
Feedback form

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012 to 2017

The Ministry of Health has released for stakeholder consultation a document titled *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*.

The purpose of the Plan is to provide direction for mental health and addiction service delivery across the health sector over the next five years, and to clearly articulate Government expectations about what changes are needed to build on and enhance gains made in the delivery of mental health and addictions in recent years. The Plan incorporates key themes from *Blueprint II* and advances the Government's focus on better performing public services. The plan has also been informed by input from preliminary sector consultations.

This form provides an opportunity for stakeholders to provide feedback on the Plan.

You can complete the whole form, or just those parts in which you have a specific interest.

Thank you for taking the time to provide your feedback.

Feedback closes on Friday 2 November 2012 at 5.00 pm. Please note that any feedback forms received after this time will not be included in the analysis of feedback.

You do not have to provide personal information if you do not want to.

This form was completed by:

Name:

Address: (street/box number) PO Box 83-111, Edmonton Road

(town/city) Auckland

Email:

admin@nzcmhn.org.nz

Organisation (if applicable):

Te Ao Māramatanga New Zealand College of Mental Health Nurses Inc.

Position (if applicable):

I am responding: *(Tick one box only in this section.)*

- as an individual (not on behalf of an organisation)
 on behalf of a group or organisation(s)
 other (please specify)

Please indicate which sector(s) your submission represents. *(You may tick as many boxes as apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Family/whānau | <input type="checkbox"/> Union |
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Māori |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> District health board |
| <input type="checkbox"/> Education/training | <input type="checkbox"/> Local government |
| <input type="checkbox"/> Provider | <input type="checkbox"/> Funder |
| <input type="checkbox"/> Non-government organisation | <input type="checkbox"/> Prevention/promotion |
| <input checked="" type="checkbox"/> Professional association | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Other <i>(please specify)</i> |

Executive summary: The ABCD overarching goals and desired results (page xi)

Does the Plan's overarching goals and desired results provide clear direction and areas of focus for the next five years?

- See comment below re issues not adequately covered**
- No
- Not sure

If not, what are the issues or areas not adequately covered?

No inclusion of gambling or other behavioural addictions

Are there any aspects of the goals that you particularly agree with or disagree with. If so, please specify and explain why.

A focus on supporting consumers moving between primary and secondary care is essential, particularly as our colleagues in primary care are well positioned to provide brief screening, brief intervention and referral for people with mental health and substance use/other addiction issues and continuing care for people with more chronic needs.

Build the infrastructure for integration between primary and specialist services. Needs to take into account differing business models. Also that "one size won't fit all" so flexibility is important that should be reflected in contracting documents. A key goal should be on promoting collaborative working relationships.

1 Actively using our current resources more effectively (pages 1–7)

Does the Plan adequately address what is required to actively use current resources more effectively?

Yes

No

Not sure

If not, what are the issues, areas, or actions not covered?

No mention of need to streamline administration/reporting/compliance requirements. This is important if want to increase direct care time.
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In order to actively use current resources more effectively, which actions identified in this section of the plan do you consider to be the most important priority actions for the next five years? Please explain why.

Strengthening use of client outcome measures – because this is an important clinical feedback loop with direct implication for treatment/intervention planning. A focus on capturing quality of interventions data – ie what interventions are being provided to meet what needs – requiring identification of needs; is what is provided contemporary best practice. Upskilling mental health nurses on talking therapies – ensuring nurses are able to use key strategies from a range of talking therapies to meet individualised needs ie motivational, cognitive behavioural, group, family
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2 Building infrastructure for integration between primary and specialist services (pages 8–11)

Does the Plan adequately address what is required to develop the infrastructure to improve integration between primary and specialist services?

- Yes
 No
 Not sure

If not, what are the issues, areas, or actions not covered?

In order to develop the infrastructure to improve integration between primary and specialist services, which actions identified in this section of the plan do you consider to be the most important priority actions for the next five years? Please explain why.

1. Developing a fit-for-purpose primary health care workforce, that feel confident and competent and have the capacity and capability to provide effective MH and Addiction healthcare is essential. We know the links between physical health (chronic care disease) and mental health are present and that early intervention provides good outcomes. Primary care nurses across the primary care, Corrections, Education, and Aged Care are well positioned to meet this need.
2. Development of collaborative working arrangements and models – that are flexible and meet local needs – inclusive of consultation and liaison. Consultation and liaison activities need to be incorporated into direct care
3. Stepped care pathways with aligned interventions
4. Development of skills of specialist workforce to ensure contemporary capability inclusive of consultation competencies.

3 Cementing and building on gains in resilience and recovery for those most vulnerable for

people with low-prevalence conditions and/or high needs (pages 12–20)

Does the Plan adequately address what is required to cement and build on gains in resilience and recovery for the most vulnerable people with low-prevalence conditions and/or high needs?

- Yes
 No
 Not sure

If not, what are the issues, areas, or actions not covered?

One size does not fit all so there is a need for various models of peer support service delivery. Peer and recovery support is a route to greater self-reliance by individuals but this must not preclude other options for support, including specialist treatment and medication assisted recovery. ('recovery' being defined as the process of sustained voluntary control of alcohol and drug use, and the maximising of health and wellbeing and participation in the life of the community). In short training for peer support roles must be accompanied by support.

In order to cement and build on the gains in resilience and recovery for the most vulnerable people with low-prevalence conditions and/or high needs, which of the actions identified in this section of the plan do you consider to be the most important priority actions for the next five years? Please explain why.

Primary care organisations require close relationships with secondary services that provide more than clinical support. The Primary care workforce requires up-skilling in mental health and addiction and expertise lies within (and should be utilised) secondary MH&A services.

Input from service users into facilitators and barriers to recovery and wellbeing and how service and practice can improve to support clients recovery journeys.

Involvement of consumers at all levels – service design, interventions, evaluations and client outcome measurement. There is a need to differentiate between roles eg service user, consumer advisor, peer support systems and workers

Mobile and assertive outreach services ; continuity of care, flexible models

4 Cementing and building on gains in resilience and recovery for other vulnerable population groups (pages 21–26)

Does the Plan adequately address what is required to cement and build on gains in resilience and recovery for other vulnerable population groups (Māori, Pacific peoples, refugees and asylum seekers, people with disabilities and those living under economic deprivation)?

- Yes
 No
 Not sure

If not, what are the issues, areas, or actions not covered?

In order to cement and build on gains in resilience and recovery for other vulnerable population groups (Māori, Pacific peoples, refugees and asylum seekers, people with disabilities and those living under economic deprivation), which of the actions identified in this section of the plan do you consider to be the most important priority actions for the next five years? Please explain why.

Agree with priorities. Key issue is ensuring input at all levels from Maori, Pacific peoples, refugees and asylum seekers, people with disabilities and those living under economic deprivation in meaningful ways

Important point is that recovery and wellbeing is much broader than treatment and therefore the role of treatment needs clarifying

5 Delivering increased access for all age groups while building resilience and averting future adverse outcomes for infants, children and youth (pages 27–33)

Does the Plan adequately address what is required to deliver increased access for all age groups while building resilience and averting future adverse outcomes for infants, children and youth?

- Yes
 No
 Not sure

If not, what are the issues, areas, or actions not covered?

In order to deliver increased access for all age groups while building resilience and averting future adverse outcomes for infants, children and youth, which actions identified in this section of the plan do you consider to be the most important priority actions for the next five years? Please explain why.

Need for flexible models, mobile service provision and assertive outreach as well as continuity of care.

Broad health focus with specialist back up

Support for parents and families from pregnancy onwards

Focus on transitions

6 Delivering increased access for all age groups while increasing service integration and effectiveness for adults with high-prevalence conditions¹ (pages 34–40)

Does the Plan adequately address what is required to deliver increased access for all age groups while increasing service integration and effectiveness for adults with high-prevalence conditions?

- Yes
 No
 Not sure

If not, what are the issues, areas, or actions not covered?

In order to deliver increased access for all age groups while increasing service integration and effectiveness for adults with high-prevalence conditions which actions identified in this section of the plan do you consider to be the most important priority action for the next five years? Please explain why.

The weighting of supporting a primary care mental health and addiction is supported by the college, particularly as an organisation offering a *mental health and addiction in primary care credential* that provides the mechanism for primary health care nurses within primary health, Corrections, Aged Care etc to obtain the necessary enhanced skills required.

¹ Anxiety, depression, alcohol and drug issues, medically unexplained symptoms.

7 Delivering increased access for all age groups while respecting and protecting the positive contribution of our growing older population (pages 41–45)

Does the Plan adequately address what is required to deliver increased access for all age groups while respecting and protecting the positive contribution of our growing older population?

- Yes
 No
 Not sure

If not, what are the issues, areas, or actions not covered?

There is a growing issue where younger people, primarily physically fit men in their 50's and early 60's, have an alcohol related dementia. In many cases rest home care is required but this group is very much out of place in the traditional dementia rest home with people who are 20 or 30 years older than them. We suggest section 7.3 should include a reference to age appropriate dementia care facilities that are able to offer the appropriate services/support to younger people with an alcohol related dementia.

There is a rising group of people who are receiving opioid substitution treatment that have increasing age-related physical health care needs which need to be addressed. A key role for specialist addiction nurses and nurse practitioners in conjunction with general practitioners and addiction medicine specialists

In order to deliver increased access for all age groups while respecting and protecting the positive contribution of our growing older population, which of the actions identified in this section of the plan do you consider to be the most important priority actions for the next five years? Please explain why.

Alcohol use amongst older people – an identified issue

8 Supporting and strengthening our workforce (pages 46–48)

Does the Plan adequately address what is required to support and strengthen our workforce in order to deliver on the actions in this plan?

Yes

No see comments below

Not sure

If not, what are the issues, areas, or actions not covered?

1. Addressing undergraduate education – eg does nursing education adequately reflect the requirements for a generalist nurse in meeting health needs – inclusive of mental health and behavioural health/addiction.
2. Removing staff for education – there is little evidence for translation to practice unless processes in place that enables this. Translation to practice evidence needs to be incorporated versus a blanket approach with low probability of success and inefficient use of resources. What is important is raising issues ie people don't necessarily make a mental health/addiction/substance use visit – often present with another issue.
3. Needs to be assessment of gaps, infrastructure support and best method to enhance . This is likely to produce differing needs for different organisations and workforce mixes– so needs to be flexibility
4. For many will be about enhancing knowledge and skills and addressing myths and misperceptions, attitudes – as well as issues of role legitimacy and confidence as well as competence - eg NZ College of Mental Health Nurses Credentialing project is one avenue
5. For some will be post-graduate clinically focussed education eg specialty mental health and specialist areas including addiction and coexisting disorders with mechanisms to ensure assessment and intervention skills translate to practice with ongoing support/coaching/supervision /consultation avenues as relevant and required

The overall service development plan

Are there any aspects of the Plan that you particularly agree with or disagree with, and if so why?

Which of the key actions outlined in the Plan do you think should be nationally led?

Primary care workforce development with built in flexibility
Talking therapies for mental health nurses
Outcomes measurement – with emphasis on regional implementation

Please return only one copy of your feedback form no later than 5 pm Friday 2 November 2012 to:

April-Mae Marshall
Mental Health Service Improvement Group
Ministry of Health
PO Box 5013
WELLINGTON

Email: SDP/MOH@moh.govt.nz

All feedback forms will be acknowledged by the Ministry of Health and a summary of feedback will be sent to all those who request a copy. The summary will include the names of all those who have submitted a feedback form, unless individuals request that their names not be published.

Do you wish to receive a copy of the summary of feedback?

- Yes
 No

Your feedback form may be requested under the Official Information Act 1982. If this happens, the Ministry of Health will release your feedback from to the person who requested it. However, if you are an individual as opposed to an organisation, the Ministry of Health will remove your personal details from the feedback form if you tick the following box:

- I **do not** give permission for my personal details to be released to persons under the Official Information Act 1982.
 I **do not** give permission for my name to be listed in the published summary of submissions.

Thank you for your feedback.