

Mental Health Services in the Lakes District - *News from the*

Planning & Funding Division, Lakes District



Issue 7: June 2011

Youth Mental Health Counselling Service Rotorua

In 2004 Dr Katrina Allison of Psychology Consultants was approached by the Clinical Services Director from the Rotorua General Practice Group to provide counselling/mental health services to young people under the Youth Counselling Contract. Funding allocations from the local PHO allowed one clinical psychologist to work one half day



per week at the centre, but the popularity of the service grew and now two clinical psychologists, Katrina and Dr Llewellyn Richards-Ward, provide 14 hours per week.



The service works with young people aged between 12 and 20 who present with mild to moderate mental health issues including depression, relationships, sexual identity, drug and alcohol abuse, sexual assault, self esteem, and employment issues.

The service platform is community and school-based and delivers evidence-based care. Acceptance is by way of referral from a local GP, Paediatrician or CAHMS Intake Co-ordinator.

Depending on their initial assessment of the client, Katrina or Llew may refer the client to be seen in the secondary mental health services if they feel it is more appropriate.

“Mental health disorders can be the greatest cause of years of healthy life lost” says Katrina.

“Often the emotional demands placed on young people in the socially challenging and academically competitive school environment can result in behavioural problems and generate obstacles to developing important life skills.”

“Therapy is the process by which young people can learn to understand and change their feelings and behaviours that are causing them problems.”

Alarming but true

The mental health of our young people poses a major threat to health during adolescence and young adulthood.

Between the ages of 12 and 24 years people can become involved in high risk taking behaviours which will influence them into adulthood.

When compared to other OECD countries, New Zealand's youth have high rates of suicide, unintended pregnancies, abortions and sexually transmitted diseases.

Young New Zealanders have a high injury rate (intentional and unintentional), higher rates of mental illness and alcohol and drug abuse.

According to the NZ Ministry of Health, “young people aged 15 to 24 years have the highest mortality rate for all young people aged 24 years and under and have had the smallest improvement over the last few decades.

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Celebrating Smokefree Success at Whare Whakaue Unit, Rotorua Hospital

The excellent work done by the nursing team at the Whare Whakaue Mental Health Inpatient Unit at Rotorua Hospital to implement the Lakes DHB Smokefree policy has won the team the Best Innovation Team Award in the recent Lakes DHB Nursing/Midwifery Awards.

Lakes DHB Director of Nursing and Midwifery Gary Lees says the team has been very successful in implementing the smokefree strategy in an environment where people are experiencing acute, complex and significantly distressing mental health conditions. Traditionally people in this client group are high users of nicotine and to successfully embed the new smoke-free environment into the unit has been a huge undertaking for staff. Staff commitment to the project has been outstanding, Gary Lees added.

Lakes DHB Smoking Co-ordinator Yvonne Rogers says the team has consistently provided every single smoker on the unit with advice and help to quit. Better Help for Hospitalised Smokers to Quit is one of the Minister of Health's Health Targets and



a very strong focus for the DHB.

Emerging evidence indicates that many mental health service users do want to quit smoking and can quit successfully particularly when provided with support. Appropriate management of nicotine dependence and providing advice and cessation support are an essential part of providing high quality health care for mental health service users in both inpatient and community settings.

The Whare Whakaue Unit's Diver-sional Therapist Gavin Wallace and Clinical Nurse Specialist Dianna Last say staff being consistent about the smoke-

free message is the key to having few issues since the unit went Smokefree in December 2010.

Lakes DHB Chief Executive Cathy Cooney wrote to the unit recently congratulating staff for their success and commitment to supporting clients to be smokefree. The CE's letter noted the time and effort the mental health team had given to becoming a smokefree unit and implementing the ABC approach into the clinical practice of every staff member.

Cathy Cooney added that smokefree mental health facilities and cessation for mental health clients needs to be appropriately managed and supported and can be more difficult to achieve than in other inpatient areas. Staff should feel justifiably proud of this achievement, she said.

Gavin Wallace says staff have all educated themselves and done the smokefree training and so are on the same page with proactively supporting clients to be smokefree. **Cont. page 7**

Alarming but true (cont.)

One of the leading causes of death behind unintentional injury is suicide (23.6%) for young people aged between 15 and 19 years. For those aged 20 to 24 years it is a little higher at 27.4%.

Data from an early large scale longitudinal New Zealand study showed that diagnosable mental health problems were found in 17.6% of 11 year olds, 20% of 15 year olds and increased to 36.6% by the age of 18 years (McGee et al, 1990). A more recent longitudinal study showed a prevalence rate for mental health problems of 40% among over 1,000 respondents aged 16-18 years.

The incidence of mental health in young people is now well documented and shown to be the highest of any age group.

It takes One to know One: Help and Support for Southern Lakes Families

Angela Christoffersen, the newly appointed Southern Lakes Project Coordinator for Supporting Families in Mental Illness, is the ideal person for the job. It is that very organisation that became her lifeline when, as a parent of a child with mental illness, she went in search of much-needed support.

Experiencing mental illness is distressing not only for the person who is unwell, but it is also extremely distressing for the family members, says Angela.

“So much so, the family needs just as much support as the person with the illness. Feelings of guilt, helplessness, grief and a lack of understanding are emotions that a family experience while doing their best to be supportive of their loved one.”

Supporting Families in Mental Illness is an organisation which provides education, information, advocacy, support and assistance to partners, families and whanau.

Helping people with mental illness and their families is in Angela’s blood. She comes from a family of mental health workers. Her father, now deceased, was a charge nurse, and her older brother works at a lower North Island hospital.

However it wasn’t until Angela herself needed help caring for her son and was searching the Internet looking for support that she discovered Supporting Families in Mental Illness.

“I will never forget the relief I felt when I rang the Supporting Families office in Rotorua and spoke with Frances Porter. At that point I knew there were people; total strangers, that cared about me and what I was going through. People were prepared to support and help me through the bewil-

dering and helpless feelings I had at that time.

For me, discovering a family member, someone you love dearly has a mental illness that can affect the rest of their life, is very hard to come to terms with.”



Since then Angela has been recruited by Supporting Families in Mental Illness to help families in the Southern Lakes district. A Taupo resident, Angela will cover the Taupo, Turangi Mangakino area.

With one in five New Zealanders experiencing mental illness at some stage in their lives, almost every New Zealander is directly or indirectly affected.

Frances Porter, the SF Rotorua branch manager says those close to an unwell family member do not always understand the illness.

“Unfortunately it is common for caregivers or family to become unwell themselves. We aim to step in before this happens,” says Frances.

Supporting Families in Mental Illness has 21 branches nationwide providing help for families.

Since taking on the role, Angela said she is delighted with the welcoming response from organisations, agencies and services in Taupo who are keen to work in collaboration with Supporting Families in Mental Illness.

“Families just need to know they are not alone. Help is out there. We are committed to supplying them with the tools to source information, education, advocacy and resources,” says Angela.

Challenge Trust Expands to Second Property in Rotorua

Challenge Trust is a national organisation, with a strong recovery focus and an extensive background in catering to clients with high and complex backgrounds.

The trust already has a property in Rotorua for children and young people, but has recently purchased a property in Tihiotonga, at which intensive rehabilitation services will be delivered.

This will include a range of activities with clients being on transitional placement (which means clients live there for a time-limited period, before moving on to lower levels of care or more independent living).

The new property will house up to six clients at any one time, with a minimum of two fully trained and qualified staff working at any one time.

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Suicide Prevention in the Lakes District

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. 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 (1).

Māori have higher rates of suicide and hospitalisation for intentional self-harm compared with other New Zealand ethnic groups.

Recent information collected shows that there are usually about 13 deaths per year by suicide in the Lakes district and that these are more often by males (1). Also that in the 18 month period from July 2010 to March 2011 there were over 300 presentations of self harm to the Taupo and Rotorua Emergency Departments. Many of these were 15 – 24 year old females presenting with medication overdose (2).

The wider impact on family/whanau of just one suicide can be catastrophic in human terms and this can also affect wider social networks as well. In addition there are the related economic and monetary costs.

Right now there are a substantial number of projects working across many sectors as part of the *New Zealand Suicide Prevention Strategy 2006–2016*.

There are five Ministry of Health funded suicide prevention coordinator positions across the country. Lakes DHB was fortunate to secure one of these positions and the person in role currently is Christine Priestley who lives in Rotorua. Christine has a wide experience in healthcare, including quality and risk management in mental health services and for the past three years as project manager for the national suicide prevention Collaborative: 'Whakawhanaungatanga' which looked at improving processes for those presenting with self harm to emergency departments.

Christine is charged with leading, facilitating and enhancing collaboration across agencies to implement the New Zealand Suicide Prevention Strategy and action plan at a Lakes district level.



Main objectives for the Lakes DHB suicide prevention work are focused on:

- 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.

There are also two other Kia Piki Te Ora suicide prevention coordinator roles in Rotorua that are also working in line with the national suicide prevention strategy. Michael Naera and Mapihi Raharuhi are based with Te Runanga o Ngati Pikiao and work primarily with Maori.

Suicide prevention is everyone's business and right now Lakes DHB action plans for suicide prevention are being implemented. The plans also incorporate the Kia Piki Te

Ora priorities for Maori.

One current and important initiative is to ensure the paid and volunteer workforce is skilled in knowing what to do when faced with someone who may be at risk of self harm and/or suicide.

The DHB's workforce plan is to start soon with sessions planned on suicide intervention skills for those working in roles that may have first contact with people at risk of suicidal behaviours. Other sessions are aimed at healthcare professionals who evaluate, manage or treat suicidal persons. Maori specific sessions are also being offered and will be made available in Taupo and Rotorua.

For more information on training sessions or to register please contact:

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Ph: 07 349 1188 ext 8752

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References:

(1) - Suicide Facts: Deaths and intentional self-harm hospitalisation 2008 (NZ Ministry of Health)

(2) - Lakes DHB data from records.

Art for Recovery with Christchurch

Beautiful art works, created by clients from Rotorua Hospital's Mental Health Inpatient Unit, went up for sale to Lakes DHB staff during June to raise funds to help Christchurch community's recovery from the February earthquake

"Art for Recovery with Christchurch," pays tribute to the work staff and clients of the unit do as they encourage and focus on recovery. The art work is created in the unit as part of the diversional art therapy programme.

It's the process of a client creating a piece of art work that's important and not the end product, says Lakes DHB Mental Health Diversional Therapist Paul McCann.

"These end products on the other hand, these beautiful paintings, produced and worked on by many, many, hands are the colourful end products of a collective effort and a great deal of collaboration. These bright paintings are unique, eye catching, colourful, uplifting and generate a lot of interest. These one of a kind paintings are just the thing to support the auction for Christchurch's recovery, now that's a great bonus," he says.

Paul McCann says developing the artwork, starting with plain unsealed MDF board, experimenting with different kinds of paint and creating attractive pieces of artwork, has been a 15-month project in collaboration with local artist Martyn Evans.

Martyn's art programme involves inviting and engaging clients into the creative process by modelling the appropriate behaviour and providing interesting illustrations, from simple to complex, designed specifically for colouring with pen or pencil. They can be finished quickly or slowly.

Why bother? How does it help recovery?

"Decisions, decisions, decisions, I can't make decisions."

"Which picture? What colour? Where shall I start? But I can't draw, I'm no good at art..."

"The colouring process, sitting around a table, some people chatting, some not, some clients short stay, others long stay, engaging clients in the creative process, by doing, colouring, modelling it, while demonstrating eye catching end products - the

bait," explains Paul.

The creative engagement allows clients to relax while being mentally active, focusing on a very ordinary activity which we can all do and enjoy. It's quite relaxing, and the work often gets laminated and converted into cards.

"There is a mesmerism to colouring, a chance to allow the mind to enter a new, creative colouring space, a place free of the usual raruraru (problems).

We started with A4 illustrations, then ventured into card making, laminating, adding poems then making colourful cards suitable as gifts. Going further, we developed stencils and templates, which clients could paint or colour," says artist Martyn Evans.

Paul McCann says over time, staff noticed some clients preferred to stand at an easel and

enjoyed painting. They may walk away, take a break and come back to it over some time. The activity is a focal point for those not ready to join a group yet. A client might sit outside the group for a while and gradually be drawn in by the colours, the work or the conversation.

"Many clients think they can't paint or draw, we focus on what we can do, our strengths. We model the appropriate behaviour, pick a pencil and an illustration and start colouring. With encouragement, everyone can be part of this process, if they choose to," Paul says.

Clients can choose one of a large number of pre-drawn templates which can be applied to the MDF board, ready for colouring with paint. Clients choose their own design and colours. Some paintings are the work of Whare Whakaue clients only, other paintings have input from staff too - an inclusive modelling process.

"This is a collaborative adventure, encouraging clients with different colours, suggestions and prompts. Paintings sometimes take a lot of time with a number of clients working on the same picture over a number of weeks," Paul adds.

Every Monday afternoon, there is a workshop in the unit with artist Martyn Evans. Afterwards the easels are left up in the foyer for several days, with paint and brushes alongside, ready for anyone to have a go.



Diversional art therapists Gavin Wallace (left) and Paul McCann.

Adult Continuum Review progresses with confirmed steering group

With the Lakes Mental Health and Addictions Continuum Steering Group confirmed in May, the Adult Continuum Review – one of four major projects - is well underway.

“The adult continuum review is about taking a good hard look at all adult based MH&A services that Lakes DHB currently provides, and asking ourselves the question: are we doing it right?” says steering group chair and portfolio manager Marita Ranclaud.

The Adult Continuum Review was established to support the planning for and development of an agreed and effective service continuum that meets the needs for adults and older persons who have a mental health and/or addiction issue, who present for services within Lakes DHB.

The review is aligned with the new strategic directions coming out of the ministry and the 2010 action plan for MH&A.

“This steering group will support Deirdre Mulligan (*pictured at right*), the project consultant, and me as portfolio lead to ensure that Lakes District Health Board reaches outcomes that will ultimately result in improved services for users, their families and whanau,” says Marita.



One of the primary aims of the steering group is to incorporate strategies and actions that bring about seamless integration of primary, NGO and secondary mental health and addiction services, and other related agencies.

“We’ll provide recommendations to make it easier

for everyone who needs high quality and responsive services, to access those services. Improvement in Maori health is also a top priority of Lakes DHB,” says Marita.

The steering group will continue meeting monthly until December when it will compile its recommendations about how Lakes DHB can either change the service delivery that it has now, or what the future purchasing attentions might look like.

“This should not be an alarming exercise and we don’t want the sector to feel it will be impacted negatively. This is a ministry action plan, and one of the steering group’s objectives is to ensure that this is a transparent, cooperative and consultative process.”

Introducing the Mental Health and Addictions Continuum Steering Group:

Nik Andre, Employment and recovery services

Donna Bala, AOD perspective and community support services

Maureen Emery (Michael O’Connell), MHS management

George Furstenburg (Eileen Bridgens), Clinical community services

Jacqui Gregory, CEP, primary care

Barbara Hart, Consumer

Theresa Harvey, Recovery services

Lauren James, Maori Health team

Lucy Kereopa, AOD/MH Maori

Francie Porter, Family

Daniel Smith (Daren Malone), Clinical Director MHS

Challenge Trust Expands to Second Property in Rotorua (cont.)

Lakes DHB’s Portfolio Manager for Mental Health, Marita Ranclaud says this is about working with people to develop lifeskills that will enable a move to more independent living as well as support employment and education opportunities.

“For some of the clients, the work also involves helping the clients to reconnect with their family/whanau.

The trust has successfully set up and operated

similar facilities in Auckland, Tauranga and Gisborne.

The trust will be engaging with neighbours about its plans for the new facility in Tihiotonga. Operations Manager for Challenge Trust, Kate Stewart says the trust has been fielding calls from Tihiotonga residents about the new facility, and she is happy to discuss the trust’s plans with interested people.

www.challenge.co.nz

Celebrating Smokefree Success (cont.)

This includes reinforcing the same smokefree message with new clients who have to be re-educated into how the smokefree unit is operating now and how it all works.

"Whare Whakaue Mental Health staff pre-empted the sorts of issues there could be early last year and did a lot of lead in work to ensure the change to becoming a smokefree site was made as easily as possible," said Gavin Wallace.

Diversional activities like art and craft work and baking have been provided to keep people busy to take their minds off the need to smoke - so the unit now has a nice array of paintings to display on its walls and is also giving the artwork away to other areas. An addictions support group helps clients work through difficulties that arise.

Staff proactively offer NRT and cessation products to clients who smoke by working out the dosage clients can have per day and ensuring they get it at the right time. If clients ask for a cigarette, they are offered other choices like NRT, inhalers, gum or lozenges instead.

The unit can boast some real success stories including one client who was a heavy smoker at 20 or 30 cigarettes a day last year down to two or three a day, and sometimes dropping right off to none some days. Spin offs also include clients getting more active and having more "puff" as they work on keeping the unit smokefree.

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

Tena koutou katoa – Greetings everyone

I would like to take the opportunity in this newsletter to pay tribute to the work of Eseta Nonu-Reid, Midland Regional Director; Vivienne Martin, Midland PRIMHD Coordinator; and Belinda Walker, Midland Technical PRIMHD Coordinator, for the work they have been engaged in on the NGO Programme for the Integration of Mental Health Data (PRIMHD).

Developed by the Ministry of Health, the PRIMHD project sought to combine the national mental health data collection (MHINC) with the separate collection of local District Health Board (DHB) outcome data (MH-SMART).

The vision was to assist in the improvement of health outcomes for all mental health consumers in New Zealand by the provision of a single rich data source of national mental health and addiction information that can be used for multiple purposes.

The intent of PRIMHD is to ensure that DHBs and Non-Government Organisations (NGOs) who provide publicly funded mental health and addiction services to send data specifying their referrals, activities and outcomes to the MoH data warehouse.

The MoH will then collate and analyse the data to produce a range of reports which will be

available to the sector and stakeholders.

I would also like to pay tribute to the NGO providers who have been quick to recognise that PRIMHD has much to offer the sector and is a key quality initiative.

It was identified as one of four priority projects described in the Implementation Plan of the National Mental Health Information Strategy (2005),

and of course the need for good quality information to support the future development of mental health services has been recognised as a leading challenge in Te Tahuhu.

Whilst funding for the PRIMHD Coordinator roles from the Ministry of Health ceases on 30 June, it has been identified through NGO feedback that NGOs will continue to need support with PRIMHD.

Midland DHBs have acknowledged this through the creation of new role that will be able to fulfill this support along with the added facilitation of better data quality and analysis to help formulate informed mental health and addiction service provision for the future.

The recruitment process for this role is currently underway and the sector will be notified once an appointment is made.



L-R: Midland Regional Director Eseta Nonu-Reid; Belinda Walker (Technical PRIMHD Co-ordinator) and Vivienne Martin (PRIMHD Co-ordinator).

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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