BREAKOUT SESSION 3

AOD PROVIDER COLLABORATIVE

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.*
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 NGO’s 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.
3B PANEL DISCUSSION: PEER SUPPORT - ENVISIONING OUR FUTURE

Carolyn Swanson, 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.
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.