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CDHB MENTAL HEALTH STRATEGY

An Integrated System of Care for Mental Health Services in Canterbury

A recent article in Connections informed you all of the development of the Canterbury Mental Health Strategy. This strategy is in response to the Canterbury District Health Board's strategic plan (Directions 2006) that defines priority areas for Canterbury. Mental Health (including alcohol and other drugs) is one of these priority areas and the document signalled a plan would follow for the development and delivery of mental health services.

The Mental Health Forum responded by forming a working party known as the Mental Health District Advisory Group (MHDAG). Each member has responsibility for communication and consultation within their area. The alcohol and drug sector has two MHDAG representatives, elected through the LOAD forum. Others represent consumers, family/whanau, NGO mental health services, youth, older person's health, physical health and CDHB provider arm.

In November 2003 a draft strategic plan was circulated for discussion and submissions from interested parties. Submissions were to be received by 05 February 2004 and would then be included into the draft document. The next stage is the presentation of the draft mental health strategy to the CDHB Subcommittees/Board in March 2004.

Alcohol Drug Association compiled an alcohol and other drug sector submission on behalf of two groups:

- 1) The Canterbury Alcohol and Drug Managers' Advisory Group (CADMAG) which has taken a leadership role in responding to changes in service delivery for mental health and alcohol and other drug services in Canterbury;
- 2) Liaison on Alcohol and Drugs (LOAD), a forum attended by those working in the AOD sector, health promotion, education and community services.

Some comments included in the submission were:

CADMAG and the sector note ongoing concern regarding the use of the Blueprint figures as a benchmark and a guide for setting strategies and measuring progress and development, for the AOD sector. CADMAG and the AOD sector express concern that these figures are often referred to without evidence that they are suitable to a New Zealand population and less densely populated areas such as the South Island.

CADMAG states as it did with the SISSAL South Island Alcohol and Drug Services Review, the Canterbury alcohol and other drug sector wishes to see reconfiguration driven by the sector, in consultation with the Canterbury District Health Board.

With recent changes to services and the loss of a residential service, the retention and reallocation of funds within the South Island AOD sector remains

continued

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paramount for the redevelopment of services.

Issues of dual or multiple diagnosis including AOD, illustrate the need to develop all of the areas identified in the background document regarding issues, barriers, challenges and risks.

Another group to be considered are the 'concerned other' and family/whanau in their support of the consumer/tangata whaiora. The National Mental Health Strategy and Plan states the need to reduce the impact of mental disorders on this group. Planning to minimise the impact of stress on whanau and family members also fits with the need to strengthen promotion and prevention.

Strategic goals were also included with a request for feedback. Below are some of the comments made concerning the Mental Health strategy goals:

The experience consumers/tangata whaiora and family/whanau/significant others is recognised by funders /providers

- The sector to demonstrate that Standard 9 (consumer participation) of the National Mental Health Standards is applied at all levels of service development and delivery.
- Links and communication with community carer support organisations be developed and family /whanau education to be included in tangata whaiora care plans.

Services are integrated; right place, right time, right people

- In response to GPs suggesting the need for education and a framework for thinking about AOD and mental health issues, that the AOD sector and CADMAG be utilized to train and educate Primary Health Care workers and allied professionals.
- Services for women are still not widely available. More women are presenting to AOD and mental health services. There is no safe acute/crisis accommodation for women.

Recovery approach underpins service development and delivery

- The AOD sector uses models that empower the consumer/tangata whaiora to adopt a positive attitude to their AOD issues through a variety of recovery models that aim to increase motivation for behaviour change.
- The AOD sector wishes its models to be recognised as important and well integrated into AOD delivery and of value for Mental Health service providers.

Early intervention will play an important part of service delivery

- That the plan clearly define 'early intervention' in regards to AOD in consultation with AOD sector.
- If Primary Health Organisations are to offer early intervention, they require specific training. While CADMAG acknowledges this places a further onus

on PHOs, it is important that alcohol and other drug screening and brief intervention is prioritised within the Mental Health Strategy and that funding is available for training.

Ways of working are improved to facilitate access to services

- As stated in the AOD Services Review, CADMAG is available as an advisory group when looking at innovative and collaborative ways to introduce or reconfigure services in order to improve access.
- That a culture of communication is developed across all sectors, including the Education, Judicial sector and Corrections, so as to support an effective integrated system where consumers/tangata whaiora are receiving the right mix of treatment at any place within the system for any specific or combination of diagnoses.
- Access for women with accommodation needs and mental health/AOD issues be included in the Mental Health Strategy as a priority.

MH promotion/destigmatisation activities reduce the 'difference' of mental illness

- That the difference between AOD stigma and mental health stigma be acknowledged and made transparent.
- Funding to be allocated specifically for developing educational/promotional activity to reduce the stigma surrounding AOD use.

Rehabilitation happens mainly in the community; in order for this to happen there are a range of personalised and flexible approaches to supporting people to live in their own environments in the community

- It is acknowledged that rehabilitation in the community is vital however attention is drawn to the fact the community rehabilitation should not replace alcohol and other drug residential services which are of equal importance and essential to a specific group of consumers/tangata whaiora
- That the mental health strategy clearly defines the meaning of 'residential' services in regards to the different needs of AOD consumer/tangata whaiora and mental health consumers/tangata whaiora in consultation with AOD sector

The specialist mental health service will focus on specialist and regional (intensive, acute and regional) services and will work with community based providers to assist their management of those consumers/tangata whaiora with mental illness

- CADMAG supports the changes to service provision discussed as part of the SISSAL Review.
- That the CDHB in conjunction with service providers, make the relevant and appropriate inclusions and changes in contracts to formalise any changes to the delivery of services that these changes bring about.

CONSUMER UPDATE



Happy New Year to One and All

I am just back after a months leave - which was well appreciated. The news here is that applications have closed for the Consumer Advisors position. We will be going

though the selection process in the very near future. Hopefully by the next issue of Connections a new AOD Consumer Advisor will be in situ.

The issue of the residential treatment closures is of major concern for the Consumers that I have dealings with. The overwhelming majority say they do not want to see the shift to out-patient programs. For them the total removal from society for a period of time was the major factor in their 'getting it' - so to speak. Talk that there will always be some form of

residential treatment available for those at the acute end of the scale is, to most consumers that I have spoken with, of no reassurance at all.

However, on a brighter note the opportunity for Consumers to become involved in service planning etc. and the standards being met by inclusion of groups within services is most welcome in the Consumer Network. These and other strategies to develop consumer participation are ensuring that the consumer voice is being listened to.

All in all work is on track and the position is developing well.

Cheers for now

Peter Ryder
Consumer Advisor

CADS SERVICES AVAILABLE AT COURT AND CHRISTCHURCH MEN'S PRISONS

AT COURT

Drugs have a major impact on crime, violence, accidents, family functioning, and productivity, not to mention the loss of human life and human potential. For instance, the latest Drinking in New Zealand survey found that 8% of men and 5% of women had been assaulted in the last year by someone under the influence of alcohol. The number of drink driving convictions nationally, have fluctuated between 18,394 - 24,725 between 1990 - 1998, with young people at a higher rate than other age groups. Convictions for the 'use' of cannabis were the largest group of cannabis offences, with convictions for other illicit drug crimes nationally ranging between 472 - 556 between 1990 - 1998 (MoH).

So it is not surprising that for some time now there has been an identified need for AOD workers to be based in New Zealand courts. Les Carey now fills this need in the Christchurch Courts as the permanent on site AOD Court worker. He is available as an advisor and can arrange contact with AOD services for assessment or treatment or general AOD information.

Often people will enter the court system with a history of alcohol or drug use or abuse, it is also likely that they are in their present situation because of it. If this is the case their motivation can be at a level where they are willing to seek treatment, either because they choose to or because this is a recommendation or requirement of

their sentence. Having an AOD worker based on site who has access to local AOD services can speed the process dramatically. If the client has already had an AOD interview or assessment it is likely that their entry into treatment can be actioned from the court, thus taking advantage of the window of opportunity to move the person forward while they are motivated to make changes.

MEN'S PRISONS

Steve Jones is now working with sentence planners at Paparoa and Rolleston Prisons. There are changes to how this process has worked in the past. With improved co-ordination it is expected to be more effective with education for sentence planners on AOD assessment, treatment and particularly early intervention. Steve will also liaise with the AOD programmes that already exist at the prisons.

Although many of the men in the prisons have accessed AOD services and programmes before, there are an increasing number of both mature and young men who are likely to benefit from a range of early intervention strategies. Often young people will become exposed to crime and the prison system because of a one off experience with alcohol or drugs. The first event may be out of character but the outcome may lead to ongoing problems both with AOD use and crime unless identified and picked up at this early stage.

NEW FACES IN AOD PLACES

There have been quite a few staff changes within the AOD sector in the South Island over the last few months and this seems like a good opportunity for some of these people to tell us a bit about themselves and to see who has gone where and to do what.



Odyssey House have a new face leading the team, **Hatarei Peka** is the new Director, and will be profiled in the next issue of Connections along with an update on the Youth Residential Service.



The Salvation Army Bridge Programme in Christchurch also have a new Director, **Annette Garrett** who shares the following description of her journey to this position.

Various experience like immigration to New Zealand from Australia, living with addiction and with people of various cultures separation and

single parenthood all colour my view of the world and the role I come to. My involvement in community/social work starts with a developing understanding of community via a route common to many parents – Sports Clubs, Kindergarten and School Committees in the Cannon Creek, Porirua area. Later training and study in the areas of social work, drug and alcohol counseling, transactional analysis, theology and management prepare me for this new role.

In my time as a Salvation Army Officer I have held a variety of appointments from Auckland to Dunedin, including specialized work with abused women, housing and addictions. I value the privilege we have of working with people and their stories and keep in mind the way my story was treated with such respect at my first contact with a Salvation Army Officer in 1978

I am looking forward to the challenges of the role as Director of The Salvation Army Bridge Programme in Christchurch in the context of today's changing health services climate. I expect there will be demands for us to remain flexible in the delivery of service to clients. The diversity of services offered here makes that very possible as does active networking with other agencies. Within that environment, I aim to see ongoing development of the application of our model of treatment including a Community Reinforcement Approach; continue asking questions about the needs of families: and continue an emphasis on work with women.

Annette Garrett

RURAL NEWS

NEW AOD COUNSELLOR FOR BALCLUTHA MENTAL HEALTH TEAM

Hi, my name is Bill Phillips, and I started as the new Alcohol and Drug Counsellor with the Clutha Mental Health Team on December 8th 2003. I previously worked for 6 years at the recently closed down Queen Mary Hospital in Hanmer Springs. I have worked in the A&D field since 1991, and have had experience working in both outpatient/inpatient settings.

The field I work in still holds an immense interest for me and I am currently studying at Weltec in

Christchurch in the A&D Degree Course.

Alcohol and Drug issues appear to be very similar in South Otago, as to other parts of the South Island I have worked in. The only difference for me is the fast learning curve of working with a Methadone case load, which is exciting and challenging.

My one goal is that if I am able to contribute in any way to the changes a consumer is wanting to make, then I am committed to support that person to my fullest ability.

THE RECOVERY CLINIC

Who are we?

The Recovery Clinic are an interdisciplinary team of alcohol and drug professionals previously of Hanmer Clinic now a division of the Canterbury District Health Board and can be found at 62 Bealey Avenue in Christchurch.

Our staff include an ID team and is made up of
Karen Scarf - Team Leader, Nurse/counselor, RCpN
Kate Barber – Psychiatric nurse/counselor, RNMH, CARN
Dr Rob Brandram-Adams – Medical Officer in Addiction Medicine
Kumeroa Matthews – Senior A & D Clinician, CIT, MNZASW, DAPA
Malcolm Pitman – Senior A & D Clinician, CIT
Robyn Pollock – Receptionist / Administrator,
and is also complimented by a number of specialists.

What do we do?

We work specifically with people who are alcohol/drug dependent. Clients can self refer or be referred by their

GP's or other agencies. We also carry out comprehensive assessments and refer to other services.

We offer three outpatient treatment programmes for clients with alcohol dependence who are not able or who do not require residential treatment.

Our Programmes include,

1. Intensive Out Patient Programme (IOP) – over 8 weeks, 3 times a week in the evening.
2. Dual Diagnosis Intensive Outpatient Programme (DDIOP) – over 12 weeks, 3 times a week in the mornings.
3. Continuing-care Programme – available to clients on completion of programmes above for up to 2 years.

And at present our new 'Relapse Programme' is being set up.

For more information please contact us on
Phone: 03) 3658700 Fax: 03) 365 9800
Email: Karen.Scarf@cdhb.govt.nz

SUBMISSION ON THE CHRISTCHURCH CITY COUNCIL GAMBLING VENUE POLICY

Although not a priority for some local AOD services, the importance of identifying and expressing concerns regarding the development of Christchurch City Council's Gambling Venue Policy has been acknowledged. A submission was prepared in consultation with Canterbury AOD services through LOAD, Community Public Health (CPH) and Canterbury District Health Board (CDHB). The submission was presented and is inline with the CPH and CDHB and recommends the following:

that the Christchurch City Council Gambling Venue Policy

- 1 permits the establishment of new venues or increases in the number of gaming machines at existing venues only when the number of machines proposed will not result in the total number of gaming machines in the Council's district exceeding the ratio 1 gaming machine per 250 residents;
- 2 permits the establishment of new venues or increases in the number of gaming machines at existing venues only when the number of machines proposed will not result in the total number of gaming machines in that Council Ward exceeding the ratio 1 gaming machine per 250 residents;
- 3 permits the establishment of new venues or increases in the number of gaming machines at existing venues only when the primary purpose of

the premises (as indicated by the businesses' main source of income) is the sale of food or liquor;

- 4 for new venues or venues licensed since 17 October 2001 permits placement of machines only in restricted areas of premises licensed for the sale of liquor (if the Council does not choose to limit machines to restricted areas, then it is recommended that they are limited to premises whose purpose is not family or children's activities);
- 5 limits to six the number of machines in a new venue or a venue which wishes to increase its number of machines (except where the venue is located in an 'open space' zone, where the limit would be three);
- 6 prohibits physical or visual separation of gaming machine areas from other parts of the premises;
- 7 requires venues to have in place appropriate harm minimisation and staff training policies;
- 8 requires public notification and consultation for all applications for new gaming machine venues or increases in gaming machine numbers (if the Council chooses not to require public notification and consultation for all applications, then this process is recommended at least for applications at variance with the Policy);
- 9 be reviewed in 18 months, based on a formal social and economic impact assessment of gambling in the city, and thereafter three-yearly based on ongoing monitoring of the social and economic impact of gambling in the city.

IDENTIFYING AND MEETING THE NEEDS OF FAMILY/WHANAU & FRIENDS

If someone important to a person is using drugs or drinking heavily, it can be a stress that leads to ongoing psychological and physical problems for the person in that role or relationship. In AOD speak they are described as a “concerned others” people who are related to, in a relationship with, friends with or colleagues of a person who drinks heavily or uses other drugs inappropriately. People in this situation are often unaware of how much harm that can result from the ongoing tension of worrying about the outcomes resulting from the behaviour of the person they are concerned about.

The behaviour of people misusing alcohol or other drugs can be erratic and unpredictable and often lead to outcomes that impact on the people they are involved with. Not knowing what will happen next, feeling out of control and that the well being of loved ones is constantly threatened, uses up the psychological emotional and physical resources of even the most hardy people. Added to this is the ongoing threat of losing the more physical resources of money, homes and the material things that are important to families/whanau.

The ‘concerned other group’ is often overlooked in funding and planning for services. While the personal cost is often great, their contribution to the community and society is enormous and rarely acknowledged. In the same way that informal unpaid carers, family/whanau friends, meet the needs of people who are unable to tend to their own daily needs because of a disability or illness, concerned others support the people they are concerned about through many different phases of their use and recovery, often at great cost to themselves. This activity saves the country many millions of dollars and in many cases ensures ongoing success in recovery.

The importance for seeing that the people who support those who are recovering from AOD diagnoses, are

supported in some way is vital whether they be related, in a partnership, friendship, employee/employee relationships. There is a need to include them in assessment, treatment and discharge planning. Concerned others should be offered and have access to education, information and planning assistance. They have often been in long term stressful situations and their own behaviour may well have become co-dependant and require some level of treatment or counseling. The needs of the family/whanau or concerned other is often overlooked because the focus is on the needs of the person they support who is often in crisis when involved with services.

Knowing what options are available for keeping healthy themselves as concerned others and having access to support groups in the community that match their own needs rather than those of the person that they are concerned about, is empowering and reduces stress. Reduced stress means better health and the ability to make more informed effective decisions. This is a fact to consider in planning and funding particularly when health strategies are planned and the need has been identified to encourage and promote healthy behaviour.

Services & Information

Al Anon: on page 4 of the phone book - for group support.

Alcohol&Drug Helpline: 0800 787 797 - for information.

Familial Trust: (03) 981 1093 Christchurch
www.familiatrust.com/

The ADA CONNECTION is the official newsletter of the Alcohol Drug Association New Zealand.

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