Te Kōkiri

The Mental Health and Addiction Action Plan

2006–2015

Citation: Minister of Health. 2006.
Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015.
Wellington: Ministry of Health.

Published in August 2006 by the Ministry of Health,
PO Box 5013, Wellington, New Zealand.

ISBN: 0-478-30030-1 (Book)

ISBN: 0-478-30031-X (Internet)

HP 4287

This document is available on the Ministry of Health website:
http://www.moh.govt.nz

Foreword

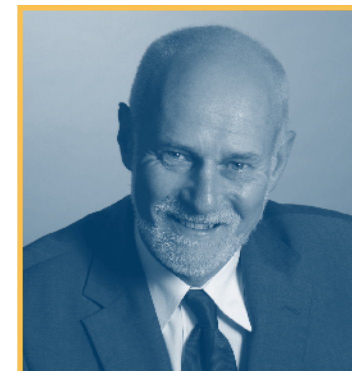
In June 2005 the Government launched Te Tāhuhu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan.

Te Tāhuhu – Improving Mental Health signified a new era for mental health and addiction policy and for the first time described the outcomes the Government expects from its ongoing investment in mental health and addiction services. At the same time, Te Tāhuhu – Improving Mental Health recognised the challenges still to be met.

The mental health and addiction sector has made real gains in the last 10 years, brought about by the hard work, goodwill and commitment shown by all involved.

A continued focused effort is now needed as we move into the next phase: implementing Te Kōkiri: The Mental Health and Addiction Action Plan.

Te Kōkiri focuses directly on implementing Te Tāhuhu – Improving Mental Health. It provides the way forward as we move from policy to implementation. It sets the programme of action to be achieved so that we meet the outcomes that we all want for mental health and addiction services users and their families and whānau. It is the result of the joint efforts of District Health Boards and the Ministry of Health working with an advisory group with wide-ranging expertise.



I know that this is an important and considerable task. It will require the mental health and addiction sector to continue the open dialogue evident through the development of this action plan. It will also require a willingness from all involved to demonstrate leadership at every opportunity.

I want to thank the advisory group and all those involved for their contribution, and the leadership they have shown in the development of Te Kōkiri.

Hon Pete Hodgson
Minister of Health

Contents

Introduction 1
Te Tāhuhu – Improving Mental Health 2005–2015 3
Implementing Te Kōkiri 7
Monitoring, Review and Evaluation 10
Te Kōkiri: The Mental Health and Addiction Action Plan 11
Leading Challenge: Promotion and Prevention 12
Leading Challenge: Building Mental Health Services 17
Leading Challenge: Responsiveness 27
Leading Challenge: Workforce and Culture for Recovery 36
Leading Challenge: Māori Mental Health 41
Leading Challenge: Primary Health Care 48
Leading Challenge: Addiction 52
Leading Challenge: Funding Mechanisms for Recovery 59
Leading Challenge: Transparency and Trust 62
Leading Challenge: Working Together 68
Appendix 1: Te Kōkiri: The Mental Health and Addiction Action Plan Advisory Group Membership 72
Appendix 2: Ministry of Health Documents and Strategies to Consider 73
Glossary of Terms and Abbreviations 75
References 81

Introduction

Overview

Mental illness accounts for 15 percent of the total burden of disease in the developed world, with depression set to become the second leading cause of disability in the world by 2020, according to the World Health Organization (Ministry of Health 2003). In New Zealand, at any one time an estimated 20 percent of the population have a mental illness and/or addiction and 3 percent are severely affected (Ministry of Health 2003).

Mental health is a priority health area for the Government, as reflected in the New Zealand Health Strategy (Minister of Health 2000) and New Zealand Disability Strategy (Minister for Disability Issues 2001), and as set out in Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan (Minister of Health 2005).[1]

Te Tāhuhu – Improving Mental Health (as the 2005 plan will be referred to here) is the Government's most recent policy statement on mental health and addiction and joins Looking Forward (1994) and Moving Forward (1997) as part of the National Mental Health Strategy. The Government also remains committed to implementing the Mental Health Commission's Blueprint for Mental Health Services in New Zealand (1998).

Te Tāhuhu – Improving Mental Health broadens the Government's interest in mental health and addiction from people who are severely affected by mental illness and addiction to all New Zealanders – while continuing to place an emphasis on ensuring that people with the highest needs can access specialist services. It describes the outcomes the Government wants to achieve, identifies 10 leading challenges that must be addressed in order to achieve government outcomes, and sets priorities for action to 2015. It also signifies a new era for mental health and addiction, provides a new sense of direction for the ongoing modernisation and continued development of the sector, provides a mandate for leadership, and the platform to maintain the momentum of development that has occurred over the past decade.

Over the next 10 years we can expect major shifts:

where

- people with experience of mental illness and addiction, and their families and whānau are having their needs addressed earlier through access to a broad range and choice of services that are responsive to their communities, and take into account all aspects of their health and wellbeing

[1] For related documents and strategies see Appendix 2.

through a

- more comprehensive and integrated mental health and addiction system that co-ordinates early access to effective primary health care, with an improved range and quality of specialist mental health and addiction services that are community based and built on collaborative partnerships

that is built on

- a culture of recovery and wellness: that fosters leadership and participation by people affected by mental illness; is supported by a workforce that delivers effectively at the interface between cultural and clinical practice and is firmly grounded in a robust evidence base, quality information, innovation and flexible funding mechanisms that support recovery.

It is essential that different parts of the mental health system work well together to address all 10 leading challenges. There are clear synergies between aspects of this plan and other government strategies that support the integration of mental health and addiction into the broader health system and across social service areas.

While this action plan does not set actions for other agencies, the work that the broader government sector undertakes significantly contributes to the mental health and wellbeing of the population as a whole, and the action plan identifies specific actions that require working together across agencies to realise key outcomes for people, whānau and families affected by mental illness and addiction.

Purpose

Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015 sets the next steps for progressing the 10 leading challenges for improving mental health and addiction over the next 10 years. It identifies specific actions, key stakeholders and organisations responsible, outlines milestones/measures and sets timeframes for achieving actions.

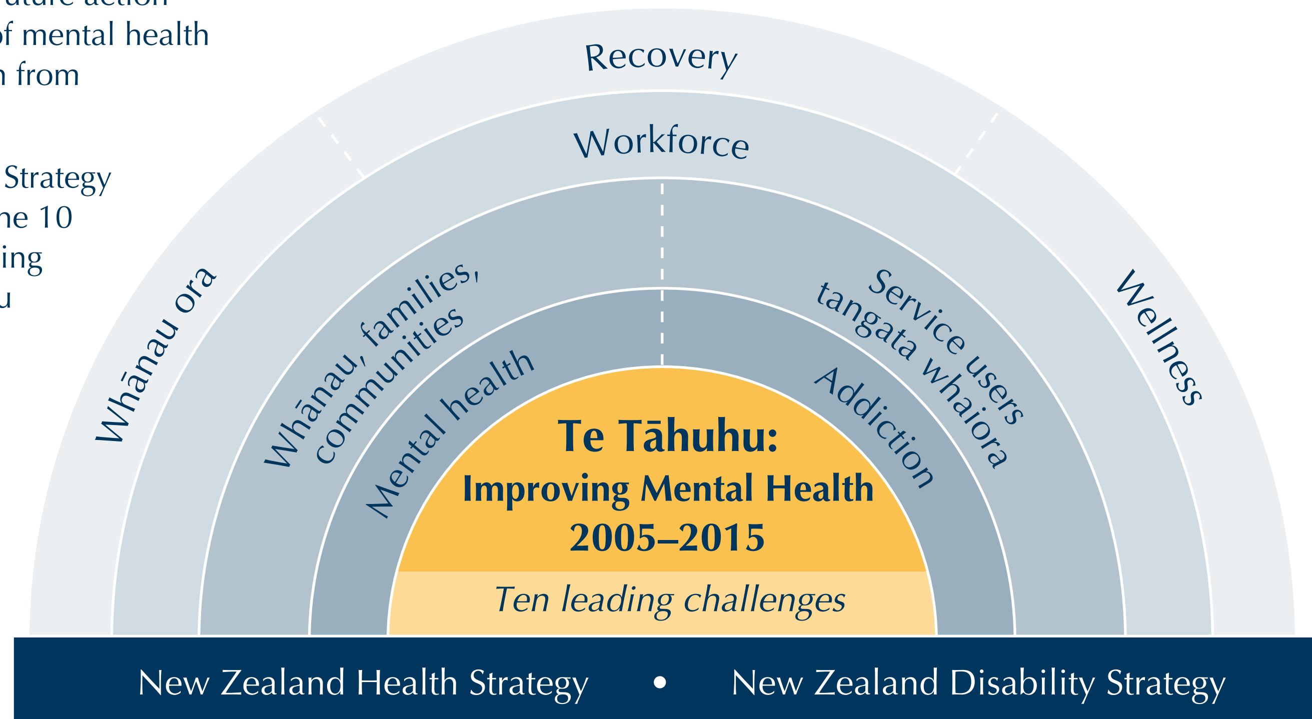
All the actions in this plan will have flow on effects for the Ministry of Health (Ministry), District Health Board (DHBs), Primary Health Organisations (PHOs), non-governmental organisations (NGOs) work programmes, and all services and organisations involved in the delivery of mental health services.

The overall purpose of Te Tāhuhu – Improving Mental Health: The Second New Zealand Mental Health and Addiction Plan

Te Tāhuhu – Improving Mental Health sets the high-level strategic framework to guide existing and future action that Government expects to be the focus of mental health and addiction policy and service provision from 2005 to 2015.

Underpinned by the New Zealand Health Strategy and the New Zealand Disability Strategy the 10 leading challenges in Te Tāhuhu – Improving Mental Health focus on improving whānau ora, recovery and wellness for people, families, whānau and communities affected by mental illness and addiction.

Figure 1: Te Tāhuhu – Improving Mental Health



Government outcomes for mental health and addiction

All New Zealanders in their communities	**People** make informed decisions to promote their mental health and wellbeing value diversity and support and enable people with experience of mental illness and addiction to fully participate in society and in the everyday life of their communities and whānau	**Service** see a trusted and high-performing mental health and addiction sector and have confidence that, if they need them, they can access high-quality mental health and addiction services
People with experience of mental illness and addiction	**Person** have the same opportunities as everyone else to fully participate in society and in the everyday life of their communities and whānau	**Service** experience trustworthy agencies that work across boundaries and enable service users to lead their own recovery experience recovery-focused mental health services that provide choice, promote independence, and are effective, efficient, responsive and timely
Whānau and friends who support and who are affected by people with experience of mental illness and addiction	**Person** maintain their own wellbeing and participate in society and in the everyday life of their communities and whānau	**Service** experience agencies that operate in a way which enables them to support their family members' recovery and maintain their own wellbeing

The 10 leading challenges for action

The 10 leading challenges of Te Tāhuhu – Improving Mental Health are not expressed in order of importance and are all inter-related and interdependent on progress made across all other areas. For example, progress on reducing disparities and inequalities for Māori will not only be addressed by the actions in the Māori leading challenge, but also by action across all other areas.

Progress needs to be made on all 10 leading challenges to deliver meaningful results for people.

The 10 leading challenges are:

- promotion and prevention
- building mental health services
- responsiveness
- workforce and culture for recovery
- Māori mental health
- primary health care
- addiction
- funding mechanisms for recovery
- transparency and trust
- working together.

Figure 2: Weaving the 10 leading challenges to improve mental health

The need to reduce inequalities with respect to mental health and addiction

Reducing the health inequalities of different population groups is a key principle of the New Zealand Health Strategy (Minister of Health 2000). DHBs have a statutory responsibility for reducing inequalities under the New Zealand Public Health and Disability Act 2000. In particular, the Act requires DHBs to reduce health disparities with a view to improving the health outcomes of Māori by providing mechanisms to enable Māori to contribute to decision-making and participate in the delivery of health and disability services. This is supported by key government strategies to advance Māori health and affirm Māori approaches to health such as He Korowai Oranga: The Māori Health Strategy (Minister of Health and Associate Minister of Health 2002).

As a group, Māori have poorer health status than non-Māori, no matter what their level of education or income or their occupation. The same is true for Pacific peoples, whose health falls midway between that of Māori and non-Māori groups (Howden-Chapman and Tobias 2000). This pattern of disparity is also reflected in mental health and addiction, where Māori tend to access mental health services at a later stage of illness and with more severe symptoms.

Mental health and addiction services must be able to respond to the unique needs of Māori and other population groups living in New Zealand. Te Tāhuhu – Improving Mental Health reflects this commitment for Māori across the leading challenges. It also focuses on addressing the mental health and addiction needs of Pacific, Asian, refugee and migrant population groups and of people with specific disabilities.

Implementing Te Kōkiri

This action plan has particular relevance to all groups, agencies and organisations whose work impacts on the delivery of services and activities across the mental health and addiction sector. This includes people involved in the funding, planning, governance, management and delivery of services, along with people with experience of mental illness and addiction and their families and whānau. The following provides an overview of key roles in the implementation of this action plan.

Leadership for implementation

Te Tāhuhu – Improving Mental Health and this action plan provide a framework for DHBs, the Ministry and key stakeholders to take leadership in mental health and addiction in New Zealand.

The action plan has DHBs and the Ministry in the 'Lead' column of the action tables for each leading challenge because these are the agencies with primary responsibility and stewardship for ensuring specific action occurs across all 10 leading challenges. However, the whole of the mental health and addiction sector is also crucial to the implementation of this plan and to improving outcomes for service users and tangata whaiora.

The Ministry will provide overall leadership, monitor and review the implementation of the action plan, and foster collaboration and co-ordination across all levels of the mental health and addiction sector. DHBs will provide leadership through their roles as planners, funders and providers, and through engaging their local communities to participate in the implementation of this action plan.

The successful implementation of Te Tāhuhu – Improving Mental Health will also depend on the development of service user and tangata whaiora leadership across the mental health and addiction sector as an integral part of building a culture of recovery and wellness.

Working collaboratively and co-operatively

The task of improving and maintaining mental health and wellbeing is complex, and a wide range of stakeholders are involved. This action plan was developed as the result of the collaborative partnerships between DHBs, the Ministry of Health and a wide range of sector stakeholders.

In promoting an integrated approach to improving mental health and addiction, Te Tāhuhu – Improving Mental Health and this action plan aim to encourage and assist government and non-government service providers to work more closely together, to jointly develop solutions to problems, and to work towards improving outcomes for people with experience of mental illness and addiction.

Service users and tangata whaiora

Te Tāhuhu – Improving Mental Health recognises that service users and tangata whaiora must lead their own recovery, have personal power, and have a valued place in their whānau and communities. The development of Te Tāhuhu – Improving Mental Health and this action plan has included processes that have facilitated service user and tangata whaiora participation.

Family, whānau, hapū, iwi and the Māori community

One in five New Zealanders experience a mental illness and/or addiction. This does not include whānau and friends who support and are affected by people with experience of mental illness and addiction. The costs and consequences of this support and the effects on whānau and friends are large and often hidden. Te Tāhuhu – Improving Mental Health and this action plan acknowledge the importance of the participation of family and whānau, and the partnership with the Māori community, in the process of recovery.

Ministry of Health

As the chief advisor to the Government on health, the Ministry's primary responsibility is to ensure that the health and disability system works well. Across its many functions, the Ministry works to shape the health and disability system to be fair and, ultimately, to make a significant contribution to achieving the Government's desired outcome of healthy New Zealanders.

The Ministry has a responsibility to oversee the implementation of Te Tāhuhu – Improving Mental Health through setting accountability and operating frameworks, supporting DHBs in their role, and monitoring their performance.

District Health Boards

DHBs are required by government statute to effectively plan, fund and manage health and disability services to improve the health of populations. In doing this, they are guided by the objectives of the New Zealand Health Strategy and the New Zealand Disability Strategy.

In their role as planners, funders and providers of services, DHBs will have a major role in implementing Te Tāhuhu – Improving Mental Health and this action plan, and they will be expected to demonstrate progress towards implementing the action plan through formal accountability mechanisms.

Non-governmental organisations and wider voluntary and community sector

Non-governmental organisations (NGOs) make a significant contribution to the mental health and addiction sector by providing a wide range of services tailored to meet the health and wellbeing needs of our increasingly diverse communities. NGOs provide leadership and are often at the forefront of

innovation in service delivery, workforce culture change, effective partnerships with services users, tangata whaiora, whānau, families and communities, and putting recovery into action. There has been significant growth in the NGO sector over the last 10 years, and it is vital that this growth be sustained and capacity further developed to support the work of NGOs at the flax roots level. The active involvement of the NGO sector is essential for the implementation of Te Tāhuhu – Improving Mental Health and this action plan.

The wider voluntary and community sector will also play an important role in the implementation of this action plan.

The wider social sector

A number of social and economic factors impact on people who are affected by mental illness and/or addiction. The policies and actions of a wide range of government agencies can contribute to the Government's overall aim for mental health and wellbeing. Housing, employment, education, work and income, child welfare and protection, and justice all have a contribution to make, either through the provision of wider social services, through aligning policies that promote or maintain mental health and wellbeing, or taking action to remove barriers to recovery.

Primary Health Organisations

The primary health care sector is crucial to meeting communities' mental health and addiction needs. This sector has always provided services for people with mental health and addiction needs, and for many people it is their first point of contact with the health system.

The change in structure and funding of the primary health care sector brought about by the implementation of the Primary Health Care Strategy (Minister of Health 2001) provides an opportunity to improve responsiveness to mental health and addiction needs as an integral part of PHOs. As local providers funded by DHBs, PHOs provide a range of primary health care services to their enrolled populations. They, like other primary health care providers, have an opportunity to emphasise the importance of good mental health and wellbeing in every aspect of health care. PHOs will also have an increasing role – with actions outlined in this action plan – in implementing the Primary Health Care Strategy as it relates to mental health and addiction.

Professional groups

A wide range of mental health and addiction professionals are integral to the ongoing work of the mental health and addiction sector. These professionals and the organisations representing them (including unions), have an important role to play in implementing Te Tāhuhu – Improving Mental Health and this action plan, particularly in relation to workforce training, continuing professional development, cultural and clinical standards of care, and through providing leadership.

Monitoring, Review and Evaluation

Monitoring

Monitoring the implementation of this action plan will be carried out in a number of ways.

The Ministry of Health will set formal expectations in DHB accountability documents from 2007/08 and beyond, in relation to the progress made against key actions (where DHBs are identified as the lead agency), to be monitored by the Ministry through its formal reporting process. DHBs will include feedback from service users/tangata whaiora and their families and whānau to the Ministry through existing mechanisms.

The Ministry will monitor the implementation of Te Tāhuhu – Improving Mental Health and this action plan, and will develop and implement a monitoring plan to accompany the roll-out of the action plan. The Ministry will report annually to Cabinet on progress on the action plan, and will provide relevant updates on progress on the Ministry's website (www.moh.govt.nz).

The Mental Health Commission is required to monitor and report to the Government on the implementation of the Government's National Mental Health Strategy, of which Te Tāhuhu – Improving Mental Health is part.

Review and evaluation

The Ministry of Health will undertake a review in 2010 of progress towards achieving the actions set out in this action plan to inform planning for the following five-year period. The action plan will also be reviewed at the end of the 10-year period to report on the overall progress in the mental health and addiction sector towards achieving Government outcomes for mental health and addiction through progress made on addressing the 10 leading challenges of Te Tāhuhu – Improving Mental Health, and the prioritised actions taken as a result of this action plan.

The actions in this plan are directed towards achieving the Government's intentions for mental health and addiction outlined in Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan.

The template describes the leading challenge and then identifies:

- specific actions
- key stakeholders
- milestones/measures and timeframes
- who has lead responsibility.

In Te Tāhuhu – Improving Mental Health some of the leading challenges were pitched at a high level, while others were aimed at an operational level. This action plan is the same. Some of the actions are high level, while others are quite specific. This approach provides greater flexibility and allows for some actions to be readily achieved in the short term.

Although the Government has set a 10-year timeframe for this plan, it expects priorities to change as challenges are met and new challenges arise. Not every action within this action plan can be tackled at once. Some can be implemented in the short to medium term, other actions will take longer to initiate and implement and new actions will be added from time to time.

This plan prioritises for the short, medium and long term by clustering most of the actions within three timeframes:

- 1–3 years
- 3–5 years
- 5–10 years.

Where timeframes are stated as 1–10 years, this generally refers to actions that are ongoing over the whole 10-year period.

Leading Challenge: Promotion and Prevention

Promote mental health and wellbeing, and prevent mental illness and addiction, with immediate emphasis on:

- increasing people's awareness of how to maintain mental health and wellbeing
- how employers and others in frequent contact with people with mental illness and addiction can be more inclusive and supportive
- ensuring that people who are discriminated against can receive effective support, protection and redress when they are discriminated against
- implementing the Government's strategy to reduce suicide and suicide attempts and the negative impacts of depression
- improving understanding of the nature of addictive behaviours and the use of early interventions to prevent or limit harm.

Introduction

This challenge confirms that good mental health and wellbeing is more than the absence of mental illness or addiction: it is vital to individuals, families and societies. Good health, wellbeing and whānau ora are fundamental contributors to good mental health. Understanding mental illness and addiction in the general community is critical to reducing stigma and discrimination, both of which can reduce an individual's sense of belonging and participation in society.

Responsive mental health promotion and mental illness prevention programmes are developed in a way that promotes the culture(s) of our diverse communities as an integral part of mental health, wellbeing and whānau ora, and by acknowledging that a 'one size fits all approach' is not always effective for all population groups.

Effective mental health promotion needs to address the broader social and economic determinants of mental health, which can be both a cause and effect of mental illness and addiction. It is also important that action undertaken over the next 10 years is aligned with global initiatives that encompass mental health promotion, such as the Ottawa and Bangkok Charters.

Mental health problems (most commonly depression) are a significant risk factor for suicide and suicide attempts (Ministry of Health 2003). Te Tāhuhu – Improving Mental Health sets a clear direction for advancing work in the area of suicide prevention, and for raising awareness of the symptoms and available treatment options for depression. Initiatives to address these issues, such as the New Zealand Suicide Prevention Strategy and the National Depression Initiative will include both primary and secondary prevention. A number of other strategies such as the National Drug Policy and the National Alcohol Strategy also address addiction related prevention and promotion activities.

Preventing and minimising gambling-related harm is also a priority area, which this action plan will address as an emerging issue over the next 10 years.

This section of the action plan provides clear directions to promote mental health and wellbeing and to prevent mental illness.

Action Table: Promotion and prevention

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Promote mental health and wellbeing, and prevent mental illness and addiction			
1.1 Review the existing national strategic framework for mental health promotion and prevention, *Building on Strengths*, and develop a framework that: • promotes social inclusion • acknowledges the broad social, economic and cultural determinants of mental health and wellbeing • includes a particular focus on the five key areas in Te Tāhuhu identified for emphasis in the next five years (including addiction) • addresses the needs of Māori and other specific population groups	Ministry of Health, DHBs, NGOs, PHOs, National Committee for Addiction Treatment (NCAT), other government agencies, local government, service users, tangata whaiora, family, whānau, networks	**Years 1–3** Develop a plan that sets out strategic priorities and guides mental health promotion policy and service delivery **Years 1–5** Work programme developed and implemented	Ministry of Health Ministry of Health, DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Increase people's awareness of how to maintain mental health and wellbeing			
1.2 Ministry of Health and DHBs will work with PHOs to include mental health and wellbeing in their work	Ministry of Health, DHBs, PHOs, service users, tangata whaiora, family, whānau, networks	**Years 1–5** Mental health is included in PHO health promotion plans	Ministry of Health, DHBs (local/regional)
1.3 Implement other public health strategies that promote the impact of general health and wellbeing on mental health and wellbeing (eg, Healthy Eating – Healthy Action, National Alcohol Strategy, National Drug Policy)	PHOs, Ministry of Health, DHBs, NGOs, ALAC, Sport and Recreation New Zealand (SPARC), Ministry of Education (MOE), service users, tangata whaiora, family, whānau, other government agencies, networks	**Years 1–5** Implementation of other public health strategies that impact on mental health	Ministry of Health, DHBs (local/regional)
1.4 Develop and contribute to community and intersectoral activities that promote infant and family health and wellbeing (eg, Head Start, Family Violence Prevention)	Ministry of Health, DHBs, NGOs, ALAC, PHOs, service users, tangata whaiora, family, whānau, networks, other government agencies	**Years 1–3 and ongoing** DHBs demonstrate in district annual plans (DAPs) and regional plans their involvement in activities	DHBs (local/regional)
How employers and others in frequent contact with people with mental illness and addiction can be more inclusive and supportive			
1.5 Implement the next stage of the Like Minds Like Mine Project as part of a multi-agency plan to reduce discrimination	Multi-agency plan agencies: Ministry of Health, Human Rights Commission, Mental Health Commission, Office for Disability Issues; general public, NGOs, DHBs, PHOs, employers, people with experience of mental illness, service users, tangata whaiora, family, whānau, mental health and legal service providers, networks, other government agencies	**Years 1–3** A multi-agency plan to reduce discrimination is completed and implemented	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Ensure that people who are discriminated against can receive effective support, protection and redress when they are discriminated against			
1.6 Scope the development of activities to address the discrimination experienced by addiction service users	Ministry of Health, NGOs, DHBs, Human Rights Commission, PHOs, other government agencies, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks	**Years 3–5** Options are scoped and initiatives developed **Years 5–10** Initiatives are implemented	Ministry of Health Ministry of Health, DHBs (local)
Implement the Government's strategy to reduce suicide and suicide attempts and the negative impacts of depression			
1.7 Roll out the New Zealand Suicide Prevention Strategy and develop and implement an action plan for the first five years	Ministry of Health, DHBs, NGOs, PHOs, other government agencies, local government, family, whānau, service users, tangata whaiora, networks, social services sector	**Years 1–5** Action plan is developed and implemented **Years 5–10** Action plan is reviewed and second action plan developed and implemented	Ministry of Health Ministry of Health, DHBs (local)
1.8 Implement the National Depression Initiative Plan 2006–09	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks, public health, mental health promotion and primary care providers	**Years 1–3** Phase 1 is rolled out	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Improve understanding of the nature of addictive behaviours and the use of early interventions to prevent or limit harm			
1.9 Finalise the National Drug Policy and develop and implement a companion document (action plan) for 2006–2011	Ministry of Health, DHBs, Alcohol Advisory Council of New Zealand (ALAC), Interagency Committee on Drugs (IACD), NCAT, NGOs, alcohol and other drug treatment providers, organisations working with children and young people, wider addiction sector, professional associations, networks, service users, tangata whaiora, family, whānau, people with experience of mental illness, other government agencies	**Years 1–3** Policy is completed; companion document is completed **Years 1–5** Policy is implemented **Years 3–5** Policy is evaluated	Ministry of Health Ministry of Health Ministry of Health
1.10 Update and continue to implement the National Alcohol Strategy	DHBs, Ministry of Health, ALAC, NGOs, other government agencies, Māori advocacy groups, networks, service users, tangata whaiora, family, whānau, people with experience of mental illness	**Years 1–3 and ongoing** Update is completed and strategy implemented	Ministry of Health, ALAC, DHBs (local)
1.11 Develop new health warnings for tobacco products	Tobacco control community leaders, tobacco industry, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks, Ministry of Health, NGOs	**Years 1–3** New warnings are developed and implemented	Ministry of Health
1.12 Implement *Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010*	Ministry of Health, DHBs, NGOs, other government agencies, local government, gambling industry (venue operators, charitable gaming trusts, providers of gambling opportunities and product manufacturers), service providers, mental health/alcohol and drug sectors, service users and their families/whānau, communities, researchers, the Gambling Commission, networks	**Years 1–3 and ongoing** Strategic plan implemented	Ministry of Health

Leading Challenge: Building Mental Health Services

Build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental illness, with immediate emphasis on:

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

Introduction

This challenge emphasises the importance placed on building and broadening the range, type and effectiveness of services for people severely affected by mental illness while continuing the development of existing services. The Government also remains committed to providing services for people who have severe enduring illness, recognising the importance of co-existing disorders. Currently, the greatest gaps exist in service provision for Māori, Pacific peoples, children and young people, and older people, and in gaining access to crisis and acute services.

Quality services are built on responsiveness, accessibility, best practice, an evidence-based approach, research, evaluation and a wide range of learning opportunities to inform innovation based in the New Zealand context. Quality services recognise the broader impacts of employment, housing, educational and income needs, and family and community networks, and organise their services to work with service users in meeting these needs, focused on wellbeing, recovery and whānau ora.

Service users and tangata whaiora can expect over the next 10 years to have access to an integrated mental health and addiction sector:

- that provides seamless service delivery, easy transitions between services and continuity of care
- that allows a wider range of choices and approaches to care, including psychological therapies and home-based support services
- where service users and tangata whaiora can expect active participation in the planning of their own recovery and have the opportunity for leadership across services.

Intersectoral collaboration and co-operation across government agencies is key to the success of a shift towards more integrated service provision, including greater linkages across health, education, social services, justice and corrections.

This section of the action plan provides a clear set of actions for addressing gaps in service provision and building an integrated mental health and addiction sector. These improvements will require an infrastructure that allows for innovation and flexibility to meet local population need.

Action Table: Building mental health services

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Build and broaden the range and choice of services and supports, which are funded for people who are severely affected by mental illness			
2.1 Update the service coverage schedule to clearly define core and priority services	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, networks, clinicians	**Years 1–3** A new service coverage schedule is agreed between the Ministry of Health and DHBs and entered into the accountability framework	Ministry of Health, DHBs (national)
2.2 Revise the Nationwide Services Framework to: • reflect the updated service coverage requirement • support innovation, integration and flexibility • support continuity of care and seamless service delivery • promote recovery • ensure that all service users can have their needs well met (eg, groups such as people diagnosed with personality disorder, people with experience of trauma, people diagnosed with eating disorders, and people who live in rural communities)	Nationwide Service Framework (NSF) group, DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, networks	**Years 1–3** A revised NSF is completed and entered into the accountability framework	Ministry of Health, DHBs (national)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
2.3 Strengthen the linkages between specialist mental health and addiction services and primary health care to ensure continuity and quality of care and appropriate integration	Ministry of Health, DHBs, NGOs, PHOs, health professionals, professional associations, general practitioners and other clinicians, service users, tangata whaiora, family, whānau, people with experience of mental illness, other government agencies	**Years 1–3** Locally agreed pathways and protocols exist between specialist mental health and addiction services and primary health care, which include information sharing	DHBs (local)
		Years 1–3 DHBs support specialist services to improve the linkages with primary health care and specialist mental health services	DHBs (local)
2.4 Develop transition arrangements (or protocols for the transfer of people across services) between all mental health services and addiction services, and between mental health and addiction and other health services, with special emphasis on transfers involving: • child and youth services to adult services • early intervention psychosis services to adult services • adult services to older people's services	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, networks, PHOs, other government agencies	**Years 1–3** All DHBs have transition protocols in place that are used	DHBs (local/regional/national)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
2.5 Expand the range of effective and integrated services to include: • psychological therapies • service user-led services within mainstream services • independent peer-led services for service users and families/whānau, which include support, recovery education and advocacy • home-based support services • family/whānau support services • community and home-based acute services • respite services	DHBs, NGOs, service users, tangata whaiora, family, whānau, networks, national workforce and research centres and programmes, other government agencies, clinicians, mental health and addiction workers	**Years 1–3** DHBs can demonstrate expansion in the range of services through routine reporting mechanisms	DHBS (local/regional/ national)
2.6 Ensure continuity of care between mental health services, between mental health and addiction services, between mental health and addiction and other health services, and between health and wider government social services	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, networks, family, whānau, clinicians, professional associations, other government agencies, local government, PHOs, wider social sector	**Years 1–3** All providers can demonstrate mechanisms are in place for communication and co-ordination between multiple services involved in a service user's care **Years 3–5** Service users experience continuity of care	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
2.7 Continue to develop and contribute to intersectoral activities that support recovery	DHBs, Ministry of Health, NGOs, PHOs, services users, family, whānau, networks, clinicians, mental health and addiction workers, local government, MOE, Ministry of Social Development (MSD), Ministry of Justice, Department of Internal Affairs (DIA), Department of Corrections, wider social sector	**Years 1–3 and ongoing** DHBs can demonstrate in DAPs and regional plans their involvement in intersectoral initiatives that support recovery	DHBs (local/regional)
2.8 All providers will ensure that service users, tangata whaiora receive seamless service delivery and are supported to make informed choices	DHBs, Ministry of Health, PHOs, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, networks, mental health workers, other government agencies	**Years 1–3 and ongoing** All providers can demonstrate: • the availability of information on services in a way that is easily accessible by service users and families/whānau • service users are informed of their choices and options for care • evidence of a holistic recovery approach	DHBs (local)
2.9 Establish a mechanism for the co-ordination and dissemination of innovative and effective practice across the mental health and addiction sector	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, mental health and addiction workers, networks, national workforce and research centres and programmes	**Years 1–5** Options are scoped and a mechanism is established	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Increase services that are funded for children and young people and older people			
2.10 Review and update the framework for child and youth mental health and addiction service provision (*New Futures*) based on good evidence and best practices, addressing gaps, reflecting specific population needs and considering: • children of parents, whānau with mental illness • youth forensic • severe behavioural disorders • clarifying the responsibility for children and young people with alcohol or other drug problems • maternal and infant mental health • low-prevalence disorders	Ministry of Health, DHBs, PHOs, NGOs, NCAT, alcohol and other drug (AoD) providers, iwi providers, service users, tangata whaiora, families, whānau, young people, Ministry of Social Development (MSD-CYF), MOE, primary health care, clinicians, mental health and addiction workers, paediatrics, networks, other government agencies	**Years 1–5** A new framework is developed **Years 3–5** A new framework is implemented	Ministry of Health, DHBs (local/regional) DHBs (local/regional/ national)
2.11 Increase access to specialist mental health and addiction services for children and youth	Ministry of Health, DHBs, NCAT, networks, NGOs, PHOs, AoD providers, iwi providers, service users, tangata whaiora, families, whānau, young people, MSD-CYF, MOE, primary health care, paediatrics, clinicians, mental health and addiction workers	**Years 1–3 and ongoing** Agreed access targets are implemented	Ministry of Health, DHBs (local)

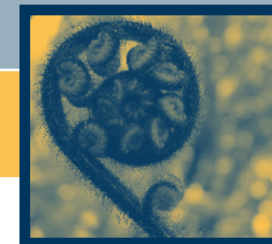
Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
12.12 Continue to contribute to intersectoral projects (eg, improving access of Ministry of Social Development, Child Youth and Family clients to mental health and addiction services, severe antisocial behaviour project)	Ministry of Health, DHBs, PHOs, MOE, MSD-CYF, Ministry of Justice, other government agencies, national workforce centres, clinicians, mental health and addiction workers, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks	**Years 1–3 and ongoing** DHBs can demonstrate their contribution through DAPs; the Ministry of Health can demonstrate its contribution through reporting	Ministry of Health, DHBs (local/regional)
2.13 Implement initiatives to develop child/youth/whānau participation in service development and evaluation	Ministry of Health, DHBs, national workforce centres, service users, tangata whaiora, family, whānau, networks, workforce and training institutions	**Years 1–3 and ongoing** Initiatives are implemented	Ministry of Health, DHBs (local)
2.14 Develop a policy framework for older people's mental health and addiction services	Ministry of Health, DHBs, NGOs, PHOs, networks, professional associations, clinicians, service users, tangata whaiora, family, whānau, other government agencies	**Years 1–3** A framework is developed **Years 1–5** A framework is implemented	Ministry of Health DHBs (local)
2.15 Build the capacity of the mental health sector to support 'ageing in place'	Ministry of Health, DHBs, NGOs, PHOs, all service providers, networks, service users, tangata whaiora, family, whānau, community groups, clinicians, the mental health, addiction and older people's workforce	**Years 3–5** DHBs expand the mental health component of their Health of Older People plans to include ageing in place and the older people's mental health policy framework, when completed	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
2.16 Increase access to specialist mental health and addiction services for older people	Ministry of Health, DHBs, NGOs, PHOs, service users, tangata whaiora, family, whānau, networks, clinicians, the mental health, addiction and older people's workforce	**Years 1–3 and ongoing** Agreed access targets are implemented	DHBs (local)
2.17 Develop national consistency in data collection on older people's access to mental health and addiction services	Ministry of Health, DHBs, NGOs, PHOs, clinicians, the mental health, addiction and older people's workforce, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks	**Years 1–3** Options for developing national consistency are developed **Years 1–5** Agreed systems are implemented	Ministry of Health, DHBs (regional/ national) Ministry of Health, DHBs (local)
Broaden the range of services and supports that are funded for adults			
2.18 Expand the range, quality and capacity of services available for people with high and complex needs, including recovery-focused rehabilitation services, according to need, in the least restrictive setting	DHBs, Ministry of Health, NGOs, PHOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, networks	**Years 1–3 and ongoing** Each DHB can demonstrate the provision of a broader range of services for people with high and complex needs	DHBs (local/regional)
2.19 Increase access to specialist mental health and addiction services for adults	DHBs, Ministry of Health, NGOs, PHOs, service users, tangata whaiora, networks, family, whānau, professional associations, clinicians	**Years 1–3 and ongoing** Agreed access targets are implemented	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
2.20 Improve access to acute emergency response services	DHBs, Ministry of Health, NGOs, PHOs, service users, tangata whaiora, networks, family, whānau, professional associations, clinicians	**Years 1–3** DHBs will report through DAPs on how they will improve access and measure improvements	DHBs (local/regional)
2.21 The physical health needs (including oral health) of people most severely affected by mental illness are appropriately addressed, including regular screening for medication and other health-related complications	DHBs, Ministry of Health, NGOs, PHOs, service users, tangata whaiora, networks, family, whānau, professional associations, clinicians, other government agencies	**Years 1–3 and ongoing** Each DHB can demonstrate that it is working with providers to ensure that the physical health needs of people with mental illness are being appropriately met	DHBs (local)
2.22 Evaluate the implementation of the forensic framework, with a particular focus on: • children and youth • Māori • Pacific peoples • people with disabilities • women • relationships with other mental health and addiction services, primary health care and the justice and youth justice system	Ministry of Health, DHBs, Ministry of Justice, Department of Corrections, forensic services, NGOs, MSD-CYF, NCAT, clinicians, service users, tangata whaiora, family, whānau, people with experience of mental illness, communities, networks, other government agencies	**Years 1–3** Evaluation is completed and recommendations developed **Years 3–10** Recommendations are implemented	Ministry of Health, DHBs (regional/ national) Ministry of Health, DHBs (regional/ national)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
2.23 Examine the options regarding the role of the Ministry of Health and DHBs in the planning, funding and delivery of forensic services	Ministry of Health, DHBs, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks	**Years 1–3** Options are examined and decisions implemented	Ministry of Health, DHBs (regional/ national)
2.24 Continue to develop and support intersectoral initiatives and frameworks to ensure the needs of people in the criminal justice and youth justice system are met	Ministry of Health, DHBs, PHOs, Ministry of Justice, Department of Corrections, forensic services, NGOs, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks, other government agencies	**Years 1–3 and ongoing** Ministry of Health will demonstrate involvement in intersectoral initiatives	Ministry of Health

Leading Challenge: Responsiveness



Build responsive services for people who are severely affected by mental illness and/or addiction, with immediate emphasis on improving the responsiveness of services for:

- Pacific peoples
- Asian peoples and other ethnic communities
- refugee and migrant communities
- people with specific disabilities
- family and whānau
- Māori.

Introduction

This challenge confirms the Government's commitment to building responsive services for people who are severely affected by mental illness and/or addiction. Improving the responsiveness of mental health services is a key goal, reflected in both the New Zealand Health Strategy and as a leading challenge in Te Tāhuhu – Improving Mental Health, reinforcing the importance of meeting the unique needs of specific population groups.

Responsive services focus on recovery, reflect relevant cultural models of health, and take into account the clinical and cultural needs of people affected by mental illness and addiction. Services working together will also ensure adequate referrals between mainstream services and those services developed to meet the unique needs of specific population groups. Ultimately, this will improve access to services for some population groups that are currently presenting at times of crisis and will also improve the quality of services they receive.

Responsive services respectfully listen to service users and tangata whaiora, give access to full information, use collaborative processes at all levels, encourage feedback, and do 'whatever it takes' to support easy and timely access to services. Responsive services recognise the impact that mental illness and addiction can have on families and whānau and the important role they can play in treatment and the recovery process.

Planning to meet the age-based needs of specific populations is also important, given that groups such as Māori and Pacific peoples are largely more youthful than the New Zealand population as a whole.

The responsiveness leading challenge underpins all 10 leading challenges. However, this section of the action plan focuses on outlining the key actions for building responsive services for people who are severely affected by mental illness, including whānau and families; Māori, Pacific, Asian, refugee and migrant communities; and people with disabilities.

Action Table: Responsiveness

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Build responsive services for people who are severely affected by mental illness and/or addiction			
3.1 All services are able to respond to the unique needs of specific population groups through planning for the provision of services based on: • a sound evidence base (need, population projections) • knowledge of specific cultural and clinical needs • culturally and clinically relevant recovery models of practice • service user expectations • a recovery-focused workforce for mental health service users • an assessment and treatment focused workforce for addiction service users • links with specific population plans (eg, Pacific Health and Disability Action Plan, He Korowai Oranga)	Ministry of Health, DHBs, ALAC, NCAT, NGOs, PHOs, advocate groups, networks, service and training organisations, researchers, DIA, Ministry of Pacific Island Affairs, Te Puni Kōkiri, the Families Commission, whānau, hapū, iwi, the Māori community, community groups, clinicians, professional associations, service users, tangata whaiora, family, whānau, people with experience of mental illness, other government agencies	**Years 1–5** DHBs can demonstrate a match between the mental health and addiction needs of their communities and the services provided **Years 1–5** Guidelines to inform service provision and practice are developed and implemented **Years 1–5** Memoranda of understanding and access referral protocols exist between specific population group services and mental health and addiction services	DHBs (local/regional) DHBs (local/regional) DHBs (local/regional)
3.2 Recovery plans will be developed in a collaborative process with service users/ tangata whaiora and their family, whānau and support networks, addressing their broader physical, spiritual, social and psychological needs and aspirations	Service users, tangata whaiora, family, whānau, all providers, networks, DHBs, NGOs, PHOs, clinicians, mental health and addiction workforce, professional associations	**Years 1–3** DHB audits of all providers show the presence and use of integrated recovery plans	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
3.3 Mechanisms for feedback on the responsiveness of services are in place and used for making services more responsive	Ministry of Health, DHBs, networks, NGOs, PHOs, other providers, service users, tangata whaiora, families, whānau, clinicians, professional associations	**Years 3–5** All providers have mechanisms to receive and use feedback from service users **Years 3–5** Regular assessment of service user and family/whānau satisfaction shows sustained improvement	DHBs (local) DHBs (local)
3.4 DHBs will address the specific needs of women in the planning, development and delivery of mental health and addiction services	Women service users, tangata whaiora, families, networks, whānau, Ministry of Health, DHBs, NGOs, other providers, women's advocacy groups, Ministry of Women's Affairs, other government agencies	**Years 1–5** DHBs will proactively involve women in service planning and development	DHBs (local/regional)
Pacific peoples			
3.5 Develop effective partnerships with Pacific communities to support active participation across all levels	Ministry of Health, DHBs, NGOs, Pacific providers, networks, service users, tangata whaiora, families, whānau, communities	**Years 1–3** DHBs can demonstrate through DAPs and regional plans engagement with and participation by Pacific peoples	DHBs (local/regional)
3.6 Provide services that are based on Pacific frameworks/models of health that promote clinical and cultural competence	Ministry of Health, DHBs, NGOs, ALAC, Pacific providers, service users, tangata whaiora, families, whānau, networks and communities, clinicians	**Years 1–3** DHBs can demonstrate the provision of services based on Pacific models of health	DHBs (local/regional)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
3.7 Provide access to services based on Pacific population need	Ministry of Health, DHBs, NGOs, Pacific providers, service users, tangata whaiora, families, whānau, networks and communities, service providers	**Years 1–5** DHBs can demonstrate knowledge of Pacific population need through (eg, health needs assessment and use of the New Zealand Survey of mental health and wellbeing), and plan and deliver Pacific services accordingly	DHBs (local/regional)
3.8 Implement the Pacific Health and Disability Action Plan	Ministry of Health, DHBs, NGOs, Pacific providers, service users, tangata whaiora, families, whānau, networks and communities, other government agencies	**Years 1–3 and ongoing** DHBs can demonstrate implementation through existing reporting requirements	DHBs (local)
3.9 Develop initiatives to increase the Pacific mental health workforce	Ministry of Health, DHBs, NGOs, Pacific providers, service users, tangata whaiora, families, whānau, networks and communities, national workforce and research centres and programmes, other government agencies, Ministry of Pacific Island Affairs	**Years 1–3** Complete the feasibility study on Pacific workforce development	Ministry of Health
		Years 1–3 Establish a Pacific workforce plan based on the results of the feasibility study	Ministry of Health
		Years 3–10 The workforce plan is implemented	Ministry of Health, DHBs (local/regional)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
3.10 Develop a Pacific mental health and addiction research agenda	Ministry of Health, DHBs, NGOs, ALAC, Pacific providers, service users, tangata whaiora, families, whānau, networks, national workforce and research centres and programmes	**Years 1–3** The research agenda is developed **Years 1–5** Specific research projects are undertaken and the results disseminated to the sector for use in service planning and delivery	Ministry of Health Ministry of Health
Asian peoples and other ethnic communities			
3.11 Increase understanding of the mental health and addiction needs of Asian and ethnic communities	Ministry of Health, DHBs, NGOs, Asian and other ethnic peoples with experience of mental illness, communities, networks, service users, tangata whaiora, families, national research centres and programmes	**Years 1–3** A profile of Asian peoples' mental health is developed	Ministry of Health
3.12 Develop an Asian mental health and addiction research agenda	Ministry of Health, DHBs, NGOs, ALAC, Asian and other ethnic peoples with experience of mental illness, communities, networks, service users, tangata whaiora, families, national workforce and research centres and programmes	**Years 1–3** The research agenda is developed **Years 5–10** Specific research projects are undertaken and the results disseminated to the sector for use in service planning an delivery	Ministry of Health Ministry of Health, DHBs (local)

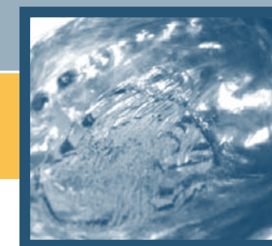
Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
3.13 Develop initiatives to increase the Asian mental health workforce	Ministry of Health, DHBs, NGOs, Asian and other ethnic peoples with experience of mental illness, communities, networks, service users, tangata whaiora, families, national workforce centres	**Years 1–3** National and local training is implemented for the mental health services workforce to work more effectively with Asian services users and families	Ministry of Health
		Years 1–3 Services have in place policies and management practices that attract and retain Asian staff, especially mainstream services where there are significant Asian populations	Ministry of Health, DHBs (local)
Refugee and migrant communities			
3.14 Increase understanding of the mental health and addiction needs of refugee and migrant communities	Ministry of Health, DHBs, NGOs, refugee and migrant peoples with experience of mental illness, communities, networks, service users, tangata whaiora, families	**Years 1–3** A mental health and addiction research agenda for refugee and migrant peoples is developed	Ministry of Health
		Years 5–10 Research plans are implemented and the results are disseminated to the sector for use in service planning and delivery	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
People with specific disabilities			
3.15 Develop a coherent national approach to coexisting mental health and intellectual disability that addresses: • access to services • workforce understanding, knowledge, skills, and clinical and cultural competencies	Ministry of Health, DHBs, NGOs, networks, disability sector, service users, tangata whaiora, families, whānau, professional associations, clinicians	**Years 3–5** A national approach is developed **Years 3–10** A national approach is implemented	Ministry of Health, DHBs DHBs (local)
3.16 Build the knowledge and skills of the workforce to respond to people with mental illness and disability, including those with sensory disabilities such as deafness and those with brain injury impairments	Accident Compensation Corporation (ACC), Ministry of Health, DHBs, service users, tangata whaiora, families, whānau, networks, disability sector, other government agencies	**Years 1–3 and ongoing** Training and development are provided	Ministry of Health, DHBs (local)
3.17 Implement the New Zealand Disability Strategy	Ministry of Health, DHBs, NGOs, all providers and practitioners, service users, tangata whaiora, networks, family, whānau, disability sector, other government agencies, wider social sector, MSD, Office for Disability Issues	**Years 1–3 and ongoing** DHBs can demonstrate implementation through existing reporting requirements **Years 1–10** All employees will have access to diversity awareness training	DHBs (local)
3.18 Address barriers (physical and attitudinal) to accessing mental health and addiction services and support across the broad spectrum of disabilities	ACC, Ministry of Health, DHBs, NGOs, networks, service users, tangata whaiora, families, whānau, disability sector, other government agencies	**Years 1–10** Training programmes are in place for workers in mainstream service to work effectively with people with specific disabilities	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Family and whānau			
3.19 Implement initiatives that recognise the importance of family and whānau, and that act to increase family and whānau participation in: • recovery, whānau ora • assessment and treatment • service planning, delivery and evaluation • workforce and leadership roles	Family, whānau, service users, tangata whaiora, networks, mental health and addiction workers, all providers, DHBs, NGOs, Ministry of Health, national workforce and research centres and programmes	**Years 1–3** Development and support of family advisor positions is continued **Years 1–3** DHBs can demonstrate initiatives to increase family and whānau participation across all levels, including assessment and treatment **Years 1–5** Training is provided for mental health workers on effective work with family and whānau	Ministry of Health, DHBs (local) DHBs (local/regional) DHBs (local)
3.20 Implement initiatives that recognise and respond to the specific needs of family and whānau, such as: • assessment and referral for family and whānau to appropriate supports and services • the provision of education for family and whānau on recovery and the recovery process • family/whānau views about the responsiveness of services	Family, whānau, service users, tangata whaiora, networks, mental health and addiction workers, all providers, DHBs, NGOs, Ministry of Health	**Years 1–3** DHBs can demonstrate that family and whānau needs have been considered and provided for through auditing of case notes **Years 1–3 and ongoing** Family and whānau express satisfaction with services received	DHBs (local) DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Māori			
3.21 Develop effective partnerships with tangata whenua/ Māori community to support active participation across all levels	DHBs, NGOs, PHOs, Ministry of Health, service users, tangata whaiora, networks, family, whānau, hapū, iwi, Māori communities, Māori with experience of mental illness, Māori development organisations	**Years 1–3** DHBs can demonstrate engagement with and participation by Māori through DAPs and regional plans	DHBs (local/regional)
3.22 Provide services that are based on Māori frameworks/models of health that promote clinical and cultural competency	DHBs, NGOs, kaupapa Māori services, service users, tangata whaiora, networks, family, whānau, Māori with experience of mental illness	**Years 1–5** DHBs can demonstrate services provided are based on Māori models of health	DHBs (local/regional)
3.23 Provide services based on Māori population need	DHBs, NGOs, kaupapa Māori services, service users, tangata whaiora, networks, family, whānau, Māori with experience of mental illness	**Years 1–5** DHBs can demonstrate knowledge of Māori population need through, eg, health needs assessment and use of the New Zealand Mental Health and Wellbeing Survey, and plan and deliver Māori services accordingly	DHBs (local/regional)

Leading Challenge: Workforce and Culture for Recovery



Build a mental health and addiction workforce – and foster a culture among 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, with immediate emphasis on:

- building a workforce to deliver services for children and young people, Māori, Pacific peoples, Asian peoples, and people with addiction
- supporting the development of a service user workforce
- creating an environment that fosters leaders across the sector
- developing a culture among providers of involving whānau/families and significant others involved in treatment and recovery
- fostering a culture among providers that promotes service user participation and leadership
- developing a culture of continuous quality improvement in which information and knowledge are used to enhance recovery and service development.

Introduction

This challenge reinforces the importance of a well-supported, skilled, culturally and clinically competent, recovery and wellness focused workforce to drive the provision of high-quality services. It is important that we are able to retain and recruit good people into the mental health and addiction sector. This requires a whole-of-system approach to workforce development that places greater emphasis on staff retention, leadership development at all levels, and developing organisations that can deliver better services more efficiently.

Our workforce – including service users and tangata whaiora – is vital in providing leadership and improving mental health and addiction in New Zealand, and over the next 10 years will play a pivotal role in developing services and leading change towards a culture of recovery.

Over the next 10 years there will be a significant shift towards ensuring we have the right mental health and addiction practitioners and staff in the right place at the right time to provide appropriate care and treatment for service users. A significant focus for workforce development is building a workforce that delivers services effectively for Māori, Pacific peoples, Asian peoples, children and young people, and people with addiction.

This section of the action plan provides directions for action over the next 10 years to build a mental health and addiction workforce that supports recovery, is person-centred, culturally capable, community-centred and fosters leadership. Action will also be undertaken to ensure that workforce development is complemented by a sector that fosters a culture of continuous quality improvement, where information and knowledge will be used to enhance recovery and service development.

Action Table: Workforce and culture for recovery

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Build a mental health and addiction workforce – and foster a culture among 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			
4.1 Implement Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006–2009; review and develop a future 10-year plan with a recovery focus	National workforce and research centres and programmes, Ministry of Health, DHBs, NGOs, NCAT, networks, service users, tangata whaiora, family, whānau, educational institutions, Mental Health Commission, mental health and addiction workers	**Years 1–3** The plan is implemented **Years 3–5** The plan is reviewed and a new 10-year plan developed	Ministry of Health, DHBs (local/regional/national) Ministry of Health, DHBs (local/regional/national)
4.2 Develop an overarching policy framework for longer-term mental health and addiction workforce development that is flexible and has regard to evolving service provision	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, networks, national workforce and research centres and programmes, Mental Health Commission, professional associations	**Years 1–3** A framework is developed and applied to further workforce planning and development	Ministry of Health
4.3 Undertake joint project work with District Health Boards of New Zealand (DHBNZ) to implement the DHBNZ Future Workforce plan	DHBNZ, Ministry of Health, DHBs, networks, national workforce and research centres and programmes, service users, tangata whaiora, family, whānau, people with experience of mental illness	**Years 1–3** Agreed project work is established and implemented	DHBs and Ministry of Health (via DHBNZ)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Build a workforce to deliver services for children and young people, Māori, Pacific peoples, Asian peoples, and people with addiction			
4.4 Finalise and implement mental health and addiction workforce development plans for: • children and youth • Māori • Pacific peoples • Asian peoples • NGOs • AoD (Matua Raki) • service users, tangata whaiora • family/whānau	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, networks, national workforce and research centres and programmes, educational institutions, Mental Health Commission	**Years 1–5** Plans are developed and implemented **Years 3–10** Reviews completed and evaluations undertaken	Ministry of Health, DHBs (local/regional) Ministry of Health, DHBs (local/regional)
4.5 Strengthen the cultural capability of workers in mainstream services to work effectively with Māori, Pacific, Asian, refugee and migrant populations	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, networks, national workforce and research centres and programmes	**Years 1–3** Training programmes are in place for workers in mainstream services to work effectively with specific population groups	Ministry of Health, DHBs (local)
Support the development of a service user workforce			
4.6 Implement initiatives to strengthen and develop a service user workforce	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, networks, people with experience of mental illness, national workforce and research centres and programmes	**Years 1–5** Finalise and implement the service user workforce plan, based on the Mental Health Commission service user workforce strategy **Years 5–10** Evaluate the effectiveness of the plan's implementation	Ministry of Health, DHBs (local) Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Create an environment that fosters leaders across the sector			
4.7 Continue to build leadership capacity within all mental health and addiction services	Ministry of Health, DHBs, NGOs, national workforce and research centres and programmes, service users, tangata whaiora, networks, family, whānau, educational providers, professional associations	**Years 1–3 and ongoing** Increased mental health sector involvement in management and leadership development programmes through either general health workforce or mental health workforce initiatives	Ministry of Health, DHBs (local/regional/ national)
		Years 1–3 and ongoing The NGO and tangata whaiora leadership programme for NGO and service users will continue to be implemented and will be supported by DHBs	DHBs (local)
		Years 1–3 and ongoing Workforce involvement in the DHBNZ leadership and management programme is encouraged by DHBs	DHBs (local/regional/ national)
Develop a culture among providers of involving whānau/families and significant others involved in treatment and recovery			
4.8 Roll out training for mental health workers as noted in mental health workforce development programme and the responsiveness leading challenge	Ministry of Health, DHBs, NGOs, national workforce and research centres and programmes, networks, service users, tangata whaiora, family, whānau, professional associations	**Years 1–5** Training is developed and implemented for DHBs and NGOs to work more effectively with families, whānau	Ministry of Health, DHBs (local)
		Years 1–5 Feedback from families and whānau reflects their satisfaction with services	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Foster a culture among providers that promotes service user participation and leadership			
4.9 Develop initiatives that support the development of service user skills, leadership and participation	Ministry of Health, DHBs, NGOs, PHOs, national workforce and research centres and programmes, networks, service users, tangata whaiora, family, whānau, regional and national consumer advisor groups, professional associations	**Years 1–3** Maintain a service user workforce project manager position within the MHWDP to oversee the development of initiatives **Years 1–3** A national youth advisory group is established to assist leading out service user involvement with child and adolescent services	Ministry of Health Ministry of Health
Develop a culture of continuous quality improvement in which information and knowledge are used to enhance recovery and service development			
4.10 Implement the priorities identified in the New Zealand National Mental Health Information Strategy and relevant action plans	Ministry of Health, DHBs, NGOs, PHOs, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks, national workforce and research centres and programmes	**Years 1–5** Information strategy and action plan implemented **Years 1–3** Workforce development plan implemented **Years 1–3** Workshops are facilitated for DHBs and NGOs on service improvement tools and techniques **Years 1–3** The mental health sector standards that relate to continuous quality improvement are implemented and evidenced through audit processes	Ministry of Health Ministry of Health, DHBs (local) DHBs (local) DHBs (local)

Leading Challenge: Māori Mental Health

Continue to broaden the range, quality and choice of mental health and addiction services for Māori, with immediate emphasis on:

- enabling Māori to present earlier to mental health and addiction services
- promoting choice by supporting the implementation of kaupapa Māori models of practice
- increasing Māori participation in the planning and delivery of mental health and addiction services for Māori.

Introduction

This challenge confirms the need to continue to broaden the range, quality and choice of mental health and addiction services for Māori. Government remains committed to growing Māori services in the future to improve the mental health of service users and tangata whaiora and advance whānau ora. He Korowai Oranga – The Māori Health Strategy, which places a particular focus on supporting the development of Māori health providers, and related action plans, should be implemented in conjunction with this action plan.

Broader government policies have placed Māori health and approaches to whānau ora as an overall priority, including mental health and addiction. There is a strong link between health and culture and the wellness of service users and tangata whaiora: both depend on, and are affected by, the wellness of whānau, hapū, iwi and the Māori community. Services will improve when Māori take an active role in planning and delivering services, and when models of practice incorporate a better understanding of the importance of whānau, Māori approaches to health, and the interface between culture and clinical practice.

Over the past 12 years there has been significant growth and development of a diverse range of mental health and addiction services for Māori. This has been supported by the development of a capable workforce and an evolving research and evaluation base. These achievements have established a solid foundation on which to build on the gains made in Māori mental health and addiction.

Te Puāwaitanga: Māori Mental Health National Strategic Framework (Ministry of Health 2002b) provides the nationally consistent framework for the planning and delivery of services for service users and tangata whaiora, and will be updated to align with Te Tāhuhu – Improving Mental Health.

Despite improvements in service provision and overall Māori health status over the last four decades, Māori still tend to access mental health and addiction services at a later stage of illness and with more severe symptoms. More work needs to be done to ensure services are responsive to Māori. This will be achieved by having robust mechanisms in place that ensure:

- early intervention and addressing gaps in current service provision
- systemic responsiveness and increasing participation of Māori in the planning, funding and delivery of Māori mental health services
- continued development of a strong workforce equipped to meet the cultural and clinical needs of a youthful Māori population
- improvement in our knowledge of existing and new data about Māori mental health and addiction-related needs – key initiatives such as the Mental Health Information Strategy provide a platform for improved ethnicity data and improving the cultural relevance of national data collection systems.

The actions in this leading challenge link across all 10 leading challenges. For example, developments in primary health care, workforce and information development are all vital for advancing Māori mental health and addiction outcomes.

Action Table: Māori mental health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Continue to broaden the range, quality and choice of mental health and addiction services for Māori			
5.1 Continue implementation of Te Puāwaitanga; review and update	Ministry of Health, DHBs, NGOs, PHOs, GPs, kaupapa Māori services, service users, tangata whaiora, Māori with experience of mental illness, whānau, hapū, iwi, the Māori community, Māori workforce development providers, Māori researchers, national workforce and research centres and programmes	**Years 1–3** The review and updated document is completed **Years 1–3** DHBs can demonstrate implementation through DAPs and regional plans	Ministry of Health, DHBs (local/regional) DHBs (local/regional)
5.2 Continue implementation of He Korowai Oranga and related action plans	Ministry of Health, DHBs, NGOs, PHOs, kaupapa Māori services, service users, tangata whaiora, Māori with experience of mental illness, whānau, hapū, iwi, the Māori community, Māori workforce development providers, Māori researchers, national workforce and research centres and programmes	**Years 1–5** DHBs can demonstrate implementation through existing reporting requirements	Ministry of Health, DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
5.3 Increase the number of high-quality Māori mental health and addiction services across the continuum of care	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, Māori with experience of mental illness, the Māori community, networks, mental health and addiction workers	**Years 3–5 and ongoing** DHBs can demonstrate an increase in the number of services through increased spending on Māori mental health and addiction services from 2007/08 **Years 1–3 and ongoing** Implement the Improving Quality Strategy and associated action plan **Years 1–3 and ongoing** All services will be demonstrate compliance with the Mental Health Sector Standards, particularly those that apply to Māori	DHBs (local/regional) DHBs (local/regional) DHBs (local/regional)
5.4 All providers will ensure that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, PHOs	**Years 1–10** All providers can demonstrate: • the availability of information on services in a way that is easily accessible to service users and families/whānau • service users, tangata whaiora are informed of their choices and options for care • evidence of practice based on whānau ora and Māori models of care	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
5.5 Plan and deliver effective and culturally relevant, Māori-focused treatment practices across the continuum of care in both mainstream and Māori services that promote: • whānau ora • traditional Māori treatment processes • cultural and clinical competency • whānau-inclusive practices	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, Māori community, health professionals, training providers, Māori researchers, ALAC	**Years 1–3** Further develop guidelines for best practice for Māori mental health and addiction, and disseminate these across DHBs	Ministry of Health, DHBs (local/regional)
		Years 1–3 DHBs will deliver training in cultural and clinical competencies for service providers	DHBs (local/regional)
		Years 3–10 Validate and implement Hua Oranga	Ministry of Health, DHBs
		Years 1–10 DHBs will be able to demonstrate the use of Māori-relevant: • assessment tools • best practice guidelines/quality indicators • traditional Māori treatment processes • evaluation methods • outcome measures	DHBs (local/regional)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Enable Māori to present earlier to mental health and addiction services			
5.6 Develop and implement a Māori mental health research agenda that promotes kaupapa Māori methodologies and whānau ora approaches to mental health and addiction	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, health professionals, training providers, Māori researchers, national workforce and research centres and programmes, mental health and addiction workers, networks	**Years 1–3** A Māori mental health research agenda is developed **Years 1–5** Research programmes are implemented and the results disseminated to the sector to inform service planning and delivery	Ministry of Health Ministry of Health, DHBs (local/regional)
5.7 DHBs will have in place early intervention strategies for Māori, including tamariki and rangatahi	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, Māori with experience of mental illness, the Māori community, mental health and addiction workers, clinicians, networks	**Years 1–3** Early intervention strategies will be in place and demonstrated through DAPS **Years 1–3 and ongoing** DHBs will make use of the Mental Health Information National Collection (MHINC) data on source of referral to inform and monitor progress toward early intervention for Māori	DHBs (local/regional)
5.8 DHBs will work with all providers to ensure that education and information are available to Māori communities on mental illness and where services can be accessed	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, Māori with experience of mental illness, Māori community, networks, mental health and addiction workers, clinicians	**Years 1–5** DHBs will provide evidence as part of regular quarterly reporting processes against the Primary Health Care Strategy	DHBs (local/regional)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
5.9 Implement the National Mental Health Information Strategy as it relates to Māori (ie, achieving whānau ora)	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, Māori with experience of mental illness, Māori community, mental health and addiction workers, networks	**Years 1–5** Reliable ethnicity data will be used to inform DHB funding and planning **Years 5–10** The capacity and capability of services will be developed to effectively collect ethnicity data, for NGO services in particular	DHBs (local) DHBs (local)
Promote choice by supporting the implementation of kaupapa Māori models of practice			
5.10 Ensure continuity of care between mainstream and kaupapa Māori services, between mental health and addiction services, between mental health and addiction and other health services, and between health and wider government social services	Ministry of Health, DHBs, NGOs, kaupapa Māori services, PHOs, service users, tangata whaiora, whānau, hapū, iwi, Māori with experience of mental illness, Māori community, health professionals, mental health and addiction workers	**Years 1–3** Locally agreed pathways and protocols exist for all mainstream and kaupapa Māori mental health and addiction services, across the range of providers	DHBs (local/regional)
5.11 Review and update current service specifications to better align with kaupapa Māori models of practice	Ministry of Health, DHBs, NGOs, kaupapa Māori services, service users, tangata whaiora, whānau, hapū, iwi, the Māori community, mental health and addiction workers, networks	**Years 1–3** Service specifications are updated to reflect models of practice	Ministry of Health, DHBs (national)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Increase Māori participation in the planning and delivery of mental health and addiction services for Māori			
5.12 Develop effective partnerships with tangata whenua/Māori community to support active participation across all levels	DHBs, NGOs, Ministry of Health, PHOs, service users, tangata whaiora, networks, family, whānau, hapū, iwi, Māori communities, Māori with experience of mental illness, kaupapa Māori services	**Years 1–3** DHBs can demonstrate engagement with and participation by Māori in DAPs and regional plans	DHBs (local/regional)
5.13 Implement relevant workforce development strategies, including: • Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006–2009 • Matua Raki: The Addiction Treatment Sector Workforce Development Plan • Kia Puawai Te Ararau: Māori Mental Health Workforce Development Strategic Plan 2005–2010 • NGO Workforce Development Plan • Māori Health Workforce Development Plan and related action plans	Ministry of Health, DHBs, NGOs, PHOs, kaupapa Māori services, service users, tangata whaiora, whānau, hapū, iwi, health, Māori community, training providers, workforce development networks, Māori health professionals, mental health and addiction workers, networks	**Years 1–3 and ongoing** Plans are implemented	Ministry of Health, DHBs (local/regional/national)

Leading Challenge: Primary Health Care

Build and strengthen the capacity of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness and addiction, with immediate emphasis on:

- building the capacity of primary health care practitioners to assess the mental health and addiction needs of people and to meet these when they can best be met within primary health care settings
- building linkages between Primary Health Organisations (PHOs) and other providers of mental health and addiction services to ensure integration occurs to meet the needs of all people with mental illness and addiction
- strengthening the role of PHOs in communities to promote mental health and wellbeing.

Introduction

This challenge confirms the importance of the primary health care sector in meeting communities' mental health and addiction needs. The primary health care sector has always provided services for people affected by mental health and addiction and for many people the primary health care sector is their first point of contact with the health system.

This challenge also confirms the need to build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness and addiction. The Primary Health Care Strategy provides a clear direction for addressing inequalities in health and reducing barriers to accessing care.

Research from New Zealand (MaGPIe Research Group 2003) and internationally suggests that about a third of people who consult general practitioners (GPs) have a mental health problem or illness at the time of consultation, or have experienced one in the past year. Picking up problems at the earliest possible time and providing the right treatment in the right setting can prevent distress and suffering, prevent some problems becoming more severe and enhance recovery.

Greater connectedness between primary health care providers and mental health and addiction services will mean a more holistic approach can be taken to people's needs, which will result in better health outcomes overall. Over the next 10 years we can expect to see a greater connectedness between primary health care providers and specialist mental health and addiction services.

This section of the action plan identifies actions for mental health and addiction based on implementation of the Primary Health Care Strategy, and on building the linkages between PHOs and providers of mental health, alcohol and other drug, and problem gambling services.

Action Table: Primary health care

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Build and strengthen the capability of the primary health care sector to promote mental health and wellbeing and to respond to the needs of people with mental illness and addiction			
6.1 Provide advice to the Government on the future direction of primary mental health care, including funding and possible models, using information from: • PHO demonstrations • Review of international models • the Mental Health Epidemiology study • Primary Health Care Strategy evaluation • targeted primary health care services to improve access (SIA) • the review of Care Plus • integration of mental illness with the care co-ordination programme development work	Ministry of Health, DHBs, NGOs, PHOs, ALAC, primary care professionals, research and evaluation organisations, national workforce and research centres and programmes, service users, tangata whaiora, family, whānau, people with experience of mental illness	**Years 1–3** Research and evaluations completed; advice provided **Years 1–3** PHO/primary care mental health network meetings continue to develop **Years 1–3** PHOs will demonstrate the use of the PHOs' service development Toolkit for Mental Health in primary health care **Years 3–5** The approach agreed by the Government is implemented consistently across New Zealand, taking account of population needs	Ministry of Health Ministry of Health, DHBs (local) DHBs (local) Ministry of Health
6.2 Develop clinical and key performance indicators at the primary health care level for mental health	Ministry of Health, DHBs, PHOs, GPs, NGOs, primary care professionals, research and evaluation organisations, professional associations	**Years 1–5** Evidence-based Indicators are developed and included in the PHO Performance Management Programme	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Build the capacity of primary health care practitioners to assess the mental health and addiction needs of people and to meet these when they can best be met within primary health care settings			
6.3 DHBs and primary health care providers will address the physical health needs of people most severely affected by mental illness and those suffering the severe ongoing physical consequences of alcohol and/or drug use, in the context of an holistic health approach	DHBs, PHOs, Ministry of Health, NGOs, health professionals, service users, tangata whaiora, family, whānau	**Years 1–3** DHB audits of PHO plans will demonstrate linkages with specialist services	DHBs (local)
6.4 Engage mental health and addiction service user participation in the planning and development of primary mental health and addiction services	Service users, tangata whaiora, Ministry of Health, DHBs, PHOs, primary care professionals, family, whānau, primary and secondary care service users	**Years 1–3** PHOs demonstrate service user engagement in the planning and development of primary mental health and addiction services	DHBs (local)
Build linkages between Primary Health Organisations (PHOs) and other providers of mental health and addiction services to ensure integration occurs to meet the needs of all people with mental illness and addiction			
6.5 Strengthen the linkages between primary health care and specialist mental health and addiction services and other community agencies to ensure continuity and quality of care and appropriate integration	Ministry of Health, DHBs, NGOs, PHOs, ALAC, health professionals, professional associations, service users, tangata whaiora, family, whānau, people with experience of mental illness, other government agencies	**Years 1–3** Locally agreed pathways and protocols exist between primary health care and specialist mental health and addiction services and other community agencies, which will include information sharing **Years 1–3** DHBs support specialist services to improve the linkages with primary health care and specialist mental health and addiction services and other community agencies	DHBs (local) DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Strengthen the role of PHOs in communities to promote mental health and wellbeing			
6.6 PHOs will make mental health and wellbeing and mental illness and addiction an integral part of PHO/ primary health care health promotion	Ministry of Health, DHBs, NGOs, PHOs, MSD, local government, service users, tangata whaiora, family, whānau, people with experience of mental illness	**Years 1–3** PHOs demonstrate in their planning documents a focus on mental health promotion and addiction prevention	DHBs (local)

Leading Challenge: Addiction

Improve the availability of and access to quality addiction services, and strengthen the alignment between addiction services and services for people with mental illness, with immediate emphasis on:

- broadening the range of services that are funded for substance use problems
- maintaining and developing responsive and effective problem gambling services
- building the expertise of addiction and mental health providers to conduct complementary assessments and treatment planning.

Introduction

This challenge confirms the need to improve the availability of, and access to, quality addiction services, and to strengthen the alignment between addiction and mental health services, ensuring that 'any door is the right door' for people experiencing mental illness and/or addiction, so that individuals, families and whānau receive effective treatment and support.

A growing number of people experience both mental illness and addiction, and gambling-related harm is an emerging health and social issue. Substance abuse and problem gambling are increasing problems for many young people and specific attention will need to be paid to services for this group.

Workforce development is central to improving addiction services. Part of this includes the need to build the expertise of providers to undertake assessments and treatment planning for people who experience both mental illness and addiction.

This section outlines actions to broaden the range of high-quality and responsive services available to address alcohol and other drug and gambling-related harm. It also identifies actions to strengthen the alignment between mental health and addiction services.

Action Table: Addiction

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Improve the availability of and access to quality addiction services, and strengthen the alignment between addiction services and services for people with mental illness			
7.1 Improve access to addiction services	Ministry of Health , DHBs, Mental Health Commission, PHOs, ALAC, NGOs, National Committee for Addiction Treatment (NCAT), professional associations, clinicians, mental health and addiction workers, networks, service users, tangata whaiora, family, whānau, people with experience of addiction, other government agencies	**Years 1–3** Gaps at local and regional levels in service provision are identified and plans developed to address the gaps	DHBs (local/regional)
Broaden the range of services that are funded for substance use problems			
7.2 Develop a plan to address respite and acute services	Ministry of Health, DHBs, Mental Health Commission, NGOs, ALAC, NCAT, networks, service users, tangata whaiora, family, whānau, people with experience of addiction	**Years 1–3** A plan is developed **Years 1–5** A plan is implemented	DHBs (local/regional) DHBs (local/regional)
7.3 Develop a plan to address and strengthen residential treatment services	Ministry of Health, DHBs, Mental Health Commission, NGOs, NCAT, networks, clinicians, mental health and addiction workers, service users, tangata whaiora, family, whānau, people with experience of addiction	**Years 1–3** A plan is developed **Years 1–5** A plan is implemented	DHBs (local/regional) DHBs (local/regional)
7.4 Clarify agency responsibilities, and develop a common approach to the care of intoxicated people[2]	Ministry of Health, DHB, PHOs, NGOs, ALAC, IACD, Police, other government agencies, service users, tangata whaiora, family, whānau, people with experience of addiction, networks, mental health and addiction workers, clinicians	**Years 1–3** Ministry of Health and DHBs demonstrate the initiatives they have undertaken through annual reporting on the implementation of this plan	Ministry of Health, DHBs (local)

[2] Uncomplicated intoxication is not considered to be a mental illness or an addiction and this action is included in this plan to reflect the interagency project work under way.

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
7.5 Implement agreed access targets to opioid treatment	Ministry of Health, DHB, NGOs, PHOs, National Association Opioid Treatment Providers (NAOTP), NCAT, professional associations, service users, tangata whaiora, family, whānau, people with experience of addiction, networks, mental health and addiction workers, clinicians	**Years 1–3 and ongoing** Agreed access targets are implemented	Ministry of Health, DHBs (local/regional)
7.6 Review and update the Opioid Treatment Guidelines	Ministry of Health, DHB, NGOs, PHOs, NAOTP, NCAT, professional associations, other government agencies, service users, tangata whaiora, family, whānau, people with experience of addiction, networks, mental health and addiction workers, clinicians	**Years 1–5** Guidelines updated and implemented	Ministry of Health
7.7 Contribute to the development and implementation of the Alcohol and Illicit Drug Action Plan	Ministry of Health, Ministerial Committee on Drug Policy, IACD, DHBs, NGOs, ALAC, NCAT, professional associations, service users, tangata whaiora, family, whānau, people with experience of addiction, networks, mental health and addiction workers, clinicians	**Years 1–3 and ongoing** Actions as agreed in the plan are implemented	Ministry of Health
7.8 All providers will ensure that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians	**Years 1–3 and ongoing** All providers can demonstrate: • the availability of information on services in a way that is easily accessible by service users • service users are informed of their choices and options for care • evidence of a holistic treatment/ intervention approach	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
7.9 Develop addiction related outcome measures for addiction treatment services	Ministry of Health, DHBs, NGOs, NCAT, ALAC, professional associations, national research centres and programmes, service users, tangata whaiora, family, whānau, people with experience of addiction	**Years 1–5** Outcome measures are developed **Years 1–10** Measures are implemented	Ministry of Health Ministry of Health
7.10 Develop a mechanism for all NGO AoD providers to report the National Minimum Data Set within MHINC	Ministry of Health, DHB, NGOs, NCAT, national research centres and programmes, professional associations	**Years 1–3** Mechanism is developed **Years 3–5** All NGOs are reporting to MHINC	Ministry of Health DHBs (local)
7.11 Develop benchmarking workshops utilising the service profile information developed on the basis of a complete national data set	Ministry of Health, DHB, NGOs, NCAT, professional associations	**Years 3–5** Workshops are developed and information used to improve services	Ministry of Health, DHBs (local)
7.12 Develop initiatives to strengthen linkages between primary health care and mental health and addiction services, and between health and wider social services	IACD, DHBs, Ministry of Health, NGOs, ALAC, PHOs, NCAT, Dept of Corrections, professional associations, service users, tangata whaiora, family, whānau, people with experience of addiction, other government agencies	**Years 1–5** Initiatives are developed and DHBs can demonstrate the existence of initiatives through DAPs and regional plans	DHBs (local/regional)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
7.13 Continue to develop and support intersectoral initiatives and frameworks to ensure the needs of people in the criminal justice and youth justice system are met	Ministry of Health, DHBs, PHOs, Ministry of Justice, Department of Corrections, forensic services, NGOs, service users, tangata whaiora, family, whānau, people with experience of mental illness, networks, other government agencies	**Years 1–3 and ongoing** Provide advice to the Government on the mental health and addiction needs of people in the criminal justice setting **Years 1–3** Ministry of Health will demonstrate involvement in intersectoral initiatives	Ministry of Health
Maintain and develop responsive and effective problem gambling services			
7.14 Implement Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010	Ministry of Health, DIA, PHOs, DHBs, NCAT, service users, tangata whaiora, family, whānau, people with experience of addiction, networks, mental health and addiction workers, clinicians, problem gambling providers, workforce and training organisations, other government agencies, research institutions	**Years 1–5** Review Strategic Plan **Years 5–10** Implement revised strategic plan **Years 1–5** Review service plan and implement **Years 1–5** Integrate Problem Gambling information collection system (CLIC) with the Integrated National mental health collection **Years 1–3 and ongoing** Problem gambling service specifications are reviewed and updated to reflect current models of practice	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
7.15 Implement the Problem Gambling research programme	Ministry of Health, research institutions, problem gambling providers, professional associations, service users, tangata whaiora, family, whānau, people with experience of addiction	**Years 1–5** Research completed on: • outcomes • effective public health interventions • barriers to help-seeking • effectiveness of treatment approaches **Years 1–5** Review as part of the Strategic plan review	Ministry of Health
Build the expertise of addiction and mental health providers to conduct complementary assessments and treatment planning			
7.16 Implement *Matua Raki*, the addiction treatment sector workforce development programme	Ministry of Health, DHBs, NGOs, NCAT, Drug Alcohol Practitioners Association Aotearoa New Zealand, Australasian Chapter of Addiction Medicine, Drug Alcohol Nurses Australasia, professional associations, national workforce centres, problem gambling treatment providers, service users, tangata whaiora, family, whānau, people with experience of addiction, other government agencies	**Years 1–5** Action plan is developed and implemented **Years 1–5** Project completed on the role of the nurse practitioner in the addiction sector addressing competency and career pathways **Years 1–5** Training initiatives are in place that enable addiction and mental health providers to conduct complementary assessments and treatment planning that address co-existing disorders, including nicotine addiction	Ministry of Health Ministry of Health Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
7.17 Develop a coherent national approach to co-existing mental health and substance use/abuse disorders	Ministry of Health, DHBs, NGOs, PHOs, NCAT, addiction sector	**Years 1–5** National approach developed and implemented **Years 1–5** DHBs demonstrate how service delivery is aligned (at the level of the service user) for people with co-existing disorders	Ministry of Health, DHBs (national) DHBs (local/regional)
7.18 Prepare a policy options paper for Government consideration on the repeal or amendment of the Alcoholism and Drug Addiction Act 1966	Addiction sector, Ministry of Health, DHBs, ALAC, NGOs, Ministry of Justice, professional associations, other government agencies	**Years 1–3** Paper prepared and presented to the Government **Years 3–5** Government decisions are implemented	Ministry of Health Ministry of Health

Leading Challenge: Funding Mechanisms for Recovery

Develop and implement funding mechanisms for mental health and addiction that support recovery, advance best practice and enable collaboration.

With immediate emphasis on establishing funding models, contracting processes and service frameworks that:

- foster learning and evaluation
- promote the seamless delivery of services between providers and across boundaries
- remove incentives that can keep some service users tied to certain services and enable providers to adapt the services they provide to better meet the needs of service users
- enable the development of provider capability.

Introduction

This challenge confirms that funding mechanisms are instrumental in shaping the services that are purchased by state agencies and delivered by providers. Te Tāhuhu – Improving Mental Health makes a commitment to develop and implement more flexible funding mechanisms for mental health and addiction that support recovery, advance best practice and enable collaboration.

Supporting the development of funding and planning capability and capacity in DHBs is a key goal if the outcomes, goals and aspirations of service users/tangata whaiora are to be achieved.

This section outlines how over the next 10 years action will be undertaken to review all funding, contracting and service frameworks to promote the seamless delivery of services and enable the development of provider capacity.

Action Table: Funding mechanisms for recovery

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Develop and implement funding mechanisms for mental health and addiction that support recovery, advance best practice and enable collaboration			
8.1 Review national funding models and rules to support greater consistency and equity across the country and across providers	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, Mental Health Commission	**Years 1–3** Review completed Options prepared on alternative approaches and advice provided to the Government as required	Ministry of Health
		Years 3–10 Decisions are implemented	Ministry of Health
8.2 Develop funding approaches and contracting processes that are efficient, effective and equitable between providers and across the country	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, Mental Health Commission, all providers	**Years 1–3** DHBs can demonstrate compliance with operational policy framework and Treasury NGO contracting guidelines	Ministry of Health, DHBs (local)
8.3 Increase the capacity and capability of the mental health and addiction funding and planning role in DHBs	Ministry of Health, DHBs, providers	**Years 1–5** Forum for peer capability building is established	Ministry of Health, DHBs (local/regional)
		Years 1–5 Core funder capacity required is identified and recruited	DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
8.4 Continue to encourage and support interagency integrated funding projects	Ministry of Health, DHBs, other government agencies, local government	**Years 1–3** Ministry of Health and DHBs will demonstrate through reporting processes	Ministry of Health
8.5 Continue the mental health sector contribution to the national benchmarking pricing project and the common costing project	Ministry of Health, DHBs	**Years 1–3 and ongoing** Robust pricing developed	Ministry of Health, DHBs (national)
8.6 Pilot two to three alternative funding models to encapsulate an outcomes approach	DHBs, Ministry of Health, NGOs	**Years 1–5** Two to three pilot projects are established **Years 5–10** Pilot projects are evaluated and the results used to plan future service delivery options	DHBs (local/regional) DHBs (local/regional)

Leading Challenge: Transparency and Trust

Strengthen trust – with immediate emphasis on:

- increasing the availability of information and information systems to underpin service development, which support decision-making and improve services for people
- creating an environment that enables DHBs to demonstrate that their investments in mental health and/or addiction deliver value for money, are results-focused, and have regard to service impacts on people who are severely affected by mental illness and addiction
- creating an environment where mental health workers and service users can readily use information to support and enhance recovery.

Introduction

This challenge confirms the importance of the public seeing a trusted and high-performing mental health and addiction sector that is accountable to the Government for the investments it makes, and that provides value for money.

Sound information provides the basis for decision-makers to improve mental health and addiction services, and real improvements have been made in data gathering over the last decade. The next 10 years will see a shift in emphasis from the way information is collected towards its local and national use, with the key objective of achieving better outcomes for service users and tangata whaiora. For this to occur the necessary systems and information infrastructure – especially in the NGO sector – will need to be in place.

A number of key developments will provide significant new opportunities for the development of a high-quality mental health and addiction sector:

- the development of key performance indicators in mental health and addiction, which will provide the sector and the public with important signals about the progress the mental health and addiction sector is making towards achieving intended outcomes
- the implementation of the National Mental Health Information Strategy
- the findings of the New Zealand Survey of Mental Health and Wellbeing.

Encouraging an environment that supports the dissemination of knowledge and information, and building a research and evaluation-based approach to recovery practice are important for maintaining quality practice, and for promoting innovation in policy, planning and practice. The Mental Health Research and Development Strategy will play a pivotal role in this. Service users/tangata whaiora will need to be an integral part of this development.

Over the next 10 years information will be more readily available that will let people know what they can expect from mental health and addiction services, and provide opportunities for service users / tangata whaiora to have input into services through feedback mechanisms. Work will also be undertaken to review the effectiveness of the legal rights and protections afforded to people under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

This section identifies actions for the next 10 years to increase the availability of information and systems to underpin service development, support decision-making, improve services for people and enhance recovery.

Action Table: Transparency and trust

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Increase the availability of information and information systems to underpin service development, support decision-making and improve services for people			
9.1 Implement the priorities identified in the New Zealand National Mental Health Information Strategy	Ministry of Health, DHBs, NGOs, all providers, service users, tangata whaiora, family, whānau, PHOs	**Years 1–5** Strategy and action plan are implemented	Ministry of Health, DHBs (local/regional/ national)
9.2 Implement the Mental Health Research and Development Strategy	Ministry of Health, Mental Health Research and Development Committee, DHBs, NGOs, researchers, professional associations, service users, tangata whaiora, family, whānau, national research centres and programmes	**Years 1–3** Research strategy is developed **Years 3–10** Results of research are disseminated for consideration and action by providers	Ministry of Health Ministry of Health

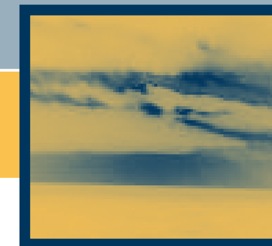
Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
9.3 Review findings of the New Zealand Survey of Mental Health and Wellbeing epidemiology study, with a view to creating a better match between mental health service delivery and population need	Ministry of Health, Health Research Council, ALAC, national research centres and programmes, Mental Health Commission, service users, tangata whaiora, family,whānau	**Years 1–3** Review papers prepared and disseminate the information to the sector **Years 1–5** DHBs demonstrate changes in the funding and planning of services based on the review findings	Ministry of Health DHBs (local/regional)
9.4 Establish a mechanism for the co-ordination and dissemination of innovative and effective practice across the mental health and addiction sector, including primary mental health care	Ministry of Health, DHBs, NGOs, professional associations, Mental Health Commission, service users, tangata whaiora, national workforce and research centres and programmes	**Years 1–3** Scoping is completed on a potential mechanism **Years 3–5** A mechanism is established	Ministry of Health Ministry of Health
9.5 DHBs will continue to provide an environment and ensure mechanisms exist for continuous learning and ongoing quality improvement in the planning and delivery of mental health and addiction services	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, training providers	**Years 1–3 and ongoing** Funders and providers will make use of service utilisation and outcome data to facilitate quality improvement, and for planning and service review purposes **Years 1–3 and ongoing** Implement the Improving Quality (IQ) plan **Years 1–3 and ongoing** All services will demonstrate compliance with the Mental Health Sector Standards	Ministry of Health, DHBs (local) Ministry of Health, DHBs (local) DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
9.6 Complete the review of sector standards: • review and update audit workbook • update the audit processes guidelines	Ministry of Health, DHBs, NGOs, Standards New Zealand Experts Committee, service users, tangata whaiora, family, whānau	**Years 1–3** New standards produced, audit workbooks developed and requirements implemented by all providers	Ministry of Health, DHBs (local)
Create an environment that enables DHBs to demonstrate that their investments in mental health and/or addiction deliver value for money, are results-focused, and have regard to service impacts on people who are severely affected by mental illness and/or addiction			
9.7 Develop a first version national key performance indicator set for use in New Zealand mental health and addiction services	Ministry of Health, DHBs, NGOs, Mental Health Commission, ALAC, NCAT, service users, tangata whaiora, family, whānau, PHOs, national workforce centres	**Years 1–3** First version of generic key performance indicators developed **Years 3–5** Active and appropriate benchmarking is used to improve services	Ministry of Health DHBs (local/regional/ national)
9.8 All providers will actively foster a research and evaluation-based approach to recovery practice	Ministry of Health, DHBs, NGOs, Mental Health Commission, service users, tangata whaiora, family, whānau, PHOs, national research and workforce centres and programmes	**Years 1–5** Providers will implement formative and summative evaluation processes where appropriate	DHBs (local/regional)
Create an environment where mental health workers and service users can readily use information to support and enhance recovery			
9.9 Increase the availability and use of the information from the DHB service profile	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, providers	**Years 1–3** A mechanism is established for making the information available for use by DHBs	Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
9.10 All service providers will implement collaborative note-taking and recovery planning for mental health service users and tangata whaiora and treatment/intervention planning for addiction service users	All providers, clinicians, service users, tangata whaiora, family, whānau	**Years 1–3** Recovery plans will be in place and evidenced through case notes and audit processes	DHBs (local)
9.11 Service users, family, whānau and other agencies know and understand what they can expect from mental health and addiction services	DHBs, Ministry of Health, NGOs, service users, tangata whaiora, family, whānau, professional associations, clinicians, other government agencies	**Years 1–3** All DHBs, at service locations and on their websites, will have information on the range of contracted mental health services, referral criteria and processes, complaints procedures, access to consumer and family advisors, and mechanisms in place for feedback	DHBs (local/regional)
9.12 Roll out the national service user satisfaction survey tool using the hospital benchmarking process	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau, mental health and addiction workforce	**Years 1–3** The tool is rolled out **Years 1–5** Information gained is used by DHBs to contribute to improved quality of services	Ministry of Health DHBs (local)
9.13 Complete NGO information systems project (to allow input into MH-SMART)	Ministry of Health, DHBs, NGOs, service users, tangata whaiora, family, whānau	**Years 1–3** Scoping of information requirements for NGO sector is completed **Years 1–5** Project to develop systems to meet NGO information needs is implemented	Ministry of Health Ministry of Health, DHBs (local)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
9.14 Review the effectiveness of the implementation of rights and protections under the Mental Health Act	Ministry of Health, DHBs, service users, tangata whaiora, family, whānau, NGOs, clinicians, Mental Health Commission, District Inspectors, legal profession, Health and Disability Commissioner, Ministry of Justice, Human Rights Commission, professional associations, other government agencies	**Years 1–3** The review is completed **Years 3–10** Any changes required as a result of the review are implemented	Ministry of Health Ministry of Health

Leading Challenge: Working Together



Strengthen cross-agency working together, with immediate emphasis on:

- regional and national collaboration between DHBs to promote the optimal use of resources, minimise clinical risk and maximise in-demand workforce capabilities
- the alignment between the delivery of health services and the delivery of other government-funded social services.

Introduction

This challenge confirms that effective partnerships and networks across health and other government-funded social services are critical to providing co-ordinated support for people with experience of mental illness and/or addiction, and to enhancing recovery.

By building creative and innovative partnerships across agencies there will be more opportunities for success, to raise the profile of mental health and addiction and to address needs among our communities.

Across the health and disability sector, from prevention and promotion to primary care and secondary services, further opportunities exist for building strong relationships. In particular there are ongoing opportunities for DHBs to work together at the national and regional levels.

Improving outcomes for service users and tangata whaiora will not be achieved by the mental health and addiction sector alone, however. Strong, proactive, intersectoral partnerships will need to be forged with justice, corrections, education, housing, employment and social service agencies to ensure that service users' broader social and economic needs are met.

This section outlines actions to be undertaken over the next 10 years to strengthen cross-agency working together to promote the optimal use of resources and expertise, minimise clinical risk and maximise workforce capabilities, and advance recovery and wellness for people experiencing mental illness and/or addiction.

Action Table: Working together

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
Regional and national collaboration between DHBs to promote the optimal use of resources, minimise clinical risk and maximise in-demand workforce capabilities			
10.1 Clarify the role, expectations and accountabilities of Regional Mental Health Networks	DHBs, NGOs, kaupapa Māori services, Ministry of Health, service users, tangata whaiora, family, whānau, Mental Health Commission	**Years 1–5** A joint DHB/Ministry of Health project to clarify the role of regional networks is established, and recommendations are implemented	Ministry of Health, DHBs (regional/ national)
10.2 Strengthen the partnership relationships between DHB mental health and addiction services through, for example: • sharing best practice • peer review and supervision • information sharing	DHBs, NGOs, kaupapa Māori services, Ministry of Health, service users, tangata whaiora, family, whānau, Mental Health Commission	**Years 1–3** DHBs can demonstrate that mechanisms are in place and being used to improve their partnership relationships	DHBs (local/regional)
10.3 Continue to provide local and regional fora for service providers, workers, service users and tangata whaiora to provide input into mental health and addiction sector development	DHBs, NGOs, kaupapa Māori services, Ministry of Health, service users, tangata whaiora, family, whānau, Mental Health Commission, PHOs	**Years 1–3 and ongoing** DHBs can demonstrate that systems are in place and implemented for meaningful input into sector development **Years 1–3** The participation of the addiction sector in the regional networks and local advisory groups is increased	DHBs (local/regional) DHBs (local/regional)

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
The alignment between the delivery of health services and the delivery of other government-funded social services			
10.4 Develop contracts that include the requirement for explicit linkages across health and wider government sector agencies	Service Framework group, Ministry of Health, DHBs, NGOs, other government departments	**Years 1–5** This action is included in the NSF review and reviews of contracting processes **Years 1–5** Changes to contracts are implemented as required	Ministry of Health DHBs (local/regional)
10.5 Continue to advise on, promote the importance of, and raise the profile of mental health and wellbeing and mental illness and addiction across government-funded social services and territorial local authorities (TLAs) in order to achieve increased commitment from and capability of those agencies	TLAs, DHBs, NGOs, Ministry of Health, MOE, Housing, MSD-CYF, Department of Labour, ACC, ALAC, Inland Revenue Department, Mental Health Commission, service users, tangata whaiora, family, whānau, professional associations, other government agencies	**Years 1–3** DHBs will demonstrate involvement in joint intersectoral initiatives that promote working together and make linkages (eg, training initiatives, fora, work exchanges) with other government agencies **Years 1–3** Ministry of Health will continue to work with other government agencies at a national level providing advice and information to ensure that other government policy and practices include mental health and addiction interests **Years 1–3** Ministry of Health will continue to work with other government agencies, and engage with the sector where possible, on policy development that may impact on mental health and addiction service users, tangata whaiora and providers	DHBs (local/regional/ national) Ministry of Health Ministry of Health

Specific actions	Key stakeholders	Milestones/measures/phasing	Lead
10.6 Mental health and wellbeing are included in the TLAs and Long Term Council Community Plan (LTCCP)	DHBs, TLAs, service users, tangata whaiora, family, whānau	**Years 1–3** DHBs will contribute to the development of TLAs and LTCCP	DHBs (local)
10.7 Implement the mental health components of key intersectoral strategies (eg, the Youth Offending Strategy)	DHBs, NGOs, Ministry of Health, all providers, other government departments, professional associations, service users, tangata whaiora, family, whānau	**Years 1–3 and ongoing** Implementation of strategies as agreed	Ministry of Health, DHBs (local/regional)

Appendix 1

Te Kōkiri: The Mental Health and Addiction Action Plan Advisory Group Membership

Chair

Memo Musa

Deputy Chair

Janice Wilson

Members

Francis Agnew
Kaye Carncross
Judi Clements
Joy Cooper
Karleen Edwards
Maxine Gay
Sue Hallwright
Anne Helm
Julie Nelson
Mary O'Hagan
Helen Rodenburg
Mary Smith
Ana Sokratov
Rees Tapsell
Jenny Wolf
Derek Wright

Appendix 2

Ministry of Health Documents and Strategies to Consider

All of the following references can be accessed on the Ministry of Health's website: www.moh.govt.nz

Blueprint for Mental Health Services in New Zealand: How things need to be

Building on Strengths – A springboard for action: A new approach to promoting mental health in New Zealand/Aotearoa

He Korowai Oranga: The Māori Health Strategy

Health of Older People Strategy

Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau

Improving Quality: A systems approach for the New Zealand health and disability sector

Looking Forward: Strategic directions for the mental health services

Matua Raki: The Addiction Treatment Sector Workforce Development Framework

Mental Health (Alcohol and other Drugs) Workforce Development Framework

National Mental Health Information Strategy 2005–2010

Mental Health: Service Use in New Zealand 2001

Moving Forward: The national mental health plan for more and better services

National Alcohol Strategy

National Strategic Framework for Alcohol and Drug Services

National Drug Policy: A national drug policy for New Zealand

New Futures: A strategic framework for specialist mental health services for children and young people in New Zealand

New Zealand Youth Suicide Prevention Strategy: In our hands: Kia Piki te Ora o te Taitamariki

National Mental Health Sector Standard – He Whariki Oranga Hinengaro

Pacific Health and Disability Action Plan

Pacific Health and Disability Workforce Development Plan

Preventing and Minimising Gambling Harm Strategic Plan 2004–2010

Reducing Inequalities in Health

Services for People with Mental Illness in the Justice System: Framework for forensic mental health services

Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan

Te Orau Ora: Pacific mental health profile

Te Puāwaitanga: Māori Mental Health National Strategic Framework

The New Zealand Disability Strategy: Making a world of Difference: Whakanui oranga

The New Zealand Health Strategy

The Primary Health Care Strategy

Towards a National Strategy for the Development of Research on Tobacco, Alcohol, Other Drugs and Gambling

Whakatātaka: The Māori Health Action Plan

Youth Development Strategy

Other Government strategies

Building the Future: The New Zealand Housing Strategy

New Zealand Injury Prevention Strategy

Opportunity for All New Zealanders

The New Zealand Positive Ageing Strategy

Youth Offending Strategy: Preventing and reducing offending and re-offending by children and young people Te Haonga

Glossary of Terms and Abbreviations

ACC	Accident Compensation Corporation.
Access	A potential service user's ability to obtain a service when they need it and within the appropriate time.
Addiction	In the context of this plan, addiction relates only to alcohol and other drug use and/or problem gambling. It refers to a maladaptive pattern of substance use, or problem gambling leading to clinically significant impairment or distress. Substance use disorders and pathological gambling disorder are characterised by dyscontrol, tolerance, withdrawal and salience, and are considered chronic relapsing conditions.
Ageing in place	The ability to receive the support needed to remain in one's own home or community when growing older.
ALAC	Alcohol Advisory Council of New Zealand.
AoD	Alcohol and other drugs.
Assessment	A service provider's systematic and ongoing collection of information about a consumer to form an understanding of consumer needs. A clinical assessment forms the basis for developing a diagnosis and an individualised treatment and support plan with the service user, their family, whānau and significant others.
Bangkok Charter	Bangkok Charter for Health Promotion 2005.
Blueprint (for Mental Health Services)	The document the Mental Health Commission developed that defines the levels of specialist mental health services as well as the changes required to implement the Government's *National Mental Health Strategy* (Mental Health Commission 1998).
Capability	An individual, organisation or sector having the right skills, knowledge and attitudes to deliver high-quality and effective mental health and addiction services.

Capacity	An organisation or sector having sufficient appropriately trained staff and resources to deliver a high-quality and effective mental health and addiction service.
Children and young people	People aged 0–19 years, inclusive.
CLIC	Client Information Collection (Problem Gambling)
DAP	District annual plan.
DHB	District Health Board.
DHBNZ	District Health Boards of New Zealand.
DIA	Department of Internal Affairs.
Empowerment	A sense of one's own value and strength, and a capacity to handle life's issues.
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 user's whānau, extended family, partner, siblings, friends or other people that the service user has nominated.
Gambling harm	The Gambling Act 2003 defines harm as 'harm or distress of any kind arising from, or exacerbated by, a person's gambling, and includes personal, social, or economic harm suffered by the person; or the person's spouse/partner, family, whānau, or wider community; or in the workplace; or by society at large'.
GP	General practitioner.
Health promotion	The process of enabling people to increase control over and improve their health. It involves the population as a whole in the context of their everyday lives, rather than focusing on people at risk for specific diseases, and is directed towards action on the determinants of health.
Hua Oranga	Māori Outcome Measurement Tool.
IACD	Interagency Committee on Drugs.

Integrated approach	An integrated approach addresses the continuum of need and encompasses public health approaches and intervention services.
LTCCP	Long Term Council Community Plan.
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 (WHO 2001).
Mental health promotion	The process of enabling people to increase control over, and to improve, their health. Mental health promotion is not just the responsibility of the health sector.
Mental health sector	The organisations and individuals involved in mental health to any degree and at any level.
Mental health service provider	An organisation providing as its core activity assessment, treatment or support to consumers with mental illness and/or alcohol and drug problems.
Mental illness	Any clinically significant behavioural psychological syndrome characterised by the presence of distressing symptoms or significant impairment of functioning.
MHC	Mental Health Commission.
MHINC	Mental Health Information National Collection – the national health database.
MHRDS	Mental Health Research and Development Strategy.
MH-SMART	Mental Health Standard Measures of Assessment and Recovery, established to assist DHBs in outcome collection processes.
MHWDP	Mental Health Workforce Development Programme.
MOE	Ministry of Education.
MSD-CYF	Ministry of Social Development, Child Youth and Family.
NAOTP	National Association Opioid Treatment Providers.

NCAT	National Committee for Addiction Treatment.
Networks	For the purpose of this document, 'networks' refers to the broad range of existing networks that have a focus on health-related areas and mental health and addiction issues (eg, consumer networks, regional mental health networks).
NGO	Non-governmental organisation.
NSF	Nationwide Service Framework.
Ottawa Charter	Ottawa Charter for Health Promotion 1986.
Outcome	A measurable change in the health of an individual, or a group of people or population, which is attributable to interventions or services.
Pacific peoples	A diverse group of people from the Pacific region, including Tongan, Samoan, Fijian, Cook Island, Tokelauan and Niuean peoples.
PHO	Primary Health Organisation.
Prevention	Intervention that is designed to prevent mental health disorders or problems. Prevention interventions may be: • universal – targeted to the whole population (eg, healthy cities) • selective – targeted to individuals or groups at increased risk (eg, postnatal home visits for new mothers) • indicated – targeted to individuals with early symptoms (eg, grief therapy for individuals experiencing the loss of a close relative, partner or friend).
Primary health care	Essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to and a central function of the country's health system, and is the first level of contact with the health system.

Problem gambling	Patterns of gambling behaviour that compromise, disrupt or damage health, personal, family or vocational pursuits. In its most extreme form it is often described as pathological gambling.
Professional associations	For the purposes of this document these include all professional associations representing, and/or responsible for the registration of the health workforce, including unions.
Recovery	Living well in the presence or absence of mental illness and the losses that can be associated with it. 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 worldview. There is a long and generally held view that in the addictions field recovery involves an expectation/hope that people can and will recover from their addiction/unwellness, acceptance that recovery is a process not a state of being, and recognition that the recovery is done by the person addicted/affected, in partnership with the services (in the word's widest sense) providing help. A challenge faced by both the mental health and addiction sectors is the ongoing development of the concept and language of recovery.
Service user	A person who uses mental health services. This term is often used interchangeably with consumer and/or tangata whaiora.
SPARC	Sport and Recreation New Zealand.
Specialist Services	For the purposes of this document specialist services refers to all those mental health and addiction services described in the Nationwide Services Framework and funded through the mental health ring-fence. This includes NGOs.
Tangata whaiora	People seeking wellness; mental health service users.
Te Kōkiri	To action; to activate.

Te tāhuhu	The ridgepole that provides essential support.
TLA	Territorial local authority.
Whānau	Kuia, koroua, pakeke, rangatahi, tamariki. The use of the term whānau in this document is not limited to traditional definitions, but recognises the wide diversity of families represented within Māori communities. It is up to each whānau and each individual to define for themselves who their whānau is.
Whānau ora	Māori families achieving their maximum health and wellbeing.
WHO	World Health Organization.

References

Alcohol Advisory Council of New Zealand and the Ministry of Health. 2001. *National Alcohol Strategy 2000–2003.* Wellington: Ministry of Health.

Associate Minister of Health, Ministry of Health and Ministry of Youth Development. 2005. *A Life Worth Living: New Zealand Suicide Prevention Strategy: Consultation document.* Wellington: Ministry of Health.

Howden-Chapman P, Tobias M. 2000. *Social Inequalities in Health: New Zealand 1999.* Wellington: Ministry of Health.

MaGPIe Research Group. 2003. The nature and prevalence of psychological problems in New Zealand primary healthcare: a report on Mental Health and General Practice Investigation (MaGPIe). *New Zealand Medical Journal* 116: 1171.

Mental Health Commission. 1998. *Blueprint for Mental Health Services in New Zealand: How things need to be.* Wellington: Mental Health Commission.

Minister for Disability Issues. 2001. *The New Zealand Disability Strategy: Making a world of difference: Whakanui oranga.* Wellington: Ministry of Health.

Minister of Health. 2000. *The New Zealand Health Strategy.* Wellington: Ministry of Health.

Minister of Health. 2001. *The Primary Health Care Strategy.* Wellington: Ministry of Health.

Minister of Health. 2005. *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan.* Wellington: Ministry of Health.

Minister of Health and Associate Minister of Health. 2002. *He Korowai Oranga: The Māori Health Strategy.* Wellington: Ministry of Health.

Ministry of Health. 1994. *Looking Forward: Strategic directions for the mental health services.* Wellington: Ministry of Health.

Ministry of Health. 1997. *Moving Forward: The National Mental Health Plan for More and Better Services.* Wellington: Ministry of Health.

Ministry of Health. 1998a. *National Drug Policy: A national drug policy for New Zealand, 1998–2003.* Wellington: Ministry of Health.

Ministry of Health. 1998b. *New Futures: A strategic framework for specialist mental health services for children and young people in New Zealand.* Wellington: Ministry of Health.

Ministry of Health. 2001a. *Building on Strengths – A springboard for action: A new approach to promoting mental health in New Zealand/Aotearoa.* Wellington: Ministry of Health.

Ministry of Health. 2001b. *Like Minds, Like Mine: National Plan 2001–2003: Project to counter stigma and discrimination associated with mental illness.* Wellington: Ministry of Health.

Ministry of Health. 2002a. *Reducing Inequalities in Health*. Wellington: Ministry of Health.

Ministry of Health. 2002b. *Te Puāwaitanga Māori Mental Health National Strategic Framework*. Wellington: Ministry of Health.

Ministry of Health. 2002c. *The Pacific Health and Disability Action Plan*. Wellington: Ministry of Health.

Ministry of Health. 2003. *Health and Independence Report: Director-General's annual report on the state of public health*. Wellington: Ministry of Health.

Ministry of Health. 2004. *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation plan: 2004–2010*. Wellington: Ministry of Health.

Ministry of Health. 2005a. *National Mental Health Information Strategy 2005–2015*. Wellington: Ministry of Health.

Ministry of Health. 2005b. *Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010*. Wellington: Ministry of Health.

Ministry of Health. 2005c. *Tauawhitia te Wero, Embracing the Challenge: National Mental Health and Addiction Workforce Development Plan, 2006–2009*. Wellington: Ministry of Education.

Ministry of Justice and Ministry of Social Development. 2002. *Youth Offending Strategy: Preventing and reducing offending and re-offending by children and young people: Te Haonga*. Wellington: Ministry of Justice and Ministry of Social Development.

WHO. 2001. *Strengthening Mental Health Promotion*. Geneva: World Health Organization.