

Northern Regional Pacific
Mental Health and Addictions Plan 2003/05

IMPLEMENTATION PLAN

September 2005

Prepared for the Northern region District Health Boards:

Auckland District Health Board
Counties Manukau District Health Board
Northland District Health Board
Waitemata District Health Board

by the Northern DHB Support Agency



Te Poari Tautoko I Nga Rohe Ki Te Raki





Foreword

Kia Ora, talofa lava, kia orana, malo e lelei, fakalofa lahi atu, ni sa bula vinaka, taloha ni, fakatalofa-atu, greetings.

New Zealand's Pacific population is growing at a rate three times faster than the total New Zealand population. The Northern region is home to the majority of that population. Therefore it is important that Pacific perspectives are included in service provision so that we collectively can meet the unique cultural needs of Pacific peoples in our region.

The need to address and acknowledge the perspectives of Pacific people will require new approaches to treatment and service delivery. New approaches and changes to service delivery not only impacts on the service, clients and their families but also on other internal and external stakeholders. Central to this is the Pacific service user/consumer whose needs must come first. Pacific consumers as any other consumer have a fundamental right to receive the most appropriate care when they need it and have the ability to choose what treatment and care they get and how they should be supported. Future developments in Pacific mental health and addiction services will continue to consider service delivery mechanisms based on the needs of Pacific service users and their families. Collaboration, communication and cooperation are integral to progressing Pacific mental health sector development.

The Northern region Pacific Mental Health and Addictions Implementation Plan provides the Northern Region DHBs with a guiding framework to improving the development and delivery of mental health and addiction services to Pacific peoples. It is **our** collective responsibility to ensure that this work makes a difference.

Derek Wright

Regional Director-Mental Health Services, Northern Region



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A number of individuals, groups and organisations have contributed to the development of the implementation plan, driven by their ongoing drive and commitment to ensuring better mental health outcomes for Pacific people in the Northern region. We thank you for your continued support, direction, knowledge and vision.

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Executive Summary

The purpose of the implementation plan is to describe the actions that will take place over the next five years to fulfill the goals and objectives in the Northern Regional Pacific Mental Health and Addictions Plan. This plan has been developed to provide funders, planners, providers and the wider community with a planned, coordinated approach to progressing Pacific mental health development in the Northern region. The scope of the plan covers both “by Pacific for Pacific” services and all other services that are likely to be accessed by the Pacific population.

The six goals that guide the implementation plan are:

- 1 **Access for Pacific people to Mental Health Service** - improve access for Pacific peoples to mental health services
- 2 **Workforce Development** - develop a competent and qualified Pacific mental health workforce to improve the quality of mental health services around competencies
- 3 **Primary Mental Health** - develop Pacific primary mental health services
- 4 **Information systems** – underpins all four priority goals
- 5 **Partnerships** - develop partnerships with organisations, communities, families and service users, which will maximise opportunities for Pacific people involved in mental health, alcohol and other drug services
- 6 **Quality Mental Health Services**—development of quality improvement process across Pacific Mental Health services.

Implementing these goals will result in substantial movement towards our vision of a time when there are no longer mental health disparities for Pacific people.



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1. Introduction

1.1 Background

The Northern region Pacific Mental Health and Addictions Plan 2003-2005 outlines the key direction and focus areas for Pacific Mental Health Development in the Northern region over the next 3-5 years. The implementation plan was developed to provide funders, planners, providers and the wider community with a planned, coordinated approach to progressing Pacific mental health development in the northern region.

New Zealand's Pacific population is growing at a rate three times faster than the total New Zealand population. The majority (almost 70%) of the Pacific population reside in the Northern region. Given the concentration of the population, the Northern Region DHBs are committed to ensuring that services accessed by Pacific populations are appropriate and meet service expectations. The implementation plan highlights a number of challenges facing mental health and addiction services in addressing the unique needs of Pacific people:

- The greatest impact of Pacific service provision is expected to be in the age range 10-30 years, as that group is increasing at the fastest rate and those are the years within which first time mental illness is most likely to occur.
- The risk factors for mental illness are significant in Pacific communities (e.g. low socioeconomic factors, pressures of migration transition, complex extended family relationships and traditional perspectives on health and wellbeing) and present a challenge to ensuring services are accessible and appropriate for Pacific people;
- Capacity and capability building is central to the ongoing development and enhancement of Pacific mental health and addiction providers to ensure Pacific people have the choice to access by Pacific services



1.2 Purpose

In 2002/03 the Northern DHB Support Agency (NDSA) and Counties Manukau District Health Board (CMDHB) on behalf of DHBs of the Northern Region developed a Regional Pacific Mental Health and Addictions Plan. This plan was endorsed by the regions four DHBs. The plan identified the strategic direction for the development of Pacific mental health and addictions services throughout the region and had wide sector support. In 2004 the NDSA initiated a process for the development of a Regional Pacific Implementation Plan. A number of key stakeholders assisted in drawing the priorities identified in the Pacific Plan into a framework for action that has specific timelines and milestones (Implementation Plan).

This Implementation Plan is aligned to the Northern Region Mental Health and Addictions Services Strategic Directions Document 2005-2010 and the Northern Regional Mental Health Workforce Development Action Plan. The scope of this plan covers both “by Pacific for Pacific” and all other services that are likely to be accessed by Pacific populations. The purpose of this implementation plan is to describe the actions that will take place over the next 5 years to fulfill the goals and objectives in the Northern Region Pacific Mental Health and Addictions Plan.

1.3 Vision

Our vision for Pacific mental health is of well informed Pacific communities that are:

- Able to protect and preserve the mental health of their residents
- Able to recognise when help is needed and know where to access that help
- Able to support people with serious mental health problems to achieve recovery



Our vision is of a time when there is no longer health disparities for Pacific people and when people can live normally in the presence or absence of his or her mental illness.¹

1.4 Goals

The six goals that guide implementation and prioritization from the Plan are:

- 1 **Access for Pacific people to Mental Health Service** - improve access for Pacific peoples to mental health services
- 2 **Workforce Development** - develop a competent and qualified Pacific mental health workforce to improve the quality of mental health services around competencies
- 3 **Primary Mental Health** - develop Pacific primary mental health services
- 4 **Information systems** – underpins all four priority goals
- 5 **Partnerships** - develop partnerships with organisations, communities, families and service users, which will maximise opportunities for Pacific people involved in mental health, alcohol and other drug services
- 6 **Quality Mental Health Services**—development of quality improvement process across Pacific Mental Health services.

The tables that follow detail the objectives that relate to each of the above priority areas

¹ Northern Regional Pacific Mental Health and Addictions Plan 2003/05



GOAL 1: IMPROVE ACCESS TO MENTAL HEALTH SERVICES BY PACIFIC PEOPLES

In the Northern region, Pacific people are utilising the mental health services less than any other ethnic group (NHIS 2003). This may be related to a number of factors including the lack of "for Pacific by Pacific services" and the lack of responsiveness of mainstream services to the mental health and cultural needs of Pacific people.

The need to increase and develop "for Pacific by Pacific" services and improve the responsiveness of mainstream services is essential to meeting the current and future demand for the Pacific population.

For many Pacific people, access to mainstream services may be the only option that is available. Mainstream services therefore need to be able to respond to the specific needs of Pacific people, and develop linkages with Pacific services. In particular, mental health services in areas with significant but relatively small Pacific communities such as Northland DHB district need to develop networks with Pacific organizations and groups able to advise on culturally acceptable forms of treatment.

At present, there are no "by Pacific for Pacific" mental health services in the region for Pacific youth despite half of the total Pacific population are under the age of twenty.

Te Orau Ora- Pacific Mental Health Profile (Ministry of Health, 2005) projects significant increases in Blueprint funding allocations to ensure service provision to Pacific populations, particularly in Auckland where the population exists to sustain Pacific run mental health services.



The work conducted under goal one includes assessing the implications of an increasing Pacific population in the Northern region and the resulting demand on mental health service provision. This information will be of particular assistance to District Health Board Funders and Planners when planning services to meet the needs of their Pacific populations.

Objective	Action	Role	Completion Date
Ensure active participation of Pacific peoples in all areas of mental health and addictions services	Ensure that pacific peoples are represented in regional mental health and addictions forums/ groups.	Moana Pasifika	2005/06
To expand and develop “by Pacific for Pacific” mental health services in the region for Pacific youth.	Undertake a project to scope the potential population demand and the implications for service gaps in the provision of adolescent mental health and addiction services to Pacific young people;	Northern DHB Support Agency	2005/06
	Identify the models of care and/or approaches to working with young Pacific people and their families;	WDHB/CMDHB	2006/07



	<p>Develop an action and implementation plan to identify the range of services necessary to meet the needs of Pacific young people; and</p> <p>Implement agreed recommendations to improve access for Pacific young people to mental health services</p>	WDHB/CMDHB	2006/07
		WDHB/CMDHB	2006/07
<p>To support the growth and development of Pacific mental health and addiction service providers with an emphasis on:</p> <ul style="list-style-type: none"> • Information systems • Business processes 	<p>Apply Pacific Provider Development funding to Pacific NGOs to:</p> <ul style="list-style-type: none"> • Ensure alignment with national, regional and local information requirements (e.g. MHINC) • Improve business processes in organizations to strengthen management infrastructure 	District Health Boards	2005/06



<p>To ensure that mainstream mental health and addiction providers who provide services to significant Pacific populations are responsive and culturally competent, including awareness of family structure and dynamics.</p>	<p>Develop cultural competency standards and training for all providers delivering services to Pacific populations.</p> <p>Support mainstream providers to develop linkages with Pacific services and to develop networks with Pacific organizations and groups able to advise on culturally acceptable forms of treatment.</p>	<p>District Health Boards, linking with work undertaken by PAVA for MoH.</p> <p>District Health Boards</p>	<p>2005/06</p> <p>2005/06</p>
<p>Continue the development of “by Pacific for Pacific” services to ensure that Pacific people have a greater choice of services.</p>	<p>Develop a Pacific Mental Health population profile and projection by region and DHB that can be used by individual DHBs as a planning tool. This will assist in planning for the future development of Pacific mental health and addiction services.</p>	<p>NDSA on behalf of the Northern region DHBs.</p>	<p>2005/06</p>
<p>Improve current client</p>	<p>Undertake a service improvement pilot within DHB Pacific</p>	<p>District Health</p>	<p>2004/05</p>



care pathways to ensure seamless transition along the continuum of care	Mental Health Services based on work that has been completed at Isa Lei in 2004. The pilot will identify areas for improvement, opportunities for innovation and change within current services by using the service users journey through the system of care as a key resource to guide service change.	Boards (lead ADHB) in conjunction with the National Mental Health Workforce Development Programme	
	Review ADHB service improvement pilot.	ADHB	2005/06
	Undertake service improvement pilot within another DHB setting	WDHB or CMDHB	2006/07



GOAL 2: DEVELOP A COMPETENT AND QUALIFIED PACIFIC MENTAL HEALTH AND ADDICTIONS WORKFORCE THAT WILL MEET THE NEEDS OF PACIFIC PEOPLE

The need to increase the Pacific mental health workforce was first highlighted in *Moving Forward: The National Mental Health Plan for more and better services* (Ministry of Health, 1997) and was reiterated in *Pacific Mental Health Services and Workforce: Moving on the Blueprint* (Mental Health Commission, 2002). The report also noted the need to up skill the current Pacific workforce.

The challenges to building Pacific workforce are:

- Promoting mental health as an exciting career and professional development opportunity to Pacific health professionals as well as the wider Pacific workforce;
- Growing a workforce that covers all the major occupational groups required to effectively deliver mental health services to Pacific people; and
- Ensuring access to existing training opportunities and development options.

Many providers have reported the difficulties in accessing available opportunities due to the cost of backfilling services, balancing the competing pressures on Pacific workforce (e.g. work, church, family commitments) and targeting those opportunities to where the need is greatest.



Objective	Action	Role	Completion Date
<p>Ensure that robust, relevant and uniformly defined data is collected across the Pacific mental health and addictions sector to allow better workforce development planning, service quality improvement and forecasting.</p>	<p>Complete a stock take of the Pacific mental health and addictions workforce across the Northern region</p>	<p>NDSA as part of Workforce Development Plan Implementation</p>	<p>2005/06</p>
	<p>Model the likely population health need and forecast likely demand for Pacific workforce</p>	<p>Link to national data collections being completed by the MOH/MHC/Platform</p>	<p>2006/07</p>
<p>To develop a Northern Regional Pacific Mental Health and Addictions Workforce Development Plan.</p>	<p>The plan to include A scoping of the training needs of existing Pacific mental health and addictions service providers via a training needs analysis project Identify strategies to up skill, train, recruit and retain a</p>	<p>Northern DHB Support Agency on behalf of the Northern Region DHBs Linking to the</p>	<p>2005/06</p>



	competent Pacific workforce and then implement.	national and regional workforce plans	
To build leadership capacity within the Pacific mental health and addictions sector.	Investment in leadership development programmes and scholarships such as the Blueprint leadership and mgt programme, scholarships, mentoring and supervision mainstream services	District Health Boards Pacific Provider Development Scheme Pacific Scholarships through Health Research Council	Ongoing
To build capacity within NGOs in the area of governance and management.	Develop and deliver a training programme to provide NGO providers with Governance skills	Northern DHB Support Agency on behalf of the Northern Region DHBs	2004/ 05 Phase One 2005/06 Phase Two
To support the professional development of the	Develop and deliver training workshops that will support the professional development of addiction workers to progress towards achieving competencies from the	Northern DHB Support Agency on behalf of the	2004/05 Phase One



Pacific addictions workforce	Alcohol Advisory Council of NZ Practitioner Competencies for Alcohol and Drug Workers in Aotearoa NZ (Sept 2001)	Northern region DHBs	2005/06 Phase Two
Support and promote pacific people to pursue professional qualifications in the areas of mental health and/ or addictions.	Commit resources to scholarships to assist Pacific peoples to gain mental health and addictions qualifications.	Pacific Provider Development Fund	Ongoing
		Health Research Council Pacific Scholarships	Ongoing

GOAL 3: TO DEVELOP PACIFIC PRIMARY MENTAL HEALTH SERVICES

Anecdotally, Pacific people present late for acute mental health services and often for conditions that could be managed in the community. The risk factors of mild to moderate mental illness are present in the Pacific community and yet little is known about prevalence of conditions such as depression, anxiety disorders and/or alcohol and drug problems. Pacific populations in the Auckland region are fully enrolled in Primary Healthcare Organisations – both mainstream and Pacific. The utilization of primary care services by Pacific people has increased this is possibly due to reduced fees and the wider range of support services available to Pacific people (e.g. nursing, community health worker services). Therefore, strengthening primary care to manage mild to moderate and some chronic mental illness in the community is an important part of intervening early in Pacific people’s care and supporting Pacific people to live well in the community.



Objective	Action	Role	Completion Date
To develop a model for Pacific primary mental health services	Complete a study to identify the barriers to accessing mental health services in primary care in TaPasefika	CMDHB led	2005/06
Implement a pilot for Pacific primary mental health services	<p>Conduct a stock take of current and primary mental health initiatives underway and planned in PHOs within the Northern region.</p> <p>Identify implementation plan for Regional Pacific PHOs to establish primary mental health capacity in Pacific PHOs</p>	<p>Primary MH Workstream-NNC</p> <p>Pacific GMs</p>	<p>2005/06</p> <p>2006/07</p>
To develop the mental health expertise for Pacific primary care staff	<p>Conduct a stock take of the training needs, resources and support requirements of PHOs to encourage development of workforce knowledge and skills in the area of mental health and addictions.</p> <p>Implement training and service development to grow and/or establish workforce in primary care setting.</p>	Primary MH Workstream-NNC	<p>2005/06</p> <p>2006/07</p>



GOAL 4: TO ENSURE THAT INFORMATION AND RESEARCH ON PACIFIC MENTAL HEALTH WILL INFORM POLICY PLANNING AND SERVICE DEVELOPMENT

Effective information systems, quality research and dissemination underpin all the goals of the Pacific plan. It is imperative that we utilise effective approaches and accurate methodologies when developing projects. For instance, the use of rigorous research based methodologies in quality and audit processes helps to make them more accurate and therefore more likely to be seen as evidence based practices.

Objective	Action	Role	Completion Date
To collect, collate and analyze relevant ethnic specific information to inform workforce and service development.	Improve the collection of information by mental health and addiction service providers, so that Pacific ethnicity is accurately recorded and relevant data on Pacific peoples is available via existing structures & MHINIC report with data used as a planning tool.	District Health Boards (ARMHIT & MHINC reporting)	Ongoing
To develop Pacific mental health research capacity which will focus on the effectiveness of Pacific and mainstream	Undertake Pacific research study that evaluates the effectiveness of Pacific mental health services, with outcomes to be shared across the Northern region DHBs.	HRC/Research funders and DHBs	2006/07



mental health models			
To disseminate information to Pacific communities, service users and families on Mental Health issues to promote healthy lifestyles	Work with providers with destigmatisation agreements and services to ensure health promotion is aligned with DHB service delivery activities.	Pacific GMs	2005/06

GOAL 5: TO DEVELOP PARTNERSHIPS THAT WILL MAXIMISE OPPORTUNITIES FOR PACIFIC PEOPLE'S INVOLVEMENT IN MENTAL HEALTH AND ALCOHOL AND OTHER DRUG SERVICES

Partnerships with communities, organizations, families and Pacific consumers are critical to developing effective services. These partnerships will ensure Pacific clients are actively involved at all levels of the decision making process. More and more Pacific consumers are being involved in governance and decision-making roles and this will help to ensure that services are tailored towards the needs of users.



Objective	Action	Role	Completion Date
Develop inclusive communities that enhance mental health outcomes for Pacific peoples	To undertake a project aimed at improving linkages between Pacific communities/ leaders and statutory and non statutory agencies to ensure coordinated and integrated planning for promoting better mental health outcomes for consumers	District Health Boards, Government and Community agencies	2006/07
	To undertake the Regional Mental Health Housing Project	Northern DHB Support Agency on behalf of the Northern Region DHBs	2005/06



GOAL 6: TO IMPROVE THE QUALITY OF MENTAL HEALTH SERVICES

The implementation plan as a whole is a tool to improve the quality of mental health services in both mainstream and Pacific providers is a priority area for Pacific mental health. However there is a specific need to ensure that there are quality, audit and monitoring programmes in place to support the development of quality providers.

Objective	Action	Role	Completion Date
To ensure Pacific providers reflect “best practice” and have the systems in place to ensure continuous quality improvement	Target Pacific Provider Development Funding at strengthening Provider systems to meet certification, mental health sector standards and other relevant standards as required	Pacific GMs	2006/07
To develop information for service users, their families and communities in which they reside.	Work with mental health promotion providers and services to develop resources appropriate to Pacific service users and their families.	Pacific GMs MH Funders and Planners	2006/07
Implement monitoring and evaluation	Fund internal evaluation and monitoring systems as part of Pacific provider development funding projects.	Pacific GMs	2005/06



systems for all Pacific mental health and addiction providers			2006/07
Implement a Northern Regional Quality and Audit Framework	Implement a Regional Quality, Audit and Monitoring Programme to improve quality and monitoring within contracted Pacific mental health services across the Auckland/Northland region.	Northern DHB Support Agency on behalf of the Northern Region DHBs	2005/06



CONCLUSION

In planning for the development of mental health and addiction services to meet the needs of the Northern region's Pacific population a number of issues that impact specifically on Pacific mental health must be considered. These include:

- The Pacific view that mental health and wellbeing also encompass other aspects of health, social, cultural and spiritual wellbeing.
- The relatively young Pacific population
- Socioeconomic factors, including the impact of high socioeconomic environments
- New Zealand born versus Island born people, and people of mixed ethnicity.

Alongside the development of “by Pacific for Pacific” services is the need for mainstream providers to incorporate practices into their services enabling them to be more responsive and culturally competent to Pacific peoples.

The population of Pacific peoples in the Northern region is diverse, rapidly changing and predominantly youthful, and is growing at a rate exceeding that of the general population. Further analysis of the future demand of mental health service provision for this growing population is required. This information will assist the Northern region further progress Pacific mental health development in the Northern region.