



Depression ads show strong and positive results

Popular television advertisements featuring legendary former All Black John Kirwan talking about his experience of depression are making an impact.

Feedback on the advertisements from people accessing the 0800 Depression Helpline acknowledges John Kirwan's courage in speaking out candidly about his experiences.

Lifeline, which provides the Helpline service, receives an average of about 175 calls a day when the ads are on air, and approximately 56 calls a day when they are not being broadcast.

'The three-year National Depression Initiative (NDI) campaign is part of the Government's commitment to suicide prevention,' says Ministry of Health spokesperson Candace Bagnall.

A further component of the campaign is an interactive website for young people, which will be launched in October this year. The site will feature people from popular New Zealand bands, with high profile young people talking about their own experiences of depression and showing users around the site. A new text messaging service is also being planned to provide another avenue for young people to seek help.

Contact points for the National Depression Initiative are the free phone number 0800 111 757, or www.depression.org.nz.

For more information, please contact Candace Bagnall, on (09) 580 9038 or 027 4807 936.





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EDITORIAL

Robyn Shearer



A Time of Transition

We are going through a challenging time in the Ministry with an organisational restructure, which, as from 2 July, sites Mental Health within a new directorate called Population Health.

The Director-General of Health has established a new leadership structure, comprising an executive leadership team and nine directorates, namely:

- Health and Disability Systems Strategy
- Māori Health
- Sector Accountability and Funding
- Sector Capability and Innovation
- Information
- Health and Disability National Services
- Corporate Services
- Change and Development (includes the office of the Director-General)
- Population Health.

The restructure means that the Mental Health Group is now working alongside some parts of public health (including environmental health, non-communicable and communicable diseases), primary health care policy, well child and maternity projects, chief advisor roles, disability policy, health of older people, as well as some secretariats (eg, cancer control, health and disability ethics).

During this time of transition into the new structure, Dr Janice Wilson has taken up the interim position of Deputy Director-General, Population Health. The Population Health Directorate is responsible for providing advice on the policy settings and operational frameworks that determine eligibility and access to publicly funded health, public health and disability services.

With Janice moving into this interim position I am pleased to be taking up the role of Acting Group Manager for the Mental Health Group. Many of you will know me from the role I had in the Ministry in mental health and addictions workforce development and – prior to this work – as a mental health sector manager and clinical leader.

Within the Mental Health Group there have also been a number of changes with Bevan Sloan taking up the acting role of Systems Development Manager, Hingatu Thompson coming on board as the Māori mental health manager and Stephen Enright as the acting team leader for rights and protection.



Relapse prevention plan health target

The Minister of Health recently announced the introduction of 10 sector-wide Health Targets for 2007/08. One of the targets is to improve mental health services through relapse prevention plans for long-term clients.

The target is for at least 90 percent of people who have been clients of mental health and addiction services for two years or more to have a relapse prevention plan. This target does not mean that other clients may not also be required to have such plans.

This Health Target is important because relapse prevention plans identify early relapse warning signs of clients. They identify what the client can do for themselves and what the service



will do to support the client. Ideally, each plan will be developed with involvement of clinicians, clients and their 'significant others' (family/friends). The plan represents an agreement and ownership between parties. Each plan will have varying degrees of complexity depending on the individual. Each client will know of (and ideally have a copy of) their plan.

More Health Target information and progress can be obtained from the Ministry website www.moh.govt.nz/healthtargets



As with any change, the restructure provides both challenges and opportunities. Mental Health will be part of a broader group, which may enable opportunities to address the mental health of the population. However, we will also need to work through the challenges of becoming familiar with a vast range of sector issues as well as new reporting mechanisms and structures. With all of this, the team here aims to work on improving communication and relationships within our directorate and the many sectors we work with (including multiple agencies). Needless to say – the road may be a little bumpy for a while!

We feel fortunate to have Janice leading us through this initial phase of change and we aim to keep you informed of progress.

In the meantime, it's business as usual with what we hope will be continued improvements.

Future directions for service users with eating disorders

In March this year the Ministry met with representatives of eating disorder services to discuss feedback on the draft of the National Framework for Eating Disorder Services.

As a result of those discussions, in May the re-drafted document *Future Directions for the Care, Management, and Treatment for Service Users with Eating Disorders in New Zealand* was completed and distributed to the wider mental health sector for further comment. Preliminary results indicate strong support for a framework which covers primary, secondary and tertiary eating disorder services.

In addition to finalising the National Framework document, the Ministry will continue to work alongside District Health Boards to revise the service specification for eating disorder services.

INTRODUCING

new team members

Angela Moorhouse

Contract Manager

Angela joined the Ministry of Health in late January as the Contract Manager in the Mental Health Group. Her role involves drafting, negotiating and managing contracts between the Ministry and providers of mental health services. Angela was previously employed in the funding and contracting area of Child Youth and Family.

Although she expects challenges along the way in her new role in Mental Health, Angela is looking forward to a new focus on the common goal of bringing benefits to those accessing mental health services in New Zealand.

Alana Ruakere

Project Manager

Alana is of Taranaki and Te Atiawa descent and is the daughter of Tony and Anne Ruakere. She is a Mum to ... 'two fabulous teenagers, Myfanwy and Josh.'

Based in Rotorua, Alana is working as a Project Manager in the Mental Health Group's Policy and Service Development Team. Her focus will be on primary mental health workforce development and the initiatives arising from the Suicide Prevention Action Plan. Her previous role was as the Midland Regional Mental Health Workforce Development Coordinator based at Lakes District Health Board.

John Zonneville

Senior Advisor

John joined the Ministry in August, on secondment from Capital and Coast District Health Board (DHB). His role, which extends until the end of June 2008, is that of Senior Advisor in the Mental Health Group's Policy and Service Development Team. John previously worked as the Clinical Leader, Specialty Services (incorporating Regional Specialty, Child and Adolescent, and Addiction services) at Capital and Coast DHB.

Hingatu Thompson

Māori Mental Health Manager

Hingatu Thompson, the new Manager, Māori Mental Health, is of Te Arawa and Ngati Porou descent, and grew up in Rotorua. He is married to Marlene and has two teenage children, Joshua and Tiana.



'I began working in health in 1990 and was fortunate

to be involved with a strong network of Māori Kaumātua, Kuia and Māori health workers from across Te Moana o Toi (Bay of Plenty area). Their work contributed to significant changes in the New Zealand health and disability sector,' says Hingatu.

Hingatu's work with Māori organisations includes: contract management, planning and project management for a joint venture, being Chairperson for an Iwi Governance Relationship Authority, and being a member of the Executive Team for Lakes District Health Board (DHB).

In 2002 Hingatu moved to Wellington to work with the Ministry of Health's Māori Health Team on the development of *He Korowai Oranga: Māori Health Strategy* and to project manage the implementation of *Whakatātaka: Māori Health Action Plan 2006–2011*.

For the past two years he has worked inside Parliament as the Health Advisor to the Associate Minister of Health, Hon Mita Rinui.

'Māori mental health is one of the foundations of Māori wellbeing and has been at the forefront of Maori health development. I am pleased to be part of a team that is leading this work for the Ministry of Health.'

Other staff changes

Arawhetu Peretini, Manager Māori Mental Health, resigned from the Ministry of Health in May to take up an interim position at the New Zealand Qualifications Authority (NZQA), before taking up the role of Chief Executive Officer at Te Pou, the National Centre of Mental Health Research and Workforce Development.



'I am of the descent lines of Ngai Tahu, Rangitane and Ngati Kahungunu ki Wairarapa. In my early 20s I was handed the gift of working with some of the greatest Māori in health: Dr Erihapeti Murchie, Dr Irihapeti Ramsden, Dr Eru Pōmare, Professor Mason Durie, John Hippolite, Hohua Tutangaeha, Vera Keefe-Ormsby and Anne Delamere – how privileged was I.

'Mental health has been my focus and commitment for the last 18 years. I have learnt enormous amounts about forensic services, alcohol and drug addictions, problem gambling issues, dual competencies, wairua Māori, and how to maintain your sense of humour when all other survival skills are fleeing from you under the pressure and stress of work. The lessons I have learnt will inspire how I work, but will always be about being a descendant of Ngai Tahu, Rangitane and Ngati Kahungunu.'

Arawhetu started her new role in August and is based in Wellington.

The Mental Health Group recently farewelled two Managers, **Yelena Thomas**, Manager of the System Development Team, and **Annie Bermingham**, Manager of the Rights and Protection Team.

Yelena has taken up a position in the Ministry of Research Science and Technology (MORST). Annie has moved to a position as Child and Youth Manager in the wider Population Health Directorate of the Ministry.

Bevan Sloan has taken up the role of Acting Manager for the System Development Team. Bevan is based in the Ministry's Christchurch office. **Stephen Enright** is the Acting Team Leader of the Rights and Protection Team.

Minister launches reports

A report, *Te Haererenga mo te Whakaōranga 1996–2006: The journey of recovery for the New Zealand mental health sector*, was launched recently by Health Minister Hon Pete Hodgson. Published by the Mental Health Commission, the report reviews progress in New Zealand's mental health and addiction sector over the past decade.



According to Chair Commissioner, Ruth Harrison, the report recognises and celebrates the significant achievements in the sector, following the 1995 government inquiry into mental health services, which was led by Judge Ken Mason. It also identifies critical issues for the future.

While *Te Haerenga mo te Whakaōranga* looks at the past decade, a further recent Mental Health Commission publication, *Te Hononga 2015: Connecting for greater well-being*, presents the Commission's picture of the sector into the next decade.

Te Hononga was launched in Wellington by Hon Pete Hodgson on 14 August. It discusses the way the sector will look in 2015, when the 10 leading challenges of *Te Tāhuhu*, the Ministry of Health's Second New Zealand Mental Health and Addiction Plan, are fully addressed.

For further information go to the Mental Health Commission website:
<http://www.mhc.govt.nz/publications/>

Hard-earned success

Dr Lynne Pere has come a long way since she started her nursing studies at the age of 18. Lynne, whose recently completed PhD examines the relationship between cultural identity and wellbeing, was one of only two Māori in the 1986 intake of nursing students at Wellington Polytechnic.

Over the subsequent few years, Lynne experienced many personal setbacks and it was eight years before her nursing training was finally completed. Although she found nursing challenging, Lynne found she loved the research involved and saw it as a way to better the health of Māori.

The following year, Lynne enrolled at Victoria University to do an MA (Applied) in Social Science Research, and graduated in November 1997. In February 1998 the family moved south to Christchurch, where Lynne picked up what she describes as her first 'real' job, managing a hospital-based Māori mental health service (Te Korowai Atawhai).

In June 2001 Lynne was awarded a Training Fellowship by HRC, allowing her to begin her PhD in Māori Studies – which she completed in 2006.

Lynne can be contacted at Lynne.Pere@vuw.ac.nz



Dr Lynne Pere.

Lynne's learnings

Lynne's doctorate examined the relationship between cultural identity and wellbeing, in order to answer the research question: 'Does a secure cultural identity lead to improved wellbeing for Tāngata whaiora?' It sought to understand the experience of mental illness from the perspective of those it affects most – the consumer.

Lynne believes the biggest learning from her PhD has been the importance of mental health professionals developing and conveying a genuine interest in the experiences of Tāngata whaiora.

'Whether deemed delusional or not, the mental health experiences of Tāngata whaiora are significant to themselves, and dismissing them as simply evidence of a disorder offers no consolation, nor a basis for recovery. Personal

experience of mental illness – anguish, convictions, and/or images – provides a basis for understanding, rapport, and confidence,' she says.

Lynne believes that over time mental health management has taken a much more pragmatic approach to mental illness – placing emphasis on diagnosing symptoms and syndromes, and eliminating them as quickly as possible, possibly at the expense of understanding mental illness.

'There used to be much interest in psychoanalysts' emphasis on the meaning given to the experience of mental illness. What is needed now is a better balance – because a good mental health service is not just one that treats the symptoms, but one which facilitates better understanding of the experience.'

Survey shows an increase in providers of forensic services

The role of Forensic Mental Health services is to assess, treat, and rehabilitate people with a mental illness who have, or are alleged to have, committed a crime, and those who are likely to offend.

The 2005 Census of Forensic Mental Health Services provided a 'snapshot' view of services as at 10 October 2005. Results of the census were released recently. They indicate an increase in forensic mental health service providers across the country which, according to the Director of Mental Health, Dr David Chaplow, is most likely due to an increase in prisoner numbers.

Census results also showed an increase since 1999 in prison liaison services, with over 22 prison liaison full-time equivalent employees nationwide. In addition, there was an increase in the number of secure and non-secure inpatient beds across all five forensic service regions,

and an increased emphasis on the transfer of community-based forensic service users to general adult mental health services. Dr Chaplow believes this is good news, and shows that community-based care services are doing an effective job in providing care.

'However,' he says, 'the Ministry of Health would like to see an increase in the current 5 percent of prisoners receiving forensic services, as epidemiological studies show that the need is greater than that.'

The Ministry is currently updating the 2001 Forensic Framework (Services for People with Mental Illness in the Justice System 2001) to take account of this 2005 Census.

For more information about the census, see www.moh.govt.nz/publicationsbydate

Let's get real

'Let's get real: Real skills for people working in mental health and addictions' is the new name for the core competencies project. The aim of the Ministry of Health-led project is to produce a framework of essential knowledge, skills and attitudes for people working in mental health and addiction treatment services.

Project Manager, Susan Potter, says approximately 250 people attended the series of workshops held late last year. The key theme from the workshops was the need for *Real Skills* to be practical and easy to translate into reality. The workshops included an opportunity to provide feedback on a draft set of *Real skills*.

'It was really positive that so many people attended, but what was just as positive was the high quality of feedback and constructive input provided,' said Susan.

The analysis of the workshops and other feedback can be found at <http://www.moh.govt.nz/moh.nsf/indexmh/letsgetreal-analysis>

The next stage of the project has involved developing more detailed definitions, levels and performance indicators. This version has been published, and consultation meetings are planned for September:

- Wednesday 12 September in Auckland
- Friday 14 September in Rotorua
- Tuesday 18 September in Christchurch
- Wednesday 19 September in Wellington.

More information and times and venues is available on the website: www.moh.govt.nz/letsgetreal

Let's get real 
REAL SKILLS FOR PEOPLE WORKING IN MENTAL HEALTH & ADDICTIONS

Award for Tane Whakapiripiri – Forensic Māori Mental Health Unit

At this year's Association of Consulting Engineers New Zealand (ACENZ) Awards, a Silver Award was made to the Maunsell design team for their building and architectural services on Tane Whakapiripiri – Forensic Māori Mental Health Unit, located at the Mason Clinic in Mt Albert, Auckland.

Maunsell Director, Northern Region, Dean Kimpton said, 'Our work on Tane Whakapiripiri involved designing a facility that combined a strong sense of Māori culture with the clinical needs of psychiatric staff and our client, the Waitemata District Health Board.'

The Maunsell design team sought input from the Mason Clinic Taumata (advisory) group and prominent Māori architect Rewi Thompson. Special care was taken to incorporate a connection to the environment, maximising natural light wherever possible. Natural materials in earthy tones are used for the cladding to emulate a korowai (cloak) providing comfort and protection.

Key concepts identified to be beneficial for healing were the central courtyard village layout, marae frontage, visual language of carvings, acknowledgement and use of natural elements, and referencing the New Zealand native forest.



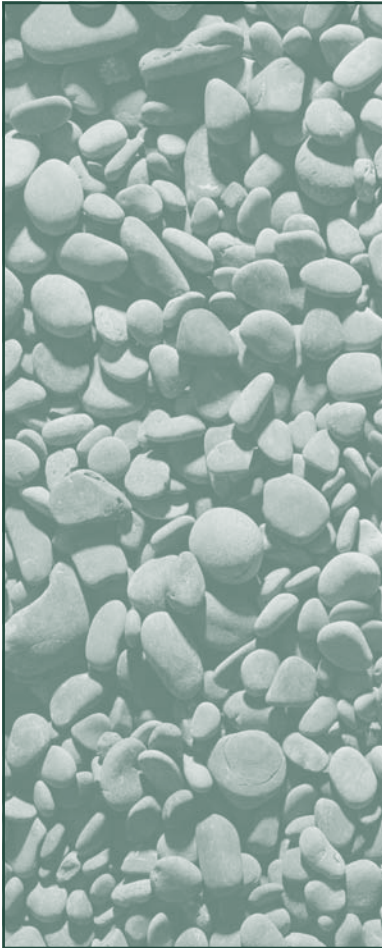
Tane Whakapiripiri – Forensic Māori Mental Health Unit.

'Our buildings' team incorporated cultural identity at the fundamental level by designing a layout to include the visible characteristics of a marae, comprising a whare hui (meeting house), a whare kai (dining house), patient wards, a clinical centre, and nurses' station,' Dean Kimpton said.

Behind the scenes, various degrees of security and psychiatric care are catered for with cultural identity carefully integrated throughout the facility. Even the high fences are loose interpretations of Māori pole fences, with the poles linked by mesh which still allows visual connection through the spaces, a consideration for both security and a Māori sense of an open community.

The judges were impressed with the commitment and drive of Maunsell's project team, combined with their flexible approach and innovative delivery.





Problem gambling affects us all

Problem gambling is wrecking Kiwi lives.

That is the premise of a television commercial that went to air in March, heralding the launch of the social marketing campaign to address gambling harm.

The 30-second television ad, titled 'Kiwi Lives', encourages New Zealanders to think about the harms associated with problem gambling, who is affected by problem gambling, and what the consequences are for communities.

The campaign is being undertaken by the Health Sponsorship Council, which has been contracted by the Ministry of Health to develop, implement and evaluate a social marketing programme to prevent and minimise gambling harm.

For more information on the social marketing programme, see www.ourproblem.org.nz or contact Kate Garland on 04 472 5777 or at kate@hsc.org.nz

Southland Providers: Taking the lead in Mental Health

Adapted from the website and narrated by: Noleen Stretton

Future Directions, the Southland Mental Health Network, was established in 2005, with the aim of improving the delivery of mental health and addiction services for service users and their families. This is done by way of an inclusive process which involves the sharing of ideas, taking action and providing feedback. The Network also provides a support resource to assist local NGOs (non-governmental organisations) with quality, service delivery and infrastructure development, including reporting and monitoring.

In Southland there are eight groups that represent service providers, service users and families, and each of them has representatives on the central group, which is known as the Network Representative Group, or NRG. The NRG meet

every month to discuss local mental health issues, to develop and run projects, and to get updates on existing projects.

Three times a year the NRG hosts an 'Open Forum' which is attended by mental health and addiction providers, consumers and families as well as other mental health stakeholders. Members of the public are also welcome to attend. The Forum offers the chance to receive updates on what is going on in the Mental Health sector and to have an open discussion about issues that are of interest to those present.

Forums are held across the region and the next one will be held on Friday 28 September, 10 am – 12:30 pm at The Elmwood, Dee Street, Invercargill.

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Health Sector Standards Review

The Ministry of Health contracted Standards New Zealand to undertake a review of the health sector standards covered under the Health and Disability (Safety) Act 2000.

The following mental health standards have been reviewed by expert committees: the *National Mental Health Sector Standard*, the *Health and Disability Sector Standard*, the *Restraint Minimisation Standard* and the *Infection Control Standard*.

Public consultation on the reviewed standards began on 27 June 2007 and closed on 4 September 2007. The draft standards are available on the Standards New Zealand website www.standards.co.nz – consultation drafts.

The consultation drafts propose three standards.

- The draft *Health and Disability (Core) Standard*, proposes one core set of standards for all health services. This means that there will be no separate *National Mental Health Sector Standard*.
- The draft *Health and Disability (Restraint) Standard* is composed of three separate parts – Restraint Minimisation; Safe Restraint Practice; and Seclusion – to better align with the different types of health service provision.
- The draft *Health and Disability (Infection Control) Standard* has also been reviewed to better support best practice.

These reviewed Standards will be published in December 2007 and there will be a year's lead-in time for the new standards to be implemented.



Mental Health Director's second annual report due for release

The second annual report of the Director of Mental Health is scheduled for release in September 2007.

The report, which covers activities during the 2006 year, provides information about specific clinical activities related to the Mental Health Act including the activities of district inspectors of mental health and the mental health review tribunal. It also provides information on the role, functions and activities of the Office of

the Director of Mental Health and Chief Adviser, Mental Health. Related issues reported include ECT, and for the first time, the reporting of seclusion use in Mental Health Services.

It is expected that this will complement other initiatives to reduce the use of seclusion.

When available, the report will be able to be downloaded from <http://www.moh.govt.nz/publicationsbydate>

New TV ads for 'Like Minds, Like Mine' Campaign

Like Minds, Like Mine, is a Ministry of Health funded national programme to counter the stigma and discrimination associated with mental illness.

It began in 1997, in response to the 1996 Mason Report, which identified stigma and discrimination as one of the biggest barriers to recovery for people with mental illness.

Phase 4 of the Like Minds, Like Mine television campaign was launched on Sunday 15 July. It consists of five commercials that feature the story of Aubrey and his family, friends and employer. His story is told in the context of the things people actually did to support him. The commercials are part of a wider media campaign, which includes Māori, Pacific and youth radio commercials.

Throughout the life of the programme, surveys and other

evaluations have identified key areas of success, particularly around increased acceptance and openness about mental illness in the community, and increased leadership of the programme by people with experience of mental illness.

For more information about Like Minds, Like Mine, see: www.likeminds.org.nz



A still from the latest Like Minds, Like Mine television campaign.

Southland Providers: Taking the lead in Mental Health Continued from page 9

Southland District Health Board's funding of renovations and the first year lease of a new office facility (shared with Public Health South) in Queenstown is an example of how the Network has helped to improve mental health service delivery in that area. According to Chris Nolan, Southland District Health Board's General Manager for Mental Health, the new facility provides a solution for mental health service providers who were previously unable to access suitable accommodation for the delivery of a service in Queenstown.

The Network has also developed a website which will be an additional tool to help spread the word about 'mental health'. The launch of the website represents an important step in the development of the Southland Mental Health Network.

If you would like to know more about the Network please feel free to contact Chris Nolan on (03) 218 1949 or visit the website at www.futuredirections.org.nz

Ministry of Health publications

Unless otherwise specified, you can obtain copies of all Ministry of Health publications from:

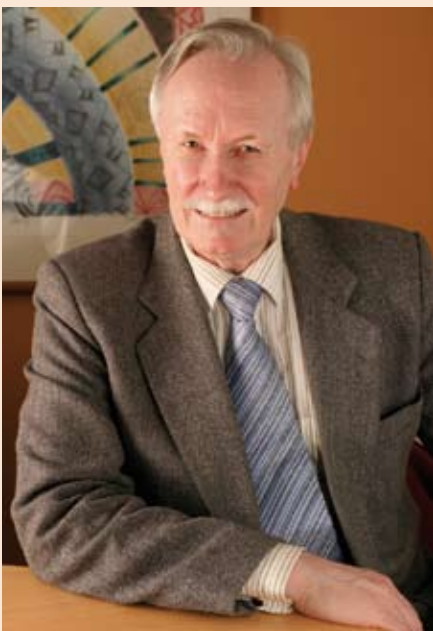
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Chaplow's Column

David Chaplow

Director of Mental Health

Official launch of the Pacific Islands Mental Health Network

The Pacific Islands Mental Health Network (PIMHnet), a joint initiative of the WHO Regional Office for the Western Pacific and the WHO Headquarters in Geneva, was launched during the Meeting of Health Ministers for the Pacific Island Countries on 14 March 2007 in Vanuatu.

PIMHnet seeks to bring the Pacific Island countries together so they can pool resources and share information, knowledge and experiences to improve mental health and treatment services.

While most Pacific countries have a health system oriented towards primary health care, mental health is often not part of those services. According to Dr Shigeru Omi, WHO Regional Director for the Western Pacific, in some Pacific Island countries, mental health care means putting people in institutions, rather than treating and supporting them in the best environment for their wellbeing.

Other speakers included Papua New Guinea's Minister of Health, Hon Sir Peter Barter; Sarah Hamilton from NZAID, and Dorah Marcel from Vanuatu, shared her experience as a person living with mental illness. The Master of Ceremony was Ms Vanessa Quai, a well-known singer from Vanuatu and mental health youth ambassador for the Pacific.

Dr Catherine Le Galès-Camus, WHO Assistant Director-General for Non-Communicable Diseases and Mental Health, recognised that this is a great example of collaboration between countries with similar needs to address under-resourced but important health issues. She hopes this model will be replicated in other parts of the world.

The network operates in each country with the agreement of the respective governments who apply to the WHO for membership. Currently the 'in-country network facilitators' are government-appointed. New Zealand is part of the Network. The New Zealand mental health networks that currently operate in New Zealand (DAMHS; CDs, DAMHS, and Managers; DIs, MHRT members; DOMHNs; and others) are all being apprised of PIMHnet. As the network develops there will be abundant opportunity for those with Pacific mental health interests at heart to be involved.

David Chaplow (NZ PIMHnet Representative)



New Zealand Health Innovation Awards expo and gala dinner



Wednesday 10 October 2007, Wellington Town Hall

Discover who the 2007 finalists are and book tickets online
www.healthinnovationawards.co.nz

