

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



Issue 6: March 2011

Kiwis Contribute to Social Development in Mental Health in Japan

In February young leaders working in mental health and disability / NPO sector in New Zealand non-government organisations joined delegates from the United Kingdom, Germany and Japan at the *FY2010 Young Core Leaders of Civil Society Groups Development Programme* in Tokyo.

The programme involves a mutual exchange of people aged 23 to 40 years in NGOs who are taking an active role in the social activities of senior citizens, disabled people and youth.

Delegates are invited by Japan's Cabinet Office Director-General for Policies on Cohesive Society to participate in the exchange, following an application process in the applicants' home country.

Leading the 12-strong New Zealand contingent and the disability sector working group was Tyron Pini, Regional Manager -Midland/North for the Workwise Employment Agency.

Workwise supports people with experience with mental illness; a factor in Tyron's successful application to lead the New Zealand delegation to Japan. He also had experience in the wider sector, having chaired the Association for supported Employment in New Zealand (ASENZ).

Workwise is a not-for-profit organisation that ties in with supporting other organisations. It has a strong philosophy of looking collectively at organisations with a similar philosophy around the world.

"Globally, we act global think local. As an organisation we are thinking globally around the sustainability and, in a cost effective way, how we do things at a local level impacts on that. This Forum gives us the opportunity to share our knowledge

with others."

Tyron said Japan's social activities by the community and nonprofit organisations need to be enhanced.

"FY is an exchange opportunity to share our skills and knowledge and hopefully help to speed up Japan's development in this area. A big part of the programme was to report to the Cabinet Office in Japan on what we had observed," said Tyron.

"The consumer movement in Japan isn't as developed as it is in New Zealand. In contrast, New Zealand is doing very well in consumer health advocacy."

"The Japanese are just beginning on that journey and we're really excited about supporting them to progress more," said Tyron.

Tyron says the Japanese traditionally do not advocate, complain or attempt to change the status quo.

"In New Zealand we know that different people could express their individual needs in different ways. In Japan they look at everyone the same without taking into account the people who are looking to find the right approaches for themselves."

Tyron said the aim of the programme is to build a more 'cohesive society' where each diverse individual joins the society and supports each other as well as puts his/her own abilities to good use.



Tyron Pini presenting at a Plenary session during the FY2010 Young Core Leaders of Civil Society Groups Development Programme in Tokyo.

On a personal level Tyron spent a week in Sendai looking at disability services and staying with a local family. This area is now coping with the major impact of the earthquake and tsunami. Following the news of events Tyron has been able to contact several of the people visited and the thoughts and wishes of all those that went on the exchange programme are with the people of Japan.

Suicide in New Zealand

Suicide is a major health and social issue, and is a marker for the level of mental health and social wellbeing of the population. Each year approximately 500 New Zealanders die by suicide - in fact, more die by suicide than by traffic accidents.

Approximately three times as many men as women die by suicide, while approximately twice as many women are hospitalised for intentional self-harm as men.

Māori have higher rates of suicide and hospitalisation for intentional self-harm compared with other New Zealand ethnic groups. The wider impact on family/whanau of just one suicide can be catastrophic and costly, in both human and monetary terms.

Since the *New Zealand Suicide Prevention Strategy 2006–2016* was developed in 2006 there has been a substantial number of projects working across many sectors. In addition DHBs across the country identified the need for coordinator roles that would support implementation at a district level.

Christine Priestley—Suicide Prevention Co-ordinator for the Lakes district

Christine Priestley originally trained as a laboratory technician in the late 1960s and subsequently worked in hospital laboratories and blood banks. She has worked in human resources as a management consultant, health service auditing, quality and risk management in health, clinical governance in the UK and for the past three years as project manager for a national suicide prevention collaborative in DHBs.

It is Christine's role as Suicide Prevention Coordinator for Lakes DHB that brought her and her husband from Hamilton to Rotorua in November 2010.

Christine is employed on a 24 month contract to lead and facilitate collaboration across a range of health providers and agencies to implement the New Zealand Suicide Prevention Strategy and Action Plan at a district level.

The Ministry of Health funded five positions and Christine's role is one of those. She is charged with leading, facilitating and enhancing cross-agency collaboration to implement the New Zealand Suicide Prevention Strategy and Action Plan at a district level.

The role sees Christine working with the key stakeholders and community providers to further develop the Lakes DHB district suicide prevention plan and to facilitate its implementation. The main objectives of the project include:

- reducing the rate of suicide and suicidal behaviour
- reducing the harmful effect and impact associated with suicide and suicidal behaviour on families/

whanau, friends and the wider community

- ensuring the specific needs of Maori are being addressed
- improving safety and effectiveness of local services for people at risk of suicide and their families/significant others

"While overall the rate of suicide nationally is trending down in the Lakes district, Maori men and young women are currently most at risk of suicide," says Christine.

"The 2006, 2007 and 2008 accumulated data for intentional self harm hospitalisations shows Lakes DHB had a significantly higher rate than the national average over 2006 – 2008."

Nationally there were 75.3 Maori intentional self-harm hospitalisations per 100,000 Maori in 2007, compared to 61.6 per 100,000 non-Maori.

The latest data available shows that Lakes DHB has about 13.2 suicide deaths per year (per 100,000 population) based on 2004-2008 data. In comparison Tairāwhiti had 18.8 deaths, Northland 15.6 and Whanganui 16.5.

The national average is 23.2 and the lowest is Hutt Valley DHB with 8.9 deaths per 100,000 population.

"A big part of my role is working with DHB services, with groups in the community and Maori health providers to foster collaborative working to improve services and support for people who are at risk of self harm," said Christine.



Choice and Partnership Approach (CAPA) Making A Difference in Service Delivery

Lakes DHB Child Adolescent and Family Mental Health Services (CAFMHS) is one of many CAMHS providers in New Zealand that has adopted the Choice and Partnership Approach (CAPA) model to help improve service delivery.

The model originated in the United Kingdom, developed by two child and adolescent psychiatrists, and is part of the 7 Helpful Habits of an Effective CAMHS. The CAPA element of the model is now used around the United Kingdom and New Zealand.

With support from the The Werry Centre for Child and Adolescent Mental Health, each New Zealand CAMH Service is given training and support to adopt CAPA as their service delivery model, and will select and use the elements from the model that suit the service and its' clients best.

"People come into CAFMHS by way of written referral, usually from GPs, schools, other hospital departments and public health nurses. If at the end of the Choice session the client and family has not elected to a more comprehensive assessment, or the clinician determines that another service provider is more appropriate, then a referral on elsewhere will be made," says Liz.

"One of the main issues that were facing Lakes CAFMHS was a 'bottlenecking', where incoming cases exceeded the outflow," says Liz.

"The CAPA approach is a formulaic process flow tool for looking at what our service demands are now and predicting what we can expect and clinically accommodate over the coming quarter. By utilising a formulaic job plan and team job plan we can understand our capacity. This allows clinicians a greater understanding of their availability and commitment for new referrals, urgent slots, or new partnerships with new families. It allows for the right fit with the right clinician for the child and their family, ensuring clinical skill mix is utilised fully."

"Tania Wilson from the Werry Centre presented CAPA to the team, and we felt that there were parts of it we could utilise; we now have in operation many of the CAPA model elements. For new referrals who come into the service we aim to see clients and their families in a timely manner of around three to

four weeks. The families are seen either at CAFMHS or a location of their choice. We determine their goals, and together we look at what the right service for that family might be."

Another element of CAPA is the ADHD/ASD (Attention Deficit Hyperactivity Disorder/Autistic Spectrum Disorder) Pathway. This is called a 'care-bundle' under the CAPA model.

The Pathway is a three-tiered model specifically focused on the assessment and possible diagnosis of children with query ADHD and or ASD.

The first phase is around a school observation of the child, a meeting with the teacher, parent, the child and a home visit. The team then collates that information to determine the next steps for the child and family. If appropriate they will move through to the next phase. This looks at psychometric testing and further assessment, and the formulation is shared with the family.

The third phase is usually the appointment with the consultant for diagnosis if there is one, followed by specific treatment and intervention.



L-R standing: Pip Peacocke, Anelia Haycock, Erica Genefaas, Liz Carrington, Angela Field,
L-R crouching: John Turner and Patrick Moran

"We just started implementing CAPA in January; we're still tweaking and trying to work out the glitches and embedding the job planning equation," says Liz.

Te Utuhina Manaakitanga Trust Alcohol and Other Drug Addiction service interfaces with Criminal Justice Services

Effective interventions are providing an interface between offenders with mental health and drug and alcohol addiction problems, and the criminal justice system.

Te Utuhina Manaakitanga Trust (TUMT) is the agency contracted to deliver the Effective Interventions Service (EIS) on behalf of the Lakes District Health Board, supporting people with AOD issues who are also in the criminal justice system.

TUMT Community Team is an outpatient Alcohol and Other Drug Counselling agency that provides free confidential services including counselling for individuals, whanau/family and friends, support groups, alcohol and drug education, LTSA Section 65 assessments, and referrals to detoxification and residential treatment services.

Linda Gibson is the Rotorua-based Clinical Team Leader for EIS. Lakes DHB EIS is also supported by two Effective Intervention counsellors, one in the Adult team based in Rotorua and one in the Youth team based in Taupo.

“TUMT has a youth contract covering 12-25 year olds, so EIS works with individuals aged 12 and above,” said Linda.

Linda says a large proportion of TUMT clients come from the Justice Sector with referrals from judges, the Rotorua Court, Community Probation Services, NZ Police, and CYFS Youth Justice.

“Through EIS we liaise with clients and stakeholders to encourage consistent attendance, through to completion and management of any risk concerns. We work with respect, and there are clear boundaries regarding privacy,” said Linda.

The EI counsellors contribute to service provision in-house, oversee the weekly Probation Clinic, interface with all stakeholders, facilitate Ko TePito (Beginnings) groups, and develop group content.

The Youth EI counsellor attends Youth Court in Taupo.

The role of an EI counsellor is specialised, and involves working alongside the team to maintain EIS integrity in-house and in the community.

“We need to be aware of the prevalence and range of coexisting problems, and have that capacity to work with clients who present with these concerns,” said Linda.

Linda says that challenges include the need for anyone working in EIS to be able to work with resistance, given the coerced nature Justice sector referrals.

“However, there are also rewards.”

“At the end of the six week KTP psycho education groups we have clients who were initially unwilling go on to complete the group positively, with expression of new learning and thanks.”

“The clients receive a Certificate of Completion upon completion of all KTP groups. We provide a morning tea during the group programme. These are forms of contingency management.”

Story continues next page.



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

Te Utuhina Manaakitanga Trust Alcohol and Other Drug Addiction service (cont.)

The Effective Services Intervention Procedure

Adult Team:

1. The referral is faxed from the Community Probation Service (CPS) for the EIS Clinic provided by TUMT every Wednesday.
2. The Client attends an initial assessment then a 'Facts & Effects Education' (F&E) group.
3. The Duty Counsellor who completes the initial assessment supports the client to attend the F&E group and Ko Te Pito (KTP) 6-week group, and one-to-one counselling is available.
4. If the client requests information on other types of support the duty counsellor liaises with the Community Probation Officer (CPO) to recommend other support groups or services that are available.
5. After the initial assessment the client is allocated a counsellor who will provide one to one and/or follow up support regarding attendance as required.
6. A certificate of attendance is presented if the client completes all six KTP groups.
7. On completion of the attendance criteria the allocated counsellor discharges the file and notifies the CPS.

The Youth EI Counsellor based in Taupo is reviewing procedures at present with the Taupo Court, Probation Services and CYF Youth Justice Service.

For further information contact
TUMT:
Tel (07) 348-3598
Walk in clinic 9am -4pm, Monday to
Friday
www.tumt.org.nz

Tena koutou katoa – Greetings everyone

Like any new year, 2011 opened with great expectations and maybe even a few resolutions. The events of Tuesday 22 February altered the new year for many and serve as a sombre reminder that the landscape to which we become accustomed can, at any moment, change forever.

The request to support Christchurch has been heeded by many, including individuals from Lakes DHB's Mental Health Services, the community and broader health sector. Our thanks go out to everyone who has made a contribution to the recovery of Christchurch. Our mental health services continue to respond to needs as they arise, particularly locally with families who have relocated to our district.

This responsiveness is a true quality of Lakes DHB service providers and it is that quality we aim to capitalise on as we move toward achieving Better, Sooner and More Convenient solutions in health-care.

Stepping up to the challenge will require more than responsiveness however. Organisational structures that are robust in governance and leadership, a workforce equipped with essential skills, a genuine culture of working together for best outcomes and the capacity to think and act differently will be critical.

We already have some good examples of efforts to build good governance with the one day workshop held with Fred McRae earlier this month. Those organisations who attended will also benefit from having Fred provide some individual time into strategic planning.

Over the next few months, the MH&A Local Advisory Group will be complemented with a MH&A Provider Forum that gives opportunity for the sector to meet regularly and progress implementation of the Lakes DHB strategy of "change to improve".

Lastly, as momentum gathers around the move for better integration of primary and secondary services, traditional boundaries will be pushed. A shift away from the classic divisions of secondary and primary care to an approach that embraces an "open entry" for people with mental health issues could provide a more workable solution for the Lakes DHB population.

Christchurch offers an opportunity to reflect on our own systems and structures. Could you cope with a major change in circumstance? Are you cognisant of any need to change or prepare differently for the future? Are you brave enough to make a change? I encourage you all to ask yourself these questions.

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.

If you have planning and funding type queries about mental health services, please contact:

Marita Ranclaud,
Portfolio Manager for Mental Health & Addictions
Lakes DHB
Private Bag 3023
Rotorua 3046
Ph 07 349 7955 extn 7873
or cell 027 429 7179
Email: marita.ranclaud@lakesdhb.govt.nz

www.lakesdhb.govt.nz