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
Mental Health of Population
Proportion of people satisfied with their life overall, 2008
Experienced harmful effects due to alcohol or drug use in the last 12 months 2007/08
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
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
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
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
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
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.

Source: Statistics New Zealand, New Zealand General Social Survey
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
1. At risk families -1 to +1 years; pregnancy, post natal, maternal and infant wellbeing, parenting

2. Children with cognitive, behavioural and developmental disorders <12 years

3. Youth / adolescent anxiety

4. High risk youth
   - Self harm
   - Conduct
   - Justice

5. Big 5 high prevalence
   a) Anxiety/depression/D&A
   b) Unexplained symptoms
   c) Complex psycho/social
   d) ?related physical co-morbidity? (watch severe high prevalence anxiety etc)

6. Low prevalence, high severity, high resource
   a) Avoidable/earlier
   b) Uncomplicated recovery
   c) Complicated
   d) Enduring/persistent

7. Adult forensic and/or Justice system involved

8. People with organic degenerative
   a) Dementia
   b) Frailty and MH
   c) Brain injury

(? End of life – core well being

Impact of adult MH & addictions on families

Young woman at risk through Mental health

These apply to elderly too

Life Course

Infant Child Youth Adult Elderly

Foetal Alcohol Syndrome
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

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**BPII process (MHC)**
- Inputs: lit review, HWNZ review, key principles and rationale etc.

1. **Sector perspectives and new BP scope and process**
   - Workstreams
   - Sector engagement

2. **High level new BP outline**
   - Workstreams
   - Sector engagement

3. **New BP detail**
   - Consult

4. **Final new BP detail, with specifics, tools and implementation guidance**

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**Links to MOH SDP plan**

**Workstream 1** – National cross-continuum framework, goals and resource levels (Framing what we are reaching for)

**Workstream 2** – Tools, indicators, service planning, monitoring and learning systems, (co-design/test in demonstrate sites – see HWNZ) (Framing how we will get there)

**Workstream 3** – Special focus on intersectoral support and resourcing and mobilising wider health spend

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**Links to HWNZ demonstration sites**
High level time line – and leadership to implementation

Formal system

New BP development (MHC lead)

2011/12

New BP policy operationalisation (into DAPS, service frameworks, system infrastructure etc) (query NHB lead?)

2012/13

MHC integrated into H&DC

2013/14

Formal service operationalisation across DHB/MOH commissioning and performance systems (NHB lead)

Informal system

2011/12

• Sector signals for new direction – HWNZ, SDP, new BP
• Query – HWNZ demonstration sites

2012/13

• Early adopters take up changes
• New KPIs and commissioning system in trial mode
• Query signals and potential for Minister’s mental health and addictions targets

2013/14

• Early adopters providing exemplars of new system in action
• Supported innovation diffusion

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

Aim is for integrated package across agencies

Strategic MHA policy
Service development, & specifications

Implementation and resourcing guidance
Inter-agency guidance
Performance improvement & monitoring frameworks

Workforce:
Roles, scopes of practice Professional interrelationships, Capability & capacity development

Professional colleges change implication planning and support action
MH&A training & development change implication planning & support action

HWNZ Board

- Sector engagement on workforce implications
- Collaborative phase 2 detail modelling & demonstration business case development
- Demonstration site and ‘cross system’ learning process establishment

HWNZ Board

- New BP detail
- Final new BP detail with specifics, tools and implementation guidance
- Consult
- Sector engagement
- Workstreams

MOH

- MHA key directions discussion document
- SDP drafting and Minister sign off (October)
- Sector engagement and input – also feedback on Il: rev and HWNZ directions

MOH

- Input - Il: review, HWNZ review, key principles and rationale etc

MHC

- Sector perspectives and new BP scope and process
- BPII process

HWNZ

- MHA service workforce review - sector led 2020 vision & model of care
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