



Striking a Balance

Ko Nukutere te waka

Ko Matiti te maunga

Ko Waioeka te awa

Ko Opekerau te turangawaewae

Ko Ngati Ira te hapū

Ko Irapuaea te tangata

Ko Te Whakatohea te iwi

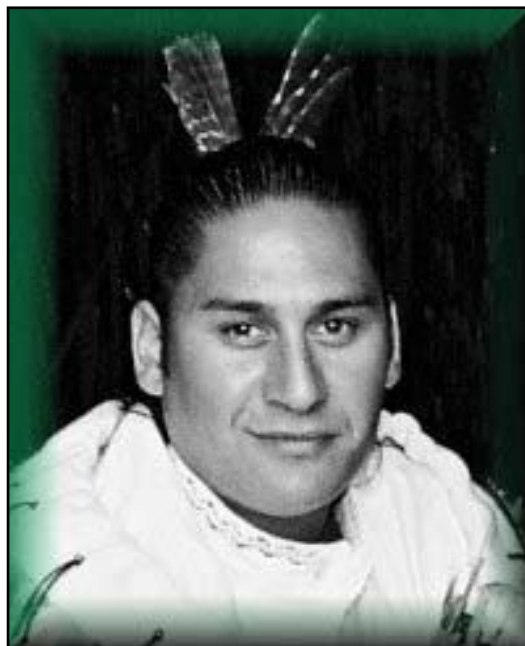
Joseph Tawhara is a Senior Analyst in the Māori Population Health Group of the Ministry's Population Health Directorate. However, to many readers, he may be more familiar as the star of the current TV advertising campaign for 'Quitline'.

From the age of 20, Joseph was a tobacco smoker. In 2005, an email was widely distributed by the Quit Group, a Ministry of Health funded organisation that provides a freephone (0800 778-778) support line to New Zealanders who wish to quit smoking. The email was seeking people to become part of a national Reality TV advertising campaign promoting the benefits of quitting smoking.

Joseph and his wife, Tash, were determined to stop smoking and responded to the initial email. They were contacted by the Quit Group, and as a result a television crew followed their progress on a daily basis over several months.

That campaign primarily featured Tash, as Joseph only managed 14 days as a non-smoker. Tash, however, has now been three years smoke-free.

Following that campaign, the Quit Group reviewed the success of the programme. To show the



difficulties and struggles when quitting smoking, they approached Joseph to ask if he was prepared to try to quit once again on national TV. As it so happened Joseph was ready to quit, and on his 35th birthday in 2007 he took that important step to be smoke-free.

With the support of the Quit Group, friends and especially family, Joseph has now been a non-smoker for 14 months. In his words, 'the Quit Group campaign has impacted on the well-being of my whole family. We are not only smoke-free but also healthier and more active. More importantly, as non-smokers, we manage to save a considerable amount of money annually, which means we now have many more opportunities to do extra things with our kids.'

For further information about the Quit Group and its advertising campaigns, phone 0800 778 778, or alternatively visit their website, www.quit.org.nz



EDITORIAL

Janice Wilson

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Following up some thoughts from the October Newsletter and aligning with *Chaplow’s Column*, it is timely to talk about acute inpatient services.

At the opening of the TheMHS Conference, I said I feared that acute services would be our nemesis – that is the nemesis to our reform agenda. Nemesis, in Greek mythology, is the goddess of retributive justice or vengeance. Other definitions include: a source of harm or ruin, or an opponent that cannot be beaten or overcome.

For those of us who have been working in different ways towards a service user, recovery focused system that integrates prevention and intervention programmes – from primary health to hospitals, from community based to prisons, and across health, education, social services, and local government – the continued pressures, challenges and criticisms of our acute services indeed seem like ‘an opponent that cannot be overcome’.

I can certainly understand the sorrow, grief, frustration and anger that families and friends experience when a loved one dies and the system appears to have failed them. I know that mental health services are full of committed, skilled people who are also deeply saddened by any death, and are often frustrated and angry about how the system may have failed.

Acute services are seen as the ‘shop window’ of the mental health system. Currently it is through these services, either community or hospital based, that most service users enter the system. Like all acute health services, there are three major forces or elements that influence their effective functioning. These are:

- What could happen before the acute presentation; that is, access to prevention strategies, or, appropriate and timely early help and assistance?
- What needs to happen after the acute event is effectively responded to; that is, ongoing assistance/facilitation of recovery, support and education in the most appropriate place?
- What happens in the acute service itself; the skill of the staff, the quality of the interactions and relationships, a sense of safety for everyone, the milieu and ‘culture’ of the environment and a focus on a partnership to recovery?

There are, of course, a number of sub-themes that are important. These include continuity and consistency of the clinical/consumer



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relationship; leadership at all levels including strong service user leadership and partnerships; a desire for continuous improvement through regular review of information and research; changing approaches and interventions based on such reviews; and a focus on achieving agreed outcomes or goals.

These forces need simultaneous attention in order to achieve a highly functioning, effective and integrated system. From my 'Ministry' perspective, it is those mental health services that continually strive at aligning leadership, funding, management and clinical levels to be the best integrated service they can be, that appear to be most effective. Of course, tragedies can occur in the best of services, and consumers can experience their treatment as traumatic – such is the nature of the human condition and the limitations of what we know and can do.

The Health Target for mental health (at least 90 percent of long-term clients have up-to-date relapse prevention plans) was thoughtfully chosen. The process for achieving a relapse prevention plan agreed between a clinician and a service user and their family requires the ability to focus and address all three elements of the service referred to above. To ensure effective planning, these three

elements need to be considered in both individual service user plans and in planning mental health services for the needs of all service users.

For this process to be more than a compliance exercise, and for it to truly be an indicator of effectiveness, it has to be a focus of every part of the mental health system. It brings to the fore the need for prevention and early responsiveness in the right place, the importance of high quality relationships, partnerships and acute interventions, and the need for the right kind of ongoing support and facilitation of recovery. The whole process must be underpinned and reinforced by accurate and timely information for the service user, for the clinician, for the team and for the service as a whole.

None of this is easy. It does require good leadership and the right resources to be applied. It also requires ongoing innovation to find systems and services that work, that do not traumatise, that focus on empowering individuals, service users and staff alike, and that enhance recovery and inclusion.

This is the last Newsletter of the year – my best wishes to you all for the Christmas and holiday period, and take care.

Ngā mihi o te Kirihimete ki a koutou katoa



Feedback

The Ministry of Health's Mental Health quarterly newsletter highlights aspects of the Ministry's work.

If you would like to provide feedback to the Ministry, or to suggest mental health topics that you would like to see included in the newsletter, you are invited to contact the editor, Maureen O'Hara.

Your contact details

To update your contact details, or to be added to or removed from our mailing list:

email: maureen_ohara@moh.govt.nz

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Merry Christmas to you all

Te Rau Matatini – New Guidelines and Online Programme

Te Rau Matatini, the Māori Mental Health Workforce Development Centre, is developing *Whānau Ora and Māori Mental Health Need Guidelines* that support national strategies and enhance continued growth in capacity and responsiveness to Māori mental health need. Implementation of the guidelines will provide opportunities for better co-ordination between primary and secondary services to improve whānau wellbeing.

Aligned with the guidelines is an online learning programme for midwives, which is expected to be piloted in early 2009. It has been developed as a result of concerns expressed by midwives in relation to their vulnerability when delivering care in the community. This is because there is an increasing need to recognise mental health issues and to enter households where drugs and abuse are a major factor in the lives of women and their babies.

In areas where there is high cultural need, the national shortage of midwives is especially apparent. This is further impacted on by an increasing Māori birth rate and the low numbers of Māori entering midwifery.

Whānau Ora recognises whānau as the foundation of Māori society, and supporting whānau to achieve their maximum health and wellbeing is key if further health gains are to be made for Māori. Improving whānau health requires a collaborative approach by midwives, mental health, Māori health and community services.

While gains have been made in relation to provider choice, inequalities remain, as many women, especially those with mental health problems, do not have such choice.

The online programme

The online programme will have a focus on Māori cultural values and collaborative working relationships to support Māori mental health need. It will be an extension of midwifery base education programmes which currently do not equip midwives for early recognition and

assessment of mental health and addiction problems.

Based at graduate level, the programme will consist of 100 hours of learning and will be accessible and available to a sometimes geographically isolated workforce. It will provide strategies to encourage and support midwives, Māori health teams and mental health services to recognise and treat those with urgent mental health and addiction need. The five programme modules will include:

- Kōrero Whakatūwhera: Setting the scene
- Māori cultural values
- Maternal mental health and risk management
- Mental health and alcohol and other drugs: early recognition, management and assessment
- Evaluation, reflection and review of competence.

The pilot programme is designed to be nationally led but locally driven, allowing opportunity through mentoring to support local knowledge gain and change.

Pilot Programme

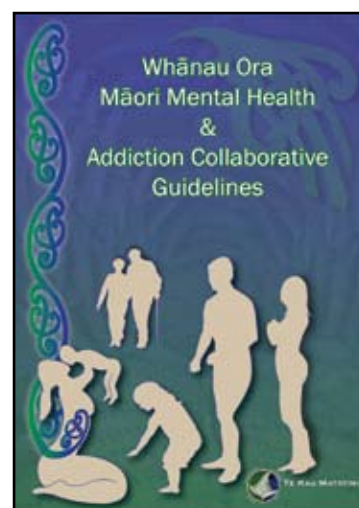
Te Rau Matatini is seeking interest from both DHB and Lead Maternity providers to be part of this pilot commencing early in 2009. The programme will be provided at no cost, however local mentors with both cultural and mental health clinical knowledge are fundamental to its success, as is management support and IT facilities to support participants.

For further information please contact

Marg Adamson

Email: m.adamson@matatini.co.nz

Phone: 0800 Matatini extn 808 or 021 744 174



More people seeking help for alcohol addiction

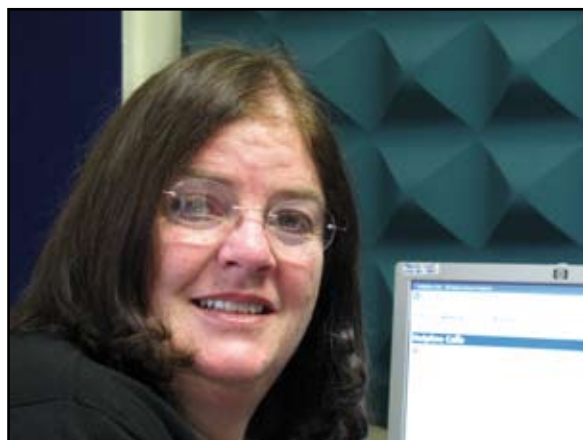
The Alcohol Drug Helpline (0800 787 797) is an information, referral and intervention service, offering confidential assistance and support to reduce harmful alcohol and other drug use.

It is funded by ALAC (Alcohol Advisory Council of New Zealand) in partnership with the Ministry of Health. The Helpline is managed by ADANZ (the Alcohol Drug Association of New Zealand) and, with an increase in funding in 2007, is now fully staffed by paid professionals.

Of the total 16,000 calls received at the Helpline in the past year, 12,000 (75%) were from first-time callers and 71% of all calls were alcohol-related. Those results, according to ADANZ's Chief Executive Officer, Cate Kearney, can be attributed to the impact of this year's hard-hitting television and radio advertisements for people with alcohol problems. Supporting that view, the Chief Executive Officer of ALAC, Gerard Vaughan, said, 'ALAC's monitoring of the advertising campaign showed that 94% of all adults surveyed were able to recall at least one of the three advertisements.'

In terms of drugs other than alcohol, statistics for the past 12 months for the Alcohol Drug Helpline indicate that cannabis retains its place as the drug which receives the most frequent calls, particularly in the South Island. In Auckland calls in relation to methamphetamine (P) are more common than cannabis, however, in recent months methamphetamine calls throughout New Zealand have reduced by 31%, from 1700 to 1200. As calls now tend to be mostly from the person with the problem, ADANZ attributes the 'P' result mainly to a fall-off in calls from 'concerned other callers'.

A range of services is offered by the Helpline, including early intervention, and family interventions, with 'pilot' projects in progress to increase access and to support people undergoing



Carol Randal, Senior Brief Intervention Counsellor and Training Co-ordinator for the Alcohol Drug Helpline

detoxification treatment. ADANZ also provides co-ordination services including networking forums, Consumer Advisory and Advocacy Services, and manages the Addictions Treatment Directory which is an online database of all the alcohol and drug treatment agencies throughout New Zealand.

ADANZ are exploring ways to offer a more responsive service to Māori, as over the past year 16% of callers identified as Māori, and the option of a dedicated Māori Line is being investigated. In June this year it launched a dedicated Pasifika Line (0800 787 799). Other new initiatives planned for next year include a continuing care call-back service and revamping the Helpline website.

Helpline phones are covered from 10 am to 10 pm daily, with an answering service operating outside those hours, allowing callers to request a call-back during operating hours. Emergency life-threatening calls are transferred or referred to 111.

For further information, please contact Cate Kearney.
Email: cate.kearney@adanz.org.nz
Phone: (03) 963 6817

Suicide Prevention Information New Zealand

Suicide Prevention Information New Zealand (SPINZ) is a non-government, national service, providing evidence-based, high quality information about suicide and suicide prevention.

SPINZ is contracted by the Ministry of Health and is part of the Mental Health Foundation of New Zealand. It has a focus on the collection, management and dissemination of information, as well as the translation of high-level research into more easily accessible formats.

The main aims of SPINZ are to:

- improve knowledge about safe, effective and research-based suicide prevention activities
- increase capacity for its target audiences to respond in ways that support a reduction in the rate of suicide and suicide attempts
- increase understanding of the goals of the New Zealand Suicide Prevention Strategy and the Action Plan and how both can be effectively implemented.

A major SPINZ project this year has been the redevelopment of its website, www.spinz.org.nz. The updated site now includes features that will allow a variety of audiences, for instance, the media, family and friends of individuals at risk, health practitioners and community groups, to readily access information about suicide and suicide prevention.

The website also includes webcasts of presentations from the SPINZ Seminar Series held earlier this year to coincide with World Suicide Prevention Day. This year's theme was 'The Role of Media in Suicide Prevention'. Keynote speaker, Jane Pirkis, Associate Professor in the School of Population Health at the University of Melbourne, presented excerpts from her internationally



SPINZ team and speakers from the 2008 Seminar Series. From left: Russell Tuffery (SPINZ Information Officer), Chris Banks (Mental Health Foundation), Merryn Statham (SPINZ Director), Debra Gill (Event Planner), Sarah Lee (SPINZ Community Liaison), Jenny Skinner (Ministry of Health), Jane Pirkis (University of Melbourne), Keri Welham (Dominion Post), Dave Hough (Nelson/Marlborough Suicide Prevention Co-ordinator).

recognised *Suicide and the Media: A critical review*. Local speakers included Jim Tucker, former editor of the Auckland Star and current Head of Journalism at Whitireia Journalism School; Paul Thompson, Group Executive Editor at Fairfax; and Keri Welham, award-winning senior writer for the *DominionPost*.

According to the Director of SPINZ, Merryn Statham, 'SPINZ acknowledges that there has been a positive shift in the way many journalists have approached this issue over the last few years. We focused on providing an environment in our seminars where dialogue between media professionals and experts in suicide prevention could take place.'

SPINZ aims for the dialogue to continue with its enhanced online presence, and a re-launch of its newsletter, which will be published three times a year.

For further information, and to subscribe to the newsletter, refer to the SPINZ website, www.spinz.org.nz, or contact Merryn Statham, phone: (09) 300 7035.

INTRODUCING

new team member

Rawiri Evans Senior Analyst Addictions Māori Population Health

Ko Pukeatua te Maunga
Ko Te Ati awa te Iwi
Ko Waikanae te Awa
Ko Puketapu te Hapū
Ko Whakarongatai / Waiwhetu ōku Marae
Ko Rawiri Evans tōku ingoa

Rawiri Evans recently joined the Ministry's Māori Population Health Group as the Senior Analyst Addictions. Working closely with the Ministry's Minimising Harm Group, Rawiri will lead, and co-work in, an agreed work programme in relation to alcohol and drug treatment service provision for Māori.

With over 25 years in the Alcohol and Other Drug (AOD) sector, Rawiri brings a wealth of sector



knowledge, and a consumer-focus, to his new role. His career has spanned most aspects of treatment, including youth, gambling and methadone, as well as public health and planning and funding roles. He completed a

Bachelor of Hauora (Health) degree in 2004 at Te Wānanga ō Raukawa and gained a post-graduate Diploma in 2007. In 2009 he expects to complete a Masters degree through Massey University.

Rawiri describes himself as being 'very passionate about Māori health in relation to addiction' and will be a key link within the Ministry for both the AOD sector and the Māori Population Health team.

Update from the Mental Health Commission

In November the Mental Health Commission, along with the Ministry of Health, attended an Addiction Treatment Leadership Day in Wellington.

This event provides opportunities for participants to talk about work in the area of addiction treatment and to be briefed on what others are doing in the sector.

In view of research that suggests that addiction often goes hand in hand with physical and mental illnesses, the Commission has identified the need for greater integration of treatment as one of five strategic themes guiding its work in the medium to long term. It is actively promoting integration of services for people with coexisting needs and at

this stage will be investigating how better co-ordination can occur.

The Commission has also recently prepared a report, *Getting It Right for People with Co-existing Addiction and Mental Health Problems*. The report found that clinical services remain largely separated along mental health and addiction lines. It also identifies barriers to achieving greater integration of services. A copy of this report can be found on the Commission's website www.mhc.govt.nz.

For further information refer to the [Mental Health Commission's website as above](http://www.mhc.govt.nz), or phone: (04) 474 8900 alternatively fax: (04) 474 8901.

Mental health campaigns win gold Effie awards

The Effie awards recognise effectiveness in advertising and are presented jointly by ANZA (Association of New Zealand Advertisers), TVNZ, and CAANZ (Communication Agencies Association of New Zealand).

Recently gold Effie awards were presented to two Ministry of Health campaigns, 'The Lowdown' and 'Like Minds, Like Mine', both designed to reduce discrimination and increase support for people with experience of mental illness.

'The Lowdown' (www.thelowdown.co.nz) is an interactive website for young people, providing information and online support for depression, and received a gold Effie award in the social marketing/public service category.

'Like Minds, Like Mine' was awarded the Grand Effie for sustained success over eleven years of challenging the stigma and discrimination associated with mental illness. Presenter of the award, Mark Sainsbury, acknowledged the contribution the campaign has made to changing the way New Zealanders think and act about mental illness. He also acknowledged how the programme had developed, and worked closely with, the National Depression Initiative to increase not just positive attitudes, but also to try to create a more supportive society.

The two media campaigns are backed up by community activities and events, training, research, telephone and web-based support services and information, newsletters and resources.



Darryl Bishop, 'Like Minds' programme leader and Candace Bagnall who manages the National Depression Initiative.

In accepting the awards on behalf of the Ministry, Darryl Bishop, the 'Like Minds, Like Mine' programme leader, paid tribute to the many New Zealanders who had contributed to the success of the campaign. These included those people who had generously shared their time, personal stories and positive messages with all New Zealanders, and people who work within their local communities to put the messages from the advertisements into action. He also congratulated DraftFCB, the advertising agency behind the campaigns.

For further information, refer to the following websites: www.thelowdown.co.nz, www.likeminds.org.nz, www.depression.org.nz or contact Darryl Bishop, Like Minds, Like Mine programme leader, Ministry of Health, Phone: (09) 580 9006 Email: darryl_bishop@moh.govt.nz.

Like Minds, Like Mine – Attitude Survey

From the beginning of the Like Minds, Like Mine programme 11 years ago, Phoenix Research have undertaken an annual survey to track attitudes towards mental illness.

The survey provides an insight into the general public's thoughts about mental illness and the people who experience it. Phoenix Research's latest piece of research, *Impacts of National Media Campaign to Counter Stigma and Discrimination Associated with Mental Illness – Survey 9 Results for Campaign 4*, (Wyllie et al 2008) was recently published by the Ministry of Health.

Darryl Bishop, the Like Minds, Like Mine Programme Leader believes that this year's report is a landmark document as it includes a more detailed analysis of trends in attitudes over the life of the Like Minds programme. The key message of the current campaign has been 'what you do makes the difference', and was designed to show people the impact and importance of support for the return of well-being.

The survey also looked at the impact of the campaign in relation to Māori, and other target population groups, Pacific and youth. Overall trends since 1997 in relation to Māori show that the programme has had a significant impact in making a difference, particularly through national TV advertisements which are supported with radio messages. Likewise, media messages aimed specifically at Pacific audiences have had a significant impact for that target group. Graphs are available that show overall comparisons with the total sample and can be obtained by emailing darryl_bishop@moh.govt.nz.

Impacts of Current Campaign

- Results show changes consistent with the messages of the current campaign, in terms of a significant 10% improvement in level of agreement that: *'I know how I could be supportive of people with mental illness if I wanted to be'*.
- There was also a significant 5% increase in the proportion agreeing with the other attitude statement relating to the campaign message: *'I want to be as supportive as possible to people with mental illness'*.

- There was a 4% improvement in the percentage giving the desired response for: *'Once a person gets a mental illness they are always unwell'*
- There was increased acceptance of someone with experience of mental illness as a baby-sitter and likewise for someone with experience of schizophrenia.
- A third of people surveyed reported having changed their behaviour in relation to people with mental illness over the last 5 years.
- There were high proportions who reported specific positive behaviours in the last 12 months, including 65% who had 'behaved in a way that ensured someone with mental illness was treated with respect'.
- Two-thirds (67%) recalled the advertising message of 'acceptance/ equality/non-discrimination', which was a significant increase from the level at the end of the previous campaign.

Key changes in attitudes over the last eleven years

- If I got a mental illness I think some of my friends would reject me (improved 23%).
- I would feel uncomfortable talking to someone with a mental illness (improved 16%).
- People who have a mental illness are more likely than other people to be dangerous (improved 14%).
- If I got a mental illness, I would feel ashamed (improved 13%).

Darryl Bishop concludes, 'This survey – particularly the analysis of not just the current campaign but against the benchmark set at the outset of Like Minds – provides us with a lot to think about. It is also clear, however, that discrimination still occurs and that attitudes need to continue to improve if we are to achieve our goal of a New Zealand which values and includes all people with experience of mental illness.'

For further information contact Darryl Bishop
Phone: (09) 580 9006
Email: darryl_bishop@moh.govt.nz

A Focus on the Mental Health of Older People and Dementia

The Mental Health Group, in conjunction with the Ministry's Health of Older People Team and Disability Services, has begun developing a guidance document to advise District Health Boards on the best ways to meet the needs of both older people with mental health or addiction problems, and people of any age who have dementia.

In view of statistics that show that the number of New Zealanders aged 65 years and over is increasing, it is likely that there will be an increasing number of older people who experience mental health or addiction problems. As well, there is expected to be an increase in the number of people who experience dementia. Research also shows that Māori are living longer in their old age, and will increasingly require services which are responsive to their needs.

However, the approach to development of services to meet the needs of these populations varies across the country, with different structures and funding streams being applied. The purpose of this project is to develop an integrated approach that crosses traditional boundaries of services for older people, mental health and addiction, disabilities and chronic conditions.

So far, a literature review has been undertaken, and engagement with the sector through surveying and interviewing is under way. Several clear themes are emerging, including:

- that mental health and addiction problems in older people and dementia are under-recognised and under-treated
- the need for specialist skills and services to meet the specific needs of older people with mental health and addiction problems and the needs of people with dementia
- that services are not as broad and integrated as they need to be, which is complicated by disjointed management of funding



Above from left: Scott Connew, Claire Tennent and Roz Sorensen – Mental Health Group members on the project team

- the workforce and the specialist skills available to people in need of care are under-developed
- that service users, and their families/whānau/carers, are not as involved in care planning and service development as they need to be
- that mental health problems and dementia are a particular area of unmet need for those people who are ageing with an intellectual disability or chronic health condition such as Parkinson's disease.

In early December, five regional workshops were held in Auckland, Hamilton, Wellington, Christchurch and Dunedin. The contributions of workshop participants will be used to inform the development of the DHB guidance document.

If you would like additional information, contact:

Roz Sorensen

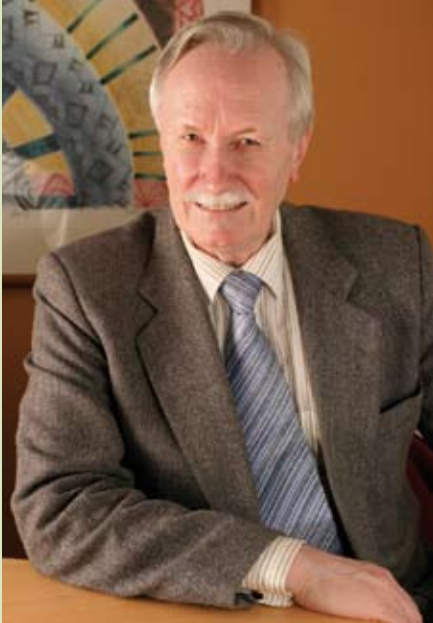
Phone: (09) 580 9075

Email: roz_sorensen@moh.govt.nz

or Claire Tennent

Phone: (04) 816 4336

Email: claire_tennent@moh.govt.nz.



Chaplow's Column

David Chaplow

Director of Mental Health

Looking back with an eye to the future

2008 is nearing its end with the elections behind us and a new government and new opportunities ahead.

I write (under some pressure from our editor!) with a sense of gratitude for the many clinicians, support staff, community support workers, family members, peer-support workers, service users and others who work tirelessly, and often thanklessly, in the mental health endeavour.

Every day close on 100,000 people are in assessment/treatment/recovery in DHB, NGO and/or private practices. Of these, between 3000–4000 are under compulsion, and about

150 are termed 'Special'. Much of this activity is captured in the Annual Report of the Office of the Director of Mental Health (due for release December 2008). The report, however, does not, and cannot, capture the colour, tone and narrative in the life and journey of a person with mental disorder or, indeed, the pleasure in being part of progress to wellness or, conversely, the sadness of tragedy.

I have read the latest *Listener* article, 'Did the system kill my child?', raising questions as to whether and why the system might be failing, and questioning the adequacy of money, blue-print levels, models of care and so on, with most concern directed at the 'illness' end of the illness/wellness continuum. Even if all of the above factors were corrected, I doubt whether it will ever be possible to guarantee certainty to anyone of wellness, of full restoration to pre-illness levels, or of absolute safety from self-harm.

A common myth is that if clinical staff are clever enough, or the medication advanced enough, then wellness will follow. We know now that aside from these factors, family and social support, conflict-resolution, relationship repair, resolution of past trauma, spiritual peace, understanding the transcendental meaning of life events, life-value alignment and time, are all ingredients to the attainment of full health. Even then wellness can be elusive.

The 'front-end' of mental health services is a shared concern. This has been expressed in the question, 'How can services to the acutely ill be improved to promote recovery and avoid re-traumatisation?' To this end, a survey is being conducted by the Ministry, with full participation of all DHBs, the results of which will be presented at a meeting in February. This augers well for the future.

[The Ministry's Mental Health Group and the Office of the Director of Mental Health wish every reader a meaningful Christmas and a Happy New Year.](#)



2008 – Some highlights

From the Ministry of Health

- *The New Zealand Suicide Prevention Action Plan 2008–2012* was launched in March and is available on the Ministry of Health's website: www.moh.govt.nz/suicideprevention.
- *Future Directions for Eating Disorders Services in New Zealand* was released by the Ministry in April, refer www.moh.govt.nz.
- *Te Puāwaiwhero: The Second Māori Mental Health and Addiction National Strategic Framework 2008–2015* was launched in July, refer: www.moh.govt.nz/publications.
- Let's get real: Real Skills for people working in mental health and addiction was launched in September, refer to Ministry's website as above.
- Best Practice Guidelines for the Identification of Common Mental Disorders and Management of Depression in Primary Care were released in September, refer www.nzgg.org.nz or the Ministry's website as above.
- Development of PRIMHD, the Programme for the Integration of Mental Health Data, refer: <http://www2.nzhis.govt.nz/primhd/primhd.html>
- Phase 2 of the Nationwide Service Framework project to review, revise and update the Mental Health and Addictions service specifications began in August, refer to the Ministry's website.
- All 80 Primary Health Organisations (PHOs) are now funded for primary mental health initiatives.
- Gold Effie awards recognising effectiveness in advertising presented to Ministry campaigns, The Lowdown and Like Minds, Like Mine.

From mental health workforce organisations

- The first Te Rau Puāwai (TRP) Postgraduate Profile, a summary of postgraduate students supported by TRP (a joint initiative between the Ministry of Health and Massey University) was launched in February.
- Under the brand name 'Skills Matter' Te Pou developed a draft National Training Plan, aligned to the strategic direction of the Ministry's Te Kōkiri and the Let's get real framework, refer: www.tepou.co.nz
- Milestones for Te Rau Matatini, the Māori Mental Health Workforce Development Centre:
 - significantly increased uptake for Henry Rongomau Bennett Scholarships, and for Effective Interventions (EI) scholarships (for both the AOD and gambling sectors)
 - development of an online learning programme for emergency department staff, refer <http://ed.matatini.co.nz>
 - publication of *Whiria Te Oranga: Kaumatua workforce strategy*
 - Publication of *Māori Mental Health Needs Profile for Mental Health and Addiction Services: A review of the evidence*
 - development of Whānau ora and Māori Mental Health and Addiction Collaborative Guidelines.