

Needs Assessment Report – Feedback from Stakeholders

Feedback from:	Section in Report	Feedback / Discussion	Approved	Not Approved and Justification
Barbara Hart	Report Overall	<p>There needs to be more emphasis in the report about the benefits of working collaborately, particularly with Secondary services and NGO's (highlighting instances when it works well) It is important to build on the good working relationships that already exist.</p> <p>More emphasis on the importance of social inclusive practise, enhancing recovery, particularly pertaining to employment and training.</p> <p>Looking at the benefits of having service users working in the sector in mainstream roles, not just in peer support roles.. ,</p>	No	This document is focused more on information and its interpretation.
Midland MHSOP Clinical Directors		<p>The comment at the bottom of page 19 (Midland Region Mental Health and Addictions Needs Assessment, December 2010) be removed. The finding that older persons generally are over provided for is flawed as demonstrated by our comments above. This finding is also unhelpful considering the current changing demographic and the political and service development issues Mental Health Services for Older Persons currently face.</p> <p>That this document and its findings be restricted to adult and youth populations only. That any assessment of older persons mental health need be conducted using different methodology.</p> <p>That any further studies of older person mental health need include appropriate clinician input. It is our opinion that the stakeholder inclusion for the mentioned document (Midland Region Mental Health and Addictions Needs Assessment, December 2010) was inadequate in that clinical directors are not psychogeriatricians.</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Report amended</p> <p>Caveate section amended to reflect this</p> <p>Seperate MHSOP project to be undertaken and identified in report</p>

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		<p>Page V: It is my opinion that Midland is below national benchmarks for inpatient psychogeriatric care beds.</p> <p>Page 8: no mention of unmet need gaps for anyone over the age 65 yrs.</p> <p>Page 14: clarification is required in column 2. The number of persons aged 65 yrs + does this figure (11,489) include persons with dementia.</p> <p>Page 19: no unmet need for older persons? I believe this is inaccurate.</p> <p>Page 24, table 14: the row for persons aged 65yr + shows a prevalence of zero for expected mild to moderate substance abuse disorders. This is inaccurate and needs to be corrected.</p> <p>Page 29: special inpatient bed numbers appear inaccurate and no mention of psychogeriatric beds in Lakes, Waikato or Bay of Plenty DHB's.</p> <p>Page 33, table 16: no mention of psychogeriatric beds or FTE.</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>No</p>	<p>Seperate MHSOP project to be undertaken and identified in report</p> <p>Seperate MHSOP project to be undertaken and identified in report</p> <p>Report amended to include a footnote</p> <p>Seperate MHSOP project to be undertaken and identified in report</p> <p>Seperate MHSOP project to be undertaken and identified in report</p> <p>Report amended to include MHSOP inpatient beds</p> <p>Generic identifiication of all FTE and all beds. Should be better addressed in MHSOP project</p>
Taranaki – Anne Ridgway	General Comments	<p>One thing I have noticed is that it is stated the TPW has 30 beds.</p> <p>The other important point is that this document particularly in relation to the gaps that have been identified will be the foundations for developing our plans for the future.</p>	<p>Yes</p> <p>No</p>	<p>Report amended</p> <p>General comment. Covered off in Cathy Cooney Forward</p>
Taranaki – Lauren Cameron	General Comments	As per MSHOP CDs, but also that there is a dearth of accommodation for not only Huntington's clients but our aging population who have developed physical issues and cannot be cared for by our MH Accommodation providers and the only recourse is a Rest Home.	Yes	Report amended but will be better picked up in the MHSOP project
Midland Clinical Leadership	General Comments	<p>Bay of Plenty</p> <ul style="list-style-type: none"> Concerned about the amount of info coming 	No	TRH is still being cited by the MoH and

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		<p>from Te Rau Hinengaro which is an old document (2006) and changes have occurred over time. Prevalence doesn't change hugely in a short period of time. Use of population data came from the census projections for 2010</p> <ul style="list-style-type: none"> Concerned there was no consultation with the Midland Clinical Leadership forum Concerned BOP data is not accurate and needs to be checked <p>Taranaki</p> <ul style="list-style-type: none"> Data needs to be checked regarding beds <p>Waikato</p> <ul style="list-style-type: none"> Not all gaps identified by stakeholders is a true reflection of what the data has recognised – the reports suggest these are gaps, title needs to be reworded. Gaps identified by the region as a whole and also Appendix 5 is per DHB <p>Lakes</p> <ul style="list-style-type: none"> Will send through correct data for Lakes 	<p>No</p> <p>No</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>is the only MH&A survey undertaken in NZ</p> <p>Joan has attended and teleconferenced into the MRCLF three times BOP data is based on PRIMHD and MHINC data submitted for the 09/10 years</p> <p>Report amended</p> <p>Report amended</p> <p>Report amended</p>

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Midland Team & Marita	<p>Executive Summary</p> <p>Introduction</p>	<p>Page IV Check – Midland has the largest number of NGO AoD contracts</p> <p>Page V Last bullet point – Except Family Whanau and Residential services with less than three beds</p> <p>Need to strengthen data sources eg. TRH, PBF, Blue print etc need to be in introduction</p> <p>Page 1 2nd paragraph (bullet point) needs strengthening Need to ensure key documents are included</p>	Yes	Midland Regional Network Team feedback predominately editing and tightening up of language to ensure consistency.

	<p>Population & Unmet Need (Page 7)</p>	<p>Page 2 Add in the summary they key documents:</p> <ul style="list-style-type: none"> ▪ Whanau Ora ▪ CEP Guidelines ▪ Drivers of Crime ▪ Better Sooner More Convenient <p>Workforce sections first bullet point – where did this come from?</p> <p>Page 3 Changing all “substance use problems to “addiction related issues” 8th bullet point from the top: Meeting the needs of people in the CJ & YS – not mentioned in the summary 9th bullet point – add legislation HNZ (NHB) Footnote:</p> <ul style="list-style-type: none"> ▪ Links to CEP Guidelines ▪ Links to CYF (Children in Care & other publications) <p>Page 5 Check if ringfence is mentioned at the start of the document Remove & footnote: Ringfenced MH&A funding is sometimes referred to as Blueprint funding) Footnote: Crown funding agreement CFA Workforce Centres: Five workforce centres not four</p> <ul style="list-style-type: none"> ▪ Name the organisation and input the definition which is found on their websites – rather than using our own description of their services <p>Methodology – The three data sources used or does this section focus on TRH, PBF, PRIMHD etc?</p> <p>What are the docs for:</p> <ul style="list-style-type: none"> ▪ Young People (from various surveys & literature – NZ & International) ▪ Youth Offending (from various surveys & literature – NZ & International) ▪ Methamphetamine Use (from various surveys & literature – NZ & International) <p><i>These docs need to be footnoted</i></p>		
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	<p>Page 9 – Prevalence Info</p> <p>Page 9 & 10</p> <p>Page 11</p> <p>Page 13</p> <p>Page 20 – Identifying need & unmet need...</p> <p>Page 22</p> <p>Pages 25-27</p> <p>Page 29 Brief overview of MR specialist MH&A services</p> <p>Page 30</p> <p>Page 31</p>	<p>First Paragraph – Key Points: Limitation RH doesn't include 1-5</p> <p>Need to move the text in front of the table</p> <p>Description of the data: this data will be used to provide benchmark comparisons / targets for the next Needs Assessment</p> <p>Footnote: The World Health Organisation (WHO) explain why? PRIMHD – (need to check if full name identified if not footnote) This needs to be pulled out and expand 3% to be reworded (also project is not completed)</p> <p>Footnote: In the Waikato access rates: data is in complete</p> <p>Rewritten excluding residential & community AoD</p> <p>Summarise what this is telling us and is it relevant? Page 26 – third paragraph Salient point identifies this mild-moderate population - will increase the need</p> <p>BOP – Need to check split Lakes – 12 acute & 2 psychogeriatric Tairawhiti – Unit name? Waikato – need to state where the beds are and need to check if this includes forensic beds Check – Hauora Waikato Beds (check the forensic stakeholders report)</p> <p>Check – Appendix 4 to see if the full list of PA & NGO services are provided</p> <p>Heading – Is this data complete?</p> <ul style="list-style-type: none"> ▪ Does this include PMR – if it doesn't need to be upfront ▪ What are we trying to say in the last three lines of this paragraphs starting from...The impact.... 		
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	<p>Page 36</p> <p>Page 37</p> <p>Page 39 The View of Midland Stakeholders</p> <p>Page 40</p> <p>Page 41</p>	<p>What are we trying to say with the first paragraph – Given that the Midland region as a whole.....</p> <p>Guide on to how to read the tables or narrative</p> <p>Last paragraph – need to be clear about what this says!!</p> <p>Vision – why are we not using the 2009 vision? The vision to be footnoted DSS – needs to be in full and or footnoted</p> <p>Reword heading – “What has been achieved over the past 5 years to “Perceived achievements since the last completed needs assessment report”</p> <p>Recovery Focus – reword to:</p> <ul style="list-style-type: none"> ▪ a move to a recovery focus across all services ▪ Recovery training has assisted <p>Specialist Services (DHB provider arm and NGOs</p> <ul style="list-style-type: none"> ▪ 4th bullet reworded to: Improved relapse prevention planning ▪ 5th bullet reworded to: More options for respite care... ▪ 7th bullet point removed & replaced with: Refurbishment of inpatient units ▪ 8th bullet point was broken down to the following: <ul style="list-style-type: none"> ○ Services to assist people to work ○ Supported living options.... ○ Training in talking therapies ▪ 9th bullet reworded: Development of services for older people and people with dementia ▪ 10th bullet reworded: More options for Maori AOD services in the NGO sector <p>1st bullet reword: More workforce development opportunities through workforce centres 2nd bullet removed 4th bullet removed & replaced with: Introduction to Lets get real, Seven Helpful habits etc...</p>		
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Workforce Development	5 th bullet NAOTP – need to use full name		
National & Regional initiatives	Rename title: Perceive gaps & service development issues identified by forums 2 nd bullet reword: Consumer advisor roles are not working to their full potential in some districts		
Gaps & service dypmnt issies...	2 nd bullet: after training add – as identified in BSMC		
Gape & Issues	1 st bullet reword: Gender safety during inpatient stay for client groups 3 rd bullet: footnote: MHC directive guidelines		
Primary Care	4 th bullet: HONOS to be written in full (footnote) 5 th bullet to add breaking bullet 4 to include: “Issues relating to service user access to their outcome information		
Service Dvlpmnt - General	2 nd bullet add words: All forum group identified a need for... 3 rd bullet add words: Flexible supported accommodation options for children and youth Page 42 6 th bullet: Lack of services for children and young people... Additional bullet: Appropriate needs assessment coordination for package of care for Maori		
Youth			
Maori – Page 42	Remove wording and replace with: Barriers for pacific people accessing services Remove wording and replace with: Barriers for Asian people accessing services		
Pacifc People	1 st bullet under CEP to under new topic Disability & MH		
Asian People	Bullet 2 only		
Disability & MH - added	Bullets to remove: 12, 13, 14 & 16 Bullets rewrded:		
Co-existing	Additional bullets:		

	<p>AOD</p> <p>Older Persons</p> <p>Page 43 – Rural Services</p> <p>Workforce</p> <p>National, Regional etc.. Appendix 1 – Page 47</p> <p>Page 54 BSMC</p> <p>Page 55 Drivers of Crime</p>	<ul style="list-style-type: none"> ▪ Need for more community and marae based AOD programmes for Maori ▪ Flexible detoxification for young people <p>2nd to last bullet point: Clarity around “Stigma issues”</p> <p>2nd bullet slight reword: Kaumatua & Kuia in rest homes are isolated from whanau (more clarity)</p> <p>3rd bullet – addition: Improving mental health and addiction expertise in rest homes and a need for workforce development</p> <p>Reword 4th bullet under rurality: In some districts most services are still based within some DHBs with consequent difficulties for people to access within other parts of the district</p> <p>Remove last bullet point</p> <p>3rd bullet reword: AOD course that support a balance of practical and intellectual learning</p> <p>Additional bullet: Improved collaboration with health, social, justice and educational agencies Criminal Procedure Act 2003</p> <p>1st bullet – Provide the courts with....check with Rees if this is correct</p> <p>2nd bullet to be reworded: Contact Mike & Samir to write a blurb</p> <p>Bullet point sections of the paragraph</p> <ul style="list-style-type: none"> ▪ family dysfunction. ▪ poverty. ▪ child maltreatment. ▪ poor educational achievement. ▪ harmful drinking and drug use. ▪ poor mental health; severe behavioural problems amongst children and young people. ▪ The intergenerational transmission of criminal behaviour <p>Remove last sentence starting from: In relation to providing better routes...</p>		
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		Remove wording in brackets		
	Page 56 & 57	Redo map and ensure logo's are larger (Akatu to do)		
	Page 59	Pie Graphs to have DHB names on the outside Iwi Midland region		
	Page 60 – Appendix 2	Send to Phyllis to check and check if there is an iwi map available (not available) Eru George commented and found one error in the section – Ngati-a-Ranginui should be Ngati Ranginui		
	Page 61	Need to check with Joan if this is in relation to national average Need to include the other two districts in 2 nd paragraph Graphs – percentage to be outside of the pie		
	Page 62 – Regional Ethnicity	Request a narrative for the tables Need a comment around the allocation of funding designed around deprived areas		
	Page 64 & 65	2 nd bullet reword: In the past 12 months the prevalence of serious disorder was 4.7%, moderate disorder 9.4% and mild disorder 6.6%, with the remaining 79.3% of the population not diagnosed with a disorder.		
	Page 66 – figure 18 deprived DHB	3 rd bullet extra bullets added as follows: The prevalence of disorder and serious disorder in the past 12 months was higher for:		
	Page 67 – Appendix Prevalance	<ul style="list-style-type: none"> ▪ younger people. ▪ people with less education.. ▪ people with less income ▪ people who lived in more deprived areas. 5 th bullet rewording part way through sentence: Comorbidity of mental disorders (the co-occurrence of two or more disorders) is common. Over the past 12 months 37.0% of those experienced having two or more disorders.		

		<p>1st bullet point reword: In the past 12 months 58.0% of those with a serious disorder, 36.5% with a moderate disorder, 18.5% with a mild disorder and 5.7% of those not diagnosed with a disorder made a mental health visit.</p> <p>2nd bullet point: need clarity for general readers</p> <p>3rd bullet point reword: {People with lower educational attainment who reside in rural areas had lower rates</p> <p>Comment – B Smith</p> <p><i>This means that even if you take sociodemographics factors into account like age and social deprivation, there are still differences due to ethnicity alone</i></p> <p>4th & 5th bullet point – removed suicide in both sentences</p> <p>1st bullet point additional words: In the past 12 months 3.5% experienced a....</p> <p>4th bullet point: needs more clarity for general readers</p>		
	Page 68 – Health Service Use			
	Suicidal Behaviour	Explanation for table – narrative		
	Substance use Disorder	Footnote 2 nd & 3 rd paragraph Replace all “percent” to “%” consistency		
		Footnote the name of the American study What does OECD stand for (needs to be in full)		
	Page 69			
	Page 70	Sentence starting at: Impact of methamphetamine use:... bullet point as such as”		
	Page 71	Portfolio Managers to check stocktake		
	Page 72	Helpful to have narrative or idea on how to read the tables		
	Page 72	These data look at the how our current services measure up against the expected demand calculated from various benchmarking exercises		

		<p>community – most don't meet the criteria. Are there true community based services?</p> <ul style="list-style-type: none"> ▪ Concern with prevalence rates when looking at benchmarks for 65+ - 1.1% under estimated/reported ▪ There is no clear or real clinical input into why there are low level in TRH survey. Other international studies show morbidity is at 15% and doesn't include people with dementia 		
	Page 9	<ul style="list-style-type: none"> ▪ Table 3 – Any Disorder: 7.1% is half of international acceptance prevalence rates 		
	Page 10	<ul style="list-style-type: none"> ▪ Community persons excluded ▪ MHSOP overfunded is not a fair judgement ▪ Caveats could not determine what services need to be purchased – TRH, Blueprint and Population Based Funding (PBF) formulas were indications 		
	Page 12	<ul style="list-style-type: none"> ▪ Does the figure in the 2nd column include people with dementia? Needs to be checked. MHSOP has the highest rates of discharge and are efficient compared to other services. ▪ Older people generally – needs to be reworded / changed 		
	Page 14	<ul style="list-style-type: none"> ▪ Psychogeriatric beds to be checked: <ul style="list-style-type: none"> ○ Bay of Plenty has 10 psychogeriatric beds ○ Lakes has 12 beds plus 2 psychogeriatric beds ○ Waikato 13 psychogeriatric beds 		
	Page 19			
	Page 29	<ul style="list-style-type: none"> ▪ Midland volumes – Bed no's are low are these need to be accurate due to info on page 29? (under reporting) ▪ Shows volume comparisons against Blueprint – showing us different data altogether ▪ The report is telling us we are using three difference methods 		

	Page 33			
	Page 36 & 37			