



Associate Minister of Health Hon Dr Jonathan Coleman

Kia Ora

I'm really delighted to be given responsibility for mental health as a minister in the National Government. It's a very important sector, and one in which I took a close interest in my medical career.

Mental health is complex. It's a tough area to work in. There's often not enough recognition of positive outcomes in the sector, and a high risk of negative publicity when critical incidents occur.

I worked mainly as a GP, and understand the respective roles of effective primary and secondary services in delivering mental health care. Early and appropriate intervention is hugely important to good outcomes.

The Ministry of Health's Like Minds, Like Mine programme has been incredibly successful at reducing the stigma and discrimination associated with mental illness, and making society more aware of its prevalence. It has encouraged people to come forward to seek help.

However, if people are going to get that help, they need to be able to access a responsive health system. A recent online survey undertaken on the North Shore explores GP views on secondary



mental health services in the district. The findings certainly reflected recognition of the quality of secondary care services, but there was real concern expressed about the process for accessing these services, the lack of referral pathways for people with mild to moderate illnesses, and the sometimes inadequate or delayed communication with GPs. There was a clear message that many in primary health care felt they were not included, or not valued as part of the team looking after their patients with mental illnesses.

As you know, we need to make sure the health sector is able to work collaboratively to develop a more seamless approach to people with mental health concerns. Professionals know what needs to happen, and it's up to DHBs and PHOs to put systems in place to support the delivery of services.

New Zealand has made great strides in mental health service provision, but there is the need for continuous improvement. The statistics reflect the extent of the challenge we face in mental health, and heightened public awareness coupled with innovative service delivery are going to be key to meeting that challenge.





EDITORIAL



Arawhetu Peretini

Group Manager
Mental Health Group

Mental illness and addiction is an area of health where society can still reveal its ‘darker’ side, a side usually ‘hidden’ until tested. This was the case recently when a community opted to take a ‘not in my backyard’ (NIMBY) stance in relation to housing options for people recovering from mental illness. The assistance of the Ministry was sought to provide leadership and to show its ‘human face’ to resolve an age-old problem which, despite all efforts, refuses to go away.

It was a timely reminder to those of us in the Ministry that in the area of mental health and addiction, there is no room for complacency and that, as public servants, it is our role to be vigilant, and to provide positive and ‘visible’ support out in the community.

It was also a time for me to personally reflect on what it means to be ‘passionate’ about working in the mental health and addiction area, because clearly ‘passionate’ is a word that can also be used in relation to a NIMBY stance. Passionately opposing a reform is obviously as powerful as passionately supporting it, and does personal experience necessarily help negate personal opposition?

For instance, when we observe the fragility that life’s challenges can create for those we love and care for within our own families, our whānau and our wider social circle, most of us would consider it unthinkable, or indeed be horrified, that a NIMBY stance, or a failure to extend compassion, was society’s response. But, does that translate to our own responses in relation to those not within our ‘circle’, those who are strangers to us.

The Mental Health Commission’s *Blueprint for Mental Health Services in New Zealand* (1998), and the Ministry’s *Te Kōkiri, Mental Health and Addiction Action Plan 2006–2015*, have both been instrumental in setting a policy platform to guide necessary reforms within the mental health and addiction area of health.

The Government also, through its goal over the next three years to provide, ‘better, sooner, more convenient’ health services, continues to affirm its support for the changes that need to take place to ensure that those who experience mental illness or addictions receive the best support possible. However, achieving that agenda will require a positive and caring consciousness within the whole population that will allow all who are in need, or are vulnerable, to know that they are valued.

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Te Rau Puāwai Māori Mental Health Scholarships for 2010

Te Rau Puāwai is a joint initiative between the Ministry of Health and Massey University.

Each year the Te Rau Puāwai workforce programme provides bursaries for students who are seeking to commence or complete a university qualification in Māori mental health and addictions at Massey University.

Applications for 2010 bursaries are now open and close on 6 November 2009.

Subject to eligibility into a Massey University qualification, students who are awarded bursaries will be able to enter or continue with a Massey University qualification in Nursing, Social Work and Social Policy, Psychology, Rehabilitation, Health Service Management, Māori Health and Māori Studies. The programme offers assistance to students through a mentoring programme which

provides academic advice and general learning support, and includes a full-time co-ordinator, full-time support tutors and mentors.



In return, there is an expectation that students, once they have graduated, will contribute towards Māori mental health by opting for employment in a relevant Māori mental health service.

Application forms and additional information can be obtained from Te Rau Puāwai's website: <http://te-rau-puawai.massey.ac.nz/>

Alternatively, phone Joanne Waitoa, Te Rau Puāwai (06) 350 5538.

Fono for Pacific CAMH and AOD workforce

The Werry Centre for Child and Adolescent Mental Health recently hosted the 4th national Fono for Pacific CAMH (Child and Adolescent Mental Health) and Alcohol and Other Drug (AOD) clinicians and workers.

With the theme *Leveki* – nurturing Pacific children, youth, families and communities – the Fono attracted more than 70 attendees and was an opportunity to celebrate Pacific workforce achievements, as well as to hear some of the challenges and to begin discussions in relation to workforce and service growth.

The Fono was marked by a diverse range of thought-provoking presentations, and keynote speakers Dr Api Talemaitoga (Chief Advisor, Pacific Health, Ministry of Health) and Dr Siale Foliaki (Consultant Psychiatrist, Vaka Toa and Faleola, Counties Manukau DHB), provided an inspiring and enlightening start to the day's activities.



Fono participants

Indicative of feedback received, one participant described the day as 'inspiring and lifting the passion . . . the presentations reveal our uniqueness, similarities, and our passion for our people'.

A summary report of the Fono will be available shortly.

For more information, visit the website www.werrycentre.org.nz or contact Mali Erick Ph (09) 3695703 or email: m.erick@auckland.ac.nz

Te Korowai Hinengaro Oranga ki Waitaha

Canterbury Māori Mental Health Provider Network

Te Korowai Hinengaro Oranga ki Waitaha – Canterbury Māori Mental Health Provider Network, (TKHOW) was established in March 2003 with the aim of providing a co-ordinated approach to kaupapa Māori mental health services in Waitaha/Canterbury.

The Network is committed to working actively together to build service capacity and capability to support the development of Kaupapa Māori mental health services that meet the needs of tāngata whaiora and their whānau.

The provider membership of TKHOW comprises the managers of all contracted Māori mental health providers of kaupapa Māori mental health and alcohol and other drug services. The range of services includes tamariki and rangatahi, residential, needs assessment, alcohol and other drugs, as well as other mental health services. It includes DHB provider arm and a mainstream service, which provide specialist mental health services dedicated to Māori.

The TKHOW 2009 workplan has a number of service integration initiatives. For example, it facilitates a two-day orientation programme which promotes co-ordination and integration of the Network by ensuring new kaimahi have a positive, professional and comprehensive introduction to the Māori mental health provider community. This creates the opportunity to orientate kaimahi into the broader sector, within a process that promotes a supportive and inclusive environment to assist the delivery of quality services for tāngata whaiora.

‘The benefits of the TKHOW orientation programme are not only to the individual kaimahi involved but also to the provider network,’ says Winiata Brown,

General Manager of TKHOW provider member, He Waka Tapu. ‘Kaimahi who are familiar with the provider network are far more effective in their mahi and so it will follow that the Network as a whole should also be more effective as well.’

TKHOW has also developed a data collation project designed to better inform the Network about the utilisation of Māori mental health services and to assist in planning and analysis processes. Through a restricted access portal for provider member use only, collated data is shared on the TKHOW website.

‘How are we to project and prepare for an improved future for the next generations coming along if we do not examine and measure what we do – right now?’ asks Hinerau Jones, the Manager of Te Awa o Te Ora. ‘A data collection system and a brave heart to be candid about what’s working and what’s not working, from the membership of Te Korowai Hinengaro Oranga, puts us in an exciting position to validate our own assumptions, celebrate commonalities and articulate from an evidential base.’

TKHOW’s current areas of strength, as well as areas for further development, in workforce development planning are being assessed through a stocktake of information gained from a workforce capability and capacity survey. The results will inform the development of the TKHOW Workforce Development Plan which ultimately will inform, guide and shape future Māori mental health workforce development initiatives.

For further information visit TKHOW’s website:

www.tkhow.org.nz or contact

Cazna Luke, Mokowhiti Consultancy Ltd,
phone: (03) 329 6975, cazna@mokowhiti.co.nz



Papapounamu Te Moana Reducing Risk and Enhancing Protection Training

Te Rau Matatini, the Māori Mental Health Workforce Development Centre, recently completed the first of its Papapounamu Te Moana Reducing Risk and Enhancing Protection Training, and celebrated this achievement with participants.

Papapounamu Te Moana draws on the conceptual and philosophical teachings of Te Ao Māori and the application of these when working with tāngata whaiora and whānau affected by alcohol or other drug addictions. The training is founded on traditional Māori protocols and processes that occur on a marae, and is underpinned by the concept of dual (cultural and clinical) competency.

The training was well received by the diverse community health services who participated. To illustrate this, Tricia Cavill from Rata Te Awhina Trust, an NGO public health community service in Hokitika, provided the following feedback.

‘My background is forensic psychiatry. In terms of risk reduction this is an absolutely fantastic tool; it is holistic, can be used across the board, [and] provides a simple process to ensure all the correct steps are taken. I have learnt so much – it has been huge for me!



Trainers Ray Ropata (far left) and Pam Armstrong (far right) celebrate the completion of the Papapounamu Te Moana training with Rata Te Awhina Trust, Hokitika.

Te Rau Matatini CEO, Kirsty Maxwell-Crawford reiterated the importance of relevant and accessible training of this kind.

‘Training opportunities for frontline staff in rural and provincial areas is critical. Te Rau Matatini is committed to ensuring PHOs [Primary Health Organisations], NGOs and DHB services throughout the country have access to applied Māori mental health and addiction training models such as Papapounamu Te Moana.’

For further information about the Papapounamu Te Moana programme, visit Te Rau Matatini’s website: www.matatini.co.nz or phone 0800 MATATINI (0800 628 284).

Ministry of Health publications

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

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Launch of *Te Umanga Whakaora*: Accelerated Māori Occupational Therapy Workforce Development Strategy

The first ever Accelerated Māori Occupational Therapy Workforce Development Strategy, *Te Umanga Whakaora*, was launched on 18 August by Te Tai Tonga MP, Rahui Katene, on behalf of Associate Minister of Health, Hon Tariana Turia.

‘Whether they are working in the health sector or are seeking health services, Māori are entitled to the benefits of a workforce that values and promotes concepts, values, and ways of thinking in te ao Māori,’ says Hon Turia. ‘*Te Umanga Whakaora* is an excellent resource to help the occupational therapy workforce make a real difference for those seeking a pathway towards whānau ora. We must turn the words into actions, the commitments into contexts that work – and then it’s full steam ahead.’

The strategy was developed by Te Rau Matatini with a national Māori occupational therapy reference group, and the New Zealand Association of Occupational Therapists. As a guide for Māori and mainstream services, it is an important step forward for occupational therapy, and:

- responds to current workforce challenges to reduce workforce shortages
- reflects the unique challenges associated with recruiting, retaining, and equipping occupational therapists
- extends Māori occupational therapy best practice



Reference group Back row: (from left) Jake Tahitahi, Kevin Brown, Georgina Davis, Te Ara Whittington, Kristi Carpenter, Riwai Wilson. Front row: Tania Marino, Jane Hopkirk (Te Rau Matatini Project Leader) and Jo-Anne Gilsenan.

- aims to improve the quality and responsiveness of services to whānau.

It provides practical opportunities, tools and resources for mental health and addiction service providers as employers, as well as for funders and planners, professional bodies, tertiary education institutions, secondary school teachers and career advisers.

‘It is our hope that occupational therapists will take up the challenge and, with support of employers, will complete the training, utilise best practice models and stay within the sector’, says Te Rau Matatini CEO Kirsty Maxwell-Crawford.

Copies can be downloaded at www.matatini.co.nz or by phoning 0800 MATATINI (628284).

New NGO Collaborative

In July this year, after 12 months of preparation and ‘trust building’, four NGOs (Pact, Comcare, Walsh Trust and Wellink Trust) signed a Memorandum of Understanding and celebrated the launch of a formal collaboration, known as the ARC Group.

According to Virginia MacEwan, CEO of Wellink Trust, ARC Group members are committed to the reform of New Zealand’s mental health services.

They believe that while traditional mental health care approaches play a key role in the sector, the future lies in improving the capacity and capability of community-based support services.

‘We are collectively committed to building on this reality,’ says Pact Group CEO, Louise Carr. ‘By exchanging ideas and learning together, we are refining evidence-based practice, developing →

Matua Raki

Matua Raki is the National Addiction Workforce Development Centre, funded by the Ministry of Health and located within Te Rau Matatini in Wellington.

It works to develop the addiction treatment and related workforces to support consumers/tāngata whaiora and their families and whānau to reduce addiction-related harm.

This year Matua Raki has recruited 11 new staff members, including Director, Raine Berry, and Pacific Project Leader Lealofi Siō. Ten of those appointments were for new positions. It has also established an Advisory Group to inform and support achievement of its work programme, and continues to work collaboratively with the National Addiction Centre, where it was formerly hosted.

Earlier this year, Matua Raki published *He Tētē Kura – Māori Addiction Treatment 1980–2008*, which reviews the growth of the Māori addiction treatment sector and examines the lessons for a new generation of workers and leaders.

Other projects include:

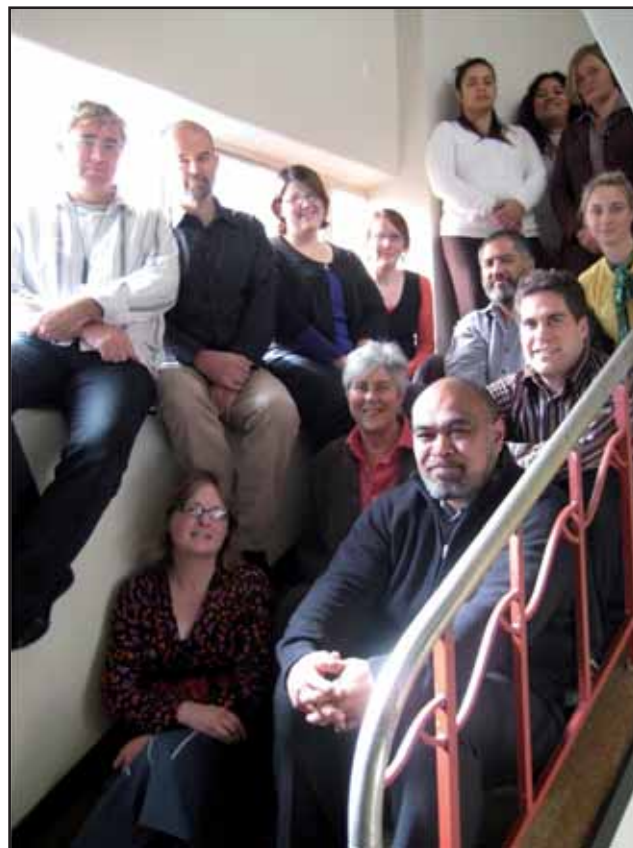
- A research report, *Stocktake of Drug and Other Drug Treatment Services in New Zealand*, which complements earlier telephone surveys carried out by the National Addiction Centre, and is available on the Matua Raki website, www.matuaraki.org.nz



a high quality, dedicated and capable workforce, and creating outstanding community-based mental health support services,' she says.

While collaboration has taken patience, respect, vision, much time and some obvious financial costs, the ARC Group recommends it to other NGO services.

For further information about the ARC Group, contact Virginia MacEwan, Phone (04) 801 8500 or 027 6943 610, email: virginiam@Wellink.org.nz



The Matua Raki team, clockwise from top left, Rawiri McKinney, Guy Burns, Kerryn Foote, Katherine Hartle, Mahinarangi Maika, Adrienne Fruean, Rhonda Robertson, Ana Mules, Tangihaere Walker, Lealofi Sio, Shani Naylor. Centre: Raine Berry and Terry Huriwai.

- 'Working with Justice Clients' mobile training, currently being delivered around the country. A further 15 sessions will be held between October and November 2009.
- Takarangi Competency Framework workshops. The associated workshop manuals and quick reference documents have been completed and future workshops will have the benefit of these new improved resources.
- Co-ordination of the tri-annual National Addiction Leadership Day to be held in Wellington on 5 November 2009 as well as the tri-annual meeting of the Addiction Training Providers' Network to be held in Wellington on 4 November.

Matua Raki's new website, www.matuaraki.org.nz aims to be a resource for the addiction sector, and information is regularly being updated.

For further information about Matua Raki, phone (04) 4999 340 or email administrator@matuaraki.org.nz

Dedicated Māori and Pasifika Helplines bring better understanding

The Alcohol Drug Helpline, which is managed by the Alcohol Drug Association New Zealand (ADANZ) and funded by ALAC and the Ministry of Health, recently added two new lines to its service.

One is a dedicated line for Māori callers (0800 787 798), and the second is a dedicated line for Pacific callers (0800 787 799).

Māori make up 17 percent of annual Helpline calls. The dedicated line (0800 787 798) has two counsellors assigned to it, and will operate: Monday 10 am to 6 pm, Tuesday 10 am to 10 pm, Wednesday 2 pm to 10 pm, Thursday and Friday, 6 pm to 10 pm, Saturday, 10 am to 2 pm.

According to Mel Johns, the Helpline's Clinical Team Leader, 'Māori counsellors engage Māori callers with a real sense of understanding and shared history. Initial engagement is enhanced when the caller recognises they're talking to someone from the same culture. The callers appear to feel more at ease.'

For the 2 percent of Helpline calls from Pacific peoples, the dedicated Pasifika line, (0800 787 799), is staffed by one counsellor. The line operates: Monday and Thursday 10 am to 2 pm and 6 pm to 10 pm, and Fridays 10 am to 2 pm.



Helpline Māori and Pacific counsellors, Waatarangi Williams (left) and Marita Roberts

'Our callers to the Pasifika line recognise they're talking to someone who is from a Pacific culture who understands the diverse cultures of the Pacific. The callers offer a lot more information during a 20-minute call due to that common bond,' says Mel Johns.

Helpline counsellors not only receive calls, but also offer a continuing care call-back service, with the aim of increasing engagement, support and motivation to change problematic alcohol and other drug use.

The Helpline website is currently being upgraded www.alcoholdrughelp.org.nz.

The new website, to be launched at the end of

September, will offer self assessment tools, alcohol and other drug information as well as addiction services information. Later in 2009, a new tool is to be launched which will provide the opportunity for people visiting the website to chat online with the Helpline counsellors. The website also promotes 'Get the msg 3784', a New Zealand Drug Foundation text message service offering alcohol and other drug information.

For more information about the dedicated line for Māori (0800 787 798) or the dedicated Pasifika line (0800 787 799) contact Cate Kearney, CEO Alcohol Drug Association New Zealand, phone (03) 963 6817 or 021 301 566.

Te Pae Kaiāwhā – First steps to wellbeing

A website to support mental health and addiction services in primary health care

On behalf of the Ministry of Health, Te Pou, the National Centre of Mental Health Research, Information and Workforce Development, has developed a website, Te Pae Kaiāwhā www.primarymentalhealth.co.nz to support mental health and addiction services in primary health care.

The name, Te Pae Kaiāwhā, represents the low lying beam which holds in place the first post of the wharenuī/meeting house. Being at the front, it can symbolise a first step in the process to wellness while facing the challenges associated with mental health and addiction.

The intent of the website is to enhance outcomes for people accessing mental health and addiction services within primary health care, by providing:

- a database of primary mental health and addiction activity occurring in New Zealand, including contact and location details
- profiles of Primary Health Organisations working in a variety of ways to deliver quality primary mental health and addiction services
- access to information and resources to inform and guide mental health and addiction practice and service delivery
- an opportunity for linking those working in the primary health environment
- information on primary mental health and addiction professional development and training opportunities.



Te Pae Kaiāwhā acts as a central point for local, national and international primary mental health and addiction service delivery and workforce development activity. It provides support to the primary health sector to provide better, sooner and more convenient mental health and addiction services for people who need them.

We welcome your ideas and suggestions for the ongoing development of this website. To provide feedback, or for more information, please visit the website: www.primarymentalhealth.co.nz email: denise.whitfield@tepou.co.nz, or contact Denise Whitfield Phone: (09) 3006852.

Te Pou
o Te Whakaaro Nui

Let's get real – making implementation happen

Let's get real was launched by the Ministry of Health in September 2008.

It is the framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction services.

Let's get real consists of seven Real Skills:

- Working with service users
- Working with Māori
- Working with families/whānau
- Working within communities
- Challenging stigma and discrimination
- Law, policy and practice
- Professional and personal development.

Over the next two years, it is expected that mental health and addiction services, and education and training providers, will be responsible for implementing *Let's get real* into their organisations, services, education and training courses and programmes.

Resources to support implementation

Te Pou has developed the *Let's get real* enablers which are resources to support mental health and addiction services implement *Let's get real*. These are now available for services to use.

Overview – provides the background and details of all of the *Let's get real* enablers. This is recommended reading for everyone.

Guide for managers and leaders – provides guidance for Managers and Leaders using the *Let's get real* enablers.

Team planning tool – assists services to use and include *Let's get real* in service planning and to develop a team profile and workforce plan to up-skill team members in the seven Real Skills.

Human resources tool – provides guidance and templates to assist organisations to identify ways



of introducing *Let's get real* into existing human resource systems and processes.

Learning modules – 21 self-directed learning modules for each of the seven Real Skills at the three levels of essential, practitioner and leader. In addition there is a learning module on *Let's get real* Values and Attitudes and a Getting Started module which provides guidance on how to use the Learning Modules.

Education tool – designed to support education and training providers to integrate *Let's get real* into curricula of programmes and courses.

Implementation and evaluation of *Let's get real*

Let's get real assists services to meet the requirements of the Ministry of Health's Nationwide Service Framework (NSF). Service →

A new consumer resource for electroconvulsive therapy

The Ministry of Health has developed a consumer resource for people considering electroconvulsive therapy (ECT) as a treatment option, and for their families or whānau.

The resource is in the form of a booklet and a DVD and is an initiative following on from the 2003 Government Response to the Health Committee's report on petition 1999/30 of Anna De Jonge and others regarding ECT.

The resource booklet contains information covering what individuals and their families or whānau need to know when considering ECT as a treatment option. It includes:

- what ECT is and why it may be recommended as a treatment option
- how ECT is thought to work
- how a treatment of ECT is given and what can be expected, including side effects
- the informed consent process
- considerations for older people, Māori, Pacific peoples, and Asian peoples
- treatments that may be alternative to ECT.

The DVD outlines the process required when a person undertakes ECT as a treatment option, and opens with a story of the ECT experience of one woman who chose that option.

It then takes the viewer through the process, using actors to demonstrate what is involved and what can be expected. The booklet and DVD have each been designed to complement the other, and significant overlap in content ensures that they can be read and watched separately.

The ECT consumer resource is available on the Ministry website, www.moh.govt.nz

Alternatively, for further information phone Claire Tennent, (04) 496 4336.



specifications from this are an essential component of the contracting process that specify the types of contracted services. The Tier One mental health and addiction service specification, a document that establishes mandatory requirements for services, includes an objective for developing the workforce and *Let's get real* assists services to meet this.

Implementation is focused on bringing the Real Skills and their associated values and attitudes into organisational systems, processes and training.

Accessing resources for implementing *Let's get real*

The *Let's get real: Real Skills for people working in mental health and addiction* (Ministry of Health, 2008) is available on the Ministry of Health website.

All of the enablers to support the implementation of *Let's get real*, as well as a glossary, can be downloaded from the Te Pou website: www.tepou.co.nz

Contact Te Pou on letsgetreal@tepou.co.nz or (09) 373 2125.



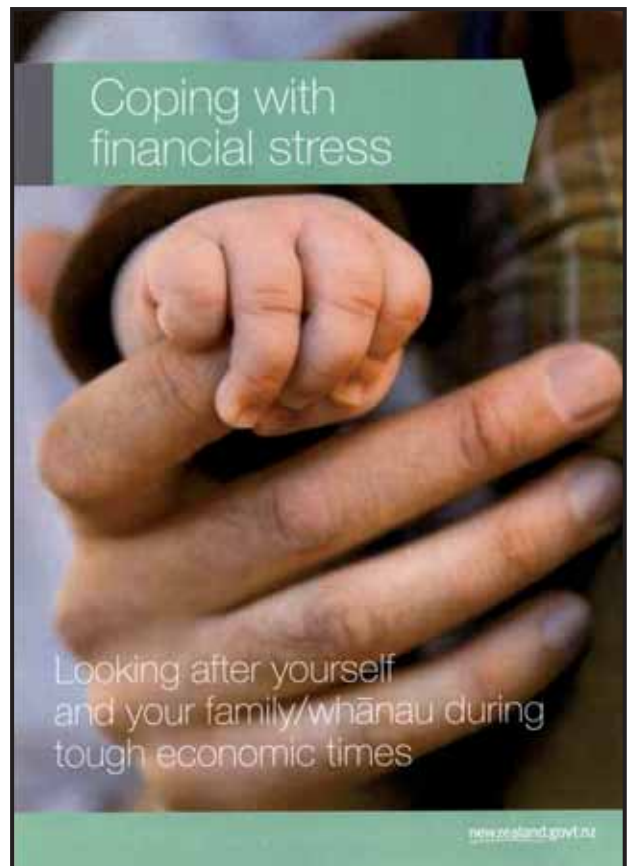
Upcoming resource: *Coping with Financial Stress*

In October, the Ministry will publish a new resource in the form of a self-help brochure for people who are experiencing mental health problems related to financial stress.

The brochure was developed as a response to current economic conditions which have had, and will continue to have, a negative impact on the mental health of many New Zealanders. It is designed to contribute to the prevention of mental illness by encouraging help-seeking for people experiencing the early signs of mental health problems.

In particular, the self-help resource provides practical advice for coping with stress, solving problems, and looking after family during tough economic times. It includes information about the symptoms of depression and anxiety, and directs readers to support services if they need them. It is aligned with the National Depression Initiative and its website: www.depression.org.nz

The brochure has been widely consulted on and has been pre-tested with a diverse audience of people experiencing financial hardship. Attention has been given to ensuring its relevance for Māori, who are more likely, as a population group, to be disproportionately affected by the recession. The resource will be promoted for use in primary health organisations and Work and Income service centres.



When completed, the brochure will be available on the Ministry's website, www.moh.govt.nz/mentalhealth and free copies can be ordered. For further information contact Michelle Sheriff, phone (04) 496 2067 or email: Michelle_Sheriff@moh.govt.nz

Destination: Recovery – Te Ūnga ki Uta: Te Oranga

Future responses to mental distress and loss of wellbeing A discussion paper from the Mental Health Advocacy Coalition

This 2008 discussion paper by the Mental Health Advocacy Coalition (MHAC) outlines the Coalition's vision for wellbeing, which is built on three underlying foundations.

- Te Tiriti o Waitangi and its principles of partnership, participation and protection.
- The concept of wellbeing – the state in which people can realise their abilities, cope with stress, work productively and contribute to society.
- The philosophy of recovery: achieving the life we want in the presence or absence of mental distress.

MHAC, which is chaired and hosted by the Mental Health Foundation, meets quarterly to discuss issues of concern in the mental health sector. It provides input at a policy level to the Ministry and to other organisations where relevant. Its membership is broad and representative of the mental health sector.

MHAC's vision document, *Destination: Recovery – Te Ūnga ki Uta: Te Oranga*, recognises leadership as being important, together with support for change management and collaborative approaches to service provision across all areas of the mental health sector. It is intended to be a practical document of value for both those working in the mental health sector and for people who experience distress or loss of wellbeing.

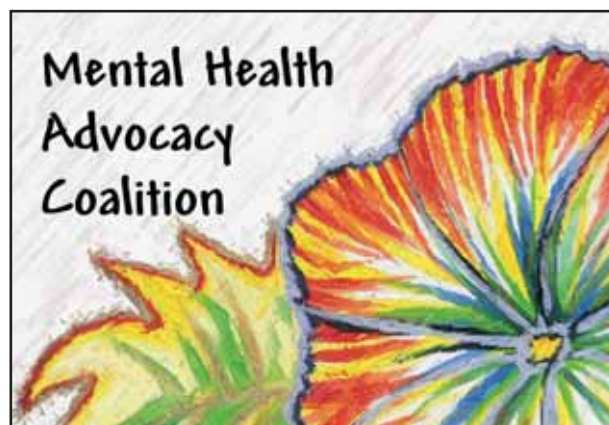
The document discusses, among other things, key factors in relation to ease of access, crucial elements of services, and drivers of mental health

service transformation which MHAC has identified as including:

- the rise in human rights awareness, self-determination, the consumer society, multiculturalism and the Māori renaissance
- deinstitutionalisation, awareness of the social determinants of distress, and the service-user movement
- changing expectations – people with mental distress want the same from life as everyone else
- changes at mental health policy level in many countries, including New Zealand.

Te Ūnga ki Uta: Te Oranga is available on the Mental Health Foundation's website, <http://www.mentalhealth.org.nz/resources/Destination-Recovery-2008.pdf>

If you would like to provide feedback; to advise how your organisation has used the document, or to gain further information about MHAC's work, please contact jane@mentalhealth.org.nz or PO Box 6563, Marion Square, Wellington 6141.





Chaplow's column

David Chaplow

Director of Mental Health

Getting with the programme

I write this column in the shadow of speculation concerning the future of 21 DHBs, the Ministry, NGOs and PHOs (Primary Health Organisations). There have been two significant reports published in the last few weeks. These are: the report of the Ministerial Review Group (the *Horn Report*), and the report regarding the future of workforce development in New Zealand (the *Gorman Report*).

Although the Government has emphasised that the Horn Report is a report only, its recommendations have been given wide media coverage. It can be viewed on the following website: <http://www.beehive.govt.nz/release/ministerial+review+group+report+released>

A new Government inevitably brings new priorities, which in turn bring a new and sharp focus to what we are doing. The Horn and Gorman reports have been written with the Government's new priority themes in mind. These include alignment

(between Government, Ministry and sector), more output/outcome for the 'spend' and 'smarter' ways of managing with the (current) fiscal envelope.

Nonetheless, although the health sector is in a time of change, regulatory, policy and service-development work within the Mental Health Group continues as usual.

For instance, in the 'specialist' services (DHB and NGO) the emphasis is on the further development of Eating Disorder services, and the resolve to address key areas of need. Those areas include families and whānau, services for older people, mother and infant services, co-existing mental health and addiction services, youth forensic services, and refugee and migrant services.

In primary mental health priorities include service development to implement effective models of care, workforce development to support frontline clinicians and the continuing development of the Suicide Prevention and the National Depression Initiatives.

Targeted work also includes the PRIMHD (Programme for the Integration of Mental Health Data) health information strategy which will be operational by October and will provide the means to fully integrate information into decision-making. As well, the Ministry will be assisting with the implementation of the National Health Workforce Board (NHWB), as proposed in the Horn Report (Annex 3, page 10).

The Mental Health Group's day-to-day work involves leadership to the sector, advice, co-ordination and the administration of the Act. This includes management of the work of the District Inspectors and the Mental Health Review Tribunal, and the reporting requirements of the 23 Directors of Area Mental Health Services. There is also monitoring of the Indicators of DHB Performance (IDPs) which includes: the 'mental health target' and requirements of the District Annual Plans (DAPs), progress on the implementation of the national 10-year mental health and addiction action plan (*Te Kōkiri*), and mental health access rates and waiting times (eg, opioid treatment services).



Six Months Sober by Peter Reese Oakes

Book Review by Jenny Wolf, Senior Advisor Addictions Treatment Services Team, Ministry of Health

***Six Months Sober*, by Peter Reese Oakes, is a story about the author's addiction to alcohol and his use of addiction treatment services as an aid to his recovery.**

This book is a personal account of the alcohol and other drug (AOD) service user experience, which is not able to be captured in a textbook. It is a 'quick' read (81 pages) and begins with an account of the author's day-to-day relationship with alcohol. This is followed by a diarised account of attending treatment and the impacts of this on his alcohol use, including times of relapse.

I was struck by the very raw portrayal of day-to-day challenges the author faced in his early recovery days, which included feeling very unwell. However, he was committed to his employment and persistently attended treatment. The story demonstrates how someone's experience of AOD

treatment has been beneficial and is the result of good treatment from a range of providers. However, it also portrays the determination of the client to attend and integrate components of counselling interventions, group work and education sessions.

Six Months Sober will be of interest to those working in the field of mental health and addiction, particularly those health professionals who may wish to understand the many issues facing someone using treatment services as an aid to their recovery.

Copies of *Six Months Sober* (published by ORPP, Tauranga, 2008) are \$25 plus \$5 p&p.

For enquiries please email the author at orpp@kol.co.nz or alternatively, phone Jenny Wolf (04) 816 3597.



The latest Annual Report of the Office of the Director reports in detail on statutory activities of the previous year.

The gains we have made, and are making, together in the service of mental health and substance addicted service users are significant and will continue.

Feedback

The purpose of the Mental Health quarterly newsletter is to highlight aspects of the Ministry's work.

If you would like to:

- provide feedback to the Ministry
- suggest mental health topics that you would like to see included
- update your contact details
- be added or removed from our mailing list

please contact our editor, Maureen O'Hara.

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Authoritative health information websites – Canada, United Kingdom and United States of America

The websites listed below come from the Parent Information Project and are therefore a good source of parenting information. Websites for New Zealand and Australia were included in the July Mental Health Newsletter.

Canada

Kidslink <http://www.ndsa.on.ca/>
<http://www.parentguide.ca>

Early years <http://www.earlyyearsinfo.ca/>
minority <http://creepublichealth.org/front/about/>

UK

The gold standard for maternal and child health websites <http://www.netmums.com/h/n/SUPPORT/HOME/ALL/464/>

Help lines and websites for bereaved children
<http://www.rd4u.org.uk/>
<http://www.winstonswish.org.uk/>

Help line and website for children
<http://www.childline.org.uk/Pages/default.aspx>

England

The world's gold standard for health information websites (30 million service items a year)

NHS Choices health website
<http://www.nhs.uk/choices/sitemap.aspx>

The website for NHS Direct (the telephone help line)
<http://www.nhsdirect.nhs.uk/>

An example of the linkages between NHS Direct and NHS Choices
<http://www.nhs.uk/nhsdirect/Pages/nhsdlanding.aspx>

See what the doctor sees with Map of Medicine Healthguides <http://healthguides.mapofmedicine.com/choices/terms.htm?next=/map-open/index.html>

Guy's and St Thomas' Hospital
<http://www.kic.gstt.nhs.uk/home.aspx>

Centre for parent and child support
<http://www.cpcs.org.uk/>

Scotland

Scotland's version of NHS Direct and NHS Choices
<http://www.nhs24.com/content>

Mental health help line
www.breathingspacescotland.co.uk

USA

Official kids portal for the USA <http://www.kids.gov/>

US Dept of Health & Human Sciences
<http://www.hhs.gov/kids/>

MEDLINEplus <http://www.nlm.nih.gov/medlineplus/childrenshealth.html>

Authoritative source of US child health data
<http://www.childhealthdata.org/content/Default.aspx>

US Bureau of Maternal and Child Health
<http://mchb.hrsa.gov/>

A pediatrician's guide – HON certified
<http://www.keepkidshealthy.com>

American Academy of Family Physicians
<http://familydoctor.org/online/famdocen/home.html>

American Academy of Pediatrics <http://www.aap.org/>
Yale Medical Centre <http://ymghealthinfo.org/content.asp?pageid=P02284>

Nemours Foundation 500,000 visits a day
http://kidshealth.org/parent/kh_misc/about.html

Websites recommended by The Children's Partnership
http://www.childrenspartnership.org/AM/Template.cfm?Section=For_Parents&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=90&ContentID=9718

Nutrition <http://kidnetic.com/>

Search services are offered by the world's oldest certification organisation <http://www.hon.ch/>

