

**Implementation of Te Kōkiri:
The Mental Health and Addiction
Action Plan 2006–2015**

**Progress by District Health Boards and
Ministry of Health to the end of
2009-10: Working Draft Report**

Foreword

Each agency with a role in implementation of *Te Kōkiri* has a significant degree of freedom to choose with its partner agencies the order and pace with which it and they progress specific initiatives. The Government's expectations are that the policy and service development programme established by District Health Board (DHB) and Ministry will be implemented within the framework and timeframes established by *Te Kōkiri*.

This document is purely descriptive and is not intended to be used for the purpose of rating DHB or the Ministry's performance. It has been prepared to act as both a record of DHB and Ministry achievements in implementing *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015 to the end of June 2009/10* financial year and, in outlining DHB's' activities and innovative practice, as a resource for the staff of the DHB's and for service users and their advocates.

A separate report has been prepared on the performance of the sector, in terms of various parameters of service delivery (a quantitative/statistical report).

May 2011

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Introduction

In preparing this report it has been assumed that the reader has some familiarity with the national mental health strategy, and *Te Tāhuhu* and *Te Kōkiri* in particular. Accordingly, this introduction addresses the shape of this document, rather than discuss the development of those documents and their place in the strategy.

This report could simply have been a collation of the individual DHB's reports on progress. Rather, activity relating to each of the leading challenges set in *Te Kōkiri* is described by focusing on the specific actions covered under each of those challenges in all DHB's reports. In general, the focus of attention is aligned with the sub-headings in the *Te Kōkiri* action tables. In some cases, where the homogeneity of the actions does not allow for aggregation, commentary is proved by specific action.

This document is in two parts:

The first covers DHB actions and innovations at the individual DHB and regional levels. It is intended that this approach will allow the reader to examine both the progress of DHB's and to gain an overview of the possibilities that are available for addressing each of the specific actions outlined in *Te Kōkiri* for which the DHB's are primarily responsible.

The second cover Ministry actions

To ensure this document did not become unwieldy, detail as to actions DHB's are expected to progress have in general not been transcribed from *Te Kōkiri*; those who wish for more detail as to the general expectations of the NMHS may care to read this report alongside a copy of *Te Tāhuhu* and *Te Kōkiri*.

The reader should note that what may appear as gaps in the narrative (a lack of commentary relevant to some specific actions or action points) reflect the fact that:

- The DHB's are not allocated specific responsibilities against all the tasks set out in *Te Kōkiri*. DHB specific actions are outlined in Appendix 1.
- DHB's were not required to report against joint Ministry/DHB initiatives. Commentary on those actions appears in a report on the Ministry of Health's achievements in the implementation of *Te Kōkiri*. Ministry specific actions are outlined in Appendix 2.
- Ministry were not required to report against specific DHB initiatives commentary on those actions appears in a report on the DHB achievements in the implementation of *Te Kōkiri*. DHB specific actions are outlined in Appendix 1.

As noted above, this document is pulled together from material supplied by all 21 DHB's and the Ministry has not undertaken to re-write the entirety of the DHB's' work. Accordingly, there are a variety of approaches taken to the naming services and programmes in the document. It is believed that these different approaches do not detract from the value of its content.

PART 1: DHB Actions

Leading Challenge: Promotion and Prevention

Specific action 1.4: Increase people's awareness of how to maintain mental health and wellbeing

How many DHB's

18 DHB's have indicated they achieved this action¹

3 DHB's have not mentioned any activity (Canterbury and Counties Manukau)

Key activities reported by DHB's are as follows:

- Family violence intervention.
- Suicide intervention and prevention.
- Whānau ora, Tamariki ora.
- Support New Migrants and Refugees.
- Linkages with Like Minds Like Mine (Mental Health Foundation).
- Some DHB's have joined the WhakaWhānaungatanga and Te Upoko O Nga Oranga O Te Rae support kaupapa Māori providers.

DHB innovative practice:

Hutt Valley, C&C and Wairarapa: Worked on youth Alcohol and Drug (AOD) multi system therapies participate in a regular meeting, deliver classroom drug education, parents support and information, school support and staff awareness education programme to the number of secondary schools and tertiary institutions.

Midcentral: Developed the Supporting Parents In Need (SPIN) reference group.

Through the Family Violence Intervention Programme (FVIP), the **NMDHB** and **West Coast DHB's** are involved in Te Rito and Violence Intervention Project.

¹ Achievement ratings are DHB's own ratings against expectations established in their own planning documents.

Regional activities:

Northern:

- Local initiatives identified in (District Annual Plans) DAPs and DHB strategic documents include: pilot project with Primary Health Organisation (PHO), Police, Public Health and Kimiora (CAMHS) to routinely screen the youth who are present at Youth Justice with physical, addiction and mental illness.
- Family violence, suicide prevention project.
- Linkages with Like Minds Like Mine (Mental Health Foundation).

Midland: Two day *Takarangi* competency framework wananga held in Lakes involving Hauora providers. *Anamata* suicide intervention prevention course completed in Lakes and Bay of Plenty DHB's involving primary, public and mental health providers.

Southern: South Island Mental Health Network's (SIRMHN) South Island Regional Mental Health Work Plan developed, addressing the Mental Health need for people living in the South Island. The regional components of this plan are also included in each of the South Island DHB's' individual DAPs.

Leading Challenge: Building Mental Health Services

Specific actions 2.3 to 2.8: Build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental illness.

How many DHB's

17 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- Sharing information and improving linkages between primary health care, specialist mental health and addiction services.
- Establishing the clinical pathway between adult specialist Mental Health and addiction and primary health care are agreed.
- A platform for secondary services integration with initiatives such as methadone services into General Practitioner (GP), integration programme, GP attached to AoD services, training GP on substance abuse and Opioid Treatment Programs (OPOID) and stepped care model between PHOs.
- Established eating disorder services which include linkage and support for GPs managing people who experience eating disorders. Also DHB's have a co-existing disorders project working on the links between mental health services and the AOD sector.
- A joint initiative between Non-Governmental Organisations (NGOs), PHOs and secondary services to coordinate wellness checks for tangata whaiora is operating at Te Taitokerau PHO.
- DHB's have established various service level agreements between their Provider Arm and Kaupapa Māori NGO Providers.
- Secondary service provides regular liaison via phone, letter and e-mail with GPs of current clients via psychiatrists and key workers. Also, secondary service issues regular newsletters to GPs to keep them up to date on changes and developments within the secondary sector.
- An early intervention programme operates with staff from the Child and Adolescent and the Adult teams being trained in the respective programme, and early intervention programs are part of the primary mental health initiative with all GP practices being covered.
- Closer links exist between adult and older person's health teams; the transition process has been defined and specialist mental health services for older persons (SMHSOP) are providing care to older persons in the community with mental health issues.

- DHB's have included expanded range of effective and integrated service which includes psychological therapies, such as packages of care offered by primary mental health services.
- A range of support services such as, residential, community support, day and vocational support, are provided.
- Independent peer-led services, which include support, recovery education and advocacy, for service users and families/whānau,
- Home-based support services, family/whānau support through the support services, community and home-based acute services,
- Provided maternal mental health acute crisis respite service.
- DHB's have undertaken various activities to ensure the continuity of care between mental health and addiction services which includes continuum redesign and implementation
- Engagement with intersectoral meetings/forums including: strengthening families, Youth Transition Steering Group (YOTT), Providing Access to Health Solutions (PATHS); Cross Sector Working Group (government funders of services), Strengthening Families, Child Youth and Family Care and Protection Panel; Integrated Alarm Services Group (IASG) Suicide Protection Co-ordinator pilot.
- Training, workshops and supervision are open to the employees of the NGO Sector, promoting communication between services which develops better co-ordination of care.
- DHB provider arm and NGOs have memorandums of understandings in place, improving systems that provide integration and continuity of care between service and other agencies.
- Needs assessment services (mental health, aged care, disability) work together to coordinate complex care.
- DHB's have carried out a housing project and established a housing trust to support people who are severely affected by mental illness. Intersectoral housing initiatives are in place with Housing New Zealand.
- DHB's are continuously involved in initiatives at the MoH interface for a Dual Disability project.
- Mental Health and Addiction NGOs, including Kaupapa Māori services and CAMHS, actively participate in strengthening families, youth offending team, family violence and other intersectoral multi-disciplinary fora that take a holistic approach to promoting wellbeing of families and their children.
- DHB's have provided workshops to all contacted providers, and regional forums are run all through the year, which support intersectoral collaboration. Intersectoral forums are being developed by DHB's.
- DHB's encourage members of the provider arm, NGOs and intersectoral groups to attend the Primary Mental Health Initiatives monthly clinical meeting.
- Ongoing improvement of Webhealth resource so that information is readily available to provide quality, up-to-date, online information about health services. Information on mental health and addiction services,

other health services and social agencies, and mental health training for contracted providers, is available electronically on Webhealth.

- All mental health and addiction services have brochures and pamphlets and a majority of the providers have their own websites that list the services they provide.
- Māori and Pacific providers promote their services and raise mental health and addiction awareness at, for example. Local marae, churches, and community events, and also on local radio.
- All contracted mental health and addiction providers will be operating in line with the new revised national service specifications in the 2010/11 year (transition and appropriate linkages are part of the new specifications and will be audited as such as part of three yearly audit process and certification).
- Enhancing integration with other government departments e.g CYFs and Police

DHB innovative practice:

Bay of Plenty: Developed a Healthy Homes rubbish removal project in collaboration between mental health service and Energy Options.

Capital and Coast: Implementation of the *Te Haika* framework as a central referral hub, including first point of contact. *Te Haika*, a new approach, will comprise a small group of existing clinicians, with administration support, who will process the majority (apart from those booked via the MH Line) of non-urgent referrals to the general adult mental health service.

Hawkes Bay: High and Complex Needs (HCN) (joint funding between Child Youth and Family Service (CYFS), Health & Ministry of Education for children whose needs cannot be met within existing resources) is well managed with extremely complex children achieving excellent outcomes. The referral rate to HCN from Hawkes Bay is very high reflecting their complex population.

Hutt: In 2008/10 University of Otago Wellington School of Medicine worked with the Hutt DHB, NGOs and PHO providers and a group of service users to develop a Tool Kit. This process assisted the integration of secondary specialist mental health and addiction and primary services. The Wellington School of Medicine is proposing to work with HVDHB during 2010 to 2012 to evaluate the implementation of the Tool Kit.

Northland: Ngawha/Ngati Rangi funded community intensive day programme in prison.

Southland: The Future Directions of Southland Mental health network has a representative group of Mental Health Service Users, Families, Providers and Stakeholders. The Network produces a monthly *Mental Health Events*

Calendar which is distributed to more than 100 providers and agencies and includes workforce development information, education and training opportunities and local, regional and national meetings, forums, Hui and conferences.

Waikato: Purchases an online web based information service (Web Health), which allows the public to access information about mental health and addiction services, other health and social services. This service includes free computer kiosk in public areas for easy public access.

Wairarapa: Addiction Services and Te Hauora share a common referral form and attend each others weekly referral meetings in order to ensure the best mix of services to meet the people's needs.

Whanganui: The DHB's Māori Health Outcome Advisory Group has developed an integrated kaupapa Māori mental health service approach through Whānau Ora. This includes iwi provider's kaimahi support with a clinical hub in Te Oranganui Iwi Health Authority PHO. The new integrated network has been effective from 1 May 2010.

NGO Services:

- Psychological Therapies and Stepped Care Model are being implemented.
- Additional support for families including a specific focus on children and youth and older people including older people with dementia.
- Peer support and advocacy services for youth, adults, older persons and alcohol and other drugs users.
- Increased menu of community NGO services is available, including respite for adults and child and youth.

Regional activities:

- Work and activity programme for high and complex needs consumers.
- Provider arm has psychotherapy service and provider arm employs service advisors for adult, youth, AOD and families which help support the development of peer support services, consumer groups and advisory groups.
- DHB addiction services offers outreach services and therapeutic programmes.
- All clients requiring care coordination are offered a choice of service providers and service users and are supported to make informed choices.
- Home based support services are provided for people who are severely affected by illness.
- Regional DAP initiatives include reference to *The Journey Forward (C&C)*; *Make it Happen (Whakamahingia)* (Hutt), *Adult Mental Health Strategy (Wairarapa)*, *Mental Health Service Plan (Whanganui)*, *Mental Health*

Addiction Service Strategy (Mid Central), The Path Forward for Mental Health and Addiction Care (Hawkes Bay).

Central: Child Adolescent Mental Health Services (CAMHS) are in place across the Central Region, an adolescent inpatient service is accessible by all central region DHB's. Central region DHB's contractual arrangements and Inter District Flow (IDF) processes are reviewed to ensure that needs are met regionally. Transition protocols exist for the flow of patients across these services. Service Level agreements are signed between Adult services and aged care provider for older people.

PHO websites across the Central Region are supported by the MSO² Compass Health which provides information around the services. Also, the Central region provides a fully functioning eating disorder service.

Midland: Integrated NGO contract with Ministry of Social Development (MSD), Police, ACC and Horowhenua council for the provision of youth AOD early intervention service.

² Management services organisation.

Specific actions 2.10, 2.14 to 2.16: Increase services that are funded for children and young people and older people

How many DHB's

15 DHB's have indicated they achieved this action

6 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

DHB's have implemented a number of initiatives to address specific population needs, and service gaps. Increasing investment is made in Child and Adolescent Mental Health including:

- *7 Helpful Habits of Effective CAMHS* and the *Choice and Partnership Approach (CAPA)* implemented 2008.
- Providing a worker to work with children of parents, whānau with mental illness. DHB's have increased mental health community support worker FTE numbers.
- Implementing the Inter-agency plan for Conduct Disorder/ Severe Antisocial Behaviour 2007-2012.
- Provision of child/youth AOD services through CAMHS.
- Implementing *Brief Intervention Counselling Services* for Adolescents through the WCDHB Primary Mental Health Program.
- Developing expertise in infant mental health; CAMHS has an IMH programme plus a joint project with CAMHS, and a draft Memorandum of Understanding (MOU) with Plunkett for this work.
- CAMHS has begun working with the Child Development and Paediatric services to implement service coordination improvements for children with ASD and behavioural disorders, and for children with mental illness and physical health conditions, including children with eating disorders.
- *Kaupapa Māori Parenting Programme* (for whānau with infants) under development and for evaluation.
- The Perinatal Mental Health Service has been established in 2009/2010 delivering services to children of parents/whānau with mental illnesses and delivery of maternal and infant mental health services.
- DHB's funds specific youth forensic positions and AOD Consult/Liaison position at courts.
- Services for severe behavioural disorders are delivered via a consult/liaison framework focusing mainly on the under 12 age group providing access, consultation and group treatment programmes.
- DHB Provider Arm will contract with CAFS to deliver the *Conduct Disorder in Children and Young People Service*. This will be based in the Special

Education Services (Ministry of Education) and provide the *Incredible Years* programme.

- CAPA model has been implemented in the provider arm.
- Expansion of services to Child and Youth (C&Y) with mental health issues by setting the links between C&Y providers of service.
- Youth assertive outreach services (DHB provider arm clinical and NGO components) are currently under development for youth with complex problems and high levels of needs.
- Contracted NGOs for delivery of Mellow Parenting Programme, which is an intensive group based programme for families with identified problems in parent child relationship.
- Psychiatric consult/ liaison have been provided to C&Y NGO providers.
- DHB's have developed a framework for the development of a mental health strategy that incorporates older people.
- DHB's have recognised the gap in services for older people with mental illness including residential support, hospital level care, and 'ageing in place' services. There has been an ongoing focus on achieving better outcomes within the existing funding streams through improved collaboration between the services.
- DHB's (Nelson and Whanganui) have developed a Specialist Health of Older Persons Service (SHOPS) which integrates physical and mental health needs, including people with dementia and facilitating the interface between health of older people (HOP) and mental health services.
- Links are established between primary care, NGOs and Alzheimer's Society to develop support to maximise client's independence and potential.
- The Cognitive Behavioural Therapy services in the community were to be reviewed. This service provides one on one support to maintain people in their own homes and works with home based services to improve their skills.
- Co-management of Health of Older People (HOP) and Psychiatry for Older People Services (POPS).
- *Specialised Service* model scoped for people with age related needs and mental illness to incorporate *Blueprint* guidelines and population based approach.
- Completion of older people's health service specification. Memorandum of Understanding exists between numbers of providers for various services provided.
- Staffs employed in provider arm provide support to residential facilities and support older people having mental health difficulties.
- Several DHB's in the Midland region have completed CAMHS continuum projects. Funding constraints have impacted some of the DHB's' ability to offer more specialised services.
- Piloting services to support C&Y whose parents experience serious mental illness and addictions.

- DHB's' mental health services have continued to work alongside Health of Older People portfolio, regarding needs of health care for older peoples.

DHB innovative practice:

Bay of Plenty: Strategic workshop held to focus on future requirements for older people regarding hospital/residential, dementia and psycho geriatric care in the Bay of Plenty. Bay of Plenty is the lead DHB in the provision of Regional Dementia Consult and Liaison Service. Also, there was an increase in inpatient beds for mental health and addiction services for older people, from 6 to 10 beds.

Capital and Coast: Two regional projects (Dementia Behavioural Support Advisory Service and E-learning tools for dementia, depression and delirium) have direct links to mental health services for older people.

Hawkes Bay: The Child Development Unit is a multi disciplinary team, led by a consultant neurodevelopmental paediatrician that provides assessments for children with disabilities and complex behaviour, including autism spectrum disorder & attachment disorder.

Mental Health & Older People services are working together to develop pathways for older people. This includes the community based MDT in Mental Health Services for the elderly, growing expertise for working with dementia & delirium, supporting development of nursing leadership, developing residential care, joint allocation with needs assessment service,s and developing further psycho-geriatric beds with Anglican Care.

Hutt: Infant, Child, Adolescent & Family Mental Health Service (ICAFS) has helped to identify specific high-risk individuals and families, as well as inform the service reconfiguration and improve linkages with, for example, Paediatric Services who often treat the same individuals and families.

Lakes: Investments are to be made on psychogeriatrician resources in 2010/11.

Tairawhiti: Investment in a mobile psychogeriatrician and social work resource to service the East coast rural community

South Canterbury: The Child and Adolescent Psychiatric Service implemented *CAPA* and revamped its service delivery framework to reflect this. The service worked closely with the Werry Centre on specific projects – *Real Skills Plus* and the mentoring project.

An Adventure Development Service was established in 2007, contracted to work with Youth with AOD issues. It provides an excellent service supporting children and young people up to the age of 25.

Continued to develop stronger links with the Paediatric Service in respect to work collaboratively with children suffering from Autistic Spectrum Disorders (ASD) etc.

70% of all community referrals over the past year are referred to the Older Person's Health Psychiatric Service.

Southland: The provider arm Mental Health Service worked with the Assessment Treatment and Rehabilitation (AT&R) service to establish a shared care model of care for the older person with mental health problems within the secondary inpatient setting. Training and workforce development plans were out in place to develop the skills of AT&R staff working with older persons with mental health issues.

Taranaki: Signed off the implementation of Project Splice. This will allow fundamental changes in older person's services right across the sector.

Waikato: Inpatient acute beds were increased from 11 to 15. Community Full Time Equivalent (FTEs) were increased from 11.9 to 16.6 FTEs, and a memory clinic was established.

Has established an after hours mental health and addictions position in Hamilton Hospital Emergency Department for child and youth.

Wairarapa: The DHB has run a pilot programme between CAMHS and Paediatric Services to fully assess children and young adults with high and complex needs. This provided information about future service delivery and assisted in building a more robust relationship between the 2 services.

Waitemata: Developed its own strategic plan for mental health services for older adults, with the aim of integration and enhancement of all health care services for older people. Integration of Health of the Aged service (HOAS) and Mental Health Services for Older Adults (MH SOA) is in process and development of broad specialised services for older adult's governance and stakeholder network in place.

New residential rehabilitation services were established for transition of older adults from inpatient to home. Implemented the Specialist Treatment and Rehabilitation (STaR) service. This includes the provision of intensive community beds in Mental Health Services for Older Adults.

Whanganui: The DHB has developed a Specialist Health of Older Person model that integrates physical and mental health (including the needs of people with dementia), which is in the process of being implemented.

Regional activities:

- Regional Child & Adolescent MH Inpatient Service Delivery model.

- Regional Eating Disorders Services Plan 2008-2013.
- Regional Workforce Competency Project.
- CAMHS teams are established at all regions. Youth specialist services and CAMHS are integrated together.

Midland: Several DHB's in the Midland region have completed CAMHS continuum projects. Funding constraints have impacted some of the DHB's' ability to offer more specialised services.

Completion and implementation of Phase II of the Child Adolescent and Maternal Mental and Health and Addictions Continuum Project includes the full implementation of the *CAPA* model across NGO and Provider Arm MH services, reducing duplication and ensuring the client and family/Whānau continuum is better able to respond to the needs of the client.

A Mental Health Service for Older Peoples one day workshop sponsored by the Midland Regional Network held.

Central has established additional alcohol and drug services for offenders on community based sentences (Effective Interventions).

Two regional projects (Dementia Behavioural Support Advisory Service and E-learning tools for dementia, depression and delirium) have direct links to mental health services for older people. Health of older People consultation service is yet to be established to provide support to DHB's.

Specific actions 2.18 to 2.21: Broaden the range of services and supports that are funded for adults

Expand the range, quality and capacity of services available for people with high and complex needs, including recovery-focused rehabilitation services, according to need, in the least restrictive setting.

How many DHB's

15 DHB's have indicated they achieved this action

6 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- DHB's have invested in an increasing number of specialised packages of care for individuals with high and complex needs and whose complexities do not fit within existing service structures. This has been an opportunity to bring more than one provider together to meet the needs of the client.
- Intensive Community follow-up in addition to Case Management services.
- Community packages of care and innovative NGO developments.
- Expansion of respite services to include planned respite.
- Expansion of Rehabilitation service options from day activity to Education and Employment Support and Activity and Living Skills.
- Reconfiguration of residential services into Packages of Care.
- Packages of Care developed for Adults, C&Y, Kaupapa Māori for people with high and complex needs in community and across region with a range of needs.
- Development of a Consultation / Liaison service.
- Development of peer-support services.
- Assertive Community Outreach services established in adult mental health services.
- Personality Disorder group developed.
- Intersectoral group at CAMHS.
- DHB Mental Health youth recovery program expanded community options to meet the needs of complex high need adults – "Whatever it takes".
- Intensive Community Living Services (ICLS) assist people with high and complex needs to live in the community, with personalised solutions in place. DHB's have close partnerships between Provider Arm and NGO community living services, including co-location.
- Access rates continue to be a focus area of performance within Mental Health Hospital and Specialist Services. DHB's report on clients accessing Mental Health service at NGO Sector which is not being captured in Programme for Implementation of Mental Health Data (PRIMHD).

- There is an active shift of financial investment from adult to child/adolescents, and to older people's health. Model of care work is underway by secondary mental health services to see how services can be delivered efficiently and effectively with limited resources.
- Adult Continuum and Community Support Living Project will provide recommendations for creating greater efficiencies in services, with an intended outcome of increased access.
- DHB's have purchased services to increase access rates. These include increased planned respite, supported employment, additional regional forensic positions, and eating disorder services (both community and residential).
- Mental health specialist staffs are located in the emergency department (ED) to improve access. This has been a very positive initiative that is well supported by ED and mental health personnel.
- Developed and implemented alternative models of care to enable mental health clinical staff to support consumers who access the Emergency Department
- Audit of acute inpatient usage by long-term clients is undertaken (Provider Arm Acute Services review and acute Home Based Treatment Team).
- DHB's have agreements between emergency department and the NZ police which stipulate timeframes around access to service.
- DHB's have established after hours crisis response service. Crisis service team responds within an hour to any issues.
- Current model of crisis service works well due to being well resourced. Triage training provided for inpatient staff to enhance the quality of afterhours triage.
- Some of the DHB's have established after hours child and youth and adult mental health and addiction services. Also, an 0800 mental health help line has been set up as an initiative programme to improve the access to service.
- Metabolic screening pathways are being implemented across the adult service.
- Smokefree inpatient services.
- Access to specialist Smoking Cessation Services.
- Work is ongoing with families/whaanau regarding smoking cessation
- Appointment of Residential Medical Officer (RMO) to Acute Inpatient Unit and the Dementia Unit to ensure good oversight of the medical needs of inpatients.
- A range of strategies introduced in the acute inpatient unit for service user physical health needs, including provision of a regular GP clinic.
- Initiatives including the introduction of a free annual physical health check for long term mental health service users.
- Packages of care based on needs assessment.

- Wellbeing programmes and education sessions on lifestyle, healthy eating exercises etc.
- Pathways Healthy Lifestyle Programme and Health Assessment is provided to all those that are admitted to the Inpatient Unit.
- All people who access the service are screened to ensure they have a GP. Staff advocate for additional funding with Work Income New Zealand (WINZ) for those who need to attend GP on a regular basis.

DHB innovative practice:

Canterbury: The DHB has a range of services that have developed in response to community need such as Home Rescue, Community Integration Services, and Active Life. These services expand and enhance options for people severely affected by mental illness.

Hawkes Bay: The DHB has purchased an additional intensive rehabilitation bed from Nov 2009. The needs based assessment services includes friendly landlord (to increase access to appropriate low cost stable housing), and independent living skills & transitional support (to move to community based housing). When needs are more complex then individual packages of care are provided to support. Also low cost access to primary care is provided to long term clients.

Hutt: Methadone clients frequently referred to Hutt Valley Dental Service for treatment funded under Inter District Flows (IDFs).

MidCentral: The DHB's Provider Arm reviewed its of Eating Disorders Service and is developing an integrated framework for adults and young people.

A brief pilot of a mobile dentist caravan to addiction NGO service was well used and accessed by addiction consumers; a high risk population regarding health related complications. Further funding is required for coordinating this initiative further.

South Canterbury: The development of a range of primary mental health services and early intervention services/strategies has the objective of reducing the percentage of the population who need to access specialist or secondary mental health and addiction services. Increasing access targets is not in line with the direction of the DHB's overall mental health service development and direction. Gym membership, funded through the DHB, is available for those people with severe mental illness.

Southland and Taranaki: The provider arm community teams have been restructured and psychiatrists now provide continuity of care by following

clients across both inpatient and community services. Taranaki has carried on with the Pathways Healthy Lifestyle Programme.

Waikato: In 2009, a 10 bed capacity community high and complex residential service was funded and established. This is a unique service as it is operated jointly by an NGO and the DHB.

Wairarapa and Tairāwhiti: Wairarapa had been a pilot site for the Suicide Prevention Programme, *WhakaWhānaungatanga*. A review was undertaken on how ED and Mental Health Services (MHS) work together in cases of self harm and suicide attempts. This had excellent outcomes and improved the working relationship between services and especially between ED and the MHS Crisis response service.

Regional activities:

Midland: Establishing regional forensic residential places with a high level of support for people leaving in forensic inpatient services.

Central:

- MST (multi systemic therapies) contracts in place that bring together different therapies required.
- Packages of care across the region support clients with a range of needs. More complex needs are serviced by Individual Funding Agreements.
- Working towards increase the number of inpatient high and complex rehabilitation beds across the Midland region.
- Central Region developed IDF quarterly reports that showed utilisation of six acute regional services.

Southern: Minimum Secure Care is now a regional service, based out of Canterbury DHB. Canterbury has a range of services developed in response to community need, such as Home Rescue, Community Integration Services and active life that expand and enhance service options for people severely affected by mental illness.

Leading Challenge: Responsiveness

Specific actions 3.1 to 3.4: Build responsive services for people who are severely affected by mental illness and/or addiction

How many DHB's

16 DHB's have indicated they achieved this action

5 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- Proper mechanisms for feedback on responsiveness of service are in place with provider arm and NGO services.
- Responsiveness of services a part of review of services.
- Provider division implement the National Consumer Satisfaction Survey.
- Phone reviews.
- Feedback questionnaire.
- Consumer input into business development.
- Provider arm has complaints policy process, which includes both formal and informal feedback.
- Services seek feedback from service users, families and other organisations, and receive feedback from forums and networks.
- Women are actively involved in all levels of planning, development, and delivery of mental health and addiction services.
- Alcohol and Drug Service planning has a specific emphasis on the service responsiveness to women, and to parents and children.
- Women are represented in the LAG (Local Advisory Group)
- Women are involved in strategic planning, including: Make it Happen (Whakamahingia) framework and action plan, ICAFS and psycho-geriatric and mental health of older people's reviews.
- Specific services have been developed for women including maternal mental health services.
- Services are sensitive to considering the specific needs of women when delivering services, e.g. designation of female worker in sensitive situations.
- Specific services are available for women with children who have mental health issues.
- All contracted mental health and addiction providers will be operating against the new revised national service specifications in the 2010/11 year

(feedback mechanisms are part of the new specifications and will be audited as such as part of three yearly audit and certification process).

- Implementation of the *CAPA* model and recommendations from current and pending projects will ensure great involvement from family/Whānau.
- All providers are audited to ensure compliance with and use of recovery plans. Audit processes include assessment of each provider's 'recovery approach'there is no clear evidence to suggest the consistent inclusion of family or service user.
- Approximately 70% of the NGO providers have successfully undertaken an independent accreditation process.
- DAP reporting includes percentage of clients with up to date crisis prevention/resilience plans.
- Majority of DHB's have achieved 90% target for relapse prevention planning. This indicates the percentage of total long term clients (who access the service for more than 2 years) having relapse prevention plans.
- Under the proposed Better Sooner More Convenient (BSMC) integrated service, it is intended to develop a single wellness plan that is accessible to service users from home, other providers where appropriate, and incorporates all aspects of the persons needs. All providers are audited to ensure compliance with the use of recovery plans.
- Provider arm has collaboratively developed a Wellness Recovery Action Plan (WRAP) used for each service user. Collaboration and integration of a single plan, includes but is not limited to service user, key worker, family, significant people, other providers. MOU exists between providers.

DHB innovative practice:

Counties Manukau: Annual satisfaction surveys are expected from all service providers. The Partnership in Evaluation towards Recovery (PER) team carries out evaluations of services with recommendations for continuous improvement.

Nelson: Providers have some form of qualitative feedback mechanisms to assess satisfaction and responsiveness of service (as demonstrated when collecting information through the Rutherford Initiative Group process), and this is used to inform service planning.

West Coast: Audits undertaken by South Island Shared Services Agency Limited (SISSAL) identified that providers have mechanisms to receive and use feedback from service users.

Whanganui: Supporting Families (SF) family advisor established an audit process and provides feedback to Provider Arm Service Manager. Appropriate follow-up from feedback received.

Regional activities:

- Routine audits are conducted by central and southern regional Technical Advisory Group have identified that a majority of the NGO providers have recovery plans. Areas that have required additional support and development of this process are the vocational support and Peer support services.
- The Regional Eating Disorders Strategic Plan, Regional Forensic Strategic Plan and Regional Opioid Substitution Treatment Programme SPF are based upon the national guidelines for these service areas.
- Local provider arm auditing occurs with subsequent reporting to MoH.
- Keyworker training competencies and regional workforce development initiatives.
- High and complex needs project included analysis of current intensive services for women.
- Peer support groups for women and women support centres in the regions.
- Women are included in the service development group which plans and develops services.

Midland: Audits have highlighted gaps for some services and these are addressed as a part of action plans.

Central: The Central Regions' Technical Advisory Service conducts routine service audits of PHO and NGO providers as well as a special audit programme as required by DHB's. Criteria for deciding who is audited and when depends on a range of considerations including timing, perceived or real risks and any incidents that may occur. This is separate from any internal QA process that may be in place.

Southern: The regional mental health service's Service Provision Framework (SPFs) are regularly reviewed to ensure that the services are meeting the needs of the South Island population as best as possible.

Many of the recommendations from the *South Island Regional Alcohol and Other Drug Service Review* (completed in 2009) are being addressed through the SIRMHN's Regional Mental Health Work Plan and through the individual DHB's' DAPs.

Specific actions 3.5 to 3.8: Pacific peoples

How many DHB's

18 DHB's have indicated they achieved this action

2 DHB's have indicated they partially achieved this action

(Wairarapa DHB has a very small Pacific Peoples population and does not undertake specific initiatives for this group.)

Key activities reported by DHB's are as follows:

- DHB's demonstrate through DAPs and this is ongoing for all portfolios to engage and participate with Pacific people.
- The Pacific scholarship programme Tupu Pasifika was introduced to increase the Pacific capacity and capability in the Hutt Valley. Approximately 10 scholarships are awarded every year. (For further information see Te Rau Matatini.co.nz website).
- DHB's maintained a good relationship between mental health service and Pacific People Health Trust.
- DHB's provide training to staff on Pacific cultural issues.
- DHB's have set up the local advisory group whose advice is sought for DAP and other strategic planning purposes.

DHB innovative practice:

- **Auckland:** Healthy Village Action Zones (HVAZ), in conjunction with Lotofale, deliver and promote mental health and wellbeing in the Pacific community.
- **Bay of Plenty:** has a newly-formed Pacific Island Community (Tauranga) Trust which is an advocacy group for WBOP Pacific peoples across a range of issues including health.
- **Hutt Valley:** funds one NGO Pacific mental health provider and has a specialist secondary mental health and addiction service. These two services have designed and developed a service model that best services the needs of the Pacific people in the Hutt Valley and maximises the resource available.
- DHB's like **West Coast, Wairarapa** and **South Canterbury** do not undertake any specific initiatives for Pacific people due to lower Pacific population.
- **South Canterbury:** when required, accesses support and assistance from within Canterbury.

Regional activities:

Central: Te Pou has a specific group to engage and promote participation by pacific people and pacific providers (LeVa) within the Central Region following national initiatives.

Specific actions 3.15 to 3.18: People with specific disabilities

How many DHB's

15 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

2 DHB's have not provided any information

Key activities reported by DHB's are as follows:

- DHB's are participating in MOH brief intervention and co-existing disorders project. DHB's purchase a specific co-existing mental health and intellectual disability service.
- Staff across DHB access training and services provided by Regional Dual Disability Team.
- DHB's are developing a regional disability strategy based on the New Zealand Disability strategy and are working towards implementing the New Zealand Disability Strategy. DHB's report to the MOH against their progress on the strategy.
- DHB's have made disability training a part of mandatory nursing, care, and orderly, study days.
- Training programmes are in place for working effectively with people with specific disabilities.
- DHB's are supporting staff within the broader provider arm by offering education and training regarding mental health to assist people to access psychiatric Services. Further work is required.
- Various training opportunities exist and mental health promotion positions provide education in the community.
- Dual Disability Specialists are appointed (provider arm).
- Dual Disability workshops are delivered.
- Learning and Development/Mental Health Services provide core training (and adhoc training on request), which includes how to work effectively with a number of disabilities.
- Local initiatives including disability responsiveness workshops and deaf awareness training are provided at regional level.

DHB innovative practice:

Bay of Plenty: DHB's, in conjunction with Ministry of Health (Disability Team), have started looking at services for people with dual disability.

Capital and Coast: The Disability Accessibility Improvement Programme is under way. There are 100 facilities that serve mental health and addiction clients of which approximately 69 are residential houses. Physical access to

these facilities varies from being totally inaccessible to marginal to good. The intention of the programme is to ensure that health and disability support services, including mental health services, are available for disabled people to use. Addressing accessibility issues is a high priority.

Counties Manukau: Information on current services is available in Asian languages spoken by the largest Asian populations. Staff have access to appropriate training in Asian cultural competence.

Nelson Marlborough: Learning and Development/Mental Health Service provides core training (and adhoc training on request) that which includes how to work effectively with a number of disabilities.

South Canterbury: A staff member with particular resources has returned. Training plan for 2009/10 has identified this [people with specific disabilities] as an area which will be address by accessing expertise from within the District. In conjunction with the DHB (Disability Support Advisory Service) DSAC Committee, the Provider Arm Service Managers and Planning and Funding meet with DPA and clients to discuss the barriers which exist for clients with a disability in accessing main-stream health services. Ongoing engagement occurs to ensure that staff are aware of problems or barriers and steps are taken to ensure these are either eliminated or managed appropriately.

Waikato: DHB has purchased community support for the profoundly deaf. Health Waikato provides diversity awareness training as part of their annual training calendar.

West Coast: Disability awareness training is provided to all DHB staff annually.

Regional activities:

Northern: Regional Dual Disability Service. Regional Intellectually Disabled Offender Liaison Service and MoH / DSS / DHB's national project on the service interface for people with dual disabilities.

Central: The Central region is the lead area for the roll out of the Ministry of Health Co-existing Problems (CEP) Integrated solutions programme and will be implementing it across services with support from MoH and Matua Raki.

Southern: The South Island Regional Mental Health Network is leading a national project on co-existing mental health and intellectual disability.

Specific actions 3.19 and 3.20: Family and Whānau

How many DHB's

17 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- DHB's have initiatives in place to increase family and whānau participation across all levels, including assessment and treatment.
- Training is provided for mental health workers on effective work with family and whānau.
- Family/whānau forums are being set up and families participate in number of forums.
- Family/Whānau co-ordinator role in place.
- Family Advisors are available to families / Whānau to provide direct support, advocacy and information including helping parents & children to deal with mental illness.
- Kaupapa Māori service provides a Whānau Ora service model that includes working with tangata whaiora and tangata Whānau, and other services.
- Family Advisor position exists in provider arm. Family advisor support group facilitated through provider arm.
- MOU developed between provider arm services and mental health unit of each DHB for provision of family/Whānau support services into inpatient unit.
- Family/Whānau participation is included in the audit tools by the DHB's.
- Family and whānau support workers engage in appropriate services and family and Whānau express satisfaction with the services received through the satisfaction surveys.
- DHB's have met the family and Whānau needs and it is demonstrated through case notes audited when Relapse Prevention Plan adults are carried out.
- Feedback from families on key issues.
- Satisfaction surveys are carried out on a regular basis.
- Family Advisor and the quality coordinator are involved with the auditing process within the DHB mental health services.
- Family advisor are included in number of forums.
- Family advisor provides feedback to service providers.

- Family Advisor provides and coordinates training for groups such as GPs, family members and with Supporting Families for field workers and DHB provider arm staff.
- With the support of NGO providers there has been an increase in the resource providing support for families, including a specific focus on children and youth and on older people (including older people with dementia). The Review of Assessment Processes for Older People has been completed and all recommendations have been implemented.
- Memorandum of Understanding signed off between SF providers and DHB provider arm services

DHB innovative practice:

Auckland: Family participation critical pathway is being implemented across the adult service. Family and whānau support staff in place with provider arm.

Bay of Plenty: Training was established as part of *Let's Get Real* competencies.

Capital and Coast: Whakapai is an ongoing programme in mental health department. It supports the directorate to support, promote and maintain quality mental health outcomes for Māori tangata whaiora.

Canterbury: DHB expanded family support services for mental health and addiction with SF and Familial Trust in June 2009. Importance of engaging with family is acknowledged within Alcohol and Drug Project and Rehabilitation Framework.

Counties Manukau: Sector wide (Te Ara Tika) family participation survey in place. Strong relationship exists between Family Advisor and 'Supporting Families'. Family Advisor and Consumer Advisors involvement in Mental Health Services for Older People and establishment of service user reference group.

Waikato: There are both local and regional family/whānau advisory/forums who advise on DAPs, regional plans etc.

DHB purchases family and whānau support, education, information and advocacy services. Includes a position within the inpatient unit (filled by an NGO service) and holds annual working with family workshops.

DHB is planning to approach services for Children of parents who experience Mental illness (COPMI) were commenced in 2009.

Health Waikato Mental Health and Addictions Services holds workshops through the Werry Centre on family focused practice for child and youth services (including NGOs).

West Coast: The reconfiguration of the kaupapa Māori Health Service has increased family and whānau participation across all levels, including assessment and treatment. The Kaupapa Māori Health service is working with Supporting Families to develop and source funding for a Māori field worker to work closely with the Mental Health Service.

Regional activities:

Northern:

- The Northern Region Māori Mental Health and Addictions Plan (Whānau Oranga Hinengaro) refresh is based on Whānau Ora.
- Pacific Mental Health and Addiction Northern Region Implementation Plan is based on family involvement.

Central: Whānau Ora contract in place within the central region (Whanaganui) developed before the current national Whānau Ora focus gained the national mandate.

Southern: SISSAL conducted the Tangata Whaiora and Whānau Training Fair, which was facilitated by Te Rau Matatini.

Midland: The Midland Generating Action for Family Whanau regional forum continues to provide strategic advice at a regional and national level. Family Whanua strategic objectives developed and reviewed annually.

Specific actions 3.21 to 3.23: Māori

How many DHB's

18 DHB's have indicated they achieved this action

3 DHB's have indicated they partially achieved this action

Key activities reported by the DHB's are as follows:

- Full participants in MH and AOD planning and funding, and links to tangata whenua.
- Programme of Care consultation included specific Hui held for Māori providers.
- DHB has an MOU with Mana Whenua Ki Waitaha (Ngai Tahu).
- Mental Health Leadership group includes Māori leader.
- Māori Development Group has been set up.
- Māori Partnership Board was formed.
- Māori are engaged in Māori Mental Health Advisory Group and local advisory group, and provide their feedback through the regional forum, DAPs, regional plans.
- Mental Health contracts with Kaipapa Māori providers support Māori models of service delivery.
- DHB Specialist Mental Health Service includes Kaipapa Māori Health Services.
- Māori need has been identified in the Health Needs Assessment.

DHB innovative practice:

Auckland: Partnerships have been developed for all key Māori mental health and AOD activities with Tangata Whaiora and Auckland DHB's iwi partners Tihi Ora MAPO³. An example of partnership in action was the ADHB Māori Mental Health Reconfiguration project – completed in August 2009.

Capital and Coast: Whakapai is an ongoing programme in MHD. It supports the directorate to support, promote and maintain quality mental health outcomes for Māori tangata whaiora.

Counties Manukau: Taumata team is made up of elders whom some are of Mana Whenua decent and represent the Kingitanga and Tainui. Taumata provides cultural support and advice across all Counties Manukau DHB, powhiri, oroporoaki, interviews policy and process documentation reviews, blessing of new site. Whānau hui's as well as cultural supervision for staff,

³ Tihi Ora MAPO is a Maori Health Purchasing organisation

and links and support to all local marae across Counties. Attends Pokai as members of the Counties Manukau DHB as well as Mana whenua.

Quarterly Powhiri are in place for all new staff employed by the DHB.

Te Arawhiritahi regional forum exists for Senior Māori across NGOs, and they meet monthly.

Te Hoanga forum is for Kaumatua and Kuia who work in NGOs.

Hawkes Bay: Plans are developed with Ngati Kahungunu Iwi Incorporated, who have supported the shift of kaupapa Māori services from Health Services (provider arm) to NGOs.

Hawkes Bay DHB has a relatively high Māori population and therefore higher access to kaupapa Māori services than the rest of the region.

Wairoa and Mahia services were reviewed in 2009/10. Over 50% of the population are Māori. Due to the low client numbers in Mahia, services will be delivered from Wairoa. Actual services will be based on client needs. Services are working well together with joint planning between clinical, primary care, support and addiction services.

Hutt: Māori are represented on the local advisory group and contribute to other strategic planning and key initiatives such as the Hutt Valley ICAFS Review, Psycho-geriatric and mental health of older peoples reviews.

Make it Happen (Whakamahingia) framework and action plan development was the mechanism for assessing the mental health and addiction needs of Māori. Subsequent reviews such as KPP, ICAFS review, and the Psycho geriatric and mental health of older peoples review explored Māori needs in greater detail.

MidCentral: DHB has established Nga Kaitohutohu Māori Mental Health and Addiction advisory group (PHO, iwi, NGO, DHB representatives) that provides guidance and input into the direction of mental health and addiction service developments. Māori mental health and addiction clinical and non-clinical service are working together with communities.

Lakes: DHB is planning to meet needs of Māori using a “shared responsibility” approach, where both mainstream and Kaupapa services are expected to develop appropriate delivery approaches for Māori.

Northland: DHB has developed an action plan for the implementation of Whānau Oranga Hinengaro.

Te Whare Tapa Wha is used as a model within Mental Health and Addiction Services.

Taranaki: Ongoing joint venture relationships with Te Whare Puawai O Te Tangata and Te Rau Pani.

Te Whare Tapa Wha model used in service delivery to Tangata Whaiora TKHO are designated to each of the areas of the Māori mental health services where they are a core member of the clinical multidisciplinary teams, providing cultural assessment and input for Tangata Whaiora

Waikato: Waikato purchases Kuapapa Māori mental health and addiction services including clinical services.

A new Māori model of care was launched in 2009 and will be implemented across all health services including Mental Health and Addictions services.

The DHB continues to implement a dedicated Māori mental health strategic framework, “He Ara Ki Te Ao Marama”

Waitemata: DHB has completed partnership development with Te Whānau O Waipareira and Te Kotuku Ki Te Rangi (West Auckland) and Te Runanga O Ngati Whatua (North Shore to Rodney)

Clinical staff work predominantly with the mental health and physical dimensions while cultural personnel focus on the family and spiritual sides.

Waitakere (West Auckland) has the highest Māori mental health and addiction needs and followed by Rodney and the North Shore. Whitiki Maurea has to focus on building resources in the Rodney District.

West Coast: The DHB has Treaty based relationships with Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. The Board encourages, supports and regularly consults with Tangata Whenua and the Māori community both directly and through Tatau Pounamu, it's Māori Health Consultative Group.

Health Needs Assessment and Māori Health Needs Assessment identify Mental Health and Addiction Services for Māori as a priority Health Area. The reconfiguration of Kaupapa Māori Health services and the development of the Integrated Family Health Services business case reflect this need.

Whanganui: Whanganui DHB Māori Health Outcome Advisory Group has developed an integrated kaupapa Māori mental health service approach through Whānau Ora. This includes iwi providers providing kaimahi support with a clinical hub in Te Oranganui Iwi Health Authority PHO. The new integrated network has been implemented from 1 May 2010.

Regional activities:

Northern:

- Formal relationship exists between Regional Māori GM forum and Regional Director mental health and addiction service.
- Regional Services Governance exists and Whānau Oranga Hinengaro review and updates occur.
- Māori mental health and addictions plan (Whānau Oranga Hinengaro) updates are based on Whānau Ora.
- Pacific mental health and addiction Northern region implementation plan are based on family involvement.
- Regional Forensic Kaupapa Māori Rehabilitation
- Local initiatives e.g. Strategic Māori Health plans
- Local Kaupapa Māori services
- Forensics – Prison model of care project
- Māori Cultural Competency training
- Takarangi Framework
- Real Skills Framework

Midland:

- Midland Māori GMs are involved in key decision making for all regional mental health and addiction projects.
- Midland regional strategic and workforce plan includes sections on Māori models of Care.
- Midland Nga Purei Whakataa Ruamano Roopu continues to meet quarterly. Full participation in the development of the national Kaupapa specifications

Central: The Central region Māori expert advisory group Te Arawhata Oranga (regional) is no longer in existence. However, a Central Region Māori Relationship Board is in place which, although not specifically in place for mental health, exists for all issues relating to health. Specific DHB engagement is through local Iwi in each DHB as well as LAGs (local advisory groups) or their equivalent.

The Central region developed a road map, new service specifications, and an action plan for Te Upoko O Nga Oranga O Te Rae, to provide support and workforce development programmes for Kaupapa Māori and other NGOs.

A gaps analysis showed that services for Māori needs to be a priority within the Central Region; this was validated by data contained within Te Hinengaro.

Leading Challenge: Workforce and Culture for Recovery

Specific actions 4.7: Create an environment that fosters leaders across the sector

How many DHB's

18 DHB's have indicated they achieved this action

3 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- Tangata whaiora network developing local training and development pathway including management and leadership training options
- Leadership programmes are supported via Te Pou and National Disability Sports Alliance (NDSA).
- Provider division staff attends the District Health Board New Zealand Leadership/Management programme.
- Active participation across district and sector in Blueprint leadership development programme, consumer leadership programmes and other health/non-health related leadership development programmes.
- Development of leadership capacity within all mental health and addiction services through the development of Peer Support and Peer-led Activity and Living Skills Services.
- Clinical Nurse Manager has undertaken Ministry of Health leadership training.
- Senior staff undertook Te Pou Leadership and Development Programme over 3 year period.
- DHB's are implementing an initiative to build leadership, capacity and capability of mental health and addiction service users. Through this development, Service Users Leadership Groups would be capable of providing high quality leadership, advice and guidance to the health sector (DHB's, PHOs & NGO providers) on a range of issues more specifically the implementation, delivery and monitoring of the mental health and addiction action plans.
- Annual workforce development plans developed

DHB innovative practice:

Canterbury: Supported joint scholarships with Te Rau Matani.

Hutt: DHB funded Platform Trust to work with the NGO providers to develop a workforce development programme. A steering group and a training programme was formed and implemented. Examples of training include community support worker certificate and first aid.

Northland: North Tec Management training funded for provider arm team leaders; 360° feedback management is ongoing.

Otago and Southland: Services support the ongoing education and training of staff and are aware of both compulsory and legislative training and education requirements for their staff. CAMHS, Werry Centre leadership and mentoring project commenced matching mentors and mentees across the Otago and Southland NGO and provider arms.

South Canterbury: Strengths Model recovery training is open to all tangata whaiora and NGO's. NGO's have been supported to attend Post-graduate Nursing Leadership Papers held at the DHB. Mental health service staff development facilitator has also offered to run separate trainings based on the individual needs of the NGO's.

Taranaki: Taranaki DHB mental health services have currently undertaken a management restructure. It has established a clinical leadership board and clinical governance group across CAMHS, Maternal Mental Health and Addictions.

Waikato: Has made funding available for the advanced executive leadership and management programme over the last three years.

Regional activities:

A number of workforce development opportunities are available to the wider sector such as solutions based therapy, clinical supervisions training, cognitive behavioural therapy training, and motivational interviewing.

Northern: Identified workforce development as a priority. Local initiatives are undertaken via DHBNZ and Blueprint training. Te Pou, Blueprint Leadership and Management Programme developed for NGO's.

Central: The Central Region Workforce Development Strategy Group (CRWDSG) supported the development of leaders through several scholarships delivered by Blueprint / National Mental Health Training Service. The CRWDSG has held workshops in the Central Region with a focus on Primary Mental Health, Child & Youth and Older People.

Southern:

- SISSAL developed and facilitated the Leadership and Management Scholarship Programme, which offered scholarships to those working in Mental Health services on the South Island.
- Clinical Nurse Managers (CNM) were involved in third tier leadership training, which was undertaken within the DHB. It is expected that CNM's represent the DHB at regional and national meetings relative to their particular area to keep up to date with service developments.
- Staff Development Facilitator role has raised the profile of workforce development, with a greater number of staff participating within post-graduate training in 09/10 year. CNM has completed Masters Degree.

Midland:

- MRN scholarships offered throughout the year for the consumer and family whanau workforce
- The Midland Workforce Advisory Group continued to meet quarterly throughout the year. Membership includes representatives from all the National Workforce Centres
- 10 scholarship offered to Eating Disorder clinicians to attend specialist training

Specific action 4.8: Develop a culture among providers of involving whānau/families and significant others involved in treatment and recovery

How many DHB's

14 DHB's have indicated they achieved this action
6 DHB's have indicated they partially achieved this action
1 DHB's has provided no information.

Key activities reported by DHB's are as follows:

- Through the provider arm, family & whānau strategy includes Moodle e-learning, and use of Te Pou. Service users are providing regular feedback on the service and NGO services but further work is required with feedback from families.
- Results of family feedback showed concern about the Community Assessment and Treatment Team (CATT) services. Trained support workers and AOD practitioners within the sector have increased and some NGO's use family/Whānau surveys to guide future planning.
- Many services workforce development plans provided training for working with families.
- Family Adviser meets all new staff and orientates them to the Family Adviser role and reviews policies and processes with the staff member to ensure they are fully understood.
- Real Skills modules have been reviewed, and existing training programme matched, to identify gaps in training development plan.
- Talking therapies training resources provided as part of workforce development plan for provider and NGO staff. They include solution based therapy training, motivational interviewing, challenging behaviours and cognitive behavioural therapy.
- NGO sector developed quarterly newsletters to family/Whānau. NGO sector undertook training on family engagement. Family advisor recovery training provided to all provider arm staff. NGO staff activity involved in training with strong recovery based culture. Participation of Family Advisor in Quality and Clinical Governance fora ensures family viewpoint is reflected.
- DHB's are committed to implement *Lets Get Real* in all services by 30 June 2011. This includes a focus on 'working with families' and is expected to enhance responsiveness at early stages and will rollout NGO and DHB's.

Regional activities:

Northern: Through provider arm, family and Whānau strategy which includes MOODLE e-learning moodle and utilisation of Te Pou. Training incorporates Whānau participation.

Midland: The Midland workforce coordinator is fully engaged with the region ensuring consistent roll out of *Lets Get Real*, Takarangi Framework and 7 *Helpful Habits* as per the Midland Strategic plan 2009-15.

Specific action 4.10: Develop a culture of continuous quality improvement in which information and knowledge are used to enhance recovery and service development

How many DHB's

13 DHB's have indicated they achieved this action

7 DHB's have indicated they partially achieved this action

1 DHB has not provided any information

Key activities reported by DHB's are as follows:

- All mental health services are audited on a 3 year cycle which provides ongoing feedback on the implementation of quality initiatives by NGO providers. Audit programme include quality improvement planning. All services are audited on a regular basis and audit reports indicate all providers are meeting this requirement.
- Regional audit programme with local follow up
- All community and inpatient teams have been recording service activity according to PRIMHD information standards. As at June 2010, 18 DHB's and 84 NGOs reported to PRIMHD from across the country. DHB's are working to get the smaller NGO providers to implement PRIMHD.
- All contracted mental health and addiction providers will be operating against the new revised national service specifications in the 2010/11 year (quality improvement is part of the new specifications and will be audited as such as part of three yearly audit process and certification).
- Te Pou and other workshops for nursing leaders assist to enhance information utilisation.
- DHB provides a series of sector based training opportunities. Updated training is related to specific projects on suicide prevention collaborative, Lean coaching, and the Productive Ward series.
- Investigated access rates and length of stay for tangata whai ora in Te Whare o Matairangi and developed an evidence base to help address the differences in service provision for Māori and Pacific people.
- All staff within the provider arm community treatment setting was trained in Mental Health Outcomes collection. Other services (NGO) collect relevant data; some have developed their own outcome measures.
- DHB's have their own mental health workforce development calendar which is sent out on a monthly basis to the sector (Nelson Marlborough).

DHB innovative practice:

Capital and Coast: Amalgamating data based on client utilisation drawn from Mental Health Services within the CCDHB region. This assists DHB's service leaders and managers to understand how well health care is working for an individual by looking at their experiences within the service. From this information staffs are able to see how and where people are accessing services across the continuum from a primary care setting, to NGO settings through to hospital services settings.

A scoping report was developed by Kites Trust for **Capital & Coast** and **Hutt**, which outlines options for the development of a web based calendar of training events for the mental health and addiction sectors of the Hutt Valley and Capital and Coast DHB regions.

Regional activities:

- SISSAL facilitated the Cognitive Behaviour Therapy workshops and Mentalisation-based Therapy workshops for South Island DHB staff working in mental health services.
- Workforce development plan in place.
- Professional/Clinical leaders' part of management team to ensure workforce issues addressed as part of core business processes.
- Tools and Techniques workshops delivered.
- Midland PRIMHD Coordinator providing a lead role in the NMHIS review

Leading Challenge: Māori Mental Health

Specific actions 5.1, 5.3 to 5.5: Continue to broaden the range, quality and choice of mental health and addiction services for Māori

How many DHB's

17 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

DHB innovative practice:

Hutt: The Māori focused clinical team and a NGO Māori mental health provider worked together with Planning and Funding to develop a model of service for Māori who live in the Hutt Valley. Links with other health and social service is also planned.

Regional Public Health and a number of providers are undertaking promotional and preventative work across the Valley. This includes youth AOD service that delivers programme to students, parents and teachers. (A large % of the students on the programme are Māori.)

Midcentral: The DHB's Nga Kaitohutohu Māori Mental Health and Addiction Advisory Group was established at the time of Te Puāwaitanga report and has continued strongly as an advisory group alongside the Local Advisory Group (LAG).

The LAG and Nga Kaitohutohu have worked together on the Action Plan. Key initiatives include:

- Local level analysis undertaken of Te Puāwaitanga applicability
- Priorities identified from Te Puāwaitanga baseline report and re-prioritised from local level perspective
- Identified the establishment of a Whānau healing centre with kaupapa Māori services integrated and early intervention for Māori suicide.

Northland: Action plan developed for the implementation of Whānau Oranga Hinengaro.

Taranaki and Waikato: Takarangi (competency framework) rolled out at Taranaki and Waikato.

Tairawhiti:

- Regional mental health activities continue as planned
- Have established 6 FTE Maori kaupapa FTEs across our two Iwi providers to ensure responsiveness to Maori kaupapa services exists.
- Current provider of NGO mental health support services will implement a cultural assessment tool in their management of clients.
- Information packs are available from all providers.
- Cultural assessments are available on request and often part of the entry process to MH & AOD services
- Monthly Kaupapa Maori providedr hui continue

Regional activities:

Northern: Development of Whānau Oranga Hinengaro in Northern region.

Central: Te Puawaitanga implementation framework was developed for the Central region that identified each DHB mental health and addiction service baseline data and gap analysis. Implementations of these recommendations were the responsibility of individual DHB's.

Te Upoko O Nga Oranga O Te Rae was contracted by six DHB's to assist the 14 Kaupapa Māori mental health and addiction services to implement Te Puawaiwhero.

Southern:

- The SIRMHN's Regional Mental Health Work Plans include Māori Mental Health activities that respond to Te Puawaitanga.
- SIRMHN's regional mental health work plans include Māori Mental health activities that respond to Te P Te Puawaitanga.
- SIRMHN monitors the annual spend on Māori Mental Health services.
- Annual stocks take of the number of Māori clinical staff in regional mental health services.

SISSAL manages the Health of the Nation Outcome Scale (HoNOS) project, whose objectives are to:

- Indicate if there is a regional increase in the number of Māori accessing regional specialist mental health services.
- Indicate if all regional mental health services, can clearly demonstrate that they provide a culturally effective service, meeting the needs of Māori.

Midland

- Takarangi Competency Framework rolled out to three DHBs. Evaluation of course implementation completed in Tairawhiti, BOP and Lakes.

- Kaupapa methamphetamine services tendered for regional for rangatahi and adult
- Midland Nga Purei Whakaataa Rumano forums meeting continue quarterly

Specific Actions 5.7 to 5.9: Enable Māori to present earlier to mental health and addiction services

How many DHB's

16 DHB's have indicated they achieved this action

5 DHB's have indicated they partially achieved this action

Key activities reported by the DHB's are as follows:

- DHB's have used mental health epidemiological and statistical information extensively in planning and funding work.
- DHBs are using data appropriately and are looking for detailed local data.
- Data on access to services by Māori was provided as part of usual reporting requirements.
- DHB review ethnicity data every quarterly.
- Maori and Mainstream Health Providers reporting electronically to PRIMHD.
- The capacity and capability of services to develop effectively to collect ethnicity data for NGO services is part of PRIMHD roll-out.
- All NGO's report ethnicity data in their Quarterly Reports.
- KPP data also identifies ethnicity
- Earlier intervention strategies are adopted by DHBs and are demonstrated in DAPs.
- DHBs are using data from PRIMHD (and previously data from MHINC) on the source of referral and on waiting times to inform and monitor progress towards early intervention for Maori.
- For the implementation of earlier-intervention strategies for Maori (to access mental health and addition services), DHBs are linked primary and secondary integration work.
- Early intervention programme is available and developed within the mainstream service.
- DHBs had an active participation in the national KPI.
- Each service has identified pathways which would support the continuity of care provided to tangata whaiora.
- Mental Health services have good links with other Maori health providers.
- DHBs work with all providers to ensure that education and information are available to Māori communities on mental illness, and where services can be accessed.
- Mental health promotion role exists at various DHBs.
- DHBs and providers have their own websites and they provide details on mental health information.

- Brochures are left in General Practices, Secondary Services and other Social Service agencies.
- Development of values and evidence-based practice frameworks to support kaupapa Māori approaches to service delivery, in which whanau ora is the underpinning concept.
- Regional early intervention service is provided.

DHB innovative practice:

Bay of Plenty: Early Intervention strategy implicit in funding of clinical component to complement the EBOP Kaupapa Maori Rangatahi residential programme.

Canterbury: Collects NHI level information from NGO providers and is able to track service utilisation by age.

Counties Manukau:

- Raukura Hauora and Kaumatua/Taumatua provide cultural support for Maori whanau to access EPIT –Early Psychosis Intervention Team.
- He Kaakano Youth team for Maori clients has been established in Child and Youth mental health services working closely with Maori clinical services to provide cultural support.
- Peer Support Specialist working in the Early Psychosis Intervention team, to ensure referrals made as appropriate.
- Established partnerships with Early intervention services including Raukura Hauora O Tanui.

Hutt: Te Upoko O Nga Oranga O Te Rae supports local Hutt Valley provider with data collection, collation and training. Information on mental health and addictions is distributed across the DHB, NGO, PHO, Marae based programmes, and other Maori health and social services and a wider network including Maori radio.

Midcentral:

- Develop values and evidence based practice frameworks to support kaupapa Māori approaches to service delivery, in which whanau ora is the underpinning concept.
- The suicide early intervention aligns to the Whakaururoa (Te Rau Matatini Strategy), this is integral to enhance what works well for Māori utilising researched evidence.

Nelson Marlborough: Primary Mental Health Initiative includes direct referral pathways for Maori Health Providers to extended GP consultations and individual packages of care.

NMDHB has one of the highest Maori access rates in the country (especially in addictions).

Northland: Increase proportion of staff with Maori ethnic group and they have networks within local community.

Southland: Ethnicity data available through health profile and reporting through PRIMHD.

South Canterbury: The role of DHB Maori Health provider Arowhenua Whanau Services and Māori Development Organisation HOP assists in Consultation Hui to inform Māori community of the availability and development of primary health care services.

Taranaki: Identify some of the gaps that exist within General Practice and provide relevant ongoing education for GPs that relates to mental health issues to their population.

Waitemata: Conducted Health Needs Analysis of Māori population. Also collects ethnicity data via the Key Performance Indicator (KPI) Project and PRIMHD

Waikato:

- Purchases a separate clinical Kaupapa Māori service for adults and child and youth for the Hamilton area (Hauora Waikato Māori Mental health Services).
- Purchases a separate Kaupapa Māori Forensic service (Hauora Waikato Māori Mental health Services).
- Purchases Tamariki and Rangatahi early intervention service (Hauora Waikato Māori Mental health Services).
- Health Needs Assessment and Analysis is completed every three years.
- All mental health and addiction child and youth providers (including Health Waikato and NGOs) operate through a single point of entry and have shared clinical governance. This includes Māori representation).

Wairarapa:

- The NGO Maori mental health service uses a cultural assessment tool as part of its assessment process.
- All mental health and addiction services are able to offer access to Kaumatua.
- An art based programme dedicates session to youth at risk; many who attend are Maori. This service provides and opportunity for early identification of problems and interventions as appropriate.
- WASI and Te Hauora actively work in secondary schools providing addiction treatment and support for students. Two of these in particular have a high population of Maori students.

Whanganui: The DHB has an agreement with Te Oranganui Iwi Health Authority PHO for a Primary Mental Health Care Service for Rangatahi across the whole population to support early intervention service for Maori.

West Coast:

- Maori mental health team liaise well with other providers to facilitate access and awareness of the services.
- The Kaupapa Maori mental health team works closely with Primary Health staff and joint education sessions have been provided.

Regional activities:

Northern: Analytic information is available via NDSA and Blueprint benchmarking for DHB's. PRIMHD Project will encompass data collection from both provider arm and NGO services:

- Northern Region has initiated Māori Mental Health and Addictions Plan (Whānau Oranga Hinengaro) refresh and Māori Mental Health and Addictions (Whānau Oranga Hinengaro) Implementation Plan refresh.
- National Key Performance Indicator (KPI) Project, stratified by ethnicity to enable specific focus and quality improvement activities.

Midland: Ethnicity data is routinely collected, then confirmed via the ongoing audit programme. Work is underway to roll out the PRIMHD data base to NGO providers. Several providers are piloting the use of PRIMHD.

A regional early intervention service is provided.

Central: MHINC data has been challenging for the sector for a number of years. NMDS is user friendly. The focus in the Central Region is implementing PRIMHD process including Maori and Pacific mental health and addiction services.

Ethnicity data is routinely collected, then confirmed via the ongoing audit programme. PRIMHD encompasses data collection from both provider arm and NGO services.

A regional early intervention service is provided through C&CDHB.

In the Central Region, Te Upoko O Nga Oranga O Te Rae providers are using Te Puawaiwhero as frameworks are exploring outcome measures.

Southern: SISSAL facilitates the SIRMHN's regular review of MHINC data at a regional level.

Specific actions 5.10: Promote choice by supporting the implementation of kaupapa Māori models of practice

How many DHB's

14 DHB's have indicated they achieved this action

7 DHB's have indicated partially achieved this action

Key activities reported by DHB's are as follows:

- Locally agreed pathways and protocols exist for all mainstream and kaupapa Māori mental health and addiction services. Cultural support for all Māori clients accessing Kaupapa Māori or mainstream services is facilitated by the Māori Mental Health Team.
- DHB's have MOU in place with Kaupapa Māori mental health and addiction providers.
- All services have MOU in place that agree the way they work together and how patients move between them.

DHB innovative practice:

Counties Manukau: Referral pathway exists between Maaori services and mainstream were developed and partially implemented; ongoing work is ensuring these pathways are embedded in practice. There are numerous initiatives that specifically address the mental health and addiction interface including the electronic record that ensures seamless and aligned treatment approaches. Some addictions teams are co-located with mental health teams.

Midcentral: Nga Kaitohutohu Māori Mental Health and Addiction Advisory Group contributed to the LAG Mental Health and Addiction Action Plan, which identifies awareness training on concepts relevant to Te Ao Māori and Tikanga Māori to occur during DHB orientation programme to new staff.

Nelson Marlborough: There is a commitment by the sector to develop pathways aligned to the Provider Division Client Pathways, therefore a higher level of clarity on pathways and protocols for tangata whaiora and Whānau.

South Canterbury: All Māori who identify as Māori have access to the Māori Mental Health Team which screens and assesses the level of cultural identification and ensures that people are aware of what they can be offered through participation within the Māori team. Interface between the Māori team and the mainstream service is integrated within the service framework process.

Southland: Te Korowai Hou Ora maintains its links with Māori and non-Māori providers, attends invitation to Hui. Refers and consults when necessary. Te Korowai Hou Ora staffs are aligned with and have designated roles within all clinical multidisciplinary teams.

Taranaki: A number of joint ventures exist with the Provider Arm services, Tui Ora Ltd (MDO) affiliated Kaupapa Māori Mental Health and other Hauora Māori service providers.

Waikato: As part of the child and youth clusters, there is one point of entry in each geographical area for both mainstream and Kaupapa child and youth services.

Waitemata: Whitiki Maurea – Kaupapa Māori service with mental health and addiction workers located together – has partnerships that ensure continuity of care with District Mental Health, Regional Forensic Psychiatry and Regional Alcohol and Drug services

Whanganui: The DHB has developed an Integrated (Network) Kaupapa Māori Mental Health and Addictions Service with five Māori providers for tangata whaiora who are most severely affected by mental illness. The network has agreed pathways and processes including with specialist services

Regional activities:

Northern: Regional Forensic Kaupapa Māori Rehabilitation provision spans DHB and NGO's. Whānau Oranga Hinengaro has the strategic priority of collaboration through health networks and intersectoral partnerships.

Central: Te Upoko O Nga Oranga O Te Rae support Māori mental health and addiction services.

Southern: He Waka Tapu is a regional kaupapa Māori addiction service. It has agreed pathways and protocols for entry and exit into the service.

Specific action 5.12: Increase Māori participation in the planning and delivery of mental health and addiction services for Māori

How many DHB's

16 DHB's have indicated they achieved this action
4 DHB's have indicated they partially achieved this action
1 not provided any information (Canterbury)

Key activities reported by DHB's are:

- DHB's have developed effective partnerships with tangata whenua / Māori community to support active participation across all levels.
- DHB's have active MOU with Te Runanga o Ngati Whatua and their health arm Tihi Ora MAPO.
- Active involvement of MAPO in planning and funding activities related to Māori Health.
- Regular consultation of DHB's with Te Runanga o Ngati Whatua in DAP Planning.
- DHB's have specific Māori mental health managers to reflect the engagement and participation with Māori.
- Increased opportunities for community to provide input into the planning and prioritizing process for Māori Mental Health service.
- Tangata Whenua actively participate in all levels of planning and service development from District Health Board and PHO governance boards to steering and management committees and project planning groups.
- The DHB's DAP; project plans and Regional plans are presented to the DHB's Māori Governance Group – Iwi Kainga for input and approval once completed.
- Parts of the Kaupapa Māori Mental Health Service sector meet regularly with the Provider Arm to discuss clinical governance issues.
- Māori representation on a number of forums and Māori provider forums exist.
- MOUs exist amongst Kaupapa providers.
- Local Iwi and Māori Advisory Group (MAG) exist to provide advice on local needs.
- Each service would have identified pathways which would support the continuity of care provided to Tangata Whaiora

DHB innovative practice:

Counties Manukau: Development of Te Ara Tika, a Māori stakeholder forum

Lakes, Tairāwhiti, Waikato and Taranaki: Has Iwi governance structure in place.

Midcentral Nga Kaitohutohu Māori Mental Health and Addiction Advisory group contributed to the LAG five year Mental Health and Addiction Action Plan.

Northland: *Te Tai Tokerau Māori Health Plan 2007-2013* developed by Te Roopu Kai Hapai o Te Tai Tokerau (Māori Health Leadership Group)⁴ and adopted by NDHB.

Nelson Marlborough: Mental Health and Addiction Portfolio Manage, Iwi Health Board, and Māori Health Directorate are all involved in DAP. Consultation for the development of Regional Plans is a responsibility for local District Health Boards and this is done primarily through Te Roopu Tupu Tahī (Mental Health and Addiction advisory group to NMDHB).

Taranaki: All Māori Health Providers are engaged effectively in the development of Te Kawau Maro, Taranaki Māori Health Strategy, which support five strategic priorities to accelerate the achievement of Whānau ora like Improving access, Building Māori capacity, Improving mainstream services, Strategic relationships; and Monitoring performance.

South Canterbury: Consults regularly with local Iwi and DHB Māori Advisory Committee in the development of mental health services locally.

Regional activities:

The every region has a Māori forum which will demonstrate engagement and participation from Māori.

There are local and regional forum structures in place to ensure Māori participation in DAPs and regional plans.

Consultation for the development of Regional Plans is a responsibility for local District Health Boards and this is done primarily through Te Roopu Tupu Tahī.

⁴ Comprising Whakawhiti Ora Pai, Te Runanga O Te Rarawa, Te Hauora o te Hiku o te Ika, Hokianga Health Enterprise Trust, Whangaroa Health Services Trust, Ngati Hine Health Trust, Ki A Ora Ngatiwai, Te Ha o te Oranga o Ngati Whatua, Te Tai Tokerau PHO, Tihewa Mauriora PHO, Manaia PHO, Kaipara Care PHO, Te Tai Tokerau MAPO and Northland DHB.

Leading Challenge: Primary Health Care

Specific action 6.1: Build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness and addiction.

How many DHB's

18 DHB's have indicated they achieved this action

2 DHB's have indicated they partially achieved this action

1 DHB's has not provided any information about this action

Key activities reported by DHB's are as follows:

- Portfolio Manager manages both primary and secondary mental health funding pools, enhances inter and intra-relationship between both sectors.
- Primary mental health Tool Kit developed with PHOs, secondary specialist mental health and addiction services, NGOs and Peer Support Services. DHB's participate in research to develop the national primary care toolkit.
- PHOs are based on the Ministry of Health direction implemented a stepped care approach) and the appointment of primary MH co-ordinator. The tool kit has been used to implement these initiatives.
- Local PHOs actively participate in the primary mental health evaluation. PHOs are represented on the local mental health and addiction advisory group.
- DHB's and PHO have worked collaboratively to develop and deliver the primary mental health model of care.
- Under the *Better Sooner More Convenient* umbrella DHB's and PHOs have developed a comprehensive plan for the integration of mental health services. DHB's and PHOs are working closely with the Ministry on an implementation plan and the possibility of demonstrating new models of care in the future.
- Involvement of primary mental health clinicians in regional forums by their PHO, which help in assist with informing on future directions of primary mental health services.
- Monthly regional primary mental health meeting includes; administrative, clinical functions and development of formal linkages with other PHOs and service providers.
- Mental health promotion and prevention are key areas of focus for established primary mental health initiatives.

- PHOs have access to the Tool Kit and use it as a reference document while developing the services.

DHB innovative practice:

Bay of Plenty: Kawerau youth (mild to moderate) programme. Roll-out of similar youth programme for BOPPHO primary mental health programme.

Canterbury: Supports the Canterbury Initiative (CI) which develops condition specific clinical pathways that span primary and secondary care. Primary care is a priority area for the DHB.

South Canterbury: Developed a continuum of mental health services across secondary and primary using strength based recovery model of care and developed an overall objective of health promotion, early intervention and primary mental health services, which has resulted in no waiting times for people accessing secondary mental health services. KPP has been used to provide care plans and options for clients with a serious mental health diagnosis, which includes immediate direct access to secondary services.

Otago: Involvement of PHO primary mental health clinicians in regional forums helps in assisting with informing on future directions of primary mental health services.

Tairāwhiti: Midland Network (TPHO a part of) has certainly put some effort into mental health as a critical service for their EOI development. Maori coalition (NPH is part of) is silent on mental health needs of their enrolled population. Primary mental health services currently under development with Ngati Porou Hauora with variable success – Turanganui PHO is successfully implementing a strong primary mental health service.

Regional activities:

Regional primary mental health meeting includes, administrative, clinical and development of formal linkages with other PHOs and service providers.

Mental health promotion and prevention are key areas of focus for established of primary mental health initiatives.

Specific actions 6.3 and 6.4: Build the capacity of primary health care ...

Action 6.3: The DHB's and primary health care providers will address the physical health needs of people who are most severely affected by mental illness and those suffering the severe ongoing physical consequences of alcohol and/or drug use, in the context of an holistic health approach.

How many DHB's

13 DHB's have indicated they achieved this action
6 DHB's have indicated they partially achieved this action
2 DHB's has provided no information.

Key activities reported by DHB's are as follows:

- Delivery of an integrated training programme for mental health (DHB and NGO) and primary care.
- PHOs' plans reflect the linkages between the GP and the specialist mental health services.
- Links with WINZ to ensure GP visits are appropriately funded for Clients of services.
- Medical Condition alert sheets are maintained.
- Regular sharing of information with GPs.
- Secondary Service Liaison positions with GPs.
- Education sessions with GPs and practice nurses.
- DHB's provide education to GPs and service providers about physical symptoms of mental health which helps them to pathologies about the problem.

DHB innovative practice:

Auckland: Implement share care project (PROGRESS+) Primary /secondary integration work to improve access to primary care physical health services for severe and enduring mental health problems.

Canterbury: Engaget with General Practitioners strongly encouraged. Two GP Leaders are on the Mental Health Leadership Group, and GPs are included in all sector planning initiatives, e.g. AOD and Rehabilitation.

Counties Manakau: Physical health screening programme implemented in provider arm (mental health) clinical service for people prescribed atypical antipsychotic medications.

Hawkes Bay: In 2008 Knowing the People planning data showed that most mental health clients have a GP. At that time it was thought that they did not. Since then, community mental health teams have worked with GPs to ensure clients are linked to primary care.

In the high need rural district of Wairoa GP consults for mental health clients are free so use of primary care is high and coordination is good with other services. This is also provided to the high need population in Flaxmere through Te Taiwhenua o Heretaunga, and long term mental health service users at The Lighthouse with the Hassle Free Clinic funded by Hawke Bay PHO.

Hutt: An HVDHB Psychiatrist has held a regular out patient clinic at one of the PHOs for 3yrs. This arrangement has:

- improved access to specialist mental health and addiction services
- provided for immediate consultation
- opportunities for training and reducing barriers
- improved communication and information sharing

Nelson Marlborough: has not 'audited' PHO plans as such for primary mental health. NMDHB, alongside the PHOs wrote the plans taking a collaborative approach.

Linkages to physical health needs, which are predominantly met within the General Practice sector, are addressed on a number of fronts.

General Practitioners (generically) look after the physical health needs of patients including those most severely affected by mental illness.

Nelson Bays PHO and Nelson Marlborough implemented the Trailblazers programme, with an increasing focus on improving physical health of service users. This has culminated in the Well Health clinic at Nikau House.

Kimi Hauora Wairau "Healthy Living Team" has a close link and working relationships with the SMART Primary Mental Health Initiative. The Healthy Living Team includes advisors for diet, nutrition, exercise and social supports.

Northland: Packages of care approach developed under Te Pou Ora o te Piringatahi, a primary mental health programme which allow access to a range of support services including referral to recreational therapy and Healthy Eating Healthy Action programmes.

South Canterbury: Addresses the immediate and ongoing needs of those most severely affected by metal health and addiction issues, but also provides health promotion and education, early intervention and primary care

interventions to not only assist those most severely affected, but those with mild to moderate problems.

Waikato: Primary liaison positions for Child and Youth who experience mental health services have been established.

Wairarapa: Use of Care Plus for patients with co-morbidities has supported access to physical health services for people living with more severe mental illness; however, it is recognised that there is a service gap in this area and a programme to provide more holistic shared care services for this population group will be developed in the year ahead.

Waitemata: Special PHO programme contracted to provide intensive GP services for high needs mental health clients.

Action 6.4: Engage mental health and addiction service user participation in the planning and development of primary mental health and addiction services

How many DHB's

13 DHB's have indicated they achieved this action
6 DHB's have indicated partially achieved this action
2 DHB's has provided no information.

Key activities reported by DHB's are as follows:

This action has not generally been addressed by all the DHB's.

- Some of the PHOs have consumer representatives on their boards.
- Some of the DHB's have encouraged mental health service users to be involved in planning and development of primary mental health initiatives.

DHB innovative practice:

Hutt: Mental health service users were involved in the planning and development of the Primary mental health service. They continue to provide training to staff.

Nelson Marlborough: The Nelson Bays PHO has two service users on the Primary Mental Health Steering Group. Service user groups were consulted in the development of the Primary Mental Health and Addiction Plan.

Northland: Te Pou Ora o te Piringatahi, primary mental health programme governance group includes primary, secondary and consumer representation.

West Coast: There has been ongoing service user engagement in the development of the West Coast Primary Mental Health Plan and the development of the Integrated mental health Model of Care.

The primary mental health team use 6 month follow-up sessions with service users to measure satisfaction with the services they are receiving, both in terms of acceptability of accessing services through GP teams and in relation to the counselling service provided itself.

Regional activities:

Northern: Mental health and addiction service user participation occurs in regional primary mental health workstream.

Specific action 6.5: Build linkages between Primary Health Organisations (PHOs) and other providers of mental health and addiction services to ensure integration occurs to meet the needs of all people with mental illness and addiction

How many DHB's

12 DHB's have indicated they achieved this action

5 DHB's have indicated they partially achieved this action (Auckland, Nelson Marlborough, Taranaki, Wairarapa and Waitemata)

4 DHB's have not provided any information (Midcentral, South Canterbury, Tairāwhiti and Whanganui)

Key activities reported by DHB's are as follows:

- Clinical director provides training and support as requested.
- PHOs are involved in networking and training opportunities.
- Client pathways being developed between PHOs and Secondary Services
- Primary Mental Health Clinical Governance Group forms service pathways between services
- Regular liaison via Phone, Letter and E-mail with GPs of current clients via Psychiatrists and key workers.
- Monthly regional primary mental health meeting which includes representatives from provider arm and NGO providers.
- Primary Mental Health Brief Intervention Services in PHOs; part of their role is consultation and liaison.

DHB innovative practice:

Auckland: Lotofales (Pacific Island Mental Health Service) primary care liaison team as well as promoting seamless discharge to GP care is involved in improving early and effective access to secondary mental health care for pacific people.

Canterbury: Primary mental health leadership meets every two monthly to address issues and lead development of primary mental health in Canterbury. All Canterbury PHOs have consumer representatives on their boards.

Lakes: A substantial work has to be undertaken before the DHB can be confident that agreed pathways and mechanisms are in place and embedded into practice.

Local experience in Southern Lakes has been one where a PHO model of "reaching in" to specialist services is working more effectively than secondary services "outreach" approach.

Nelson Marlborough: Nelson Bays PHO Kimi Hauora Wairau is developing a Stepped Care primary mental health model. Kimi Hauora Wairau and specialist Adult Mental Health and Addiction Services have a good and established working relationship; client flow, when appropriate between services, is seamless.

Regional activities:

Central: A website has been developed for the PHOs supported by WIPA and Compass Health in the Central Region. This website includes how service users and tangata whaiora may access the services and provides useful links to health promotion and prevention activities available.

Fora and meetings have been supported by Central region DHB's, including a regional Multi Systemic Therapy (MST) forum for youth with alcohol and drug (AOD) issues.

Specific action 6.6: Strengthen the role of PHOs in communities to promote mental health and wellbeing

How many DHB's

16 DHB's have indicated they achieved this action

3 DHB's have indicated they partially achieved this action (Counties Manukau, Waikato and Waitemata)

2 DHB's have not provided any information (Tairāwhiti and Whanganui)

Key activities reported by DHB's are as follows:

- Mental health promotion implementation plan includes emphasis on mental health promotion in primary health settings.
- Primary mental health pilot within *Better Sooner More Convenient* business case.
- DHB has contracts with PHOs that provide a range of promotion and prevention initiatives.
- Fora and meetings have been supported by DHB's including a regional Multi Systemic Therapy (MST) forum for youth with alcohol and drug (AOD) issues.
- PHO plan documents for both the primary mental health and work on improving and promoting plan that focus on mental health promotion and addiction prevention. Also PHO address the gaps in service participation in various health promotional activities.
- PHOs across DHB's have plan for mental health promotion and addiction prevention.
- PHOs are involved with the primary mental health and programme and were expanded to become available to all GPs linked with PHOs.
- PHO's have included mental health as a part of planning.
- PHOs have submitted a primary care business case to MoH.
- Plans exist to address promotion of mental health and to address gaps in service.
- Participation in various health promotional activities.
- Te Pou Ora o Te Piringatahi includes health promotion awareness within the programme.
- Primary Mental Health Clinical Governance Group includes health promotion awareness within the programme.
- All the Primary Mental Health initiatives focus on mental health promotion and addiction prevention. Assessment and treatment for addiction problems are referred on to addiction service provider.

DHB innovative practice:

Hawkes Bay: The focus is on promoting health in the broader sense - Hikoī Whenua (healthy communities), building resiliency and promoting health.

Lakes: Both PHO's in Lakes have included mental health as a part of their planning. Lake Taupo PHO is a member of the Midlands collaborative which has submitted a primary care business case to MoH.

Nelson Marlborough: Kimi Hauora Wairau PHO acknowledges the importance of holistic health promotion in improving the access to the mental health and addiction services.

South Canterbury: Does not have a PHO and the DHB is the provider or contractor of primary and community health services. Mental health and addiction is an integral part of overall health promotion and development of services.

Taranaki: All PHOs are involved with the PMHI and the programme was expanded to become available to all GPs linked with PHOs as at July 2009. (PHO initiatives already developed through Taranaki Primary Connections).

Regional activities:

- PHOs promote mental health and wellbeing.
- Te Pou Ora o Te Piringatahi includes health promotion awareness within the programme.
- Primary mental health clinical governance group includes health promotion awareness within the programme.
- Midland DHB's are fully involved in the development of the Midland Primary Expression of Interest at local and regional levels.

Leading Challenge: Addiction

Specific action 7.1: Improve the availability of and access to quality addiction services, and strengthen the alignment between addiction services and services for people with mental illness

How many DHB's

17 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- Knowing the People Planning training was undertaken by DHB's.
- NGO support workers provide services to clients transitioning out of STEP.
- CADS are working to reduce the waiting times to improve the access to services.
- Dual Diagnosis NGO Service, Integrated AOD and Mental Health service, increased AOD FTEs for youth (provider arm, NGO) and child and youth, Detox service available in each district, AOD staffs aligned to MH staff for joint case management.
- AOD peer support specialist services are being established.
- DHB's have increases FTE rates for drug ARM services by providing additional counselling services.

DHB innovative practice:

Capital and Coast and Hutt: The interagency case management approach to homelessness project, funded by the Ministry of Health Primary Health Innovations Fund. Two, day-long interagency workshops held to develop strength based case management model as well as the supporting processes and procedures.

Counties Manukau: Stand Up! is a school-based youth development Programme for young people whose lives are influenced by alcohol and other drug use. It is aimed at reducing AOD behaviour of young people at risk.

Hawkes Bay: Once detoxification (detox) pathways are finalised, service changes will be implemented. Most detox is provided in the community and all addiction services will provide detox. Options will be explored with local services in 2010.

Midcentral: Provider Arm service has reviewed the AOD Service which includes the methadone programme. It is proposed by 2010/11 to implement the findings and recommendations from these reviews.

Nelson Marlborough: Revised the St Marks Society Inc model of care and gained support in principle for altering the service so that it is more responsive to high and complex service user needs.

Otago: Time spent in prisons (Moana House) and follow-up services has increased; access rates have improved.

South Canterbury: Increased the services provided by Adventure Development Trust for adolescents by increasing the FTEs for mental health assessment and AOD services. In addition, presentations are provided by Adventure Development Trust on adolescent brief intervention service to increase the access rates.

Wairarapa: Addiction services have increased the range and accessibility of services through development of a therapeutic day programme. Increased range of therapies available through addiction services included Rongoa, Mirimiri, sauna for detox, reiki and psychotherapy services are now available.

Waitemata: A range of activities were initiated through the Te Atea Marino Review with the Auckland Metro DHB's resulting an increased targeted access to the DHB Provider Arm AOD services.

Whanganui: addiction services were identified as a gap in the regional strategic plan. A stock take of all AOD services has been completed and gaps to be identified to improve the configuration of services and improve access.

Regional activities:

Northern: Recommendation for the development of Northern Region AOD sector development project.

Midland: Midland Regional Addictions Forum established to progress the development of strategic objectives. Addiction services identified as a gap in the regional strategic plan and in the gaps analysis. Stock takes of all AOD services completed. Gaps are identified in the regional strategic plan to improve the configuration of services and improve access.

Southern: Many of the recommendations from the *South Island Regional Alcohol and Other Drug Service Review* (completed in 2009) are being addressed through the SIRMHN's Regional Mental Health Work Plan and through the individual DHB DAPs.

Specific actions 7.2, 7.3, 7.8, 7.10 and 7.12: Broaden the range of services that are funded for substance use problems

Action 7.2: Develop a plan to address respite and acute services.

How many DHB's

14 DHB's have indicated they achieved this action

7 DHB's have indicated they partially achieved this action

Key activities reported by DHB's are as follows:

- AOD collaborative model for youth and adults plan is in place as part of strategic development.
- Alcohol and Drug Plan has been developed as part of strategic development and endorsed by DHB's.
- Taranaki, Tairāwhiti, Otago and Southland DHB have undertaken a review on AOD and acute services.
- AOD framework in development.

DHB innovative practice:

Bay of Plenty: Development of AOD collaborative model for adults and youth.

Canterbury: AOD Respite is currently available and will continue to be a feature of the revised AOD sector.

Hutt: The Acute Inpatient service has been reconfigured. This includes reducing the intensive acute beds, providing an outreach service from the unit, and developing more intensive day service.

Lakes: Respite services are in place (shared with mental health) and in Rotorua are delivered by the same provider of pre/post treatment service for Lakes, and in Taupo by the only provider of home based support. The respite model being applied includes brief stay with up to four weeks of community based follow up post respite stay.

Nelson Marlborough: Establishment of pre and post acute crisis service in the Blenheim district. Child and Youth respite services are aligned to Provider Division NASC service. There are however service reductions in respite 2009-10.

South Canterbury: SCDHB utilises the local respite and crisis team, if emergency detox is required people can access the medical ward or would more normally be transferred through to the Kennedy detox unit.

Wairarapa: Respite and acute services are well linked both locally and sub-regionally to other services to ensure the most effective support is available at any given time.

Waitemata: A range of activities were initiated through the Te Atea Marino Review with the Auckland Metro DHB's resulting to an increased targeted access to the DHB Provider Arm AOD services. Level of access to acute community and inpatient DHB services were improved. Levels of access are monitored through the Auckland Metro DHB Regional Governance Group.

West Coast: Alcohol and Drug Service Plan is currently being implemented by the mental health and addictions service addresses address respite and acute services provision.

Whanganui: Regional detoxification advisory group has identified gaps in service recommended in a model of care and recommendations for protocols and guidelines. Stock take of Addiction service completed.

Regional activities:

- Regional Detoxification Advisory Group has identified gaps in service recommended a model of care and recommendations for protocols and guidelines.
- Stock take of Addiction services are completed and a strategy and framework to improve service integration, collaboration.

Action 7.3: Develop a plan to address and strengthen residential treatment services.

How many DHB's

15 DHB's have indicated they achieved this action
4 DHB's have indicated they partially achieved this action
2 DHB's have not provided any information (Lakes and Taranaki)

Key activities reported by DHB's are as follows:

- DHB's are expanding range of community based options through stepped care model.
- DHB's are reviewing existing model of care to provide more flexible options in treatment, aligned to service user needs.
- DHB's have developed the model of care for detoxification services and this includes supported accommodation.
- Review of the model of care regional residential treatment services are presently being undertaken.
- Developed an Integrated (Network) Kaupapa Māori Mental Health and Addiction Service with Māori providers for tangata whaiora who are most severely affected by mental illness. It is explicit in the agreement that service users are linked with appropriate addiction services as required.
- Comprehensive ranges of residential service are available with a good occupancy rates.
- DHB's support users and participants in regional planning for access; deliver regional residential treatment services which are not available in smaller DHB's.
- Continuum of care developed for Hutt Valley and Capital & Coast DHB's.

DHB innovative practice:

Auckland: AOD plan is in place as part of strategic development and implementation.

Hutt: Through the Triple Aim initiative the residential and support service was reviewed and initial bench marking completed. The review identified that 10% of the residents have been in a residential services for 10yrs, 23% for 5 to 9 yrs, 41% for 1 to 4 yrs and 26% since 1 year. Further work is planned for 2010/11. Knowing the People initiative identified people who were using residential services particularly for long periods.

South Canterbury: has no residential treatment services based in South Canterbury, but does have community support residential providers for both mental health and addiction services. Treatment is provided by the DHB

secondary services and AOD and Mental Health residential/community services have been reconfigured to allow flexibility and support to clients who involves individual access to a mix of residential and community support which best supports their transition back into the community.

Waikato: has purchased range of AOD residential options from providers outside of the region to provide services of user choice.

Waitemata: There is no current agreement of the required level of residential AOD services in the Auckland metro region. Access to Auckland Metro residential AOD services was improved through the Government's Methamphetamine strategy.

Regional activities:

Midland: Midland has established Kaupapa Moari AOD residential services. Midland AOD beds are relocated from Auckland to Hamilton (Salvation Army).

Southern region: The *South Island Regional Alcohol and Other Drug Service Review* (completed in 2009) is being addressed through the South Island Regional Mental Health Networks (SIRMHN) Regional Mental Health Work Plan and through the individual DHB's' DAPs.

Action 7.8: All providers will ensure that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices.

How many DHB's

14 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

3 DHB's have not provided any information

Key activities reported by DHB's are as follows:

- Information about mental health and addiction services, other health services and social agencies and mental health training for contracted providers is available electronically on Web Health.
- All DHB's have a website which includes the required information.
- All NGO AOD providers are audited three yearly and this aspect is part of this audit process.
- Detailed service pathway information available in an appropriate form and services contracted to include required outcomes.

- AOD Network meetings were held quarterly to provide opportunities for the spread of information and consultation.
- PRIMHD will provide consistency of reporting and further ability for providers to possibly share reporting requirements.
- Service information packs or pamphlets are available to service users and service providers.
- Māori service providers work together to ensure appropriate transfer of care.
- Regular service provider meeting helps to strengthen the linkages.
- MOU between providers, policy and procedures exist.
- DHB's have developed an Integrated (Network) Kaupapa Māori Mental Health and Addictions Service with Māori providers for tangata whaiora who are most severely affected by mental illness. It is explicit in the agreement that service users are linked with appropriate addiction services as required.
- Information about the services is readily accessible to both clients and their families. Compliance monitored via documentation audits (target 85% compliance), client and family satisfaction surveys/interviews. Recovery tool kit, and Family engagement leaflet are further examples of achievement of this criteria.
- A number of mental health forums exist.
- The Network produces a monthly Mental Health Events Calendar which is distributed to more than 100 providers and agencies and includes workforce development information, education and training opportunities and local, regional and national meetings, forums, hui and conferences.

DHB innovative practice:

Hawkes Bay: The Lighthouse consumer advisory services moved to management by Whatever It Takes from 1 March 2010. This includes addiction consumer advisors.

West Coast: Audits undertaken by SISSAL indicate that all providers audited can demonstrate that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices.

Action 7.10: Develop a mechanism for all NGO AOD providers to report the national minimum data set within MHINC. In 3-5 years all NGOs are reporting to MHINC.

How many DHB's

17 DHB's have indicated they achieved this action
3 DHB's have indicated they partially achieved this action
1 DHB has not provided any information

Key activities reported by DHB's are as follows:

- Mental Health Information National Collection (MHINC) has been superseded by PRIMHD and DHB's have been reporting to PRIMHD since July 2008. 18 DHB's are PRIMHD compliant (excluding Bay of Plenty, Hawkes Bay and Hutt Valley DHB's).
- PRIMHD reporting is being progressively rolled out across the central region gathering information on the range of services being delivered via NGOs.
- All NGOs are working towards PRIMHD compliance. 84 NGOs were reporting to PRIMHD as of 30 June 2010
- PRIMHD local coordinator role exists at DHB level to support NGOs, AOD and provider arm to report to PRIMHD.

Action 7.12: Develop initiatives to strengthen linkages between primary health care and mental health and addiction services, and between health and wider social services.

How many DHB's

15 DHB's have indicated they achieved this action
4 DHB's have indicated they partially achieved this action
2 DHB's have not provided any information

Key activities reported by DHB's are as follows:

- DHB's have identified primary care as a priority over the next 12 to 18 months.
- Several primary health based AOD practitioners providing AOD services as part of PHO services across the region emphasis on providing services from mild to moderate addiction problems.
- DHB's are undertaking a number of initiatives to strengthen the linkages between specialist and primary mental health and addictions services.

Particularly through the work on developing an integrated mental health and addictions services as part of the DHB wider clinical and financial sustainability project and the development of the Business Case for the development of Integrated Family Health Services.

- MOU exist between services.
- Mental health round table meeting supports ongoing liaison and networking between primary health care, addictions, mental health services and intersectorial agencies.
- Monthly regional primary mental health meetings, which can include representatives from provider arm and NGO providers, supports the integration of services.
- Monthly NGO forum assists with information sharing, collaboration and integration of services.

DHB innovative practice:

Canterbury: Department of Corrections actively participated in the AOD plan development. Planning and Funding meet every other month with senior managers from Christchurch City Council, Police, MSD, Corrections, Education, Department of Internal Affairs (DIA), Housing NZ, Te Puni Kokori and the Ministry of Pacific Island Affairs.

Lakes: The Family Integrated Health Centre in Turangi provides opportunity for Lakes to strengthen linkages. Also the development of a Convenient Care Clinic at WINZ in Rotorua has created an opportunity that will be explored in 2010/11.

Otago: Liasion with GPs for methadone services and linkages are developed to support initiatives.

Likages established with public health, police, CYF, youth alcohol & drug services, ACC, city and district councils through various forums.

South Canterbury: 21 GP placements exist; designated AOD worker liaises with GP's. AOD Worker will attend GP Practice to review care alongside GP.

Waitemata: Referral protocols between CADS and the criminal justice sector are in place. Targeted projects in place on the interface between primary care and CADS.

Regional activities:

Midland: Several primary health based AOD practitioners provide AOD services as part of PHO services across the region. Emphasis on providing services from mild to moderate addiction problems.

Specific action 7.17: Build the expertise of addiction and mental health providers to conduct complementary assessments and treatment planning

How many DHB's

16 DHB's have indicated they achieved this action
4 DHB's have indicated they partially achieved this action
1 DHB's have provided no information (Caterbury)

Key activities reported by DHB's are as follows:

- Activities that DHB's report show how service delivery is aligned (at the level of the service user) for people with co-existing disorders.
- There are MOUs between all the service providers.
- Regional workshops are organised with MOH on co-existing problems.
- The Provider arm AOD service has an agreement with the mental health service about shared case management when a dual diagnosis client is commonly managed.
- Provider arm has Service Provision Framework (clinical pathways) which demonstrates linkages with other providers.
- The provider arm AOD service coordinates access to regional residential AOD placements for NGOs.
- AOD training was provided to service, multidisciplinary teams to help promote a better delivery of care for people with dual diagnosis.
- Assessment and referral pathways for people with dual diagnosis.
- Workforce development is supported in training for co-existing disorder.
- Establishment of AOD Managers Group and forums.

DHB innovative practice:

- **Bay of Plenty:** Intention to develop Bay of Plenty specific co-existing disorders training superceded by Matua Raki initiative.
- **Hutt and Capital & Coast:** Building capacity in all adult teams (Hutt Valley DHB and Capital and Coast DHB) to be able to respond well to consumers with coexisting MH and AOD disorders.
- **Northland:** Addiction and mental health services are provided within one team.

Regional activities:

- Based on national guidelines, co-existing disorder workshops were held in the region to assist with the implementation of co-existing disorder strategy. Workshops facilitated by MOH are targeted to sector leaders.
- DHB's have implemented Community Alcohol and Drug Services (CADS) strategic review and sub-services for those with dual diagnosis.
- Mental health and addiction service is participating in the Midland and Central Regions Coexisting Disorder Problems Roll out with MOH, Matua Raki and Te Pou, which commenced May 2010.

Leading Challenge: Funding and Mechanisms for Recovery

Specific actions 8.3 and 8.6: Develop and implement funding mechanisms for mental health and addiction that support recovery, advance best practice and enable collaboration

How many DHB's

15 DHB's have indicated they achieved this action

5 DHB's have indicated they partially achieved this action

1 DHB has not provided any information

Key activities reported by DHB's are as follows:

- Mental health and addictions planning and funding teams participate in networking and identifying training and development opportunity.
- DHB's are participating in the "national mental health and addictions planning and funding" training (Blueprint/Te Pou).
- Positions are reviewed and some of the core funder positions have been filled.
- DHB's are using Packages of care model to increase flexibility to meet individual need.
- Low cost housing options has improved stable housing options and reduced acute care.
- Development of transitional care packages has provided care for clients which have resulted in greater movement of clients from residential to independent living arrangements. This provides an increased skill and changing practice of support staff with needs assessment service coordination and occupational therapy support.
- National pricing project.
- Programme for the Integration of Mental Health Data (PRIMHD) project will provide data to support funding innovations.

DHB innovative practice:

Canterbury: Canterbury DHB has utilised the information collected through NHI reporting to develop a solid understanding of activity levels across service types. This has led to the introduction of Performance Based Funding contracts (PBF). These are introduced in areas where performance has been lower than expected. Activity targets are set with milestone targets. Baseline funding is paid equally across the 12 months, with milestone payments released as activity targets are reached.

Capital and Coast: appointed Senior Analyst who will be responsible for leading, influencing and providing high quality analysis, research and advice that support and contribute to the achievement of objectives set out in *Te Tāhuhu* and *Te Kōkiri*.

Hutt, Capital and Coast, and Wairarapa: Triple Aim project is likely to lead to an alternative funding model. The Mental Health and Addiction Triple Aim project presents an opportunity for the DHB's to address some of the issues for mental health and addiction providers and to achieve a real, enduring, positive change for service users and their families/Whānau. It will assist the DHB's in achieving the service vision and goals set out by *Te Tāhuhu* and *Te Kōkiri*.

Lakes: has indicated that it has moved from bed day based contracting to FTE based contracting although no evaluative component has been built into that process.

South Canterbury: have a flexible funding options and funds services and support options for individual clients including employment options.

Waitemata: Consideration of residential rehabilitation project to determine better funding model to support recovery.

Regional activities:

Central: Central Region reports to planning and funding confirm that moving to a 100% utilisation model with IDFs would result in considerable savings to the taxpayer. However, this does not necessarily result in a saving for DHB's.

Southern: The SIRMHN is currently reviewing the way in which the regional Mental Health services are funded. Changes to the funding may be piloted once the models are identified. Regional service models of care review are being undertaken.

Leading Challenge: Transparency and Trust

Specific actions 9.3 and 9.5: Increase the availability of information and information systems ...

Action 9.3: Review the findings of the New Zealand Survey of Mental Health and Wellbeing epidemiology study, with a view to creating a better match between mental health service delivery and need.

How many DHB's

10 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action

7 DHB's has not provided any information

Key activities reported by the DHB's are as follows:

- Te Rau Hinengaro helped DHB's to inform mental health and addiction planning process. This information has informed DHB's to reconfigure the Mental Health and Addiction service towards a primary focus for the delivery of mental health and addiction service for the future.
- DHB's have upgraded the data collection system.
- Local Advisory Group utilised to progress the Te Rau Hinengaro findings

DHB innovative practice:

Hutt: Te Rau Hinengaro helped to inform Hutt Valley mental health and addiction planning process for 2008/13 locally. This information has informed the reconfiguration of the HVDHB SSMHAS toward a primary focus for the delivery of mental health and addiction service for the future.

Nelson Marlborough: NMDHB completed a Mental Health Populations of Need and Mental Health and Addiction Action Plan 2008-2015, which used Te Rau Hinengaro findings as part of its baseline.

Taranaki: The Child Adolescent and Maternal Mental Health and Addictions Services Continuum Project identified areas of focus for better meeting the needs of the younger population and this project is in progress.

Wairarapa: Local analysis identified that the proportion of the population accessing both primary and secondary services is much lower than the prevalence of mental illness that Te Rau Hinengaro indicates. Increasing

access rates across all services is a priority outcome for the *BSMC* business case.

Regional activities:

Northern: Regional Eating Disorders Services Plan 2008-2013 and AOD Sector Development Project Report.

Central: One project, "Triple Aims" looks to match service delivery with population need across DHB's as well as ensuring value for money can be measured and quality is maintained. Funding and Planning carried out a line by line review of all the services provide, whether regional sub regional or local, to be satisfied the services are needed, delivering what they are required to, and represent reasonable value for the taxpayer.

Action 9.5: DHB's will continue to provide an environment and ensure mechanisms exist for continuous learning and ongoing quality improvement in the planning and delivery of mental health and addiction services

How many DHB's

11 DHB's have indicated they achieved this action

7 DHB's have indicated they partially achieved this action

3 DHB's has not provided any information

Key activities reported by DHB's are as follows:

- Continuous learning integrated into provider arm and NGO philosophy of practice and organisation values.
- DHB will continue to provide an environment for continuous learning and ongoing quality improvement in the planning and delivery of mental health and addiction services.
- Regular auditing programme implemented across all contracted mental health and addiction NGOs and national standards are adopted as per standard auditing process.
- All the NGO services are audited for compliance to standards and contracts every three years.
- Action plan is developed and implemented to address audit non-compliance areas.
- All NGO services with 5+ residents are certificated by the Ministry of Health.

DHB innovative practice:

Counties Manukau: Evaluation of service delivery was under progress for 2009/10 and also planned for 2010/11.

Hutt: All NGO providers receive an independent service Audit every 3-4 years. The Mental Health Sector Standards are included. Recommendations are addressed by the provider and approved by Planning and Funding manager.

Nelson Marlborough: Supported the NGO Sector by engaging consultants for Quality Improvement Workshops and Accreditation Pathways in 2006. Also contributed to individual NGO's who were proceeding through the accreditation process.

Whanganui: The DHB Mental Health & Addictions Advisory Group (MAMHAAG) supports development and monitors the implementation of strategic and annual plans including the Whanganui DHB District Annual Plan to assist Whanganui DHB to meet its strategic objectives.

Regional activities:

Central: Continued to develop the services provided by Te Upoko O Nga Oranga O Te Rae to the Central Region DHB's.

Southern: South Island Regional Mental Health Network (SIRMHN) supports regional cooperation and learning opportunities.

Outcome data is analysed regularly through KPP service development project.

Southern DHB's are audited through SISSAL to indicate all providers are compliant with the Mental Health Sector Standards.

Benchmarking of Southisland services through KPI project.

Specific actions 9.7 and 9.8: Create an environment that enables DHB's to demonstrate that their investments in mental health and/or addiction deliver value for money ...

Action 9.7: Develop a first version national key performance indicator set for use in New Zealand mental health and addiction services

How many DHB's

12 DHB's have indicated they achieved this action

7 DHB's have indicated they partially achieved this action

2 DHB's has not provided any information

The key activities reported by DHB's are as follows:

- DHB's those who have participated in the KPI project have found it hugely beneficial for local planning.
- KPI benchmarking project is well underway with 9 DHB's (Auckland, Midcentral, Waitemata, Lakes, Waikato, Counties Manukau, Taranaki, Canterbury and West Coast).
- DHB's are in the process of developing the dashboard has been developed for information collection, monitoring and reporting framework (e.g. KPI dashboard).
- DHB's not participating in the KPI project are well informed about the progress about the project from the other DHB's.

DHB innovative practice:

Hawkes Bay: Use Australasian Benchmarks to monitor secondary services. Knowing the People Planning indicates change over time in housing, education and work.

Hutt: Initial bench marking for residential and support services has been done as part of Triple Aim initiative. Further work is planned for 2010/11 to review and bench mark other services.

Waikato: Health Waikato Mental Health and Addictions service has participated /piloted the Key Performance Indicator project.

Regional activities:

Northern: The Three Metro DHB's participated in national KPI project and regional KPI project underway.

Midland: Three Midland DHB's are involved in KPI project.

Central: A sector wide set of KPIs will be developed and then monitored to provide information about the impact that the BSMC business case has on patient outcomes.

Southern: South Island Regional Mental Health Network (SIRMHN) supports regional cooperation and learning opportunities. Benchmarking of South Island services.

Action 9.8: All providers will actively foster a research and evaluation-based approach to recovery practice.

How many DHB's

15 DHB's have indicated they achieved this action

5 DHB's have indicated they partially achieved this action

1 DHB has not provided any information

Key activities reported by the DHB's are as follows:

- DHB's have undertaken evaluation of Peer Support Services, evaluation of Home Based Treatment Service and research and evaluation commissioned against specific projects to their investment deliver the value for money.
- Evidence provided for range of research activities undertaken in service and in partnership with other health and education providers.

DHB innovative practice:

Bay of Plenty: All new services/poilots are evaluated and a DHB innovative practise evaluation tool developed and utilised.

Counties Manukau: Evaluations of service delivery underway for 09/10 and planned for 2010/11 year.

Hutt: Otago School of Medicine (OSM) is seeking funding to evaluate the Implementation of Primary Mental Health tool kit 2010/12. The Tool Kit was developed in 2009/10 with DHB, PHO, NGOs and service user focused group.

Lakes: With the roll out of PRIMHD there has been a greater emphasis by providers on collating and interpreting data to support or not support changes to service delivery.

Waikato: Health Waikato Mental Health and Addiction services have implemented health of the national outcome scales (HONOS).

West Coast: Providers implement formative and summative evaluation processes where appropriate

Regional activities:

Northern: KPI's under development and Forensic Clinical Pathway project underway utilising existing datasets.

Central: Refer to the evaluation process described above for the multi systemic therapies (MST) process under 2.18. This service has been subjected to a full evaluation process, which included reference to benchmarking processes.

Southern: South Island Regional Mental Health Network currently piloting the Recovery Oriented Principles pilot through the NGO sector. All NGO contracts have Recovery Oriented Indicators listed in the Provider Terms and Conditions. Te Rapuora o Te Wai Harakeke supported to trial Te Hua Oranga outcomes measure. Unfortunately the Provider used the tool more as a survey as opposed to an outcomes measure.

Specific actions 9.10 to 9.12: Create an environment where mental health workers and service users can readily use information ...

Action 9.10: All service providers will implement collaborative note-taking and recovery planning for mental health service users and tangata whaiora and treatment/intervention planning for addiction service users

How many DHB's

14 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action (Hutt, Nelson Marlborough, Taranaki and Waikato)

3 DHB's have not provided any information (Counties Manukau, Tairāwhiti, Waitemata and Whanganui)

Key activities reported by DHB's are as follows:

- Recovery plans in place for provider arm and NGOs.
- Recovery plan (relapse prevention/crisis prevention plan) in place and DHB's report every quarterly with a target of 90%.
- With the roll out of PRIMHD there has been a greater emphasis by providers on collating and interpreting data to support or not support changes to service delivery.
- NGO sector has collaborative note taking in place for some Providers. Other Providers ensure service users sign off notes.
- Regular audit process.

Regional activities:

Southern: Audits undertaken by SISSAL on behalf of the WCDHB have evidenced recovery planning for mental health service users and tangata whaiora and treatment/intervention planning for addiction service users.

All providers have recovery plans in place for all service users and report 95% compliance for long term service users with those non compliant being linked to the nature of their contact with services.

Action 9.11: Service users, family, whānau and other agencies know and understand what they can expect from mental health and addiction services

How many DHB's

19 DHB's have indicated they achieved this action

1 DHB's have indicated they partially achieved this action (Counties Manukau)

1 DHB has not provided any information

Key activities reported by DHB's are as follows:

- Information on mental health and addiction services, other health services and social agencies and mental health training for contracted providers is available electronically on Web Health.
- DHB's keep information about contracts/providers on the DHB websites.
- DHB website provides service users, family, Whānau and other agencies with information about all mental health and addiction services.
- DHB's have maintained the hard copy directory, brochures and Service information pack are available to tangata whaiora, consumers, families and general population.
- Consumer and family advisory groups are established and a number of forums exist with family and consumer participation.

DHB innovative practice:

Nelson Marlborough: Revamped the Mental Health and Mental Health Planning website which lists all services contracted by NMDHB, how to access the service, philosophy of service, service descriptions etc.

West Coast: The DHB has information on services, criteria and processes, complaints procedures, access to consumer and family advisors, and mechanisms in place for feedback, at service locations and on the DHB website.

Regional activities:

Northern: Development of Network North Coalition (NNC) website as source of information for planning and support.

Midland: Midland Regional Network has an established website that provides links to local DHB's.

Central: The central region has several PHOs linked to compass health. These PHOs have very informative websites that link people to a range of mental health services available within the Central Region. Central Regional Technical Advisory Service (TAS) has a website that provides links to a range of different groups supported within the region and includes links to

appropriate sites. Currently there is no one website that links all the DHB websites together to provide all the information about mental health and addiction services.

Action 9.12: Roll out the national service user satisfaction survey tool using the hospital benchmarking process

How many DHB's

18 DHB's participated in the Survey in 2008-09⁵. Bay of Plenty, Tairāwhiti and Whanganui DHB did not participate in the survey.

Key activities reported by DHB's are as follows:

- DHB's are using the survey information to improve the access to service.
- Roll out of National Survey and results are utilised to make service improvements.
- DHB's have participated in the KPI project.

DHB innovative practice:

Wairarapa: Uses the national service user satisfaction survey tool to gather information that the Quality Improvement Group applies to service improvement.

West Coast: The results back from 2008/09 survey were analysed and recommendations given by Clinical Governance Group are being put into practice. Feedback has gone to all staff and to consumers through consumer forums and in waiting rooms.

⁵ From National Mental Health and Consumer Satisfaction Survey 2008-09.

Leading Challenge: Working Together

Specific actions 10.2 and 10.3: Regional and national collaboration between DHB's ...

Action 10.2: Strengthen the partnership relationships between DHB mental health and addiction services through, for example:

- *sharing best practice*
- *peer review and supervision*
- *information sharing*

How many DHB's:

18 DHB's have indicated they achieved this action
3 DHB's have indicated they partially achieved this action (Counties Manukau, Nelson Marlborough and Waitemata)

Key activities reported by DHB's are as follows:

- DHB's are planning to incorporate the best practices adopted by other DHB's across the region.
- Regional fora and reference groups are established for discreet pieces of work. All information about various services is posted on the website.
- Quarterly newsletter is circulated widely to share information about the services and activities.
- DHB and PHO staff and a number of senior clinicians (mostly psychiatrists) have been widely included in the development of the BSMC business.
- Fortnightly Regional Northern Funder and Planner meetings share information and make joint decisions.
- Monthly Regional Services Planning meetings share information and make joint decisions.
- DHB's have fora in place for improvement and development of relationships:
 - Monthly Mental Health and Addictions Local Advisory Group
 - Bimonthly Clinical Advisory Group
 - Quarterly AOD Forum, Family Providers Forum, Service User Forum, Supported Accommodation Forum, Support Development Forum, Māori Providers Forum.

DHB innovative practice:

Counties Manukau: Regional NNC (Network North coalition) is a forum for information sharing.

Hutt: There is a mechanism in place between C&CDHB CAFS and Hutt valley DHB ICAFS for peer and professional supervision and training. HVDHB ICAFS network with C&CDHB and MidCentral DHB for ideas and support for implementing CAPA.

Whanganui: The Mental Health & Addictions Advisory Group (MAMHAAG) supports development and monitors the implementation of strategic and annual plans including the District Annual Plan to assist the DHB to meet its strategic objectives.

Regional activities:

At a regional level there are fora to strengthen the relationship and for information sharing:

- Bi monthly Regional Portfolio Managers meeting, Regional Clinical Leaders meeting.
- Twice yearly Regional AOD Forum, Regional Consumer Forum, Regional Family Forum, Māori Provider Forum.
- Midland regional fora are well established and reference groups are established for discrete pieces of work. All activities are posted on the Midland website.
- NGO, funder and clinical team forums occur for West and North localities.
- Provider executive forum occurs monthly for CEOs, managers and funders.
- WSN – representation from across the sector including Consumer, Family, DHB, Funder, NGO, PHO.

Northern: Identified workforce development as a priority. Local initiatives are undertaken via DHB NZ and Blueprint training. Te Pou, Blueprint Leadership and Management Programme developed for NGO's.

Midland: Midland Regional Forum is key mechanism which is locally supported by Consumer Advisory, Māori Mental Health Advisory and Family Advisory Group.

Central: has a mental health and addiction network comprising clinical directors, service managers and funding and planning. Some of the objectives of this network are to work together to solve problems, work regionally or sub regionally where appropriate and to share processes and protocols. Links with

local stakeholders is via the projects developed and the LAGs or equivalent within each DHB.

Te Upoko O Nga Oranga O Te Rae is a rich source of information for Māori providers across the Central Region.

Southern: SISSAL facilitates the use of videoconferencing to enable regular regional participation in Mental Health clinical meetings and Child/Adolescent/Family grand rounds. Having videoconferencing capability at each of the South Island DHB's has also enabled regional participation in other ad hoc Mental Health meetings.

South Island Regional Mental Health Network meets on a six weekly basis, and has regular agenda slots to share information on service development, quality initiatives etc.

Action 10.3: Continue to provide local and regional fora for service providers, workers, service users and tangata whaiora to provide input into mental health and addiction sector development

How many DHB's

17 DHB's have indicated they achieved this action

3 DHB's have indicated they partially achieved this action (Counties Manukau, South Canterbury and Wairarapa)

1 DHB's have not provided any information (Northland)

Key activities reported by DHB's are as follows:

- DHB's P&F undertake to hold meetings twice a year to share developments with MH&A sector.
- AOD networking fora are utilised for AOD service development and consultation.
- Monthly service network group, addiction services and kaupapa Māori services meet regularly.
- Future directions engage with the sector and wider community by conducting a monthly network representative group meeting, NGO fora, consumer fora and family fora.
- Both addiction NGOs are actively involved in regional networks, advisory groups, steering groups and the *BSMC* Business case.
- DHB and some NGOs Strategic planning and specific review processes (the ICAFS Review, for example) always involve a wide stakeholder involvement including focused groups if required.

- DHB's have the local and regional addiction for that inform local DAP, DHB MH&A funding plan and regional mental health and addiction plans.

DHB innovative practice:

Wairarapa: A trial Consumer Systemic Advocacy Service allocated funding for 2 0.5 FTE staff to provide formal input to sector development. This has not been an effective use of the resource and has not met the expectations of the sector. The DHB will investigate alternative options for this in the future.

Otago: Mental Health Round Table meeting supports ongoing liaison between P&F and primary health, addictions, mental health services.

Monthly regional primary mental health meeting- which can include representatives from provider arm, NGOs and planning and funding.

Monthly NGO forum assists with information sharing and collaboration.

Monthly AOD forum

Regional activities:

Central: has a detoxification advisory group, charged with reviewing systems currently in place, making recommendations for improvement and implementing standardised processes and protocols across the region.

Southern: The South Island Regional Mental Health Network is currently comprised of Mental Health DHB Planning and Funding Service Managers (though the membership of the network is currently being reviewed and re-considered). This network has regular meetings via videoconference and face-to-face at which they discuss, and work to address, those Mental Health services issues experienced at a regional level.

SISSAL facilitates the use of videoconferencing to enable regular regional participation in Mental Health clinical meetings and Child/Adolescent/Family grand rounds. Having videoconferencing capability at each of the South Island DHB's has also enabled regional participation in other adhoc Mental Health meetings, as well.

Specific Actions 10.4 to 10.6: The alignment between the delivery of health services and the delivery of other government-funded social services

Action 10.4: Develop contracts that include the requirement for explicit linkages across health and wider government sector agencies

How many DHB's

15 DHB's have indicated they achieved this action

4 DHB's have indicated they partially achieved this action (Nelson Marlborough, Taranaki, Wairarapa and Waitemata)

2 DHB's have not provided any information (Counties Manukau and Northland)

DHB innovative practice:

Hutt: A number of DHB contracted Providers received funding from other sources such as MSD and MOH. DHB held an integrated contract with MSD in 2007-09 and would consider renewing it in the future.

South Canterbury: has a wide network which meets monthly and involves all agencies and organisations involved. Currently no changes to contracts are planned and the DHB will change contracts where improvements to service delivery and coordination can be achieved.

Waitako: All contracted mental health and addiction providers will be operating against the new revised national service specifications in 2010/11 year (the requirement for explicit linkages across health and wider government sector agencies as appropriate are part of the new specifications and will be audited as such as part of three yearly audit processes and certification).

Nelson Marlborough: Standard national service framework (NSF) and contracts used. However, if key linkages are required these are often put in the Provider Specific Terms and Conditions sections of the contract.

Regional activities:

Northern: Roll-over to new NSF specifications is being regionally supported at Regional Planning and Funding forum level.

Midcentral: New contracts use the new national framework with reporting systems if available. This process will continue until all contracts reflect the new system.

Central: New contracts will adopt the new national mental health service framework with new reporting and monitoring requirements as current contracts expire on new contracts are created.

Southern: Integrated contracts exist which supports work across other sectors.

Midland: integration of new national specifications undertaken through the Midland Portfolio Managers forum who continue to meet quarterly

Action 10.5: Continue to advise and promote the importance of mental health and wellbeing and mental illness and addiction across the government-funded social services and territorial local authorities (TLAs) in order to achieve increased commitment.

How many DHB's

17 DHB's have indicated they achieved this action

3 DHB's have indicated they partially achieved this action (Counties Manukau, South Canterbury and Wairarapa)

1 DHB's have not provided any information (Northland)

DHB innovative practice:

Hutt: HVDHB training centre offer training to all NGO and PHO providers at no charge.

Otago and Tairāwhiti: Representation on a variety of Intersectoral fora/meetings which are opportunities to promote a mental health focus.

West Coast: Leads an intersectoral forum that promotes working together and make linkages with other government agencies including Ministry of Social Development, Child Youth and Family, Internal Affairs, Police and Housing New Zealand.

Wairarapa: Inter-sectoral hui for services providing care for children and young people have been held frequently.

Waikato: Established four Child and Youth Primary Liaison positions that cover the whole of the Waikato DHB. These positions are situated within secondary services (ICAMHS) and their role is to link to primary health services and other child and youth agencies to provide education, support and assistance with joint treatment and care for identified children and youth.

Established Consult Liaison position at the Hamilton police station to provide assessment advice support and education.

Northland: Active participation with the Northern region DHB's for Eating Disorders and Forensic Prison Pathways.

Regional activities:

Central: MoH / DSS / DHB national project on the interfaces of services for people with dual disabilities. Several sub-regional projects are currently underway within the central region notably between C&C, Hutt and Wairarapa DHB's as well as for example between Whanganui and MidCentral.

Southern: SISSAL completed a project on Mental Health and Justice interface.

Action 10.6: Mental health and wellbeing are included in the TLAs and Long Term Council Community Plan (LTCCP).

How many DHB's

15 DHB's have indicated they achieved this action

1 DHB has indicated they partially achieved this action (Auckland)

5 DHB's have not provided any information (Capital and Coast, Counties Manukau, Northland, Tairāwhiti and Whanganui)

Key activities reported by the DHB's are as follows:

- DHB's were consulted and have contributed and involved in the development of Long Term Council Community Plans (LTCCP).
- Community and public health contributes to the development of TLA planning. Clinical group has been established which supports YOTT.
- The Public Health Unit supports Council planning to reflect broad health needs including mental health and well being

DHB innovative practice:

Hutt: Joint Regional Public Health and Planning and Funding mental health awareness presentations to e.g. new migrants and refugee communities have

been undertaken as well as other opportunities as they arise such as participation in the Upper Hutt City Council Youth Initiative

Midcentral: Mental health is included in the Health Needs Assessment across the region, which includes the TLAs. It is noted that in recent discussions with the City Council refugee mental health needs are a high priority area to develop and create more accessible services.

PART 2: Ministry Actions

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Leading Challenge ONE: Promotion and Prevention						
Specific action: Promote mental health and wellbeing, and prevent mental illness and addiction						
1.1	Review the existing national strategic framework for mental health promotion and prevention, Building on Strengths, and develop a framework					Health outcome international is continuing to undertake work to develop mental health promotion strategic phasing framework.
Specific action: Increase people's awareness of how to maintain mental health and wellbeing						
1.2	Ministry of Health and DHB's will work with PHOs to include mental health and wellbeing in their work					<p>Ministry of Health work with PHOs to improve mental health and wellbeing included the following initiatives:</p> <ul style="list-style-type: none"> • Primary mental health service delivery initiatives are being funded in all PHOs. Services across <i>DHB's</i>/PHOs were increased as more funding was allocated to these initiatives • <i>DHB's</i>/PHOs used the 2009 Evaluation of the Primary Mental Health Initiatives: Summary Report to further refine services in their regions, as required • the electronic decision support tool for identifying depression launched in April 2009 continued to be rolled out to general practices nationally • A project to provide computerised cognitive behavioral therapy tools (e-therapy) for adults began, with the RFP sent out in March 2010. This project will continue in 2010/11 • Work continued on trialing an e-therapy (CCBT) tool for young people • regional primary mental health service networking continues • funding continued to be distributed to PHOs for workforce development programmes targeted at GPs, practice nurses and primary mental health clinical coordinators to build capacity and capability of frontline staff.

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						<ul style="list-style-type: none"> As part of the broader Better Sooner More Convenient policy programme and the implementation of the nine business cases, the Mental Health Team worked with the business case developers to promote and support integration of secondary mental health and addictions services into primary health care delivery models. This work programmes will continue in 2010/11.
1.3	Implement other public health strategies that promote the impact of general health and wellbeing on mental health and wellbeing (eg, Healthy Eating - Healthy Action, National Alcohol Strategy, National Drug Policy)		Ongoing			<p>Government has put further development of the National Alcohol Action Plan on hold while new legislation is developed to address alcohol related harm.</p> <p>Links to 1.9, 1.10 action point below</p>
Specific action: How employers and others in frequent contact with people with mental illness and addiction can be more inclusive and supportive						
1.5	Implement the next stage of the Like Minds Like Mine Programme as part of a multi-agency plan to reduce discrimination		Ongoing			Multi Agency Group (renamed as Multi Agency Group to Address Discrimination Associated with Mental Illness) has developed collective work plan. Main components of high level collaboration focus on sharing data collection and joint development of resources.
Specific action: Ensure that people who are discriminated against can receive effective support, protection and redress ...						
1.6	Scope the development of activities to address the discrimination experienced by addiction service users		Ongoing			Ministry attends meetings of Mental Health and AOD Consumers. Years 5-10: No specific initiatives implemented as yet
Specific action: Implement the Government's strategy to reduce suicide and suicide attempts and the negative impacts of depression						
1.7	Roll out the New Zealand Suicide Prevention Strategy and develop and implement an action plan for the first five years			Ongoing		<p>The New Zealand Suicide Prevention Plan 2008-2012 was launched in 2008. Implementation is ongoing. Implementation has focused on the 7 goals of the Suicide Prevention Strategy.</p> <p>Key initiatives include:</p> <ul style="list-style-type: none"> Mental Health literacy knowledge enhancement programme.

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						<ul style="list-style-type: none"> - Suicide prevention research fund with 10 research projects. - Specific initiatives for Māori. - Postvention support services. <p>The Action Plan was reviewed after first year. The next review is due in 2011.</p>
1.8	Implement the National Depression Initiative Plan 2006-09					<p>"The Lowdown, a youth focused, on-line interactive website (www.thelowdown.co.nz) that provides information, free phone, email and text message support for youth experiencing depression has been maintained through out the 2009/2010 year.</p> <p>The Depression Helpline and the depression website (www.depression.org.nz) have also been maintained through out the year with additional development for the launch of Phase two in early June 2010. Phase two is an interactive, self managed, on-line programme for people experiencing mild to moderate depression and is called "The Journal".</p> <p>Both The Lowdown and the Depression websites are supported by television and other media to promote these resources to the NDI priority audiences."</p>
Specific action: Improve understanding of the nature of addictive behaviours and the use of early interventions ...						
1.9	Finalise the National Drug Policy and develop and implement a companion document (action plan) for 2006–2011					<p>NDP 2007 - 2012, incorporating Companion Document as Part 3 is in place.</p> <p>An evaluation of the NDP has been undertaken</p>
1.10	Update and continue to implement the National Alcohol Strategy					<p>A new approach to the National Alcohol Action Plan was agreed and NAAP Framework has been developed and further work is on hold.</p>

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
1.11	Develop new health warnings for tobacco products					The Smoke free Environments regulations 2007 were implemented. All Tobacco products manufactured since Mar 2008 have been required to have new pictorial health warnings as required by Smoke free Environments regulations 2007. Products for sale from august 2008 require new warnings.
1.12	Implement Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010			Ongoing		Implementation of the Strategic Plan and Service Plan continues. Preparations have commenced for the review of the Strategic Plan and Service Plan to inform the development of a strategic approach for the 2010-2016 period.
Leading Challenge TWO: Building Mental Health Services						
Specific action: Build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental health						
2.1	Update the service coverage schedule to clearly define core and priority services					Mental Health and addiction section of the service coverage document for 2009/10 has been updated and submitted to NHB
2.2	Revise the Nationwide Services Framework			Ongoing		Revision of service specification is completed. Implementation is underway: By 2012, all three phases will be implemented in both NGO and DHB Provider Arm.
2.9	Establish a mechanism for the co-ordination and dissemination of innovative and effective practice across the mental health and addiction sector					The four workforce centres' work programmes include coordination and dissemination of innovative and effective practice. This was discussed as part of the service specification development but remains outstanding.
Specific action: Increase services that are funded for children and youth people and older people						
2.10	Review and update the framework for child and youth mental health and addiction service provision (New Futures) based on: - good evidence and best practices, - addressing gaps, - reflecting specific population needs and considering: children of parents,			Ongoing		Te Raukura: Addressing the mental health and alcohol and other drug needs of children and youth was released to the sector in February 2008. • Youth Forensic guidance document drafted and will be released by 12/10. Service descriptions updated in NSF. Youth Court liaison nurses in 70% of Courts by June 2011 • Perinatal and infant guidance document drafted and will be released by 12/10. Service descriptions updated in NSF. Four DHB's have services

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						<ul style="list-style-type: none"> Coexisting disorders guidance document completed. National training programme will be completed by 12/10. First stage of national Eating disorders implementation completed November 2010
2.11	Increase access to specialist mental health and addiction services for children and youth					Quarterly reporting is ongoing. Access targets are implemented and actual national access rate exceeded target (increased to 2.32% of 0-19 population - 28,000 young people)
2.12	Continue to contribute to intersectoral projects (eg, improving access of Ministry of Social Development, Child Youth and Family clients to mental health and addiction services, severe antisocial behaviour project)		Ongoing			<p>The Ministry continues to be actively involved in projects/policy development including:</p> <ul style="list-style-type: none"> Care and Protection High and Complex Needs intersectoral strategy continues Youth offending strategy pilots including the health and education assessments initiative continues Youth justice leadership group continues
2.13	Implement initiatives to develop child/youth/ whānau participation in service development and evaluation		Ongoing			Werry Centre has established a youth advisory group and employed a youth advisor. Werry Centre also runs workshops on models of consumer participation for CAMHS services. The Werry Centre published two key guidelines for the sector: one on family/whānau participation and one on Youth participation. Werry Centre runs workshops on models of consumer participation for CAMHS services and work is on-going.
2.14	Develop a policy framework for older people's mental health and addiction services					The scope of this work has been expanded to include dementia. Draft guidance document has been developed and prepared to be circulated to stakeholders for comment before being finalised.
2.17	Develop national consistency in data collection on older people's access to mental health and addiction services					Options discussed as part of Mental Health and Addiction of Older People and Dementia project. Service specification for mental health of older people revised based on agreements and to be implemented by 2012 complete with consistent data requirements. This will be reflected at national, regional and local levels.

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Specific action: Broaden the range of services and supports that are funded for adults						
2.22	Evaluate the implementation of the forensic framework, with a particular focus on: <ul style="list-style-type: none"> • children and youth • Māori • Pacific peoples • people with disabilities • women • relationships with other mental health and addiction services, primary health care 					Future Directors document was completed and considered by Cabinet in Feb 2010. Cabinet has requested costing information in due course (Reference to SOC Min (10) 2/11).
2.23	Examine the options regarding the role of the Ministry of Health and DHB's in the planning, funding and delivery of forensic services					This was covered in the report to Cabinet (Reference SOC Min (10) 2/11). Major change will need to be aligned with NHB.
2.24	Continue to develop and support intersectoral initiatives and frameworks to ensure the needs of people in the criminal justice and youth justice system are met			Ongoing		Ongoing participation in Ministry of Justice led Youth Justice Interagency Group (YJIG) and provision of Youth Offending Team regional seminars
Leading Challenge THREE: Responsiveness						
Specific action: Pacific People						
3.9	Develop initiatives to increase the Pacific mental health workforce			Ongoing		Le Va, the Pacific unit within Te Pou has been established
3.10	Develop a Pacific mental health and addiction research agenda					This is being implemented by Le Va and within the broader work programme of Te Pou. The broader research sector are also encouraged to undertake research aligned with the Pacific research agenda

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Specific action: Asian peoples and other ethnic communities						
3.11	Increase understanding of the mental health and addiction needs of Asian and ethnic communities					The Ministry's contract with Te Pou which includes work with the sector to develop a research agenda for Asian mental health and addiction and the research agenda was finalised and signed off.
3.12	Develop an Asian mental health and addiction research agenda					Asian mental health workforce development is now established as "Business As Usual"
3.13	Develop initiatives to increase the Asian mental health workforce					Asian mental health workforce development is now established as "Business As Usual"
Specific action: Refugee and migrant communities						
3.14	Increase understanding of the mental health and addiction needs of refugee and migrant communities		Ongoing			The Ministry's contract with Te Pou includes work with the sector to develop a research agenda for refugees and migrant communities. Te Pou has submitted the research agenda to Minister. This work is in progress in parallel with Asian Mental Health workforce development activity.
Specific action: People with Specific disabilities						
3.16	Build the knowledge and skills of the workforce to respond to people with mental illness and disability, including those with sensory disabilities such as deafness and those with brain injury impairments		Ongoing			Progress has been made and is ongoing in three areas of disability: - workforce development for people employed in needs assessment and service co-ordination (NASC) for people with disabilities under 65; - Workforce development for people employed in home based support services (HBSS); - Workforce development for people employed in working/caring/supporting children with autism spectrum disorder (ASD).
Specific action: Family and Whānau						
3.19	Implement initiatives that recognise the importance of family and whānau, and that act to increase family and whānau participation in: <ul style="list-style-type: none"> • recovery, whānau ora • assessment and treatment 					The service specifications have been completed as part of the revision of the Mental Health and Addictions Nationwide Services Framework. The new service specifications specify Carers supporting a person's recovery can expect; <ul style="list-style-type: none"> - Provision of accurate information and education about mental illness and/or addiction, DHB mental health and/or addiction

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
	<ul style="list-style-type: none"> • service planning, delivery and evaluation • workforce and leader 					services, community agencies and supports available to both the person with the mental illness and/or addiction and their carers - Assistance with plans for carers to support the service user and themselves.
Leading Challenge FOUR: Workforce and culture for recovery Specific action: Build a mental health and addiction workforce ... that supports recovery, is person centred, is culturally capable, and ...						
4.1	Implement Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006–2009; review and develop a future 10-year plan with a recovery focus					Ministry of Health continues to fund workforce development centres to address the workforce needs to ensure better access for children and young people via the Werry Centre, Māori via Te Rau Matatini, Cross sector workforce areas (service user, leadership, HR) via Te Pou and Addictions workforce via Matua Raki. Lets get real has been launched and published in the MOH website. The findings of the evaluation of the mental health and addictions workforce development infrastructure was fed into the overarching review of health sector workforce development infrastructures in NZ.
4.2	Develop an overarching policy framework for longer-term mental health and addiction workforce development that is flexible and has regard to evolving service provision					The development of the framework will be timed to coincide with work on the review of Tauawhitia te Wero (the National Mental Health and Addiction Workforce Development Plan). Proposed work on a policy framework for mental health and addiction workforce development is to be reviewed within the context of broader decisions on the management of workforce policy in the Ministry.
4.3	Undertake joint project work with District Health Boards of New Zealand (DHBNZ) to implement the DHBNZ Future Workforce plan					Not achieved. This work commenced but did not progress when the Workforce Project Manager became vacant. This work now will be responsibility of Health Workforce NZ

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Specific action: Build a workforce to deliver services for ...						
4.4	Finalise and implement mental health and addiction workforce development plans for: <ul style="list-style-type: none"> • children and youth • Māori • Pacific peoples • Asian peoples • NGOs • AoD (Matua Raki) • service users, tangata whaiora • family/whānau 		Ongoing			Plans developed for children and youth, Māori, Pacific peoples, and some work been done on other areas. This work is ongoing as part of the work of the workforce development centre.
4.5	Strengthen the cultural capability of workers in mainstream services to work effectively with Māori, Pacific, Asian, refugee and migrant populations		Ongoing			Dual competencies are being developed for Māori, AoD, Pacific and Child and Youth. These have alignment to the Let's Get Real framework.
Specific action: Support the development of a service user workforce						
4.6	Implement initiatives to strengthen and develop a service user workforce					Not achieved. Minimal work has been done on this. Would have been part of the role of the Workforce Project Manager
Specific action: Create an environment that fosters leaders						
4.7	Continue to build leadership capacity within all mental health and addiction services			Ongoing		The Blueprint Executive Leadership and Management Programme have been embedded within the ongoing Te Pou work programme.
Specific action: Develop a culture of providers involving Whānau/families and significant others ...						
4.8	Roll out training for mental health workers as noted in mental health workforce development programme and the responsiveness leading challenge			Ongoing		Ongoing as part of the work of the four workforce centres

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Specific action: Foster a culture among providers that promotes service user participation and leadership						
4.9	Develop initiatives that support the development of service user skills, leadership and participation					There is a service user perspective in Te Pou Werry Centre has a youth consumer advisor and a work stream for youth consumer participation
Specific action: Develop a culture of continuous quality improvement ...						
4.10	Implement the priorities identified in the New Zealand National Mental Health Information Strategy and relevant action plans			Ongoing		The four priority projects have all been achieved. 21 DHB's and 82 NGOs reporting to PRIMHD as if 30 June 2010. Relapse prevention plan has a target of 90%
Leading Challenge FIVE: Māori Mental Health						
Specific action: Continue to broaden the range, quality and choice ... of services						
5.1	Continue implementation of Te Puāwaitanga; review and update					Te Puawaiwhero has been widely disseminated/presented across DHB's and key sector networks. A tool has also been developed to assist mental health group with implementation. A scoping project around targeted indicated prevention services for Māori youth at risk has been implemented. The mental health access targets have been reviewed and changes implemented to more accurately align with Māori mental health population need
5.2	Continue implementation of He Korowai Oranga and related action plans					Te Puawaitanga was revised and Te Puawaiwhero was launched in 2008, and has since been implemented. Te Puawaiwhero is based on the Whānau Ora framework and aligns with key principles of He Korowai Oranga and Whakatataka..
5.5	Plan and deliver effective and culturally relevant, Māori-focused treatment practices across the continuum of care in both mainstream and Māori services that promote: <ul style="list-style-type: none"> • whānau ora • traditional Māori treatment 					Hua Oranga has been validated, piloted and implemented

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
	processes <ul style="list-style-type: none"> • cultural and clinical competency • whānau -inclusive practices 					
Specific action: Enable Māori to present earlier ...						
5.6	Develop and implement a Māori mental health research agenda that promotes kaupapa Māori methodologies and whānau ora approaches to mental health and addiction					Te Pou has continued to work on engaging Māori in outcomes and information development, and is involved in the development of Hua Oranga.
Specific action: Promote choice by supporting ... Kaupapa Māori models of practice						
5.11	Review and update current service specifications to better align with kaupapa Māori models of practice					Mental Health and addiction service specifications have been updated and the relevant section of the draft service coverage document for 2011/12 has been updated and submitted to the NHB Refer to 2.1 action point for details
Specific action: Increase Māori participation in the planning and delivery of ... Services ...						
5.13	Implement relevant workforce development strategies, including: <ul style="list-style-type: none"> • Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006–2009 • Matua Raki: The Addiction Treatment Sector Workforce Development 		Ongoing			This work is ongoing as part of the work of the workforce development centres. A separate NGO Workforce development Plan was not developed but Māori NGO's were covered in the Kia Puawai Te Ararau Plan that has been implemented by Te Rau Matatini. Some activities in Tauawhitia Te Wero have yet to be achieved. Refer to 4.4 action point for details

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Leading Challenge SIX: Primary Health care						
Specific action: Build and strengthen the capability of the primary ... sector						
6.1	Provide advice to the Government on the future direction of primary mental health care, including funding and possible models, using information from: <ul style="list-style-type: none"> • PHO demonstrations • Review of international models • the Mental Health Epidemiology study • Prima 					A wide range of initiatives are carried on by MOH with PHOs to improve mental health and wellbeing Refer to 1.2 action point for details
6.2	Develop clinical and key performance indicators at the primary health care level for mental health		Ongoing			As at June 2010, primary mental health care indicators are not included in the PHO Performance Management Programme. However, work was undertaken to develop key performance indicators and this work will continue in the 2010/11 year.
Leading Challenge SEVEN: Addiction						
Specific action: Broaden the range of services that are funded for substance use problems						
7.4	Clarify agency responsibilities, and develop a common approach to the care of intoxicated people		Ongoing			Police and Health are jointly working on a feasibility study for establishing SUUs(Sobering Up Units). This work contributes to the Government's Drivers of Crime programme.
7.5	Implement agreed access targets to opioid treatment			Ongoing		Agreed access rates are implemented
7.6	Review and update the Opioid Treatment Guidelines					Revised OST Guidelines were developed with sector input and has been completed in December 2008.
7.7	Contribute to the development and implementation of the Alcohol and Illegal Drug Action Plan					This plan has been discontinued as a result of IACD (Interagency Committee on Drugs) restructuring.
7.9	Develop addiction related outcome measures for addiction treatment services			Ongoing		Te Pou had submitted a report to the Ministry with recommendations on implementing ADOM throughout the AOD sector. Currently ADOM Alcohol and Drug Outcome measure has been developed. Currently ADOM is being used to measure

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						results of Methamphetamine services by 8 providers across country.
7.10	Develop a mechanism for all NGO AoD providers to report the National Minimum Data Set within MHINC (MHINC has been integrated with PRIMHD)			Ongoing		PRIMHD on-line a web based tool has been developed and being used by those NGOs who are unable to provide information using a file transfer process. As at June 2010, 84 NGOs were reporting to PRIMHD
7.11	Develop benchmarking workshops utilising the service profile information developed on the basis of a complete national data set			Ongoing		Ten Key performance indicators were developed. A live test of the 10 KPIs by 9 DHB's has been completed.
7.13	Continue to develop and support intersectoral initiatives and frameworks to ensure the needs of people in the criminal justice and youth justice system are met			Ongoing		Various projects to improve the access of CJS clients to AOD services have been implemented and are now ongoing, eg CADS Offender team in metro-Auckland, and MH/AOD nurses in Police Watch Houses.
Specific action: Maintain and develop responsive and effective problem gambling services						
7.14	Implement Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010			Ongoing		<p>The Preventing and Minimising Gambling Harm Strategic Plan for the 2011 to 2016 period and the three year Service Plan for 2011 to 2013 was prepared and consulted upon with final approval for the new Strategic and Service Plans obtained from the Government in May 2010.</p> <p>Ongoing contract monitoring for Problem Gambling Intervention and Public health services undertaken to ensure contracts reflect service delivery levels.</p> <p>Problem Gambling Public Health and Intervention workforce development and technical advice services purchased to support provider organizations.</p> <p>This period also saw the service specifications reviewed and</p>

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						<p>provider service delivery contracts for the 2011 to 2013 period for problem gambling intervention and public health services established with providers.</p> <p>Preparations to improve CLIC data entry and collection systems have commenced with a view to providing an improved data system across the sector in 2011.</p>
7.15	Implement the Problem Gambling research programme			Ongoing		<p>Three culturally specific projects commenced - Impacts of Gambling on Māori, Impacts of Gambling on Pacific peoples, Impacts of Gambling on Asian peoples.</p> <p>Pacific Island Families 2009, data collection completed. Analysis and report writing phase scheduled for 2010/11.</p> <p>Community Focused Harm project, phase one (identification of relationships between gambling and measures of community harm) completed. Phase two (intervention development) to start 2010/11.</p> <p>Impact of Marketing, Advertising and Sponsorship on gambling behaviour - commenced, consumer and stakeholder phases completed, survey development and delivery pending.</p> <p>Two studies on industry characteristics commenced - The effect of venue characteristics on gambling and problem gambling behaviour and The effect of game characteristics (including player information systems and pop-ups) on gambling and problem gambling behaviour.</p> <p>National Brief Intervention Effectiveness study, recruitment phase 3/4 complete, initial 12 month follow-ups commenced.</p>

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						<p>Effectiveness of gambling venue exclusions (self and venue) for preventing gambling harm completed.</p> <p>Secondary Analysis of two Data subsets, Youth and Asian, from the 2006/07 Gaming and Betting Activities Survey completed.</p> <p>National evaluation of problem gambling intervention services completed.</p> <p>Development of approaches for the early identification of gamblers in Casino settings commenced.</p> <p>Review of the provision of problem gambling intervention services in prison settings commenced.</p> <p>All reports for all completed projects are available on the Ministry's website.</p>
Specific action: Build the expertise of ... providers to provide complementary assessments and treatment planning						
7.16	Implement Matua Raki, the addiction treatment sector workforce development programme			Ongoing		<p>Action Plan has been developed and various initiatives to increase capacity and capability have been implemented by Matua Raki, eg scholarships and internships.</p> <p>Matua Raki has run various regional and local workshops to promote approaches to coexisting problems.</p>
7.17	Develop a coherent national approach to coexisting mental health and substance use/abuse disorders			Ongoing		<p>Sets of clinical and systems guidelines have been developed and are being used to improve approaches to coexisting problems.</p> <p>DHB's are to report to the Director of Mental Health on their plans to implement CEP systems.</p>
7.18	Prepare a policy options paper for Government consideration on the repeal or amendment of the Alcoholism and Drug Addiction Act 1966					<p>Policy proposals were on track for consideration by Cabinet by the end of November 2010. [Note: With regard to the Alcoholism and Drug Addiction Act, Cabinet approved policy proposals for new legislation in December last year. The proposals are yet to be drafted into legislation, although we expect a Bill to be introduced into Parliament some time in 2011.</p>

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
						The new legislation allows for compulsory treatment of people who are severely addicted to alcohol or other drugs, such as methamphetamine. The human rights protections are strengthened, and the application and assessment process will be more easily accessible and understandable.
Leading Challenge EIGHT: Funding Mechanisms for Recovery Specific action: Develop and implement funding mechanisms ... that support recovery, advance best practice and enable collaboration						
8.1	Review national funding models and rules to support greater consistency and equity across the country and across providers					<p>In 2008 as part of the Ministry of Health's report back to Cabinet on the results of the first five yearly review of the Population-based Funding Formula (PBFF), the Ministry, in consultation with DHB's and the Mental Health Commission, explored a number of solutions to address the mismatch between PBFF and the mental health ring-fence. Possible options considered included a separate sub-model for Mental Health, based on the PBFF model. Ultimately, however, a number of factors prevented a conclusive solution being identified. In 2009, the Ministry therefore adopted an interim solution to improve clarity around the difference between PBFF share and the ring-fence allocation by identifying these amounts separately within the DHB Funding Advice for 2009/10.</p> <p>The National Health Board Business Unit of the Ministry has not undertaken further work on mental health funding models while the ring-fence remains in place. The Associate Minister of Health agreed to the mental health remaining in place until 2012/13 (HR20100333 refers).</p>
8.2	Develop funding approaches and contracting processes that are efficient, effective and equitable between providers and across the country					The mental health component of the National Pricing Project will support greater levels of consistency/transparency in contract prices. Further consideration of provider to provider consistency and equity issues are supported by implementation of the revised service framework for mental health services and implementation of PRIMHD.

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
8.3	Increase the capacity and capability of the mental health and addiction funding and planning role in DHB's			Ongoing		A part of the "Developing workforce" component work-plan for Te Pou is a skill-enhancement programme for funders and planners. Te Pou has a work stream to build the capacity and capability of funders and planners within NGOs.
8.4	Continue to encourage and support inter-agency integrated funding projects	Ongoing				No specific project underway, however the joint Ministry of Health/MSD governance group for a number of MSD initiatives has been established and ongoing.
8.5	Continue the mental health sector contribution to the national benchmarking pricing project and the common costing project			Ongoing		There is a continuation of mental health pricing project as a sub-stream of the wider National Pricing project.
Leading Challenge NINE: Transparency and Trust						
Specific action: Increase the availability of information and information systems ...						
9.1	Implement the priorities identified in the New Zealand National Mental Health Information Strategy		Ongoing			<p>Three of the four priority projects that were highlighted in the National Mental Health Information Strategy (2005) have been completed. These include:</p> <ol style="list-style-type: none"> 1. the development of an Information Reporting System for NGOs (PRIMHD On-line) 2. the development of a KPI framework for mental health and addiction services (refer to the various KPI reports on the NDSA website at http://www.ndsa.co.nz/OurServicesWhatWeDo/MentalHealth/KPIFramework.aspx) 3. the development of some standards under HISO to support the Programme for the Integration of Mental Health Information. <p>The fourth priority was the implementation of the Mental Health Integrated Collection (PRIMHD). The final stage of this initiative is scheduled for completion in March 2011 and involves the implementation of PRIMHD into the mental health and addiction NGO sector. A project closure report will be available when this phase of the project is completed.</p>

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
9.2	Implement the Mental Health Research and Development Strategy					A mental health and research and development strategy was not developed but the research agendas developed for specific populations guide research and development activity.
9.3	Review findings of the New Zealand Survey of Mental Health and Wellbeing epidemiology study, with a view to creating a better match between mental health service delivery and population need		Ongoing			Te Pou work programme, developed in conjunction with the Ministry, includes a project around dissemination of the research findings as well as additional research via PHI.
9.4	Establish a mechanism for the co-ordination and dissemination of innovative and effective practice across the mental health and addiction sector, including primary mental health care			Ongoing		The four workforce centres' work programmes include coordination and dissemination of innovative and effective practice. The Werry centre, Matua Raki and Te Rau Matatini run sector days which provide an opportunity to share innovative and effective practice. See also 2.9 action point
9.5	DHB's will continue to provide an environment and ensure mechanisms exist for continuous learning and ongoing quality improvement in the planning and delivery of mental health and addiction services		Ongoing			The combination of the Te Pou "Information" work programme and mental health quality improvement activity, such as Knowing the People Planning (KPP), consumer networks, Hua Oranga(the-Māori MH outcome measure), review of the MH standards, and MH innovation awards, all contribute to this achievement.
9.6	Complete the review of sector standards: • review and update audit workbook • update the audit processes guidelines			Ongoing		New standards were produced and audit workbooks were developed and requirements have been implemented by all providers.

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Specific action: Create an environment that enables DHB's to demonstrate that their investments ... deliver value for money, are results focused, and have regard to service impacts ...						
9.7	Develop a first version national key performance indicator set for use in New Zealand mental health and addiction services					The Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services has been developed. Ten KPIs were tested by 9 DHB's over the period to April 2010 and it is completed. With the satisfactory outcome of the test process, a contract was agreed with NDSA for the roll out of the KPI benchmarking (phase III) process to all DHB's. This began in June 2010.
Specific action: Create an environment where mental health workers and service users can readily use information ...						
9.9	Increase the availability and use of the information from the DHB service profile					The Service Profile provides range of information around various parameters and is generated from PRIMHD.
9.12	Roll out the national service user satisfaction survey tool using the hospital benchmarking process					The National Service User Satisfaction Survey tool has been completed and the Operational policy framework reporting requirements have been strengthened in 2007/08 to achieve a better response rate. 20 DHB's reported the survey results at the end of June 2010. Tairāwhiti DHB did not participate in the survey.
9.13	Complete NGO information systems project (to allow input into MH-SMART)		Ongoing			A PRIMHD on-line service has been developed and is being used by those NGOs who are unable to provide information in using the file transfer process. As of June 2010, 84 NGOs were reporting through PRIMHD. Aligns with 7.10 action point
9.14	Review the effectiveness of the implementation of rights and protections under the Mental Health Act		Ongoing			Review of implementation of rights and protections under Mental Health act is being scoped and incorporated of establishing an evidence base to inform the review of current mental health legislation. Activity s ongoing

No.	Item	Not achieved	Partially achieved (ongoing)	Achieved (ongoing)	Dis-continued	Progress
Leading Challenge TEN: Working Together						
Specific action: Regional and national between DHB's ...						
10.1	Clarify the role, expectations and accountabilities of Regional Mental Health Networks					This is a Ministry/DHB joint work programme. On hold pending consideration of fit with the post MRG report work programme.
Specific action: The alignment between the delivery of health services and the delivery of other government funded social services						
10.4	Develop contracts that include the requirement for explicit linkages across health and wider government sector agencies					The NSF project made it explicit that joint ventures/partnerships will be formed to promote collaboration. This is covered in the service coverage and service specification. Service specification has been revised to reflect the specific linkages across health and wider government sector agencies. Service specifications reflect specific linkages across health and wider government sector agencies. Implementation to be completed by 2012.
10.5	Continue to advise on, promote the importance of, and raise the profile of mental health and wellbeing and mental illness and addiction across government-funded social services and territorial local authorities (TLAs) in order to achieve increased commitment from and capability of those agencies		Ongoing			<p>The National Problem Gambling Team continues to maintain a collaborative relationship with the Department of Internal Affairs to ensure healthy public policy in regulation, accessibility and availability of gambling opportunities to prevent and minimise gambling harm.</p> <p>There was a continued involvement in this work and the Ministry frequently engages with a range of other social service agencies and has had input into a variety of projects; these agencies have included the Ministries of Education, Justice and Social Development and the Departments of Corrections and Building and Housing as well as Housing New Zealand.</p> <p>See also 2.10. 2.12 and 3.19 action points</p>
10.7	Implement the mental health components of key intersectoral strategies (eg, the Youth Offending Strategy)		Ongoing			<p>There is an ongoing participation in Ministry of Justice led Youth Justice Interagency Group (YJIG). And there is a provision of youth offending team regional seminars.</p> <p>See also 2.10., 2.11, 2.12 action points</p>

Te Tāhuhu/Te Kōkiri: Leading Challenges/Specific Actions (DHB)

Actions against which DHBs were identified as lead agency are as follows.

1. Leading Challenge: Promotion and Prevention

Specific action:

- Increase people's awareness of how to maintain mental health and wellbeing

2. Leading Challenge: Building Mental Health Services

Specific actions:

- Build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental illness.
- Increase services that are funded for children and young people and older people
- Broaden the range of services and supports that are funded for adults

3. Leading Challenge: Responsiveness

Specific actions:

- Build responsive services for people who are severely affected by mental illness and/or addiction
- Pacific peoples
- People with specific disabilities
- Family and Whānau
- Māori

4. Leading Challenge: Workforce and Culture for Recovery

Specific action:

- Create an environment that fosters leaders across the sector
- Develop a culture among providers of involving whānau/families and significant others involved in treatment and recovery
- Develop a culture of continuous quality improvement in which information and knowledge are used to enhance recovery and service development

5. Leading Challenge: Māori Mental Health

Specific action

- Continue to broaden the rang, quality and choice of mental health and addiction services for Māori
- Enable Māori to present earlier to mental health and addiction services
- Promote choice by supporting the implementation of Kaupapa Māori models of practice
- Increase Māori participation in the planning and delivery of mental health and addiction services for Māori

6. Leading Challenge: Primary Health Care

Specific action:

- Build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness and addiction.
- Build the capacity of primary health care practitioners to assess the mental health and addiction needs of people and to meet these when they can best be met within primary health care settings (yet to be added)
- Build linkages between Primary Health Organisations (PHOs) and other providers of mental health and addiction services to ensure integration occurs to meet the needs of all people with mental illness and addiction
- Strengthen the role of PHOs in communities to promote mental health and wellbeing

7. Leading Challenge: Addiction

Specific action:

- Improve the availability of and access to quality addiction services, and strengthen the alignment between addiction services and services for people with mental illness
- Broaden the range of services that are funded for substance use problems:
 - Develop a plan to address and strengthen residential treatment services. In 1-3 years it's targeted that plan is developed and in 1-5 the plan is implemented.
 - All providers will ensure that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices

- Develop a mechanism for all NGO AOD providers to report the national minimum data set within MHINC. In 3-5 years all NGOs are reporting to MHINC.
- Develop initiatives to strengthen linkages between primary health care and mental health and addiction services, and between health and wider social services.
- Build the expertise of addiction and mental health providers to conduct complementary assessments and treatment planning

8. Leading Challenge: Funding and Mechanisms for Recovery

Specific action:

- Develop and implement funding mechanisms for mental health and addiction that support recovery, advance best practice and enable collaboration

9. Leading Challenge: Transparency and Trust

Specific action:

- Increase the availability of information and information systems to underpin service development, support decision-making and improve services for people.
- Create an environment that enables DHB's to demonstrate that their investments in mental health and/or addiction deliver value for money, are results-focused, and have regard to service impacts on people who are severely affected by mental illness and/or addiction.
- Create an environment where mental health workers and service users can readily use information to support and enhance recovery.

10. Leading Challenge: Working Together

Specific action:

- Regional and national collaboration between DHB's to promote the optimal use of resources, minimise clinical risk and maximise in-demand workforce capabilities.
- The alignment between the delivery of health services and the delivery of other government-funded social services.

Appendix 2

Te Tāhuhu/Te Kōkiri: Leading Challenges/Specific Actions (Ministry of Health)

Activity requiring the particular attention of Ministry of Health is highlighted below.

Leading Challenge: Promotion and Prevention

Specific action:

- Promote mental health and wellbeing, and prevent mental illness and addiction
- Increase people's awareness of how to maintain mental health and wellbeing
- How employers and others in frequent contact with people with mental illness and addiction can be more inclusive and supportive
- Ensure that people who are discriminated against can receive effective support, protection and redress when they are discriminated against
- Implement the Government's strategy to reduce suicide and suicide attempts and the negative impacts of depression
- Improve understanding of the nature of addictive behaviours and the use of early interventions to prevent or limit harm

Leading Challenge: Building Mental Health Services

Specific actions:

- Build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental health
- Increase services that are funded for children and youth people and older people
- Broaden the range of services and supports that are funded for adults

Leading Challenge: Responsiveness

Specific actions:

- Pacific people
- Asian peoples and other ethnic communities
- Refugee and migrant communities
- People with specific disabilities
- Family and Whānau
- Māori

Leading Challenge: Workforce and Culture for Recovery

Specific action:

- Build a mental health and addiction workforce – and foster a culture among providers - that supports recovery, is person centred, is culturally capable, and delivers an ongoing commitment to assure and improve the quality of services for people
- Build a workforce to deliver services for children and young people, *Māori*, Pacific peoples, Asian peoples, and people with addiction
- Support the development of a service user workforce
- Create an environment that fosters leaders
- Develop a culture among providers of involving whānau/families and significant others involved in treatment and recovery
- Foster a culture among providers that promotes service user participation and leadership
- Develop a culture of continuous quality improvement in which information and knowledge are used to enhance recovery and service development

Leading Challenge: Māori Mental Health

Specific action

- Continue to broaden the rang, quality and choice of mental health and addiction services for Māori
- Enable Māori to present earlier to mental health and addiction services
- Promote choice by supporting the implementation of Kaupapa Māori models of practice
- Increase Māori participation in the planning and delivery of mental health and addiction services for Māori

Leading Challenge: Primary Health Care

Specific action:

- Build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness and addiction.

Leading Challenge: Addiction

Specific action:

- Broaden the range of services that are funded for substance use problems

- Maintain and develop responsive and effective problem gambling services

Leading Challenge: Funding and Mechanisms for Recovery

Specific action:

- Develop and implement funding mechanisms for mental health and addiction that support recovery, advance best practice and enable collaboration

Leading Challenge: Transparency and Trust

Specific action:

- Increase the availability of information and information systems to underpin service development, support decision-making and improve services for people.
- Create an environment that enables DHB's to demonstrate that their investments in mental health and/or addiction deliver value for money, are results-focused, and have regard to service impacts on people who are severely affected by mental illness and/or addiction.
- Create an environment where mental health workers and service users can readily use information to support and enhance recovery.

Leading Challenge: Working Together

Specific action:

- Regional and national collaboration between DHB's to promote the optimal use of resources, minimise clinical risk and maximise in-demand workforce capabilities.
- The alignment between the delivery of health services and the delivery of other government-funded social services.

GLOSSARY

ACC:	Accident Compensation Corporation
AoD:	Alcohol and other Drug
ASD:	Autism Spectrum Disorder
AT&R:	Assessment Treatment and Rehabilitation
BSMC:	Better Sooner More Convenient
C&Y:	Child and youth
CADS:	Community Alcohol and Drug Services
CAFS:	Child, Adolescent and Family Service
CAMHS:	Child and Adolescent Mental Health Services
CAPA:	Choice and Partnership Approach
CATT:	Crisis Assessment and Treatment Team
CBT:	Cognitive Behavioural Therapy
CCBT	Computerised Cognitive Behavioral Therapy
CEOs:	Chief Executive Officers
CEP:	Co-existing Problems
CNM:	Clinical Nurse Managers
COPMI:	Children of Parents who experience Mental Illness
CYFS:	Child and Youth Family Services
DAPs:	District Annual Plans
DHB's	District Health Board
ED:	Emergency Department
FASD	Fetal Alcohol Spectrum Disorder

FTEs:	Full Time Equivalent
FVIP:	Family Violence Intervention Programme
GP:	General Practitioner
HCN:	High and Complex Needs
HoNOS:	Health of the National Outcome Scale
HOP:	Health of Older People
HVAZ:	Healthy Village Action Zones
IACD	Interagency Committee on Drugs i.e. Health, Police, Customs and Justice
IASG:	Integrated Alarm Services Group
ICAFS:	Infant, Child, Adolescent & Family Mental Health
ICLS:	Intensive Community Living Services
IDF:	Inter District Flow
KPP:	Knowing the People Planning
LAG:	Local Advisory Group
MAG:	Māori Advisory Group
MHINC:	Mental Health Information National Collection
MHSOA:	Mental Health Services for Older Adults
MOU:	Memorandum of Understanding
MRG	Ministerial Review Group
MRG:	Ministerial Review Group
MSD:	Ministry of Social Development
MST:	Multi Systemic Therapy
NASC	Needs Assessment and Service Co-ordination
NDSA	Northern DHB support Agency

NGOs	Non-Governmental Organisation
PATHS:	Providing Access to Health Solutions
PBFF	Population-based Funding Formula
PBFF:	Population-based Funding Formula
PER:	Partnership in Evaluation towards Recovery
PHO	Public Health Organisation
POPS:	Psychiatry for Older People Services
PRIMHD	Programme for Integration of Mental Health Data
RMO:	Residential Medical Officer
SF:	Supporting Families
SIRMHN:	South Island Regional Mental Health Network
SISSAL:	South Island Shared Services Agency Limited
SMHSOP:	Specialist Mental Health Services for Older Persons
SPFs:	Service Provision Framework
SPIN:	Supporting Parents in Need
STaR:	Specialist Treatment and Rehabilitation
SUUs	Sobering up Units, i.e., shelters for intoxicated people
WINZ:	Work and Income New Zealand
WRAP:	Wellness Recovery Action Plan
YJIG:	Youth Justice Interagency Group
YOTT:	Youth Transition Steering Group