

**MINUTES OF THE TE ROOPU TUPU TAHI HUI HELD ON
TUESDAY 31 MARCH 2009 IN THE BOARD ROOM, WAIRAU HOSPITAL,
BLLENHEIM AT 11.00AM**

Chair

Carol Gowan

Present

Lorraine Eade, David Hough, Jodie Black, Lynda Siggleskow, Barbara Georgeson David Greer, Jacqui Gough (NMDHB); Cheryl Thompson, Lyn Caughey (SF Marlborough); Alison Graham (Marlborough PHO); Martin Kane (Nelson Bays PHO); Michele Parkin (Consumer Representative); Sarah Preece, Anne Barnes (Mental Health Support Services); Sharilyn Kumar, Peter Rees (Te Ara Mahi); Jeanette VanderBurg (Compass – Health Action); Chris Elder (Hapai Te Ora)

In Attendance

Gaylene Corlett (NMDHB)

Apologies

Merrill Brunt, Rita Van Iddekinge, Robyn Byers (NMDHB); Jos Van der Pol (Health Action); Janie McIntyre (Gateway Housing Trust); Rob Somerville, Jeremy Glasgow (District Inspectors); Mary Ellis (Health Action Trust); Birte Flatt (CARE Marlborough); Jo Johnson, John Gawith (Te Whare Mahana); Jos van der Pol (Health Action); Wendy Reynolds, Warren Sadd (Mental Health Advocates)

1. Welcome and Introductions

Carol welcomed everyone to the meeting.

2. Minutes of Previous Meeting

The minutes of the meeting held on 10 February 2009 were accepted as a true and correct record.

3. Matters Arising from Previous Minutes

- CARE Marlborough - Respite House is specifically for adults. Mothers and babies will need to be negotiated.
- Concern regarding newly issued standards. Carol wrote to Rose Wall at MOH. Copy of letter and response tabled. Noted response did not address comments made about the short notice and possibility of moving on a rotation basis to other centres.

4. Issues, Information, Conferences and Celebrations

Kokutu

- Coordinator resigned. Manager Health Action has taken over role.

SF Marlborough

- Successful supporting families week.
- Welcome new colleague Lynn Caughey

DHB

- Mix n Mingle successful – good turnout with 50-60 people attending.
- Recruited 2 MOSS's for unit, new registrar to start in June
- Update given on recent negative publicity regarding case of young girl being held in Police cells. Noted decision to keep her in police custody was police decision.
- Attended commemoration evening for Michael Lynch held by SF Nelson.

5. Workforce Development – Courses and Conferences Attended

- Quit coach session – 2 staff attended from Mental Health Support Services
- Moira and Peter from Te Ara Mahi attended Mental Health Workforce Summit in Wellington through Te Pou. Noted was the worst conference and/or training ever attended. Will be complaining to Te Pou. Would suggest people look very carefully at any conferences/summits around this blog (Peter to give website).
- Barbara Georgeson attended convention in Auckland (Blueprint and Te Pou) on rights of people with disabilities. More information available from Barbara
- Alison and Martin (Marlborough PHO and Nelson PHO) attended meeting at MOH in Wellington on the MOH funded research team looking into performance of mental health in the primary sector
- Jeanette VanderBurg from Compass/Health Action attended a seminar with Maori whanau. Evidence based practice about bringing both worlds of Maori and Pakeha together. Working with whanau to be culturally supported. Seminar was well attended.

6. Primary Mental Health Initiative, Marlborough and Nelson

Presentation from Alison Graham, Kimi Haurau Wairau PHO and Martin Kane, Nelson Bays PHO.

Nelson Bays PHO – Martin Kane

The purpose of the initiative is to ensure that people with mild to moderate mental health problems have access to appropriate services as soon as possible, within available resources. The role of primary care practitioners is to ensure that individuals return to their full level of functioning by identifying and subsequently managing a mental health problem. The objective is that the service will have an immediate and significant impact on health outcomes for consumers by empowering primary care providers to use more flexible and responsive alternatives for people with mild to moderate mental health problems.

Extended GP consultations (half an hour) and packages of care are used to help individuals address mild to moderate mental health disorders.

The Primary Mental Health Initiative (PMHI) serves Nelson Bays Primary Health enrolled population and also works with tangata whaiora referred by Maori Organisations. There is no charge to consumers for this service.

An eligible person must

- be enrolled with a NBPH General Practitioner (except tangata whaiora referred by Maori Providers)
- have a perceived mild to moderate mental disorder, eg depression or anxiety, not requiring or currently receiving secondary mental health care
- not be in receipt of mental health services from alternative services which might confuse care and treatment
- consent to participate

The Co-ordinator has established Memoranda of Understanding with service providers. Terms and conditions have also been developed for referrers ie GPs and Maori Providers. The Co-ordinator has access to ICT systems to facilitate receipt of referrals, payments to GPs, maintenance of records and monitoring and evaluation of the initiative.

A Steering group has been set up consisting of a General Practice champion, Maori Provider representative, PHO representative, Pacific Network representative and a Service User representative.

Martin then showed the group what the GP actually sees on his computer when consulting with a client including referral to further care if required. Information is sent to Southlink Health and held securely. 1-3 months later invoices are sent to Martin from service providers.

So far, 700 people have been referred, 29 practices are involved with 68 different GPs, Manawhenua ki Mohua, Te Korowai Trust, Te Rapuora, Te Kahui Hauora O Ngati Koata Trust are involved, along with 40 counsellors, 10 psychologists and 10 other providers such as Golden Bay Community Workers.

A brief snapshot of referrals:

- Two thirds female
- 80% aged between 25 and 65
- 10% Maori and Pacific Islander
- Two thirds for depression, one third for anxiety with a small number for stress/other
- Interventions include 55% counselling, 25% psychologist, 15% CBT, 5% other such as outdoor pursuits
- 90% of people show improvement in PHQ9 before-and-after measure

Due to funding the PHO has had to lower individual packages of care from \$500 to \$350. This means there will be less sessions available to clients.

Discussion:

Issues raised around evidence base. Noted providers are screened through ACNZ membership, however if a GP requests a certain provider on the list then they can be used.

Kimi Hauora Wairau PHO – Alison Graham

Marlborough initiative is called SMART.

Purpose is similar to Nelson Bays PHO – to ensure that people in the targeted population who are experiencing mild to moderate mental health problems for the first time have access to appropriate services as soon as possible and within available resources.

SMART is a DHB funded PHO service comprising a combination of fully funded extended GP consultation and follow-up consultation, personalised packages of care, and ongoing support for GP's regarding mental health information.

The target population for this initiative is Maori, Pacific Island and low income/high needs people are who experiencing their first episode of mental illness who have not

previously accessed mental health services in the recent past and who are most likely to benefit from short term intervention.

An eligible person must be enrolled with a Marlborough PHO General Practitioner who has agreed to participate in the programme (tangata whaiora may be referred by Maori Providers); must be experiencing a mild to moderate mental disorder not requiring or receiving secondary mental health care; must be accessing mental health services for the first time (recently); and consent to participate and agree to complete a 'before-and-after' Assessment tool at the outset and end of their time in the SMART programme (PHQ9)

So far the programme:

- ▶ saw its first client 28 May
- ▶ as at 26 March has received 226 referrals
- ▶ of those discharges completed to date (140), average cost of \$302.81
- ▶ 15% Maori/Pacific Islander
- ▶ Most accessed service is counselling
- ▶ 2nd most accessed massage/exercise (in conjunction with counselling)

Client contacts GP who sends referral letter to Alison who meets with client for about an hour, and then refers them to appropriate service for care. The PHQ9 is completed before and after the intervention(s) provided. Alison writes to GP outlining outcome.

Discussion:

GP gets paid \$150 for one extended consult and then follow up consult with client within 2 weeks.

Challenge in getting same person doing both PHQ9 (challenge in both Nelson and Marlborough).

Noted GPs are considering Green Prescription either instead of or in line with mental illness.

7. Carer Support Workforce Strategy – Findings from this Research Project

Presentation by Jacqui Gough on the Nelson Marlborough C&S Workforce Census 2008.

Background – Sharon Naughton and Jacqui met with TRTT last year.

Sponsored by DHB even though a lot of employees who work with elder care, mental health etc are not employed by DHB.

Noted this is the first district wide care and support workforce census aligned to the national HWIP collection (through DHBNZ). Under head count will change the name from Rest Home to Aged Care and Administrative will change to Non Care Support – if you are nurse, administrator, gardener, cleaner etc in a resthome then you would come under Administrative. Also Mental Health Services include respite workers which can skew the findings given that they make up a large percentage of the 'employed' workforce. Over 2000 care and support workers in the district. 100% return from Mental Health providers. Noted there is a 31% rate turnover in rest home workers.

The report has been tabled at the DHB's Strategic Leadership Team meeting looking at ways to provide funding to keep the initiative moving forward.

8. Nelson Marlborough Mental Health and Addictions Plan and Reporting Framework

Populations of Need document and Nelson Marlborough Mental Health & Addictions Plan have been printed but only 50 copies are available – one will be given to each provider. Document will be available on website in April.

In the current environment, advice sought from TRTT membership to alter the Mental Health & Addictions Workforce Strategy to become a Mental Health and Addictions Report. There is \$22m spent by MOH on workforce development nationally, the majority of that expenditure on clinical training through CTA. Report to be refocused to “what is in it for us”, and what is available that can benefit providers at an operational level. Lorr has started to scope this. Mental health data from the Care and Support Workforce census will also be included. Most will be desktop exercise but opportunity in forum like TRTT to gain feedback from providers.

9. Mental Health Website

Thank you to providers for forwarding information. This has been forwarded to Web Designer in Nelson. Website to be finished by end of April.

10. Suicide Prevention

There is 15 months left in the 2 year pilot. The Steering Group meets quarterly. Copy of recommendations based on the findings from the Needs Analysis report was tabled. Ongoing work is service pathway mapping, draft and final district suicide prevention plan, implementation of plan.

The seven goals of the NZ Suicide Prevention Strategy are:

- 1 Promote mental health and wellbeing, and prevent mental health problems
- 2 Improve the care of people who are experiencing mental disorders associated with suicidal behaviours
- 3 Improve the care of people who make non-fatal suicide attempts
- 4 Reduce access to means of suicide
- 5 Promote the safe reporting and portrayal of suicidal behaviour by the media
- 6 Support families / whanau, friends and others affected by a suicide or suicide attempt.
- 7 Expand the evidence about rates, causes and effective interventions

Discussion held on suicide statistics for over 75s, particularly men, whether they are self euthanising. There is a growing awareness of this, but no research has been seen yet. Noted it could be under reported for this age group.

For further information contact Dave.

11. Mental Health Planning and Funding (Other Projects)

- Integrated client pathways – Ryan to present update at May meeting.
- PRIMHD – Up to 2 FTEs available in the South Island. Otago DHB lead contractor. Scope not yet completed.
- South Island Regional Mental Health and Addiction Plan completed. To be forwarded by email.
- Seeking clarification from MOH for 2.0 effective intervention beds for St Marks.
- Nelson Bays PHO and Kimi Hauora Wairau PHO currently developing brief intervention clinical team services to compliment Primary Mental Health initiatives.

12. Any other Issues

Nil

13. Next Meeting Topics

Topics for the next meeting can be forwarded to Carol or Gaylene.

Meeting closed at 12.41pm

The next meeting will be held on Tuesday 19 May 2009 at 10.00am in the Finance Meeting Room, Braemar Campus, Nelson