

4.0 BUILDING ON *Strengths approach*

4.1 PROVIDING *Options*

Health funders and providers in New Zealand operate in a unique economic, social, cultural and political context. Yet much of the delivery in this area has relied on health frameworks and models from America, Great Britain and Australia. This has been particularly true in the area of mental health promotion.

The important issue facing funders, providers, practitioners, academics and consumers of mental health services is the extent to which the approaches developed in other parts of the world apply to New Zealand. To what extent must these approaches be tailored to complement the kind of action that is most likely to be effective in New Zealand? How can New Zealand’s approach be reoriented to show how these interventions can be delivered? Finally, how can New Zealand continue to develop, improve, maintain and put into practice its own health perspectives?

The approach adopted by *Building on Strengths* is to:

1. Start working towards a common understanding of mental health promotion.
2. Recognise that different populations will have different needs.
3. Recognise that the most effective programmes will take into account the context of the lives of different populations.
4. Recognise that different models of service delivery will work in different circumstances.

This section identifies population groupings, outlines possible settings where interventions can occur and, finally, gives some options for models of service delivery that will be appropriate in different circumstances. The models are proposed as options – different combinations may be appropriate for different populations. Effective programmes will adopt models of service delivery appropriate to populations and settings.

Appropriate Model or Approach	Settings
<ul style="list-style-type: none"> • Population health. • Primary mental health care. • Recovery. • Te Whare Tapa Whā. • Ottawa charter. • Community development. • Strengths-building. • Te Pae Mahutonga. • Fonefale. 	<ul style="list-style-type: none"> • Schools. • Local government. • Voluntary groups. • Cultural centres. • Sports & recreation centres. • Neighbourhoods. • Central government. • Workplaces. • Public health organisations. • Marae.
Outcomes	
<ul style="list-style-type: none"> • Individual: increased resiliency and life skill development. • Community: access to mental health promotion services, safe environments, increased social networks and social support, cohesive communities. • Organisational: mental health-promoting policies, partnerships and programmes to reduce structural barriers to positive mental health. 	

4.2 POPULATION *Groupings*

Building on Strengths identifies seven priority population groups, each of whom experience different levels of social and economic disadvantage. Therefore, programmes targeting these groups will consider the specific disadvantage factors, the social and economic context in which many of the members of these groups live their lives. (A full description of the characteristics of each population grouping is in Appendix 1, page 38.)

The population groupings are:

- Adults.
- Disadvantaged groups.
- People affected by mental illness.
- Māori.
- Pacific peoples.
- Older adults.
- Children and youth.

4.3 SETTINGS

Building on Strengths aims to encourage participation in mental health promotion and prevention programmes by people ranging across settings. Possible settings can include workplaces, cultural centres, marae, iwi or hapū and whānau centres, schools and central and local government agencies.

Mental health promotion programmes aim to improve environments so that they promote mental wellbeing. To be effective, programmes must take place where people live, where they work, where they play and where they come together for support. The range of possible settings for mental health promotion activities is vast, spanning communities, ethnic and cultural groups, government sectors, family life, education etc. Settings will be chosen based on the needs of different populations.

Characteristics of settings for interventions that promote health will include settings that:

- Provide channels for delivery of health promotion programmes.
- Disseminate information.
- Establish purposeful relationships.
- Give access to decision-makers and opinion leaders.
- Provide entry points to specific populations.
- Support unique practices and traditions.
- Provide access to professional support.

Possible settings include, but are not exclusive to:

- Home.
- Childcare and early education.
- Schools.
- Churches.
- Cultural centres.
- Marae.
- Iwi or hapū and whānau centres.
- Health sector.
- Primary health care settings.
- Neighbourhoods, social and recreational settings.
- Sporting facilities and organisations.
- Local government.
- Work place.
- Housing services.
- Correctional services.

4.4 MODELS

The following outlines existing models of service delivery for mental health promotion. The Models will be chosen based on the needs and settings appropriate to different populations. (A fuller description of the models is in Appendix 2, p42.)

Population health model – a model that takes into account the wider social, cultural and economic factors determining health. This approach requires working across government and non-government sectors.

Community development model – a model that aims to improve the health of communities by empowering them to work together to identify issues and solve them.

Primary mental health care model – a model that emphasises the roles played by primary health care practitioners (often the first point of contact with the health system), including school counsellors, nurse practitioners, voluntary groups, etc.

Strengths model – this model arose as an alternative to diagnostic approaches that tend to categorise people according to symptoms, ignoring environmental conditions. This model emphasises individual, family and community strengths and builds on these.

Recovery model – The ability to live well in the presence or absence of one’s mental illness. This model emphasises the active role of people with mental illness in improving their lives.

Te Pae Mahutonga – brings together determinants of health as they apply to Māori, including participation in society, healthy lifestyles, community leadership, physical environment, autonomy and cultural identity.

Fonofale model – Samoan holistic model that recognises that Samoan people’s health is best nurtured within the social context. Based on Pacific perspectives it proposes that “the mental health of Pacific people is intrinsically bound to the holistic view of health ... and ... greater application of Pacific health models is required including establishing and maintaining links between mental health primary health and social services” (Mental Health Commission 2001:6).