MINISTRY OF HEALTH
MANATŪ HAUORA

Mental Health Directorate Newsletter

Issue 17 July 2006

Improving Asian peoples' access to mental health services

An initiative making it easier for Asian peoples to use mental health services was launched on 18 May after a year-long project to develop training and guidelines for interpreters and mental health practitioners.

Members of the Regional Asian Mental Health Interpreter Workforce Development Project Steering Group at the project launch.

The Regional Asian Mental Health Interpreter Workforce Development Project began in 2005 in response to findings that Asian migrants and refugees experience difficulties accessing mental health services.

The project was commissioned by the Northern Regional Mental Health Directorate with support from Waitemata, Auckland and Counties Manukau DHBs.

Regional Mental Health Director for the Northern DHB Support Agency, Derek Wright, says research and experience show that cultural and language differences can create barriers.

'Until now, there has been no formal, specialised mental health training for interpreters who facilitate conversations between an individual and their mental health practitioner,' he says.

Now a package has been developed to enhance the cultural competency of interpreters and practitioners working with Asian migrants in the area of mental health.

'It comprises a training programme for mental health practitioners, a training programme for Asian interpreters, and guidelines for how the two groups can work effectively together,' Derek says.

'We know that by developing a culturally competent workforce, we can reduce the risk of errors and health inequalities, and provide enhanced care and treatment.'

The workforce training will take place across the entire Auckland region, where Asian people make up 12.5 percent of the population and are the fastest growing group.

Over the 12 months from this June the aim is to train up to 75 Asian mental health interpreters and up to 125 mental health practitioners working in secondary mental health services.

Contents

Change in focus for Otago DHB mental health services 3

Ministry team analyses submissions 3

Linda Simson 4

New role focuses on links between health and employment 5

Pacific Provider Development Fund Purchasing Strategy 5

Waitemata focuses on mental health services 6

Chaplow's Column 8

EDITORIAL

Dr Janice Wilson

Dr Janice Wilson, Director of Mental Health, has been in England for the past four months on a study tour. Here are some of her impressions ...

Having been asked to write something for this newsletter while I have been away, it's hard to know where to start.

There are, of course, the obvious things which strike you when you visit the UK: the fascinating history; the rich array of great theatre, art and museums; the breadth and depth of journalism in some newspapers and BBC radio; and the exposure to a wider range of views and opinions. Because the UK is so much closer to the action in an international sense, you feel much more a part of the global community.

But what also strikes you is the number of people. There are far too many people everywhere, though surprisingly fewer in the more remote country areas. And there are far too many cars and other vehicles, all traveling far too fast! Despite an excellent rail system, it takes a long time to get anywhere, and when you get there, everyone is there with you! It also takes a long time to do anything, from banking to telephone inquiries (the internet is a great friend!).

However, there are two general overarching 'learnings' I will take away with me.

The first is the absolute imperative to do something about the continued production of greenhouse gases and the resulting climate changes. Although aware of these issues, I have not had a real sense of urgency before. This global challenge is bigger than terrorism, poverty or war, and, yes, bigger than the challenges we have in mental health. I have now been convinced by the evidence that the world is on a path of self destruction within the next 50–100 years, unless we all change the way we consume energy and change almost totally to renewable sources. It may already be too late. This is actually a very hard challenge personally – to change my lifestyle when I'm in my 50s! Although it is a good issue in which to be a 'radical' – bring on the 60s and 70s again!

The second lesson is being proud of New Zealanders' 'can do' attitude. For a small country, we have a significant impact in the world, and have the ability to bridge differences between other countries internationally. Part of this 'talent' comes from a belief that we can make a difference, that we want to see better outcomes or results for people – whatever the issue is.

I'm looking forward to coming home and getting stuck in again!

Change in focus for Otago DHB mental health services

Otago District Health Board's mental health services integration manager, Carol Gray, is excited about moves towards an enhanced community care model for Otago consumers.

Carol was appointed following a major review of Otago District Health Board's mental health services, which was completed in 2004.

The review involved extensive consultation with providers, consumers, their families and the community.

'A number of key strategies have come out of the review, but the best way to sum it up is a desire to provide services which are recovery focused, responsive to individual need, available and accessible, which ensure an integrated continuum of care and that deliver a wide range of therapeutic approaches and options Otago-wide – geographical location shouldn't be an issue.

'We are also looking carefully at how we can improve services to Māori and ethnic consumers,' Carol says.

Soon after Carol's appointment she commissioned a number of scoping exercises to identify in more detail the needs of consumers and service providers.

Carol says one issue that came through time and again, particularly from providers, was what they called a 'silo' approach. The problem with this, she says, is it limits clients' access to services – 'as a consumer, you have to fit into a "criteria" or "category" to get from one service into another rather than having services provided seamlessly across a continuum.

'We would like to build a "package of care" approach around an individual, so that if someone starts to experience illness symptoms they can receive the care they require in their own community, preferably in their own home.

'Home-based intensive clinical teams and enhanced community support services are good examples of meeting the consumer's need in their own environment with a "package of care". Following an intensive home-based intervention, and as the consumer's illness subsides, the enhanced community support steps down to the standard community support, helping a return to independence.

'Mental health or illness can fluctuate, and if we can focus on serving an individual across the spectrum and provide care in a continuum it's going to be much more effective for consumers.'

A copy of the report *Review of Mental Health Services Provision in Otago and Strategic Recommendations for Future Development 2005* is available from Carol; call her on 03 474 0999 or email carol.gray@otagodhb.govt.nz

Ministry team analyses submissions

The Ministry of Health's mental health team has analysed 80 written submissions on the draft action plan to implement *Te Tāhuhu – Improving Mental Health*.

The submissions follow a series of meetings held around the country during April to discuss the draft action plan.

'The meetings were attended by 132 people in total, and resulted in some good discussions and feedback. Overall, the response to the action plan has been positive, and we appreciate the time and effort everyone put into attending meetings and making submissions,' says Ezrai Fae of the Ministry of Health.

'We have analysed the submissions and prepared a final draft, which was considered by the Advisory Group established to advise the Director-General of Health on the development of the action plan. We are now preparing a final draft for Cabinet consideration in late June 2006,' she says.

Linda Simson

By Colin Slade, Case Consulting

In a freak accident on 15 April 2006, Linda Simson died doing what she loved in the landscape that she loved, while on a 4WD trip in the mountains near Queenstown.

Linda Simson

Linda's passion and expertise in off-road driving was well known by her mental health sector colleagues. Many of us had been fortunate to share her adventures as a trusted leader of 4WD expeditions to the beautiful remote high country of New Zealand. Her warm generosity in inviting so many of her work colleagues along on these trips was characteristic and just as evident in her work.

After the births of her two sons, Linda's experience of post-natal depression developed into chronic severe depression resulting in a period of hospitalisation following a suicide attempt. This experience of the system led to her work in mental health, which began in 1997 when she became co-ordinating consumer advisor for what was then HealthlinkSouth (now Canterbury District Health Board) mental health service. In 2002, she left the CDHB to manage Step Ahead Trust, an activity-based mental health recovery service provider.

Over her nine years in mental health leadership Linda developed a widely respected reputation for her ability to swiftly analyse an issue from the consumer viewpoint, and articulate a beautiful solution while other minds were still grappling with the problem. This ability made her an invaluable member of national bodies, such as the Mental Health Advocacy Coalition.

In the volatile world of consumer politics she had the rare ability to communicate frankly with everyone yet make no enemies. Her reputation as a mental health leader had already crossed many international borders by the time she was invited to join the International Initiative for Mental Health Leadership (IIMHL) two years ago.

She was a patient and generous mentor, a tireless advocate for the consumer movement, and a wise and trusted friend to so many. The astonishing number of lives she touched in her all too short one became overwhelmingly apparent at her funeral, attended by more than 500 from the worlds of mental health and 4WD throughout New Zealand.

She leaves behind two fine, teenage sons Simon and Liam, two brothers, two grieving but proud parents and a huge hole in the world of mental health.

New role focuses on links between health and employment

A newly created position funded jointly by Hawke's Bay District Health Board (DHB) and the Ministry of Social Development aims to bring new perspectives to the links between health and employment.

Sue Peacock has taken on the new role of General Manager Health and Social Improvement, which was created following a commitment by local community and government agencies to work together better.

'The role looks at the causes of poor health rather than the consequences and, in particular, takes a strong focus on how health services can help people into employment,' she says.

Hawke's Bay DHB, which spends more than $300 million on health each year, has a vision of achieving the 'healthiest families in New Zealand'; something Sue says it can't do alone.

'Things are slowly improving, but we still have one of the worst levels of health in New Zealand,' she says.

'It makes sense to work with other agencies such as the Ministry of Social Development, particularly when our goals are very similar.'

Sue's role is to provide strategic leadership in social development, with specific projects centred around obesity, drug and alcohol use, community health, ageing, educational achievement and the health of our workforce. In addition, she says the Ministry of Social Development is taking a new approach to case management that focuses on recognising a client's needs and then referring them to the appropriate service, rather than just focusing on income support.

Chris Clarke, CEO Hawke's Bay DHB (left) and Lindsay Scott, Regional Commissioner for Social Development East Coast, sign their first joint contract of this year. Sue Peacock looks on.

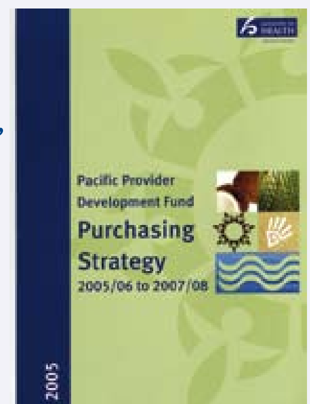
'It's about looking at what we can do across the board to help people get well and stay well, and contribute in a meaningful way to their community. We know there are links between health and employment,' she says.

'If we can get a better understanding of each other's organisations we can start to identify the patterns and connections in complex environments. For example, the Ministry of Social Development's annual social reports, which examine how our population is changing over time, are highly relevant to the work of DHBs.'

Pacific Provider Development Fund Purchasing Strategy

The Purchasing Strategy for the Pacific Provider Development Fund (PPDF) guides funding and purchasing decisions for the Ministry of Health and District Health Boards from 1 July 2005 to 30 June 2008.

It provides high-level guidance on goals, principles, vision, objectives, Pacific provider definition, administrative roles and funding categories. PPDF funding seeks to improve access to health services, including mental health services, for Pacific peoples by assisting the development of Pacific health providers and the Pacific health workforce. To download a copy of the strategy, visit www.moh.govt.nz/pacific and click on 'publications'.



Waitemata focuses on mental health services

It's been a busy few months for Waitemata District Health Board, with the opening of two new mental health facilities and the signing of a memorandum of understanding with 13 mental health service organisations. Here's what the DHB has been doing.

Launch of Waimarino

Six of Waitemata District Health Board's community mental health services in West Auckland have been brought together under the roof of a new, purpose-built facility for the first time.

The Waimarino building

Named Waimarino – meaning 'peaceful waters' – the four-level building in Paramount Drive was officially blessed and opened in April.

The facility accommodates around 150 staff from service providers including Moko (Māori Mental Health Services); Marinoto West (Child and Family Mental Health); the Early Psychosis Intervention Team; Malaga A Le Pasifika (Pacific Mental Health Services) and two Community Adult Mental Health teams.

'As a facility, Waimarino shows just how far we have travelled toward a culture of treating consumers with the dignity and respect they deserve, and of valuing staff,' General Manager of Mental Health Dave Davies says.

'It will make things easier for consumers because they will now be able to visit one location and immediately find the appropriate service and people to assist them. It also gives our staff the opportunity to collaborate more easily and to share their knowledge and experience for the benefit of clients,' he says.

Mental health organisations formalise collaboration

Consumer and family needs, the efficient use of resources, innovation and the provision of genuine choice are at the heart of an agreement signed last month by mental health service organisations across Waitemata.

Signed by Waitemata DHB and 13 non-governmental organisations (NGOs), the Memorandum of Understanding is effective for 12 months.

The document outlines nine strategic principles to guide member organisations, including promoting full consumer participation, working co-operatively, and celebrating and sharing success.

Waitemata's General Manager of Mental Health Services, Dave Davies, says collaboration between the DHB and NGOs has been occurring informally for some time.

'The Memorandum of Understanding recognises that we're now at a point where we want to increase that level of interaction and co-operation,' he says.

The agreement also stresses the importance of transparency, embracing change, honouring the spirit of the Treaty of Waitangi and fostering relationships.

The NGOs who are party to the Memorandum of Understanding include the Walsh, Dayspring, Challenge, Pacificare and Framework Trusts, Equip, Future Choices, Te Ata, Pathways, Goodwood Park, Te Korowhai Aroha, Te Kotuku ki Te Rangi and AMHS.

Opening new forensic extension to Mason Clinic

A new world-class facility in forensic mental health was officially opened at the Mason Clinic in Auckland by the Minister of Health, Hon Pete Hodgson in March.

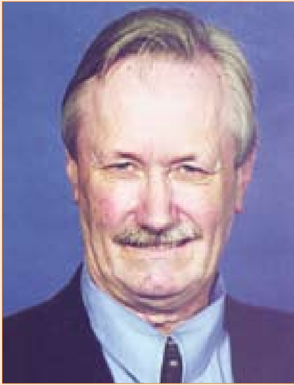
Above: The opening of the unit – Minister of Health Hon Pete Hodgson and Te Aniwa Tutara, General Manager of Māori Health Services at Waitemata DHB at the opening ceremony.

The new forensic extension, Te Papakainga o Tane Whakapiripiri has been designed to replicate a traditional whānau village (papakainga). The concept links the existing facilities at the Mason Clinic – Te Miro Marae and Te Miro Cultural Centre. This is reflected in the naming of the whare nui (meeting house) Tane Whakapiripiri (All Embracing One).

A kaupapa Māori philosophy underpins Te Papakainga o Tane Whakapiripiri. This philosophy is based on principles of reciprocity, consumer empowerment, resource sharing, whānau involvement and a holistic and integrated approach to treatment and care. While a kaupapa Māori approach is not unique, the inclusion of this philosophy, supported by the Recovery Rehabilitation Model in practice at the Mason Clinic, will provide a model of excellence for forensic mental health care both nationally and internationally, said Dr David Chaplow, the Director of Mental Health.

An estimated crowd of 700 attended the dawn blessing and impressive opening celebration, which included a pōwhiri by staff and patients. The speakers included Kaumātua; the Minister of Health; Waitemata DHB Chief Executive, Dr Dwayne Crombie; the Director of Mental Health, Dr David Chaplow; and Clinical Director of the Mason Clinic, Dr Sandy Simpson.

The new rehabilitation environment is reflected in the design of the buildings, which includes a whare kai to take care of visitors and residents, a whare manaaki (clinical centre), and whare puni wahine and whare puni tane (women's and men's houses). Other features include a special room for tohunga to assist in consultation in intervention, Te Puna Wai Ora (an inner courtyard) and whare kokiri (to support skills development). The carvings by Ngati Whātua emphasise the connection to the world of Papatuānuku (earth mother) and Ranginui (sky father) and their child, Tane.



Chaplow's Column

David Chaplow

Director of Mental Health

Advocacy and response

There has been a strong and polarised response to the recent publication *No Force Advocacy by Users and Survivors of Psychiatry*. The aim of this publication was to 'promote the transformation of all medical and legal systems so they will better serve people who use mental health services'. The accompanying news-brief said that the publication was to 'promote discussion'. No problem there.

The publication consisted of a foreword, a key article (Tina Minkowitz) and four discussants (two barristers and two psychiatrists). The foreword and the Minkowitz article promulgate a future state of practice whereby use of the Mental Health Act (the 'Act') be minimised. The discussants appeared to distance themselves from extreme opinion and went some way to restore the balance of the discussion, which raises the question of whether or not the use of 'committal' is abusive and whether it is over-used in New Zealand.

Assertions were made that, '... protections are inadequate', that there is 'uneven legal representation for service users' and there is a, 'lack of individual and peer advocacy to challenge forced treatment ...' The publication stated that it, 'has come to the view that compulsory treatment in New Zealand ... is used too much ... It is used too frequently ... (for) too long, and too often it is used for the wrong reasons ...'. This may or may not be true but little evidence was advanced either way. Important research findings do exist in New Zealand but were not referenced in the foreword. Pity.

The publication admits to there being 'rare occasions' when mandated care might be necessary, though the example given ('protecting people from immediate danger to themselves or others') is exactly the criteria necessary to fulfill the demands of the currently applied Act (with the addition of 'inability for self care', as the specified threshold criteria). It also suggested that committal be discontinued as soon as the presenting crisis had passed.

The lead article and the discussants deserve consideration, and the topic is important to think about. They represent individual opinions and, as such, should be respected. Powerful opinions, however, expressed in the absence of the voice of the entire spectrum of mental health stakeholders (for example, New Zealand consumers and families, district inspectors, NGO and DHB providers) are concerning.

Those with vital interests and involvement in mental health need to support robust discussion, and work toward change and betterment for service-users (as is occurring around the practice of 'seclusion'). It seems to me that, for a good outcome in the area of mandated assessment and care, there needs to be broad consensus around the philosophic basis, legal criteria, and clinical practice for committal, a practical understanding of 'recovery', and its compatibility (or otherwise) with risk-management and the application of 'human rights'.

Ministry of Health publications

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

Ministry of Health, C/o Wickliffe Limited,
PO Box 932, Dunedin

Tel: (04) 496 2277 (Wellington)

Fax: (03) 479 0979 (Dunedin)

Email: moh@wickliffe.co.nz

Ministry of Health publications are also available on our website: www.moh.govt.nz