

**The Pacific Mental Health and
Addiction Northern region
Implementation Plan
2009-2012**

Acknowledgements

The Northern DHB Support Agency Ltd (NDSA) on behalf of the Northern District Health Boards (DHBs) contracted Health & Safety Development Ltd. to compile this plan under the guidance of Moana Pasifika and its working group.

The project sponsors were:

Ian McKenzie

– Regional Director, Mental Health and Addictions, (NDSA); and

Ti'a Kirkpatrick Mariner

– Programme Manager, Funding and Planning, Pacific Health (Counties Manukau DHB).

Input from a range of stakeholders contributed to the development of this plan including Northern Region DHBs, local Pacific stakeholder groups, and Pacific providers and consumers at a regional fono held on 24 July 2009.

Input from all these stakeholders and contributors to the previous plan is acknowledged.

Disclaimer: The Pacific Mental Health and Addiction Northern region Implementation Plan 2009-2012 is subject to local District Health Board prioritisation processes.

Citation: Northern DHB Support Agency Ltd, 2010. Pacific Mental Health and Addiction Northern Region Implementation Plan. Auckland. Northern DHB Support Agency Ltd.

Published in 2010 by the Northern DHB Support Agency Ltd
PO Box 112147, Penrose, Auckland, New Zealand

This document is available on the Network North Coalition Northern website:

<http://networknorth.org.nz>



Table of Contents

Executive Summary	4
1 Introduction	6
1.1 Scope of the plan and underlying principles	6
1.2 Progress since the first regional plan	7
1.3 Pacific population, prevalence of mental health and addiction disorders and service access	9
1.4 Overview of current services	10
1.5 Strategic context	11
1.6 Local planning and implementation required	13
2 Goal, priorities, strategies, and actions	15
2.1 Regional goal	16
2.2 Regional Mental Health & Addiction priority areas	16
2.3 Regional strategies and key actions	18
3 Implementation, monitoring and review	25
References	26
Appendix 1	
Northern Region Pacific population, prevalence of mental health and addiction disorders and access	28
Appendix 2	
Monitoring report template	30



Foreword

Talofa Lava, Kia orana, Malo e lelei, Fakalofa lahi atu, Taloha ni, Ni sa bula and warm Pacific greetings

The overarching purpose of the plan is to provide a regional view that will inform local planning. The plan is developed for organisations in the Northern Region to use to improve and develop services for Pacific people.

A coordinated and integrated approach to the planning and implementation of mental health and addiction services across the Northern Region is important to ensure the needs of the diverse and growing Pacific populations are more fully met.

The Auckland metropolitan area consists of the largest Pacific community in the world, making up approximately two-thirds of the New Zealand's Pacific population. This provides opportunities for leadership, innovation and development.

Pacific Mental Health and Addiction services within the Northern Region have made significant gains over recent years and we acknowledge the platform created by the *Northern Region Pacific Mental Health and Addictions Plan 2003/05*.

We recognise the importance of mental health and addiction issues for Pacific peoples and believe that this plan acknowledges Pacific aspirations for good health and wellbeing. Further, it is realistic, achievable and reflects changes in the health environment and opportunities inherent in primary health development.

This plan is underpinned by a Pacific model of care for mental health and addictions. This model is both family and consumer centred with an emphasis on integrated services.

Ian McKenzie

Regional Director,
Mental Health and Addiction Services
Northern Region DHB Support Agency

Ti'a Kirkpatrick Mariner

Programme Manager,
Funding and Planning, Pacific Health
Counties Manukau DHB



Executive summary

The *Pacific Mental Health and Addiction Northern Region Implementation Plan 2009-2012* refreshes the previous regional plan, the *Northern Region Pacific Mental Health and Addictions Plan 2003/05* (Northern DHB Support Agency, 2003) and the accompanying *Northern Region Pacific Mental Health and Addictions Plan 2003/05 – Implementation Plan* (Northern DHB Support Agency, 2005).

National, regional and local strategies and plans strongly support further development of Pacific specific services based on explicit Pacific models of care that promote a holistic notion of health and place emphasis on the family and community.

Pacific mental health and addiction priority areas for the Northern Region focus on the following three broad areas:

- Improved access to mental health and addiction services for Pacific communities and families
- Implementation of the *Regional Pacific Mental Health and Addictions Service Framework*
- Pacific workforce development and improved cultural responsiveness

Issues of access, including workforce development, understanding the diversity of the Pacific population, population growth, and prevalence of mental health and addiction issues highlight the urgency of further Pacific service development across these priority areas. Prevalence and access data for services strongly indicate a need for the establishment of increased capacity across the service continuum with particular focus on health promotion, destigmatisation, early intervention services and the development of an appropriate service model for young Pacific people.



In summary this plan:

- Identifies achievements from the previous plan and actions that warrant further attention
- Acknowledges and supports the role of local DHB plans and reinforces regional and local implementation
- Outlines regional activity that will assist implementation of the 10 leading Challenges contained within *The Mental Health and Addiction Action Plan 2006–2015* (Ministry of Health, 2006) including workforce development activities
- Provides mechanisms for implementation of recommendations contained within the:
 - *Regional Pacific Mental Health and Addictions Service Framework*^[1]
 - *Pacific Consumer Leadership Framework*^[2]
 - *Mental Health and Addiction Pacific Cultural Practice Framework*^[3]
- Reinforces key regional priorities for Pacific communities and provides a structured implementation and monitoring framework The following six regional strategies are outlined as means to address Pacific mental health and addiction regional priorities:
 1. Fostering integration and coordination of mental health and addiction services across Pacific communities
 2. Strengthening Pacific mental health promotion and prevention initiatives
 3. Developing Pacific service access and capacity
 4. Strengthening the role of primary health care
 5. Improving responsiveness and cultural competence within Pacific and mainstream services
 6. Facilitating Pacific workforce development

A series of regional actions is presented along with an implementation and monitoring framework up to 2012 at which time the plan will need to be reviewed and updated. Regional actions are dependent on prioritisation, available funding and ongoing implementation under local DHB plans.

[1] Health & Safety Developments, (2008). Regional Pacific Mental Health and Addictions Service Framework. Unpublished report for NDSA.

[2] Samu and Richard, (2009). Pacific Consumer Leadership Framework for the Mental Health and Addictions Sector. Draft, unpublished report for NDSA.

[3] Parsonage, Sio, Mariner and Leger, (2009).



1. Introduction

The *Pacific Mental Health and Addiction Northern Region Implementation Plan 2009-2012* (The Plan) supports a coordinated and integrated approach to the provision of mental health and addiction services across the Northern Region for Pacific peoples.

This plan refreshes the previous regional plan, *the Northern Region Pacific Mental Health and Addictions Plan 2003/05* (Northern DHB Support Agency, 2003) and the accompanying *Northern Region Pacific Mental Health and Addictions Plan 2003/05 – Implementation Plan* (Northern DHB Support Agency, 2005).

The plan is also important for supporting mainstream providers of mental health and addiction services to become more culturally responsive to Pacific peoples. The plan supplements local District Health Board (DHB) plans and builds on current DHB and Non-Government Organisation (NGO) provider infrastructure.

1.1 Scope of the plan and underlying principles

This plan applies directly to those mental health and addiction services, both in primary and secondary care, which are designated specifically to meet the needs of Pacific peoples residing in the Auckland metropolitan region and more broadly, to mainstream services that provide services to Pacific peoples across the whole Northern Region.

The plan applies to the whole system of mental health and addiction care acknowledging that a continuum of care is required including Pacific specific services and also culturally responsive mainstream services.

There are two fundamental beliefs that Pacific peoples share:

- A holistic notion of health (Bathgate, 1994 cited in Ministry of Health, 2008d)
- Health as a family concern rather than an individual matter (Laing and Mitaera 1994; Tukuitonga, 1990 cited in Ministry of Health, 2008c)

These fundamental beliefs incorporate: a relationship focus (including acknowledgement of community), and the use of Pacific language and cultural practices. Drawing on these, the plan is based on the following underlying principles:

- Effective services for Pacific peoples are holistic in their approach and reflect a Pacific perspective of health and wellbeing
- Effective services for Pacific peoples are primarily family-focused and acknowledge the important role of family and social relationships



- Effective services for Pacific peoples support ethnic identity, a sense of belonging and the importance of language, acknowledging community leadership through the role of Matua, the church and others with ethnic-specific understanding and experience
- Pacific services are community-focused, fostering community ownership and acknowledging community leadership
- Pacific services recognise the importance of partnership with other groups and cultures, including an acknowledgement of the status of Maori as Tangata Whenua and demonstrating a commitment to the principles of the Treaty of Waitangi

1.2 Progress since the first regional plan

Progress on the *Northern Region Pacific Mental Health and Addictions Plan 2003/05 – Implementation Plan* (Northern DHB Support Agency, 2005) was reviewed during 2007 and it was found that most of the 34 action points had been completed or progressed in some manner. It was recommended that the plan be updated, that the new plan be widely communicated, monitored regularly and that ongoing progress and successful programmes and projects be acknowledged and shared (JETT Consulting Ltd, 2007)

The review highlighted the following key areas of progress:

- Pacific representation in mental health and addiction partnerships/forums
- Development of Pacific primary mental health services
- The support and development of business and information systems for Pacific mental health providers
- Providers delivering to Pacific populations receiving cultural competency training and establishing access to Pacific cultural advisors and workers
- Development of Pacific specific services

The importance of maintaining these areas of progress was emphasised in the review report.

The review highlighted a lack of progress towards developing information and research on Pacific mental health. Subsequently with the establishment of Le Va^[4] within Te Pou^[5], nationally this area is beginning to see significant progress.

Similarly with Pacific workforce development, progress has been made as Le Va is overseeing a number of projects and initiatives nationally.

Since the review NDSA and Moana Pasifika have overseen three key projects on behalf of the Auckland metropolitan DHBs that provide guidance for service development and delivery. These include:

[4] Le Va is the Pacific mental health workforce development unit within Te Pou and aims to improve the mental health and well-being of Pacific people through progressing the delivery of effective health services from a clinically and culturally competent Pacific workforce (www.leva.co.nz).

[5] Te Pou is one of the 4 national workforce development centres funded by Ministry of Health (www.tepou.co.nz).



- *Regional Pacific Mental Health and Addictions Service Framework* (completed and awaiting sign-off/publication)
- *Pacific Consumer Leadership Framework* (draft)
- *Mental Health and Addiction Pacific Cultural Practice Framework*^[6] (completed and published in the *Journal of Community Health and Clinical Medicine for the Pacific*, February 2009^[7])

These projects involved considerable stakeholder input and have contributed significantly in determining service needs for Pacific peoples in the region, particularly in terms of defining Pacific service delivery that is distinct from mainstream services. A key difference is the family-focused and holistic approach that supports key dimensions of Pacific culture and languages as outlined in the Regional Pacific Mental Health and Addictions Service Framework and health models such as the Fonofale Model^[8] and other models (Agnew, Pulotu-Endemann, Robinson, Suaalii-Sauni, Warren, Wheeler, Erick, Hingano and Schmidt-Sopoaga, 2004).

From the 2007 review and the projects undertaken by Moana Pasifika the following actions have been highlighted for ongoing or further focus within the region:

- Utilising the Regional Pacific Mental Health and Addictions Service Framework in service planning, funding, delivery and reporting
- Fostering further access to Pacific cultural advisors and workers through implementation of the Mental Health and Addiction Pacific Cultural Practice Framework and the Pacific Consumer Leadership Framework
- Utilising the Pacific Consumer Leadership Framework for the Mental Health and Addictions Sector in service planning, funding and delivery
- Developing a service approach for Pacific young people that incorporates consumer leadership
- Fostering further initiatives to facilitate service access for Pacific peoples, including Pacific destigmatisation programmes
- Establishing an implementation plan to enhance primary mental health capacity in Pacific PHOs across the region
- Providing further training and professional development for GPs and nurses, co-location of mental health staff and access to specialist support, that builds primary health care mental health and addiction capacity
- Ensuring continued representation of Pacific peoples across regional mental health and addiction forums, including Pacific consumer representation
- Ensuring continued support and development of business and information systems for Pacific mental health and addiction providers
- Ensuring further provision of Pacific cultural competency training

[6] Includes three roles: Matua (working in mental health and addiction services), Specialist Pacific Cultural Workers, and Pacific Cultural Worker.

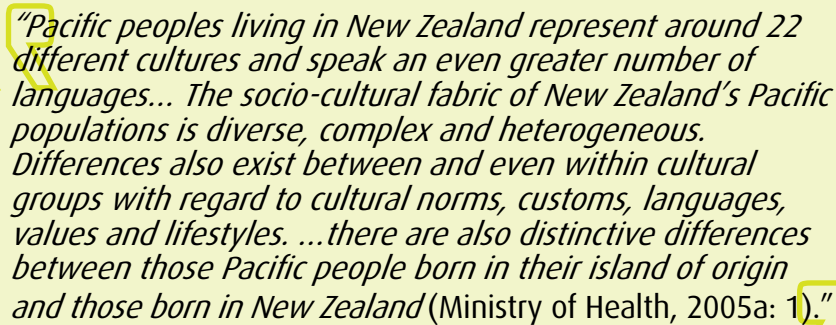
[7] Refer Parsonage, Sio, Mariner and Leger (2009).

[8] Refer to Ministry of Health (2008b) for a description of this model.



1.3 Pacific population, prevalence of mental health and addiction disorders and service access

The Pacific population is not an homogenous group. There are differences in ethnicity, language and identification.



"Pacific peoples living in New Zealand represent around 22 different cultures and speak an even greater number of languages... The socio-cultural fabric of New Zealand's Pacific populations is diverse, complex and heterogeneous. Differences also exist between and even within cultural groups with regard to cultural norms, customs, languages, values and lifestyles. ...there are also distinctive differences between those Pacific people born in their island of origin and those born in New Zealand (Ministry of Health, 2005a: 1)."

Reliable estimates of the prevalence of major mental health disorders for Pacific peoples were not available until the release of *Te Rau Hinengaro – The New Zealand Mental Health Survey* (Oakley Browne, Wells, and Scott [eds], 2006), the first national epidemiological study undertaken on mental health in New Zealand (Ministry of Health, 2008b). The survey provides prevalence data for a range of mental health disorders that can be used to estimate the number of people (excluding children) likely to experience a mental health disorder in any 12-month period and therefore provide an estimate of the service capacity required.


2006 Census data for the Pacific resident population of Counties Manukau DHB was 92,982 people, with Auckland DHB Pacific resident population being 50,166 people and Waitemata DHB Pacific resident population being 35,190 people, making up a total of 178,338 Pacific people for the Auckland metropolitan area. Northland DHB had 3,702 Pacific people bringing the Northern Region total to 182,040 people. The overall regional percentage of Pacific 0-19 year-olds was 48%. The Pacific population figures from the 2006 Census by DHB and age group are further outlined in Appendix 1, Table 1.

From 2006 to 2011, the Pacific population is estimated to increase by nearly 15% in the Auckland region, with the greatest Pacific population increases being expected in Manukau City followed by Waitakere City. The Pacific population increase for Northland in the same period is projected at nearly 25%.

Using 2001 Census national figures, the Ministry of Health (2005a) reports that the proportion of Pacific Island born versus New Zealand born Pacific peoples varies according to age group, with 84% of Pacific children aged 15 or younger being New Zealand born compared with 65% of 15-24 year olds, 28% 25-64 year olds, and just 4% of 65 plus year olds.

It is estimated that people of Pacific ethnic origin have higher prevalence rates of mental health and addiction problems than other ethnic groups, except for Māori (see Appendix 1, Table 2 for more detail). It appears that these higher rates are due to the youthfulness

and relative socioeconomic disadvantage of the Pacific (and Māori) population (Te Rau Hinengaro, 2006). Further, it appears



“that Pacific people who migrate to New Zealand at an early age have a higher prevalence of serious mental disorder than other migrant or New Zealand-born groups, along with the lowest use of mental health services. New Zealand-born Pacific people have a higher prevalence of disorders than Pacific migrants, but also seek help from mental health services more often (Ministry of Health, 2008b: vii).”

Using 2006 Census population figures for people aged from 15 years of age and the prevalence of mental health disorders (Appendix 1, Table 2) it is estimated that in any year there will be over 27,000 Pacific people across the Auckland metropolitan area who experience a mental health disorder, including approximately 13,900 people in Counties Manukau, over 8,000 people in Auckland and approximately 5,400 people in Waitemata. In Northland, approximately 460 Pacific people will experience a mental health disorder in any year. These figures and further related detail are outlined in Appendix 1, Table 3.

There are well-documented disparities in rates of access to mental health and addiction services between Pacific people and other ethnic groups (Ministry of Health, 2005a; Oakley Browne, Wells and Scott [eds], 2006; Novak, 2007; Ministry of Health, 2008b). Anecdotally, Pacific people usually access mental health services via primary health care, but delay seeking assistance until the issue is more severe, thus requiring more intensive treatment.

Factors including the size of the Pacific population, its youthfulness and general lower access rates, provide direction for service development.

1.4 Overview of current services

The three Auckland metropolitan DHBs each provide varying levels of Pacific-specific mental health secondary services. These are predominantly adult services with Counties Manukau DHB recently establishing a child and youth mental health service; TuĀpu provide some addiction treatment for Pacific youth.

Northland DHB has a service delivery model where there is a continuum of care in each of the four sub-districts (Kaipara, Whangarei, Mid North, Far North). In terms of providing care to the small Pacific population there are different responses according to organisational and local capacity and capability. Northland Pacific Island Trust is funded by Northland DHB to provide health information services and arrangements are in place for Northland DHB and NGOs to access Northland Pacific Island Trust when advice is required regarding the Pacific population across the range of health services including mental health and addiction.

There is an Auckland metropolitan Pacific addiction^[9] service, TuĀpu (TuĀpu sits under Takanga a Fohe, Waitemata DHB).

[9] Includes problem gambling treatment.

There is a range of Auckland metropolitan and local Pacific-specific providers, including community-based or primary health care-based mental health and addiction services, residential services, and some mental health promotion services.

Pacific services aim to provide culturally relevant services to the diverse Pacific population. This requires a workforce that reflects as far as possible the diversity of the population and this can present challenges, particularly in relation to recruitment.

Pockets of development in relation to the establishment of cultural worker roles including the use of Matua, have occurred in some services (Suaalii-Sauni, Dash, and Saafi, 2009). Pacific peer support and consumer leadership is currently relatively underdeveloped and requires national and regional development.

Currently DHB-based services for Pacific peoples are configured differently in each DHB and there is no apparent rationale for this. Within the Auckland metropolitan area Pacific families may live and work across different DHB areas and there is merit to exploring a more consistent approach to service delivery and consideration of more regional delivery. This could also assist more effective utilisation of the Pacific workforce and allow increased ethnic matching where appropriate.

While this plan focuses on Pacific services, many Pacific service users continue to access mainstream services and therefore such services, including PHOs^[10] or primary health care, are also required to be culturally responsive. District Health Boards at all levels have an important strategic and operational role to enhance cultural responsiveness. This plan does not attempt to articulate this in depth but acknowledges the need to discuss the issue of cultural competence across mainstream providers more formally and wider than Pacific specific providers.

Pacific specific services have grown in recent years, but some services or aspects of services involve a small amount of human resource (or FTE) and some Pacific NGO services no longer operate.

In summary, Pacific services have developed significantly since the release of the first *Northern Region Pacific Mental Health and Addictions Plan 2003/05*. Given the potential service need and the projected Pacific population growth it is anticipated that an increased capacity across the service continuum will be required over the next few years.

1.5 Strategic context

There are a number of national, regional and local plans that inform this plan.

'Ala Mo'ui^[11] replaces the Pacific Health and Disability Action Plan of 2002 as the key overarching document for improving Pacific health


[10] Primary Health Organisations.

[11] Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010-2014, (online): March 2010.

outcomes. 'Ala Mo'ui sets out the priority outcomes and actions for the next five years that will contribute towards achieving better health outcomes for Pacific people, families and communities. 'Ala Mo'ui can be used by the health and disability sector as a tool for planning and prioritising actions and developing new and innovative methods of delivering results and value for money.

Nationally, the *Pacific Health and Disability Action Plan* (Ministry of Health, 2002) and the *Pacific Provider Development Fund Purchasing Strategy 2008/09* (Ministry of Health, 2008e) both outline priorities for Pacific health and provider development. The *Pacific Health and Disability Action Plan* was reviewed in 2008 and a series of reports was produced that further updates the overall strategic approach to improve Pacific health and wellbeing.

Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015 (Ministry of Health, 2006) provides overall national strategic direction for the mental health and addiction sector across the identified 10 leading challenges of *Te Tāhuhu* (Ministry of Health, 2005b). *Te Kōkiri* reinforces the importance of meeting the unique needs of specific population groups and clearly signals the requirement for services to foster the wellbeing of Pacific peoples in New Zealand and be responsive to Pacific peoples. For example:



RR *“Build responsive services for people who are severely affected by mental illness and/or addiction, with immediate emphasis on improving the responsiveness of services for: Pacific peoples...*

...Responsive services focus on recovery, reflect relevant cultural models of health, and take into account the clinical and cultural needs of people affected by mental illness and addiction. Services working together will also ensure adequate referrals between mainstream services and those services developed to meet the unique needs of specific population groups (Minister of Health, 2006: 27).”


”

Te Kōkiri also highlights the importance of:

- Implementing promotion and prevention programmes
- Building mental health services (with services for Pacific peoples being an identified gap^[12])
- Ensuring workforce development and developing a culture for recovery (including clinical and cultural competency, a Pacific workforce development plan)
- Building primary health care capacity
- Providing effective addiction services (including responsive and effective problem gambling services)
- Working together (e.g. regional collaboration, linkages with other agencies and sectors)

[12] Both within *Te Kōkiri* and the Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010.

The Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010 page 9, (Northern DHB Support Agency and Network North Coalition, 2004) also provides some broad direction in relation to the following goals included within that plan:

- 
- *“Implement regional sustainable strategies based on strong leadership and collaborative planning to improve health outcomes*
 - *Use funding to produce more and better services, that better meet the needs of those people with experience of mental illness or addictions, according to agreed regional priorities*
 - *Ensure regionally consistent access to quality services*
 - *Improve quality of existing services through service makeover and redesign*
 - *Increase service capacity to match need*
 - *Establish new services to improve continuum of service delivery*
 - *Raise awareness, understanding and practical support among families, friends and communities*
 - *Develop robust infrastructure to support service delivery.”*

More recently, the government has signalled the importance of regional services in terms of delivering quality and cost-efficiencies from appropriate health services and an increased role for primary health care in providing secondary care services. This plan is consistent with the recommendations outlined in the *Meeting the Challenge: Enhancing Sustainability and the Patient and Consumer Experience within the Current Legislative Framework for Health and Disability Services in New Zealand* (Ministerial Review Group, 2009).

1.6 Local planning and implementation required

The three Auckland metropolitan DHBs have progressed their local Pacific mental health and addiction planning. Counties Manukau DHB released an implementation plan in July 2008 (Counties Manukau DHB, 2008), Auckland DHB has developed a draft plan, and at the time of writing this document Waitemata DHB was in the final stages of developing a plan. Northland DHB has a small Pacific population and is included in this regional plan, but the primary focus is on the three Auckland metropolitan DHBs given the larger Pacific populations.

The local plans have informed this regional plan and provide local direction. This plan draws together the key themes or commonalities from the three available plans to strengthen a regional approach that will enhance service development, collaboration and information sharing, thereby improving responsiveness to Pacific peoples.

Further local planning and implementation will underpin the success of this plan. The natural focus of this implementation relies on regional and local implementation of the recommendations contained within the:

- *Regional Pacific Mental Health and Addictions Service Framework*^[13]
- *Pacific Consumer Leadership Framework*^[14]
- *Mental Health and Addiction Pacific Cultural Practice Framework*^[15]

The *Pacific Consumer Leadership Framework* provides useful guidance for developing consumer leadership and participation in service planning and delivery.

Cultural competency needs to be further developed within Pacific services and mainstream services. Given that the majority of the New Zealand Pacific population resides within the Auckland metropolitan area there are regional and local opportunities to lead workforce development.

Tools are available to facilitate cultural competence including, *Real Skills Plus Seitapu: Working with Pacific Peoples* (Le Va, 2009) for those working with Pacific peoples in mainstream services and *Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework* (Polutu-Endemann, Suaali'i-Sauni, Lui, McNicholas, Milne, and Gibbs, 2007) for those working in Pacific specific services^[16].

The implementation of the *Mental Health and Addiction Pacific Cultural Framework* developed in the Auckland region could also further clarify the cultural adviser, worker and Matua^[17] roles within services, supporting cultural responsiveness within services across the whole continuum.

[13] Health & Safety Developments, (2008). *Regional Pacific Mental Health and Addictions Service Framework*. Unpublished report for NDSA.

[14] Samu and Richard, (2009). *Pacific Consumer Leadership Framework for the Mental Health and Addictions Sector*. Draft, unpublished report for NDSA.

[15] Parsonage, Sio, Mariner and Leger, (2009). [16] These tools need to be used as an extension to the foundation requirements contained within *Let's Get Real* (Ministry of Health, 2008a)

[17] Also see Suaalii-Sauni, Dash and Saafi (2009).



2. Goal, priorities, strategies and actions

The following section outlines the regional goal, priorities, strategies and action areas for mental health and addiction services for Pacific peoples within the Northern Region 2009-2012.

These are outlined in Figure 1 below. Regional activity needs to be supported by local DHB plans and implementation.

Figure 1. Overview of the regional plan goal, priorities and strategies in relation to regional and local implementation

Goal

Mental health and addiction services will work in an effective, culturally-responsive, integrated and co-ordinated manner to serve the diverse Pacific communities in the Northern Region

Regional priorities

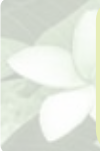
- Improved access to mental health and addiction services for Pacific communities and families
- Implementation of the Regional Pacific Mental Health and Addictions Service Framework
- Pacific workforce development and improved cultural responsiveness

Six Regional strategies

1. Fostering integration and co-ordination of mental health and addiction services across Pacific communities
2. Strengthening Pacific mental health promotion and prevention initiatives
3. Developing Pacific service access and capacity
4. Strengthening the role of primary health care
5. Improving responsiveness and cultural competence within Pacific and mainstream services
6. Facilitating Pacific workforce development



2.1 Regional goal



Mental health and addiction services will work in an effective, culturally-responsive, integrated and coordinated manner to serve the diverse Pacific communities in the Northern Region.

2.2 Regional mental health and addiction priority areas

- Improved access to mental health and addiction services for Pacific communities and families
- Implementation of the Regional Pacific Mental Health and Addictions Service Framework
- Pacific workforce development and improved cultural responsiveness.

Access to services

The Ministry of Health (2005) notes that *“The increasing number of Pacific peoples now accessing mental health services is an indication that unemployment, low income, poor housing, the breakdown of extended family networks, cultural fragmentation, and rising alcohol and drug problems are having an increasing impact on the mental health of Pacific peoples. Quantifying the extent of mental illness among Pacific peoples is complex, however, particularly because traditional Pacific perceptions of mental illness are frequently at variance with Western clinical understanding. For instance, the Western notion of ‘chemical imbalance’ is not readily acknowledged or understood by Pacific cultures. In turn, Western clinicians may not readily acknowledge or understand the spiritual nature of Pacific explanations of mental illness (p1).”*

Access to services by Pacific peoples is generally lower than people from other ethnic groups (see Appendix 1). Access to services will continue to be an issue for Pacific peoples until further progress is made on mental health promotion, destigmatisation and early intervention services, especially within primary health care. The stigmatising of mental health and addiction issues and the lack of knowledge regarding mental health services within Pacific families and communities requires sustained and multi-layered efforts including involvement of churches. Further development of Pacific consumer leadership has an important role to play.

Access is also impacted by service capacity and it is likely that Pacific specific service capacity will need to increase across the service continuum within the Auckland metropolitan area along with mainstream cultural responsiveness. The latter is important across the region as many Pacific service users continue to access mainstream services. It is important for Northland as the Pacific population there is small and provision of stand alone Pacific specific specialist services is not viable. Service capacity is also dependent on workforce development initiatives aimed at attracting new staff,

identifying and retaining qualified staff, and ensuring there are opportunities to grow and supplement the existing workforce by expanding the skill base and developing new roles.

Given finite resources for service development, it is timely to consider service configuration to determine areas where this could be more consistent across the region and where there may be opportunities to support service provision to Pacific peoples in each of the DHBs.

Improving access is a key priority and two important focus areas, not necessarily under direct mental health and addiction funding, to improve access to mental health and addiction services for Pacific peoples are:

- The development of an appropriate service model for young people
- Further support for primary health care to develop mental health and addiction capacity

Issues for young Pacific people within increasingly complex family structures and the need to acknowledge traditional cultural values, create many challenges for service planners and providers (Ministry of Health, 2008d). As raised in the *Regional Pacific Mental Health and Addictions Service Framework* and elsewhere, the question of ethnic/cultural identity is complex for the young New Zealand Pacific population raising issues regarding what constitutes cultural competence in relation to this group. There is a need for further exploration of the needs of this group to ensure that services are effective and to inform planning of mental health and addiction services for Pacific young people. An intersectoral solution that incorporates the needs of New Zealand-born and Island-born Pacific young people requires an innovative approach to planning, funding and service delivery within the Auckland metropolitan region, i.e. a service model that engages with young Pacific by acknowledging youth culture and broader Pacific culture and ancestry. Consumer leadership for Pacific young people is also an area for development.

Primary health care provides an important access point and a means for delivery of mental health and addiction services for Pacific peoples and over the last few years several initiatives have been established to further develop mental health and addiction within primary health care (Hughes, O'Brien, Moir, Thom, & Firkin, 2006). For example, within Counties Manukau DHB there has been a focus on strengthening the relationship between primary and secondary care along with some initial work that is Pacific specific through a pilot with TaPasefika Primary Health Organisation (PHO). There is a need to continue this work across the region both within Pacific PHOs and other PHOs that service Pacific populations.

Regional Pacific Mental Health and Addictions Service Framework

While the cultural diversity within the Pacific population is vast, there are many cultural values and practices that overlap and enable service development to be more responsive to Pacific communities and families requiring mental health and addiction support. The *Regional Pacific Mental Health and Addictions Service Framework* reflecting various Pacific health models provides service planners, funders and managers with tools to develop more responsive services.

Workforce development and cultural responsiveness

A competent Pacific workforce is key to provision of responsive services. Regional collaboration can effectively support development and nurturing of the workforce, including further development of consumer leadership within this workforce and initiatives to support the development of Pacific health managers (Mariner, 2008).

2.3 Regional strategies and key actions

Regional activity in relation to mental health and addiction work 2009-2012 will occur across six overarching strategies and involve a related series of actions to support local DHB and other provider service delivery to Pacific peoples. These activities may be subject to additional resource and alignment with broader regional and local DHB workplans.

The six strategies and key regional actions are outlined on the following tables.



1. Fostering integration and coordination of mental health and addiction services across Pacific communities:

Action	Lead	Timeframe/indicators	Resourcing
1.1 NDSA, DHBs and others ensure continued representation of Pacific peoples, including Pacific consumers, across regional mental health and addiction forums	NDSA and DHBs via Moana Pasifika	Ongoing	Within current resources
1.2 NDSA, DHBs and others utilise the <i>Regional Pacific Mental Health and Addictions Service Framework</i> in service planning, funding, delivery and reporting	NDSA and DHBs	Framework published in 2009; Framework explicitly used from 2009	May require extra resources
1.3 NDSA, DHBs and others utilise the <i>Pacific Consumer Leadership Framework for the Mental Health and Addictions Sector</i> in service planning, funding and provision	NDSA and DHBs	Framework published in 2009; Framework explicitly used from 2010	May require extra resources
1.4 NDSA continues to support Moana Pasifika meetings and projects including regular regional Pacific provider forums. NDSA facilitates other means of sharing successful projects and initiatives	NDSA	Ongoing; Minimum of two forums per annum	Within current resources
1.5 NDSA, DHBs and others ensure continued support and development of business and information systems for Pacific mental health and addiction providers e.g. PRIMHD, KPI, ARMHIT Phase II	NDSA and DHBs	Ongoing	Within current resources
1.6 NDSA and DHBs determine feasibility and where feasible, integrate cultural dimensions to electronic notes (e.g. within HCC)	DHBs	Feasibility determined 2009; Project commences 2010	May require extra resources
1.7 Each DHB prepares and publishes a mental health and addiction implementation plan that explicitly addresses the needs of the Pacific population	DHBs	Plans presented to Moana Pasifika by 2010; Auckland metro DHBs all have published plans by 2011	May require extra resources

2. Strengthening Pacific mental health promotion and prevention initiatives:

Action	Lead	Timeframe/indicators	Resourcing
2.1 Ministry of Health, NDSA, DHBs (funders and providers), Pacific NGOs, churches and others foster further initiatives aimed to facilitate service access for Pacific peoples, including Pacific destigmatisation programmes	Ministry of Health, DHBs	Ongoing; Input sought from Moana Pasifika at least annually	May require extra resources
2.2 DHBs support church-based and other community-based Pacific destigmatisation and mental health promotion programmes where consistent with local DHB planning processes	DHBs	Ongoing; Input sought from Moana Pasifika at least annually	May require extra resources
2.3 DHBs, Pacific NGOs and other providers ensure further development of a Pacific Consumer Leadership focus	DHBs	Specific areas as per Consumer Framework identified from 2009	May require extra resources

3. Developing Pacific service access and capacity:

Action	Lead	Timeframe/indicators	Resourcing
3.1 DHBs are encouraged to prioritise the development of a service approach for Pacific young people by fostering a collaborative and/or intersectoral approach between DHBs (mental health and addiction, primary care, Pacific youth services) and others (e.g. youth, social and community agencies)	NDSA and DHBs	Project established by 2010; Trial or pilot in place by 2012	May require extra resources
3.2 Subject to regional work planning processes, the NDSA with support from Moana Pasifika facilitates the three Auckland metropolitan DHB Pacific services to review their service configurations and determine areas where service configuration could be more consistent or shared across the region	NDSA and DHBs	Review completed by 2012	May require extra resources
3.3 Each DHB reviews current service capacity to determine areas for Pacific mental health and addiction service development	DHBs via DAPS	Annual review reported to Moana Pasifika as part of funding cycle	Within current resources
3.4 Subject to available resource, DHBs prioritise development of Pacific peer support and consumer leadership with reference to the <i>Pacific Consumer Leadership Framework</i>	DHBs	Specific areas as per Consumer Framework identified from 2009; Consumer leadership initiatives reported to Moana Pasifika annually	May require extra resources

4. Strengthening the role of primary health care:

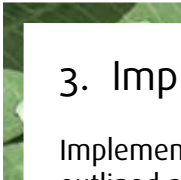
Action	Lead	Timeframe/indicators	Resourcing
4.1 DHBs continue to extend primary integration initiatives to include Pacific services and Pacific people	DHBs	Plan developed and Moana Pasifika and other relevant Pacific stakeholders consulted by 2011	DHBs to resource NDSA
4.2 NDSA and the DHBs encourage the Ministry of Health to explore options with Le Va and other national workforce development centres in relation to further provision of Pacific mental health and addiction training and professional development for GPs and primary health care-based nurses	NDSA	2009; Specific project/s identified by 2010; Regional initiatives established by 2011	Within current resources
4.3 DHBs explore opportunities to further support co-location of mental and addiction health staff, access to specialist support and other initiatives that build primary health care mental health and addiction capacity	DHBs	From 2009 and reported to Moana Pasifika annually; Co-location capacity increases on 2009 baseline	May require extra resources

5. Improving responsiveness and cultural competence within Pacific and mainstream services:

Action	Lead	Timeframe/indicators	Resourcing
5.1 DHBs deliver coordinated training in cultural and clinical competencies to support service providers to work effectively with Pacific people	DHBs	Ongoing and summary reported to Moana Pasifika annually	Within existing resources
5.2 DHBs, Pacific NGOs and others foster further establishment of access to Matua, Pacific cultural advisors and workers through implementation of the <i>Mental Health and Addiction Pacific Cultural Practice Framework</i> and the <i>Pacific Consumer Leadership Framework</i>	DHBs	From 2009 and reported to Moana Pasifika annually; Matua, Pacific, cultural advisor and worker capacity increases from 2009 baseline	May require extra resources
5.3 Relevant Pacific research is published and disseminated	Workforce Centres	Ongoing	Within existing resources
5.4 Moana Pasifika and NDSA to action the Fono recommendations within the Pacific Consumer Leadership Framework	Moana Pasifika and NDSA via Northern Region Pacific Consumer and Family Forum	Ongoing	Within existing resources

6. Facilitating Pacific workforce development:

Action	Lead	Timeframe/indicators	Resourcing
6.1 NDSA and the DHBs work together to explore opportunities to undertake joint project work to implement relevant regional workforce development strategies including initiatives to increase the Pacific mental health workforce, inform regional workforce planning and improve workforce capabilities	NDSA and DHBs	Ongoing and reported to Moana Pasifika annually	Within existing resources
6.2 NDSA and the DHBs work with national workforce development centres to ensure regional Pacific workforce development priorities are addressed	NDSA and DHBs	Ongoing and key initiatives reported to Moana Pasifika annually	Within existing resources
6.3 NDSA and Moana Pasifika cooperate to develop regional responses for workforce development opportunities within the Pacific Provider Development Fund (PPDF)	NDSA and Moana Pasifika	Annual applications	Within current resources
6.4 NDSA and DHBs carry out modelling of regional Pacific workforce requirements in relation to Blueprint ^[18] and other resource guidelines or benchmarks	NDSA and DHBs	Project established by 2011; Pacific workforce requirements determined and monitored by end of 2011	May require one-off extra resource
6.5 Moana Pasifika and NDSA to action the workforce recommendations within the Pacific Consumer Leadership Framework	NDSA and Moana Pasifika	Ongoing	Within current resources



3. Implementation, monitoring and review

Implementation of this plan is dependent on funding. Some actions outlined above can be achieved within existing resources while others will require reallocation of funding or allocation of new funding. Extra funding for Pacific services is warranted as the Pacific population is growing within the region and generally Pacific communities and families have lower access rates than other ethnic groups. This plan provides some guidance to reallocation and allocation of funding over the next 3-4 years.

NDSA and DHBs are noted as having lead responsibility in most actions above. NDSA relies on funding via DHBs to oversee or carry out projects on behalf of the DHBs.

Moana Pasifika is a group of Pacific stakeholders that provides advice and guidance to NDSA and the DHBs. Moana Pasifika play an important monitoring role and NDSA on behalf of the Northern Region DHBs will report progress on this plan to Moana Pasifika twice per annum over the life of the plan. The report format included in Appendix 2 will be utilised.

Monitoring will include an update on actions included under each of the six strategies compiled by NDSA with assistance from the Northern Region DHBs along with commentary on any issues, proposed next steps and areas for input from Moana Pasifika.

This plan will be reviewed in 2012.

References

- Agnew F, Pulotu-Endemann FK, Robinson G, Suaalii-Sauni T, Warren H, Wheeler A, Erick M, Hingano T and Schmidt-Sopoaga H, (2004). *Pacific Models of Mental Health Service Delivery in New Zealand ("PMMHSD") Project*. Clinical Research and Resource Centre, Waitemata District Health Board Auckland. Published by the Health Research Council of New Zealand.
- Bathgate M, Alexander D, Mitikulena A, et al. (1994). *The Health of Pacific people in New Zealand*. Wellington: Public Health Commission.
- Counties Manukau District Health Board on behalf of four Northern District Health Boards, (2003). *The Northern Regional Pacific Mental Health and Addictions Plan 2003/05*. Counties Manukau District Health Board, Manukau.
- Counties Manukau District Health Board, (2008). *Pacific Mental Health and Addictions Implementation Plan 2008-2012*. Counties Manukau District Health Board, Manukau. Available at www.cmdhb.org.nz
- Hughes, F, O'Brien, A, Moir, F, Thom, K and Firkin, P. (2006). *Stocktake of Primary Mental Health Care Initiatives and Workforce in the Northern District Health Boards Region*. University of Auckland, Auckland.
- Health & Safety Developments, (2008). *Regional Pacific Mental Health and Addictions Service Framework*, Unpublished report prepared for Moana Pasifika Working Group and Northern District Health Board Support Agency (NDSA) on behalf of Auckland metropolitan DHBs, June 2008.
- JETT Consulting Ltd, (2007). *DRAFT Progress Report on the Northern Regional Pacific Mental Health and Addictions Implementation Plan*. Unpublished report prepared for Auckland District Health Board, Counties Manukau District Health and Waitemata District Health Board, November 2007.
- Laing P, Mitaera J, (1994). Samoan and Cook Islanders Perspectives on Health. In: Spicer J, Trlin A, Walton J (eds). *Social Dimensions of Health and Disease*. New Zealand Perspectives. Palmerston North: Dunmore Press Ltd. pp.204-218.
- Le Va, (2009). *Real Skills Plus Seitapu: Working with Pacific Peoples* Le Va, Pasifika within Te Pou, The National Centre of Mental Health Research, Information and Workforce Development, Auckland.
- Mariner K, (2008). *Attributes for Effective Management of Pacific Health Services in New Zealand*. Counties Manukau District Health Board and Le Va. Available at: www.leva.co.nz
- Ministry of Health, (2002). *Pacific Health and Disability Action Plan*. Wellington: Ministry of Health. Available at: www.moh.govt.nz
- Ministry of Health, (2005a). *Te Rau Ora: Pacific Mental Health Profile*. Ministry of Health, Wellington. Available at: www.moh.govt.nz
- Ministry of Health, (2005b). *Te Tuhū – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan*. Ministry of Health, www.moh.govt.nz
- Minister of Health, (2006). *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015*. Ministry of Health. www.moh.govt.nz
- Ministry of Health, (2008a). *Let's get real: Real Skills for people working in mental health and addiction*. Ministry of Health. www.moh.govt.nz
- Minister of Health, (2006). *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015*. Ministry of Health. www.moh.govt.nz

Ministry of Health, (2008a). *Let's get real: Real Skills for people working in mental health and addiction*. Ministry of Health. www.moh.govt.nz

Ministry of Health, (2008b). *Pacific Peoples and Mental Health: A paper for the Pacific Health and Disability Action Plan Review*. Ministry of Health. www.moh.govt.nz

Ministry of Health, (2008c). *Improving Quality of Care for Pacific Peoples*. Ministry of Health. www.moh.govt.nz

Ministry of Health, (2008d). *Pacific Youth Health: A paper for the Pacific Health and Disability Action Plan Review*. Ministry of Health. www.moh.govt.nz

Ministry of Health, (2008e). *Pacific Provider Development Fund Purchasing Strategy 2008/09*. Ministry of Health. www.moh.govt.nz

Ministerial Review Group, (2009). *Meeting the challenge: Enhancing Sustainability and the Patient and Consumer Experience within the Current Legislative Framework for Health and Disability Services in New Zealand*. Report of the Ministerial Review Group: www.beehive.govt.nz/release/ministerial+review+group+report+released

Northern DHB Support Agency and Network North Coalition, (2004). *Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010*. Prepared for Auckland District Health Board, Counties Manukau District Health Board, Northland District Health Board and Waitemata District Health by Northern DHB Support Agency and Network North Coalition.

Northern DHB Support Agency, (2005). *Northern Regional Pacific Mental Health and Addictions Plan 2003/05 – Implementation Plan*. Prepared for the Northern Region District Health Boards: Auckland District Health Board, Counties Manukau District Health Board, Northland District Health Board and Waitemata District Health Board by Northern DHB Support Agency, September 2005.

Novak B, (2007). *Pacific Alcohol and Other Drug Needs and Services in Counties Manukau*. Confidential Draft, 28/06/2007. Counties Manukau District Health Board, Manukau City.

Oakley Browne MA, Wells JE, Scott KM (eds), (2006). *Te Rau Hinengaro – The New Zealand Mental Health Survey*. Wellington: Ministry of Health. Available from: www.moh.govt.nz/moh.nsf/pagesmh/5223

Parsonage P, Sio L, Mariner TK, Leger N, (2009). Development of a Mental Health and Addiction Pacific Cultural Practice Framework for the Auckland Region: Promoting expertise that is “visible, valued and understood.” *Pacific Health Dialog: Journal of Community Health and Clinical Medicine for the Pacific*, 15 (1): 131-137.

Polutu-Endemann FK, Suaali'i-Sauni T, Lui D, McNicholas T, Milne M, Gibbs T, (2007). *Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework*. Te Pou O Te Whakaaro Nui, Auckland, New Zealand.

Samu TL, and Richard T, (2009). *Draft Pacific Consumer Leadership Framework for the Mental Health & Addictions Sector*. May 2009, Auckland, NDSA.

Suaalii-Sauni T, Dash, S, and Saafi, E. (2009). *Pacific Matua within a District Health Board setting: a qualitative analysis*. A report prepared for the Takanga a Fohe (Pacific Mental Health & Addictions Services), Waitemata District Health Board, May 2009.

Tiatia J, (2008). *Pacific Cultural Competencies: A Literature Review*. Wellington: Ministry of Health.

Tiatia J, Foliaki L, (2005). *Pacific Cultural Competency Framework for District Health Boards (Draft 4)*. Unpublished report.

Tukuitonga C, (1990). *The Health of Pacific Island People in New Zealand*. New Zealand College of Community Medicine Project, Auckland.

Appendix 1: Northern Region Pacific population, prevalence of mental health and addiction disorders and access

Pacific population

The Pacific population figures from the 2006 Census by DHB and age group are outlined in Table 1 below.

Table 1. Pacific population by age group and DHB area within the Northern Region (2006 Census)

DHB	0-19		20-59		60 plus		Total
	Number	%	Number	%	Number	%	Number
Counties Manukau	45,705	49%	41,895	45%	5,376	6%	92,982
Auckland	22,176	44%	24,225	48%	3,768	8%	50,166
Waitemata	16,701	47%	16,596	47%	1,893	5%	35,190
Auckland Metropolitan	84,582	47%	82,716	46%	11,040	6%	178,338
Northland	2,217	60%	1,341	36%	144	4%	3,702
Northern Region	86,799	48%	84,057	46%	11,184	6%	182,040

Prevalence of mental health disorders

It is estimated that people of Pacific ethnic origin have higher prevalence rates of mental health and addictions problems than other ethnic groups, except for M ori (see Table 2 below for more detail).

Table 2. Estimated 12-month prevalence of mental health and addictions disorders by ethnicity (Adapted from Oakley Browne, Wells and Scott [eds], 2006)

12-month prevalence	Pacific	Maori	Other ethnicities
Mental disorder	24.4%	29.5%	19.3%
Bi-polar disorder	2.7%	3.4%	1.9%
Major depression	3.5%	5.7%	5.8%
Suicide plans	1.0%	0.9%	0.3%
Suicide attempts	0.8%	0.7%	0.3%
Substance use disorder	3.2%	6.0%	3.0%

Using 2006 Census population figures for people aged from 15 years of age and the prevalence of mental health disorders in the table above, Table 3 below outlines estimated 12-month prevalence by DHB in the Northern Region.

Table 3. Estimated 12-month prevalence of mental health and addictions disorders by DHB for Pacific peoples using 2006 Census population levels (Adapted from Oakley Browne, Wells and Scott [eds], 2006)

Estimated 12-month prevalence	Counties Manukau	Waitemata	Auckland	Auckland Metro Region	Northland	Northland Region
Mental disorder (any)	13,904	8,067	5,392	27,364	460	27,823
Bi-polar disorder	1,539	893	597	3,028	51	3,079
Major depression	1,994	1,157	773	3,925	66	3,991
Suicide plans	570	331	221	1,121	19	1,140
Suicide attempts	456	265	177	897	15	912
Substance use disorder	1,824	1,058	707	3,589	60	3,649

Note: It is important to note that these are estimates only, but the figures provide a guide for service capacity required within the Northern Region and each DHB area to meet the needs of Pacific people. As the Pacific population increases, the estimated service need will increase.

Access to mental health and addictions services by Pacific peoples

Table 4 below shows that the estimated percentage of Pacific people with a mental health disorder who made contact with a service for mental health reasons during 2003 and 2004 was well below that of other ethnic groups (Oakley Browne, Wells and Scott [eds], 2006).

Table 4. Estimated access to mental health and addictions treatment by different ethnic groups (Adapted from Oakley Browne, Wells and Scott [eds], 2006)

12-month period	Pacific	Māori	Other ethnicities
% of people with a mental health disorder who made contact with a service for mental health reasons	24.5%	32.4%	41.1%

Appendix 2: Monitoring report template

Figure 2. Six monthly monitoring report to Moana Pasifika by NDSA

NDSA and Northern Region DHB Pacific Mental Health and Addiction Implementation Plan Monitoring Report to Moana Pasifika			
Report author:		Report period:	
Strategy	Progress on actions	Issues/comments	Next steps/items for Moana Pasifika input
1. Fostering integration and coordination of mental health and addiction services across Pacific communities			
2. Strengthening Pacific mental health promotion and prevention initiatives			
3. Developing Pacific service access and capacity			
4. Strengthening the role of primary health care			
5. Improving responsiveness and cultural competence within Pacific and mainstream services			
5. Improving responsiveness and cultural competence within Pacific and mainstream services			
6. Facilitating Pacific workforce development			



Northland DHB Support Agency Ltd
Level 2, 650 Great South Road, Penrose,
PO Box 112147, Penrose, Auckland, New Zealand
Telephone 64-9-589 3940, Facsimile 64-9-589 3901