



AOD Provider
Collaborative

MENTAL HEALTH & ADDICTIONS

ANNUAL RESEARCH SYMPOSIUM
29 JUNE 2016

Tāmaki Campus, University of Auckland



**MEDICAL AND
HEALTH SCIENCES**
CENTRE FOR ADDICTION RESEARCH

CHAMP
Counties Manukau Mental Health
and Addictions Partnership



ODYSSEY
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The 2016 Mental Health and Addictions Research Symposium is funded by



Symposium partners



AOD Provider Collaborative

Formed in 2009, the Counties Manukau AOD Provider Collaborative aims to maximise positive outcomes for AOD (alcohol and other drug) clients in Counties Manukau.

Funded by Counties Manukau Health – with backbone operational and project support from Odyssey – the Collaborative brings together 16 organisations delivering alcohol and drug treatment or related services within the region. It seeks to resource activities that are compatible with the Counties Manukau mental health and addictions philosophy, in accordance with its AOD Plan.

In fulfilling this purpose, the AOD Provider Collaborative has initiated projects that seek to support the Counties Manukau AOD workforce, contribute to the sector's growth, and help make the services great places to work.

Counties Manukau Mental Health and Addictions Partnership (CHAMP)

Counties Manukau Mental Health and Addictions Partnership (CHAMP) is a partnership group representing 21 NGOs and clinical provider services in the mental health and addictions sector working across the Counties Manukau region, and contracted by Counties Manukau Health.

CHAMP's purpose is to collectively identify and address the fundamental issues that we cannot address by working as individual organisations.

Since its inception in 2003, CHAMP has established initiatives that support efficiencies, improve services and enhance consumer outcomes. Our current work initiatives centre around: Workforce Development, Sector Development and Social Housing.

By sharing information and creating connections, we hope to build stronger partnerships that will improve the health and wellbeing of tangata whaiora, whānau and communities.

The Centre for Addiction Research (CFAR)

The Centre for Addiction Research (CFAR) is committed to enhancing the health and wellbeing of all New Zealanders by providing sound evidence to inform policy and practice in the understanding, prevention and treatment of addictive consumptions.

The Centre brings together researchers from across the Faculty of Medical and Health Sciences at the University of Auckland who are exploring the effects of dangerous consumptions – such as tobacco, alcohol, other drugs and gambling – on individuals, their families/whānau, communities, and society. Working closely with treatment providers, CFAR's broad, multi-disciplinary approach (from molecular research right through to societal research) brings a unique and practical perspective.



The 2016 Mental Health and Addictions Research Symposium is proudly funded by Counties Manukau Health.

Getting the most out of the 2016 Mental Health and Addictions Research Symposium:

The purpose of today's Symposium is to give the Counties Manukau mental health and addictions workforce an opportunity to learn about recent New Zealand and Australian research that may be of relevance to their practice, to provide an opportunity for the workforce to discuss this research in the light of their own experiences, and to help foster links between researchers and practitioners.

We have asked presenters to particularly focus on the clinical and practical relevance of their research and how it might inform practice. We have also built in generous discussion time throughout the day to encourage conversations about the relevance and impact of this research on everyday practice.

To cater for the broad interests of our participants, we are providing three breakout sessions (in neighbouring seminar rooms) that allow for presentations and discussion of research in smaller groups. Each breakout session offers a choice of three concurrent streams. We understand it may be difficult to choose between the different streams in each session, however we recommend that you work with your colleagues to ensure your organisation is represented in all relevant streams. We will also be recording presentations and making these available online (with slides) where possible, so content can be shared with colleagues who might be unable to attend on the day. Visit www.aodcollaborative.org.nz for Symposium materials. Today's schedule can be viewed on the inside back cover.

Today's programme builds on the success of the 2014 and 2015 AOD Provider Collaborative Research Symposia. Each year we gather your valuable feedback and endeavour to make enhancements based on this. This year, we have reduced the number of concurrent sessions to allow for greater in-session discussion time. We have also introduced a quickfire research session to showcase practitioner initiated research in Counties Manukau.

To help us with future event planning, please do complete the feedback forms available in each seminar room and the main function hall. Thank you!

The 2016 AOD Provider Collaborative Research Symposium would not be possible without the generous financial support of Counties Manukau Health. We also gratefully acknowledge the support of Odyssey, the Centre for Addiction Research and the School of Population Health at the University of Auckland in the organisation of this event.

The AOD Provider Collaborative thanks the Research Symposium workgroup for their contribution:

Anne Bateman, Odyssey
Deb Christensen, Northern Region Alliance
Edit Horvath, Counties Manukau Mental Health and Addictions Providers (CHAMP)
Supriya Maharaj, Emerge Aotearoa: Phoenix Centre
Dr David Newcombe, Centre for Addiction Research, University of Auckland
Denise Omar, DRIVE
Nicki Paull, University of Auckland
Dr Sean Sullivan, Abacus
Debby Sutton, Odyssey
Sam White, University of Auckland

The Counties Manukau AOD Provider Collaborative welcomes **Facultu kaumātua Hēmi Pene** and thanks him for joining us today at the Symposium.

Tēnā koutou

Counties Manukau Health is delighted to support this year's Mental Health and Addictions Research Symposium - it is our third year supporting this initiative and it's wonderful to see project partners the AOD Provider Collaborative and the Centre for Addiction Research joined by CHAMP this year, and the expansion of the programme to include both mental health and addictions research.

Improving health outcomes and service experiences for people living in Counties Manukau - the central objective of our current transformation agenda - requires us all to work together more effectively, both within and outside of our respective organisations. Today's Symposium is an example of the value that can be created when we work together at a sector level to foster new thinking about our services, our organisations and our way of working.

We hope you enjoy hearing about the research projects and interesting new approaches to service design and delivery presented today. We especially encourage you to embrace this unique opportunity to discuss these presentations with the speakers, your colleagues and peers.

Enjoy your day!



TESS AHERN

General Manager – Integrated Mental Health & Addictions
Counties Manukau Health

Tess Ahern is General Manager, Integrated Mental Health and Addictions for Counties Manukau Health and has worked for Counties for four years. Tess has had a long career across New Zealand in a range of health leadership roles including clinical, management and planning and funding. She is passionate about improving the journey for tangata whaiora across Counties.

Tess works in partnership with Dr Pete Watson, Clinical Director and in collaboration with clinicians, NGOs, PHOs, locality and consumer groups to lead integration of mental health and addiction services with primary and community care and within the wider Counties Manukau Healthy Together 2020 agenda.

Welcome

I am pleased to be able to welcome you to the third annual Research Symposium with the University of Auckland's Centre for Addiction Research (CFAR). This year, we are celebrating the value of collaboration – both within and beyond our sector.

The need to work in collaboration at all levels of practice – individual, organisation, sector and between sectors, is increasingly a topic of interest. This spirit of collaboration has extended to the partnerships that support the Symposium, and we are pleased to announce our newest collaboration with the Counties Manukau Mental Health and Addictions Partnership (CHAMP).

Collaboration at all levels allows a more integrated, person centred system that offers more than when we work in silos. The rich selection of content in today's Symposium draws on many research and/or service collaborations, and many of the presentations and discussions will delve into different ways we can work together to better serve the people of Counties Manukau.

We are also pleased to offer an expanded agenda this year, with two supplementary workshop sessions. These sessions are an opportunity to explore topics in more depth and discover implications for practice.

I hope you find value in this opportunity to come together with your peers and colleagues to hear about and discuss research of relevance to your practice. Thank you for your continued enthusiasm for this initiative. We welcome your feedback to help us continue to support you with topical and relevant professional development opportunities.

Finally, many thanks to our project partners, the Symposium workgroup, our chairs and speakers today for their time in bringing you this fantastic programme.



ANNE BATEMAN MSW, MPA

General Manager, Innovation & Development, Odyssey
Chair, CMDHB AOD Provider Collaborative

Anne has worked in various roles, including planning and funding, quality improvement and clinical practice with specialities in system building, organisational development, evaluation and continuous quality improvement. Previous roles have included Senior Advisor Quality Improvement at CYFS National Office, Regional Portfolio Manager Mental Health and Addictions for Central Region and Portfolio Manager, Mental Health and Addictions at CMDHB.

Anne holds a Master of Science in Social Work, a Master of Public Administration, is certified in Six Sigma (quality improvement) and is a Prince 2 Practitioner. Anne began her career as a clinician and has spent the last 10 years working at a systems level in various levels of government as well as NGOs. She is originally from the United States and has worked in New Zealand since 2010.

Tēnā koutou katoa

It is a pleasure once again to welcome you all to the University of Auckland for the Counties Manukau Mental Health and Addictions Research Symposium.

The Centre for Addiction Research has valued the opportunity to partner with the AOD Provider Collaborative over the last three years, and this year welcomes the participation of the Counties Manukau Mental Health and Addictions Partnership (CHAMP) and the expansion of the Symposium's content and participation.

As a Centre, we are committed to enhancing the health and wellbeing of all New Zealanders, by providing sound evidence to inform policy and practice in the understanding, prevention and treatment of addictive consumptions. The Symposium is not only an excellent forum in which to share and discuss research relevant to practice, it also provides an opportunity for us all to learn from each other's experience and expertise, in order to progress our knowledge of and service within the health sector.

Kia ora tātou,



PROFESSOR JANIE SHERIDAN

Director, Centre for Addictions Research
University of Auckland

Greetings

As Chair and Deputy Chair of the Counties Manukau Mental Health & Addictions Partnership (CHAMP), we are delighted to be joining the AOD Provider Collaborative and the University of Auckland in hosting the third Research Symposium. Following on from the overwhelming success of previous Symposiums, it is a wonderful opportunity to be able to expand the focus of this year's Symposium to include mental health given the significant number of whaiora who are faced with both issues. We hope the Symposium enhances your learning and understanding of innovation and best practice within the sector as well as provides you with an opportunity to connect with peers and colleagues. Our mental health and addictions workforce is a crucial link supporting people to engage or continue on their recovery journey.



THEODORA DESPOTAKI

Chair
CHAMP



NICK SWAIN

Deputy Chair
CHAMP



Dr Ingrid Burkett

Managing Director, Knode; Social Design Fellow, Centre for Social Impact;
Senior Associate, The Australian Centre for Social Innovation

WORKING TOGETHER TO TRANSFORM OUTCOMES IN SOCIAL SERVICES: AN INTRODUCTION TO CO-DESIGN

Over the last few years it has become increasingly recognised that if services are really going to improve outcomes and have a greater impact, then the voice and experiences of the people we serve need to be included in the design and development of these services. This is often referred to as 'co-design' – collaboratively designing services with people who will ultimately use and engage with the service so that it meets their needs and more effectively achieves the outcomes both clients and service providers are seeking.

This presentation will introduce co-design - and how it works in practice - by exploring a number of case studies and demonstrating the outcomes that can be achieved when 'clients' or constituents of a service are actively involved in its design and development. It will also look at what engaging in co-design actually means on-the-ground, inside organisations - for workers, managers and also for the people who use the service. It will outline some of the core principles underpinning co-design and explore what skills and capacities are required to undertake co-design. The presentation will propose a theory of change that can help organisations to make some informed decisions about how to engage with co-design.

Drawing on work I have undertaken both at The Australian Centre for Social Innovation and at a small agency, Knode, I will share experiences of co-design in different organisational contexts and areas - in disability, ageing, working with children and families, and working to address unemployment, poverty and disadvantage.

Ingrid Burkett is Managing Director of Knode, a social business focused on research and design for social innovation. She is a social designer, designing and co-designing processes, products and knowledge that deepen social impact and facilitate social innovation. She has contributed to the design of services, policy and processes in a diversity of fields, including frontline social, health and disability services, community development, local economic development, social investment, social enterprise and social procurement.

Ingrid is the Social Design Fellow at the Centre for Social Impact, at the University of NSW in Sydney and the University of Western Australia in Perth. In addition, she holds a Senior Associate position with The Australian Centre for Social Innovation (TACSI). She has worked in the community sector, government and with the private sector and believes that each of these sectors has a valuable role to play in social innovation.

Ingrid is also a practising artist and graphic designer. She weaves this passion into all her work and is well known for her use of visuals in publications, speeches and workshops.



Dr Karlo Mila

Le Va

1A: MANA MOANA: A PASIFIKA INDIGENOUS WELLBEING INTERVENTION

'Mana Moana' is an indigenous wellbeing approach and intervention designed to build cultural knowledge, resiliency, connectedness, strengthen relationships and enhance wellbeing and mana.

The intervention draws on 70 Pacific source generative words (shared in at least 15 Pacific languages), over 250 Tongan, Samoan, Niuean, Cook Islands, Maori, and Hawaiian proverbs, and a myriad of shared mythology, narratives and translations. In partnership with designer Dr Johnson Witehira, 35 of these highly metaphorical and symbolic words and archetypes were transformed into visual images. A group-work programme of leadership, cultural identity and healing called the "Journey to Motutapu" (sacred islands) was then developed in partnership with Clinical Psychologist, Dr Evangelene Daniela.

Participants in Mana Moana are introduced to these generative concepts that are geographically, emotionally and symbolically mapped to Motutapu as they imaginatively explore the library of the land, seas and skies of an ancestral Pacific island. Here they encounter ancient knowledge about life, health, legacy and wellbeing.

Mana Moana was piloted and tested for feasibility and acceptability with Pacific High School students as a resiliency, wellbeing and leadership intervention. Four years of research went into developing this intervention, beginning with individual interviews looking at healing in a mental health context with Pasifika traditional knowledge holders, mental health and addiction practitioners, and people with lived experiences. Over 100 stakeholders and experts were also consulted to ensure the face validity and cultural credibility of the intervention.

In 2016, the Mana Moana material was adapted at Le Va to create a culturally-centred Pasifika leadership programme for senior Pasifika mental health and addictions leaders - the inaugural Le Va Le Tautua Matau Mana Moana Programme.

Dr Karlo Mila is an award-winning published Pasifika poet of Tongan and Palangi descent, living in Newtown, Wellington with her two sons. Karlo completed her HRC Postdoctoral Research Fellowship at the University of Auckland in 2015 which involved developing Mana Moana, an indigenous wellbeing intervention. Her PhD was a mixed-methods study focused on identity and health of the NZ-born Pasifika population.

Karlo is currently working for Le Va, a Pasifika NGO specialising in a range of mental health and addiction workforce development initiatives, in Research and Business Development. Le Va is running an adapted version of Mana Moana as a leadership programme. Karlo formerly worked as the Manager, Pacific Health Research at the HRC.



Dr Jackie Liggins

Counties Manukau Health

1B: A PLACE FOR HEALING IN MENTAL HEALTH CARE AND RECOVERY

In 1998, two years after I began my psychiatry speciality training, New Zealand adopted a 'recovery approach' to guide its mental health service delivery. As a psychiatrist my practice was informed by recovery competencies, yet as a service user I resisted describing my journey as one of recovery, failing to see my personal experiences reflected in this professional discourse.

Embarking on an autoethnographic exploration of aspects of place that facilitate healing, I needed to consider the tension between my professional 'understanding' of recovery and the intensely personal process that was at the heart of my illness experience, and that I described as healing.

In this presentation I will discuss results from a qualitative study involving myself and other service-users in which we talked about being in places, when unwell, that we considered healing for us. Our descriptions of place were enriched by descriptions of what it had been like to be unwell, and then how that changed. The resulting conceptualisation of healing offers a coherent way of understanding how place is implicated in healing and recovery.

Placing service development within the context of lived experience offers new insights and potential for what, how and why services are provided: what helps and hinders.

Dr Jackie Liggins began her medical career as a family doctor working in a general practice. In 1995, having recovered from a period of mental ill health, she decided to undertake psychiatric specialist training. For the last 13 years she has worked as a Liaison Psychiatrist based at Middlemore Hospital, Auckland. She is currently completing a PhD thesis that draws on her past experiences as a service user to explore how places can facilitate processes of healing and recovery. She has a particular interest in the ways and means by which the lived experience of illness can inform mental health care and service delivery.



Professor Amanda Baker
University of Newcastle, Australia

1C: A HEALTHY LIFESTYLES APPROACH FOR PEOPLE LIVING WITH CO-EXISTING MENTAL HEALTH AND SUBSTANCE USE PROBLEMS

Addressing co-existing mental health and substance use problems can be challenging. Over the last decade, research into the treatment of co-existing mental health and substance use problems has grown.

Studies cover the spectrum of comorbidity, including a range of mental health (psychoses, depression, or anxiety) and substance use problems (tobacco, alcohol or illicit drug use).

Interventions include brief motivational interventions, intensive face-to-face therapy, computer-based delivery, and telephone delivered interventions.

The 20 year gap in longevity between people with versus without co-existing mental health and substance misuse problems has drawn recent focus to quality of life and physical health more broadly. The progression from single focus (mental health or substance misuse) to dual focus (mental health and substance misuse) and then to a broader healthy living / recovery focus is described.

Recommendations for conceptualising, screening and addressing co-existing mental health and substance use problems within a healthy lifestyles approach will be described.

Amanda Baker is a National Health and Medical Research Council (NHMRC) Senior Research Fellow employed as a Professor in the School of Medicine and Public Health at the University of Newcastle, NSW.

Her research has been supported by NHMRC fellowships continuously since 2003, supplemented by a Trans-Tasman Award (2013-2017) to enhance research between Australia and New Zealand. Funded in 2012 by the NHMRC, Amanda is Co-Director of a Centre of Research Excellence (CRE) in Mental Health and Substance Use, which aims to build much needed research capacity in this area. This CRE represents a world first, bringing together the largest concentration of nationally and internationally recognised comorbidity researchers.

Professor Baker has worked as a clinical psychologist in both mental health and substance abuse treatment settings in Australia and the UK.



Dr Alice Mills
University of Auckland



Dr Jacquie Kidd
University of Auckland

2A: THE HOUSING NEEDS OF VULNERABLE POPULATIONS IN NEW ZEALAND

Accessing affordable and appropriate housing can be a major challenge in New Zealand particularly for those with additional and complex needs.

Drawing on a study which aims to examine the gap between housing needs and current housing provision for vulnerable people in New Zealand, the first half of the session will discuss barriers to housing vulnerable populations. It will suggest there is a need for a variety of good quality housing, with integrated support services, which can encourage the development of social capital and help residents to feel a sense of belonging in a community.

The second half of the session reports on a study which explored mental health-focused supported housing through interviews with service users, housing providers, and support workers. The notion of 'housing efficacy' provides a framework for understanding what people and services aspire to in the provision of housing support services, and the impact such services can have on the trajectory of people's lives.

Dr Alice Mills is a Senior Lecturer in Criminology in the School of Social Sciences at the University of Auckland. She has extensive experience of research on mental health and addictions in prisons and the criminal justice system. In 2002 she was the lead researcher on the UK Social Exclusion Unit's report on 'Reducing Re-Offending by Ex-Prisoners' and this, along with several of her studies on the role of NGOs in criminal justice, triggered her initial interest in housing for vulnerable populations, particularly ex-prisoners.

He mihi nui ki a koutou. I am Dr Jacquie Kidd, a Senior Lecturer at the University of Auckland, Waikato campus. I live and work in Hamilton, teaching post graduate mental health nursing and working on a really interesting variety of research projects! My research pushes the boundaries of how knowledge is created, taking a kaupapa Māori approach to narrative and creative research practices such as short stories and poetry. I focus broadly on the mental health and/or Māori health arenas, and a key part of my research practice includes supporting vulnerable or marginalised groups to develop and sustain their own research knowledge.



Dr Anne Scott

University of Canterbury

2B: ADVANCING AND CELEBRATING PEER SUPPORT - PART 1: OUR JOURNEY SO FAR

In this talk, I will introduce some of the characteristics of peer support as it is practiced in Aotearoa New Zealand's mental health sector, looking particularly at its origins, its emphasis on relationship based practice, on a Recovery approach, and a learning culture.

This will lead to discussion of contemporary issues for peer supporters in mental health and addictions in Aotearoa, in which peer support philosophy sits in some tension with wider trends in the health sector. The issues to be discussed will include: note-taking practices; training and qualifications; boundaries; and risk.

In addressing each of these issues, I will set up the issue with some quotations and results from our study, and then open the floor to an interactive discussion with panel members and the audience.

Dr. Anne Scott is a sociologist of health at University of Canterbury. Long-term interests in community action have led to previous studies on community informatics and on public participation in health/science decision-making. Anne, a mental health consumer, trained as a volunteer peer supporter, which sparked her interest in doing the nationwide peer support study. More recently, Anne has collaborated with Kevin Dew and Allison Kirkman of Victoria University Wellington to produce a textbook: Social, Political and Cultural Dimensions of Health, which is being published in 2016. She is currently leading a community based research team in a study of child custody decision-making when the parents have mental illnesses and/or addictions.



Magdel Hammond

Panel Chair



David Cutten

Discussant



Cassandra Laskey

Discussant



Sheridan Pooley

Discussant

2B PANEL DISCUSSION: PEER SUPPORT - OUR JOURNEY SO FAR

Magdel Hammond, Chair

Magdel Hammond has been involved in the mental health and addictions peer sector for over 10 years. Her work includes service design, development and implementation, in both community and residentially based services, peer led training and other workforce development initiatives. She has supported organisations with development of policy and procedure frameworks that support effective peer service delivery and include the facilitation of collaborative relationships between clinical and peer frameworks. Magdel also offers professional supervision for the peer workforce. She originally trained as a social worker and has completed the Graduate Diploma in Not for Profit Management (2008) and BluePrint leadership programme (2015).

David Cutten, Connect Supporting Recovery

My name is David Cutten. I am the Team Leader at Connect Supporting Recovery's AOD Peer Support Service Mahi Marumaru, which offers its service throughout the greater CMDHB region. I am also the current Team Leader for DRIVE, the Consumer Network which represents the interests of and encourages the involvement of people in the Counties Manukau region who have experienced mental health difficulties and/or problems with alcohol or other drugs. My wish is to see Peer Support grow within the health sector and beyond with the hope that it will soon be acknowledged and viewed more by primary (health) providers as a great and worthwhile recovery pathway and tool.

Cassandra Laskey, Counties Manukau Health

(See page 17 for bio).

Sheridan Pooley, CADS

Sheridan first walked into an addiction service in the early 1980s and has been a client on and off ever since. With the encouragement and support of an AOD counsellor Sheridan studied sociology (and other things) at Auckland University. In 1996 she completed her Master of Arts thesis *In Another Vein: The Social Consequences of Methadone Maintenance Treatment*. Sheridan then spent five years working in the NGO sector and in 2001 began working for CADS Auckland as regional consumer advisor where she has built a small (but perfectly formed) consumer team. The team actively promotes recovery oriented systems of care and client centred ways of working. In 2007 she worked with CADS Pregnancy and Parental Service to create CADS' first peer support worker role. Sheridan is chair of the Matua Raki Consumer Leadership Group - another (perfectly formed) team of AOD consumers committed to ensuring services are responsive to the needs of people with alcohol and other drug issues.



Matt Pennell, Kelly Harding, Diana Kopua and Mark Kopua*

Hauora Tairawhiti

2C: MAHI A ATUA - A PARADIGM SHIFT IGNITING HOPE IN A MĀORI WORKFORCE.

Diana Kopua, Mark Kopua, Matt Pennell, Jayne Wyllie, Hinetangi Coleman, Kelly Harding

The Tairawhiti is growing Mataora - names given to our change agents who are working to spark curiosity and facilitate change. Our Mataora are learning the art of prioritising indigenous approaches; assisting them as healers to remain active learners engaged in the sharing of our purakau. Watching the critical mass gain momentum is causing a shift in power and influencing community action.

Four stories from the heart, hands and home will be presented as taonga for others to see how focussing on the movement can grow a strong workforce.

Today's presentation is by a Tairawhiti group engaged in Mahi a Atua wananga; gathered from various community health services and positions, actively learning traditional knowledge while critically analysing individual barriers to using Māori approaches in their work.

* Matt Pennell, AOD Youth Hauora Tairawhiti (HT); Kelly Harding, Mental Health Clinical Specialist Registered Nurse HT; Diana Kopua, Indigenous Specialist Consultant Psychiatrist HT; Mark Kopua, Tohunga Moko and Whanau Ora Pakeke HT. Absent: Hinetangi Coleman - AOD counsellor HT and Jayne Wyllie - CAYAD Turanga Health.



Phil Grady

Odyssey



Pauline Tucker

Community Alcohol and Drugs Services (CADS) Auckland

QUICKFIRE RESEARCH SESSION

As sector-level organisations seeking to improve outcomes for service users in Counties Manukau, the AOD Provider Collaborative and Counties Manukau Mental Health and Addictions Partnership (CHAMP) encourage practice initiated research and collaborations between practitioners and academic researchers.

This year, we are delighted to be able to showcase some of the research being undertaken by services and/or practitioners working in Counties Manukau.

A brief Q&A chaired by Phil Grady, CEO, Odyssey, will follow these quickfire research presentations:

A DUAL DIAGNOSIS CASE MANAGEMENT TOOL

Pauline Tucker, Clinical Team Leader, CADS Dual Diagnosis Services and CADS Abstinence Programme
Clinicians can experience problems in supporting people with complex mental health and substance use problems, which have been recognised as one of the biggest challenges to treatment providers (Mueser et al., 2003). In response to these problems a treatment planning tool has been developed called the Service Intervention Matrix (SIM).

Methods: A small qualitative study was undertaken, in two key phases: 1) Development of the prototype SIM and face validity testing; 2) Implementation phase.

Results: The SIM was found to encourage the use of clinical judgment, helped to identify the impact of problems, clarified problem domains, provided a structure for making clinical recommendations, helped to identify treatment strategies, and had a check list utility. Phase 2: findings indicated that the SIM was useful in treatment planning, captured dual diagnosis complexities, was efficient to use, helped to identify problem domains, was holistic, and helped to identify the need for specialist input. **Conclusion:** Clinicians found the SIM helpful in a range of areas such as treatment planning, including problem formulation and as a care co-ordination tool.

My career in mental health began in 1999 in the UK. I came to New Zealand in 2004 with my family and joined the CADS Auckland Dual Diagnosis service in 2005. My role at that time was clinical supervisor and then I became the Clinical Team Leader of the Dual Diagnosis Service and latterly of the CADS Abstinence Programme. My early training began in 1995 when I studied counselling and I went on to study family therapy at the London Institute of Family Therapy in 2000. I started AOD studies in 2007 and completed a Masters in Health Science in 2012 at Auckland University.



Kaberi Rajendra
Counties Manukau Health



Tanja Ottaway Parkes
The Salvation Army Addiction Services

RECOVERY FOR SOUTH ASIAN PEOPLE ACCESSING MENTAL HEALTH SERVICES IN NEW ZEALAND

Kaberi Rajendra, Social Worker, Early Psychosis Intervention Team, Whirinaki, Counties Manukau Health
New Zealand's population is increasingly ethnically diverse. Evidence is mounting that the health outcomes within the South Asian ethnic group in New Zealand need closer examination, including in the field of mental health. Using constructivist grounded theory, this research is examining the process of recovery from a South Asian perspective. The working question for this study is "What is the process of recovery for South Asian people accessing mental health services in New Zealand?" The research will stimulate critical reflection and ongoing dialogue regarding the recovery concept. It has the potential for improving the mental health service delivery and outcomes to a culturally diverse and growing population.

Kaberi Rajendra is a registered Social Worker at Counties Manukau Health. She received her social work training in India. She migrated to New Zealand with her family in 1996. Her career of twenty years as a clinician in mental health kindled a research interest in culture and mental health. She is currently in her second year of PhD study at the Auckland University of Technology. She can be contacted at krajendra@middlemore.co.nz

TESTING THE BRIDGE

Tanja Ottaway Parkes, Researcher, The Salvation Army Addiction Services' Auckland Bridge
An Evaluation of the Effectiveness of The Salvation Army's Bridge Programme Model of Treatment, July 2015
In 2011 the University of Otago and The Salvation Army New Zealand, Fiji and Tonga Territory entered into a Memorandum of Understanding in relation to researchers at the University providing independent, evidence-based assessment and evaluation of The Salvation Army's Social Programmes. The Salvation Army prioritised evaluating their Bridge Programme in relation to its effectiveness in reducing harmful substance use and in improving functional outcomes (ie, the person's social situation). Additionally, as one of the unique key components of the Bridge Programme is the spirituality component, the role of spirituality in the addiction recovery process was also examined. Report Authors: Dr Tess Patterson, Dr Emily Macleod, Dr Richard Egan, Dr Claire Cameron, Ms Linda Hobbs, Dr Julien Gross. Access the full report online: www.salvationarmy.org.nz/TestingTheBridge

Tanja Ottaway Parkes is the Researcher at The Salvation Army Addiction Services' Auckland Bridge. The role is varied with main duties being collating, analysing and presenting data from past and present clients and being involved with evaluations of internal services. She holds two degrees in linguistics and sociology and her social research career initially began at University of Auckland working on various projects – a Life After Cancer study, a primary healthcare project and a study on an educational pedagogy. Tanja has an avid interest in social health issues and addiction research.



Dr Susanna Galea
Community Alcohol and Drugs Services (CADS) Auckland

HOW CAN I 'ASSIST'? SCREENING AND BRIEF INTERVENTION (SBI) FOR SUBSTANCE USE PROBLEMS IN MENTAL HEALTH SETTINGS – THE ASSIST-LITE-MH.

Dr Susanna Galea, Service Clinical Director and Consultant Psychiatrist, CADS

Introduction and Aims: Screening for substance use problems within mental health (MH) settings is often a difficult endeavor and often not completed. The aim of this project is to develop, implement, and evaluate a shortened SBI for substance misuse in community mental health settings.

Design and Methods: Design: A pre- post-evaluation of the implementation of the SBI package. Materials: The ASSIST-Lite-MH and linked brief intervention. Procedures: MH Clinicians (n=25) attended training and were asked to implement the SBI over three months. Pre- and post-training surveys of confidence & knowledge were administered. An audit of medical records sought to determine if information from the SBI influenced practice. Interviews with participants explored enablers and barriers to implementation.

Results: Prior to the training, 48% of participants indicated that they screened for substance misuse occasionally/not at all. 96% reported that the training increased their confidence; that it was relevant, and that SBI should be part of routine practice. On average < 2 screens per clinician were undertaken (60% of SBIs were administered by 20% of the participants).

Discussion and Conclusions: Although most participants provided positive feedback about the ASSIST-Lite-MH SBI package, and that they would be happy to use it in their practice, relatively few clinicians routinely implemented it. Given the high rate of co-existing substance misuse amongst mental health clients, it is important that screening and appropriate management of substance misuse becomes routine practice in mental health settings. Results from this study provides some insight into the challenges of implementing SBI within busy mental health settings. Report Authors: Galea S^{1,2}, Newcombe D¹, Rethfeldt S³, Scollay N². ¹ Centre for Addiction Research, Faculty Medical & Health Sciences, University of Auckland, Auckland. ² Community Alcohol and Drug Services, Waitemata District Health Board, Auckland. ³ Intern Psychologist.

Dr Susanna Galea, Service Clinical Director & Consultant Psychiatrist, Community Alcohol and Drugs Services (CADS) Auckland; Associate Director, Centre for Addictions Research & Honorary Senior Lecturer, University of Auckland. Susanna has been working in the field of addiction for more than a decade. Her main interest is in value-based outcome measurement with particular reference to multi-morbidities related to addiction, alcohol related harm and use of substances in high-risk populations. As the Clinical Director of the largest alcohol and drug service in New Zealand, she has focused on improving outcomes for clients engaged in treatment through the implementation of sustainable and consistent evidence-based practice. As an Associate Director at the Centre for Addiction Research, she is interested in developing research initiatives to: improve service delivery to people with alcohol and drug problems; investigate new pharmacotherapies for drug dependence; develop service evaluation tools; and increase the capacity of mental health practitioners to address alcohol and drug problems in their clients.



Dr Pete Watson
Counties Manukau Health

3A: A WHOLE-OF-SYSTEM APPROACH IN TRANSFORMING THE MENTAL HEALTH & ADDICTIONS SECTOR TO IMPROVE WELLBEING IN COUNTIES MANUKAU

The current mental health and addictions system in Counties Manukau needs to be transformed if we are to better meet the needs of our population.

In line with the strategic objectives set out in the DHB's Strategic Plan *Healthy Together*, a commitment has been made to improve the health outcomes and service experiences of people with mental health and addiction needs through effective integration across primary care, specialist mental health and addictions, and NGO provision. These changes to our mental health and addictions system need to be bold if we are to effectively meet local need – and begin to address the significant, and unacceptable, health disparities that exist for people with mental health and addiction needs. While continuing to support those with the most severe and enduring needs, the intention is that by sharing skills, knowledge and capacity, we will develop and strengthen capability across the whole system, identifying and treating mental health and addiction needs earlier, supporting primary care to manage demand and hopefully impacting on health outcomes and the number of people requiring longer term, more specialist support.

An update on progress in this transformational work will be provided.

Dr Peter Watson is the Clinical Director for Integrated Mental Health and Addictions at Counties Manukau Health.



Cassandra Laskey
Counties Manukau Health

3B: ADVANCING AND CELEBRATING PEER SUPPORT – PART 2: ENVISIONING A FUTURE FOR PEER SUPPORT WORKFORCE DEVELOPMENT, 2016-2021

In 2006, Counties Manukau Health's (CMH) mental health leadership group established peer support roles within clinical mental health services. These peer support workers (PSWs) were specifically trained to apply peer support values and practices in their work. They inspire hope; offer recovery coaching; and support clients to determine their own recovery and wellbeing.

Today, CMH is regarded as a leader in the development of peer support services – funding 60+ peer support workers either within the DHB, or in NGOs across the mental health and addiction sector.

Supported by growing international evidence of the value of peer support services – in terms of both recovery and wellbeing outcomes – as well as the cost benefit of decreased use of conventional health services and reduction in hospital stays – the Government's current mental health and addiction action plan recognises the growth in peer support services and highlights the need for expanded training and support services.

Given their unique role engaging with service users, families and communities to offer an holistic approach to service delivery, PSWs will have an integral role to play in the CMH 'whole of system' transformation agenda.

This session will provide an overview of CMH's *Peer Potential Strategic Action Plan 2016-2021*, which offers a vision for peer support workforce development in the region. It will conclude with a panel discussion (see page 18 for details).

Cassandra is Professional Leader Peer Support, Consumer and Family/Whaanau Centred Care in Mental Health Services at Counties Manukau Health. Cassandra's portfolio includes recruitment and professional development of the Peer Support workforce; the Partnership Evaluation Recovery team (consumer evaluators); Family Advisor; and Consumer Engagement Advisors. Cassandra's lived experience of mental distress led her to peer support work in 2005 after a background in the Education sector. Cassandra is a member of CHAMP, a mental health and addiction services collaborative of 18 NGOs and the DHB Provider Arm in the South Auckland area. In 2013 Cassandra joined the Board of Pathways. Cassandra's interests are in the area of peer support development, co-designing strategy and services with service users and staff; authentic leadership and collaborative approaches to finding new and creative solutions.



Carolyn Swanson
Chair



Cassandra Laskey
Discussant



Haydee Richards
Discussant



Brody Runga
Discussant

3B PANEL DISCUSSION: PEER SUPPORT - ENVISIONING OUR FUTURE

Carolyn Swanson, National Service User Lead, Te Pou
(See page 21 for bio).

Cassandra Laskey, Counties Manukau Health
(See page 17 for bio).

Haydee Richards, Emerge Aotearoa: The Phoenix Centre
Haydee is a 44 year old mother of two and also a grandma. Haydee was in drug addiction for 27 years eventually landing herself in prison. The day she went to prison was the last day she used drugs. Haydee has turned her life around, attended rehab and is currently coming up five years drug free. Haydee is now a Senior Peer Support Worker for Emerge Aotearoa: The Phoenix Centre. Her role at Phoenix is to work alongside clinicians, and together holistically support clients working on drug and alcohol issues. As a Senior Peer Support Specialist she role models, supervises and mentors the Peer Support team at Phoenix. Haydee finds it very rewarding in being able to share her experience, strength and hope to empower others.

Brody Runga, Odyssey
Brody Runga is Consumer Advisor with Odyssey, providing consumer leadership with a strong focus on developing client participation strategy and capacity. Brody also brings consumer participation to both the Counties Manukau AOD Provider Collaborative and DRIVE Consumer Direction Counties Manukau.

Brody is passionate about positive pathways to well-being, especially through creativity and peer to peer approaches. He views his lived experience of mental health and substance use disorders as a Rite of Passage, that gifted the seeds of confidence, sensitivity, wisdom and compassion. In his spare time he practices and studies Whakairo (carving), Tai Chi and the Tao.



Dr Pauline Gulliver
University of Auckland



Kathy Lowe
ADHB



Dr Peter Huggard
University of Auckland

3C: UNDERSTANDING AND MANAGING THE CONNECTION BETWEEN DRUGS, ALCOHOL AND VIOLENCE IN THE HOME.

PART 1: Dr Pauline Gulliver, University of Auckland

Findings from the New Zealand Violence Against Women study highlight that problematic alcohol use and intimate partner violence (IPV) often co-occur. The association was most pronounced when both the woman and her partner had alcohol problems, but problematic alcohol use by either partner was associated with increased likelihood of IPV. The research points to the need for services responding to problematic alcohol use to be aware of, and equipped to respond to situations of IPV. Alcohol intervention programmes have been shown to have some impact on the frequency and severity of the violence experienced, leading to suggestions that reducing alcohol exposure may be part of a wider strategy for the primary prevention of intimate partner violence. However alcohol treatment providers need to reinforce the message that alcohol is not responsible for the perpetration of violence and recognise that stopping alcohol use will not necessarily prevent further abuse.

Dr Pauline Gulliver has been a Research Fellow at the New Zealand Family Violence Clearinghouse since 2012. With a background in injury prevention research, Pauline has also been involved with research measuring the long-term outcomes of assault in pregnancy, exploring risk factors for suicidal ideation in women who have experienced violence, and understanding women's use of violence in violent situations.

Part 2: Kathy Lowe, ADHB and **Dr Peter Huggard**, University of Auckland

Given the association between problematic alcohol use and intimate partner violence, health professionals working in the field of treatment and rehabilitation need to have the skills to screen for, and talk about this, with their clients. This brief introductory session will give an overview of the Violence Intervention Programme in New Zealand; describe the six steps in the process, including the three screening questions; how to access further information and training; and how this is working from one DHB's perspective.

Kathy is a Nurse Specialist with over 25 years of experience in Child Protection and Family Violence Intervention in health. Since 2010 she has been involved in implementing the Ministry of Health Violence Intervention programme at ADHB. She is passionate about strengthening health staff so that they can provide a valuable response to victims of violence and ultimately save lives. Dr Peter Huggard is a Senior Lecturer in Social and Community Health at the School of Population Health, University of Auckland. His eclectic professional journey included time training and working as a clinical biochemist and as an ambulance officer; as a health manager, and as a counsellor. Relatively recently he joined academia with teaching and research interests in health professionals' emotional health, therapeutic communication, vicarious trauma and burnout, and loss and grief.



Anne Bateman
Panel Chair



Peter Adams
Discussant



Tess Ahern
Discussant

PANEL DISCUSSION: FROM CHANGE COMES OPPORTUNITY

The delivery of mental health and addiction services has changed significantly over the last two decades and the current Government's draft *Mental Health and Addiction Workforce Action Plan for 2016-2020* anticipates much change ahead. Achieving improvements in health outcomes for people with mental health and/or addiction issues will require greater collaboration across the mental health and addiction sector, the wider health sector and beyond. Today, we take a closer look at what this might mean within the sector:

- What might mental health and addictions integration look like for our clients and for service providers?
- How do we move to a more integrated workforce?
- What are the challenges and opportunities?
- How do we, as a mental health and addictions workforce, position ourselves for this new way of working?

Anne Bateman, General Manager – Innovation and Development, Odyssey; Chair, AOD Provider Collaborative (See page 3 for bio).

Professor Peter Adams, Associate Director, Centre for Addiction Research, University of Auckland; Deputy Head of School of Population Health

Prior to joining the University of Auckland in 1991, Peter was a practising clinical psychologist for 13 years with specialist expertise in the area of addictive behaviour and violence. He has led the development of teaching programmes in alcohol and drug studies, mental health and health promotion at the School of Population Health, as well as research initiatives in violence, Asian health, addictive behaviour, gambling and community development. Peter's research focus is on innovative projects that aim to reduce harm through: family and neighbourhood responses to addictive relationships; developing the contribution of specialist practitioner and wider health workforce; public health, policy and health promotion activities that empower collective responses to risky consumption; and activities that enhance the role of responsible governance.

Tess Ahern, General Manager - Integrated Mental and Addictions, Counties Manukau Health (See page 2 for bio).



Maria Baker
Discussant



Barbara Disley
Discussant



Dr Susanna Galea
Discussant



Carolyn Swanson
Discussant

Maria Baker, Workforce Innovation Manager, Te Rau Matatini

Maria Baker (Ngāpuhi, Te Rarawa) is the Manager, Workforce Innovation at Te Rau Matatini - Maori Health Workforce Development Organisation, and currently manages mental health and addiction workforce development and suicide prevention contracts. Maria has worked in the health sector for 20 years, with a special focus on mental health, nursing, and Māori health. Maria has experience in service development, workforce development, education, research and evaluation. Maria is a doctorate candidate, holds an M.Phil. Nursing (Hons), as well as post and undergraduate qualifications.

Barbara Disley, Group Chief Executive, Emerge Aotearoa.

Barbara has extensive leadership and management experience leading large teams within the education and health sectors. She has held a number of senior public positions including Chief Executive of the Mental Health Foundation. From 1996-2002, she was the inaugural chair of the Mental Health Commission and from 2002 to 2007 Barbara was Deputy Secretary Ministry of Education where she had responsibility for the integration of the special education service into the Ministry and for the overall leadership, funding and provision of special education services for children and young people. Prior to joining Richmond, she worked as a Principal Consultant for Cognition Education Ltd leading their research and evaluation team.

Barbara has a doctorate in education and in 2011 was made an Officer of the New Zealand Order of Merit. She was appointed Group CE of Emerge Aotearoa in December 2014, following the merger of Richmond Services Ltd and Recovery Solutions.

Dr Susanna Galea, Service Clinical Director and Consultant Psychiatrist, CADS (See page 15 for bio).

Carolyn Swanson, National Service User Lead, Te Pou

For the mental health and addiction workforce to be effective for and responsive to the people who use services, lived experience input is vital. I provide service user leadership and perspective for Te Pou's work, especially on service user inclusion, participation, leadership and workforce development.

I've worked in mental health and addictions for 17 years in roles including consumer advisory, auditing, governance, peer support, project management, training, facilitation, consultancy, evaluation, resource and workforce development, advocacy, writing, supervision and mentoring, and quality improvement. The driving force for the work I do now is my own life-long resilience journey involving mental health problems and navigating mental health services.



Professor Amanda Baker

The Symposium partners are delighted to be able to offer two half-day supplementary workshops by two of our visiting speakers on Thursday 30 June at the University's Tāmaki campus.

**WORKSHOP A:
EVIDENCE-BASED TREATMENT OF CO-EXISTING HEALTH ISSUES: SUBSTANCE USE AND MENTAL AND PHYSICAL ILL-HEALTH**

Professor Amanda Baker, University of Newcastle, Australia

It is very common for people to present for treatment displaying multiple substance abuse, and mental health, and/or physical ill-health problems. This workshop will help participants to improve their clinical practices in working with these co-existing issues.

Professor Amanda Baker is a clinical psychologist and NHMRC Research Fellow. She has worked extensively with people substance abuse and co-occurring mental and physical ill-health.

In this practically focused workshop she will aim to improve participants' knowledge and skills in the following areas:

- Assessing mental health, substance use, diet and physical activity
- Motivational interviewing
- Treating people with substance use issues with mental and/or physical ill-health
- Conducting healthy lifestyle interventions.

Interactive exercises will be undertaken focusing on key elements of assessment, motivational interviewing and cognitive behaviour therapy.

University of Auckland 09.00am - 12.30pm, followed by a light lunch.

Registration and coffee from 8.30am in the Function Hall, Building 730, University of Auckland Tāmaki campus, Morrin Road, Glen Innes



Dr Ingrid Burkett

**WORKSHOP B:
CO-DESIGN IN PRACTICE: INTRODUCING THE SKILLS OF CO-DESIGN**

Dr Ingrid Burkett, Managing Director, Knode, Australia; Social Design Fellow, Centre for Social Impact, Australia; Senior Associate, The Australian Centre for Social Innovation (TACSI).

This workshop will introduce participants to some of the basic and core skills of co-design to create better outcomes and support innovation in services.

We will look at what it means to undertake co-design - from basic projects involving co-design to more embedded approaches. You will have the opportunity to try some of the tools and methods that are often used in co-design, and come to understand what the foundation principles mean in practice.

We will focus on mapping tools (which can help to make explicit people's experiences of services, places and networks); guided interviews and generative tools (which can help to uncover what people say and do in relation to outcome goals and experiences); and rapid ethnography (which can help workers gain very different perspectives of what issues, needs and outcomes mean in a person's life).

You will leave the workshop with:

- a better understanding of what it means and what it takes to do co-design
- an overview of some of the key skills and capacities that are needed for co-design (and a self assessment of what skills you already have and what skills you might want to develop further)
- at least three core tools and methods often used in co-design work
- a project idea to test in your own workplace.

University of Auckland 09.00am - 12.30pm, followed by a light lunch.

Registration and coffee from 8.30am in the Function Hall, Building 730, University of Auckland Tāmaki campus, Morrin Road, Glen Innes

2016 Mental Health and Addictions Annual Research Symposium			
8.00	REGISTRATION – OUTSIDE FUNCTION HALL (730-220)		
8.25	Move into lecture theatre (731-201)		
8.30	Karakia - University of Auckland kaumātua - Hēmi Pene		
8.45	<p>Welcome from AOD Provider Collaborative - Anne Bateman, Chair</p> <p>Welcome from Counties Manukau Mental Health and Addictions Partnership (CHAMP) - Nick Swain, Deputy Chair</p>		
8.55	<p>Welcome from Counties Manukau Health - Tess Ahern, General Manager – Integrated Mental Health & Addictions</p>		
9.00	<p>KEYNOTE: Working together to transform outcomes in social services: an introduction to co-design</p> <p>Dr Ingrid Burkett, Managing Director, Knode, Australia; Social Design Fellow, Centre for Social Impact, Australia; Senior Associate, The Australian Centre for Social Innovation (TACSI).</p>		
10.00	MORNING TEA (730-220)		
10.25	Move to concurrent sessions		
10.30	CONCURRENT SESSIONS START		
	STREAM A (730-268)	STREAM B (730-266)	STREAM C (730-264)
	<p>1A: Mana Moana: A Pasifika Indigenous intervention</p> <p>Dr Karlo Mila, Le Va</p> <p>Chair: Netini Vaeau, Takanga A Fohe – Pacific & Mental Health Addictions Service</p>	<p>1B: A Place for Healing in Mental Health Care and Recovery</p> <p>Dr Jackie Liggins, University of Auckland and Counties Manukau Health</p> <p>Chair: Professor Peter Adams, Centre for Addiction Research, University of Auckland</p>	<p>1C: A healthy lifestyles approach for people living with co-existing mental health and substance use problems</p> <p>Professor Amanda Baker, University of Newcastle, Australia</p> <p>Chair: Dr David Newcombe, Centre for Addiction Research, University of Auckland</p>
11.25	Move to concurrent sessions		
11.30	CONCURRENT SESSIONS START		
	2A: The Housing Needs of Vulnerable Populations in New Zealand	2B: Advancing and celebrating peer support - Part 1: Our journey so far	2C: Mahi a Atua - A paradigm shift igniting hope in a Maori workforce
	<p>Dr Alice Mills and Dr Jacquie Kidd, University of Auckland</p> <p>Chair: Abi Bond, Counties Manukau Health</p>	<p>Panel discussion: David Cutten – Connect Supporting Recovery, Cassandra Laskey – Counties Manukau Health and Sheridan Pooley – CADS</p> <p>Chair: Magdel Hammond</p>	<p>Diana Rangihuna, Mark Kopua, Matt Pennell, Jayne Wyllie, Hinetangi Coleman Kelly Harding – Hauora Tairawhiti</p> <p>Chair: Mate Chase, Mahitahi Trust</p>
12.25	Move to lunch		

2016 Mental Health and Addictions Annual Research Symposium			
12.30	LUNCH – FUNCTION HALL (730-220)		
13.20	<p>COUNTIES MANUKAU QUICKFIRE RESEARCH SESSION</p> <ul style="list-style-type: none"> A dual diagnosis case management tool - Pauline Tucker, CADS Recovery for South Asian people accessing mental health services in New Zealand - Kaberi Rajendra, Whirinaki Counties Manukau Health Testing the Bridge - Tanja Ottaway-Parkes, Salvation Army Addiction Services How can I 'ASSIST'? Screening and brief intervention (SBI) for substance use problems in mental health settings: The ASSIST-Lite-MH - Dr Susanna Galea, CADS <p>Chair: Phil Grady, Odyssey</p>		
13.55	Move to concurrent sessions		
14.00	CONCURRENT SESSIONS START		
	STREAM A (730-268)	STREAM B (730-266)	STREAM C (730-264)
	<p>3A: A whole-of-system approach in transforming the Mental Health & Addictions sector to improve wellbeing in Counties Manukau</p> <p>Dr Pete Watson, Counties Manukau Health</p> <p>Chair: Ben Birks Ang, Odyssey and New Zealand Drug Foundation</p>	<p>3B: Advancing and celebrating peer support - Part 2: New directions for peer workforce development, 2016-2021</p> <p>Panel discussion: Cassandra Laskey – Counties Manukau Health, Haydee Richards – Emerge Aotearoa and Brody Runga - Odyssey</p> <p>Chair: Carolyn Swanson, Te Pou</p>	<p>3C: Understanding and managing the connection between drugs, alcohol and violence in the home</p> <p>Dr Pauline Gulliver and Dr Peter Huggard, University of Auckland</p> <p>Kathy Lowe, ADHB</p> <p>Chair: Sam White, University of Auckland</p>
14.55	Move to Function Hall (730-220)		
15.00	<p>PANEL DISCUSSION: FROM CHANGE COMES OPPORTUNITY What will integration look like for our clients and for service providers? How do we move to a more integrated workforce? What are the challenges and opportunities? How do we, as a mental health and addictions workforce, position ourselves for this new way of working?</p> <p>Chair: Anne Bateman, Odyssey and AOD Provider Collaborative</p> <p>Discussants: Professor Peter Adams, Centre for Addiction Research, University of Auckland Tess Ahern, Counties Manukau Health Maria Baker, Te Rau Matatini Barbara Disley, Emerge Aotearoa Dr Susanna Galea, CADS Carolyn Swanson, Te Pou</p>		
15.45	THANKS AND CLOSE (followed by afternoon tea)		

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