

**MINUTES OF THE TE ROOPU TUPU TAHI HUI HELD ON
TUESDAY 19 MAY 2009 IN THE FINANCE MEETING ROOM, BRAEMAR
CAMPUS, NELSON HOSPITAL, NELSON AT 10.00AM**

Chair

Carol Gowan

Present

Lorraine Eade, Jodie Black, Merrill Brunt, Rita Van Iddekinge, Lynda Sigglekow, Ryan Papps, Deb Moore, Megan McQuarrie (NMDHB); Cheryl Thompson (SF Marlborough); Alison Graham (Marlborough PHO); Martin Kane (Nelson Bays PHO); Michele Parkin (Consumer Representative); Sarah Preece (Mental Health Support Services); Moira McLeod, Nicola Crisp (Te Ara Mahi); Jeanette VanderBurg (Compass – Health Action); Jos van der Pol, Varie Parker, Alison Lewin (Health Action); Tipene Taylor, Lynn Allan, Rongomai Flavell (Te Rapuora); Birte Flatt (CARE Marlborough); Susan O'Connell (SF Nelson); Catriona Ward (Post Natal Depression Support Network); Jo Johnson (Te Whare Mahana); Gail Fisher-Nusenu (Outreach Takaka); Jeremy Glasgow (District Inspector)

In Attendance

Gaylene Corlett (NMDHB)

Apologies

Barbara Georgeson David Hough, Robyn Byers (NMDHB); Janie McIntyre (Gateway Housing Trust); Rob Somerville (District Inspectors); John Gawith (Te Whare Mahana); Lois Millar (St Marks); Janette Smith (Richmond NZ); Sharon Naughton, Mary Ellis (The White House); John Gawith (Te Whare Mahana)

Karakia:

Tipene Taylor

1. Welcome and Introductions

Carol welcomed everyone to the meeting.

2. Minutes of Previous Meeting

The minutes of the meeting held on 31 March 2009 were accepted as a true and correct record with the following changes:

- Pg 1 – no apology noted for Alison Lewin and Jos van der Pol.
- Pg 2 – Noted Barbara Georgeson completed a Consumer Leadership course delivered by the Blueprint Centre for Learning, which offers a range of mental health workforce training. At the end of her course, six candidates, including Barbara, were invited to do an additional task. When she attended the graduation in Wellington last month Barbara was surprised to find that she had won the National Blueprint Consumer Leadership Award – including \$1,000 towards further training.
- Pg 2 – Seminar attended by Jeanette VanderBerg was with Hinemoa Elder.

3. Matters Arising from Previous Minutes

Members of email distribution list will receive an email from Gaylene asking if they wish to remain on the list to ensure it is kept as up to date as possible.

4. Issues, Information, Conferences and Celebrations

SF Nelson

New field worker has started.

Nikau House

Adult mental health day services and wellbeing have moved to Selwyn Place. Official opening to be advised.

Te Whare Mahana

New coordinator has been employed
Developing website
New programmes have been developed

Te Rapuora (Like Minds Like Mine)

Working towards implementing an event in October to coincide with Mental Health Awareness Week with the objective to reduce stigma and discrimination of Mental Health in the workforce.

Tipene has been writing letters to the editor of the Nelson Mail regarding mental health. Group agreed that the use of the TRTT email distribution list can be used for support of future letters.

Meeting at NCC on their ten year community plan was attended by Tipene. Submission regarding support for Like Minds Like Mine was submitted.

Health Promotion - DHB

Mental Health promotion network has working collaboratively for the past 6 months, to get key messages across around better mainstream programmes, eg Like Minds. Theme for Mental Health Awareness Week will be world theme (Mental Health in Primary Care).

Te Ara Mahi

Te Ara Mahi has been selected as provider for West Coast DHB starting on 1 July.

Health Action

Jos attended national get together for managers of peer support services organised by Te Pou. We appear to be ahead of the rest of the country. Great opportunity to share our experience and how we have developed, especially in training, peer support etc.

Nelson Bays PHO

Currently advertising for two primary health mental workers.

CARE Marlborough

Recently audited – report good. Have received positive feedback from those that attended the peer support training Jos ran in Blenheim. Emergency training will be held in Blenheim at a future date to be advised.

5. Workforce Development – Courses and Conferences Attended

A Partnering Workshop is to be held on 20 May at Whenua-Iti Outdoors for those involved in the Connections network (training education and employment for young people). The word "partnership" can be used to describe a whole spectrum of working relationships between organisations and individuals, but what does it really

mean? What constitutes an effective partnership and what are the benefits? What inhibits the development of positive partnerships? The Partnership continuum - The Stages of Partnership Development – Self Assessment, Identify Prospective Partners, Connect, Test/Evaluation Relationship, Grow. This workshop will provide participants with an understanding of the characteristics of a successful partnership and provide an opportunity to reflect on potential partnering prospects. Should others be interested, the workshop can be offered to organisations in the health sector. Contact Alison on alison@healthaction.org.nz for further information.

Health Action Trust (Jos Van der Pol) are taking applications for peer support and advocacy training to be held in October.

Public Health Mental Health Promotion are putting together workplace audit tool to encourage mentally healthy workplaces. The audit tool will be piloted in four organisations with questionnaires being completed by workers (anonymously). Workplaces will receive the final report showing how their organisation is seen by their workers.

6. Role of District Inspector of Mental Health

Presentation given by Jeremy Glasgow on the role of District Inspectors of Mental Health.

Nelson has two inspectors (Jeremy Glasgow and Rob Somerville). Inspectors have to be practising lawyers and are appointed by the Minister of Health. They are paid by MOH and report monthly direct to the Director of Mental Health. There are 30-35 inspectors in New Zealand. First part of their responsibilities relates to clients undergoing the compulsory treatment process. When they go past the first five days of process, a form is sent to the client, family members, GP and District Inspectors. The inspectors, as soon as practical, meet with the client and ask whether or not they would like to make any sort of legal challenge to their status at that time. If they do, the client is appointed a lawyer. The inspectors are not patient advocates; they are more like ombudsmen for the system.

If client stays through first 14 days and makes an application, the inspector will receive the papers and will visit the client. If the client wants a lawyer, this will be arranged. If they do not want a lawyer the inspectors will still turn up and will support the client to see clinical reports. The client will also be supported should they wish to see a Judge. Anyone that is concerned about their status under the Mental Health Act can contact the District Inspectors and they will assist them in seeking a review if they wish.

As part of the Inspectors duties, they have powers of inspection, and have to inspect mental health admission units monthly. They look at seclusion areas, and check seclusion registers. The Inspectors have powers to visit any part of the unit at any time and this extends to the administration facility as well. These inspections are done in the course of normal work rather than specific inspection visits and are usually done in an informal manner.

Community providers who provide compulsory inpatient services are also inspected. Inspectors cannot comment about clinical decisions, only comment on system decisions.

7. Mental Health Website

Lorraine presented the NMDHB website. Thank you to those providers that supplied information. This is an ongoing process – any changes/corrections etc to Lorraine.

Thank you to be passed to Brandon Kay from the DHB for the work he has done on the website.

Link in DHB website is under "When I Need Care"

- Mental Health Planning

Have drop down menus that produce more documents, eg MH and Addiction Plan 2008-2015, MH Populations of Need, Primary MH and Addiction Plan 2008-2015, etc. Linkages to some national strategies. All documents can be downloaded as required.

- Mental Health Promotion

Documents drop down menu with documents like mental health awareness week, etc.

- Primary Mental Health

Drop down menus for documents.

- Te Roopu Tupu Tahī

Drop down menus for documents including minutes, NGO mh workforce development, etc

- Useful links

When I Need Care

- Mental Health

Overview with drop down menu of services with links to contact details.

etc

Template available for any changes – will keep on website. Any additions can be updated, however updates will only be done on a monthly basis. If service change or shift of premises NGOs need to inform Brandon or Lorraine to ensure website stays up to date. Noted photos and maps have not been placed on website possibly due to size. Lorraine to clarify.

8. Integrated Client Pathways

Ryan Papps presented on Integrated Client Pathways and gave a brief background on the project.

The project was started 5 years ago in 2004 to look at the client pathway process for NMDHB mental health and addictions service. The project set out to incorporate local policy and national standards, standardise documentation (where practical), review and update content of documentation to support best practice, and provide a document to outline mental health and addictions service process.

Forms were collected from teams and categorised into service process groups. This process was iterative, with initially five stages from access through to exit being identified, however eight stages were finally settled on. The project was open to continual change, and in order to be successful, required trial and feedback from all areas. Some 386 forms were collected from 13 teams. It was found that every team had their own referral form (and in some cases several), form variations at times were down to individual clinician level, and many had no standard look, identification, and information was often outdated.

The new client pathway was produced which was a standard set of 30 service wide forms, new risk assessment and management processes, increased emphasis on client and family communication in documentation, new standard look to Mental Health and Addictions Service documentation. The client pathway document had auditable standards, standard filing, and clear process(es) for continual improvement and change to the pathway.

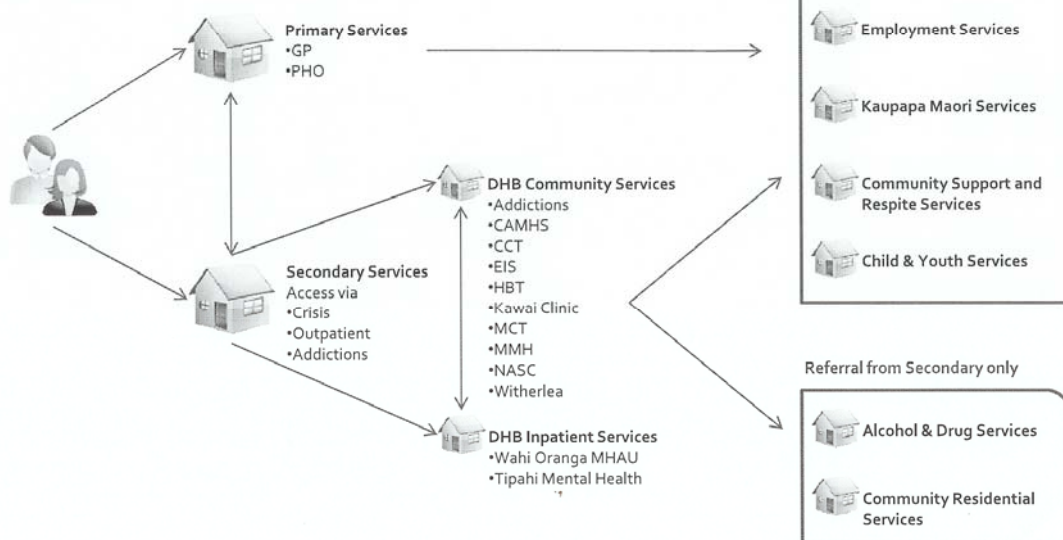
The eight service stages looked at were Access, Intake, Assessment, Risk Assessment and Management, Treatment, Review, Discharge and Evaluation/Satisfaction.

Discussion has occurred around looking at a regional referral pathway to clearly outline how to access Mental Health services in the Nelson Marlborough region. This would tie together the website service information, and perhaps expand on the idea of the “Guidelines for Referrers” document. Opportunities exist to collaborate on reducing information collection and duplication, refining referral processes and improving access and opportunities for consumers. The possibility exists to have a single referral form for any Nelson Marlborough secondary mental health service, and the possibility of a single consent to share information process. Opportunities would be used to collaborate, but not hinder individual service identity.

Discussion held regarding standard assessment forms which may not accurately assess Maori culturally.

Access to Services

- May need to refine these service groupings.
- Individual services will outline referral/access criteria.



Discussion:

It was agreed that a working party consisting of Lorraine, Jos, Sarah Preece, Cheryl Thompson and a representative from the PHO and Te Whare Mahana meet to look at the design of referral forms, etc. Noted caution is needed to ensure that service users are not asked to complete and sign a “cover all” form. Informed consent forms and Referral Forms from service providers to be supplied to the work group for discussion on standardising where possible. Noted it is not a foregone conclusion that there will be a single consent form or referral form.

9. Mental Health Planning and Funding Update

- Report received.
- Intensive Residential Beds for Offenders – NMDHB has received, from MOH, letter of offer for the provision of two additional beds for St Marks. NMDHB are

negotiating with the Ministry to ensure that if this service is accepted, it sits outside of the mental health ring fence.

- SI Regional MH Network Plan – The Plan was emailed to members with the TRTT agenda.
- SI Regional Eating Disorders Plan – The Plan was emailed to members with the TRTT agenda.
- SI Regional MH Service Review – The six SI Planning & Funding GMs met to work through the initial findings of this review. There are certainly some issues for NMDHB in what is a constrained funding environment and, given these services come to us at a great cost. Initial feedback has been sought from the Clinical Director and Mental Health Services Manager around access and utilisation to the services based on the report. The provisional findings (excluding forensics) are that we are not receiving/utilising our population share of the majority of regional services. Members have requested a final validity check on the data. We have expanded out the project to include alcohol and other drug residential services and by August 2009 plan to have the review completed. The final report will include exploration of alternative funding models for regional services.
- MH and Addiction Providers Meeting “Rutherford Review” – In early April the GM Planning & Funding and the Mental Health Portfolio Manager met with NMDHB contracted providers to discuss the environmental constraints and the line by line review process. Significant savings over a two year financial period are required, and providers are now pulling together information and data to inform the process.
- AOD Cluster Group Meeting – This meeting was held in April, and one of the outcomes was the providers will meet again in June to discuss how the services can work more closely and spread the load across services. Some providers have unworkable caseloads of 70 and higher per FTE, where some have 20 per FTE.
- Primary MH Meeting – Additional “one off” resources have been gained for the Primary Mental Health Initiatives. This includes expanding the volumes for a short term period and developing workforce capacity and capability. Thanks to both Nelson Bays PHO and Kimi Hauora Wairau PHO who, at very short notice, came up with a proposal that satisfied Ministry of Health requirements. The second SI Primary Mental Health Network meeting is being held at the end of May in Christchurch. This meeting will also explore building regional workforce capacity in primary mental health care across the South Island.

10. Any other Issues

Tipene Taylor acknowledged the group of people who have been assisting with the Like Minds Like Mine initiative.

11. Next Meeting Topics

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

Close:

Tipene Taylor

Meeting closed at 12.30

The next meeting will be held on Tuesday 30 June 2009 at 10.30am at the Community House, Decks Reserve, Wallace Street, Motueka. Further instructions will be given when the agenda is sent out.