

Mental Health Services in the Lakes District - *News from the* Planning & Funding Division, Lakes District



Issue 5: December 2010

Collaboration between mental health sectors provides early intervention

A Lakes DHB initiative that co-locates experienced mental health nurses in general practice surgeries has been so well received by service users in its first three months that the service is close to capacity.

The Lakes DHB Primary Mental Health Intervention Service (PRIMHIS) is piloting the brief intervention service, with the primary aim of operating nurse-led clinics for those clients of the GP practice that are presenting with mild to moderate symptoms of anxiety and depression, and other significant lifestyle related stress issues.

Michael O'Connell, Lakes DHB Clinical Nurse Director of Mental Health, says the service is all about early intervention – the right cluster of interventions at the right time. His team of five mental health specialists work with clients that present to their GP with troublesome and problematic anxiety or depression, and provide consultancy advice to GP practice teams where requested.

“What we know from research is that a significant number of people presenting at general practices actually have underlying and often overt mental health problems. Having mental health nurses work with the GP Practice

teams adds real value to the community,” says Michael.

Michael says the initiative provides early mental health interventions to the current clients of GPs, and where possible proactive engagements with selected at risk populations.



Michael O'Connell and Jenny Collier from Lakes DHB's Mental Health Service

He says one of the roles of the service is to be a navigation point for the client; to provide guidance for resources and also to help the client recognise their own strength and to make sense of their experience so they can better approach it with a greater sense of control.

Michael credits mental health nurse Jenny Collier for laying the foundation and establishing a primary intervention service in three of Rotorua's General Practices. Over the last three months a further six GP practices have started to utilise PRIMHIS.

“The service has built on Jenny's GP Liaison service footprint. We're very active in some practices, and just beginning the relationship with others but referrals are coming in quickly. We are already close to capacity.”

Michael says all the staff are registered mental health nurses with significant experience and a strong lean toward primary mental health, and all have additional experience in psychological therapies. Cont. page 2

**Message from
Mary Smith, GM
Planning & Funding,
Lakes DHB**

Tena koutou katoa – Greetings everyone

I have had the privilege of being a part of the Te Kōkiri working group. The work group is mandated by the Ministry of Health and DHBs, through DHBNZ Service Improvement Group to:

- agree on a joint work programme, i.e. DHBs and Ministry working together, and the process to occur for specific joint projects
- discuss national/regional/local approaches
- share the individual work programmes of the Ministry and DHBs in relation to the implementation of Te Kōkiri
- discuss and develop the monitoring framework for implementing Te Kōkiri

Considerable progress has been made in addressing the 10 leading challenges to improving mental health in New Zealand identified in *Te Tāhuhu* and *Te Kōkiri*.

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**Message from
Mary Smith, GM
Planning & Funding,
Lakes DHB
(cont.)**

Whilst progress has been significant it is still important – especially in these times of rapid change, to maintain our energy to ensure improvement continues.

To this end we have been advised by the Ministry of Health regarding the **Mental Health and Addiction Action Plan 2010**.

Four key areas will be the focus of nationally-led work by the Ministry through to the end of 2011 to advance the Government's priorities. *Te Kōkiri* remains the platform for change in the sector. The Action Plan sets out actions in four priority areas:

- moving health resources to increase access to services particularly through initiatives in primary care
- lifting system performance including the development of a new national services development plan and a national key performance indicator set
- tackling alcohol and other drug-related harm through additional community treatment places for young people and a new legislative framework to replace the Alcoholism and Drug Addiction Act 1966
- integrating efforts across government for better mental health outcomes for children and young people with behaviour and conduct disorders.

The implementation of a number of actions will be supported by additional Blueprint funding and more information about this will become available shortly. The Action Plan is available at <http://www.moh.govt.nz/publications>

May I take this opportunity to wish you and your loved ones a peaceful and safe Christmas break and we look forward to developments in the Mental Health and Additions arena in 2011.

Collaboration between mental health sectors provides early intervention

The Process:

- A patient/client presents to a GP
- If the GP detects signs of clear history of mood and related problems, that may or may not require immediate medication, they will offer the client the option of a consultation with a mental health nurse. The usual waiting list is two to seven days.
- The mental health nurse will do a broad holistic assessment with the client where the client talks through their story or health experience. This often gives them clarity to their own situation.
- The nurses work with the client on a range of strategies including basic problem solving therapy to motivational interviewing, guided self help, psycho-education and Cognitive Behavioural Therapy (CBT) where appropriate.
- The nurse will continue to see the client for follow up consultation(s) where necessary, and ensure the full treatment strategy is appropriate and evaluated.

GP Hotline to Psychiatrists formalised

Lakes DHB psychiatrists and GPs now have a formalised specialist telephone consultancy arrangement.

Although an informal arrangement has existed for some time with GPs ringing duty psychiatrists for advice and guidance, Lakes DHB Secondary Mental Health Services has formalised an internal roster system of psychiatrists.

For two hours every day, GPs can phone the telephonist at the hospital (07 349 7955) who will direct their call to the nominated psychiatrist or, if that one is not available, the default psychiatrist.

Michael O'Connell, Lakes DHB Clinical Nurse Director of Mental Health, says a GP who is concerned about a client's

presentation and what might be the best clinical approach, or has questions about the best medication regime, can get immediate specialist support and guidance.

"It provides better, sooner and more convenient solutions in primary care for issues that could escalate if not addressed. It's a good initiative by the consultants. From a service perspective it's a very proactive statement that we are concerned about responsiveness and want to do whatever we can to improve access to quality psychiatric advice," says Michael.

New community service for young people with AOD issues launched in Rotorua

A new community service described as “groundbreaking” for the Lakes DHB area is giving children and young people with Alcohol and Other Drug (AOD) issues access to quality support services.

With the early December launch of Challenge Trust in Rotorua, children and young people with AOD issues who are referred to the service by Child and Mental Health will have access to respite, home based support services, day activity programs and pre/post treatment support.

“The Lakes DHB planning and funding team recognised the need for this kind of service in the area and has made sure there is a service delivery to meet that need,” says Karna Luke, Challenge Trust Chief Operating Officer. The service was tendered through a national tendering process by Lakes DHB, and will meet a vital need in the Lakes area.

“The service exists in the Lakes area now because of the commitment and determination of Lakes DHB to the people who live here. Without that commitment from planners and funders, these types of quality services cannot proceed,” says Karna.

Challenge Trust delivers a number of services around the country in the areas of AOD and mental health, and has a proven track record for achieving outcomes and results. The service operates 24/7.

Karna says Challenge Trust operates under a model for recovery that has been developed over the last five years. Key milestones include developing recovery in Rotorua and driving people through the service. The model for recovery also includes community development, family development, and new vocational and day activities.

“Overall this is a service for young people and the goal is to

stop them, for want of a better term, from becoming career mental health users,” he says.

“This service is dedicated for this age group in this region.”

Kate Stewart, operations manager for Challenge Trust, will oversee the service in Rotorua. Kate’s role is to ensure the services get established appropriately in Rotorua, and that the right level of support is provided to both the team and service users.

All the staff at Challenge Trust in Rotorua have at least a Level 4 qualification in health, addictions or another related discipline. Several have a degree in Social Work and are very experienced with AOD, says Kate.

Prior to working for Challenge Trust, Kate was the Bay of Plenty DHB Manager of the Acute Mental Health Inpatient Unit. Before that she was associate director of Nursing for the Bay of Plenty DHB mental health and addictions service.



Lakes DHB Deputy Chair Lyall Thurston and Karna Luke, Challenge Trust Chief Operating Officer open the building.



Karl Norton (Chief Administration Officer for Generation Trust, a business affiliate of Challenge Trust); Eru George, Lakes DHB Pou Herenga; Lyall Thurston, Nan Huritu (Hunga Manaaki); Marita Ranclaud, Lakes DHB Portfolio Manager for Mental Health; Arama Pirika, Lakes DHB kaumatua and Karna Luke (Challenge Trust) at the opening.

KPI Framework promotes national quality and performance improvement

A national framework of key performance indicators (KPIs) is helping Lakes DHB's hospital-based service to look at service improvement.

The Ministry of Health initiated and funded the development of the KPI Framework for New Zealand Mental Health and Addiction Services to promote national quality and performance improvement efforts.

It is intended that the Framework will enable services to share information, set benchmarks and debate issues that lead to improved outcomes for service users.

The project began in 2005 with the first of three phases. Lakes DHB has been involved with the project for more than two years, first in Phase II, the Live Test phase, and now in Phase III – the rollout that started in July 2010 to include all 20 DHBs in the country.

The initiative also aligns with the newly-released Mental Health and Addictions Action 2010, which includes an Action on *“Lifting system performance to enhance our communities’ mental health and wellbeing by using DHBs and NGOs to improve quality, safety and productivity through benchmarking their performance against a national key performance indicator (KPI) set.”*

Alana Miller, Information Systems Management Advisor for Lakes DHB Mental Health Services, says the Framework has given Lakes DHB the ability to benchmark with similar demographic DHBs.

Lakes DHB has now submitted three years worth of data, and compares its data mainly to the other DHBs involved in the Phase II rollout (Stream 2) rather than the DHBs that have just come on board (Stream 1) with the project.

“We submit our data based on what the KPIs are. Every two to three months we have a benchmarking forum with all DHBs attending and we get a booklet which contains all the Stream 2 DHB data. In that forum we have the opportunity to discuss our results and the other DHB results – it makes for good, robust discussion,” says Alana.

Alana and Maureen Emery, Lakes DHB Service Manager for Mental Health Services both attend the benchmarking forums and report back to the service delivery team which investigates the reasons for the numbers in their KPI areas of interest, and discusses whether to continue, or to implement change.

While there are a number of KPI areas, Lakes DHB will be initially concentrating on KPI 18 (pre admission community care) and KPI 19 (post discharge community care).

“In the benchmarking sense it gives us an opportunity to see how all DHBs are practicing, what the best practice is, and what quality initiatives have been implemented. It also gives us the opportunity to share with them our figures, so they can see how we’re practicing,” says Alana.



Alana Miller, IS Management Advisor for Lakes DHB Mental Health Services

PRIMHD Roll out to NGOs Provides a Clearer Picture of Service Use

The Programme for the Integration of Mental Health Data (PRIMHD) is a Ministry of Health project to create a single collection of national mental health information.

This includes service activity and outcomes data from across New Zealand's mental health sector.

<http://www.moh.govt.nz/primhd>

With all District Health Boards in New Zealand now reporting to PRIMHD, the rollout to Stage 3+ NGOs that provide mental health and addiction services is almost complete

There are more than 300 NGOs in the country taking part in the national data collection initiative.

Belinda Walker is the Midland PRIMHD technical support coordinator who works with the NGOs in the Lakes, Bay of Plenty and Tairāwhiti DHB areas. Vivienne Martin is the PRIMHD coordinator covering Taranaki and Waikato.

Midland PRIMHD reports across the age continuum.

Nationally the PRIMHD rollout began in 2008 with DHBs. With the addition of NGO and mental health and addiction reporting, the big picture is far clearer, says Belinda.

"All information submitted by NGOs goes to the Ministry of Health and will replace some of the quarterly performance returns. Now with the new contracts you enter the data as you go – all of this collection means service user access can be tracked across multiple providers and across DHBs as well."

All data must be kept confidential, therefore in order to achieve secure data collection and entry PRIMHD relies heavily on virtual private networks (VPN). Several NGO providers in the Lakes DHB area have entered into a cluster arrangement.

"There is no funding available for NGOs to submit to PRIMHD so rather than each of these 10 providers in the Lakes cluster entering the data at their own cost, all the information is taken to Rotorua where it is entered from a central location. Planning and Funding supports the entry of data with an FTE," says Belinda.

Of the 17 NGO providers in the Lakes area, 14 are submitting including two "front runners".

"Pretoria Lodge in Rotorua was the first residential provider in Lakes to join PRIMHD, and because they had already set up

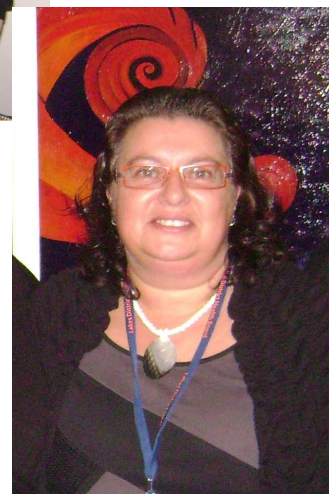
their systems they raised their hands to be host site for the Lakes cluster. Beverley House was the first other small provider and willingly took on board the whole process," says Belinda.

Belinda believes the initiative will ultimately provide better service for service users.

"With PRIMHD it is possible to see when and how many users are contacting and using the services, where they came from, the services they are using, the type of work providers are doing for them, and where users are going after they leave the service."

"PRIMHD will raise the profile of the work that is done in the community; it will give a more complete picture of the services provided and how they are being utilised."

For more information on the Midland Region PRIMHD Project, go to: www.midlandmentalhealthnetwork.co.nz.



*Belinda Walker (above)
and
Vivienne Martin (at right).*

ABOUT Planning and Funding for the Lakes District Health Board

The Lakes District Health Board (DHB) was established under the New Zealand Public Health and Disability Act 2000 to be responsible for the health and disability support needs of the approximately 100,000 people living in the Lakes area.

Lakes DHB delivers acute and specialist secondary level clinical care to patients in the hospital and the community. The DHB is a service funder as well as a service provider, funding and contracting with a range of community providers who provide services for us. Lakes DHB holds contracts for service provision with over 100 providers, including pharmacists, dentists and others.

Planners use data to help understand demography, health status and service utilisation patterns that are all part of ongoing health needs assessment and necessary for the planning process. Planners regularly undertake service analysis, financial analysis – (business cases), pri-



oritisation, monitoring and evaluation. We provide information for, frequently consult with, and receive information from our communities.

In addition contracted providers have their own quality frameworks and efficiency measures against which they are monitored (usually quarterly). The primary care and NGO sectors are critical in helping deliver services to the population we serve.

The **Portfolio Manger for Mental Health and Addictions, Marita Ranclaud**, works across the age continuum to ensure good service provision for those people with severe and enduring mental health conditions.

Marita is Rotorua born and bred with affiliations to Ngati Whakaue, Ngaiterangi and Tuwharetoa.

Marita has a background in mental health nursing with post graduate qualifications in Maori & Pacific Development and Health Science (Child & Adolescent Psychiatry).

Marita is passionate about mental health and has a particular interest in workforce development, youth and Maori mental health issues.

This newsletter is produced by the Planning and Funding Division of Lakes District Health Board.

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