānau, Māori leaders, workers from the mental health and addiction sector, professional bodies, unions and educators developed Let’s get real. Reflecting all stakeholder voices in Let’s get real and ensuring it was tailored to the New Zealand context was critical to ensure its relevance and to increase the likelihood of its uptake. Let’s get real was launched by the New Zealand Ministry of Health in 2008.
To further progress people’s specialist knowledge and skills, Let’s get real was used as a foundation to develop other frameworks\(^2\). These frameworks included Real Skills Plus CAMHS (child and youth), Real Skills Plus Seitapu (working with for Pasifika), Takarangi Competency Framework (Māori working with Māori). In 2014, Te Pou led the development of Let’s get real: Disability.

**Guardianship of Let’s get real**

Te Pou o te Whakaaro Nui (Te Pou) held a guardianship role for Let’s get real on behalf of the Ministry of Health. As caretakers of Let’s get real, Te Pou developed four tools and 23 learning modules, which collectively became the Let’s get real enablers. These were designed to support organisations to utilise Let’s get real in their organisational systems and processes and help build the knowledge and skills of individual workers.

During the implementation phase of Let’s get real, Te Pou worked with organisations to identify and use the enablers best suited to achieve their goals. Te Pou emphasised the focus of the framework—people—to support organisations and their workforce to consider how well their practice reflects the values, attitudes, knowledge and skills in Let’s get real. Recognising the unique nature of each organisation, Te Pou promoted a ‘pick and mix’ approach, encouraging services to take what was useful from the enablers and mix it with what they were already doing well. The ability to tailor Let’s get real to each organisation, rather than taking a prescribed approach, has added to the significance of its national contribution.

**Bringing Let’s get real to life**

Many organisations were innovative in their approach to bringing Let’s get real to life. Several implemented a systems approach to utilise and reflect Let’s get real in both organisational processes and individual practices. Organisations incorporated Let’s get real into human resources processes, team development, service planning, education and training (both in the workplace and in training organisations).

The Ministry of Health advocated this approach to positively influence the recruitment and retention of people-facing staff and organisational development. In addition to encouraging all people working in mental health and addiction to take responsibility for embedding Let’s get real in their daily work, the Ministry also added it to the National Service Specification Framework used for contracting services. Through this mechanism, Let’s get real was integrated in all New Zealand mental health and addiction service contracts.

Ultimately, the implementation of Let’s get real knowledge, skills, values and attitudes has led to services that better meet the needs of people and their whānau. The Real Skills of, “Working with service users”, “Working with Māori”, “Working with family/whānau” and “Working within communities”, bring services back to focus on people as the centre of service design and practice. Supporting organisations to reflect on how people are at the centre of their organisational systems, leads to innovations in system design, practice and workforce development.

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\(^2\) The development of these frameworks were led by other New Zealand national workforce programmes.
As the only New Zealand national capabilities framework designed for all roles in mental health and addiction, Let’s get real has significantly shaped the way in which services are designed and delivered, to better meet peoples’ needs.

2.2 Evidence of innovation and /or recognised best practise

The development of Let’s get real is innovative in the use of values (respect, human rights, service, recovery, communities and relationships) to underpin the framework. Recognition of the values’ significance in the provision of healthcare, particularly in mental health and addiction services, has recently increased. Yet, in 2008 incorporating values into a capability framework was ground-breaking. Let’s get real remains the only New Zealand capabilities framework in health that uses values as its base and directly addresses stigma and discrimination.

As awareness grows of the influence and impact values have on both people accessing health services and those working within services, the role of a values-based capabilities framework in supporting best practice is becoming better understood. Evidence now shows that working in ways which acknowledge values enables the creation of strong relationships and stimulates services to be more ‘person-centred’ (Fulford, 2010).

The innovation of incorporating values into Let’s get real is further showcased by the creation of resources to translate values and attitudes into practice (see Appendix). This moves the values and attitudes embedded in the framework from abstract concepts to concrete examples of how these can be shown in a person’s work.

Implementing Let’s get real values

Many organisations utilising Let’s get real were keen to learn more about how to promote the role of values and attitudes in people’s day-to-day work. As a result, Te Pou developed values and attitudes workshops designed for people-facing staff. The workshops were co-designed, developed, delivered and led by people with lived experience as part of a deliberate modelling of valuing people and whānau centred services. These provided an opportunity for people to reflect on their own values and those described in Let’s get real to recognise how these were reflected in their everyday practice. Workers were enthusiastic about taking time to explore the role of values in their work and in their lives. Many spoke of being reinspired about their work after the workshops. Reflecting on personal, role and organisational values helps to create greater understanding and recognition of the impact these can have when working with people. For many people, this become an opportunity to reconnect to why they do their work.

MidCentral district’s use of Let’s get real

The MidCentral district identified the need to develop a district-wide workforce development plan for the non-government organisation (NGO) mental health and addiction workforce. Implementing Let’s get real was a key driver in this plan, known as Connected Workforce.

The DHB asked Te Pou to facilitate four values and attitudes workshops, which were attended by around 150 practitioners from NGO services locally. In addition to the values and attitudes workshops, the Connected Workforce group of NGO providers
utilised the Let’s get real assessment tool across the district, which all staff completed. Connected Workforce used the results to identify and prioritise district wide training for all staff. One training was the development of cultural competency training based on the Let’s get real Real Skill, “Working with Māori.”

A further initiative recognised the need to raise understanding and awareness of mental health and addiction needs with local Work and Income staff. This led to the development of stigma and discrimination workshops for all 300 Work and Income staff. Many consumers reported a significant change, with staff showing more compassion, respect and understanding when they needed help with their benefits.

Southern DHB: Acknowledging and addressing stigma and discrimination
Southern DHB used Let’s get real to identify and subsequently address their workforce gaps. As a result of their assessment they recognised the need to enhance the focus on challenging stigma and discrimination. They utilised the Let’s get real learning modules to inform the delivery of challenging stigma and discrimination workshops for staff. After the initial workshop, their workforce strategy group utilised the results to create a case to make challenging stigma and discrimination workshops mandatory across all staff. The DHB also used the learnings from the Let’s get real Working with Families/Whānau module to enhance their own internal training around working with families.

The nurse educator at the time commented that, as a result of the workshops and through using the Let’s get real tools, nurses valued the work they did with families and communities more highly. She believed this value translated to improved service delivery and enhanced staff attitudes toward both the work and toward people accessing services. Through the DHB’s implementation of Let’s get real, the workforce was more able to provide consistent care across mental health and addiction services, including their services for whānau, in line with best practice.

Addressing stigma and discrimination
Acknowledging and addressing stigma and discrimination within services is critical to implementing Let’s get real. A 2010 New Zealand national survey, undertaken by Like Minds, Like Mine, identified people who access services frequently still experienced discrimination from mental health service staff. The survey reinforced the ongoing importance of utilising Let’s get real to raise awareness and understanding of addressing stigma and discrimination through values and attitudes.

Innovation is central to Let’s get real. In 2008, incorporation of values into the workforce capabilities framework was completely novel. Through the creation of resources and workshops, in partnership with people who access services, the implementation of Let’s get real has improved practice in many organisations.

2.3 Evidence of participation of mental health consumers in the planning, implementation and evaluation
The development of Let’s get real included workshops open to all people using services, family/whānau, health professionals and leaders. The aim was to identify what was needed for effective service delivery. The voices of consumers and family influenced the integration of values and attitudes into the framework. Through their
insights, it became apparent values and attitudes acted to anchor the framework. Without these, much of the technical knowledge and skills could be ineffective.

People’s experience of accessing services and the experiences of their whānau have particularly influenced the first three of the Real Skills: “Working with service users”, “Working with Māori” and “Working with families/whānau”. The performance indicators of the Real Skills emphasise the importance of establishing relationships, working in partnership, manaakitanga⁴ and the importance of whānau.

**Increasing consumers’ visibility**

Utilising *Let’s get real* within organisational systems prompts leaders and managers to identify how consumers are central to organisational decision making. One tool, the *Let’s get real* Human Resource tool, refers to the importance of involving consumers throughout the recruitment process. When the tools were published, many organisations utilised them to create a stronger presence of consumers in their recruitment process. Many organisations also ensured there were mechanisms for consumers to provide feedback and become involved in service design.

Te Pou also integrated the consumer co-leadership approach into the delivery of the values and attitudes workshops. Modelling the integration of people who access services, through the engagement, participation and leadership has been core to our approach. Therefore, it was essential the values and attitudes workshops were co-led with lived experience leaders. Lived experience facilitation helps to ensure people reflected on the impact values and attitudes have on people accessing a service. As interest in the role of values and attitudes increased, Te Pou adopted a ‘train the trainer’ approach in local organisations. This approach gave local consumer advisors and leaders the opportunity to lead these workshops within their own organisations. Visible leadership across *Let’s get real* demonstrates the Real Skill of “Working with Service Users”. It also helps other organisations understand the possibilities and strengths of having consumer voices integrated into decision-making, and that these voices are critical to improving services.

One organisation, the Salvation Army (The Army), worked with Te Pou in 2011 to identify how they could use *Let’s get real*. After Te Pou used the *Let’s get real Guide for Managers and Leaders* to facilitate a co-led workshop with the Army’s managers and leaders, the Army identified the need to establish consumer advisor roles. They subsequently established a new role of national consumer advisor for their addiction and gambling services. Once this role was in place, over time The Army established more local service positions, and in 2019 there are now a group of eight roles.

**Odyssey: Using *Let’s get real* values and attitudes**

In 2017 an NGO, Odyssey, explored how a ‘values and attitudes’ approach could enhance and inform the work Odyssey does, how it is done, and the alignment of organisational values. The work was co-led by Odyssey’s consumer advisor and their general manager of operations. Te Pou held a values and attitudes workshop with Odyssey’s senior management staff, which was a springboard for the work.

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⁴ Te reo Māori term for hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.
After the workshop, Odyssey decided to roll-out thirteen similar workshops to all teams in the organisation. Critically, these workshops were facilitated by their consumer advisor and attended by all staff across their services. Odyssey also decided to align any further work with their organisational pillars to *Let’s get real* values and attitudes. They also chose to incorporate values into human resource processes such as position descriptions. The engagement of Odyssey leadership was key to embedding *Let’s get real* into the organisation. A Human Resource consultant from Odyssey commented that they demonstrate *Let’s get real* values, “from modelling it in our leadership and operations right through to our performance reviews and induction and recruitment programme.”

Mental health and addiction consumers were critical to *Let’s get real’s* development, influencing the inclusion of values and attitudes into the framework. Incorporating Real Skills that centred consumer involvement in all levels of services, design and delivery, organisations were better able to understand address their own gaps. Te Pou modelled this consumer leadership in the implementation of *Let’s get real*, through co-production of resources and co-facilitation of all workshops. Consumers’ contribution to *Let’s get real* ensured it was relevant and increased the likelihood that any changes to mental health and addiction services would meet peoples’ needs.

### 2.4 Evidence of partnerships and linkages
Partnership has been central to the development and implementation of *Let’s get real*. Through our guardianship role, Te Pou worked with a wide range of providers and organisations to implement and use the framework. Many of the partnerships have been described in the other sections of this application. Cross-sector activities have benefitted a wide range of partners and include the development of the *Let’s get real* section of the Te Pou website, a video to provide an introduction to the framework, attendance at key events and conferences, and resource development. Table 1 below is a non-exclusive list of some of our specific partnerships/linkages.

<table>
<thead>
<tr>
<th>Organisation type</th>
<th>Examples</th>
<th>Nature of partnership/linkages</th>
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| District health boards (DHBs) | Northland, Southern, Bay of Plenty, Waikato, Counties Manukau, West Coast, Wairarapa, Whanganui | • Worked with leaders and managers to promote *Let’s get real* and improve utilisation of the framework within organisations.  
• Worked with DHBs to assist *Let’s get real* implementation into:  
  o DHB District Annual Plans  
  o regional workforce development plans  
  o plans for quality/service improvement  
  o existing human resources processes  
  o staff training and development activities. |
| Education/training providers | Blueprint for Learning Universities and technical institutes throughout NZ | • Worked with training and education providers to make the use of *Let’s get real* a requirement in the design and delivery of programmes. |
### Mental Health and Addiction Providers/NGOs
- Odyssey Addiction Services
- Salvation Army Framework Trust
- Problem Gambling Foundation
- Connected Workforce (Midcentral NGO workforce plan)
- Careerforce ITO
- Funded the Executive leadership and management programmes which utilised *Let’s get real* throughout the curricula.
- Supported organisations to use *Let’s get real* resources to identify workforce gaps and develop workforce plans.
- Supported a district wide approach in using *Let’s get real* as a framework for workforce development across a number of NGO providers.
- Hosted values and attitudes workshops for 180 NGO support workers.
- Aligned competency frameworks for counsellors and health professionals with *Let’s get real*.

### Professional Associations
- Dapaanz (Addiction Practitioners’ Association Aotearoa New Zealand)
- Aotearoa New Zealand Association of Social Workers (ANZASW)
- New Zealand Psychological Board
- New Zealand Nurses Organisation (NZNO)
- Te Ao Māramatanga
- Supported organisations to use *Let’s get real* in the development of competency frameworks.
- The *Let’s get real* Human Resources Tool assists practitioners to identify which Real Skills are not covered in their professional competencies.
- Provided conference stands at key professional association conferences of psychiatry, psychology, social work and mental health nursing to promote *Let’s get real*.
- Assisted Te Ao Māramatanga to review mental health nursing competencies to align with *Let’s get real*. Also committed to the ongoing use of *Let’s get real* in their 2019 review.

#### 2.5 Verification and Evaluation of the Programme’s Effectiveness
The programme reach of *Let’s get real* is demonstrated through the large number of organisations which used the framework to undertake workforce planning and organisational improvement. Effectiveness is demonstrated through the stories of change shared by people and services.

**Consumers and families**
The strongest evidence of the effectiveness of *Let’s get real* is in the voices of people who use services and their whānau. People said their engagement with service providers who used *Let’s get real* improved because organisations were more focussed on the people, supporting them to identify and achieve their goals. This was a shift from previous organisationally-driven goals set for people and their whānau. People also commented that staff who had engaged with *Let’s get real*
were more open-minded and non-judgemental. This open-mindedness fostered a safer environment for people who felt they could then talk more freely.

Families and whānau have also seen changes when organisations implement Let’s get real. One whānau member commented that Let’s get real was an eye-opener, teaching them they could take control of their own journey, rather than being led by services and service goals. Let’s get real enabled families to feel they could ask services for the support they wanted to meet their whānau goals.

Evidence from DHBs supported this, with two DHBs sharing how family meetings were occurring more regularly, even in busy inpatient units, as a result of utilising Let’s get real. Developing and utilising practice to align with the “Working with families” Real Skill ensures services are effective and respond to the unique context of every whānau. The inclusion of a Real Skill dedicated to working with families/whānau also provided leverage for some family advisors. They were able to utilise Let’s get real to advocate for their organisation to improve family inclusive practice and develop information for families/whānau. Advisors also could use it to create opportunities for families to be more active in their family member’s care and support.

Using Let’s get real in education and training

Embedding Let’s get real into education and training programmes was an important mechanism to ensure values, attitudes and the Real Skills are used as the foundation for all learning. To help achieve this, Te Pou worked with training providers, such as Careerforce Industry Training Organisation (ITO), to influence programme content. Careerforce oversees the standards for the level 4 qualification for the community support workforce and reflected Let’s get real across the standards for this qualification, influencing the content of programmes delivered by different providers. For example, Otago Polytechnic used Let’s get real in their programme to ensure the course content was comprehensive and utilised the assessment tool for students to identify the skills they bring and what they need to develop. Jenny Judd from the Polytechnic says, “Real Skills turns graduates into movers and shakers” and “Real Skills gives support workers a place to stand”.

In 2011 Te Pou integrated Let’s get real into contracts with training providers. The Skills Matter programme within Te Pou provides annual funding for post-entry clinical training for around 300 new graduates and existing practitioners across disciplines working in DHB, NGO and primary care settings. By requiring providers to use Let’s get real to underpin their programmes, students undertaking postgraduate courses in mental health and addiction are supported to develop or enhance their own best practice. Students post-course evaluations demonstrate the values and attitudes of Let’s get real are strongly embedded in all courses.

A sample of 32 Skills Matter students from the 2016 cohort showed their value informed practice continued and deepened, even two years after the course. There was “evidence that much of the foundational knowledge in the courses remained the

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4 The support workforce is the largest workforce in mental health and addiction services in NZ

5 Including nurses, social workers, occupational therapists, psychologists and addiction practitioners
bedrock of good practice – even in the light of some resistance. The core values espoused by Te Pou in *Let’s get real* were still present in many respondents’ discussions” (Te Pou, 2018a).

“I integrate *Let’s get real* attitudes through all the training we do. The staff report that it makes a big difference to the outcomes that they get with people that use their services.” (Former Clinical Leadership in Nursing Practice student)

**Using *Let’s get real* in professional competencies**

As a shared capabilities framework, *Let’s get real* was designed to complement existing professional competencies. To assist understanding of this *The Human Resource Tool* included a matrix showing where *Let’s get real* was reflected in the different mental health and addiction workforce group competencies. This helped highlight where *Let’s get real* was reflected in these competencies and identified gaps where some workforce groups could focus their professional development. For example, the Real Skill “Challenging stigma and discrimination” was the least reflected in a number of the professional groups’ competencies or standards.

Te Pou worked with a number of professional bodies to incorporate *Let’s get real* in their standards and registration processes. When dapaanz developed the Addiction Intervention Competency Framework, Te Pou worked to ensure all the Real Skills were reflected. When people use these competencies in practice, they know they are reflecting the Real Skills. Dapaanz also attached professional development points for members who completed *Let’s get real* learning modules.

**Sector engagement with *Let’s get real* resources**

The resources and tools produced for *Let’s get real* remain popular (see Appendix for list). People and organisations across the mental health and addiction sector have downloaded the resources. A total of 21,653 were downloaded between January 2009 and April 2019. Additionally, the *Let’s get real* videos have been viewed 3,854 times. A total of 637 people started our e-learning module, *He whakapāpā, he oranga – Engaging for wellbeing* since it went live in April 2017.

**Refreshing *Let’s get real***

During 2017 Te Pou undertook a review on behalf of the Ministry of Health of *Let’s get real* with the intention to refresh the framework if needed. The overall aim of the refresh was to ensure *Let’s get real* is fit for purpose now and into the foreseeable future. Throughout the refresh engagement phase, Te Pou sought feedback on the structure, scope and format of *Let’s get real*. People who access services and other stakeholders shared their ideas through key information interviews, an e-survey and focus groups (Te Pou, 2017). Additionally, stakeholders were invited to contribute ideas on how *Let’s get real* could be updated so it would be useful to the broader health workforce.

Overwhelmingly, feedback from people who use services and other stakeholders indicated that, while it would benefit from a refresh, *Let’s get real* was still valuable and relevant to mental health and addiction. Feedback from the initial consultation and reviews of an updated draft of *Let’s get real* (Te Pou, 2018b) also identified the need for it to be utilised holistically throughout the health sector. Stakeholders felt
Let’s *get real* values were still core to their work, and should be the focus, as these underpin the attitudes, knowledge and skills that follow.

The creation of the refreshed *Let’s get real* (Te Pou & Ministry of Health, 2018), launched in October 2018 by the Minister of Health, demonstrates the ongoing utility and effectiveness of the framework (see Figure 2). Key enhancements to *Let’s get real* included updating the language to further focus on people and incorporating te reo Māori. Stakeholders felt, from the original values, only respect was still valid and strongly indicated that a blended approach using Māori concepts of manaaki and whanaungatanga⁶, was more meaningful and better reflected our New Zealand context. Additionally, wellbeing was included instead of recovery to better express that people’s lives are around all of health, including mental, physical, relational and spiritual health, and not limited to illness paradigms. The attitudes were clustered into five themes to better outline the purpose.

The scope of *Let’s get real* has broadened to include everyone in health working with people who experience mental health and addiction needs and their whānau. This approach places a stronger emphasis on people and their wellbeing, regardless of where in health they are accessing support. Given the evidence around the physical health impact on people who experience mental health and addiction needs, it is urgent that the health system moves away from working in silos to ensure equitable treatment. It reflects updated evidence around the need to have strong partnerships across health, in order best address people’s wellbeing goals. Te Pou continues to have a guardianship role on behalf of the Ministry of Health for implementation across health. This includes the ongoing development of tools and learning modules, working with professional associations, education providers and health organisations to utilise the refreshed *Let’s get real* to guide and inform their workforce development.

![Refreshed Let’s get real](image)

*Figure 2: Refreshed Let’s get real (2018)*

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⁶ A relationship through shared experiences and working together which provides people with a sense of belonging.
Conclusions
For more than ten years Let's get real has significantly contributed to New Zealand mental health and addiction workforce development, progressing the action first identified in the 2006-2009 New Zealand national mental health and addiction workforce development plan. The national capabilities framework gives everyone working in mental health and addiction, regardless of role or discipline, a shared language to improve understanding and create consistent best practice. Let’s get real identifies the knowledge and skills required to support people with mental health and addiction needs and embodies innovation through the integration of values and attitudes which should be recognised and utilised in every interaction and every role. The evidence presented demonstrates how many organisations were able to utilise the Let’s get real tools and enablers to effectively transfer it into practice.

The 2018 refresh of Let’s get real and its continued use was identified in the New Zealand Mental Health and Addiction Workforce Action Plan 2017-2021. With the refreshed version now targeting all of health, it is the only known values and attitudes based workforce capability framework in New Zealand. Let’s get real has the potential to support everyone working in the New Zealand health sector to take stock of their values and attitudes, reflecting on how their practice demonstrates these. The refreshed Let’s get real remains relevant, and through targeted workforce and organisational changes, can help progress the findings of He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (2018). The implementation of Let’s get real throughout the health sector will ensure people’s mental health and addiction needs are met wherever and whenever they access the health system.
Appendix

Guardianship role of Te Pou: Highlights

**HIGHLIGHTS OF TE POU’S ROLE WITH Let’s get real**

- **2006-2008**
  Development of Let’s get real by Ministry of Health through national consultation

- **2008**
  Ministry of Health launch Let’s get real

- **2009**
  Ministry of Health release Let’s get real implementation plan. Te Pou publish Let’s get real enablers, tools & learning modules; and starts actively engaging with organisations to use Let’s get real

- **2010**
  Funding grants to regions for Let’s get real implementation. Service user video published

- **2011**
  Published six digital stories and four position papers. Let’s get real included in Skills Matter contracts

- **2012**
  Hosted an international webinar. Te Pou updated the Human Resource tool

- **2013**
  Published the Knowledge and skills workforce tool

- **2016**
  Real Skills online tool launched

- **2017**
  Let’s get real refresh begins. Updated Values Informed Practice, Engagement Essentials, and e-learning published

- **2018**
  Launch of the Let’s get real refreshed framework

- **2019**
  Te Pou supports implementation of Let’s get real refresh
Key documents and resources supporting *Let's get real* (2008)

- Ministry of Health
  - *Let's get real* Framework
  - *Let's get real* Implementation Plan
- **Te Pou**
  - National Centre of Mental Health Research, Information and Workforce Development
- **Let's get real** Overview
  - Enablers to support mental health and addiction services to implement *Let's get real*
    - A Guide for Managers and Leaders
    - Team Planning Tool
    - Human Resources Tool
    - Learning modules for the seven Real Skills
    - Education Tool
- Reviewing, evaluating and updating *Let's get real*
**Description of Let’s get real (2008) enablers**

- **A Guide for Leaders and Managers** – provides guidance for managers on using the enablers to support implementation of *Let’s get real* into their organisations systems and processes
- **Team Planning Tool** – helps services to include *Let’s get real* in service planning, and provides a process to develop a team profile and a workforce plan to up skill team members in the seven Real Skills
- **Human Resources Tool** – helps services to introduce and integrate *Let’s get real* into existing human resource systems and processes. To assist with this the tool provides a number of templates that can be adapted for immediate use
- **Education Tool** – provides a process for incorporating *Let’s get real* into curricula and existing review processes
- **Learning modules** – 23 self-directed learning modules in each of the Real Skills at each of the three levels (essential, leader and practitioner), and a module on values and attitudes

**Implementing Let’s get real (2008) videos**

Service user perspectives
https://www.youtube.com/watch?v=Exijr_XMbrs&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=6

Southern DHB
https://www.youtube.com/watch?v=dU0Yxtsf9NA&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=3

Otago Polytechnic
https://www.youtube.com/watch?v=1N-8AX4FZVE&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=4

Wellink Trust
https://www.youtube.com/watch?v=JrEi5DJjzGOi&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=5

Bay of Plenty DHB
https://www.youtube.com/watch?v=nQsHTQNA5bk&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=7

MidCentral DHB
https://www.youtube.com/watch?v=2mq5oHJEiVQ&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=8

**Other Let’s get real (2008) videos**

*Let’s get real*: Service User perspective
https://www.youtube.com/watch?v=93yYRxpQr74&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=1

Overview of Let’s get real enablers
https://www.youtube.com/watch?v=tJKixbKR91M&list=PLnsLBq_ZWeQJJs3hEeNrvn5ngvaY1Aha3H&index=2
Let's get real (2008) and other competency frameworks

- Real Skills Plus CAMHS (Practitioner level only)
- Real Skills Plus Seitaupu (for anyone working with Pacific people)
- DAPAANZ competency framework
- Individual health professional competency frameworks

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

The seven Real Skills

- 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
Evidence of using Let's get real to recruit people to a mental health support service (2009)
References


