

Friends of the Project Newsletter

The Ministry of Health Mental Health & Addiction of Older People & Dementia Project

Happy New Year and welcome to the second edition of the Friends of the Project Newsletter. We hope you have had a safe and relaxing break. In the first newsletter you were introduced to the project and the project team. This newsletter will keep you updated on what we have been doing over the last two months. Over the next couple of months the focus for us will be on analysing the information we have gathered, ready to collate into a consultation document.

As always if there is anyone who is not receiving the newsletter and would like to Email Claire at: claire_tennent@moh.govt.nz.



Beware of distant elephants.....

Progress to date

Since the November issue we have been working on collecting and collating information and perspectives. Several different modes of collection are being used including:

- key informant interviews
 - regional workshops
 - DHB questionnaire
 - a literature review.
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Key informant interviews

During the last couple of months Roz, our project manager, has been interviewing key informants – stakeholders identified as being experts in a field directly related to the project.

The key informants were asked for their perspectives on three areas:

1. what are the issues and challenges affecting the sector?
2. what are the potential barriers to delivering integrated services to older people?
3. what should the priorities of the project be?

The key informants identified a number of potential issues and challenges within the sector, including the need for:

- a. person-centered care
- b. a comprehensive, integrated and accessible range of services
- c. increased awareness
- d. more and better workforce development
- e. more research
- f. the development of the capacity and capability of the primary care sector.

The key informants also identified a wide range of potential barriers to delivering integrated services to older people. Some of the common themes that were identified included problems with:

- communication
- timeliness
- staff attitudes and beliefs
- differing monitoring and reporting requirements that exist across and within DHBs.

The key informants were quite consistent when responding to the question regarding what the priorities identified by

the project should be. Their answers included:

- workforce development
- providing advice to DHBs
- promoting holistic care
- raising community awareness
- developing partnerships.

There are still a number of key informant interviews to go; these are expected to be completed by the end of February 2009.

Regional workshops

Held in the first week of December, over 200 people attended the five regional workshops held throughout the country. We are very thankful to those who attended the workshops, and the contributions that they made. The workshop feedback has been documented, if you would like a copy please email Claire at claire_tennent@moh.govt.nz



Happy participants at the Christchurch workshop, 2 December 2008.

Each workshop was loosely structured around a series of questions. From the workshops we were able to identify some areas that people felt had been neglected in the project so far; these included:

- building on existing initiatives
- using clear definitions
- ensuring service-users are adequately represented
- workforce development and training initiatives
- adequate consideration of the needs of specific population groups (e.g. Maori Somali, Asian, rural, and those aged under 65).



Reflective participants at the Dunedin workshop, 1 December 2008

Some groups were asked to comment on the core values that the project should embody. Some of the most common responses included:

- care in the community
- holistic care
- coordinated care
- choice
- family inclusion
- prevention
- positive aging.

During the workshops participants were asked to map out what services should look like. The "Draper Model"¹ was presented as a possible model to inform the project, although many groups devised and proposed alternatives. The alternatives that were presented ranged from a basic outline, to a complex timeline complete with footnotes and ledgers. What was noted consistently throughout the workshops was the need for a consistent range of integrated, and holistic services.

When workshop participants were asked what the project should achieve, a wide variety of possibilities were identified, including:

- guidelines
- a strategic framework
- a purchasing framework
- a national language
- a focus on principles
- a focus on outcomes
- ring-fencing of funding
- consistency of services across the country
- flexibility.



Thoughtful participants at the Wellington workshop, 8 December 2008

Literature Review

A review of relevant literature has been undertaken to add to the base of information from which the project will develop a strategic guidance document for DHBs. For the review, a large number of resources were located and reviewed. More specifically, the literature review focused on identifying:

- key aspects of the particular needs of each group
- key aspects of “what works” to meet those needs
- what an evidence-based model of care that provides an integrated approach to meeting those needs would look like.

The final question considered at the workshops asked what needed to be done to implement improved services. Recurrent themes included:

- workforce development and education
- collaboration and communication
- flexibility
- leadership and accountability
- adequate resourcing
- support.

The above is just a sample of the diverse range of ideas presented and discussed at the regional workshops. A more detailed analysis of the workshop findings is now underway.

¹ Draper, B., Brodaty, H. & Low, L.F. (2006) “A tiered model of psychogeriatric service delivery: an evidence based approach”. *International Journal of Geriatric Psychiatry*, 21, pp. 645-653.

The DHB questionnaire

The DHBs continue to forward us their responses to the DHB questionnaire. Their responses have been extremely informative, and we are appreciative of the time spent on them. Once we have received all of the responses, analysis can be completed.

While the bulk of the documents considered as part of the review were produced in other countries, it should be noted that a number of valuable resources have been produced from within New Zealand (although some are unpublished). However, there is only sparse information on the particular needs of Māori and Pacific peoples. A brief overview of the findings of the literature review is included below, along with a list of key references.

The review found support for having the target groups that were identified for the project. While the specific needs of each individual person are unique to them, the literature is clear that the needs of people aged over 65 with long-standing mental health problems are likely to be quite different to the needs of someone the same age that has not previously experienced a mental health problem. Similarly, the needs of someone with dementia are going to be different to the needs of someone with late-onset major depression.

However, wide varieties of unique needs do exist within each of the groups, particularly with regard to people aged under 65 who develop dementia and people with the range of conditions (such as stroke and Parkinson’s disease) that can involve or lead to experiencing symptoms of a mental health problem.

The literature also suggests that many of the needs of many people in each of the target groups are not only frequently under-met where they are diagnosed, but are frequently undiagnosed and therefore untreated.

In many ways, what works for providing care and support to people with any type of health need is also recommended by the literature for meeting the needs of the target groups of this project. Thus terms such as "multidisciplinary" and "person-centred" appear throughout the literature identified as being relevant to this project.

The literature supports having a dedicated specialist community mental health team as the backbone of the model of service delivery for meeting the needs of people in the five target groups. The team needs to be multidisciplinary and act as a single point of entry, and will ideally include staff with specialist knowledge of each of the five groups, including staff to meet mental, physical, social and cultural needs. Where relevant skills and knowledge are unable to be located within the team, strong collaborative linkages need to be established.

The review also found many overseas studies that identified high levels of unmet mental health and dementia needs in hospitals and rest homes, leading to recommendations that specialist services need to increase their involvement in these settings.

Due to popular demand a bibliography of suggested/selected key readings is included below.

Alzheimer's New Zealand (2008). *Dementia Economic Impact Report*. Wellington: Alzheimer's New Zealand Incorporated.
<http://www.alzheimers.org.nz/d/AlzheimersReport2008.pdf>

Bagley, H., Cordingley, L., Burns, A., et al. (2000). Recognition of depression by staff in nursing and residential homes. *Journal of Clinical Nursing*, 9, 445-450.

Bartels, S.J., Moak, G.S. & Dums, A.R. (2002). Models of mental health in

nursing homes: A review of the literature. *Psychiatric Services*, 53, 1390-1396.

Bartels, S.J., Coakley, E.H., Zubritsky, C., et al. (2004). Improving access to Geriatric Mental Health Services: A randomised trial comparing treatment engagement with integrated care versus enhanced referral care for depression, anxiety and at risk alcohol use. *American Journal of Psychiatry*, 161(8), 1455-1462.

Bartels, S.J., Blow, F.C., Brockman, L.M. & Van Citters, A.D. (2005). *Substance Abuse and Mental health Among Older Americans: The State of the Knowledge and Future Directions*. Rockville, Maryland: WESTAT.

Brodaty, H., Draper, B.M. & Low, L-F. (2003). Behavioral and psychological symptoms of dementia: a seven tiered model of service delivery. *Medical Journal of Australia*, 178, 231-234.

Brodaty, H., Thomson, C., Thompson, C. & Fine, M. (2005). Why caregivers of people with dementia and memory loss don't use services. *International Journal of Geriatric Psychiatry*, 20, 537-546.

Bullock, R. et al (2007). The Author. Can we afford not to have integrated dementia services? *Age and Ageing*, 36, 357-358.

Draper, B., Brodaty, H. & Low, L.F. (2006). A tiered model of psychogeriatric service delivery: an evidence based approach. *International Journal of Geriatric Psychiatry*, 21, 645-653.

Draper, B. & Melding, P. (2001). *Geriatric Consultation Liaison Psychiatry*. Oxford: Oxford University Press.

Cooney, C., Howard, R. & Lawlor, B. (2006). Abuse of vulnerable people with dementia by their carers: can we identify those most at risk? *International Journal of Psychiatry*, 21, 564-571.

Department of Health (2004). *"Everybody's Business" Integrated mental health services for older adults: A service development guide*. London: Department of Health.

Lingard, J. & Milne (2004). *Integrating Mini Older Peoples Mental Health Services; Community Mental Health Teams for Older People. A commentary and resource document.* London: Department of Health.

Patmore, C. (2006). Bringing well-being and choice into everyday home care. *Working with Older People*, 10(3), 24-27.

Perkins, C. (2004). *The New Zealand Dementia Guide.* Glenfield, New Zealand: Random House.

Tobias, M., Yeh, L. & Johnson, E. (2008). Burden of Alzheimers Disease: population-based estimates and projections for New Zealand, 2006-2031. *Australia and New Zealand Journal of Psychiatry*, 42 (9), 828-836.

Associated Government Documents

Ministry of Health. (2000). *The New Zealand Health Strategy.* Wellington: Ministry of Health.

Ministry of Health. (2001). *The New Zealand Disability Strategy: Making a world of Difference.* Wellington: Ministry of Health.

Ministry of Health. (2001). *The New Zealand Primary Health Care Strategy.* Wellington: Ministry of Health.

Ministry of Health (2002). *Te Puawaitanga: Maori Mental Health National Strategic Framework.* Wellington: Ministry of Health.

Ministry of Health. (2002). *Mental Health (Alcohol and Other Drug) Workforce Development Framework.* Wellington: Ministry of Health.

Ministry of Health (2002). *The New Zealand Health of Older People Strategy.* Wellington: Ministry of Health.

Ministry of Health. (2002). *He Korowai Oranga: The Maori Health Strategy.* Wellington: Ministry of Health.

Ministry of Health (2002). *The Pacific Health and Disability Action Plan.* Wellington: Ministry of Health.

Ministry of Health (2004) "A Snapshot of Older People's Assessment, Treatment and Rehabilitation Services and Mental Health Services 2003". Wellington: Ministry of Health.

Ministry of Health (2005). *Te Tahuu – Improving Mental Health: The Second New Zealand Mental Health and Addiction Plan.* Wellington: Ministry of Health.

Ministry of Health (2005). *Tauawhitia te Wero, Embracing the challenge: National Mental Health and Addiction Workforce Development Plan 2006–2009.* Wellington: Ministry of Health.

Ministry of Health (2008). *Te Puawaihero: The second Maori mental health and addiction national strategic framework. 2008-2015.* Wellington: Ministry of Health.

Ministry of Social Policy. (2001). *The New Zealand Positive Ageing Strategy.* Wellington: Ministry of Social Policy.

Last Word

The next newsletter will be distributed in March. If you wish to be placed on the newsletter mailing list please email Claire at claire_tennent@moh.govt.nz . For any additional information email Roz Sorensen at roz_Sorensen@moh.govt.nz or Claire at the above email.



Busy participants at the Hamilton workshop, 5 December 2008
