On Track

Knowing where we are going

A Summary

CO-CREATING A MENTAL HEALTH AND ADDICTION SYSTEM NEW ZEALANDERS WANT AND NEED

The changes proposed under ***Rising to the Challenge*** (Ministry of Health, 2012) and ***Blueprint II*** (Mental Health Commission, ***2012)*** will be achieved by a fundamental transformation to the way that mental health and addiction (MH&A) services are delivered to service users and their families/whānau.

On Track: Knowing where we are going provides a road map for the future of NGO mental health and addiction services. The development of the report has been jointly sponsored by Platform Trust and Te Pou. Input was sought from different parts of the MH&A sector as well as the wider health and social sectors.

Where we have been and where we are going

Community organisations in New Zealand have a long tradition of providing support to people in situations where the state either doesn't have, or is struggling to fulfil, a role. The last major period of growth in the MH&A NGO sector was in the 1990s as a result of the closure of long-stay psychiatric hospitals. As hospitals closed, a number of new entities were created to help meet the demand for residential rehabilitation services. People moved out of the hospitals and into the community, but they were not necessarily part of those communities, nor were they entirely free of institutionalised care. The sector is now entering into another period of reform that has been described by Professor Mason Durie as the 'fourth wave' (Health Workforce New Zealand, 2011).

Table 1: The development of the MH&A sector over time

Past	Current	Future (fourth wave)
Disease focus	Illness	Wellbeing
Hospitals	Community-based care	Health and social systems
Volume	Outputs and outcomes	Value
Fragmented	Coordinated	Integrated
Singular responses	Joined-up actions	Collective impact
Command and control	Collaboration	Co-production
Simple	Complicated	Complex
Low adaptability	Innovative	Agile and adaptive
Patients	Service users	Citizens
Medical model	Recovery	Social determinants model

Strengthening primary/ community care

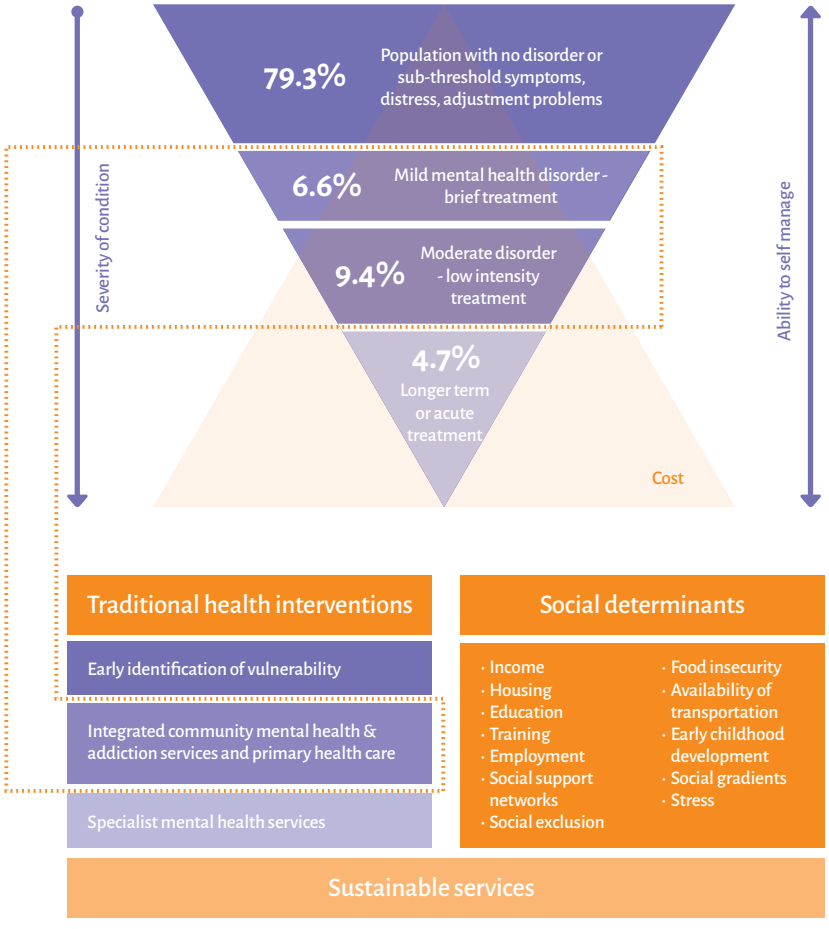
The international evidence indicates that a combination of a strong primary care sector and a well-developed NGO sector will be critical to the breakthrough that is needed, both in terms of improved outcomes for people and increased system capability. Figure 1 is a diagram of the model of primary MH&A service delivery that has been used to inform this road map.

The model reflects the prominence of the stepped care model in the service demand estimates used in *Towards the Next Wave* (Health Workforce New Zealand, 2011). It is based on a stepped care model for primary MH&A originally developed by Dowell, Morris, Dodds and Mcloughlin (2012), which has been modified to incorporate the following features.

- The main focus is on the needs of the population and not on services, hence the inverted pyramid with the majority of people situated at the top.
- The traditional primary care space has been expanded to include mental health and addiction NGO services.
- Mental health and addiction NGO services provide a wide range of community services across the continuum of care.
- Services intervene early to help avoid the need for more intensive services.
- The appropriate level of service intervention is constantly matched to the changing needs of the person and their family/ whānau.
- People have the ability to manage their own health and wellbeing at any stage. It is the role of MH&A services to coach people in how to grow this ability.
- Traditional health interventions are complemented by the social determinants of health (eg, housing, welfare, employment, etc.)
- The sustainability of health and social services is critical to the effectiveness of this model.

Figure 1: Stepped care model of primary MH&A service delivery

Adapted from Dowell, A. Morris, C. Dodds, T. Mcloughlin, H. Psychological interventions in primary care mental health. In *Companion to Primary Care Mental Health*. Ed. Ivibjaro, G. (2012) Radcliffe Publishing London.
Medibank Private Ltd & Nous Group (2013) *The Case for Mental Health Reform in Australia. A Review of Expenditure and System Design.*



NB: The percentages in the inverted triangle represent the 12-month prevalence figures for adult MH&A disorders, as reported in *Te Rau Hinengaro* (Oakley Browne, Wells, & Scott, 2006).These figures are for policy development and service planning purposes only and are not intended for categorising service users and their families/whānau, particularly if these categories are then used to determine whether or not someone receives a MH&A service.

Seven priority areas for action

Stakeholder feedback gathered over six months in 2014 identified the following seven priority areas for action.

Table 2: The seven priority action areas in the road map

Key action area	Description
1. Support self-determination	The new service delivery model requires MH&A services to fully adopt a recovery philosophy based on self-determination, co-production and wellbeing. The defining features of co-production move far beyond giving service users a voice or seeking their involvement in governance arrangements. Co-production is characterised by people who are active agents and equal partners in the design and delivery of services.
2. Focus on system redesign	A whole-of-system approach recognises that health and social systems are inextricably interrelated and it is not possible to make a change to one part of the wider system without impacting on another. The evidence suggests that investment in effective, earlier interventions may have a significant and long-lasting positive impact on employment, education, health and other outcomes, particularly for disadvantaged groups of people.
3. Improve workforce capability	The two most frequent suggestions from workshop participants relating to MH&A workforce development were to (a) amplify the core values and attitudes required to work in MH&A services and (b) improve the cultural and linguistic competencies of the MH&A workforce.
4. Address investment and sustainability issues	As the work of NGOs broadens and becomes more complex, the issues relating to the capacity, capability and sustainability of NGOs will need to be addressed in a more systematic way in order for the sector to evolve and move forward.
5. Enhance community engagement	Internationally there is a trend towards government supporting local communities to develop bottom-up solutions to apparently intractable economic and social problems. This trend represents a paradigm shift in thinking about the role of the state and its relationship with citizens, and hints at a very different future built on collaborative social networks and the capacity that exists within everyone to improve their own wellbeing.
6. Use the evidence	Relevant implementation factors and processes are common across sectors (eg, mental health, juvenile justice, education and child welfare). National efforts to improve the science and practice of implementation have the potential to generate positive outcomes for people across a range of systems.
7. Strengthen organisational infrastructure	The New Zealand Treasury (2014) maintains that the specific elements that support smart investment by funders are clarity about the key outcomes; better use of data and cohort information to help target those people who most need services; clear institutional incentives; accountability to help drive performance and innovation; and organisational flexibility and evaluation loops with which to test, learn and adapt. Whether or not these key elements are present in the current contracting framework, NGO providers need to continue making progress on incorporating these elements into their own organisations so that they are better able to monitor both their organisational performance and the quality of the services they are delivering to people. To do this, NGOs will need an information management strategy and a workforce that is comfortable with interacting with a number of technological devices which, in themselves, are capable of transforming the delivery and management of health services.

Progress needs to be made across all seven action areas in order for system transformation to occur. Partial successes at different system levels will result in some improvement in the quality of services, but they will not lead to transformative change.

The realisation of the vision in On Track requires a deep commitment to the transformation of the MH&A system over a long period of time, led by sector leaders and thinkers. These are the people who can see the bigger picture, foster more reflective and generative conversations and help to shift the collective focus from problems that are 'out there' to the solutions that are 'in here' (Senge, Hamilton & Kania, 2015).

Implementation

The transformation that is required of services has a number of implications for the workforce. These implications need to be considered in future workforce planning. Our vision is that everyone is actively engaged in co-creating the future. This means co-creation at every point in the system, starting with the relationship between the workforce, service users and their families/whānau.

To help support this transformation ***On Track*** includes an illustrative theory of change, which also acts as a self-assessment tool for organisations interested in participating in the change process. The theory of change clearly shows the direction of travel and describes what success looks like along the way. The associated roadmap also provides more detail around the seven action areas at three levels – frontline staff, organisation and the system.

The expectation is that all MH&A NGOs will use the roadmap to self-assess their starting position and develop an action plan to help address any areas of weakness. Ideally every organisation within a locality would agree to undertake their own self-assessment and then share their results, as well as their action plan, with other key stakeholders for shared learning and mutual accountability.

It is also anticipated that some organisations will benefit from some external input to help them address more complex issues. Organisations are encouraged to adopt a more collaborative approach to the change process. This will help to strengthen natural support networks, promote opportunities for learning, and enable a more efficient use of resources and expertise, including input from the national MH&A workforce development centres.

We encourage you to get your own copy of ***On Track*** as it contains something for everyone. Success requires everyone, in their different settings, working in a consistent direction to address the wide range of challenges that face the MH&A system.

Access the full *On Track* report

Visit www.tepou.co.nz/ontrack to access the full report or order a hard copy.

Te Pou o Te Whakaaro Nui

PLATFORM