



Te Rau Matatini Celebrates Whangarei DHB Emergency Department Nurses Achievement

Te Rau Matatini joined with staff from Whangarei DHB to celebrate the successful completion of the Te Rau Whakawhanui online learning pilot for Māori mental health need in emergency departments.

In presenting the certificates, Kirsty Maxwell-Crawford (CEO Te Rau Matatini), congratulated participants on their commitment and leadership. The pilot programme began in May 2008.

Five registered nurses from Northland volunteered to participate in the online learning programme, which comprised six modules developed at a graduate level. As part of this nationally led, locally driven initiative participants spent time with a local mentor applying their learning to their Northland emergency department setting.

Local mentors were also thanked at the celebration for the time they gave to ensuring the success of the participants. Mentors were an important part of the programme and enhanced learning as identified in one participant's evaluation:

'My mentor has been fantastic support not just for the purposes of undertaking this course but also in enhancing my day-to-day practice. I have been lucky to have had a mentor who clearly is very culturally and clinically experienced, able to freely explore and share thoughts, feelings and beliefs in a very non-judgmental way and was keen to make me think outside the box on numerous occasions (to exercise the grey cells and relate theory to practice). As a result, I am far more comfortable and confident in my professional interaction with



Whangarei Emergency Department Management staff (L-R): Kirsty Maxwell-Crawford (CEO Te Rau Matatini), Aggi Christianson, Sue Wyeth, Scott Cameron, Margaret Dreadon and Mare Clarke (mentor)

tāngata whaiora, their whānau, colleagues and fellow professionals.'

Participants' evaluation of the online learning programme was positive and they felt that their knowledge concerning Māori mental health and Māori culture and assessment had increased along with their level of preparedness to implement the *Emergency Department Collaborative Guidelines for Māori Mental Health Need* (the Guidelines). Evaluating the application of these Guidelines was integral to the programme.

'The *Emergency Department Collaborative Guidelines for Māori Mental Health Need* provided a focused means of identifying and addressing the gaps in Māori mental health needs and service delivery. Collaborative practice, communication and education

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EDITORIAL



Arawhetu Peretini

Group Manager
Mental Health Group

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It’s hard to open a newspaper without seeing a headline about the global economic situation and what this means for New Zealand. The concerns expressed in the media equate to real anxiety for people about job security and mortgage repayments.

In the mental health sector people are asking whether we are likely to see an increase in mental health problems and an increase in demand for services.

It’s hard to predict the mental health fallout of the global economic downturn. What we do know is that unemployment, inadequate employment and financial stress are associated with increased mental health problems, particularly depression and anxiety. Mental illness and exposure to stressful life events such as problems with employment and finances also increase the risk of suicide.

We saw the first signs of increased stress levels in New Zealand recently when Lifeline reported a 25 percent increase in callers concerned about job loss. There has also been a three-fold increase in the number of texts to the The Lowdown (www.thelowdown.co.nz) youth depression website in the last six months.

So what can we do?

Clearly there is little we can do to influence the global economic situation, and many of the factors that influence our health, such as employment and housing, lie outside the health sector.

Essential services such as budgeting advice, income and housing assistance, redundancy support, and assistance to find employment have always been important but will now be needed more than ever. Across society we’ve already seen signs of response to the new environment. Many of the large banks, for example, have publicly said they will work to avoid people losing their homes, and have urged those concerned about missing mortgage payments to talk to them as soon as possible.

Within the mental health sector we know that there are things we can do to support people going through stressful times in their lives. We should be thinking about what we can do as service providers, health professionals, government and non-governmental organisations to respond to the economic situation. We need to start discussing what the impact on our services will be and how best we can respond. This may involve working more closely with other social sectors to align our efforts for people most at risk.

Responding to calls for more online information and support, the Ministry of Health has just relaunched www.depression.org.nz. The website includes practical self-management tools for people experiencing



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depression and information about how to find professional support.

Mental illness will affect half of New Zealanders at some time in their lives. Now more than ever, people from all walks of life may find themselves facing mental health problems. Our first commitment is to ensure that services respond to give effective support at the right time to people who need it.

It is also important to remember that people already experiencing mental illness will feel the impact of financial stress like everyone else. In fact, given the challenges of stigma and discrimination which are often barriers to employment for mental health service users, the bite of unemployment might be more immediate.

This is a time to acknowledge the uncertainty and anxiety people are experiencing, but keep the discussion based on accurate information and focused on what we can do – and are already doing – provide high quality services and support, as well as to intervene early to prevent mental illness and promote mental health.

As well as being health professionals, service providers, or policy advisors, we are all also members of communities. We are family members, employers, workmates, friends and neighbours. It is important to remember the difference we can make by supporting and including vulnerable members of our communities, responding to people's distress, and encouraging them to seek help. We should also focus on the things that keep us well and help us connect to those around us.

New Zealand will come through the difficult economic times we are experiencing. It is important we ensure that we maintain our efforts to improve the mental health of all New Zealanders through the choppy waters of recession and beyond.

New youth health and career website

Kia hiwa rā! Kia hiwa rā!

Te Rau Matatini has produced the Whaia te Ara Mōu series, a range of mental health educational and career resources developed around the delivery of the health curriculum in secondary schools and wharekura (total immersion Māori secondary school).

The newest development is the Chur Chur Bro website www.churchurbro.co.nz, a bilingual mental health website for rangatahi Māori, which was launched on Saturday 21 February 2009 at Te Matatini – The National Kapa Haka Competitions hosted by Tauranga Moana. The website offers interactive activities that focus on wellbeing, mental health and addictions teaching, and career resources information and knowledge.

As with the other Whaia te Ara Mōu resources, youth and schools' input has been pivotal to the development of the website. Pilots were undertaken by Opotiki College (Opotiki) and Te Kura Kaupapa Māori o Te Ara Whanui (Lower Hutt, Wellington). Chur Chur Bro's theme song was developed via a nationwide secondary school competition, which was won by Te Wharekura o Rakaumangamanga (Huntly). Support for the site is provided by youth navigators, Merewakena Whiu from Te Ahurei a Rangatahi (Hamilton) and Ihaia Murchie, a Victoria University student (Wellington).

Te Rau Matatini has developed mental health and health career resources for rangatahi through a range of mediums, including print, online, DVDs and animations. This next stage effectively utilises how rangatahi like to communicate on the web.

For more information visit www.churchurbro.co.nz or contact Te Rau Matatini freephone: 0800 Matatini (0800 628 284).



Te Rau Matatini Celebrates Whangarei DHB Emergency Department Nurses Achievement *continued from front page*

are key issues. The recommendations and learning programme has provoked a lot of discussion within our department and methods for improved communication, documentation and education are being planned.

'The Guidelines represent the "ideal" for MH and ED services, within the DHBs, to strive for. Clearly there is a long way to go in meeting these expectations; however the Guidelines provide a basis for best practice and have inspired our little cohort to make contact with colleagues in mental health services/Māori health services. We intend to take it a step further; in the process of re-evaluating our self-harm assessment tool and modifying it. It also encouraged us to share the knowledge we have gained



Whangarei emergency department participants (L-R): Louise Bunn, Maria Baker (mentor), Kez Silakovas, Sue Stebbeings and Kaye Slattery.

with our colleagues by way of organising a study day. We intend to continue to utilise the Guidelines and information from this programme in an ongoing departmental teaching programme. We hope to inspire others from our department to participate in the programme.'

Participants developed collaborative links with primary and secondary services to assist in better meeting the needs of Māori who enter emergency departments. The enhancement

of participants' capacity to identify timely and appropriate consultation and/or liaison with specialist services provided an endorsement of the Guidelines. However further development need was identified:

'For an effective collaborative model of care to be recognised in service development/ service delivery, a lot of input on the Guidelines is required across all the services active in emergency mental health care (including the leadership level) to equally understand their areas responsibilities and (the) beneficial outcomes of the recommendations.'

The e-learning site was developed to provide an effective clinical

and cultural learning tool that provided strategies to encourage and support emergency departments, mental health, Māori mental health and Māori health services to sustain



Mentor Mare Clarke with Bay of Island Hospital Participant Anne Farland.

and strengthen their capability in terms of staff, environment and systems. The ED online programme initiative aligns with the goal of *Te Puāwaitanga: Māori Mental Health national strategic framework* (Ministry of Health, 2002).

A further pilot is currently under way across a range of DHBs.

Further information about this programme and the *Emergency Department Collaborative Guidelines for Māori Mental Health Need* are available from:

Marg Adamson
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Pacific stories of recovery from mental illness

Like Minds Like Mine and TVNZ recently joined forces to produce a two-part documentary for *Tagata Pasifika*, looking at stigma and discrimination surrounding Pacific peoples with mental illness.



Vito Nonumalo

The documentary was broadcast on *Tagata Pasifika* on 15 and 22 March and was also aired in the Cook Islands, Niue, Tonga and on two TV stations in Samoa. It is available to view as a link on the TVNZ website <http://tvnz.co.nz> for the next year and Like Minds has produced several language versions on DVD for use in community workshops.

The aim of the documentary, which features stories of mental illness and recovery in Pacific communities, was to help reduce stigma and discrimination associated with mental illness by promoting a wider understanding in the Pacific community. The need for it became apparent through Like Minds' surveys, which indicated that although Pacific peoples have made a significant shift in attitudes towards mental illness over the past 10 years, Pacific peoples using mental health services still face barriers of stigma and discrimination in their own communities.

'We were really pleased to complete this project and really happy that Pacific stories of recovery were on *Tagata Pasifika*, a programme that has wide appeal for the target audience,' says Darryl Bishop, Like Minds Programme Leader for the Ministry of Health.

'We know from working with Pacific communities that shame associated with mental illness means that people are still very reluctant to talk about it with family, friends and community. This

documentary showed Pacific stories of recovery, achievement and acceptance which challenge those harmful perceptions and stereotypes. They also show the importance of family and friends, as we hear first hand how they have been involved in supporting their loved ones.

'The people featured have given us their time and their stories because they want to change the way mental illness is viewed in their communities. They are all amazing people,' says Darryl.

Vito Nonumalo, (of Te Pou – Le Va Project Development) was one of the featured stories. He was also involved in the production of the documentary.

'It's great having an opportunity to really push some Pacific Island faces out there. Hopefully, through the way the stories are told and the people who tell them, we manage to move, educate and help a few people in our community,' he says.

For further information contact:

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New-look depression website 'soft launch'

As a central part of the next phase of the National Depression Initiative, the main NDI website, www.depression.org.nz, has been redeveloped and recently 'soft' launched.

The format of the new site is simpler, and more user-friendly, than previously and it looks quite different from the Ministry's youth website, www.thelowdown.co.nz. While pre-test results for the site have been very positive, the Ministry welcomes your feedback (refer to contact details below).

NDI tracking surveys, which monitor the impact of the television advertising fronted by John Kirwan, demonstrate that the campaign has contributed to a heightened understanding of, and responsiveness to, depression. This is reflected in the continued high uptake of helpline, text and online support services delivered as part of the NDI. The results for Māori were particularly encouraging with 96 percent recalling the advertisements, compared with 90 percent for the general population.

The surveys show that John Kirwan has had a remarkably positive effect on most New Zealanders, particularly men, and the Ministry is delighted that he has agreed to continue to play a major role in the next stage of the campaign. John, who lives in Italy with his family, has many ideas for the campaign, which are aligned with Ministry thinking. This phase will be predominantly online with a focus on self-management, and the prevention of relapse, and John will offer a more individualised, 'coaching' role. A new online wellness programme based on structured problem solving, and designed for people with mild to moderate depression, and those in recovery who want to prevent relapse, will be available on the new website around the middle of this year.



Also, in recognition that television is still the most effective way to reach most people, John agreed to shoot some new advertisements, mainly to promote the site and the wellness programme.

Improving the efficiency of existing services will be an increasingly important role for the NDI. Demand on primary care from patients with depression continues to grow at a slightly higher rate than it was growing prior to the campaign. New funding for primary mental health initiatives is only beginning to address the need. The National Depression Initiative will continue to support these initiatives, with existing complementary support services, additional self-management e-tools and other resources planned for the next stage of the campaign.

For further information contact:
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NSF project update

The Ministry's Nationwide Services Framework (NSF) project has been under way since May 2007.

The aim of this project is to review, revise and update the service specifications for mental health and addiction to ensure specifications reflect the services that are needed.

To date, the project has involved two phases and has directly involved over 80 people.

Phase 1 reviewed the specifications for adult mental health, infant, child, adolescent and youth, consumer-led and eating disorder services. After extensive consultation, the Ministry is now internally processing the revised specifications. When this is completed, they will become part of the Nationwide Services Framework library and are expected to be available for contracting purposes from 1 July 2009.

Phase 2 has focused on the service specifications for addiction, Kaupapa Māori, Pacific and family whānau services and has involved the input of technical groups over the past six months. The following are some specific developments for this phase.

The aim of this project is to review, revise and update the service specifications for mental health and addiction to ensure specifications reflect the services that are needed.

- Working together has enabled a better understanding of what Kaupapa Māori services can offer Māori, and how they can influence and support mainstream services to be more responsive to the needs of Māori.
- Although a growing population group, there was previously only one specification for services for Pacific peoples. The challenge has been how to ensure mainstream services are responsive to Pacific peoples as well as having unique Pacific services.

- The project highlighted that methadone needs further service development and this is under way.
- The family whānau group has continued to raise the profile of the importance of family and whānau and the notion of family, whānau inclusiveness. This has been embedded throughout the specifications.

The phase two specifications will be going out to the sector for wide consultation in April.

Copies of the draft specifications can be found on the following website:

<http://www.midlandmentalhealthnetwork.co.nz>

or by contacting: Roz Sorensen

Phone: (09) 580 9075

Email: Roz_Sorensen@moh.govt.nz



The Ministry is pleased to welcome Esme Quinsee who recently joined the NSF project team on a short-term contract.

One of her tasks is to assist in processing feedback and amending draft service specifications for Phase 2 of the project. Esme is from South Africa and has lived in New Zealand for over a year. She is married with 7-year-old twins.

Supporting change – workforce initiatives from Te Pou

Te Pou is The National Centre of Mental Health Research, Information and Workforce Development.

Its key objectives are to build a strong and enduring workforce to deliver mental health services to all people, and to develop a culture of continuous quality improvement, in which information and knowledge is welcomed and used to enhance recovery and service development.

Te Pou's Workforce programme continues to focus on a number of initiatives. This includes the release of new resources for Let's get real, professional supervision for nurses and talking therapies.



Let's get real: supporting implementation

The Let's get real framework was launched by the Ministry of Health at the TheMHS conference in September 2008. Let's get real has a phased implementation approach, with the first phase running through to 2011 when Let's get real will become part of the Ministry's Nationwide Service Framework.

There are a number of aims for this phase of implementation:

- people working in services are aware of and understand Let's get real
- the workforce has learning opportunities to upskill as necessary
- managers can work with Let's get real
- organisations enable the development of individual and team Real Skills
- education and training providers are supported to review and develop their courses to align with Let's get real.

Te Pou has been developing resources to support implementation and meet these specific aims.



Fiona Hamilton, manager, Let's get real

The first of these resources to be made available is a Let's get real DVD. The 14-minute DVD gives an overview of Let's get real, its vision and how it will work to improve the quality of mental health and addiction services for service users and their families and whānau. The DVD has been sent out to DHB mental health general managers and to all non-governmental organisations (NGOs) providing mental health and addiction services.

All mental health services should have received a copy, but if not, please contact Fiona Hamilton fiona.hamilton@tepou.co.nz. Education and training providers will also receive copies of the DVD. The DVD can be viewed on the Te Pou website, www.tepou.co.nz in the Let's get real section.

Over the coming months Te Pou will release a number of other implementation tools for DHB and NGOs providing mental health and addiction services. These include:

- training modules for the workplace that cover each of the seven Real Skills at all levels, as well as the values and attitudes that underpin Let's get real
- training for managers and team leaders that provides guidance on implementing Let's get real within their organisations
- a human resource support tool that assists with integrating Let's get real into HR systems and processes





- a team planning tool to assist services to develop plans for upskilling team members in the Real Skills.

An education review implementation tool will be released to assist education providers to incorporate Let's get real into existing review processes and curricula.

For further information on the implementation resources, refer to the Te Pou website www.tepou.co.nz or contact

Fiona Hamilton, Te Pou

Phone: (09) 300 6851

email: fiona.hamilton@tepou.co.nz or

Emma Wood, National Workforce Manager Te Pou

email: emma.wood@tepou.co.nz

Progressing professional supervision of mental health and addiction nurses

The National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses was published by Te Pou in January 2009, setting a national direction for professional supervision.



Otago DHB nurses

The guidelines have been developed to ensure greater consistency across New Zealand in all aspects of professional supervision for nurses. The intent of the guidelines is that they can also be used by other professional groups. They will contribute considerably to the sector's quality initiatives, such as the Let's get real framework.

Professional supervision is a key enabler for Let's get real, as it transforms a framework into being about the way the sector practices and works. Through professional supervision, mental health and addiction nurses have an opportunity to embed Let's get real into their nursing identity and their organisational culture.

Professional supervision also gives mental health and addiction nurses the opportunity to embed a

service-user-centred approach, like Let's get real, into their daily practice. Contributing directly to service users' outcomes, supervision is a vehicle that brings about positive change.

The guidelines are available on the Te Pou website www.tepou.co.nz

For further information please email

Anna Schofield anna.schofield@tepou.co.nz

Talking therapies: *We Need to Act*

Mental health service users and the mental health workforce have identified that better access to talking therapies is needed in mental health and addiction services in New Zealand.

Talking therapies are psychological therapies that evidence has shown improve recovery for people with experience of mental illness. Examples include Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT).

Te Pou's initiative aims to build on existing work in order to develop talking therapies skills across the mental health and addiction workforce.

Te Pou research found that talking therapies are currently available in an ad-hoc way around New Zealand, with small groups of staff having high levels of expertise while others have less. A more consistent approach is needed, for example a service user in Kaitaia should have the same access to talking therapies as a person in Christchurch.

In 2007 Te Pou published two reports, *We Need to Talk* and *We Now Need to Listen*, to determine how talking therapies skills and access can be improved in New Zealand. These reports include expert opinions from organisations and people across the country; as well as the results of a research project.

The final two reports, *We Need to Act* and an *Action Plan for We Need to Act Talking Therapies 2008 – 2011*, were published in January 2009. *We Need to Act* summarises the results of a more formal consultation process and suggests ways to strengthen the existing work that is already being done in New Zealand.

The Action Plan documents work required for better access to talking therapies for service users.





Supporting change – workforce initiatives from Te Pou

Some of the recommendations include:

- in the future the NationwideService Framework (upon which services are funded) include talking therapies as a key mental health and addiction activity
- training for the mental health workforce in basic engagement and communication skills
- best practice for talking therapies when staff work with different population groups (for example Māori, Pacific peoples or Asian peoples).

The first phase of this work is a user-friendly guide for service users and others so that people using services are well informed about what talking therapies are, who they can help and how they help.

While the Action Plan covers a three-year period, all actions for 2008/09 will be completed by June 2009. Over the next few months Te Pou will be initiating further activities to undertake parts of the action plan.

All four talking therapies reports are available on the Te Pou website, www.tepou.co.nz

SPINZ Symposium – September 2009

Registrations open this month for the annual Suicide Prevention Information New Zealand (SPINZ) symposium, to be held in Wellington on 10–11 September.



The theme for this year is ‘Culture and Suicide Prevention in Aotearoa’. It has been chosen as a result of increasing concern in relation to suicide rates among Māori, which have declined at a rate that is lower than the decline for the general population.

‘Suicide is viewed differently across cultures,’ says Merryn Statham, Director of SPINZ. ‘This needs to be taken into consideration when working with individuals at risk, their families, and communities.’

The symposium keynote speaker will be Dr Tracy Westerman, a clinical psychologist of Aboriginal descent, and an internationally recognised authority on Aboriginal and indigenous mental health. Dr Westerman has led a range of Australian initiatives in the treatment of mental illness, which are designed to acknowledge the cultural experiences of indigenous populations. Her presentation will highlight the international theme of World Suicide Prevention Day ‘Suicide Prevention in Different Cultures’, and will add value to work being done in New Zealand to improve Māori mental health.

‘Sadly, higher rates of suicide among indigenous peoples is something seen around the world,’ Statham says. ‘For Māori, these higher suicide rates sit within a range of poorer health outcomes which need to be addressed collectively. Our symposium aims to do this by bringing together cultural and clinical models of care to share approaches and learn from each other.’

SPINZ believes a wide range of people and organisations will benefit from the symposium, including community workers, local government, planners and funders, researchers, advocacy groups, mental health service providers, government agencies such as education and corrections, non-governmental organisations, district health boards and public health services.

For those interested in making a presentation at the symposium, the call for abstracts is open until 25 June 2009. Registrations are open from 13 April.

For further information about the symposium please see www.spinz.org.nz, or phone SPINZ Information Officer Russell Tuffery on (09) 300 7035 or email: info@spinz.org.nz.



Chaplow's Column

Dr Frances Hughes RN, DNurs, ONZM

Adjunct Professor – AUT Auckland
and UTS Sydney

Principal Advisor to the Office of
the Director of Mental Health

The reporting of serious and reportable events is always a complex issue in mental health, and it attracts attention for understandable reasons. In mental health services there are requirements under legislation, regulation and contracts, to review and report these events. Media interest often occurs when data is published or adverse events occur, with the frequent implication that 'we have done something wrong'. That is not necessarily the case.

We need to accept that some will be 'quick to judge' and that if people die, fault will be assumed and blame will follow. Everyday people are diagnosed with diseases and disorders that may cause their death, heart disease and cancers to name two.

The Mental Health Act (section 132) requires that, regardless of cause, the death or other serious event in relation to any patient who is under the Act, either voluntarily or involuntarily, be reported

to the Director of Mental Health. This requirement applies to people under the Act who are supported either in their own homes, residential services, hospitals, rest homes and palliative care services.

The majority of people who have mental illness are not under the Mental Health Act and all their health care needs and support are met in the community. Thus when they become unwell with concurrent physical illness, relapse of psychiatric illness, have accidents or die, they are treated and supported in the general/primary health care services and any issues are reported through normal reporting systems.

Reports regarding serious or sentinel events include the notification of deaths by suicide, serious assaults, injuries, assaults, AWOLs (of 'special patients') or arson, which come to the Director's office from the respective DHB's, are complex. Their structure is comprehensive in nature, and include histories, assessments, viewpoints (from all those involved with root cause analysis) and recommendations. Beyond the statutory requirements we gather this information in order to be able to brief the Minister, to respond to media enquiries, and in order to attempt to analyse and learn what we can from what are frequently sad and traumatic events.

The process of review is an important key to quality improvement. There are often important lessons to be learnt from any event. Not every event is preventable despite the best risk assessment, treatment, care and intervention.

'Health' aspires to function in a learning culture. In order for this to be so, we need to learn from adverse events.

One of the functions of the Director's office is to communicate, liaise and follow up on these reports. Over the years our reporting systems have continued to improve. Crucial to this learning is the trust and ability for those involved to have time to review and reflect. If clinicians are hounded, accused, and continually working in a 'blame' culture, then the ability to review and report on adverse events will be affected. The reality is: incidents, accidents and deaths are part of what it is to be human.

INTRODUCING new team member

Sarah Roberts

Policy Analyst, Mental Health Promotion

Not entirely new to the Ministry of Health, Sarah Roberts re-joins the Mental Health Promotion team as a Policy Analyst in the Wellington office following a year's leave to complete a Post-graduate Diploma of Clinical Psychology. Sarah initially joined the Ministry in 2006 after completing a PhD on postnatal depression at the Department of Psychological Medicine, Wellington School of Medicine and Health Sciences. During her recent year away Sarah worked in mental health services at both Hawke's Bay DHB and Capital and Coast DHB. She returns to the Ministry to continue to contribute to the Mental Health Promotion Team's lead in suicide prevention. Sarah will be splitting her time working at the Ministry with a part-time position as a clinical psychologist.



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.

Our contact details

Email: maureen_ohara@moh.govt.nz

Write to: Maureen O'Hara
Project Manager
Māori Population Health
Ministry of Health
Private Bag 92522
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