

30 August 2011 · Dr Lynne Lane

2011 Drug Policy Symposium  
Through the maze:  
Making treatment better

Planning and Investment  
for Addiction Treatment

# Overview of Presentation



*“Good fortune is what happens when opportunity meets with planning”* Thomas Edison

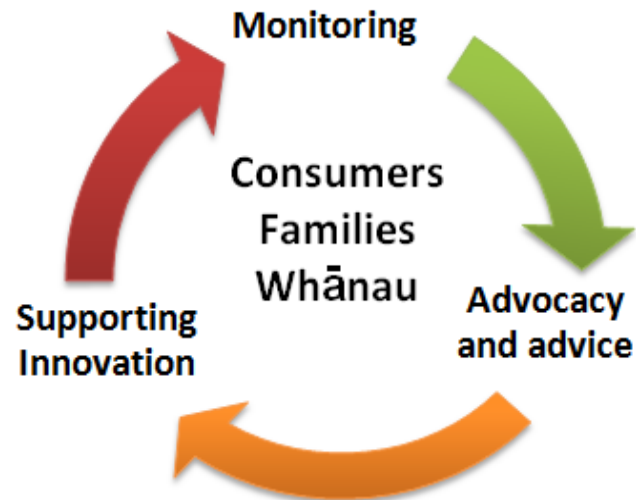
- Window of opportunity
  - what happens after June 2012
  - the role of the Mental Health Commission
- Work program 2011-12
  - Key outputs 2011-12
  - Publications
- Planning future Investment: the “new Blueprint”
  - Background and Scope
  - Proposed process / timeline

# What happens to MHC after June 2012

- Proposed early disestablishment 30 June 2012
- Transfer core functions to Office of the Health and Disability Commissioner (OHDC)
- Establish Mental Health Commissioner in OHDC
- Savings/reduction in funding proposed of further 50%
- Legislative process to occur
- Brief window of opportunity.....

# Our Core Functions

- Monitor services
- Provide advocacy and advice to the mental health sector
- Support innovation



# MHC 2011/12 Outputs

## Advocacy

1. Support MOH Service Development Plan
2. New Blueprint
  1. Year 1 – sector engagement and develop service models
  2. Year 2 – pilot models in at least 2 districts
  3. Year 3 – roll out nationally
3. Strengthen consumer and Family involvement in services

## Monitoring

1. Sector visits – monitor services and advocate for service improvement
2. Population indicators of mental distress, addiction and social inclusion
  - recent publication from 2010-11 work program

# National Indicators

- Provides a broad view of mental health and addiction in New Zealand
- Establishes a baseline for monitoring over time
- 15 indicators covering 3 domains:
  - Mental health of population
  - Service delivery
  - Social inclusion based on international frameworks
- International peer reviewed process
- Includes data from inaugural 2008 General Social Survey
- The Commission's objective is for the reports to be useful to planners and funders

# National Indicators Report

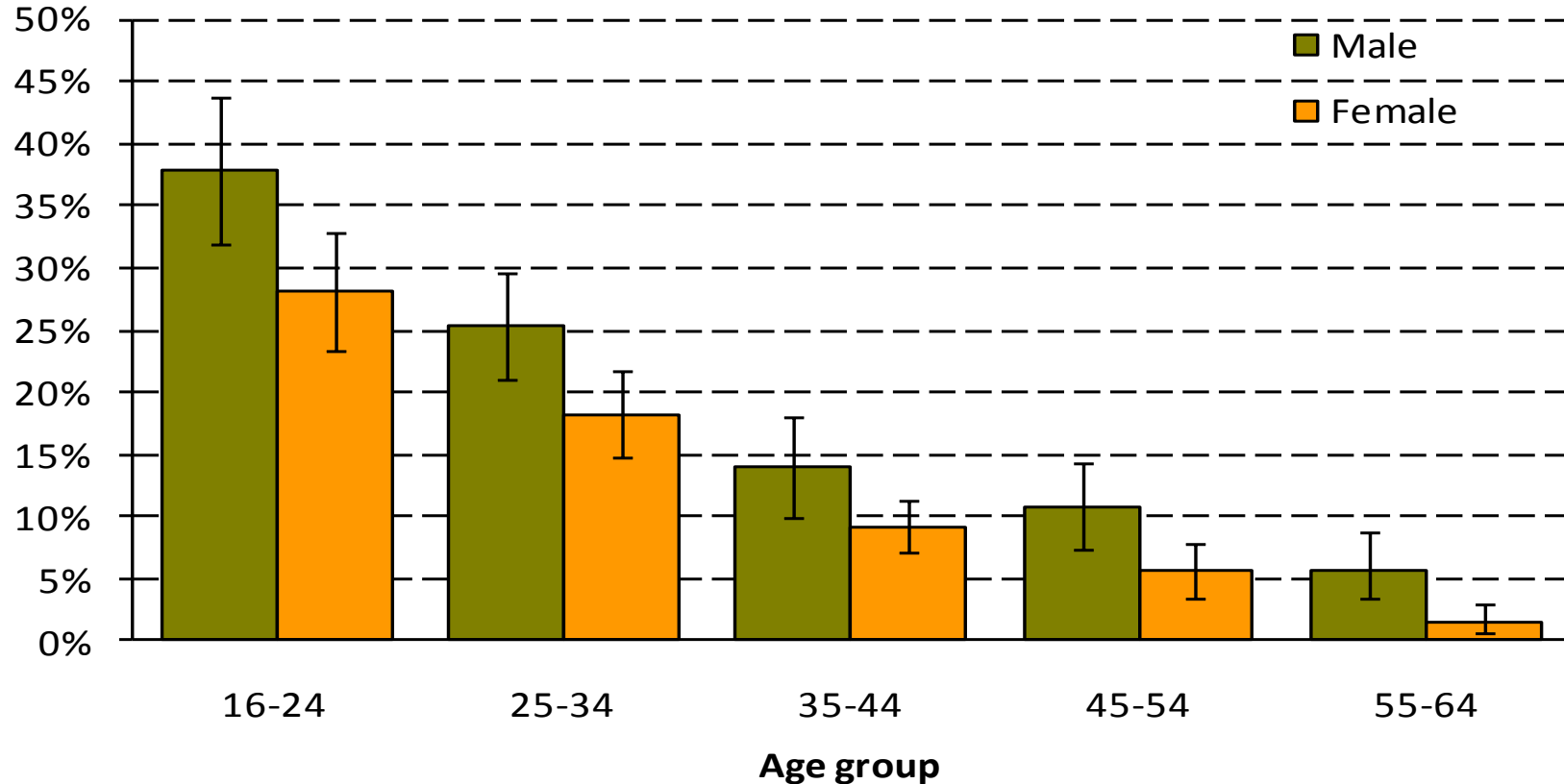
## Mental Health of Population

Proportion of people satisfied with their life overall, 2008



# National Indicators Report

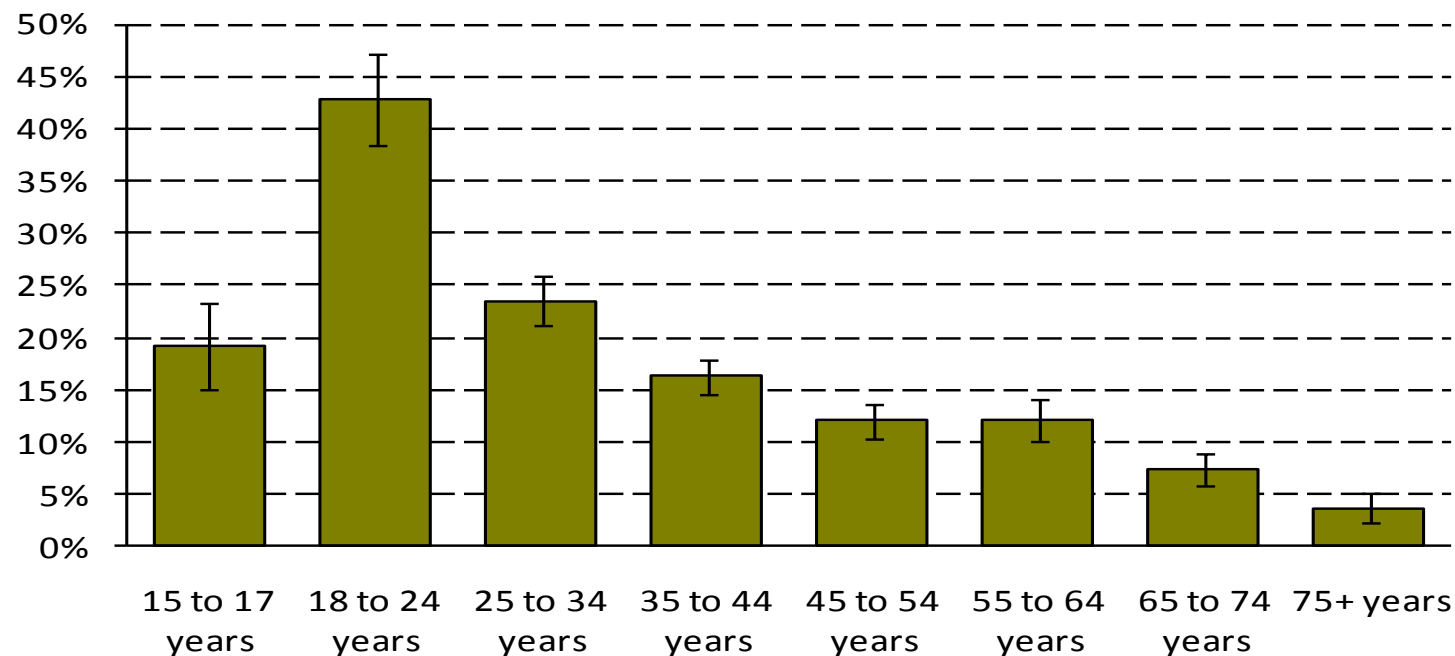
Experienced harmful effects due to alcohol or drug use in the last 12 months 2007/08





# National Indicators Report

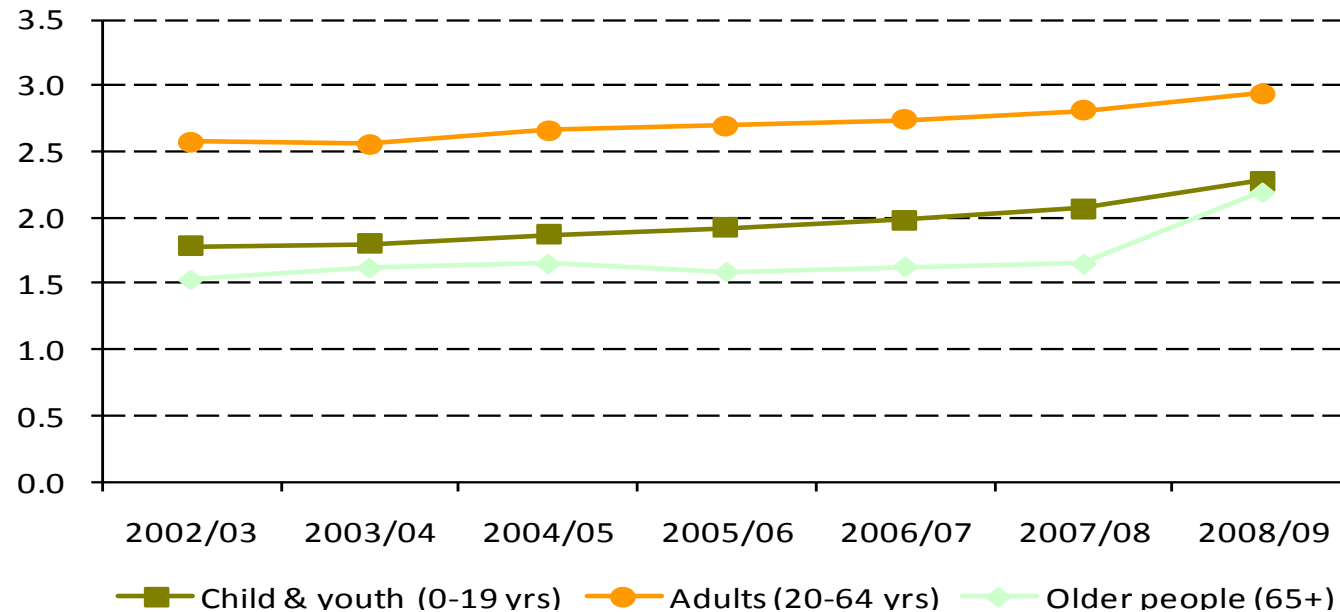
Hazardous drinking (AUDIT score of 8 or more) for people aged 15 years and over by age group, 2006/07



Source: Ministry of Health, New Zealand Health Survey

# National Indicators Report

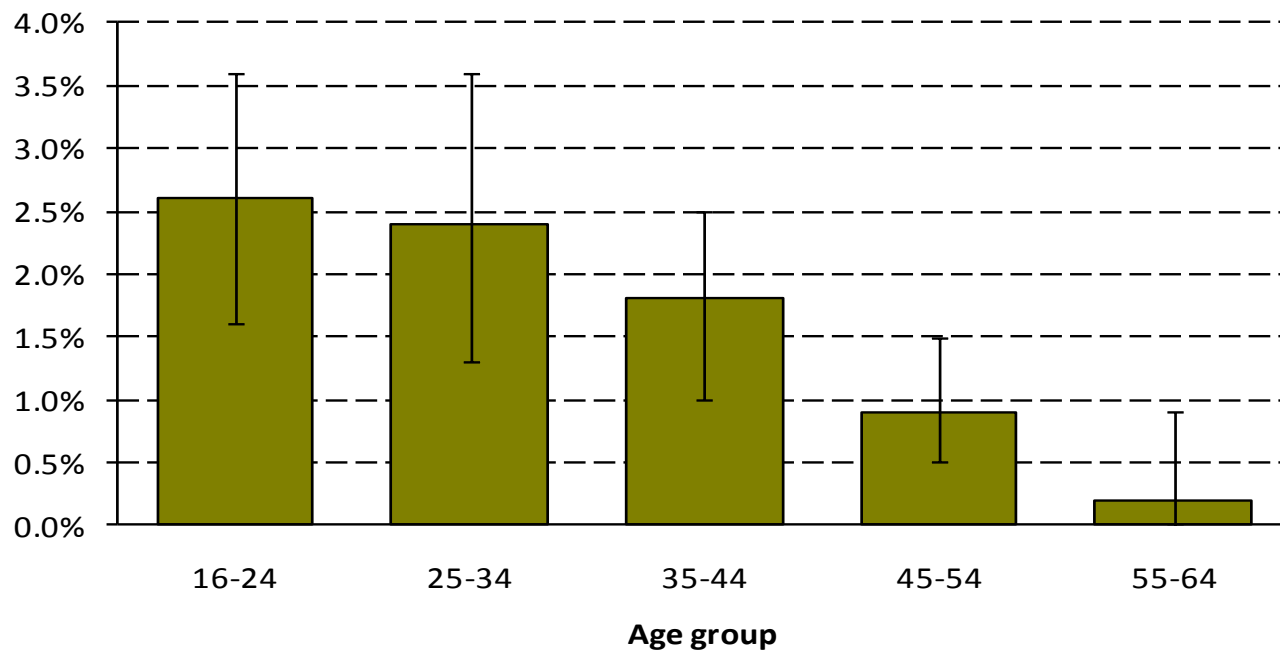
## Proportion of people accessing mental health and addiction services by age group



Source: Ministry of Health, Mental Health and Alcohol and Drug Sector Performance Monitoring and Improvement Report 2009/10

# National Indicators Report

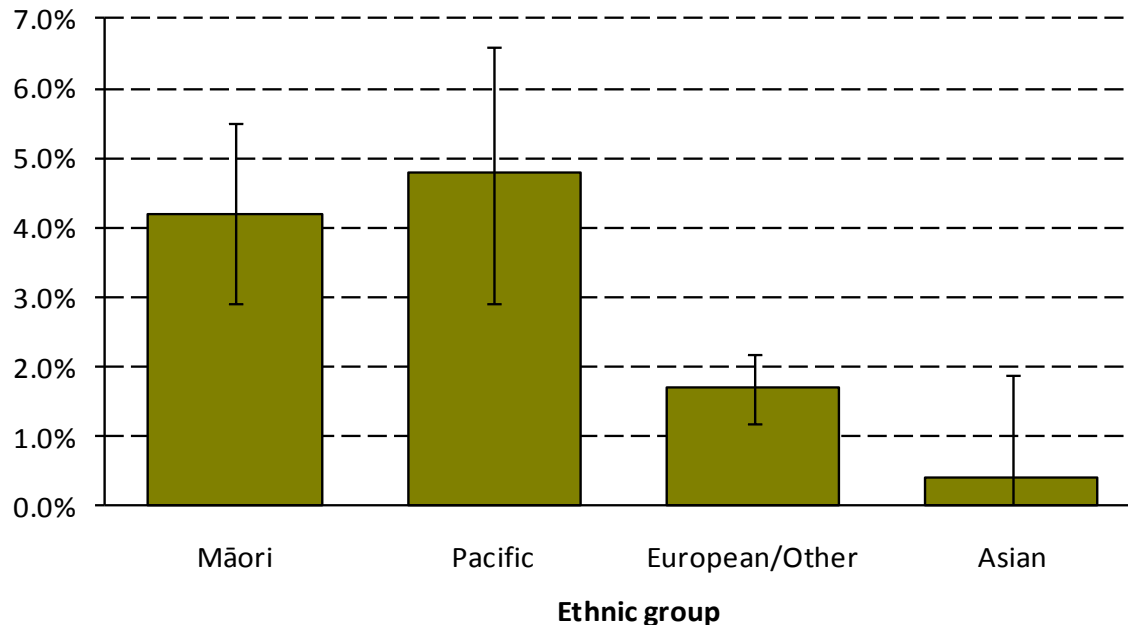
Wanted help to reduce level of alcohol or drug use in the last 12 months but had not received it by age group, 2007/08  
(equates to around 50,000 people)



Source: Ministry of Health, New Zealand Alcohol and Drug Use Survey

# National Indicators Report

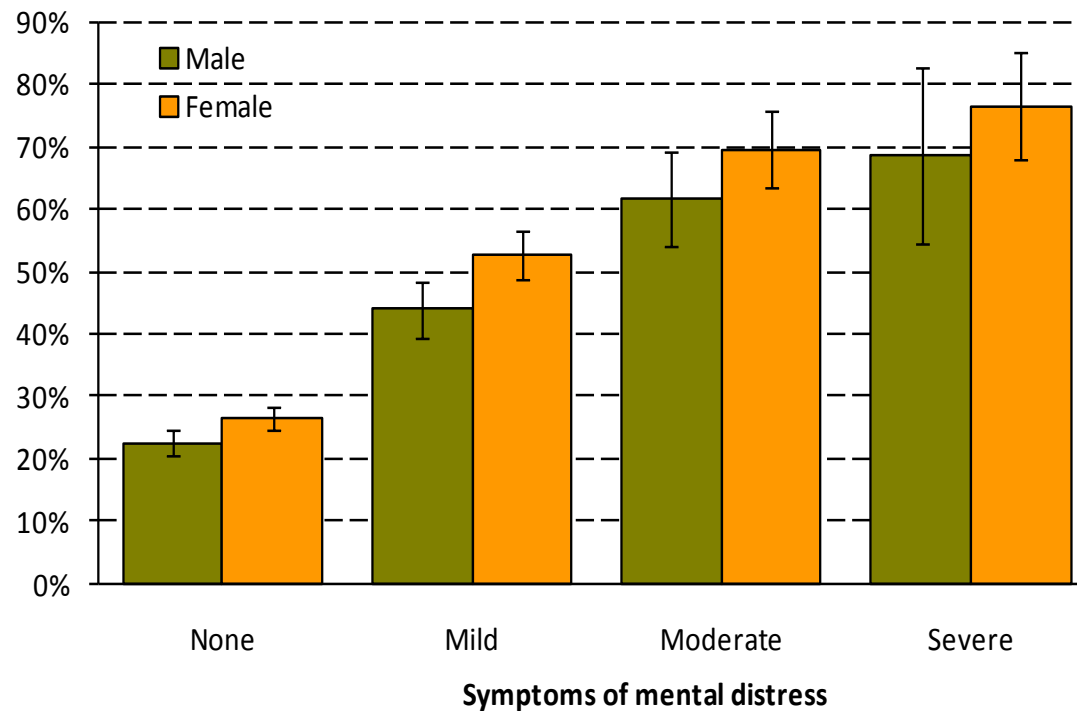
Wanted help to reduce their level of alcohol or drug use in the last year but had not received it by ethnic group, 2007/08



Source: Ministry of Health, New Zealand Alcohol and Drug Use Survey

# National Indicators Report

Felt isolated from others in the last 4 weeks by symptoms of mental distress and gender, 2008



Source: Statistics New Zealand, New Zealand General Social Survey

# National Indicators Report

Those most likely to feel isolated from others in the last 4 weeks

- 15 to 24 year olds with symptoms of mental distress years were most likely to feel isolated from others;
  - 58 percent for those with mild symptoms,
  - 83 percent for those with moderate symptoms
  - 91 percent for those with severe symptoms.
- 25 to 34 year olds with no symptoms of mental distress (31 percent) were most likely to feel isolated from others.

# Context for developing a “New Blueprint”

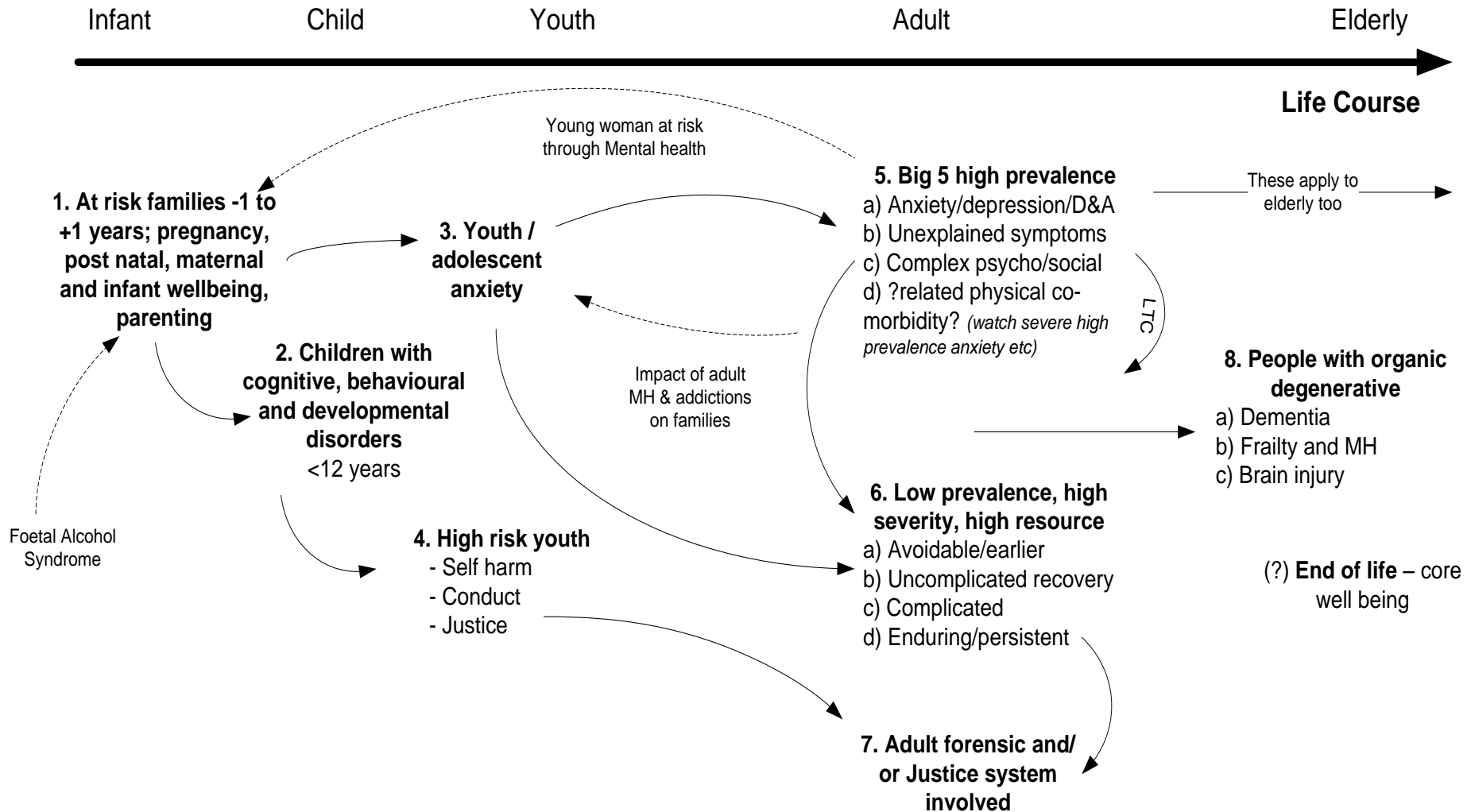
- Over the past decade, 1998 Blueprint has driven MHA sector resourcing and DHB performance & accountability
- Significant achievements in
  - Increase in MHA funding above general Vote: Health spend
  - Many improvements in specialist services and access rates
- Emerging Issues
  - Sector readiness for update
  - Evidence of reducing productivity in mental health sector (mental health spend vs access rates)
  - Blueprint funding non alignment with PBF funding
  - BP not aligned to service evolution and future focus

## What are we trying to achieve?

- New resourcing system that replaces original Blueprint to continue driving sector improvements
- Reflects advances in MHA thinking from first BP
- Supports sustainable service development in environment of restricted funding growth
- Productivity focus – investment/ disinvestment/ performance decisions
- Enables quality funding decisions & accountability
- Move from inputs to include outputs/outcomes
- Scope to include specialist services & whole system

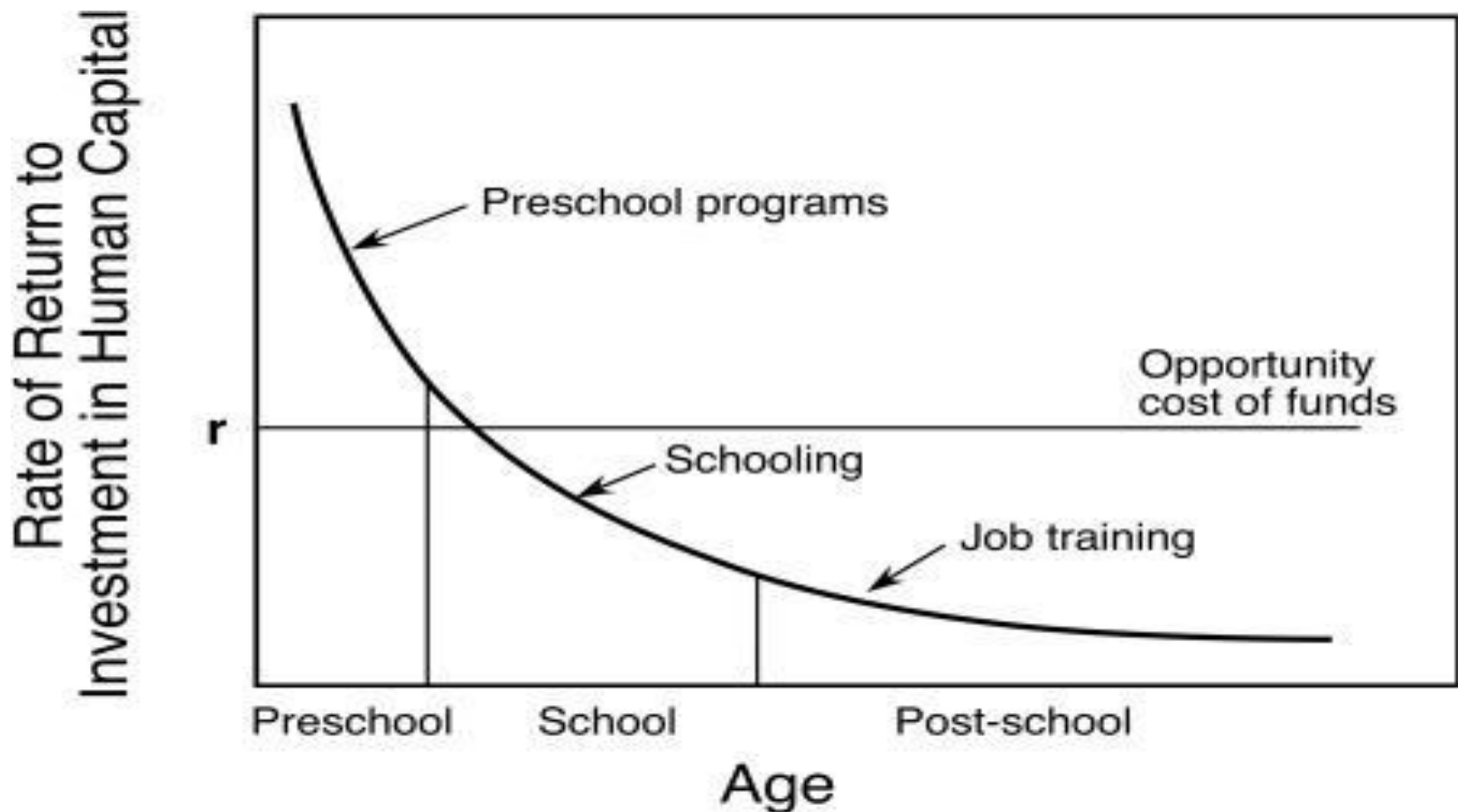


# Systems View of the MH+A Sector

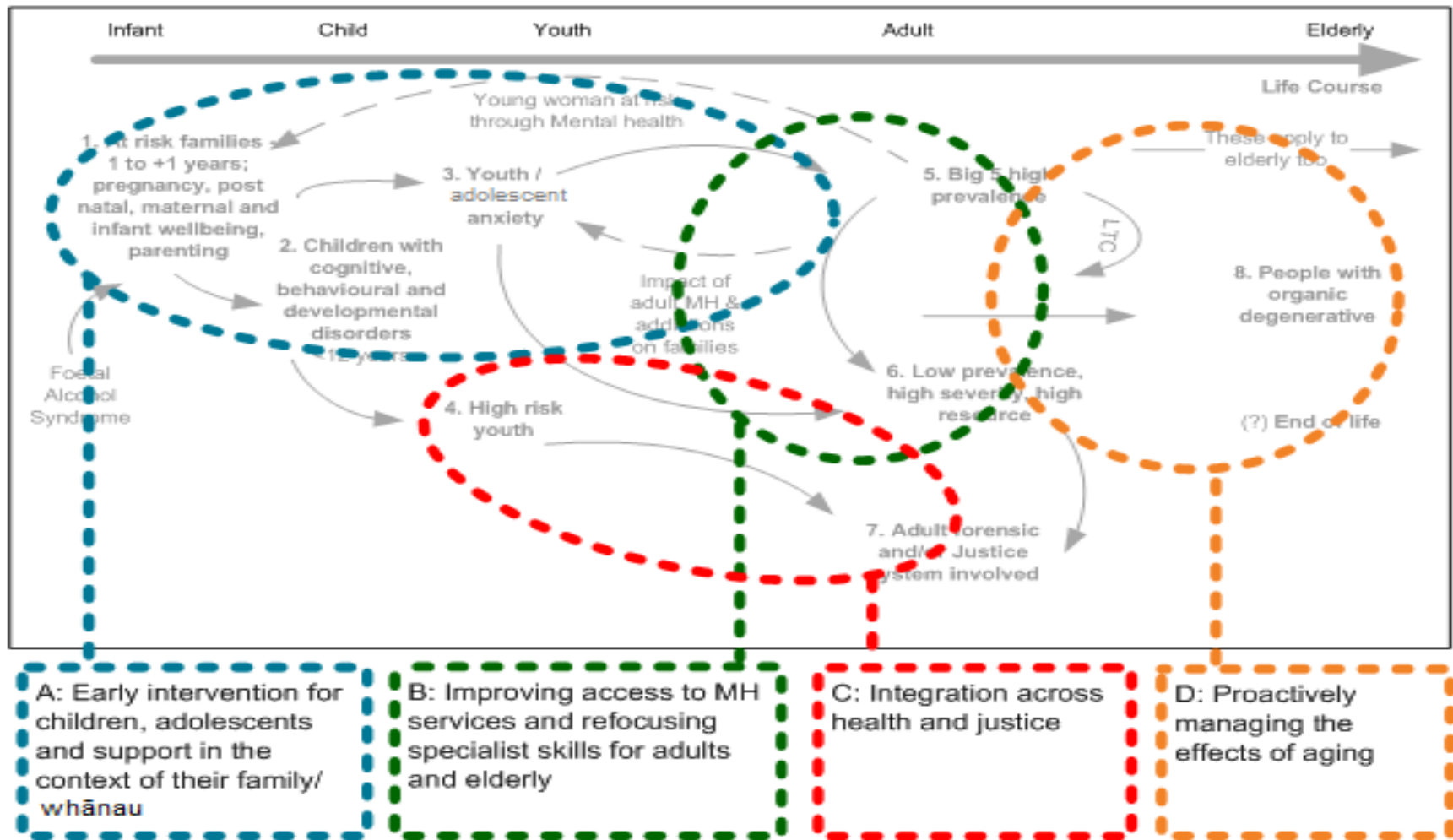


# Human capital: return to investment

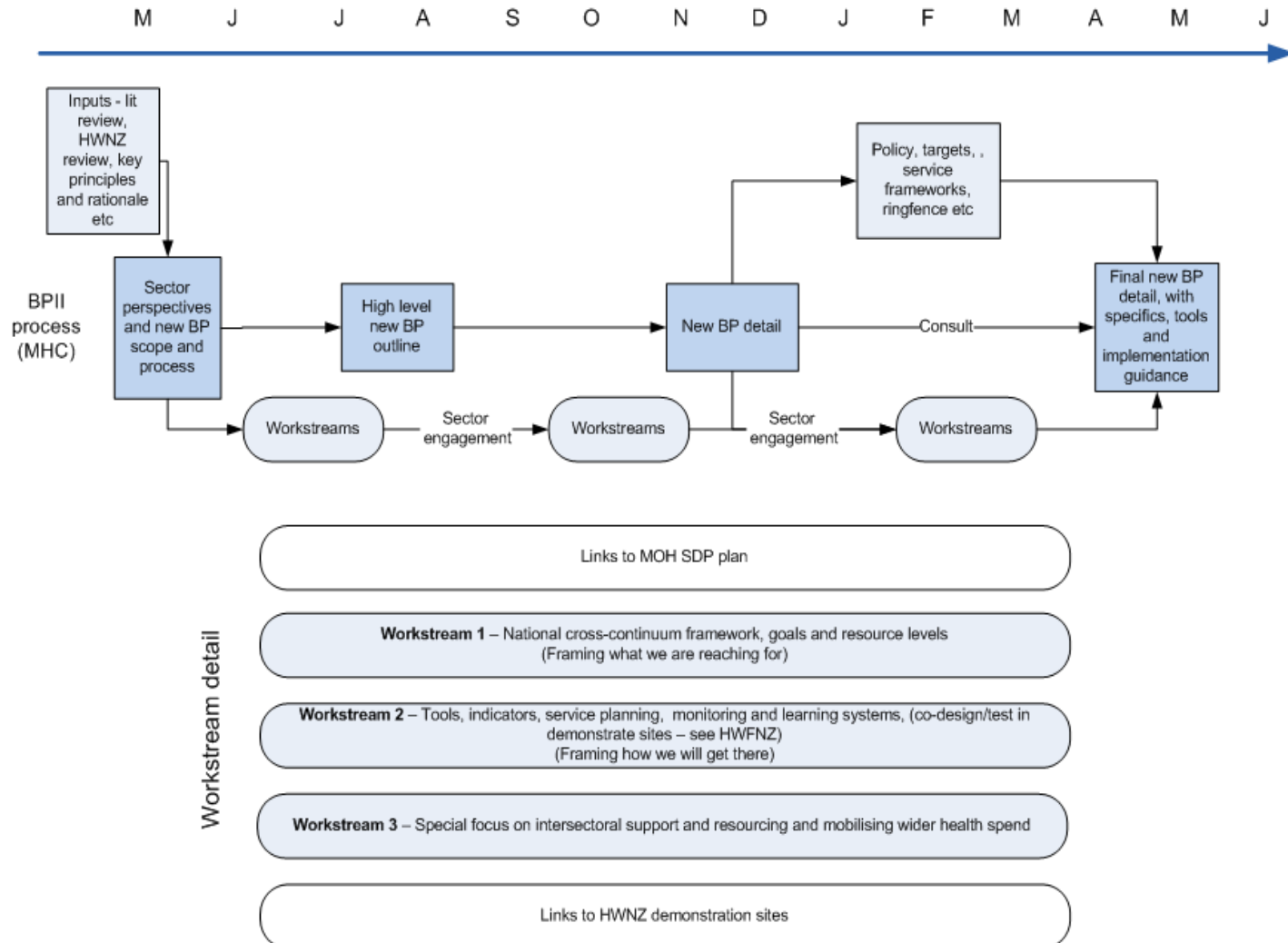
Adapted from Knudsen et al, 2006



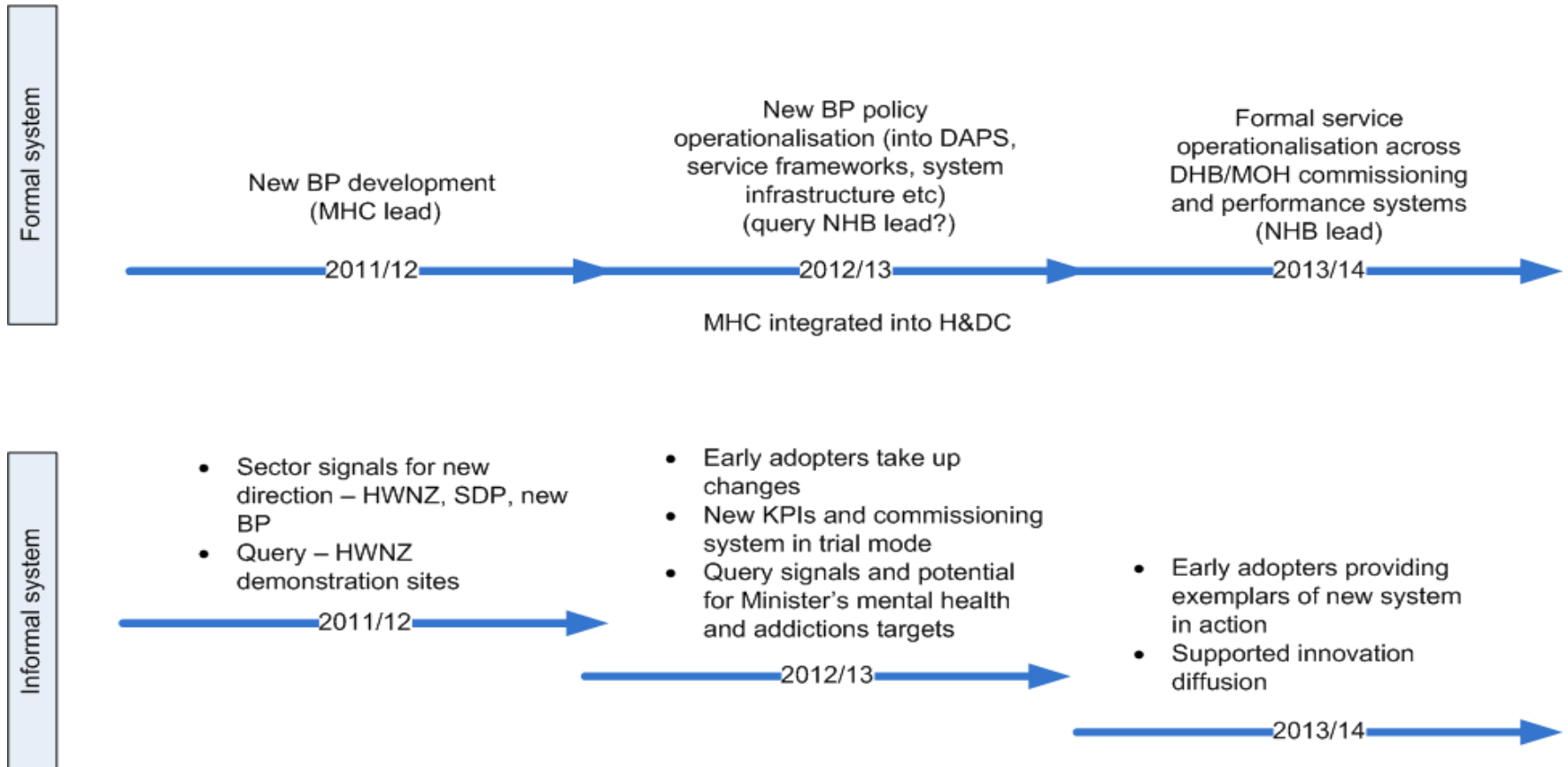
# A new Blueprint to better match resource and whole system needs



# Process – high level



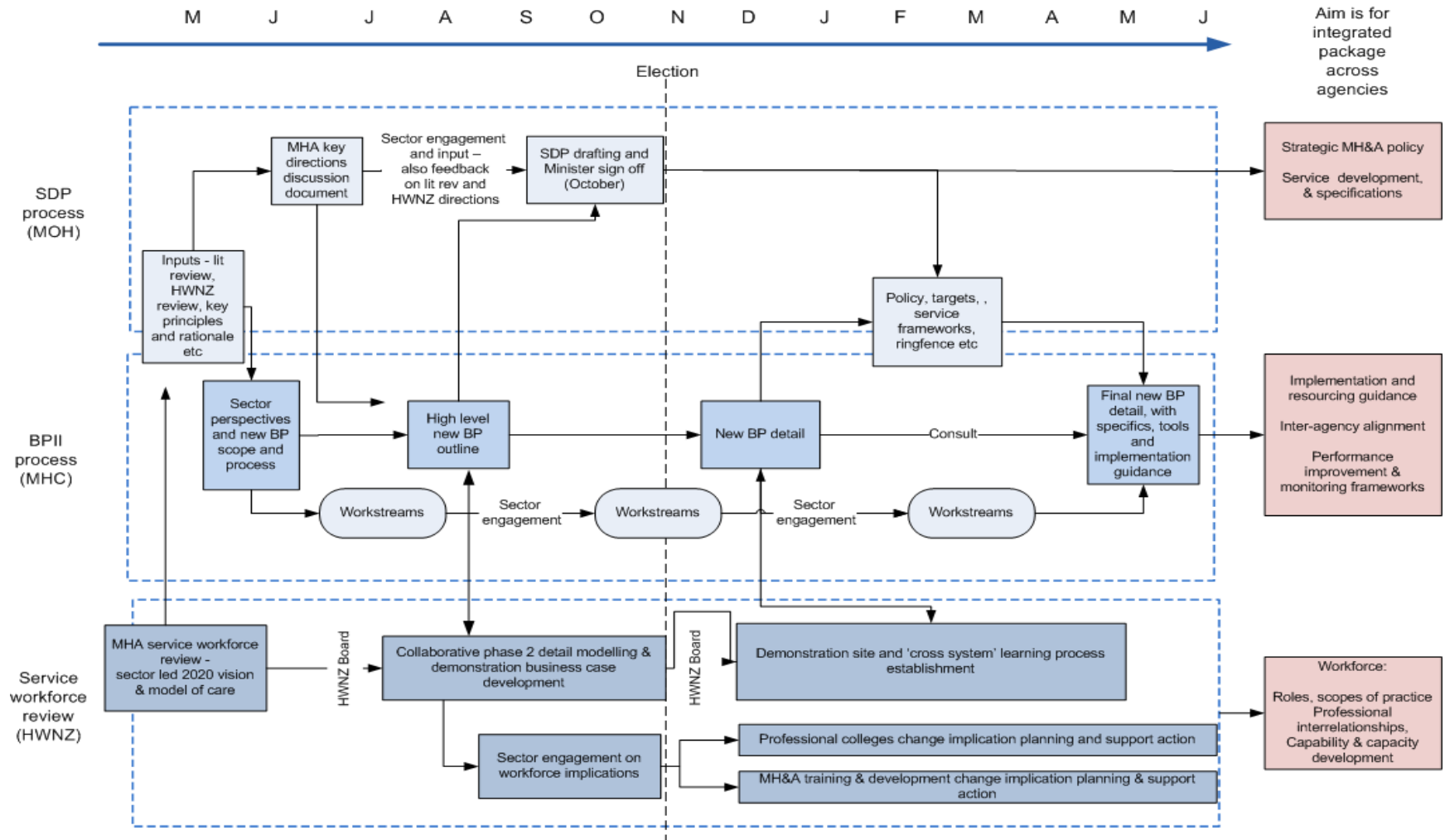
# High level time line – and leadership to implementation



Query future roles – NHB/existing MOH MH team/ H&DC etc

# Alignment across the three national strategic processes

Overview of alignment across Ministry of Health, Mental Health Commission and Health Workforce NZ strategic processes for Mental Health and Addiction during 2011/12



# Finally...request for input

Discontent is the first necessity of progress.

If we did all the things we are capable of, we would literally astound ourselves.

[Thomas A. Edison](#)