

# **Canterbury**

District Health Board

Te Poari Hauora ō Waitaha

## **Future Directions for Mental Health and Addiction Services in Canterbury**

### **CDHB Mental Health and Addiction Strategy**

#### **SUMMARY**

May 2004

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## Supporting Documents: (available on request)

- *Future Directions for Mental Health and Addiction Services in Canterbury*
- *Mental Health District Advisory Group - Background Document*
- *Consolidated feedback on MHDAG Background Document*

## 1.0 INTRODUCTION

The Canterbury District Health Board (CDHB) has developed this Strategic Plan for Mental Health and Addiction<sup>1</sup> Services in Canterbury which ties in with current work being undertaken by the:

- Ministry of Health ('Bringing it all together, The 2nd National Mental Health Plan for more and better services') updating the 1994 Mental Health Strategy
- Mental Health Commission (Review of the Blueprint), and
- South Island Regional Mental Health Network (Regional Mental Health Plan)

Mental Health Services in Canterbury include Addiction (alcohol and other drug) services. Associated with devolution of Disability Support Service monies for Older Persons and the LinkAGE/Eldercare Canterbury work, service planning for mental health has broadened to include Older Persons Mental Health services (along with Adult and Child/Youth services).

This document outlines the Vision, Directions, Strategies and high level actions for Mental Health and Addiction Services in Canterbury over the next 3-5 years. Development has been involved extensive consultation via the Canterbury Mental Health District Advisory Group (MHDAG), wider health/other agency sector consultation and presentation to a forum of CDHB Board sub-committees.

The vision of the mental health strategy for the CHDB is to:

***“Improve the health and wellbeing of people experiencing mental illness and alcohol and other drug problems”***

This will be achieved by improving the mental health System of Care with consumers and families. This means a commitment to collaboration by and between the organisations involved in planning, funding, providing services and supporting consumers/tangata whaiora and their families/whanau in their recovery.

This strategy supports

- community based care backed up by specialist services.
- realigning secondary services to be specialist and regional and
- a greater role and more responsibility for community and primary care services

This is a fundamental change and requires

- increasing the capacity and capability of services and
- service reconfiguration within current resources

Actions to deliver an improved System of Care require acceptance by the community, consumers and families of a new way of working They will take a number of years to action and embed.

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<sup>1</sup> These Services are also known as 'Alcohol and Other Drug (AOD) Services, the sector (including the Ministry of Health) has recently begun using the term 'Addiction' in place of AOD to reflect the proposed increase in scope to reflect other related issues such as gambling.

The CDHB Future Directions document provides the framework for continuing the work already started in Canterbury that brings consumer services to the consumer predominantly at the place of their choice. Early intervention, rehabilitation in the community and consumer centred care planning are reflected in the principles for implementation of the strategy.

## 2.0 MENTAL HEALTH STATUS: A SNAPSHOT

In New Zealand, it is estimated that at any one time, 20% of the population have a mental illness/addiction and 3% have a serious mental illness. More will be known about the distribution of mental health problems when the New Zealand (epidemiology) Survey of Mental Health and Well-being is completed in 2005.

While suicide rates in New Zealand are reducing overall, certain groups within our population (eg. males 20-29 years) continue to be at higher risk. Research undertaken by the World Health Organisation and the World Bank<sup>2</sup> forecasts that depression will be the second leading cause of disability by 2020.

Like consumers of all health services, consumers/tangata whaiora of mental health and addiction services have more than one issue that requires attention. Co-morbidity, dual diagnosis and multiple diagnosis are terms used in different areas of mental health to describe the presence of co-existing mental health, physical, intellectual and/or alcohol and other drug problems. The number of consumers with multiple issues (usually addictions) is forecast to continue rising.

A paper recently produced by the Mental Health Commission discussing the physical health of mental health consumers describes risk factors and discrimination issues consumers' face when living with mental illness<sup>3</sup>. One study quoted<sup>4</sup> concludes that 45 percent of mental health consumers have a concurrent physical illness, and that those illnesses are mainly cardiovascular, respiratory, diabetes and medicine related.

Canterbury is fortunate to have an active and growing NGO sector and a fledgling programme of mental health projects underway within the Primary care sector. The capacity and capability of the primary care and NGO sectors has grown with 26% of mental health funding invested in NGOs. Consumer networks are well established with a focus currently on developing input from families/whanau/careers who have an important role to play in planing and caring for mental health consumers/tangata whaiora.

Along with this strategy development the CDHB Hospital and Specialist Mental Health Services have been through a strategic planning process and will be implementing a plan of work to further develop their role as a provider of specialist and regional services.

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<sup>2</sup> Murray CJL, Lopez AD (1996) *The Global Burden of Disease*. Geneva, World Health Organisation, Harvard School of Public Health, World Bank

<sup>3</sup> Handyside, A. 2004. *'Our Physical Health...Who Cares?'*. Mental Health Commission. Occasional Paper No. 5.

<sup>4</sup> A Singh, S Cohen. 2001. *A general Practitioners Guide to Managing Severe Mental Illness*. London: Sainsbury Centre, at p 5.

### 3.0 VISION

The CDHB Mental Health Strategy Vision is to:

*“Improve the health and wellbeing of people experiencing mental illness and alcohol and other drug problems”*

This means a commitment to supporting consumers/tangata whaiora and families/whanau in their recovery through collaboration with consumers and families and organisations involved in planning, funding and providing services. This includes other sectors such as Child Youth and Family, Work and Income and Police.

### 4.0 DIRECTIONS

The Directions for Mental Health Services in Canterbury are:

**Direction One:** Improving access for people experiencing mental illness and alcohol and other drug problems.

**Direction Two:** An improved System of Care that is integrated, responsive and available in the consumer’s chosen<sup>5</sup> community.

### 5.0 PRINCIPLES

The principles are:

**Consumers/tangata whaiora and family/whanau will:**

- Be central to defining issues and planning care approaches
- Be actively involved in service development, implementation and evaluation

**The System of Care will:**

- Develop services based on best practice principles within available resources
- Continue to develop a culture of accountability and outcome focus

and

- Value the experience, rights and knowledge of consumers/tangata whaiora and family/whanau/significant others
- Recognise the needs and skills of families/whanau/significant others and enable their ongoing participation

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<sup>5</sup> While this direction stipulates ‘chosen community’ it should be noted that at those times when a consumer/tangata whaiora’s mental illness is acute this choice may be limited for a short period of time

- Be based on an evolving relationship with the consumer that considers all strengths and issues, including social and environmental needs in their chosen community
- Recognise the importance of timely access to appropriate services and early intervention that matches consumer need
- Continue to develop an appropriately skilled workforce that matches the needs of consumers and location of delivery

The principles outline how we will work together to support of consumers/tangata whaiora, families/whanau, providers and staff of mental health services.

## **6.0 STRATEGIES**

A range of goals and actions to address needs of specific populations and improve the system of care have been developed. The action points will be further developed as part of implementation of this strategy.

### ***CONSUMERS AND ACCESS***

Access to all services for all consumers/tangata whaiora, regardless of location or culture is essential for improving the health and wellbeing of people experiencing mental illness and addictions. Service development needs to be mindful of the special needs of Maori, Children and Youth, Older Persons, Pacific People and those with long term enduring mental illness.

**Strategy: Find ways to incorporate the experience of consumers/tangata whaiora and their families into the planning and delivery of services**

#### **Actions:**

- Encourage stakeholder involvement within all activities of the Canterbury DHB
- Work to build capacity within consumer/tangata whaiora and family/whanau networks
- Maintain a database of consumer/tangata whaiora and family/whanau communication networks/forums able to be accessed for consultation purposes
- Review relevant policies/processes relating to service development/review activities and ensure that consumer/tangata whaiora and family/whanau consultation is required

### **MAORI**

There have been significant gains made in Maori Mental Health provider development as well as a concerted effort to translate government policy, like the Blueprint, into tangible outcomes for Maori. The focus needs to be continuing to build on actions to improve the quality of mainstream and kaupapa maori services and meet Crown obligations under the Treaty of Waitangi.

## **Strategy: Improve the capability and capacity of Kaupapa Maori services**

### **Actions:**

- Work to increase the quality of Kaupapa Maori and mainstream services for Tangata Whaiora by implementing clinical and cultural competencies
- Establish processes/understandings relating to provision of leadership in Maori Mental Health development
- Progress Hauora training programmes that are responsive to all Maori
- Gain NZQA accreditation for the Tikanga Hauora programme
- Establish monitoring of Maori health outcomes by working with Te Korowai Hinengaro Oranga Ki Waitaha. Ensure involvement of tangata whaiora, whanau and other Maori stakeholders in the planning and monitoring of services
- Establish Te Korowai Hinengaro Oranga Ki Waitaha as the Maori Mental Health Advisory group for PHO mental health development
- Investigate further Maori Child and Youth service redevelopment opportunities

## **CHILD AND YOUTH**

Children and young people are not mini adults. Services for children and young people must take into account the requirement that they are treated within the wider context of their families/caregivers. Within the Canterbury district work has been underway for several years to develop a System of Care specific to the needs of Children and Youth in association with Child, Youth and Family and Ministries of Social Development and Education.

## **Strategy: Find ways to improve access to appropriate mental health services for Children, Young People and their families**

### **Actions:**

- Work with primary care on initiatives re that make services more accessible for youth with mental health issues
- Establish a working group to investigate ways to support the children of mental health consumers
- Continue to participate in intersectoral initiatives, such as the development of the South Island Youth Justice Unit and Strengthening Families, ensuring the focus/role of health within these groups is well defined
- Contribute to Blueprint review on Child and Youth benchmark levels from local research
- Provide CDHB Child, Youth and Family Services to all South Island DHBs as agreed
- Continue to develop the South Island Youth Alcohol and other Drug Service (residential and day programme)

## **OLDER PEOPLE**

The likelihood of mental illness (predominantly dementia) occurring for older persons increases with age. Services providing support to people with a wide range

of age-related problems including dementia, anxiety and depression will face an increase in demand as the number of older persons in Canterbury grows over the next 10 years. Criteria for access to services based on age prohibit access for some older people especially Maori.

**Strategy: Identify practical opportunities to increase integration of Older Persons' Health Services with the sector, including integration with General Practice teams, planning, consultation, communication systems**

**Actions:**

- Establish processes for consumer and family input into service provision and development:
  - Identify ways to improve access to early diagnosis for dementia
  - Promote equitable access to assessment and treatment
  - Identify ways to ensure equal access for people within the rural community
  - Undertake a review of alcohol abuse/dependence demand, access to and availability of services
  - Investigate ways to ensure the provision of psychotherapy for the elderly in the community
- Continue to identify and utilise opportunities to establish a Lead role for Regional Psychiatric Services for the elderly

## **PACIFIC PEOPLE**

Pacific peoples challenge to the mental health sector includes the provision of culturally appropriate services (mainstream and Pacific for Pacific), that are inclusive of families. Initial indications are that Pacific people are over represented in addiction, forensic and child and youth services. Further information will be obtained from the Health Needs Assessment being undertaken by the School of Medicine expected mid June 2004.

**Strategy: Provide access to services that acknowledge and affirm Pacific Peoples cultures**

**Actions**

- Continue to support Pacific Peoples provider and workforce development
- Work with the Pacific Peoples community and providers to establish ways to improve mainstream service response to the specific needs of Pacific peoples cultures

## **CONSUMERS WITH ENDURING MENTAL ILLNESS**

A framework for identifying and working with consumers/tangata whaiora who have enduring mental illness (Knowing the People Project) is underway. This project recognises that these consumers have many, varied (more than health) and ongoing needs and aims to improve their health and wellbeing. Information from this project is being used by the Specialist Mental Health Service to develop rehabilitation services for the Canterbury district.

## **Strategy: Provide coordinated treatment planning and service delivery for those consumers/tangata whaiora with an enduring mental illness**

### **Actions:**

- Identify consumers/tangata whaiora in Specialist Mental Health Service with enduring mental illness (using the Knowing the People framework)
- Identify services funded to meet the needs of individuals with enduring mental illness
- Develop a model for support/management of these consumers/tangata whaiora that includes:
  - Improving access to appropriate services, including respite care and carer support
  - Addressing interfaces between DHB funded services and services available from other providers.

## **DISCRIMINATION WITHIN THE WIDER COMMUNITY**

Delivering care in the consumers chosen community needs to include working to reduce discrimination within services and in the wider community as well as increasing acceptance of the consumer as a person of strength and skill in the wider community.

## **Strategy: Encourage community support for and inclusion of consumers with experience of mental illness**

### **Actions**

- Support national mental health promotion initiatives
- Actively take opportunities to educate the local community about mental illness and AOD issues such as through PHOs
- Establish funding criteria for mental health services which require facilitation of social inclusion and employ a multi-sectorial approach
- Establish a programme to address issues of discrimination within mental health services

## **SYSTEM OF CARE**

A System of Care gives consumers and families access to services and facilitates services (including other local and government agencies) to collaborate to meet the need within the resources available.

We have defined a System of Care<sup>6</sup> as:

*'Related consumer focussed services that are structured to support the recovery of individual consumers through a series of interventions'.*

To ensure that the system of Care for Mental Health in Canterbury is responsive to changes in demand and best practice it is necessary to make sure that a process is in place to monitor and respond to these changes as and when they occur.

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<sup>6</sup> Definitions of these terms and others used throughout the document can be found in the glossary.

Communication and providing opportunities for wide ongoing discussion and feedback are also critical to the process.

**Strategy: Establish sector wide mechanisms to review and implement an improved System of Care**

**Actions**

- Design and implement a process for decision making for issues that relate to the configuration of the System of Care
  - Use this process to agree Case Management systems and implement case management processes
  - Ensure resulting role definitions are agreed and communicated
  - Include processes for monitoring and response to 'emerging' issues
- Develop and implement robust information collection practices to monitor access levels and measurement of need and outcomes
  - Work with the Ministry of Health on the implementation of the MH-SMART project
  - Continue to work to improve the quality of MHINC data collection

**Strategy: Establish systems for ongoing communication relating to the development of the System of Care**

**Actions**

- Engage stakeholders as part of planning for and implementation of the System of Care specifically addressing the following areas:
  - Identify appropriate ways to work with stakeholders
  - Investigate one point of contact for referrals to specialist services
  - Use a range of networks to distribute information
  - Multiple methods for collecting and responding to feedback from within and outside the health sector

**PRIMARY CARE**

Working with the Primary Care sector is pivotal for a System of Care that supports consumers/tangata whaiora. The Access Canterbury Project has been working with the Specialist Mental Health Services on initiatives aimed at providing integrated services.

Consumers/tangata whaiora with mental health issues are known to be more likely to suffer poor physical health. Primary Health Teams have an important role in detection and treatment of physical health problems.

**Strategy: Increase the capability and capacity of primary care services and NGOs**

**Actions:**

- Work with Primary Health Organisations to improve access to mental health services in their communities
- Work to increase capacity and sustainability of services

- Investigate ways to make respite care more available
- Work with the Rural Canterbury PHO: Waimakariri District on new service delivery models
- Support and monitor the projects of the Access Canterbury Project and rollout initiatives that improve access
- Provide opportunities for role development for primary care practitioners
- Implement the Guidelines for Mental Health in PHOs once released and funded

## **SPECIALIST MENTAL HEALTH SERVICES**

Planning processes within the Specialist Mental Health Service has concentrated on moving their focus onto the provision of core specialist mental health services within the hospital and community settings and supporting and complementing other providers, consumers, families and carers. Achieving this will require review of the access and responsiveness of the specialist mental health services to the needs of its consumers/tangata whaiora and referrers. This will include development of agreed processes for what is currently referred to as 'case management' and exploring the point of entry and referral.

**Strategy: Establish Specialist Mental Health Services (SMHS) as providers of regional and specialist services**

### **Actions:**

- Develop SMHS to concentrate on regional and specialist service delivery
- Align their systems and development with the changing roles and focus on the community and primary care sector

## **OTHER SECTORS**

Many of the things that have an impact on the lives of mental health consumers and their families, such as income, social contact and housing, lie outside the realm of the traditional health sector. To improve the health and well being of persons with a mental illness requires collaboration and coordinated efforts with other sectors. The challenge is to ensure stability of criteria for various assistance.

**Strategy: Establish links with other government agencies/local agencies contributing to the recovery of consumers of mental health services**

### **Actions**

- Identify new opportunities to influence intersectoral collaboration, particularly in relation to harm reduction activities, eg. Access to gambling equipment/venues or youth access to alcohol
- Continue participation in existing forums:
  - Christchurch Social Policy Inter-agency Network (CSPIN)
  - Healthy Christchurch
  - Liaison on Alcohol and Drugs (LOAD)
  - Housing (Christchurch Housing Forum)
  - Strengthening Families

## **ADDICTION SERVICES**

The CDHB has been actively involved in the South Island DHB Review of Specialist AOD services especially as the majority of AOD residential facilities for the South Island are in Canterbury. The review recommendations are with the South Island CEOs for consideration. The proposed service's delivery objectives include developing an intensive outpatient programme (in conjunction with short-term treatment), improving integration and flexibility of the treatment system, increasing family participation in treatment, increasing support for family/whanau members, and reviewing models of care and clinical pathways.

### **Strategy: Implement the recommendations of the South Island Alcohol and Other Drug Services review**

#### **Actions:**

- Develop intensive outpatient programmes
- Increase access to aftercare/re-integration services
- Establish South Island Kaupapa Maori AOD and Youth services; residential and day programmes
- Review models of care to improve flexibility of the treatment system.
- Increase the level of gender appropriate services for women, including women with dependent children
- Increase support to families/whanau

## **REGIONAL SERVICES**

Canterbury has traditionally provided regional services for consumers requiring specialist support in a range of areas. The South Island Mental Health Network has developed a number of actions as part of their strategic planning process which will be implemented in conjunction with implementation of the CDHB Strategic Directions. These two plans are consistent with each other and support movement towards the stated vision.

### **Strategy: To provide a comprehensive range of safe regionally integrated specialist services for consumers**

#### **Actions:**

- Work co-operatively with other South Island DHBs to implement the South Island Regional Mental Health Plan

## **INFRASTRUCTURE**

To improve the System of Care the CDHB needs to work to ensure the infrastructure supports the provision of effective services. This includes:

- Aligning planning, funding, communication and management structures
- Focusing on the capacity and capability of the workforce
- Information systems that facilitate outcome and service information.

Movement towards an outcome focus is inherent in this direction and supports the MH-SMART work and the need to have better information on access issues (MHINC).

**Strategy: Develop and put in place the infrastructure that supports delivery of the System of Care**

**Actions:**

- Monitor the impact of Population Based Funding (PBFF) and Inter District Flows (IDFs) on funding for Mental Health Services
- Continue to participate in pricing and IDF discussions
- Continue to develop accountability systems
- Improve our compliance with MHNIC and implement MH-SMART
- Assist the workforce to develop the skills to put in place new case management systems
- Continue to work on projects as identified locally and by the National Mental Health Workforce Development Project these include;
  - Implementation of the mental health workforce human resources database
  - Improving the capacity of a Maori and Pacific peoples services
  - Addressing the training needs for consumer advisers and unpaid workers working within the mental health sector
- Work with the PHOs and Access Canterbury to identify the training needs of general practice teams
- Implement the Needs Assessment and Service Co-ordination (NASC) project actions within available resources
- Continue to support consumer/tangata whaiora and family/whanau networks

## **7.0 NEXT STEPS**

Following approval by the CDHB Board of this document, a working group will be established to start detailed implementation planning.

Due to the number of action points proposed and the need to release funding for changes to the system of care it is expected that the timeline for the implementation will extend over several years.

Participation by representatives of the entire sector including consumers/tanagata whaiora and families/whanau is key to this strategies implementation.

## Appendix 1

### Glossary of terms

System of Care:

*'Related consumer focussed services that are structured to support the recovery of individual consumers through a series of interventions'*

Continuum of Care:

*'Exists when a consumer can access responsive services matched to a level of need at any one time throughout their recovery'*

Integration:

*'bring or come into equal membership of society'*

*'combine into a whole'*

*'complete by addition of parts'*

Family/whanau:

*'A family is a set of relationships that is defined as family by the tangata whaiora. The definition is not limited to relationships of blood ties and can include relatives including a spouse or partner; a mixture of relatives, friends and others in a support network; only non-relatives of the tangata whaiora. Any member of a family may be involved, whatever the definition of itself by the family, provided the tangata whaiora consents. Where there is conflict over definition of the family, mental health staff must be guided by best clinical practice.'*

(Based on the definition from MoH on behalf of the Royal Australian & NZ College of Psychiatrists & HFA (2000) Involving Families: Guidance notes. Guidance for involving families and whānau of mental health consumers/tangata whaiora in care, assessment and treatment process: Wellington Ministry of Health.

Informal Caregiving (Carer):

*'An informal caregiver can be a family member (as defined above), friend, or neighbour who cares for a tangata whaiora, who because of sickness, frailty or disability can not manage everyday living without help or support. Informal caring begins where the practical (not necessarily emotional) give and take – reciprocity – of everyday life ends, and the carer is giving more than they are likely to receive in return from the person they care for.'*

Based on the description of 'what caring is' from National Health Committee (1998) How should we care for the carers? Better support for those who care for people with disabilities. Wellington.