

Get ready...get set...go! A new entrant programme for social workers in mental health

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ABSTRACT

INTRODUCTION: Previous research has found that many social work new graduates do not feel that they come to their work in mental health with sufficient knowledge. One way of remedying this is using post-qualifying New Entrant to Specialist Programmes (NESP), where social workers gain additional knowledge and skills in a particular field of practice.

METHODS: A small-scale research project was conducted with five social workers who had recently completed a NESP qualification within a district health board (DHB) setting in Aotearoa New Zealand. Semi-structured interviews were used to obtain deep information from participants in line with a subjectivist perspective.

FINDINGS: Participants indicated that they had found the NESP qualification useful in improving their confidence and competence in their early practice years. They found the programme was useful in decreasing a sense of isolation by bringing them together with other social workers, or members of other disciplines, and they appreciated the skills and support they had received from their group supervision experience. The greatest challenges revolved around time constraints and they wished for more social-work-specific and cultural content within their programmes.

CONCLUSIONS: The programmes appear to serve an important function in improving competence and confidence for social workers new to the field of mental health. Social work's commitments to social justice and Te Tiriti o Waitangi need to continue to be pulled through into post-qualifying programmes and a sense of professional identity needs to be nurtured within medically oriented settings.

KEYWORDS: New entrant programme; social work; mental health; education

Social work education in Aotearoa New Zealand is in a constant state of flux. The recent development of the mandatory registration of social workers through amendments to the 2003 Social Workers Registration Act has meant that all registered social workers educated in Aotearoa New Zealand are required to have graduated from either a prescribed 4-year undergraduate or 2-year postgraduate

qualifying social work qualification in Aotearoa New Zealand (SWRB 2021), or be assessed as having a substantially equivalent overseas qualification to an Aotearoa New Zealand prescribed qualification. There is currently a review being undertaken of the 2016 Social Workers Registration Board (SWRB) Programme Recognition Standards (SWRB, 2022a) and, in 2023, all of the programmes being delivered within

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the polytechnic sector will be amalgamated into one qualifying programme (Te Pūkenga, 2022). There has been ongoing tension, both in Aotearoa New Zealand and overseas, regarding the aims of a basic social work qualification vis-à-vis seeing it as an end in preparing social workers for employment, or as a step in a process of ongoing development and training (Beddoe et al., 2018). One of the suggestions bridging these views is to enable new graduates to continue their development through a programme of ongoing post-qualifying academic programmes, while working in a particular field of practice in an environment with supports such as intensive supervision, a reduced caseload and time given for study.

New graduate social workers entering mental health practice often have to grapple with the tensions of working in this medically dominated setting (Brown, 2021). There can be conflict between social work values aligned with recovery-oriented practice, social justice and empowerment, and the demands of clinical practice that can be deficit-focused, risk-averse and coercive (Davidson et al., 2016). Brown (2021) has explored the impact of neoliberalism and managerialism on mental health services, and the negative impact this has had on social work professional identity, along with the co-option of social workers into the dominant medical discourse and away from social justice. Brown (2021) suggested that work is needed to further develop critical clinical social work to resist these inequities. This approach unpacks power, both for clients, and for social workers within hierarchical service contexts. The challenge remains for new social workers to navigate these challenges (Smith, 2018).

This article explores a New Entry to Specialist Practice (NESP) programme for social workers entering the field of mental health within a district health board (DHB) and attempts to answer the research question: “What helped and what hindered your experience and progression through

the NESP programme?” We have written this article with several audiences in mind. We believe that the findings may be useful for organisations who are considering the development of new entrant programmes, for education providers who are considering provision of post qualifying programmes and students/new social workers who are considering undertaking a new entrants’ programme. The article may also be useful to funders in considering contract requirements for funding of new entrant programmes.

A brief history and context of this initiative will be provided followed by a review of the literature to provide an initial summary of some of the previous research in regard to new entrant programmes, particularly what has been shown to help or hinder students/new employees experiences of these programmes. Data from the literature review will then be enhanced by the findings of a small scale research project within a DHB conducted with three graduate cohorts of a NESP programme through 2020 and 2021. Finally, a discussion will explore some of the implications of the findings in the current and future environment of social work education and practice.

Context

Social work qualifications are prescribed by the Social Workers Registration Board who stipulate the academic standards required for social work programmes (NB: currently in review). There is an expectation that all social work programmes deliver from a generalist social work orientation, with specialisms to be considered post-qualification (Hunt et al., 2019). This is consistent with there only currently being a General Scope of Practice being defined by the SWRB.

In 2016, a research team of social work academics came together to develop an evidence-based capabilities framework for social work practice. This research occurred in phases and included consideration of content in social work programmes, and the

experiences of new graduates and employers around readiness to practise (Ballantyne et al., 2019a). Fourteen of the 17 social work programmes in Aotearoa New Zealand took part in the study, which undertook a curriculum mapping project. Of the 402 course descriptors submitted for analysis, only six courses contained the key term of *mental health*. The report also indicated that “Knowledge of mental health, addictions and trauma has also been identified as a curriculum area of concern” (Ballantyne et al., 2019a, p. 23). In phase two of the study, looking at preparedness for newly qualified social workers, 72% of participants indicated that mental health conditions and their likely progress was a specialist area within their current practice (3rd highest rating), while only 44% indicated that they knew as much about the area as was expected of them (Ballantyne et al., 2019b). The research seems to indicate that there is a greater demand for more mental health content in qualifying social work programmes. With limited space in already overcrowded qualifying programmes, the NESP programme aims to respond to this need.

NESP programme

The academic component of the NESP programme was developed in 2003, in response to research by the Ministry of Health that identified lack of support and mental health knowledge as factors in poor allied mental health graduate staff retention (Pack, 2010). There were low numbers and high turnover of social workers and occupational therapists in mental health services, and so an academic programme was developed to further educate social workers and occupational therapists in mental health during their first year of practice. Victoria University of Wellington (VUW) delivered this Postgraduate Certificate in Health (Allied Mental Health) from 2003. Margaret Pack coordinated the NESP programme at Victoria University from 2007. She used problem-based learning to mimic the multi-disciplinary team to help social workers to

develop sound clinical reasoning skills and the confidence to flexibly engage in day-to-day clinical decision making (Pack, 2010). The programme ceased being delivered by VUW and a new contract was initiated with Auckland University of Technology (AUT). AUT’s Postgraduate Certificate in Mental Health and Addictions began in 2010. Both of these programmes have focused on adult mental health. The current AUT programme is taught via block course and covers mental health assessment, intervention, and recovery-oriented practice, with a focus on discipline-specific professional identity development. The programme initially took in social workers and occupational therapists but, since 2018, nurses have also been included. There are lecturers representing each of these disciplines teaching on the programme.

There is also a NESP programme that is specifically for those working in child and adolescent mental health services (CAMHS). The Postgraduate Certificate in Health Science (Child and Adolescent Mental Health) is offered by the University of Auckland | Waipapa Taumata Rau. This is delivered via block course and online learning, covering child development, psychopathology and clinical skills in assessment. Trainees on the programme are social workers, occupational therapists and nurses, and the lecturers on the programme have predominantly been psychologists from within the Department of Psychological Medicine.

Both the general mental health programme at AUT and the CAMHS programme at the University of Auckland are funded by Te Pou. Funding includes tuition fees, travel and attendance at block courses (Te Pou, 2022). Trainees complete the study while working in mental health services, with assignments based on their work.

Workplace support

The funded academic NESP programmes are available for social workers from DHBs

or NGOs who are in their first two years of mental health practice. There are wider eligibility criteria for those who self-fund. There is variation between the DHBs regarding what other supports are provided. Currently there are three DHBs that have NESP Coordinators who provide group supervision and clinical support to staff on the programme. The research described in this article was conducted within one of these DHBs.

At the research site, the DHB had mandated that all social workers who were new to mental health practice (whether new graduates or experienced in another field of practice) were to undertake study within the NESP programme. Most of the trainees secured Te Pou funding, and those who did not were funded by the DHB to complete the programme.

Social workers on the NESP programme were provided with fortnightly or weekly study days, regular individual supervision, group supervision, and a mentor who provided feedback on their practice. The NESP Coordinator (J. Appleby) advocated for a developmental approach to caseload allocation, with NESP social workers starting with about 50% of a full caseload which increased over time as their knowledge and confidence increased.

Literature review

Being a new graduate is challenging

Across disciplines, it is hard to be a new graduate in mental health (Gunning et al., 2019; Spence et al., 2011), particularly for social workers (Agllias, 2010; Beddoe et al., 2018; Hay et al., 2017; Pack, 2009). The first year of practice can be frenetic, learning to navigate workplace processes and practical matters such as office access, dress codes, parking and room bookings (Donnellan & Jack, 2015). In the Aotearoa New Zealand context, social worker trainees have a generalist education, focusing on foundational social work skills without

specialising in a particular field of practice. Specialist knowledge is then gathered during their first years of practice, learning on the job, often in informal ways (Beddoe et al., 2018).

There are additional challenges for new graduates working in the field of mental health. There can be a wide gap between qualifying knowledge and mental health expertise, and new graduates may lack confidence and feel shame in the workplace (Pack, 2009). Mental health social workers can experience role conflict with few opportunities for professional decision-making and autonomous practice in under-resourced mental health services (Acker, 2004).

This is complicated by social workers in Aotearoa New Zealand having a strong awareness of a hierarchy of professions in healthcare services, where social work is often lowly rated (Beddoe, 2013; Keen, 2016). Social workers often struggle to establish their professional identity within DHB mental health teams dominated by a medical model at odds with social work values (Acker, 2004; Appleby et al., 2020; Beddoe, 2013; Brown, 2021; Pack, 2010).

Developmental approach

Support for new graduates needs to be formalised to assist social workers as they transition from study into the workplace (Moorhead et al., 2020). This formalised support should be underscored by a developmental approach to new graduates, viewing them as developing practitioners working towards expert status as they gain skills and knowledge over several years (Beddoe et al., 2018; Hay et al. 2017; Moorhead et al., 2020; Spence et al., 2001). There can be tensions between social work educators and employers regarding expectations of new graduates, and Moriarty et al. (2011) argued that it is the distinction between viewing qualifying education as

a developmental process versus an end product that fuels these tensions.

This support should also be responsive to emerging needs, such as increasing caseloads commensurate with ability and confidence (Spence et al., 2001). It is important to provide a supportive environment with non-evaluative feedback to assist social workers to develop their clinical reasoning (Ladyshewsky, 2010). There is a formalised support and development programme for new graduates in social work in England (Moorhead et al., 2020). The Assessed and Supported Year in Employment (ASYE) assists the development of newly qualified social workers, including support for fewer and less demanding cases to be assigned in the first year of practice (Beddoe et al., 2018).

Suzanne Patterson has undertaken research with social work and occupational therapy NESP trainees in Aotearoa New Zealand who completed the NESP programme between 2015 and 2017 (S. Patterson, personal communication, February 24, 2022). The research findings are yet to be published, but preliminary data show that participants have indicated the importance of feeling supported in making the leap from student to clinician, and to be recognised by their team as a novice in this learning period, affirming the developmental approach.

Supervision

Good supervision is essential for social workers as they adapt to mental health practice, and makes a difference to the work satisfaction of new graduate social workers (Agllias, 2010).

It is the responsibility of the supervisor to create a safe and nurturing supervision environment for reflection, particularly given that shame is a common experience for new graduates (Pack, 2009; Spence et al., 2001). New graduate social workers are often looking for help to apply theory to practice within supervision (Beddoe et al., 2020).

Ideally, clinical supervisors are available, knowledgeable and can connect practice to theory, support professional growth, serve as a professional role model, and communicate in a collaborative and warm style (Bogo & McKnight, 2006). Clinical supervision needs to be separate from managerial line supervision and allow space for reflective supervision (Beddoe et al., 2020).

Pack (2015) investigated the clinical supervision experiences of early-career mental health social workers and occupational therapists on the NESP programme. In that research, 12 NESP supervisees were asked how they had resolved their most challenging cases or issues in clinical supervision. The main themes that emerged concerned the importance of ongoing peer review and critique within a trusted supervisory relationship, addressing transferences with clients and colleagues, identifying training needs, and exploring self-care. The importance of the supervisory relationship was highlighted as a supportive structure to facilitate these resolutions.

Group supervision

Group supervision is provided by NESP Coordinators in some DHBs. There are some elements of group supervision that differentiate it from individual supervision (Beddoe & Davys, 2016). Members can learn from each other with a greater exposure to a variety of cases and perspectives. It can also be reassuring for members to see that others are in similar positions to them, particularly as new graduates. There can be several challenges for group supervision which centre around the impact of group dynamics. Unhelpful dynamics can include problems between members, poor group time management and competitiveness for time, potential for domination by one person, irregular attendance, lack of structure and a focus on tasks over group process (Beddoe & Davys, 2016; Enyedy et al., 2003). In thinking about group structure and process, Beddoe

and Davys (2016) suggested that it can be helpful to think about the stages of group development, such as Tuckman's (1965) model of forming, storming, norming and performing. It is also important to have a supervision contract and working agreement for the group and to set a session agenda each time (Beddoe & Davys, 2016).

Staniforth and McNabb (2004) have written about the development of a supervision group for NESP social workers in a DHB. The group began in 2001 and met monthly, facilitated by the two authors. The group supervision included checking in with members, didactic presentations and training, and case presentations by participants. This was offered in addition to existing individual supervision arrangements. Staniforth and McNabb (2004) have reflected on this process and highlight the importance of contracting clearly at the beginning, ensuring individual supervisors were aware of the purpose of the group, sticking to task, including cultural components, and attending to group process issues alongside content.

Methodology

The research was conceptualised and conducted by the authors who both subscribe to a constructivist ontology—the view that knowledge is created subjectively by those engaged in interpreting and producing it (Bryman, 2015). A qualitative methodology is congruent with this view, seeking to engage with participants and develop a deep understanding of their perspective in a particular area. The researchers in this case were both located at different points of an insider research approach. Staniforth supervised a group of social workers while employed at the DHB in the early 2000s, then provided individual clinical supervision of students/social workers in the programme through 2004–2010 and then finally was contracted to provide social work and therapeutic perspectives within one of the educational programmes from 2012–2020. Further,

some of the NESP participants had also graduated from social work programmes where she was employed as a lecturer. Appleby undertook the NESP programme herself in 2007, was employed as the DHB NESP Coordinator from 2019, facilitated the supervision group (other than when on parental leave in 2021) and more recently has been contracted to provide social work education and support within one of the academic programmes affiliated with the NESP programme. Insider research provides multiple perspectives and some of the ethical considerations of this will be discussed further later.

The research was approved by both the Auckland Health Ethics Research Committee and the ethics committee of the participating DHB in 2020, and covered three cohorts of students who completed their programmes throughout 2020 to 2022. An initial literature review was conducted in 2020, which informed the interview questions. Participants were recruited via an email sent by Appleby as NESP Coordinator, inviting them to make contact with Staniforth if they wanted further information, or to participate. Participants were then interviewed by the first author and were given the opportunity to review and amend their transcripts. Identifying information was removed by Staniforth and analysed thematically (Braun & Clarke, 2006) through use of an NVivo software package. Themes and deidentified data were then made available to Appleby for joint write-up of the project.

We interviewed five participants. Unfortunately, the research occurred through the various phases of Covid-19, where health services were stretched to the limit and new graduates at the time were likely impacted by increased demands on their time. The research also occurred on the back of completion of the NESP programme which had placed increased time pressures upon them. All participants had recently completed the NESP programme and, due to the very small pool of potential participants,

demographic information is not presented to maintain privacy. Four of the participants had undertaken the child and adolescent mental health education qualification while only one of the participants had engaged in the more generalist mental health programme.

Ethical implications

The researchers' various roles associated with NESP needed to be considered carefully. As Appleby had current and ongoing involvement in the programme, the perceived possibility for coercion or power differential was minimised through her not interviewing candidates and not being made aware of who had (or had not) participated due to deidentification of the interview data. Participants were provided information by her, but all further communication occurred via Staniforth, with participants needing to "opt in" to the research.

While participants were made aware that their identities would be confidential, they were also informed that, due to the small pool of potential participants, there was a possibility that someone may be able to identify them through comments that they made. It was also a requirement from the participating DHB that the specific DHB would not be named, however there is a possibility that it could be identified due to the researchers' affiliation with it.

Limitations of the research

This is a small-scale research project and, as such, the results need to be taken in that context. Initial findings however, indicate that a more in-depth study of the area may be useful.

As discussed, both researchers have been heavily involved in the NESP project. There was some tension between our insider knowledge about the programme and of the participants which needed to be balanced with wanting to maintain an effective

inquisitive researcher stance. We hope that this has been resolved somewhat through use of the participants' voices and allowing their experiences to shine through.

Findings

Findings from the research interviews are loosely based along themes with responses to particular questions in the interviews and are provided within the following sub-themes: expectations for the programme; the benefits of undertaking NESP; what worked well in the process; what got in the way and suggested changes; and advice to others considering engagement in a NESP Programme.

Expectations for the programme

Some of the participants had a very clear idea of what the purpose of NESP was, their expectations and the goals that they hoped to achieve. The programme was a condition of employment for all the participants, and one of the participants had not given much prior consideration to it.

I just thought it was something that, you know, new grads had to do and it was just a process of the DHBs bringing in new graduates who would have just finished their programmes So, prior to doing NESP I didn't know what it was.

For others, the purpose was very clear.

I think in this job, as well having a sense of mastery like you actually know, because it is such difficult complicated work, sort of going in with not having some specialist skills is quite daunting and you could feel like ... "I don't know what I'm doing, I'm not being helpful". So, I think it [NESP] gives some structure as to what the work is. So, I think as much as we talk down to young people that we work with about gaining a sense of mastery and how important that is,

I think it is also really important for us as social workers, as clinicians to also have that sense of mastery to know what we are doing, to have a structure around us. So, I think it provides us with that.

One of the participants did not have specific goals prior to the programme, while others had specific areas in mind that they wanted to focus upon.

So I think my goal was to really make it meaningful to the work that I was doing and to have it beneficial, to not only my practice, but to people that I was seeing.

Building knowledge and confidence

Participants noted various benefits of being involved in the NESP programme, which were considered in response to the question “What was the best thing about the NESP programme?” Two areas were identified across this question, with some consistency. These included improved confidence in participants’ work role and getting to meet with other people engaged in NESP or through their postgraduate courses, particularly getting to work with people from other disciplines.

Participants shared how the increased mental health knowledge positively impacted on their confidence in the workplace:

I think my confidence definitely increased ... first I had worries “how do I present this person in MDT?” or “how do I do this person’s assessment”? I think now I am more familiarised with words and the structure of assessment and knowing what resources are there makes me more confident.

... it made it less overwhelming to work in a space that is A) very fast paced and B) it is a medical model which social work doesn’t teach you a huge amount about, just that it is a very medical model and being a social worker is hard in that space.

Participants also spoke about the benefits of networking with others. Two participants spoke about how they enjoyed meeting people from other disciplines on the programme.

Best things about the NESP programme is the networking. I loved the networking and being able to make new friends.

The best things about the NESP programme—learning new things out of my bachelor’s degree, supervision group. I think that was really the best thing about it and knowing different new grads from different professions.

Group supervision supports NESP success

The most consistent response to the question, “What helped to succeed in the programme?” was participation in the supervision group. Four of the five participants engaged in the supervision group and felt that it was essential in supporting them through their time in NESP.

We would do like group supervision altogether. So honestly, I think that was essential as well because it meant that you could problem solve as well and talk about the assignment or to share ideas and eventually, we could all come together for supervision which I think was pretty essential to doing the paper. I think it would be really hard doing it in isolation and not having that comradery to support you through it.

We covered I think a good balance of the content and academic side of things and like managing the workload and systems to choose all of that type of thing, [they] have been a very supportive group to actually keep going and get the work done and also supporting one another.

I think people were worried about passing the papers, rather than thinking

about how we reflect in supervision group. So we kind of started out more procedural and then people started to open up a little bit about their own experiences.

Participants also spoke about the role of the group supervision facilitator. They noted it was helpful for the facilitator to liaise with team managers, to have previous experience of working in the teams, and to be available in between supervision sessions.

It was very helpful to have someone who was very experienced and us bringing our stuff to supervision and they were able to support us with it ... if there was anything we found hard our coordinator was actually able to reach out to our team managers and also the uni people and ask questions and they actually got things done.

I think having somebody who like for [group facilitator], she used to work here and she had really good insight into the practicality of the day-to-day job and what that looks like and trying to navigate all those kind of things, and actually having her experience and expertise was really helpful because we were all new to the workforce and to the course and trying to balance the two things was quite messy a lot of the time.

I think [group facilitator] was really, really supportive in our process. Like we were really easily able to contact her on email and she would respond really quickly and if we had some problem she would really guide us.

In discussing the academic programmes, participants identified that they liked assessments that related directly to practice and involved linking theory to practice. Examples were case studies of assessment and intervention and students recording themselves conducting assessments.

Other things that participants identified as helpful were having realistic expectations of themselves (“I don’t have to get A+ all of the time”), establishing some work life balance and having flexibility with how they took study leave (“taking one day a fortnight rather than a half day a week”).

The need for supportive work environments

The findings here are presented according to areas that participants indicated could be improved, with their corresponding suggestions for improvements. The suggestions for improvements from the service included protected regular study leave, capped caseloads and better coordination between the service and the universities.

Participants were all provided with paid study leave, but the frequency of this was variable between services, and there were challenges in taking this time. It was also difficult to manage work and study commitments. Some people faced challenges with getting their study leave approved by their manager, which was connected with service pressures.

Service under intense pressure—high turnover, had to do too many things, too early in career and was isolated.

Social workers were also meant to have capped caseloads during the NESP programme, although some participants reported that this was not their reality. They reported extra stress on services as a result of Covid-19, which impacted on their caseload numbers.

Having set time off and maybe even having a capped caseload would have been helpful as well for us to be able to focus, to perform well in the academic programme as well.

Participants suggested that better communication was required between different parts of the programme,

particularly regarding the academic workload expectations.

There are no check ins with the organisation, like my manager, I mean I'm sure she knows I've passed, but no check in, no idea, you know. I think of the work that you do, all the assignments or actually what you are doing or the course work, maybe she does, but there is no conversation about it. It does feel quite, I mean I am linking it, but it feels quite separate actually in practice.

Participants also had recommendations for the academic programme, including increased focus on cultural competency, and having "more lectures from social workers" and "having more of a social work lens for the CAMHS NESP students in the academic programme".

Discussion

Beddoe et al. (2018) and Ballantyne et al. (2019c), have identified some of the tensions which exist in relation to expectations of new graduates to come "work ready" to the field. While this is in no way limited to the area of mental health, the Ballantyne et al. (2019b) R2P research identified that 72% of graduate participants stated they required mental health knowledge in their post-qualifying positions with only 44% feeling that they were adequately prepared upon completing their qualifying programme. The authors have argued elsewhere (Appleby et al., 2020) that a post-qualifying specialist scope of practice may be one way forward, and the NESP programme provides one model for how that may be considered.

While many of the social workers undertaking the NESP programme are new graduates, a number have also come to mental health from other fields. For those social workers interested in moving into mental health, or for new graduates who do not have a NESP programme available to them, there is an issue about how they may become experienced

enough in mental health to enable them to be employable in the field. This is an area that could benefit from further NESP-type training becoming available, particularly at times where there is a worker shortage that has been identified (McConnell, 2022).

Much of the focus of the NESP programme is on mental health assessment. While there is some broad consideration of interventions and recovery-oriented practice, particularly within AUT's adult mental health programme, there is no focused training on specific intervention approaches and therapeutic modalities from a social work lens. As we have argued elsewhere (Appleby et al., 2020), this is also an important component of a post-qualifying clinical scope of practice.

The NESP programme is supported by government funding via Te Pou. This level of investment into a post-qualifying programme is crucial for its success. However, structural strengthening of the social work role within DHB mental health services is necessary to retain social workers in these settings. There are currently structural disincentives including low pay, increased caseloads and limitations on the use of professional judgement, that we suggest have contributed to significant social work vacancies in mental health services around the country (Peters, 2022). This has added stress for social workers learning the role in teams without the benefit of senior social work presence. Mental health social workers are faced with much uncertainty, including ongoing and prolonged pay negotiation between the DHBs and the union, imminent changes to the health structure with the introduction of Health New Zealand and the Māori Health Authority, and the ongoing impacts of Covid-19 on a stretched healthcare system.

The current research findings and existing literature illustrate how challenging the NESP year can be, managing study and work, learning workplace processes, mental health knowledge, and developing social work professional identity. More recently,

there have been new graduate social workers who completed all their practicums during the pandemic, and now are working and studying while navigating self-isolation and online learning. Working remotely and having smaller teams onsite has meant that there are fewer opportunities for informal support and debriefing from colleagues.

The NESP programmes were developed with the expectation from Te Pou and education providers that trainees would have capped caseloads, regular clinical supervision and be able to take allocated study time. As the findings showed however, many students struggled to access these conditions. These, and other challenges further highlight the need for managers and supervisors to create nurturing spaces for new graduates in mental health. Allowing space to be learners may alleviate some of the stress of the role and contribute to retention of social workers in mental health. The added challenges of Covid-19, health system reform and ongoing pay equity negotiation challenges highlight the importance of having ringfenced funding and protection to support new graduates with capped caseloads and study leave as they gain experience and develop skills.

The changes to the health system in Aotearoa New Zealand are intended to address inequities in healthcare provision. This is particularly important for Māori health, given the higher rates of mental distress for Māori (Ministry of Health, 2018), use of the Mental Health Act (Elder & Tapsell, 2013), Māori experiences of racism within the healthcare system (Graham & Masters-Awatere, 2020), and the important role of anti-racism work as a suicide prevention strategy (Clark et al., 2011). It is important that all social workers have a strong grounding in the application of Te Tiriti o Waitangi within mental health and awareness of culturally responsive assessment and treatment models for Māori. The Māori Health Action Plan (Ministry of Health, 2020) sets a vision of reducing health loss for Māori by valuing Māori solutions

to achieve Māori aspirations and wellbeing. This is also needed in the NESP programme. Participants spoke about the need to include cultural considerations of mental health in both the academic and the group supervision components of the NESP programme. Monocultural teaching and supervision continues the colonial legacy that has already brought so much inequity to mental health service provision (Government Inquiry into Mental Health and Addiction, 2018).

A critical clinical social work approach brings this awareness of power and equity to mental health services (Brown, 2021). While it may not hold a privileged position, social work is much-needed in mental health services to work alongside people, understanding them in their family context, culture and life experiences. Social workers have an important role to bring a social justice and advocacy lens to clinical work, challenging the medical model of mental health and service structures that are not person-centred (Appleby et al., 2020). Canadian social worker Vikki Reynolds (2019, pp. 37–38) explains: “we need to prioritise being person-centred teams and not staff-centred teams. We want to be in the Zone of Fabulousness – because we are fabulous. Fabulousness happens when we enact collective ethics, and are collaborative, innovative, and justice-doing”. Having social work input into mental health training and supervision can help new social workers to develop their professional identity, to resist dominant, deficit-based mental health paradigms, to integrate their clinical and social justice work, and to recognise and celebrate the fabulousness of the social work approach in mental health.

Conclusions

Social work education in Aotearoa New Zealand occurs in a multiply contested space where employers hope for work-ready graduates to emerge from generalist social work programmes. In the field of mental health, the government has recognised the need for social workers to be able to

access more specialised education post-qualification and has funded New Entry to Specialist Practice programmes which combine academic and practice components in teaching values, skills and knowledge required to work in mental health settings.

This article has presented some of the growing body of literature in this area as well as the context of the NESP programme in Aotearoa New Zealand. Results from a small-scale study of participants who had completed the NESP programme demonstrate that participants found the programmes helpful in building their confidence and competence in the field of mental health and that they were particularly appreciative of the experience of decreasing isolation through coming together with other new entrants (social workers as well as other disciplines) and the learning and support that they had taken away from group supervision. Participants also indicated an interest in having a stronger discipline focus in some of the training and more access to training from various cultural perspectives. The researchers call for ongoing demonstration of consideration of te Tiriti o Waitangi, critical consideration of power and oppression in the field of mental health and having awareness and pride in a social work identity.

The researchers would like to acknowledge and thank the participants who gave generously of their time and knowledge to this research project.

Note

Section 13 of the Act provides for registration based on practical experience. If the SWRB is satisfied that a person applying for registration based on experience meets the criteria in the Act, the Board may register the applicant (SWRB, 2022b).

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