

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



Planning & Funding Division, Lakes District Health Board



Issue 3: June 2010

Dr Darren Malone - Mental Health for Older Persons

Mental Health for Older Persons in Rotorua is a small team facing the biggest demographic increase.

With the population of people aged 65 and over set to double over the next 30 years, and people aged 80 and over set to quadruple in the same period, Dr Darren Malone (*pictured at far right*) and his team say they must be vigilant with their screening and admission into the service.

Darren is a psychiatrist and psycho-geriatrician, and the consultant for Mental Health for Older Persons, a service based at Rotorua Hospital and servicing Rotorua, as well as Taupo/Turangi.

Darren's multi-disciplinary team also includes five nurses, two social workers, one occupational therapist, and a registrar.

The hospital receives referrals from GPs, care facilities, and general hospital. Self-referrals are also accepted but GP involvement is generally required.

"We like to get assurance from the GP that there isn't a physical cause for the presentation before we start assuming the person has come to us with a mental health problem. We need to exclude physical health causes; we would very rarely see a patient before a GP does," says Darren.

The criteria for entry into the Mental Health for Older Persons' service, is the onset of a new mental illness after the age of 65, and people with dementia, and behavioural and psycho-

logical symptoms of dementia (BPSD). The Service does not deal with "graduates", i.e. people who have had chronic mental illness for much of or all of their lives.

"In the majority of cases we can't reverse the dementia, but we can treat the BPSD."

Darren says that after the age of 65, people are generally happier than when they were younger - as long as



L-R: Kath Mohi, Sacha Mountfort, Liz Carrington, Dr Gillian Anderson, Glyn Forbes, Anne Beets and Dr Darren Malone.

they are living at home. He says that once they move out of their home and require long term care, depression increases up to rates of 40 per cent.

"We try and treat people so they can stay at home for longer before moving into a care facility. We know this is better for the individual."

Darren says the other struggle is that clients generally get referred quite late in their illness; awareness is an issue. **Cont. page 2**

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

Tena koutou katoa -
Greetings everyone

The funding philosophy of Lakes DHB is to support client-centered, culturally responsive and recovery-focused service development. The focus on recovery and social inclusion aligns with Te Tahuu, the second New Zealand Mental Health and Addiction Plan and Te Kokiri, the Mental Health and Addiction Action Plan 2006 - 2015.

One of the key major shifts outlined in these documents is that people with experience of mental illness and addiction and their families/whanau can expect to have their needs addressed earlier through access to a broad range and choice of services that are responsive to them and their communities.

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

New Mental Health Stream of Lakes NASC

On 1 July Lakes DHB launched a new mental health work stream as part of the **Lakes Needs Assessment Service Coordination Service** (Lakes NASC).

This includes a more comprehensive and integrated mental health and addiction system that coordinates

early access to effective primary care and a range of specialist mental health and addiction services that are community-based.

Access is a key issue if we are to meet the Leading Challenge of responsiveness. Access is about listening respectfully to service users/tangata whaiora, giving access to information and ensuring access to appropriate services when required.

The theme of this newsletter then is access. We acknowledge there is a strong link between health and culture and the wellness of tangata whaiora/service users depends on and is impacted by the wellness of whanau, hapu, iwi and communities.

**Healthy communities
- Mauriora!**

Keely McSweeney officially commenced her new role as Lakes NASC Team Leader, while Pippa Lee and Doug Mack round out the team as Needs Assessors/Service Coordinators. The three supplement the existing NASC service which, until now, has provided needs assessment service coordination for one work stream - the elderly.

NASC is a nationwide scheme funded by district health boards to assess the needs of older people wishing to access publicly funded support services. NASC provides a mechanism through which the needs of clients are identified and the appropriate support services put in place to meet those needs.

With the new mental health stream, Lakes NASC will fill a service coordination gap in mental health.

"Effectively, needs assessment is the gateway to community support services. At the moment there is no gateway, so referral to community services is almost an all and sundry process," says Marita Ranclaud, Portfolio Manager Mental Health & Addictions at Lakes DHB.

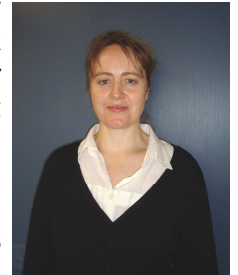
"NASC's role is to make sure people get linked into both specialist and community services, based on their needs."

In the early stages, Lakes NASC (mental health stream) will provide two pathways; one via the addiction specialist service and one via the

clinical mental health service. However, there are plans to eventually develop a pathway via the primary care sector.

Keely McSweeney – Lakes NASC Team Leader

Keely McSweeney has only been back in New Zealand for about a month, but has already started in her latest challenge as Team Leader for Lakes NASC.



Keely says the existing NASC service for older persons is quite consolidated and clear; it will stay the same, its criteria will not change.

However, the mental health work stream is a brand new service and its parameters aren't yet fully defined, she says. "In fact, it will almost be a work in progress."

"The idea is to try and give clients with mental health history access to services they had not previously been able to access, in order to maintain a good quality of life," says Keely.

Keely trained in Rotorua as an RN in the 1990s before moving to Australia where she worked for eight years, including a period as clinical nurse specialist in the Northern Territory. After that, she went to the United Kingdom and worked as a Primary Care Nurse in community health.

"We're excited about getting this going. Our service is to support our clients towards health and independence."

Mental Health for Older Persons (cont.)

"Often the relative, spouse or family don't engage services because they are worried that their relative is going to be taken away, but then through caring for the family member they become exhausted and reach crisis point,

then the person does have to go into care."

Because of the growing demographic of elderly people, persons accepted into the service must meet the criteria: new onset mental illness, and dementia with

BPSD.

"We're the smallest team facing the biggest demographic change. We have to be strict about who we accept."

New Mental Health Stream of Lakes NASC

Doug Mack – Lakes NASC Mental Health and Addictions Needs Assessor/Service Coordinator

Originally from Scotland, Doug Mack has worked for about 11 years as an Alcohol and Drug Counsellor in Taranaki, Auckland and Rotorua.

While in those roles he had the opportunity to gain specialist experience in areas including tranquilisers, cannabis, coexisting disorders, and for the last five years has been working with youth.

Doug's qualifications include a Bachelor Degree, two Post Graduate Diplomas, two Post Graduate Certificates, and a Graduate Certificate. For the past two and a half years he has worked as a clinical supervisor for the youth service at Te Utuhina Manaakitanga Trust. In Doug's new role with NASC he will continue to work with people with addictions, as well as people with mental health issues.

Pippa Lee – Lakes NASC Mental Health and Addictions Needs Assessor/Service Coordinator

Pippa Lee had been working as a NASC Coordinator at Pretoria Lodge, which had the interim contract to provide the service from October 2009 to 30 June 2010. Now she is Needs Assessor/Service Coordinator for the brand new mental health work stream of Lakes NASC.

Prior to that Pippa was a supervisor for almost four years at Pretoria Lodge, a residential and community support facility for people experiencing mental health issues.

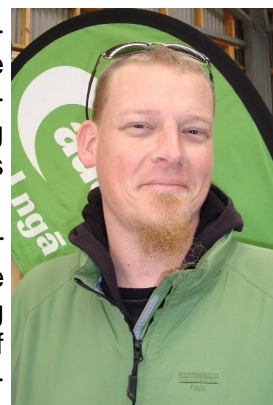
Originally from the United Kingdom, Pippa moved to New Zealand and attended Waikato University. After a break and having her two children, she returned to university and completed her Bachelor in Social Sciences (Honours) (Psychology) in 2007. Pippa is now working extramurally toward a Masters in Applied Social Work, and hopes to finish that sometime next year.

Pippa says referrals to NASC (mental health) in the past nine months have generally come from secondary services including Te Ngako Community Mental Health, residential providers, the ADHD foundation, Adolescent Mental Health Services, and Health of Older Persons.

"The two fields are interrelated with a high percentage of people presenting to Alcohol and Drug services having co existing disorders," says Doug.

While the framework for NASC and his new role are still being developed, Doug says it is exciting to be part of a brand new service, its direction and developments.

As NASC Mental Health and Addictions Needs Assessor/Service Coordinator, Doug will work with people across all age groups – youth, adults and the elderly – to assess the needs of clients including whether they need residential care or can live in the community with support, and coordinated services that get the best outcomes for the client.



However, she says that with the new service the process may change, and she looks forward to being a part of the new framework.

"I'm looking forward to this new role because it will bring about some real change. It will make the pathways clearer, and put the focus on recovery and engaging services to enable that recovery. The new mental health work stream will allow for a smoother pathway, and helping clients to navigate the changes in their lives."

"I love working with people. To see someone come through a crisis and then blossom and knowing that you've supported them and encouraged them is quite powerful."



Lakes DHB NASC

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Retirement: A new chapter for Glyn Forbes

Glyn Forbes' wife will bake a batch of scones for his retirement lunch. The couple may even go out for dinner to celebrate the start of a new chapter. Glyn doesn't want much of a fuss made; however those who have worked with him over the years think a fuss is warranted – he's always been a psychiatric nurse at the top of his game.

Glyn began his training in mental health nursing at Tokanui Hospital in 1964. The career choice wasn't so much to fulfil a passion for psychiatric nursing as an expectation of the times.

"It was almost a culture. My father told me to get a government job. In those days that meant stability and a guaranteed income. So I really just lumbered into it and pretty soon the job became a lifestyle – the shift work, the colleagues, and the challenges. We could all relate to each other. I guess you could say we had become institutionalised."

The training back then was clinical-based. Glyn worked at Tokanui for 20 years, progressing through the ranks of staff nurse then charge nurse.

He cites Ken Stallworthy, a former psychiatrist at Tokanui Hospital who wrote the textbook, and Henry Bennett, the medical superintendent, as mentors of significance.

After leaving Tokanui, Glyn worked for about 10 years in the maximum security unit of Lake Alice Hospital.

"My psychiatric hospital training gave me an ability to not overly stress about things. It's something people these days still remark on; I guess I have a fairly calm and collected approach to life and to my profession."

Glyn also credits his favourite pastime of fishing as a reason behind his calm demeanour.

"Fishing is great. You get to leave everything else behind."

After working at Tokanui and Lake Alice, Glyn moved to Marton and made the transition into community nursing.

He found it to be a different kind of challenge in an interesting area - rural, but also covering the Ohakea Air Force Base, Waiouru Military Camp, and the Ratana Village.

Eventually Glyn and his wife Phyllis moved to Rotorua for family matters – weddings and funerals included. Glyn has worked for Lakes DHB in the Taupo and Rotorua communities.

"The difference between community nursing and working in psychiatric hospitals was that in community nursing I was practising as an individual but also part of a team. With hospital based nursing, there are higher levels of shared planning and shared responsibility."

He says the qualities of a good mental health nurse include an ability to listen and relate to people easily, and being non judgmental.

"Flexibility is a very good word. There are a hell of a lot of frustrations within any job, most of them with regard to policies. But the nursing ticket now opens many doors; there are a lot more opportunities in mental health nursing. It's an exciting field."

On 9 July Glyn will leave mental health nursing behind for retirement, but it's a retirement that won't be spent idly.

Naturally, fishing will play a part, as well as golf and 'kicking back'. Glyn will also be counselling part-time – two days a week, and catching up on jobs around the house.



Accessing Community Support Services

John Turner - Child, Adolescent and Family Mental Health Service (CAFMHS)

John Turner is Consult Liaison Intake Triage within the Child, Adolescent and Family Mental Health Service (CAFMHS) team.

John has filled the role for eight years. Previously he worked for CYFS for 23 years as social worker to supervisor to youth justice coordinator.

CAFMHS provides a comprehensive secondary child and adolescent mental health service, accepting referrals for significant mental issues, suspected significant mental health issues and complex behavioural and emotional problems.

As well as intake triage, John consults and liaises with other groups, government agencies or NGOs such as Child Youth and Family or Group Special Education, GPs and other professionals.

John screens all new clients and allocates them to clinicians for an initial assessment, or refers them elsewhere. He is the link between the team and the wider community.

“Often we are involved with the families, particular with children under 14 who require parental consent for treatment. But the closer a client gets to 19, when they are eligible to move into the adult service, the greater the likelihood that we will be more involved with them than with their parents and family.”

John says issues faced by children and youth are largely age-dependent.

“With children, it might be behavioural disorders (ADHD) or mood disorders, anxiety, separation, and panic attacks. Older youth are more likely to have depression, eating disorders, first episode psychosis, and drug-induced psychosis from drug and alcohol issues. There is really quite a wide range.”

Children generally need to be referred, preferably by a GP.

CAFMHS is governed by a contract with Lakes DHB to provide the service; initial assessment then treatment if appropriate and if there is a mental health issue that is severe enough that it is disrupting a person's life or their family.

“I'm a resource for people to talk to. If our service isn't going to be the right one for someone, I'll make other suggestions and find what will work for that person.”



Child, Adolescent and Family Mental Health Service (CAFMHS)

Te Au o Hinetai

Cnr Whakaue & Hinemaru Streets

Phone (07) 343 5005 (office)

or John Turner (07) 343 5010 (DDI)

Accessing Community Support Services

Vicki Lewis – Taupo Community Mental Health

Vicki Lewis is the Intake and Triage Worker for Taupo Community Mental Health, a service that covers Taupo, Turangi and Manakino.

In her role, Vicki manages referrals to the service for children, adolescents and adults.

Referrals generally come from GPs, the Psychiatric Emergency Team, the NZ Police, schools and paediatrics. Occasionally, people self-present.

“People who use the service usually have serious mental health issues, with a range of issues that may include mood problems, anxiety related issues or psychosis,” says Vicki.

The preference is for people coming in to the service to have seen their GP, because it is always important that any physical health issues which may be impacting upon someone’s mental health be addressed.

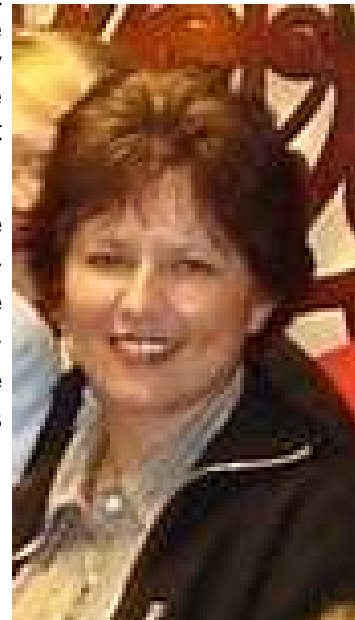
“However, if someone is clearly unwell or distressed, then we will endeavour to assist as soon as possible. This may result in urgent assessment, either by a Community Mental Health Service team member, or by the Psychiatric Emergency Team, or may involve re-referral to a more appropriate service,” said Vicki.

Generally Vicki works with the client and/or referer to ensure that there is adequate information about the nature of the mental health problems and any risk factors, so that the Multi-Disciplinary Team can make a decision about the best way to assist someone with their mental health needs.

Vicki has worked in mental health since 1994, primarily in Rotorua.

She says the best part of her job is being able to work with a very strong team of people in Taupo who support each other well.

“The biggest challenge is probably the unpredictable nature of the work, and being flexible enough to manage the changing priorities that go with that.”



Taupo Community Mental Health:

Ph 07 3761099

8.30am to 5pm - Monday to Friday

Accessing Community Support Services

Lin White – Intake Triage Nurse (adults)

Lin White is the Intake Triage Nurse at Te Ngako Community Mental Health, in Rotorua.

Lin works with the adult age group, checking all new referrals to the service to make sure they meet the entry criteria.

If a client is a new referral to the service, there might be gaps in the referral information, in which case Lin invites them in for an initial assessment and to gather information such as family history and what is happening to them. She will also contact the referrer after the initial assessment. Lin speaks personally to all self-referrals.

Te Ngako Community Mental Health covers three city zones (East, West and Central). If a client meets the entry criteria, they are assigned to a zone depending on where they live. Every morning, the three multi disciplinary teams at Te Ngako hold their team meetings, working through referrals and any issues.

If a client does not meet the entry criteria, Lin advises their referrer.

“We might refer them to another service, such as Family Court for couples’ counselling, Ngati Pikiao, Mana Social Services, ARC, etc. We will endeavour to steer them in the right direction so that people don’t feel they are just being forgotten.”

Referrals come from GPs, the hospital wards, Psychiatric Emergency Team, other DHBs, and self-referrals. Sometimes other agencies will also refer.



Lin has been working in mental health since 1990, mostly in Rotorua. She left in 2000 but returned in 2005.

“I can’t imagine working anywhere but in mental health; this is my chosen area of nursing. No two days are the same, there is always variety. I like the autonomy. I do a lot of troubleshooting, fielding phone calls, and there is a lot of liaison with other agencies. Mental health is a challenging and interesting area, and something I am passionate about.”

One of the frequent challenges is keeping cool on the telephone or at the front desk.

“Just the area is challenging anyway, but some people with mental health issues can be quite demanding. You have to be able to think on your feet and help people deal with issues; a lot of people with mental illness don’t have a big tolerance span, but I enjoy trying to find ways to help them have their needs met,” said Lin.

Te Ngako Community Mental Health

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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), prioritisation, 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 manager is a key role within Planning and Funding.

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:

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