



Waitemata District Health Board Mental Health and Addictions Plan 2009 – 2015

January 2010



Waitemata
District Health Board

Te Wai Awhina



1 Waitemata DHB Mental Health and Addiction Services Commitment

Waitemata District Health Board (WDHB) seeks to offer the people of Waitemata high quality mental health and addiction services that are available where and when needed.

To help people achieve a sense of mental well-being, the DHB will work together with non-government organisations (NGOs), primary care (including General Practice) services and other agencies to create an integrated total health care system. Together we aim towards the following seven high level key commitments:

1. To enable healthier, resilient individuals who actively contribute to their families and communities
2. To partner with Māori
3. To improve the wellbeing of 'high needs' groups, including those groups with specific cultural needs (for example Pacific, Asian, refugee and migrant populations)
4. To develop and support an inter-disciplinary mental health and addictions workforce
5. To provide services close to where people live and work, building a "neighbourhood" focus
6. To enable people to both prevent, and live well with, long term conditions, including mental health conditions
7. To constantly improve the quality, accessibility and responsiveness of services.

We will focus not just on reducing symptoms of illness, but also on all the factors that contribute to good mental health, such as housing, employment, education, family relationships and wider social networks. A range of services will be coordinated to bring specialist expertise in each of these areas.

These commitments form a broad overarching framework that still allows for flexibility at individual, cultural and service levels. This is to ensure services are delivered in the best way to meet the needs of the populations we serve, within the context of the current and future economic and financial environment. This plan is supported by a comprehensive Background and Context document available at www.waitematadhb.govt.nz with associated Work Programme booklets that describe priorities and actions in further detail.

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2 Purpose

The Waitemata District Health Board (WDHB) Mental Health and Addictions Plan (2009-2015) is a foundation document that signals our intent to work together. It gives a strategy for developing services for the growing and changing population we serve. The framework has been developed in partnership with the Waitemata Stakeholder Network (WSN) – a group of key people representative:

- Waitemata DHB Provider and Funder Arm
- Non-government organisations (NGOs)
- Primary Health Organisations (PHOs)
- Other government agencies
- Consumers and their families

The plan acknowledges the value of all providers, and aims to give them a clear direction for working together. It also recognises the key role that open, transparent and trusting relationships play in the planning and delivery of high quality and effective services.

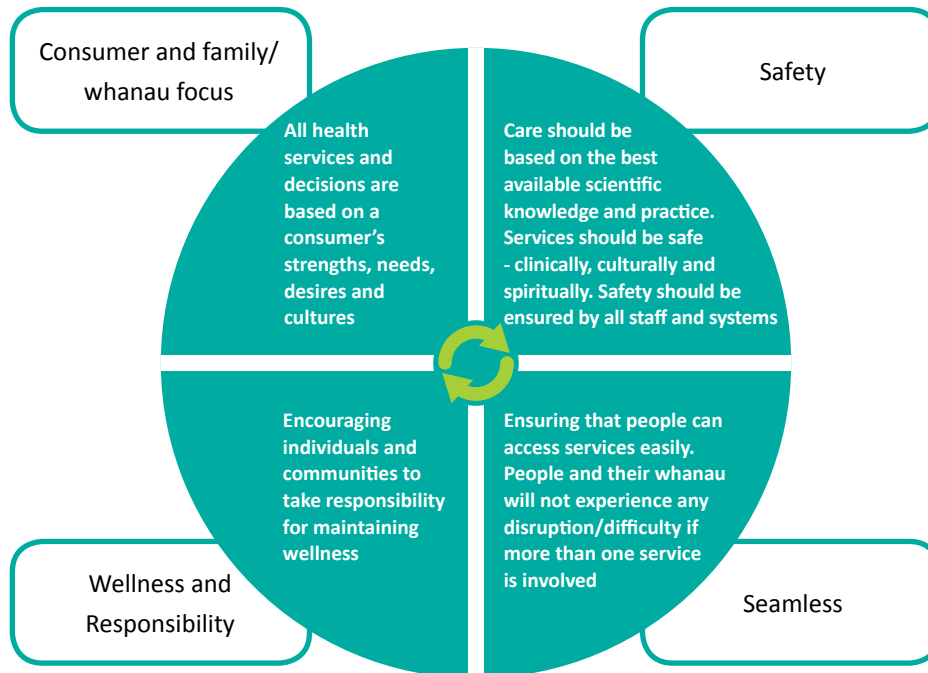
We took into account strategic themes and principles articulated in a range of key policy documents. The plan also made use of responses from consumers and family/whānau, and there was consultation including workshops and focus groups. Six groups representing different workstreams - Child and Youth, Adult, Older Adult, Maori, Pacific (Soalaupule) and Asian - have each contributed chapters to the plan, detailing their key objectives and priority actions for the next five years.

This plan is a high level document, explaining the planning processes followed and our vision for the next five years, within the context of the current and future economic and financial environment. A much more extensive series of booklets and documents (Background and Context document and the Work Programmes) define the plan and its implementation in detail. This supporting material also ensures consideration is given to innovation and prioritisation of service activity through the application and/or possible redeployment of existing resources.

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3 Waitemata District Health Board Vision

In order to meet the health gain priorities set out in the WDHB Strategic Plan (2005-2010) the DHB has identified four fundamental areas that should influence the way that the Health Board, and the wider health sector, should operate:



We are also aware that these themes may be superseded by the new WDHB District Strategic Plan (DSP) currently being developed, and will ensure our Plan will be responsive to the direction set out in the new DSP when completed. The preliminary new drivers are:

- Patients/Consumers first
- Clinical leadership
- A great place to work (wherever you work)
- Growth
- Leadership and innovation.

4 What will be different in five years?

From a consumer perspective

- I will be able to engage with services when I need to. I will have **choice** regarding the approach to my care. All options will be explained to me, including specifically what will be provided, and how and when it will be delivered.
- I will know that there will be **good communication** between my GP and other services involved in my care, and I will know what information is shared. I will be confident that attention is being given to my mental health as well as my other health needs.
- I will know what measures I need to take to help me to increase my **resilience**, assisting my **recovery**, and what I can expect from my family and other carers and from services involved in my care.
- **Information** on services and best practice treatments and how to access them will be readily available.

The Waitemata Mental Health and Addictions Stakeholder Network (WSN) is comprised of consumers, family/whānau, primary care and mental health and addictions service staff members. They were asked what they would like to be different in five years.

From a family/whānau perspective:

- When a family member or loved-one is involved with ongoing treatment from any service, we will be **acknowledged and valued** as the 'eyes and ears' of that service.
- We will be a part of the assessment and treatment planning; information we have will be taken in to account.
- Attention will be paid to our own needs for **information and support**.

From a primary care perspective:

- **Specialist services will be available** in a timely manner to advise on diagnosis and treatment.
- **Close liaison** with specialist services will enable prompt access to support even without direct referrals.
- Coaching and **professional development** will enhance my ability to care for people enrolled in my practice.
- I will receive **regular communication** with respect to people under my care who are also involved in ongoing care from mental health services.

From mental health professional/ staff member perspective:

- I will be given information about **best-practice**.
- I will be provided with the technology to assist me to be **effective and efficient**.
- I will have access to information that will assist me in **improving outcomes** for individuals under my care and contributing to the overall quality and safety of the service.
- I will recognise and **value the contribution** of the increasing number of my colleagues specifically employed in roles that acknowledge and build upon their own lived experience of mental health problems.
- I am able to contribute to the development and review of services, with information available to support me in this.

From service system perspective:

- There will be **greater blending** between primary care, community and secondary service sectors.
- Information and other **evidence** will be readily available and used to inform service development.
- Priority will be given to systems that support **resilience, early intervention and prevention** and reduction of lasting impacts of mental health conditions.
- Governance and networking arrangements will include multiple perspectives to assist **collaboration in service planning, implementation and review**.
- Attention will be given to the impact of severe general health problems on mental health.
- Consideration will be given to prioritisation and innovation, with attention given to new and improved ways of working in the context of the current and future economic environment.

5 How will we know we are getting there?

- Recovery plans and treatment plans reflect service users'/tangata whaiora's own goals and choices
- Equitable outcomes are achieved for people regardless of gender or ethnicity
- Technology to help people understand and help their own mental health needs is available and accessible
- There will be regular reports on an agreed set of performance indicators for the mental health system
- There will be evidence that attention is being paid to family/whānau and other carers' needs for support and information, as well as evidence of their contribution to recovery plans and to service planning and review
- There will be evidence that best-practice evidence-based models (including cultural models of understanding) are guiding care, and that staff are being supported with appropriate technology
- There will be evidence of improved relationships across the mental health and addictions sector
- There will be evidence that a wider range of services is available and that access to services is improved.

This section outlines some of the main areas we and others will be monitoring to understand our progress toward meeting these goals.

6 Core themes

The nine core themes are:

1. Holistic – a broad response to health and well-being
2. Early intervention
3. Culturally responsive services
4. Family/whānau involvement
5. Primary care
6. Collaboration and integration
7. Information and resources
8. Workforce
9. Consumer led services.

Each of these themes was then considered by the six key workstreams.

Their deliberations are included in the Background and Context document, with a chapter developed for each of the workstreams to report progress against priority areas for action. It is also important to note that this is a starting point, and although we have not specifically reflected the growing migrant and refugee population within WDHB, it is our intention that this is a focus for the future.

We also consider it is important to ensure that the WDHB plan is aligned to the National Mental Health and Addiction Plan - Te Tahuhu: Improving Mental Health (2005 – 2015) as this articulates the government's strategic direction that will guide investment in mental health and addiction services. Attachment One indicates how the core themes we identified resonate with Ten Leading Challenges of Te Tahuhu.

A broad range of people participated in a workshop that identified key themes for cooperation and development. The workshop included staff from the DHB, NGOs, primary care and other government and local body authorities as well as consumers, their families and other carers.

7 Strategic actions

Progress on these work programmes will be reported regularly to the Waitemata Stakeholder Network and to Waitemata District Health Board.

Action 1: We will strive to increase gains for Child, Youth and Family health and wellness. This includes linkages with Whānau Ora, and working across all cultural groups.

Action 2: We will continue to strengthen and build services with focused goals while continuing to build capacity.

Action 3: We will agree priority areas for evaluation.

Action 4: We will work to influence other health providers to have a “whole of health” approach, including mental health focus.

These high level strategic actions have been agreed upon by key stakeholders and are described in further detail in the Background and Context document.

8 Glossary

Addiction	Addiction relates only to alcohol and other drug use and/or problem gambling
Assessment	A service provider’s systematic and ongoing collection of information about consumers’ needs. A clinical assessment forms the basis for developing a diagnosis and an individualised treatment and support plan with the service user, their family/whanau and significant other
DHB	District Health Board
DSP	District Strategic Plan
Evidence-based practice	An approach to decision-making in which the clinician uses the best evidence available, in consultation with the consumer, to decide on a course of action that suits the consumer best
Family	The service users whanau, extended family, partner, siblings, friends or other people that the service user has nominated
GP	General Practitioner
Mental Health	A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community
Mental Illness	Any clinically significant behavioural or psychological syndrome characterised by the presence of distressing symptoms or significant impairment of functioning
NGO	Non government organisation
Outcome	A measurable change in the health of an individual, which is attributable to interventions or services
PHO	Primary Health Organisation
Recovery	People living well in the presence or absence of mental illness. The alcohol and other drug sector have a similar yet different view of recovery, one that includes both abstinence and harm minimisation perspectives that have evolved over time, allowing consumers a choice to adopt the approach that best represents their world view
Service User	A person who uses mental health services. This term is often used interchangeably with consumer and/or tangata whaiora
Tangata whaiora	People seeking wellness; mental health service users
WDHB	Waitemata District Health Board
WSN	Waitemata Mental Health and Addictions Stakeholder Network

Core Theme	Description	Linkage to Te Tahuu
Holistic – wider continuum of care	Holistic health is a philosophy of medical care that views physical, mental and spiritual aspects of life as closely interconnected and equally important approaches to treatment	<ul style="list-style-type: none"> • Building mental health services • Addiction • Funding mechanisms for recovery
Early intervention	Early intervention includes identifying and intervening as soon as emotional, physical, behavioural, cognitive or psychological difficulties emerge. Mental health promotion and prevention should also be encompassed as part of early intervention. Health promotion focuses on improving environments (social, physical and economic) and activities, which affect mental health and enhancing the ‘coping’ capacity of communities as well as individuals. Prevention is concerned with individuals prior to the onset of a disorder.	<ul style="list-style-type: none"> • Promotion and prevention • Building mental health services • Addiction
Culturally responsive services	Responsive services focus on strengths, recognise the ethnic diversity of the Waitemata DHB population and consider families’ cultural needs alongside their clinical needs. This includes recognition of the importance of spirituality, family and different understandings of well being.	<ul style="list-style-type: none"> • Responsiveness • Māori mental health
Family/Whānau involvement	Whānau and friends who care for, and are affected by, people with experience of mental illness and addiction, they will be supported to maintain their own wellbeing, involvement and participation in everyday life. They will also experience providers that operate in ways that allow them to support their family members recovery and maintain their own wellbeing (Te Tahuu)	<ul style="list-style-type: none"> • Transparency and trust • Responsiveness
Primary Care	Build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and respond to the needs of people with mental health illness and addiction (Te Tahuu).	<ul style="list-style-type: none"> • Primary health care • Working together
Collaboration/ Integration	Improving the mental health and wellbeing of the WDHB population requires the sustained collaboration between, and integration of, a wide range of health, community (including city and district councils), social service agencies.	<ul style="list-style-type: none"> • Working together • Transparency and trust
Information and resources	Information is vital and fundamental to service take-up, improvement and development. The government has stated clearly that it wanted “an environment that supports the dissemination of knowledge and information”, and “a research and evaluation-based approach to recovery practice” as they are important “for maintaining quality practice, and promoting innovation in policy, planning and practice.” (Te Kokiri, 2006).	<ul style="list-style-type: none"> • Transparency and trust • Funding mechanisms for recovery
Workforce	<p>The future, emerging workforce will need to ensure that it can deliver the right “mix” of services for people – with perhaps the most significant factor shaping the need for new skills and areas of specialised knowledge being the change in the make-up of our demographics, with an increase in the number of Māori, Pacific and Asian people making up our population.</p> <p>Without good people, the sector cannot be effective, and we need to continue to develop a workforce that has the skills and commitment to enable and encourage service users to take leadership and governance roles (Te Tahuu).</p>	<ul style="list-style-type: none"> • Workforce and culture for recovery
Consumer led services	Services are planned, delivered and supported by people with lived experience of mental health and addiction.	<ul style="list-style-type: none"> • Responsiveness