Blueprint II

For the New Zealand Mental Health and Addiction sector

Consultation Questions

Mental Health Commission
February 2012

How to have your say

The easiest way to make a submission on this consultation document is to visit www.mhc.govt.nz and complete the online form.

You can also download the feedback form, complete, and email it to info@mhc.govt.nz, or post to Blueprint II Submission, Mental Health Commission, PO Box 12479, Wellington 6144.

All submissions are due by 5pm, Friday 9th March 2012.
Note: Your submission may be requested under the Official Information Act 1982. If this happens, the Mental Health Commission will release your submission to the person who requested it.

Please provide the following information:

Name:.....**Daryle Deering RN PhD (President of Te Ao Māramatanga, NZ College of Mental Health Nurses)**
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Organisation:..**Te Ao Māramatanga New Zealand College Mental Health Nurses is the peak body for mental health nursing in New Zealand**
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Contact address/email: .. joharry@nzcmhn.org.nz (Administrator).
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.....

Please tick which best represents your interest in the MH&A Sector:

Mental health consumer
Family/whānau member of a mental health consumer
Service provider
Primary care provider
Government agency
Funder/planner
Health manager
NGO
Other (please specify**) Te Ao Māramatanga, NZ College of Mental Health Nurses is a national professional body**

In what region do you live

Northland Wellington
Auckland Tasman
Waikato Nelson
Bay of Plenty Marlborough
Gisborne West Coast
Hawke's Bay Canterbury
Taranaki Otago
Manawatu-Wanganui Southland

An outcomes oriented, whole-of-population life course

1. Do you agree with the five outcomes that are proposed to shape how things need to be?

a. Systems have been developed to respond earlier in the trajectory of development of mental health and addiction (MH&A) issues to reduce lifetime impact.
YES/NO

- In part with addition of …and improve quality of life and wellbeing for individuals, families and whanau and communities
- We consider it important to highlight that MH & A issues impact at a number of levels including unborn children e.g Foetal Alcohol Spectrum Disorder (FASD)

b. Resilience, recovery and independence have been increased to minimise usage of high risk pathways through mental health, addiction, care and protection, and justice services.
YES/NO

- Strongly support the inclusion of wellbeing
- specialist mental health and addiction services etc.
- NB High risk pathways could imply that they are a high risk pathway for a service user and their family and whanau to travel on.

c. Resiliency of those with high prevalence MH&A conditions has been developed to reduce the impact on loss of health, functioning and independence.
YES/NO

- Yes in part but would prefer the wording…The resilience of people with a high prevalence of MH & A conditions.
- Suggest addiction of wellbeing, functioning and independence

d. Recovery for those most severely affected by MH&A conditions has been strengthened. YES/**NO**

- Yes in part but would prefer the emphasis on people with i.e. changing wording to …The recovery of people most affected. Again inclusive of individuals, families and whanau .

e. The effectiveness and productivity of the health system as a whole has increased. YES/**NO**
Yes

2. If you disagree, please tell us why.

Not disagree but key issues

1. Prevention/promotion of wellbeing needs to be strengthened – eg linked health/mental health and addiction and education assessments to identify families and later children and youth at risk commencing preschool; focus on positive youth development, prevention of heavy drinking via evidenced based environmental interventions (see Alcohol Action website for 5+ solution).

2. Without addressing poverty - unemployment and related issues limited change can be expected in reducing the burden of mental health and addiction problems on children, youth and families and whanau and communities.

3. MH& A needs to feature as a ministerial target to ensure features on DHB priority list.

4. Across sector funding mechanisms are key – need to be driven nationally with associated policy

5. Ensuring high quality services for people with complex needs and their families and whanau (ring fenced resources) whilst shifting resources to prevention and early intervention responses.

6. Translation to practice and organisational/system change mechanisms will be essential to ensure change actually happens - as decades of expecting primary care and other non-health services/sectors to widely implement screening and brief interventions have not eventuated.

7. Investment in workforce is essential as workforce within supportive environments is the vehicle for change.

8. Addressing stigma – stigma is pervasive within health and other sectors and is often underpinned by attitudes, misperceptions, misunderstandings, and unrealistic expectations. Stigma continues to be a major barrier to people seeking help at the earliest possible time, informing family and whanau and retention in treatment..

9. All new developments/innovations need to have an implementation monitoring and evaluation component including workforce development strategies.

3. Are there any other objectives we need to shape how things need to be?

- A whole of health approach is evident across the health system
- An objective related to the provision of evidence informed, high quality pychosocial and pharmacotherapy interventions. The focus should be on both – without the risk in a resource limited environment of over-reliance on medications.
- Increasing the attractiveness of services to people with MH & A problems and their families and whanau is essential i.e. person and family and whanau centred versus service centred.
- Other government departments i.e. MSD, Justice, work and income (housing etc), care and protection services have increased capability ie: knowledge, skills and attitudes about mental health and addictions to improve responsiveness to people whose lives are impacted by these problems.
- Addressing stigma – stigma is pervasive within health and other sectors and is often underpinned by attitudes, misperceptions, misunderstandings, and unrealistic expectations. Stigma continues to be a major barrier to people seeking help at the earliest possible time, informing family and whanau and retention. .

A system of care that is people centred, responsive, timely and integrated, builds resiliency and is recovery focused

- Suggest add – and wellbeing focused.

4. Do you agree with the six areas of change required in system response?

a. Self care and resiliency support. Increase support for consumers and family-centred services to respond most appropriately, to build capacity for self care and promote resiliency and wellbeing. YES/**NO**

- Yes suggest include: increase cultural support

b. Develop a responsive “no wait” system to ensure prompt access to services, reduce

escalation and loss of resiliency.
YES/**NO**

- Yes in part suggest wording changed to... prompt access to services, and reduce levels of distress that may result in an escalation of symptoms, behaviours and a loss in a personal and family and whanau resiliency and wellbeing.

c. Closer to home responses in less intensive settings, to shorten the response pathway and reduce pressure on limited specialised resources.
YES/**NO**
Yes

d. Integrated responses across addiction, mental health and behavioural disorders, to provide a more effective balance of response. Where longer duration of support is needed, our systems of care must retain the focus on pathways to recovery.

YES/**NO**

- Yes but suggest focus on recovery pathways and **wellbeing** (person's identified state of wellbeing)

- Inclusion of prompt access to re-entry in crisis and following relapse

- As long as "recovery" expectations are realistic and take into account the person's wellbeing goals i.e. It is important not to have unrealistic expectations of youth and adults with complex MH & A needs (often those with behavioural problems and who are involved in multiple systems (i.e. health, justice/corrections, welfare) and who have dropped out of education lessening their life options..

- Such persons are often discriminated against in respect to accessing the intensity, comprehensiveness and duration of services required.

- It is also important that individuals with chronic mental health and addiction care needs are not "blamed" for not achieving unrealistic outcomes. Models need to incorporate chronic care management models and have similar realistic "recovery" expectations as for other medical conditions i.e. outcomes are measured during active treatment This is particularly important for people with severe addiction.

e. Strengthened focus on the flows along pathways to resilience and recovery; reduce coercion, reduce duration in services and frequency of relapse.
YES/**NO**

- Include wellbeing

- Yes for those youth and adults who have less complex issues.

- In respect to the needs of people with complex problems e.g. serious mental illness and severe addiction (frequently co-existing) then coercion such as via Youth/Adult Drug Court and longer stays such as in a therapeutic community (habilitation) is frequently required.

- As is a stepped process of community re-integration including housing and peer/mutual support networks and continuing care from services that are attractive and engaging to people with complex problems.

- Access to services following relapse should be supported at the earliest possible point particularly back to service settings/support systems known to the person and their family and whanau, family

and peer/mutual help systems/networks and continuing care i.e. to reduce distress and promote "getting back on track" versus failure.

f. Join up services across general health and the social sector to gain greater impact and synergy from combined capability and resources.
YES/**NO**

- Yes. This objective will require urgent addressing of across system/sector policy and funding mechanisms.

5. If you disagree, please tell us why.

6. Are there any other areas required in system response?

- Addressing stigma at organisation and systems levels.
- Focus on family whanau and community resilience, recovery and wellbeing.

Creating a step change in performance that maximises results we achieve from our limited resources of energy, time, capability and money

7. Do you agree with the ideas proposed to create a change in performance?
Yes

8. If you agree with any of the ideas proposed to create a change in performance, please rank them in the order of priority for you.

Ideas proposed to create change in performance	**YES/NO**	**READINESS RANKING** 1=NOT READY 3= SOMEWHAT READY 5= COMPLETELY READY
a. One system multi-funded – aligning resources and integrating responses across health and social sectors.	**YES**/NO **Yes**	3 as above – i.e. needs urgent addressing beyond the ideal.
b. A fast access 'no wait' system that meets needs earlier, less intensively and can restore people back to their own support structures faster.	YES/**NO** **Yes**	3. see below
c. Reducing variation in clinical practice, safety and quality.	**YES/**NO Yes	3. see below
d. Increasing clinical time to care through reducing waste.	**YES**/NO **Yes**	3.see below .
e. Organising roles and teams so that everyone is operating at the top of their scope.	YES**/NO** **Yes**	3.see below
f. Response pathways provide fast assessment & direct access to the least intensive, most effective, closest to home response possible.	YES/**NO** **Yes**	3.see below .

g. Organising care into integrated stepped or stratified layers of care.	YES/**NO** **Yes**	3. see below

9. If you disagree, please tell us why, and tell us of any other ideas that you may have on how to create a change in performance.

- At times the community support structures maybe minimal and resources must be developed/strengthened to assist people to strengthen or build their supports that meet their needs including cultural needs.

- There is a need for mechanisms to ensure translation of knowledge, and skills to everyday practice and required levels of capability and quality through mechanisms such as : 1) credentialing of enhanced mental health and addiction skill sets for primary level nurses that are efficient and low response burden, 2) the availability of certification for specialist mental health nurses to promote professional recognition and recognition of specialist nursing skills in an area of nursing, 3) professional body input to auditing of education programmes (via Nursing Council) to ensure education is related to the contemporary needs of people with MH & A concerns and, 4) professional body input to service accreditation mechanisms to ensure environments support high quality mental health and addiction nursing and support/address barriers to mental health and addiction nurses practicing to their full potential.

- Need to address compliance requirements i.e. limit and streamline to ensure maximum clinician/practitioner time is actually spent with people who enter services.

- Need to address stigma, system and organisational and funding mechanisms that perpetuate silos and fragmented care and can lead to both underservicing and overservicing.

10. What do you think is needed for the MH&A sector to make these changes?

As above including:

- A whole of sector approach that incorporates health and other sector involvement role modelled at a National level and mandated in policy so that it can be enacted.

- Effective leadership that promotes evidence informed interventions and strong relationships across the sector.

- Addressing funding mechanisms across health and other sectors e.g. Justice/Corrections

Building evidence informed system change capability

11. Do you agree with the move to a more evidence informed approach to system level change? **Yes**

Considerations:

- Workforce development that ensures translation of learning into day to day practice – see above comments.

- Use of effective organisational change mechanisms and translation to practice interventions to ensure barriers to change are addressed i.e. ensuring enhanced knowledge and skills are actually implemented in day to day practice

- Increased focus on the implementation of clinical/recovery outcomes monitoring systems with feedback loops to improving quality treatment/care.

- Ensuring that all new developments that require funding are evidence informed and that robust monitoring and evaluations are built in (with combined stakeholder evaluation team involvement – consumers, providers, policy makers and researchers).

1. Identify the small number of innovative system-of-care developments that can initiate the step change in performance needed.
YES/**NO**

- Yes continue to emphasise key principles to promote change, start small and build momentum for innovation. Access is an issue.

- Consideration of other ways that people heal and recover need to be considered as not all people access government funded services and or general practitioners. An interdisciplinary approach is essential as is training and education to meet differing workforce needs e.g. peer support/community support workers, primary practitioners/clinicians and specialist clinicians/practitioners.

- Refer to workforce and organisational change related comments above

- There is an urgent need to reduce barriers to mental health and addiction advanced practice nurses working to the top of their scope i.e nurse specialists and nurse practitioners.

2. Using these as our focus, work with the sector to apply the evidence base for effective change to identify the system antecedents, system readiness and adoption/assimilation capabilities needed.
YES/NO

- Yes with a proviso that the whole of sector key stakeholders are involved ie nursing, medicine, allied health, peer led services, consumers (including families and whanau), education providers, researchers, professional bodies, workforce centres, policy makers**.**

3. Again drawing on the evidence base, make recommendations to Government and central agencies on change support infrastructure required that will align the formal policy, monitoring and resourcing frameworks with sector led change networks and the change intelligence support needed.
YES/NO

- Yes taking into account above comments regarding the need for successful organisational change and workforce development - but the approach requires clarity i.e. pilot and profiling successes or ??? or more broadly

- Stigma is addressed as often underpins resistance to change – see above comment re stigma

12. If you disagree, please tell us why.

- Essential that funding is not reduced for those with the most complex needs i.e. to make up for the lack of progress over many decades in significantly improving screening and early intervention rates at a primary/community level.

13. Are there any other approaches to system level change you would recommend?

- Initial review of funding mechanisms as these will be crucial to implement across system/sector more integrated models.

- Sector communication strategies that involve all sectors involved.

Developing effective sector leadership

14. Do you agree with the five proposed areas to develop sector leadership?

a. Stronger national and regional mental health and addiction networks, strengthened with a stronger role in shared governance and accountability for achieving agreed local outcomes and performance goals.
YES/**NO**

- Yes as long as interventions are evidenced informed and realistic, with built in monitoring and evaluation and the technology to support and maintain strong relationships

b. Ministerial targets for MH&A. These targets should be seen as an opportunity to enhance the profile of MH&A as an important contributor to the wider system of government in areas such as employment, transition to adulthood and at-risk youth.
YES/NO

- Yes – also a need to link mental health and addiction assessments and broader health assessments with education assessments from pre-school through primary and high school/other education providers and on leaving education with attention to transitions in order to identify children and families in need of assistance at the earliest possible stage.

c. Continued advocacy and championship. The Office of the Health and Disability Commissioner (which will include a Mental Health Commissioner from 1 July 2012) should have the role of championing the new Blueprint and monitoring its implementation.
YES/NO

Yes - with adequate capacity to ensure that the role of championing the Blueprint and monitoring its implementation is actually possible.

d. Aligned accountability processes. The National Health Board and Ministry of Health should support the development and implementation of new national KPIs and accountabilities for District Health Boards that step beyond the current Blueprint access targets.
YES/NO
Yes

e. Aligned central agency support. All central health agencies should work with their housing, education, justice and welfare partners to achieve a more supportive environment for recovery and resiliency.
YES/NO
Yes

15. If you disagree, please tell us why.

16. Are there any other areas you would propose to develop sector leadership?

- Resources for high quality fostering of children across sector leadership with associated KPI

Guiding outcomes oriented development and resourcing decisions

17. Do you agree with the approach to supporting sector led performance improvement?

a. An evolution of existing KPIs. Using the base of the existing national KPI programme, develop an agreed set of nationally consistent KPIs with a stronger output and outcome focus using the Triple Aim / Results Based Accountability approach that is aligned with broader sector based direction.
YES/**NO**

- Yes a KPI national programme is needed that can be utilised across the sectors

b. Providing an integrated, benchmarked, outcomes oriented approach to performance. Develop the emerging benchmarking capability in the KPI programme into sector supported approach to whole-of-system development that supports change development and resourcing and contracting mechanisms.
YES/**NO**

For the above reasons
Yes

c. Introduce nationally consistent resource allocation guidelines. Develop a MH&A resource allocation decision support tool. This tool would provide a consistent systematic process for analysing need, performance and resourcing, to inform DHB MH&A resource allocation decisions (described in next section).
YES/NO not opposed to this in principle

- Yes – with an emphasis on ring-fencing resources to meet the needs of those people with complex issues in the transition. For example people with serious mental illness and addiction , and people with behavioural, mental health and addiction needs are vulnerable to being underserviced due to complex nature of problems, lack of voice and stigma.

d. Annual process of review. DHBs would be required to apply the decision support tool on at least an annual basis. The data from this process would inform a national database that would enable improved benchmarking, cross system learning and a national view of required forward investment levels in MH&A outcomes.
YES/NO
Yes

18. If you disagree, please tell us why.

- With consideration of above comments

19. Are there any other requirements for supporting sector led performance improvement?

- Essential that clinicians/workers from all disciplines and youth and adult consumers (including families and whanau) are included in all key decision-making and evaluation processes as key stakeholders.

Evolving how we organise funding

20. Do you agree we need to review how MH&A funding frameworks operate?

a. A modified ring-fence (i.e. over time, ring-fenced funding could be better aligned with population mental health and addiction needs and population-based health funding).
YES/NO

With considerations:

- Agree national consistency is important but also local context needs to be considered due to geographical differences between north and south island and impacts on clinical staff and services. I also think

- How this is managed while maintaining services for those who have and who will develop complex and serious problems is a key concern. This group is vulnerable and often without a strong voice Care will be needed (ringfence) to ensure the capacity to provide high quality psychosocial and pharmacotherapy interventions and support networks that are not reduced to a monitoring, crisis and risk avoidance/management response only.

- Another key issue in funding for an expanded response:- are *prevention* strategies - which have not been addressed but yet can have significant impact on the mental wellbeing of communities through impacting on contributing environmental factors such as heavy drinking, poverty and associated risk factors. Re heavy drinking refer Alcohol Action 5+ solution)

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b. Increase the accuracy and reliability of future PBFF funding **YES/**NO

c. Improve the balance between inputs, outputs and outcomes in monitoring. **YES/**NO

Yes with the need to take into account quality of service process and interventions.

21. If you disagree, please tell us why.

22. Do you have any other suggestions for evolving MH&A funding frameworks?

Where do we start?

23. What are the top three issues the MHC needs to take into account to support sector led Implementation of any changes?

1.	For people with complex problems a whole of health approach requires comprehensive health assessments, planning and interventions. A co-ordinated and long term plan of care developed with the service user, his/ her family and whanau and support network is needed. This is a workforce development area need.
2.	Discrimination and stigma and lack of understanding of contemporary interventions and often unrealistic expectations requires philosophical shifts in attitudes and beliefs – across, primary care, secondary general health and other sectors • The *Let's get real* and associated cultural and children and youth frameworks have been developed to assist with value based interventions • For addiction treatment/service provision Addiction is Everybody's Business (National Committee for Addiction Treatment (NCAT) provides valuable guidance. • Te Ao Maramatanga NZCMH revised standards of practice for mental health nurses and the Drug and Alcohol Nurses of Australasia Addiction Specialty Nursing Framework provides frameworks for evidenced based practice and education and training for mental health and addiction nurses. •
3.	Reducing barriers to health professionals/clinicians working to the top of their license is required for both those in primary care and specialist roles – in tandem with equipping peer carer/health assistant/support worker workforces across the sector. • It is important that "too much" is not expected of primary care health clinicians/practitioners. It may be that specialist staff can have a role being located within integrated teams – i.e. flexibility of models of care in relation to the local area/setting will be essential for positive change.

24. What are the top three issues the MHC needs to take into account to ensure better outcomes for vulnerable groups including Māori, Pacific peoples, refugees and people living under economic deprivation?

- We consider that these are not hierarchical and all three need to be addressed

1.	Accessible health care & realistic resource allocation that allows innovation and flexibility to meet identifi
2.	Interagency/sector collaboration
3.	Workforce development targeted to the needs of the vulnerable group with linked translation to practice