Mental Health and Addiction Services Strategy

July 2006

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

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Our Approach

This is the first mental health and addiction services strategy developed specifically for MidCentral District.

The focus of MidCentral District Health Board's (MidCentral) Mental Health and Addiction Services Strategy is to support recovery and mental health.

> *"Recovery is not only about recovering from the actual illness or distress, but also about recovering from its consequences, and the limiting expectations made about service users that are based on diagnostic labels. Reclaiming one's voice is linked with recovering a sense of self. Recovery literature documents clearly that reclaiming of self is vital in the recovery process. Self is variously expressed in hopes, dreams, goals and choices."*[1]

"Recovery" embodies an international consumer endorsed model of consumer focussed mental health care networks. It is a fundamental tenet of Te Tahuhu[2] namely to help individuals with "the ability to live well in the presence or absence of mental illness"[3] and emphasises the active role that people with mental health problems should have in improving their own lives.

A Steering Group comprising consumer and provider representatives from across the sector was established to lead the development of the strategic plan for mental health and addiction services.[4] It met approximately fortnightly from November 2004 to July 2005.

A Maori caucus was formed to lead the development of content related to meeting the needs of tangata whaiora and whanau and strengthening kaupapa Maori service delivery, as well as contributing a Maori perspective to the overall development of the strategy.

Between February and June a series of nine focus groups and workshops and two hui were held to explore local needs, aspirations and priorities around significant areas identified by the Steering Group.

This strategy is the result of nine months work by the Steering Group. A significant outcome of this work is that all participants endorse the strategic goals and priorities for action identified, and the suggested pathways for addressing these priorities.

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1 Mental Health Commission. 2002. *Service User Participation in Mental Health Services: A Discussion Document*. Wellington: Mental Health Commission

2 Ministry of Health. 2005. *Te Tahuhu: Improving Mental Health*. Wellington: Ministry of Health

3 Mental Health Commission. 1998. *Blueprint for Mental Health Services in New Zealand. How Things Need to Be*. Wellington: Mental Health Commission

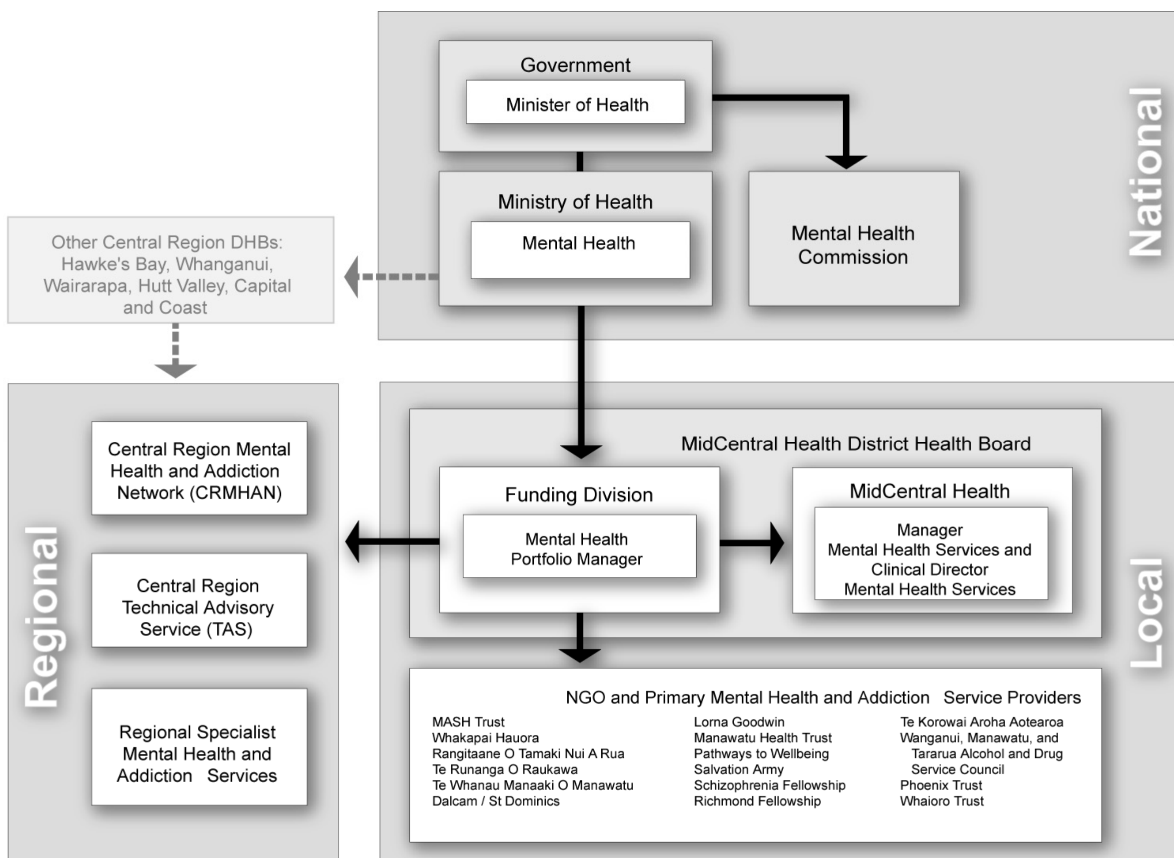
4 Membership was progressively expanded to ensure adequate representation.

Strategic Overview

Organisational Entities

There is a wide range of stakeholders in the mental health and addiction services sector at local, regional and national levels, as outlined below.

Mental Health and Addiction Services Map and Major Referral Pathways



Key Documents

The broad direction for the delivery of mental health and addiction services and support is provided by a range of overarching documents. First and foremost among them is the Treaty of Waitangi to which New Zealand is committed.

There are a number of specific health and disability strategy documents, including:

- The New Zealand Health Strategy
- The New Zealand Disability Strategy

- He Korowai Oranga: Maori Health Strategy
- Whakatataka: Maori Health Action Plan 2002-2005
- The Primary Health Care Strategy.

There are a number of mental health and addiction strategy documents, which collectively comprise the New Zealand Mental Health and Addiction Strategy.

- Looking Forward: Strategic directions for the mental health services
- Moving Forward: The national mental health plan for more and better services
- The Blueprint: How mental health services need to be
- Te Tahuhu: Improving Mental Health 2005-2015 – the second national mental health and addiction plan
- Te Puawaitanga: Maori Mental Health National Strategic Framework
- Building on Strengths: A Mental Health Promotion Strategy
- National Mental Health Service Framework
- National Mental Health Sector Standards.

A number of other MidCentral strategies that interface with this mental health and addiction services strategy include:

- Oranga Pumau – Maori Health Strategy
- Primary Health Care Strategy
- Secondary Care Services Strategy
- Ageing in MidCentral – Health of Older People Strategy
- Child Health Strategy.

Other highly relevant documents are :

- MidCentral District Health Board District Strategic Plan July 2002-June 2012
- MidCentral District Health Board District Annual Plan
- MidCentral District Health Board Depression Service Plan.

The Central Regional Mental Health and Addiction Network's Regional Mental Health and Addiction Strategic Plan 2004 is also an important guiding document.

MidCentral District Profile

MidCentral District Health Board serves a wide geographical area, stretching from the east to west coasts of New Zealand, north of the Kapiti and Wairarapa districts, and south of the Whanganui and Hawke's Bay districts. MidCentral District covers five territorial local authorities: Horowhenua District, Manawatu District, Palmerston North City and Tararua District, and the Otaki Ward of Kapiti Coast District.

Key characteristics of MidCentral District's population are:

- just under half of the district's population lives in Palmerston North
- people of Maori descent (16%), and people of European descent (86%) are slightly overrepresented compared to New Zealand as a whole (15% and 80% respectively)
- people of Pacific Islands descent (3%), and people of Asian descent (4%) are slightly underrepresented compared to New Zealand as a whole (6% and 7% respectively)
- Maori and Pacific peoples populations tend to be young, with roughly 40% aged 14 years or less
- Horowhenua has a relatively high proportion of people aged 55 years and over.

At any given point in time in MidCentral District:

- up to a third of people experiencing mental health problems will be Maori
- overall, in excess of 30 000 people are likely to be experiencing a mental health problem
- around 20 000 people are likely to be experiencing a mild to moderate disorder
- more than 10 000 people are likely to be experiencing a moderate to severe disorder
- around 100 people are likely to have high support needs.

The Way Forward

This draft strategy proposes six broad overarching strategic goals:

Goal 1 Better Planning and Relationships

Goal 1 aims to improve the overall planning and development of MidCentral's mental health and addiction services by building on the strengths of the Local Advisory Group (LAG). The LAG will be supported to participate in a series of focus group sessions in specific service areas which will each include a wider range of stakeholders. The Funding Division will lead and support this process, providing resources for change management. Change management includes research, analysis, facilitation of focus group sessions, report writing and the cultural competencies required to work alongside Maori in the development of responsive mainstream and kaupapa Maori services. This will ensure that implementation of the service development initiatives contained in this strategy are aligned with stakeholders' needs and expectations.

Goal 2 Working as a Single System of Care

This goal acknowledges the importance of coordination as one of the key ways of improving services. Integration needs to occur right across the sector, encompassing the mental health and addiction services delivered by non government organisations and primary health care providers, as well as those provided by social service sectors and the wider community.

Goal 3 Supporting Recovery and Mental Health

Despite a clear policy direction and abundant guidelines promoting recovery oriented approaches to delivering mental health and addiction services, implementation has been inconsistent. To effect change in the culture of many organisations there needs to be a major philosophical shift. To progress change this goal focuses on enhancing consumer/tangata whaiora participation in decision making at all levels and ensuring that staff receive regular training in recovery.

Goal 4 Develop a Continuum of Kaupapa Maori Mental Health and Addiction Services Care

Goal 4 focuses on providing the strategic direction for development of Kaupapa Maori mental health and addiction services in MidCentral District. This section outlines the strategic foundation for Maori mental health and addiction services and provides a platform for kaupapa Maori service development as part of the

whole spectrum of development within this strategy.

The goal recognises that whanau, hapu, iwi and Maori communities must be supported to achieve their own aims and aspirations for whanau ora in the mental health and addiction area. The strategic objectives that support achievement of this goal aim to provide for an open and inclusive pathway of development.

Goal 5 Local Workforce and Infrastructure

This goal recognises that the effectiveness of service delivery comes from a strengthened workforce. There is a need to better support the workforce, in the interests of recruitment, retention and service quality.

Goal 6 Service Specific Developments

Goal 6 identifies the need to build and broaden the range and choice of services and supports that are funded for people who are severely affected by mental illness. It places immediate emphasis on increasing services that are funded for children, young people and older people, and broadening the range of services and supports that are funded for adults.

The following sections set out these six goals and their objectives.

Goal One: Better planning and relationships

At present overall planning and development of MidCentral's mental health and addiction services is led by its Funding Division's mental health portfolio manager, who works in consultation with the Local Advisory Group (LAG). Work on developing this strategy has highlighted the need for more intensive and coordinated planning and development to achieve the changes required by the sector.

Objective 1.1 Strengthening existing structures and processes

Under objective 1.1 one of the key actions required is to increase consumer/tangata whaiora participation at all levels across the sector.

The Terms of Reference for the Local Advisory Group are to be strengthened, so that it plays a more active role in sector planning and development. It will have wider membership, who will directly participate in focus group meetings in service priority areas.

The Local Advisory Group will support the Funding Division in leading service development in the specific priority areas identified in this strategy. The Local Advisory Group will also work more closely with their regional counterparts in order to achieve a greater link between regional and local priorities.

The Funding Division will provide resources for change management to support implementation of the priority actions.

Objective 1.2 Better communications across the sector

A communications strategy will be developed to enhance the flow of information across the sector. This may include distribution of a sector newsletter, and formal reporting of the progress being made on implementing the Mental Health and Addiction Services Strategy.

Goal Two: Working together as a single system of care

There have been numerous changes in the health sector in recent years. Since the inception of the National Mental Health Strategy the pressure for change has escalated, especially with respect to underlying philosophy of service delivery. The traditional bio medical model is giving way to a more holistic recovery focused model, in which the consumer/tangata whaiora, and their family/whanau, are at the centre of service delivery.

A shared commitment to doing so across the sector is perhaps MidCentral's greatest asset in seeking to improve the mental wellbeing of the district's population. There is little evidence of 'staking territory' in MidCentral District. Rather, the sector is united in seeking to establish new relationships that are mutually beneficial.

Mental Health Promotion

Effective health promotion strategies can make a significant impact on improving the overall mental health of our communities. MidCentral's Public Health Services employ a number of Health Promotion Advisors who work in the following areas:

- mental health and parenting
- alcohol and other drug harm minimisation
- tobacco control
- community action.

Collaboration between mental health and addiction services and the smoking cessation services provided by the public health services is another important aspect of the "single system of care" MidCentral is working towards.

It is important that the experiences of MidCentral District's NGO, iwi, community, primary and secondary care mental health and addiction service providers feed into the development of the district's mental health promotion strategies. One way of achieving this is through discussion at Local Advisory Group and Stakeholder Group meetings.

It is also important that the mental health and addiction perspectives of consumer/tangata whaiora, family/whanau and service providers are represented in the community advisory groups and in any specialist standing committees formed to guide the development of primary health organisations. Some affirmative policies may be required to achieve this.

Objective 2.1 Enhance the participation of primary care providers in the development and delivery of mental health and addiction services

There are no evidence based best practice guidelines for the delivery of mental health and addiction services in the primary care environment, and hence no definitive approaches for service development. There is however, sufficient information to begin a process of change. The following are some of the areas that are considered to have potential for significantly improving the capacity of primary care providers to address the mental health and addiction concerns of the communities they serve:

- facilitating more frequent visits to GPs
- routine screening of infrequent GP attenders
- providing longer consultations where there are mental health and addiction concerns
- greater utilisation of practice nurses to provide screening and follow up
- building multidisciplinary primary health care teams
- increased psychiatrist liaison with primary health care
- development of primary health care worker education
- use of research and evaluation to support evidence based best practice.

More specifically, it is suggested that:

- the number of mental health clinicians working within general practice settings is increased
- the MidCentral mental health/primary care liaison programme (a joint initiative between MidCentral Health mental health services and the Manawatu Independent Practice Association (MIPA)) is evaluated
- a mechanism is established for PHOs to collaboratively develop and implement strategies for improving mental health and addiction services within primary health care
- a monitoring framework is developed to evaluate implementation of primary/mental health and addiction services.

Objective 2.2 Enhance the capacity of non government organisation providers to coordinate the development and delivery of the mental health and addiction services they provide

The non government organisation (NGO) sector, including Maori, iwi and other community based providers, has a very limited profile in national strategy documents, suggesting somewhat of an outsider status within the health sector. Independent audits against the National Standards for Mental Health Services and the national Health and Disability Strategy generally applaud the services delivered, but in most cases are critical of their lack of strategic development.

The national service framework has been a mixed blessing to the NGO sector. While it has provided a toehold for obtaining contracts to deliver services it has not kept pace with the sector's development. Many providers feel locked in to ways of delivering services that have been superseded as best practice.

Key areas for strengthening NGO services include:

- development of more peer run services across the continuum
- use of more flexible service delivery models, such as mobile services
- more differentiated services for children, young people and older people
- establishment of a mechanism for NGOs to collaboratively develop and implement strategies for improving mental health and addiction services within community based services.

Opportunities to strengthen responsiveness to Maori in all services

Overall, Maori are not well serviced by mental health and addiction services as evidenced by the well documented disparities in prevalence, acuity and outcomes. Nearly a third of potential service users are Maori, but this is not reflected in the way services are delivered within mainstream or the extent to which Maori and kaupapa Maori service development has been supported. All service providers must ensure that generic services are responsive to Maori.

During 2005 the Central Region's Technical Advisory Service (TAS), will be consulting across the Central Region to seek input on development of a five year plan, based on Te Puawaitanga. This plan proposes to provide District Health Boards with a nationally consistent framework for planning and delivery of services for tangata whaiora and their whanau. MidCentral's District's mental health and addiction sector will need to contribute to this work, and determine how best to implement it within the district.

Responsiveness to Maori through kaupapa Maori service development

The development of kaupapa Maori services recognises that whanau, hapu, iwi and Maori communities must be supported to achieve their own aims and aspirations for whanau ora in the mental health and addiction area. Acknowledging the high proportion of the Maori population with mental health needs, this goal envisages mental health services that are appropriate and effective for Maori across the continuum of care. The vision is for whanau to have access to a full continuum of high quality Kaupapa Maori mental health and addiction services which are integrated with effective and appropriate mainstream mental health services.

Objective 2.3 Secondary mental health and addiction services to focus on 'core business'

Secondary care services are those provided by mental health and addiction services within District Health Board provider arms. Secondary care services inherited patients with extremely high levels of disability from years of institutional care. Early intervention has been minimal because of the lack of well developed primary mental health and addiction services, the financial barriers to accessing primary care, and the inhibitions caused by stigma and discrimination. This has resulted in high levels of need. One of the features of secondary care services is the capacity to draw together multidisciplinary teams of highly skilled clinicians and other professionals.

> *"We continue to be impressed at the progress being made by MidCentral's mental health services. Good psychiatrist cover, strong clinical leadership and good District Health Board/NGO relationships underpin what appears to us to be a stable mental health service."*[5]

Secondary mental health and addiction services in MidCentral can be refocused so that they can provide a clearly defined set of services that:

- set manageable boundaries around a coherent cluster of related services
- provide for the development of service excellence in areas of core business
- provide for the most efficient use of scarce professional expertise for the benefit of the entire sector
- complement services provided by NGOs, Maori, iwi and other community based service providers, and with primary health care

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5 Mental Health Commission writing to CEO, MidCentral District Health Board, 20 August 2004, following site visit on 10 June 2004.

- establish a working environment that can attract, retain, support and extend the competencies of highly skilled mental health and addiction workers.

Areas of core competency would be concentrated on highly developed clinical expertise and experience that is most appropriately provided by a single provider at the district level, and might include:

- increased capacity to provide consultation/liaison services
- more support of shared care arrangements
- specialist clinical assessment and referral
- dual competencies (eg mental health with substance abuse or mental health with intellectual disability)
- psychotherapeutic and psychological services
- early intervention in first psychosis services
- greater use of intensive outreach
- acute inpatient services
- a mental health emergency team.

Structures to enhance working together

It is essential to strengthen relationships within and between specialist secondary care and NGO mental health and addiction services and primary health care providers. The best way to address fragmentation and complexity may, in the first instance, be to group services within manageable service clusters. Four distinct service groups are proposed:

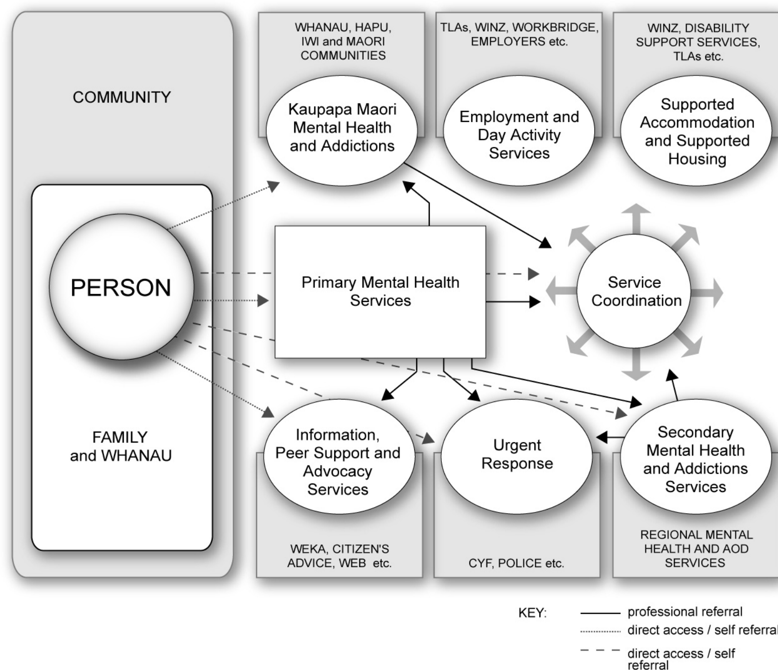
- kaupapa Maori services
- NGO/community based services
- primary health care
- secondary care services.

If each of the four groups are more *integrated*, collaboration will be easier, and prospects of managing *coordination* across the four groups will be better.

Integrated referral pathways

Irrespective of whether services are fragmented, coordinated, or collaborative, it is imperative that referral pathways are integrated. The following framework is a possible starting point.

Potential referral pathways



Objective 2.4 Strengthen service coordination within the sector

Options for establishing an integrated service coordination function within the mental health and addiction sector in MidCentral District need to be explored. Service coordination is not about assessing need or controlling access. It is a person centred process of facilitating appropriate access to available services and supports, and exploring alternative ways to meet identified need when eligibility criteria are not met or service gaps exist.

Goal Three: Supporting recovery and mental health

Implementing change that will ensure that mental health and addiction services are recovery focused has been an overarching objective for the sector, both nationally and internationally, for more than a decade. Recovery focused services are those that contribute optimally to a person's ability to live well in the presence or absence of mental illness.

Despite a clear policy direction and abundant guidelines promoting recovery oriented approaches to delivering mental health and addiction services, implementation has been inconsistent. There is however, a strong commitment to strengthen consumer/tangata whaiora involvement which is backed up by funding for additional capacity and service development.

Objective 3.1 Establish agreed principles for the delivery of recovery focused services in MidCentral District

The Steering Group developed a set of seven draft principles that set out what consumers/tangata whaiora and families/whanau should expect when accessing recovery focused mental health and addiction services. At the same time the principles place clear responsibilities on service providers.

Principle 1:	Every person and his/her family/whanau are valued and treated with humanity, consideration and respect for their mana, self esteem and dignity at all times [6]
Principle 2:	Every person has maximum freedom, choice and control – at all times
Principle 3:	Every person and his/her family/whanau are supported to make informed decisions by access to appropriate information and advice at all times
Principle 4:	Every person's family/whanau and the other significant people in his/her life are valued and included at all times
Principle 5:	Every person and his/her family/whanau have timely access to services and support, appropriate to their: strengths; values, beliefs and spirituality; wairua; culture; roles and responsibilities; goals, aspirations and preferences – at all times

6 Use of the term 'at all times' does not necessarily imply that services will be provided around the clock, but applies whenever services are operational and throughout the course of a person's engagement with any mental health, addiction, or related disability support service.

Principle 6: Every person and his/her family/whanau are supported in a way that provides minimum disruption to their daily lives and support networks

Principle 7: Every person's rights and those of his/her family/whanau are protected to the fullest extent possible, and individuals are actively supported to assert their rights and fulfil their responsibilities at all times.

Objective 3.2 Enhancing consumer/tangata whaiora and family/whanau participation across the sector

Effective consumer/tangata whaiora participation ensures that services are responsive to their needs. Efficacy can be enhanced by facilitating the development and maintenance of positive working relationships, and ensuring that consumers/tangata whaiora have access to strong organisational support and appropriate training and professional development. Links to consumer/tangata whaiora networks are also important for those in formal positions working on behalf of consumers/tangata whaiora in general. Several key areas to explore are:

- the establishment of a project team to lead work related to the consumer/tangata whaiora and/or family/whanau participation across the sector
- the development of an implementation plan for enhancing consumer/tangata whaiora and/or family/whanau participation across the sector
- the development of capacity to provide independent consumer/tangata whaiora advocacy
- the development of a range of information materials for consumers/tangata whaiora and/or family/whanau, and processes for enhancing access to timely and relevant information
- the review of the extent to which mental health and addiction services across the sector are involving family/whanau
- the exploration of the extent to which feedback and complaints processes support participation of consumers/tangata whaiora and/or family/whanau.

Objective 3.3 Strengthening consumer/tangata whaiora advisor capacity across the sector

This objective concentrates on developing greater participation and supporting participants by:

- increasing consumer/tangata whaiora advisor capacity within MidCentral Health so that there is a team of advisors to share the workload and work collegially to develop the service
- increasing Maori tangata whaiora advisor/liaison capacity within MidCentral Health in order to better support Maori tangata whaiora and whanau using services
- funding for consumer adviser positions within the NGO sector in recognition of the value they add, as well as the skills and experience they bring with them, and to ensure accountability for the delivery of quality advocacy services
- developing a strategy to support consumer/tangata whaiora advisors across the sector that will include matters such as collegial supports, training, professional development.

Objective 3.4 Recovery related training across the sector

Recovery related training needs to be valued as highly as other professional training. There are many good training tools including training on Wellness Recovery Action Plans (WRAP training), which can be delivered to all those involved in the mental health and addiction sector. A programme of recovery focused training which will fundamentally shift people's beliefs and attitudes about recovery, and equip the mental health workforce with skills that will help facilitate people's recovery journeys is to be developed and implemented across the sector.

Goal Four: Develop a continuum of kaupapa Maori mental health and addiction services

"Ka ora te whakapiri ka ora te tangata"

The establishment of kaupapa Maori Mental health and addiction services that work closely with effective and responsive mainstream services is vital to improving Maori mental health outcomes in MidCentral District. Recent years have seen the development of innovative health initiatives, programmes and services that have sought to improve the mental health of Maori.

These initiatives provide the foundations for kaupapa Maori service development in MidCentral District. For these services to be established and grow here a partnership process between the Maori focused development and the mainstream development will be needed. It will provide a vehicle for achieving Goal 4 and, most importantly, allow for whanau, hapu, iwi and their communities to shape Kaupapa Maori services in the mental health and addiction area.

Key Areas for Development

Six key areas have been identified in line with the national, regional and local strategies that apply to Maori mental health services, and with the proposals and feedback received from Maori stakeholders in MidCentral District:

- *Maori Philosophy – To underpin Maori mental health services with a Kaupapa Maori Service Philosophy*

  It is critical that the underlying foundation of the service is uniquely kaupapa Maori. This philosophy will underpin the planning, design and delivery of Maori mental health services for Maori

- *Rangatiratanga, Maori Framework of Delivery – To aspire to achieving Rangatiratanga by supporting the implementation of a Maori framework of Delivery*

  This area of development seeks to develop an equitable partnership model between Maori and the Crown (represented by the DHB) in the governance, management and delivery of Maori mental health services. The framework is based primarily on the three accepted principles of the Treaty of Waitangi as espoused by He Korowai Oranga

- *Kaupapa Maori Service Components – To design and deliver a unique kaupapa Maori mental health service*

  The aim is to design and deliver a service that incorporates components that will support tangata whaiora and their whanau towards achieving whanau ora, including service components that may not historically have been included within the "mental health" spectrum from a western paradigm

- *Workforce Development – To promote, support and implement Maori mental health workforce development*

  To establish and maintain high quality kaupapa Maori services we need an experienced and skilled workforce that fully supports and understands the kaupapa Maori philosophy and service delivery framework. This will require an investment in planning and implementing the development of a strong Maori workforce that reflects the diversity of the Maori population

- *Provider Development – To promote, support and implement Maori provider development as well as mainstream provider development*

  There will need to be a strong focus on the Maori provider development that aims to increase capacity in terms of kaupapa Maori mental health service provision as well as leadership, business, quality development, and financial skills. Another important focus will be the development of mainstream provider responsiveness to Maori

- *Continuous Quality Development – To promote, support and implement continuous quality improvement in Maori mental health service*

  This will include both mainstream and kaupapa Maori quality requirements. Components will include quality improvement systems, internal and external audits, training, development of complementary and consistent policies and procedures, and all services meeting National Mental Health Standards.

Objective 4.1 For Maori, by Maori service development capacity

This objective provides for exploring the establishment of a project team to lead work related to the development of services that are culturally responsive and appropriate for Maori. There is currently no capacity for coordinated sector wide service development for Maori within MidCentral District, and appropriate Maori participation is difficult to achieve.

Such a team would lead the collaborative development of a full continuum of mental health and addiction services for Maori. The team would also contribute to enhanced participation of Maori in the development of mental health and addiction services across the sector.

Objective 4.2 An integrated range of kaupapa Maori mental health and addiction service options

This objective provides for the development of an implementation plan to establish kaupapa Maori mental health and addiction services across MidCentral District. The service development will call for engagement with key stakeholders in the district towards ensuring access to an integrated range of Maori, NGO, kaupapa Maori and iwi based mental health and addiction services that work collaboratively and reflect Maori values, beliefs, processes and aspirations.

Objective 4.3 Mainstream services that are responsive and culturally appropriate for Maori

Mainstream effectiveness for Maori is a strong theme of this strategy. This objective calls for an implementation plan to be developed that will enhance the capacity of mainstream services to be responsive to and culturally appropriate for Maori. The recognition and development of dual competencies (ie clinical competencies combined with the ability to work in a culturally appropriate way) will be an important aspect of this service development.

Goal Five: Local workforce and infrastructure

Two of Te Tahuhu's challenges are building a mental health and addiction workforce, and fostering a culture amongst providers that supports recovery, is person centred, is culturally capable and delivers an ongoing commitment to assure and improve the quality of services for people. Te Tahuhu acknowledges that developing a responsive workforce and culture for recovery will be integral to achieving the outcomes it seeks.[7]

The Central Regional Mental Health and Addiction Network established a Regional Mental Health Workforce Development Service in late 2004. The Service's four year work plan is outlined in *Valuing People: Regional Mental Health Strategic Workforce Development Plan 2005-2009.*

While there was no discrete consultation around workforce issues during the development of this Strategy, they were inevitably raised in the course of identifying ways to strengthen service delivery. In the interests of recruitment, retention and service quality, the workforce needs better support. Some of the key issues that have emerged are:

- developing the Maori mental health workforce
- ensuring adequate workforce capacity to delivery quality services
- managing workload so that current staff are able to provide the access required while maintaining good standards of service
- the need for training and professional development to build and maintain skills
- the need to ensure that core clinical skills are well developed and the unique skills of each discipline are enhanced so that each skill set contributes to a well integrated multidisciplinary approach
- the importance of a good working environment to outcomes
- the need for robust information systems to support practice.

Feedback received on the draft of this Strategy indicated the need for more emphasis on local actions which would contribute towards the goal of building the capacity of the local workforce. The regional work plan referred to above includes actions which lend themselves to implementation at a local DHB level, and some of these feature in the list of objectives below. The list of objectives also includes suggestions made through the submission process while this Strategy was under development.

[7] Ministry of Health. 2005. *Te Tahuhu: Improving Mental Health*. Wellington: Ministry of Health

Objective 5.1 Recruitment

This Strategy sets the stage for an important phase of service development and new investment in mental health and addiction services in MidCentral over the next two to three years. Workforce recruitment will be key to achieving these aspirations. A district wide programme will therefore be established to coordinate and fund recruitment initiatives which support Strategy implementation for the first two and a half years of the implementation phase.

Objective 5.2 Training

A district wide initiative will identify training needs or critical skill deficits in local publicly funded mental health and addiction services and will coordinate activities to resolve these. There will be an expectation of transparency regarding the funding set aside by individual providers for training purposes, and these individual provider budgets will be augmented by a fund managed at a district level to ensure we are able to leverage the best value in training opportunities for the mental health and addiction workers in our district.

Objective 5.3 Professional/practice supervision

A district wide initiative will identify gaps in professional and practice supervision through a process of supportive evaluation, and undertake actions to increase the level of professional/practice supervision across the district.

Objective 5.4 Evidence based practice

A project will be undertaken to:

- investigate the degree to which mental health and addiction workers in our district have ready access to the quality evidence that they require for effective practice
- explore potential decision making systems that support evidence based practice
- increase worker access to evidence for therapeutic practice, and
- develop initiatives that support the production of evidence.

Objective 5.5 Recognition of excellence

This initiative will establish a range of ways to promote, recognise and reward worker and service excellence. There will be an emphasis on sharing information across our district which will assist all mental health and addiction services and workers to attain a standard of excellence. The initiative will be expected to:

- improve worker morale
- provide opportunities for organisations to demonstrate their commitment to supporting excellence
- increase research and evaluation activities, and
- contribute to a growth in worker qualifications.

Goal Six: Service specific developments

Another of Te Tahuhu's ten challenges is the need to build and broaden the range and choice of services and supports that are funded for people who are severely affected by mental illness. It places immediate emphasis on:

- increasing services that are funded for children, young people and for older people
- broadening the range of services and supports that are funded for adults.[8]

Several specific areas for such development have been identified in MidCentral District and are discussed briefly below.

Objective 6.1 Mental health and addiction services for children, young people and their families

The Central Region recognises that the delivery of mental health services to the Infant, Child, Adolescent and Family population remains behind Blueprint guidelines. The Central Region Mental Health and Addiction Network (CRMHAN)[9] intends to develop a comprehensive plan for the further implementation of New Futures (Ministry of Health (MoH), 1998) and the National Youth Health Action Plan (MoH, 2002) across the Central Region, drawing on expertise within the sector.

A local process in parallel to this regional work would be highly beneficial, together with close communication between the two initiatives. In doing so MidCentral will be in a strong position to influence the development of any new regional initiatives and to implement them.

The services provided by Child and Adolescent Mental Health Services (CAMHS) and Oranga Hinengaro are highly regarded across the sector. Oranga Hinengaro also provides specialist services to tamariki, rangitahi, and their whanau within its cultural framework. Particular strengths of these services are the calibre of staff employed, the evident recovery focus of the services which is strongly consumer/tangata whaiora and family/whanau oriented, and the level of service and intersectoral coordination that takes place.

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8 Ministry of Health. 2005. *Te Tahuhu: Improving Mental Health*. Wellington: Ministry of Health

9 This is a group of stakeholders from Central Region's six DHBs that provides a collective approach to mental health and addiction strategic planning

As with most CAMHS throughout New Zealand, the MidCentral Health's CAMHS has limited capacity to meet demand. It is currently estimated to be seeing about half the numbers of clients that it should according to the Blueprint access targets. As a consequence, children and young people are accessing the services with very high levels of need (eg, highly suicidal) and this trend appears to be increasing.

Relieving pressure on existing accommodation is a priority, and relocation to a community setting may prove to be a good strategy for doing this. MidCentral Health has committed funding to increase CAMHS workforce capacity by one psychiatrist and eight other clinical full time equivalent positions over the next eighteen months.

While increasing capacity is the overarching priority for CAMHS, there are many other service development opportunities to build the continuum of services available to children, young people and their families, including:

- creating dedicated services which differentiate between children and youth to provide for appropriate specialisation
- developing infant mental health services (the focus of work here is usually with parents who are experiencing significant mental illness and/or addiction issues)
- enhancing the liaison between CAMHS and MidCentral's maternal and child health services
- increased capacity for early intervention through primary health care
- establishment of an early intervention in psychosis service
- increased access to specialist kaupapa Maori services
- establishment of day and residential programmes for young people who are unable to live with their parents
- enhanced case management for children and young people to ensure continued and supported access across systems
- more integrated service delivery across agencies, such as multi systemic treatment approaches
- a greater level of systemic advocacy and collaborative approaches to service development
- ensuring adequate access to eating disorders services for children and young people.

The establishment of a project team will be explored. Such a team would lead work related to the development of services for children and young people and their families across the sector, ensuring there is close liaison with the regional Child, Adolescent and Family Services project.

Objective 6.2 Enhanced access to addiction services

The Regional Review of Intensive Alcohol and Other Drug Services sets out first steps for improving access to intensive alcohol and other drug services throughout Central Region. MidCentral District's service providers need to consider how best to implement the regional strategy within the district – within the context of the full continuum of AOD and MH services – to ensure that new initiatives can be established quickly, succeed, and achieve their full potential.

The Regional Strategy proposes that new Terms of Reference are developed for AOD (Alcohol and Other Drugs) Service Councils. In MidCentral District an alternative approach is to incorporate the existing AOD Service Council in a broader Addiction Project Team. This could liaise closely with the Regional AOD coordinator, but be supported primarily by MidCentral's Change Management Team.

MidCentral's *medical detoxification* capacity is under utilised. Funding arrangements may need to be reconsidered to assess where the funds could be more effectively used.

Social detoxification usually takes place in a supervised and supportive residential facility. The service includes assessment, medical intervention, medication as indicated, non medical interventions including complementary therapies, supervision, monitoring, and support. It is widely regarded to be the most effective form of detoxification with respect to long term outcomes.

There are presently no social detoxification programmes in MidCentral District, although a small number of people entering abstinence based residential programmes may detoxify as a by product.

Use of *P* (methamphetamine) is reported to be increasing in the district. While under the influence of *P*, people can become temporarily mentally unwell, often with psychosis and aggressive behaviour. Protocols for managing people under the influence of *P* may need to be developed to ensure that there is a reliable referral pathway and appropriate service responses are developed and resourced.

Methadone treatment is one area where there is a sound evidence base for best practice, and good outcomes where best practice guidelines are closely followed. As with many programmes, best practice guidelines need to be implemented faithfully and sufficiently resourced. This results in huge health and social

benefits across the community, including:

- enhanced well being for the individual and those involved with them
- better participation in family life, education, training, work
- less impact on mental health issues
- less disruptive and antisocial behaviours
- reduced likelihood of contracting hepatitis C or HIV from needle use
- lower rates of offending (eg, less theft to fund purchase of drugs).

Not surprisingly methadone programmes provide one of the best returns for the resources invested in terms of the outcomes achieved.

Additional resources are required to develop capacity to provide work therapeutically with those on the methadone programme to strengthen resilience, develop recovery strategies, and address the underlying issues that contribute to their addictive behaviour.

The establishment of a project team to lead work related to the development of addiction services will be explored, with a view to:

- considering the recommendations of the Regional AOD Review and realign to local priorities
- developing an implementation plan for enhancing access to addiction services across the sector
- enhancing integration and collaboration between addiction services and mental health services throughout the district
- enhancing interagency work in the field of addictions
- reviewing utilisation and resourcing of MidCentral Health's medical detoxification beds and funding arrangements
- reviewing MidCentral Health's methadone programme to explore opportunities to transfer methadone clients to shared care programmes in general practice with specific specialist support, and develop strategies for supporting people to leave the methadone programme.

Gambling addiction

Gambling addiction appears to be increasing rapidly in New Zealand. Services to respond to the need to address this addiction are gradually emerging, but have not yet become a conspicuous component of an already stretched mental health and addiction sector, although this is likely to change in the future. Any changes in local service provision will be aligned with developments to the National Service Framework for mental health and addiction services.

While services to address gambling addiction do not command a high profile in this strategy, efforts need to be made to include this area of service need when planning future service development within MidCentral District. A good starting place might be to have gambling addiction services represented on the Local Advisory Group to raise awareness and ensure these interests are not inadvertently overlooked.

Objective 6.3 Strengthening after hours mental health emergency response

The Mental Health Commission has developed a framework for the delivery of mental health crisis services that captures the principles and essential elements of such a service and suggests:[10]

- access is about provision; services need to be proactive to ensure access– barriers to access need to be identified and addressed
- assessment is about information, and involves the gathering of information and the process for identifying needs as a basis for making good decisions at the point of triage
- triage follows assessment and is about allocation of resources to meet the needs identified; making the right decision
- intervention is about action and resolution, and may or may not be provided by the crisis service. It may be the provision of advice or the active referral to another organisation or agency. Whatever action is taken contributes to resolving the presenting crisis.

It is widely acknowledged that the Mental Health Emergency Team (MHET) does some outstanding work, especially given the difficulties inherent in emergency work and the limited resources available to the team. Its record of minimal adverse outcomes (eg, self harm, suicide, assault) following their involvement is evidence of this. Consumers/tangata whaiora and family/whanau however are seeking the establishment of an *after hours service continuum* with the capacity to be more responsive to their various needs. Opportunities to develop such a service continuum have been identified, many of which could be implemented within the limits of available resources. To achieve optimum service improvements in this high priority area additional resources would be required.

10 Mental Health Commission. 2004. *Responding to People at Times of Crisis: A Framework for Mental Health Crisis Services*. Wellington: Mental Health Commission

MidCentral Health's services can be strengthened in each of the following areas:

- improving after hours access to appropriate support
- enhancing the delivery of services in rural areas
- developing 'second tier' emergency support when the After Hours Emergency Mental Health Services cannot or need not attend
- establishing a first point of contact that is actively supportive
- providing facilities that offer higher levels of privacy while maintaining safety
- closer alignment between After Hours Emergency Mental Health Services and the Emergency Department
- better integrating the After Hours Emergency Mental Health Services with other services to ensure continuity of care, make efficient and effective use of scarce resources, and provide for clinical safety and professional development across secondary services

Increased satisfaction with the After Hours Emergency Mental Health Services will be a key indicator of progress.

It is essential to clarify roles and responsibilities in situations of perceived emergency, to increase After Hours Emergency Mental Health Services' capacity to provide more responsive consumer/tangata whaiora relevant services, and to explore options for a back up/step down services to which distressed persons not meeting the criteria for accessing the After Hours Emergency Mental Health Services can be referred.

Opportunities to enhance destigmatising and awareness raising training for police working within our district will also be explored.

Objective 6.4 Enhancing participation at home, at work, and in community life

Information about access to employment support in MidCentral District is particularly poor, with providers often not aware of each other, and consumers/tangata whaiora having little awareness of services they may access. Research evidence suggests that the opportunity to explore and experience different jobs, working environments, and working arrangements is one of the keys to finding and maintaining suitable employment. There is widespread agreement that employment prospects need to be an integral part of any comprehensive individual planning process.

A number of opportunities to strengthen services have been identified including:

- training and education to raise awareness of the importance of vocational development and/or participation in the workforce as an essential component of early intervention and recovery
- developing a flowchart mapping the sector – who does what and the relationships between them
- identifying models that work and evidence based best practice to inform the development of the sector
- developing a model/framework for the sector, including day activity services which are seen as part of the continuum, to guide future development
- developing Memoranda of Understanding to facilitate relationships between employment services and mental health services
- developing processes for referral, with standardised referral forms
- ensuring that assessments and service planning include a vocational component that can be readily used by employment services working with an individual to inform the development of a career plan for the individual
- providing social worker or equivalent capacity to be available to respond when signs of relapse/decompensation or related concerns are first detected
- establishing a vocational liaison position to facilitate communication, referrals and follow up care
- exploring the Clubhouse[11] model as a potential service to introduce in MidCentral District
- identifying opportunities and establishing peer run employment initiatives in the MidCentral District
- investigating the services that complement those currently purchased by MSD[12], but are more suited to the vocational development and employment needs of people with experience of mental illness (ie not narrowly outcome focused) and will enhance the capacity of existing providers to meet the needs of consumers/tangata whaiora
- providing training and education from the perspective of mental health consumers/tangata whaiora such as the Hearing Voices workshops, as an important component of developing appropriate, responsive and empathetic employment services and employment environments – reducing stigma and discrimination.

The establishment of an intersectoral project team to lead work related to enhancing participation at home, at work, and in community life, will be explored. A project for a Recreational Therapeutic Programme within the NGO sector is already being piloted.

[11] A model of peer support being used by the Wellington Mental Health Consumers' Union

[12] Ministry of Social Development

Objective 6.5 Enhanced rural access to mental health and addiction services

More than half of MidCentral District's population lives outside the main urban centre of Palmerston North, and may be considered to live rurally. Rural communities experience the same issues as those in urban centres, but tend to be disadvantaged as transport options may be limited and telecommunications may be expensive. Rural areas also tend to be less affluent, have limited access to many types of health and social services, and fewer public amenities. Rural communities also tend to have higher proportions of Maori and older people.

Mental health and addiction services are primarily concentrated in Palmerston North. Rural providers tend to provide a broader range of services, compared to their urban counterparts because of a lack of well developed community services.

Iwi based providers provide relatively good rural coverage in the Horowhenua and Tararua areas, although constraints on resources limit the extent and level of services that can be provided. Compensating for the lack of access to urban services can further stretch these and other rural providers.

There are many service development opportunities to ensure that rural communities have reasonable access to the mental health and addiction services they need, including:

- support for the rural workforce to address issues of isolation and overload
- greater use of primary mental health and addiction care
- increased support for rural families who tend to have less access to professional support than their urban counterparts
- establishment of consumer/tangata whaiora led services and peer support, which are under developed in rural areas
- introduction of new strategies for emergency response that do not depend on the availability of the After Hours Emergency Mental Health Services to travel immediately to rural areas on every occasion
- establishment of an integrated approach to service planning and development that recognises the need for flexibility in the way services are delivered in rural areas.

Service development for rural and outlying areas of our district will be at the forefront of the implementation phase for this Strategy. There will be an emphasis both on increasing the capacity of services which currently serve these populations, and on developing new services which are based in rural centres.

Objective 6.6 Enhanced access to an appropriate range of supported accommodation, and supported housing services

MASH Trust and St Dominic's are the major providers of supported accommodation in MidCentral District and at the time of the Gap Analysis project were supporting 76 clients aged from 21 years to 76 years. Lorna Goodwin, another provider, was supporting an additional two clients at that time.
At present there are no supported accommodation services targeted to younger adults. There is a misguided assumption that young people are able to live independently in the community, or that they will continue to live with family/whanau well into adulthood until they are better equipped to live independently or their family are incapable of continuing to care for them.

Key areas for service development that have been identified include:

- development of kaupapa Maori service options
- supported accommodation for younger adults
- supported accommodation for older people.

Supported housing will be a major growth area for the foreseeable future, reflecting:

- changing attitudes and expectations about what is appropriate and possible for consumers/tangata whaiora that emphasise independence and inclusion
- increasing intersectoral recognition of the need to provide supported accommodation to this population (eg by WINZ, Territorial Local Authorities and Community Housing Ltd [HNZ])
- better management of mental health and addiction through a range of services such as the methadone programme
- more flexible models of service delivery such as the mobile intensive rehabilitation service being developed by MidCentral Health's mental health services

Providers should take every opportunity to secure quality housing stock that is centrally located or on good transport routes, in order to provide supported housing options.

The establishment of a project team to lead work related to enhancing access to an appropriate range of supported accommodation and supported housing services will be explored.

Objective 6.7 Enhanced access to an appropriate range of respite services

There are three main types of respite care which are complementary and of equal importance within the continuum of mental health and addiction services: planned respite for maintaining wellbeing; respite intervention for deescalation of potential crises, and crisis respite for providing emergency care. These are not well developed in MidCentral District and are regularly identified as high priority areas for development.

The establishment of a project team to lead work related to enhancing access to an appropriate range of respite services will be explored.

Responsiveness to people of diverse ethnic groups

The need to build responsive services for people who are severely affected by mental illness and/or addiction is another of Te Tahuhu's challenges. Immediate emphasis on improving the responsiveness of services includes the following groups:

- Pacific peoples
- Asian peoples and other ethnic communities
- refugee and migrant communities.[13]

At present these groups account for small but significant proportions of MidCentral District's total population. Numbers do not warrant the establishment of specialist mental health and addiction services. Services in MidCentral need to ensure that, where appropriate, Pacific and Asian peoples and refugees are referred to specialist services where these are available regionally or nationally. Service providers should endeavour to increase their capacity to provide responsive services – such as the use of interpreters – to these groups. MidCentral's development of services will be aligned with the outcomes of CRMHAN's Regional Mental Health Strategic Plan for Pacific peoples.

[13] Ministry of Health. 2005. *Te Tahuhu: Improving Mental Health*. Wellington: Ministry of Health

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Steering Group

Adele Carpinter	Project Manager (contracted)
Andy Aston	MDHB – MidCentral Health, Mental Health Services
Aroha Ellwood	Te Runanga O Raukawa
Brad Grimmer	MASH/Manawatu PHO
Bronwyn Jones	Project support (contracted)
Claudine Tule	MDHB – MidCentral Health, Child and Family Services
Christine Zander	Manawatu Supporting Families (SF)
David Barrett	Pathways to Wellbeing
Dean Black	Pathways to Wellbeing
Dean Chapman	St Dominic's (Dalcam)
Faith Brown	MDHB – MidCentral Health, Oranga Hinengaro
Frances Guthrie	Manawatu Independent Practice Association (MIPA)
Kim Whaanga	Te Whanau Manaaki o Te Manawatu
Harold Wereta	MDHB – Funding Division
Jeanine Corke	MDHB – Funding Division
Mahalia Paewai	A&D Service Council, Rangitaane
Nicholas Glubb	MDHB – MidCentral Health, Mental Health Services
Paora Ropata	Te Runanga O Raukawa
Peter Keedwell	MASH Trust
Teresa Keedwell	Consumer Advisor
Vivienne Martin	MDHB – MidCentral Health, Mental Health Services