

Counties Manukau District Health Board

Pacific Mental Health and Addictions Implementation Plan 2008-2012



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Foreword

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

For Pacific peoples mental health encompasses social, emotional and spiritual well-being. Our mental wellness is a critical factor in developing and maintaining relationships with others, achieving our personal goals in life and it is necessary to ensure that we are active participants in our families, churches and communities. This holistic approach means that when something is not going so well in another sphere of our lives it affects our mental and emotional wellbeing. The CMDHB Pacific Mental Health and Addictions Implementation Plan recognises the context in which Pacific peoples understand mental health and addictions and aims to incorporate that view into the development and delivery of services for Pacific peoples in the Counties Manukau District.



The Implementation Plan pulls together the various strands of activity that are happening for Pacific people across the Counties Manukau District in order to coordinate activity and to enhance a collaborative approach. The focus of the Implementation Plan is on those activities that are specifically targeting Pacific consumers and their families in the Counties Manukau District.

The Pacific Health Advisory Committee supports the approach that has been taken to develop the Plan and looks forward to working alongside the Pacific community, consumers and their families, mental health and addiction service providers, specialist services and the District Health Board to implement the key deliverables outlined in this document.

Kia manuia, Meitaki maata

A handwritten signature in black ink, appearing to read 'Manu Sione'.

Manu Sione
General Manager
Pacific Health
Counties Manukau District Health Board

Acknowledgements

Counties Manukau District Health Board (CMDHB) wishes to thank those individuals and organisations which contributed to the development of the Implementation Plan. In particular, CMDHB would like to acknowledge the following organisations which are represented on the CMDHB Pacific Mental Health and Addictions Stakeholders Forum:

- Faleola Services, CMDHB (Pacific Mental Health Services)
- Pacific Island Drugs and Alcohol Services (PIDAS)
- Pacific Mental Health & Addiction Services, WDHB (Malaga, Isalei & Tupu)
- Pacificare Trust
- Penina Health Trust
- Procare PHO
- Ta Pasefika Health Trust
- TOA Services
- Vaka Tautua
- Whirinaki, CMDHB

CMDHB also acknowledges the invaluable contributions of the Consumer Advisory Focus Forum which was convened to provide advice on the development of the Implementation Plan.

CMDHB also extends its gratitude to the CMDHB Pacific Health Advisory Group (PHAC) for their support and involvement in the plan development.

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Counties Manukau District Health Board
Pacific Health Division
Private Bag 94052
South Auckland Mail Centre
Auckland 2104
New Zealand

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A holistic approach to health and wellbeing....

Pacific people have a holistic view of health where a person is in tune with his/her environment and community. Health is achieved when there are positive and balanced relationships between these three elements: Atua (God), Tagata (people) and Laufanua (land/environment). Health is the state in which a person's physical, mental and spiritual needs are in balance and the person is able to meet their obligations to themselves, their family, village and community (Lui, 2003).



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Counties Manukau District Health Board's Shared Vision:

To work in partnership with our communities to improve the health status of all, with particular emphasis on Maaori and Pacific peoples and other communities with health disparities.

- We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated
- We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focused and cost effective healthcare, at the right place, right time and right setting
- Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care



Values

Care and Respect

Treating people with respect and dignity; valuing individual and cultural differences and diversity

Teamwork

Achieving success by working together and valuing each other's skills and contributions

Professionalism

Acting with integrity and embracing the highest ethical standards

Innovation

Constantly seeking and striving for new ideas and solutions

Responsibility

Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions

Partnership

Working alongside and encouraging others in health and related sectors to ensure a common focus on, and strategies for achieving health gain and independence for our population

Definitions - Abbreviations

Manawhenua - Traditional guardianship over identified areas within CMDHB

Matua - Senior/Lead Cultural Advisor

AOD - Alcohol and other Drugs

ADHB - Auckland District Health Board

CCT - Cultural Competency Training

CCM - Chronic Care Management

CEO - Chief Executive Officer

CMDHB - Counties Manukau District Health Board

CMMHAN - Counties Manukau Mental Health Addiction Network

DAP - District Annual Plan

DHB - District Health Board

FTE - Full Time Equivalent

GM - General Manager

MH & A - Mental Health & Addictions

MOH - Ministry of Health

MSD - Ministry Social Development

NDSA - Northern DHB's Support Agency

NGO - Non Government Organisation

NNC - Network North Coalition

PHAC - Pacific Health Advisory Committee

PHO - Primary Health Organisation

PPDF - Pacific Providers Development Fund

RFF - Regional Funding Forum

RMHAPFT - Regional Mental Health Addictions Planning and Funding Team

RSP - Regional Service Planning

WDHB - Waitemata District Health Board

1.0 Introduction

The Counties Manukau District Health Board (CMDHB) Pacific Mental Health and Addictions Implementation Plan 2008-2012 signals the DHB's intention to provide accessible, responsive and holistic mental health and addiction services for the Pacific population in the Counties Manukau District. The development process for the Implementation Plan has included a literature review and stock-take project, and the establishment of a Stakeholders Forum, all of which have informed the development of this document. In addition, the Implementation Plan incorporates feedback from other key MH & A stakeholder groups and focus groups with Pacific peoples.

The Implementation Plan provides CMDHB, NGOs and community with a framework to further develop and enhance Pacific mental health and addiction services. This Implementation Plan outlines a series of goals, objectives and key deliverables which will guide the planning, funding and delivery of mental health and addictions services and programmes for the Pacific population in Counties Manukau from 2008-2012.

The Pacific Mental Health and Addictions Implementation Plan 2008-2012 builds on, and is aligned to the following plans¹:

- Te Kokiri: The Mental Health and Addiction Plan
- Northern Regional Pacific Mental Health and Addictions Plan
- CMDHB - Mental Health and Addiction Action Plan
- CMDHB - Tupu Ola Moui, Pacific Health and Disability Action Plan

This plan also supports the CMDHB approach to quality and safety, incorporating the "Triple Aim²" - working to deliver better healthcare for our population, working to deliver better care for our patients; whilst getting value for resources.

2.0 Background

The Pacific resident population of Counties Manukau is approximately 93,000 or 19% of the total population with almost half (49%) aged 0-19 years. The Pacific population in Counties Manukau is projected to increase to over 141,000 people by 2026, which equates to an 80% increase from 2001³. The planning and funding of mental health and addiction services is important to ensure that it can meet the needs of a growing Pacific population.

Pacific peoples have higher prevalence rates of mental health and addictions problems than other ethnic groups with the exception of Maaori. It appears that these higher rates are due to a range of factors experienced by the Pacific population which include but are not limited to: socioeconomic disadvantage (income levels, unemployment rates, poor or overcrowded housing situations, academic attainment levels), access to culturally appropriate services, late presentation to health services and the stigma associated with mental illness in Pacific communities⁴.



¹Also recognises the CMDHB - Alcohol and Other Drugs Plan & Quality Strategic Action Plan, both currently in draft.

²Triple Aim is a Quality Improvement philosophy (See CMDHB Quality Strategic Action Plan).

³Statistics New Zealand, 2006.

⁴Oakley Browne, Wells and Scott, 2006.

Table 1.0 Prevalence of mental health and addictions problems (Adapted from Browne, Wells and Scott, 2006)

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

Using the census population figures outlined above for 20-59 year olds and the prevalence of mental health disorders in Table 1.0, it is estimated that there will be over 10,200 Pacific adults with a mental disorder in Counties Manukau in any year. The figures for bi-polar disorder would be approximately 1,100, substance use disorder 1,300, major depression, nearly 1,500. There would be approximately 400 Pacific adults who make suicide plans and over 300 suicide attempts.

In total, it is estimated that over 2,500 Pacific people with a mental disorder would make contact with a service⁵ for mental health reasons. It is important to note that these are estimates only, but the figures provide a guide for service capacity required within Counties Manukau to meet the needs of Pacific people.

2.1 Alcohol and Other Drugs

A review of Pacific alcohol and other drug needs and services in Counties Manukau has recently been completed. Quantitative results affirmed that the proportion of the Pacific population that consumes alcohol was less than the general New Zealand population. However on average, Pacific people consumed larger annual volumes and binge drinking practices were more common than in the general New Zealand population⁶. Additionally, greater proportions of Pacific peoples reported violence and injury from other people's drinking than the New Zealand general population.

Age-specific rates for male Counties Manukau clients seen by DHB AOD teams showed that the rate for Pacific males aged 20-24 years was significantly higher than other ethnic groups⁷. Furthermore, young men of Pacific ethnicity were found to have high rates of disorders associated with alcohol and drug use.

Qualitative results found that Pacific females and Pacific young people were beginning to drink more which was becoming an increasing concern for Providers and the wider community.



⁵Including healthcare and non-healthcare.

⁶SHORE (2004) Pacific Drugs and Alcohol Consumption Survey 2003: Final Report, Centre for Social and Health Outcomes Research and Evaluation (SHORE), available from URL: www.shore.ac.nz/projects/pacificalcohol.htm.

⁷MHINC data, 2005 calendar year. Unique Male Counties Manukau Residents (1102) seen by DHB AOD mental health services in New Zealand. Counties Manukau population data for 2005.

3.0 Service Provision in Counties Manukau⁸

Counties Manukau DHB funds services for all age groups including services specifically for Pacific peoples. All health services need to address peoples' mental health needs at the same time as addressing physical health needs. Mental health is therefore a focus for all health services including promotion/prevention services, primary care, DHB community and hospital services and Non Government Organisation (NGO) treatment and support services.

Local Mental Health Services for the population of Counties Manukau are delivered by CMDHB and a range of Non-Government Organisations. Regional services are delivered by other DHBs. The largest regional services are the Community Alcohol and Drug Services and the Regional Forensic Services both of which are delivered by Waitemata DHB. Counties Manukau DHB funds a range of specific mental health services which, when funding increases sufficiently, will eventually serve the 3% of the population whose mental health and addictions needs are greatest. In 2004/05, annual access to mental health services for the population of Counties Manukau was 1.8% of the population.

3.1 Developing 'By Pacific' Health Services

The Pacific Mental Health and Addictions Plan 2008-2012 seeks to increase the accessibility, quality and responsiveness of mental health and addictions services for the Pacific population. 'By Pacific' mental health and addiction service providers in Counties Manukau provide an alternative option for service provision for the Pacific population with these providers delivering holistic models of care that are inclusive of families and incorporate Pacific values and beliefs.

The Pacific Mental Health Workforce Development Infrastructure and Organisational Development Feasibility Study (2007:20) suggests that with the development of Pacific mental health and addictions providers there has been an increase in Pacific peoples accessing mental health and addictions services. The Pacific Provider Development Fund (PPDF) has been a significant factor in DHBs supporting the development and growth of Pacific providers. CMDHB will continue to support Pacific health providers to develop their services including best practice, workforce development, quality improvements and meeting sector standards through the Pacific Provider Development Fund in line with Ministry of Health funding criteria.

4.0 Mental Wellness – A Pacific Perspective

Pacific peoples view mental health from a 'holistic' perspective. A person's physical health is not separated from their mental, emotional and spiritual health and well being. The 'mind, body and spirit' are deeply intertwined and need to be considered carefully in the care planning and delivery of mental health and addiction services for Pacific peoples.

In addition, relationships are critical to achieve aspirations of 'mental wellness' for a Pacific person – their relationship with their family, environment, community, church (God) and to their extended family networks all contribute to the mental wellbeing of a Pacific person. If there is an 'imbalance' or disconnect between one of those relationships then that is viewed as potentially having implications on a person's mental health and well being.

Cultural beliefs around mental illness often mean that there is stigma associated with a person who has a mental illness. Causal factors are often seen as having its origins in a 'spiritual sickness' or imbalance. In particular, that the illness may be caused by a person's actions or the actions of another family member and was subsequently seen as 'shameful' or 'embarrassing' to talk about.

⁸Section taken from the CMDHB Mental Health and Addictions Plan 2006-2010.

The changing family and community structures of Pacific peoples in New Zealand have influenced the consumption and use of alcohol and other drugs by the Pacific population. Problems often experienced by migrant populations such as balancing traditional cultural values and obligations within a western context are often difficult and conflicting. Subsequently issues resulting in generational differences and a loss of identity, culture and connections with family, church and village/community can produce adverse consequences and increase AOD related problems:



“...the lack of strong personal identity and low self esteem are core issues for the New Zealand born Pacific generation... pressures of living a “double life” - one in Western society and another within the Pacific family and church context also contribute to Pacific youth mental health issues”, (taken from the LotuMoui Symposium Report 2005: 33).

In planning mental health and addiction services for the Pacific population consideration should be given to the Pacific view that mental health and wellbeing also includes all other aspects of health, social, cultural and spiritual wellbeing, that the Pacific population is young, that socioeconomic considerations are important and there are significant differences between New Zealand-born and Island-born people, and people of mixed ethnicity (Ministry of Health, 2005).

It is also important to note that for many Pacific families they may choose to care for family members requiring more intensive supports at home as their ‘primary carer’. Often this can be a demanding role for the carer particularly where they do not access additional support or respite care options. Service planning also needs to consider family carers as they play a critical role in the lives of Pacific peoples with mental illness.

5.0 Results from the Stock-take Project and Literature Review

The following barriers to Pacific people accessing services were identified in the stock- take project:

- Stigma and shame associated with mental illness;
- Lack of understanding by Pacific families and communities of mental health and addiction issues;
- Lack of information on services
- Information about services is not easily accessible and disseminated appropriately to reach the Pacific population;
- Limited service capacity, particularly in those service areas where there is very limited FTE allocation (eg: addictions services for young people, mental health services for young people, anti-discrimination, family services, services for older people, peer-support, addictions services and gambling services);
- Lack of transport and the distance required to travel to obtain services;
- Location of current services; and,
- Workforce issues (eg: insufficient staff with language skills to cater for population, insufficient trained staff across the continuum of service delivery and especially in the area of services for young people).

A number of areas where further service development was required or where there were no current services for Pacific peoples were identified in the stock-take project and are summarised below:

- Consumer workforce development and capability building
- Programmes⁹ targeting Pacific peoples
- Further investment into primary mental health services for Pacific people
- Better continuity and coordination of services from primary to secondary care
- Family focused models of service delivery in mental health

⁹Programmes countering stigma and discrimination associated with mental illness.

- Addiction services targeting and appropriate for Pacific populations
- Well coordinated service provision for Pacific young people for both mental health and addiction services
- Further development of acute care services including crisis intervention and respite care
- Services of older Pacific peoples and their families
- Appropriate, easily accessible and up-to-date Information for the community on what services are currently available to them
- Provider development including capacity and capability building in relation to quality, staff, governance and management infrastructure
- Workforce development – including for Matua and cultural advisor roles
- Availability of ethnic-specific mental health and addiction services for the Pacific population

6.0 Implementation Framework

The Implementation Plan reflects CMDHB's shared vision to work in partnership with its communities to improve the health status of Pacific peoples.

6.1 Guiding Principles for Pacific Service Delivery within Counties Manukau DHB

Six guiding principles have been identified through the development of the Implementation Plan to provide some guidance on the delivery of mental health and addiction services to Pacific peoples:

1. Services are holistic in their approach and reflect a Pacific perspective of health and wellbeing. Pacific perspectives are inclusive of both NZ born and Island born world views.
2. Services are family focussed and acknowledge the important role of family and social relationships including with extended families, church and ethnic-specific groups.
3. Services are community-focused and foster community ownership linked to ethnic identity, a sense of belonging and language.
4. Services recognise the importance of partnership with other groups and cultures, including an acknowledgement of the status of Maaori as manawhenua and demonstrating a commitment to the principles of the Treaty of Waitangi.
5. Services and programmes encompass a Quality Improvement culture which promote innovation and new ways of improving the effectiveness of mental health and addiction services for Pacific peoples.
6. Align with the Pacific Provider Development Fund principles¹⁰.

6.2 Action Areas

The plan supports the development of continuous improvement of safety and quality throughout the Action Areas. Supporting the triple aim of: (a) better services for the population, (b) better services for the patient, and (c) value from our resources, through a focus on the delivering patient care that is safe, patient centred, effective, timely, equitable and efficient.

1. Promotion and Prevention
2. Primary Care
3. Responsiveness
4. Child and Adolescent
5. Addiction Services
6. Older People
7. Workforce Development
8. Quality Improvement: Information and Research

¹⁰Pacific Provider Development Fund Purchasing Strategy 2008/9.

6.3 Goals

1. Well Pacific families and communities in Counties Manukau.
2. High quality mental health and addictions primary health care services to Pacific people in Counties Manukau.
3. Responsive mental health and addiction services for Pacific people (Adult, youth, child, infant) and their families in Counties Manukau who are affected by mental illness and/or addiction.
4. Pacific children and young people in Counties Manukau who are affected by mental health, alcohol, drugs and gambling problems access quality and appropriate services.
5. Pacific people and their families in Counties Manukau are able to access effective and appropriate addictions services.
6. Older Pacific people and their families in Counties Manukau are able to access effective and appropriate addictions services.
7. Competent mental health and addiction workforce supporting Pacific people in Counties Manukau who are affected by mental illness and addictions.
8. Mental health and addictions services for Pacific peoples in Counties Manukau are based on the best available evidence.
9. Better quality of healthcare for Pacific people In Counties Manukau through working to deliver better care for our patients, whilst getting value from our resources.



A comprehensive list of objectives and key deliverables is outlined in the Implementation Framework.

7.0 Partnerships and Relationships

In order to implement the Plan successfully it will be important to strengthen and build strong partnerships between consumers, providers, community and CMDHB services. This will be achieved through, but is not limited to the following mechanisms:

7.1 CMDHB Pacific Mental Health and Addictions Stakeholders Forum

Membership on this group includes Pacific NGOs, mainstream NGOs who are providing services primarily to Pacific peoples, provider arm services (ie: Faleola), and other individuals who specialise in Pacific mental health and addictions services in the Counties Manukau District. The aim of this group is to strengthen planning and sector leadership around the development and implementation of the Pacific Mental Health and Addictions Implementation Plan 2008-2012. The forum enables a coordinated approach between the work activities of mainstream and Pacific mental health service providers to address the mental health and addiction needs for Pacific peoples.

7.2 Pacific Health Advisory Committee (PHAC)

PHAC provides valuable advice from a “whole of community perspective” on strategies to reduce disparities in health for Pacific peoples. PHAC represents a range of ethnic groups and has expertise across a number of different health sectors. PHAC is an appropriate forum to provide advice on the implementation of key deliverables within Pacific communities.

7.3 LotuMoui Health Committee / Ministers Forum

There are a number of key deliverables that will be implemented through the LotuMoui Programme. To ensure that these activities are appropriate and relevant to LotuMoui church communities, CMDHB will work in partnership with LotuMoui Health Committees and church Ministers in the development and implementation of church-based initiatives.

7.4 Cross-sector Collaboration

The mental health and addiction needs of Pacific peoples are often complex and in many cases require solutions to take a cross-sector approach to service delivery which may extend beyond the health sector. CMDHB recognises the importance of working collaboratively with organisations and government agencies such as family social services, education, housing, employment and income support services. CMDHB intends to strengthen its existing and build new partnerships cross-sectorally to ensure that its mental health and addiction services are well coordinated, holistic in approach and meet the diverse needs of the Pacific population.

7.5 Regional and National participation

CMDHB has also participated in the development of a range of regional projects identified as priorities by Moana Pasefika and NDSA. This involvement in regional projects is likely to expand to include Regional Service Planning. CMDHB will also collaborate nationally with other DHB's on issues relevant to all DHB's.

8.0 Monitoring Framework

Monitoring the progress of the Implementation Plan is important to ensure:

- There is accountability for key stakeholders in service provision and delivery;
- Future planning and funding decisions are based on data collection, evidence and key learnings; and,
- Information can be prepared and appropriately disseminated to a range of different stakeholders as required.

A simple monitoring template has been developed to assist key stakeholders in the collection of information for reporting purposes. Key stakeholders which have a 'lead responsibility' for a key deliverable within the Implementation Plan will be required to report quarterly on progress until completion of the deliverable.

Oversight for the implementation and monitoring of the Plan will sit with the CMDHB Pacific Health Division and the Mental Health and Addictions Planning and Funding Team. A copy of the monitoring template is outlined in Appendix A.

8.1 Outcomes Framework

Monitoring reports will provide useful information to track progress in implementing the plan over time in Counties Manukau. This Outcomes Framework is based on the CMDHB District Strategic Plan (2005) and provides a basis for monitoring progress within each action area of this Implementation Plan. The Outcomes Framework comprises six action areas:

1. Improve community wellbeing
2. Improve child and youth health
3. Reduce the incidence and impact of priority conditions
4. Reduce inequalities of health status
5. Improve health sector responsiveness to individual and family/whaanau need
6. Improve the capacity of the health sector to deliver quality services.

Monitoring Reports, evaluation and research activities will provide useful information to track changes in population mental health and addiction indicators for Pacific peoples over time in the Counties Manukau District. Information captured in the monitoring reports will support reporting against the Outcomes Framework.

9.0 Funding and Planning Mechanisms

As community mental health services are developed, 'by Pacific' services will be developed in line with CMDHB funding allocation principles and Blueprint targets. Implementing this plan will involve both Pacific Health funding (eg. Lotu Moui funding, Pacific Provider Development Funding) and Mental Health Blueprint and Demographic funding. It is estimated that total additional Blueprint Funding and Mental Health Demographic Funding received by the DHB and available for new services will be approximately \$3.2M each year from 2008/09 through to 2012/13. An estimated 20 percent of this funding each year will be made available for the expansion or development of 'by Pacific' services. However actual levels of funding are likely to fluctuate from those indicated above and plans for expenditure will need to be adjusted on the basis of funding advice received from the Government each year, and on improved information about actual service levels relative to Blueprint. The annual process in which local funding for new services is allocated is outlined in figure 1. below.

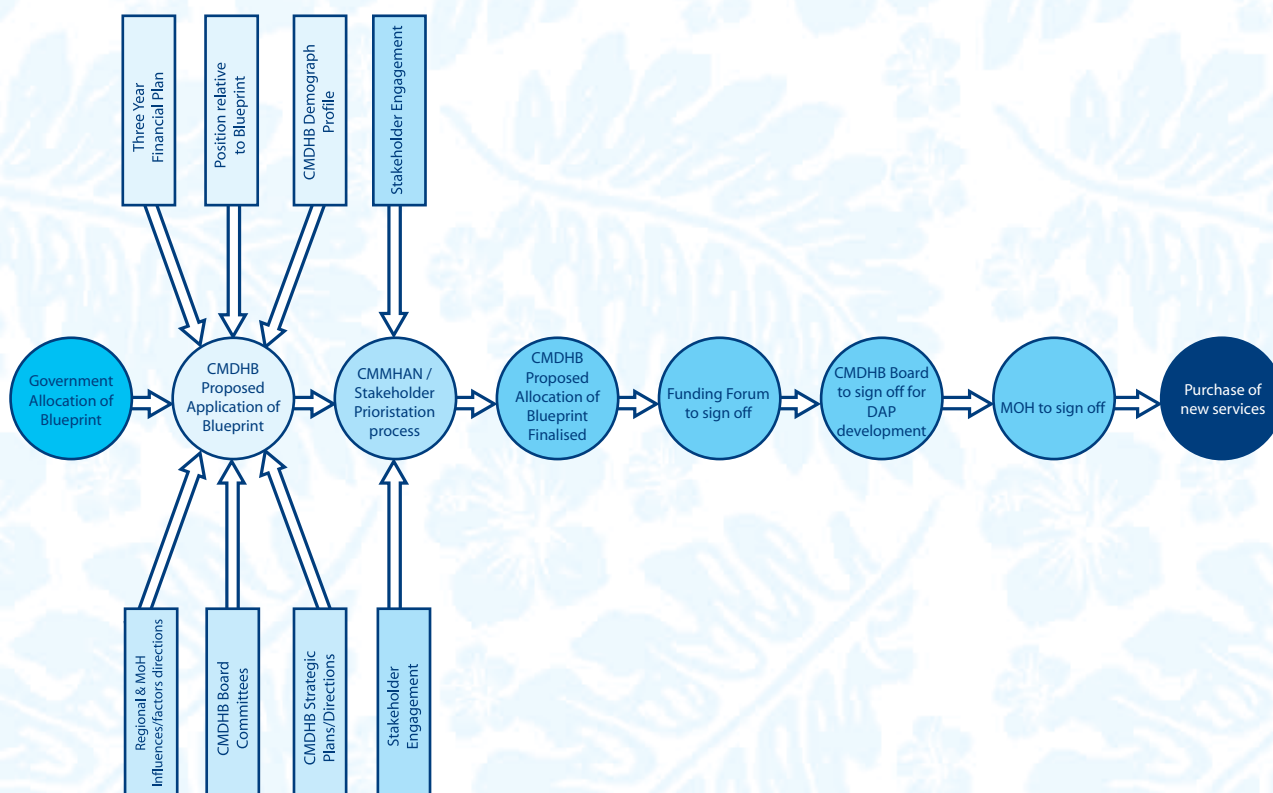


Figure 1. Annual Funding Process for new services.

Although the Implementation Plan pertains to the CMDHB District, there are many funding and planning decisions that will need to be made within the regional context, especially as some services are provided regionally.

Specific regional Pacific mental health and addictions funding and planning mechanisms have been introduced during 2007 and indicate a regional commitment to improve mental health and addictions services for Pacific communities across the region while not limiting local development. The relationships of the regional funding and planning mechanisms are outlined in Figure 2 below.

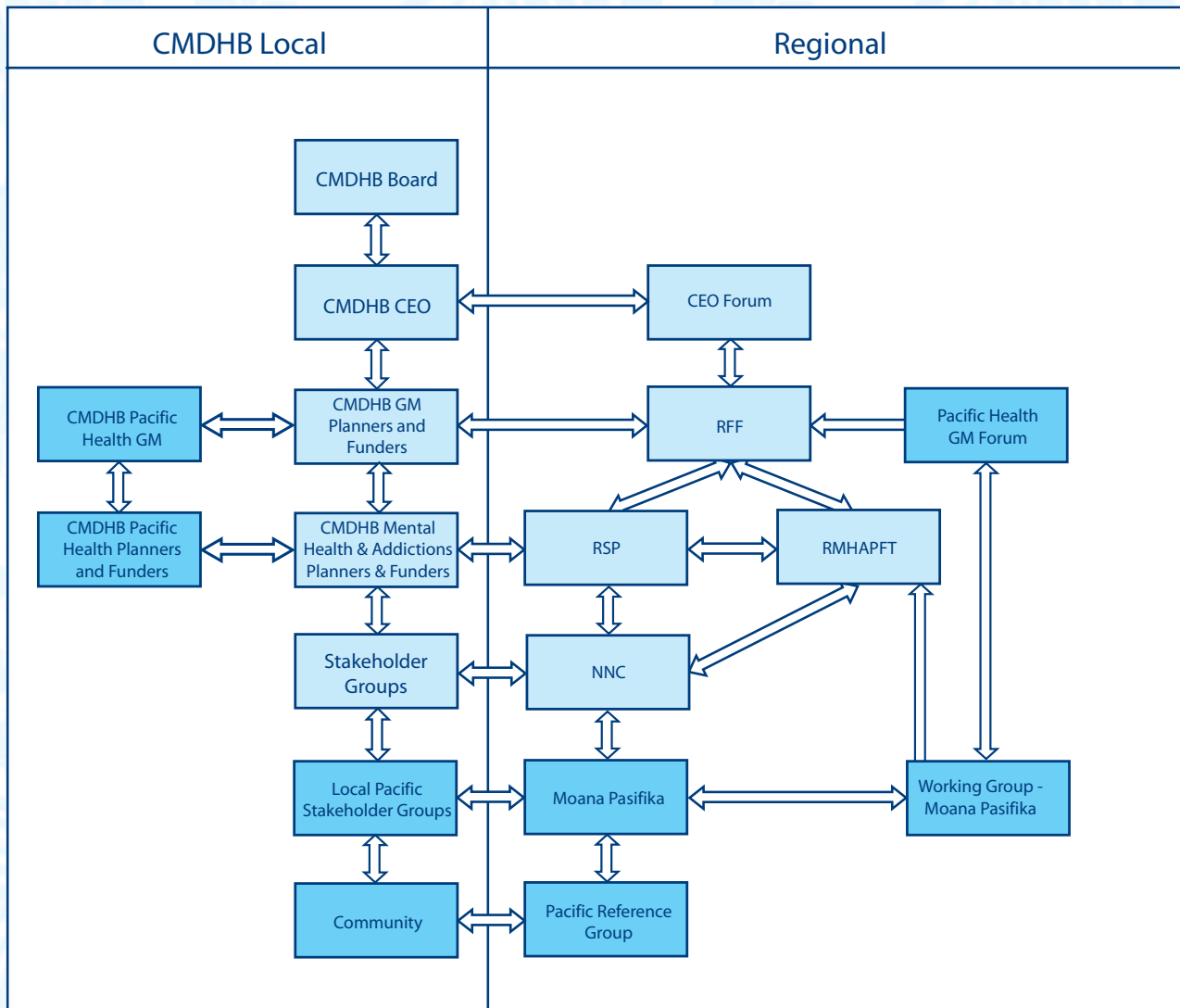


Figure 2. Relationship between CMDHB and the Regional processes of funding and planning groups for Pacific Mental Health & Addiction Services

Implementation Framework

Action Area

Promotion and Prevention

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Well Pacific families and communities in Counties Manukau.	<p>Establish a comprehensive health promotion and Anti-discrimination programme to support the delivery of the National Plan to counter Stigma and Discrimination associated with Mental Illness in Pacific communities.</p> <p>Promote community-wide social inclusion for people affected by mental health and addiction related problems.</p>	CMDHB will hold a forum with LotuMoui churches and other Pacific providers to discuss issues, and disseminate information on the harmful effects of alcohol, drugs and other addictions (including gambling).	31 December 2009	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, LotuMoui churches, consumers, Health promotion agencies	CMDHB Pacific Health Division
		CMDHB will hold a forum with LotuMoui Churches and other Pacific providers to discuss issues and disseminate information to countering the stigma and discrimination associated with mental illness for Pacific people.	31 December 2009	CMDHB Pacific Health Division, LotuMoui churches, consumers	CMDHB Pacific Health Division
		LotuMoui churches and other Pacific providers will ensure that representatives attend a forum to discuss key issues pertaining to family violence for Pacific peoples.	31 December 2009	CMDHB Pacific Health Division, LotuMoui churches, consumers	CMDHB Pacific Health Division
		CMDHB will hold a forum with LotuMoui churches and other Pacific providers to discuss issues and solutions, to address the burden of mental illness among Pacific people.	31 December 2009	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, LotuMoui churches, consumers	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Promotion and Prevention (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
		LotuMoui Churches and other Pacific providers will participate in health education workshops aimed at increasing community knowledge about alcohol, drugs and addictions.	30 June 2010	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, LotuMoui churches, consumers, AOD Education Provider	CMDHB Pacific Health Division
		In partnership with other key stakeholders, CMDHB will work with community leaders and people to influence to promote responsible drinking.	31 December 2010	Community leaders, NGOs, LotuMoui churches, CMDHB Pacific Health Division, Health Promotion Agency	CMDHB Pacific Health Division
		CMDHB will make available education modules to increase knowledge and awareness on the prevention of family violence in Pacific communities.	31 December 2011	CMDHB Pacific Health Division, LotuMoui churches, consumers	CMDHB Pacific Health Division
		In partnership with other key stakeholder groups, CMDHB will review and enhance current AOD resources and their availability to Pacific communities.	31 December 2009	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, Web Health, Auckland Regional Public Health Services, NGOs	CMDHB Mental Health and Addictions Planning and Funding
	Strengthen the capability of the sector to promote mental health and wellbeing.	Explore with MSD vocational support programmes tailored to the needs of Pacific people including consumers.	30 June 2012	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, NGOs, Ministry of Health, consumers, MSD	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Primary Care

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
High quality mental health and addictions primary health care services to Pacific people in Counties Manukau.	Build capacity to deliver mental health and addictions primary care services specifically tailored to Pacific communities.	Support the implementation of primary mental health initiative with Pacific Primary Health Organisations.	30 June 2009	CMDHB, Ministry of Health, TaPasefika, AuckPac, Tongan Health Society	CMDHB Primary Care Development Team
		Implement the Chronic Care Management (CCM) Depression pilot.	30 June 2008	CMDHB Primary Care Development Team, TaPasefika	CMDHB Primary Care Development Team
		CMDHB will pilot the expansion of community locations from which specialist mental health and AOD services are provided. E.g. primary care, church, marae, youth and other community settings.	30 June 2012	AOD Providers, PHOs, NGOs, CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding, Primary Care Team, Pacific community leaders	CMDHB Mental Health and Addictions Planning and Funding
	To strengthen the capability of the primary health care sector to promote mental health and wellbeing.	Develop potential to Co-locate specialist mental health and AOD staff within primary care settings to appropriately assess, manage and treat moderate to severe mental health needs of Pacific AOD service consumers	2012 - 2020	AOD services, CMDHB Provider Arm, Mental Health and Addictions Planning and Funding, Pacific Health Division, Primary Care Team, PHO's	CMDHB Mental Health and Addictions Planning and Funding
		Build mental health capacity of Pacific primary care workforce by making available primary mental health scholarships.	30 June 2009	CMDHB Mental Health and Addictions Planning and Funding, Primary Care Team, Pacific Health Division, selected PHOs, consumers	CMDHB Primary Care Development Team

Note: Lead Responsibility does not necessarily assume funding responsibility.

Primary Care (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
	To strengthen partnership relationships between primary care and secondary mental health and addictions services for Pacific people.	Establish a primary care liaison position within Faleola Services to support primary and secondary care relationships in relation to Pacific mental health.	2009 - 2010	CMDHB Provider Arm, Mental Health and Addictions Planning and Funding	CMDHB Provider Arm

Action Area

Responsiveness

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Responsive mental health and addictions services for Pacific people (Adult, Youth, Child, Infant) and their families who are affected by mental illness and/or addiction.	Strengthen primary care and secondary mental health and addiction services that are based on Pacific frameworks or models of health. Fund Pacific mental health services for adults to address current gaps against Blueprint benchmarks, with a particular emphasis on peer based approaches, Pacific models of service delivery and social inclusion.	CMDHB will support the NDSA to undertake a scoping project to develop Pacific models of care appropriate for mental health and addiction services which will consider: <ul style="list-style-type: none"> • Pacific values and beliefs • Family focus • Ethnic-specific approaches • NZ born/ youth population 	30 June 2008	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, NDSA, Stakeholders Forum	NDSA
		CMDHB will work with key stakeholders to develop a localised Pacific model of care that will enhance service delivery to Pacific people.	31 December 2011	CMDHB Mental Health Planning and Funding, Pacific Health Division, Provider Arm, Mental Health Development, Stakeholders Forum	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area

Responsiveness (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
	Foster and support innovation in the design and delivery of Pacific mental health and addictions services.	Subject to positive evaluation CMDHB will build on its peer support pilot to be integrated into Faleola services	30 June 2010	CMDHB Mental Health and Addictions Planning and Funding, Provider Arm	CMDHB Provider Arm
	To provide Pacific cultural family and consumer advice to CMDHB and NGO mental health and addiction services.	CMDHB will explore initiatives that support the development of Pacific consumer skills, leadership and participation.	30 June 2010	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, selected PHOs, consumers	CMDHB Mental Health and Addictions Planning and Funding
		CMDHB will support the NDSA to undertake a scoping project to explore development of a Pacific consumer leadership framework to inform the continual quality improvement of mental health and addiction services.	31 December 2008	CMDHB Mental Health and Addictions Planning and Funding, NGOs, consumers, stakeholder forum	NDSA
	Foster and encourage Pacific community leadership and participation, including consumer leadership in service planning, delivery and evaluation processes.	Establish a Pacific Mental Health and Addictions Stakeholders Forum to support the implementation of CMDHB mental health and addiction planning and services.	30 June 2008	CMDHB Pacific Health Division, CMDHB Mental Health Planning and Funding	CMDHB Pacific Health Division
		A Project Management position will be established to support the implementation of the plan and the Stakeholder's Forum.	30 June 2008	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Responsiveness (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
		CMDHB will support the establishment of a Matua Advisory mechanism.	31 December 2008	CMDHB Pacific Health Division, CMDHB Planning and Funding Provider Arm	CMDHB Pacific Health Division
	Support the development of the consumer workforce in terms of professional skills, leadership skills and participation in mental health and addictions service planning, design, delivery and evaluation.	Establish further Pacific peer-led services which reflect Pacific principles in mental health service delivery.	30 June 2012	CMDHB Mental Health Development, Pacific Health Division, NSDA, NGOs, consumers	CMDHB Provider Arm
	Develop services that meet the cultural needs of a diverse Pacific population.	CMDHB will support the cultural responsiveness of both mainstream and Pacific mental health and AOD services – including primary care providers through the development of a cultural responsiveness Pacific ‘best practice’ training module for providers of mental health and addiction services.	30 June 2011	AOD services, CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, Primary Care Development Team	CMDHB Pacific Health Division
		CMDHB will explore effective models of intersectoral collaboration to ensure greater outcomes for Pacific people and their families.	31 December 2010	CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area

Child and Adolescent

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Pacific children and young people in Counties Manukau who are affected by mental health, alcohol, drugs and gambling problems and access quality and appropriate services.	Progress the development of specialist Pacific child and adolescent mental health and addictions services.	Develop the capacity of clinical mental health services appropriate for Pacific children and adolescents within the provider arm.	30 June 2010	CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding, Provider Arm	CMDHB Provider Arm
		Work collaboratively with other key stakeholders to develop infant mental health DVD resource.	31 December 2008	CMDHB Mental Health Development Team	CMDHB Mental Health Development Team
		Explore the development of a youth health service which will include mental health and addiction services.	30 June 2009	CMDHB Pacific Health, Mental Health and Addictions Planning and Funding, Partner Organisations	CMDHB Pacific Health Division
		Scope interventions that will support Pacific families with 'youth at risk' to reduce risk taking behaviours with a focus on alcohol and drugs.	30 June 2010	CMDHB Pacific Health Division	CMDHB Pacific Health Division
		Develop and implement a school-based early intervention service for children who are at risk of early AOD use (including tobacco use). The pilot will have a focus on Maaori and Pacific children.	2010 - 2012	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, Maaori Health Division	CMDHB Mental Health and Addictions Planning and Funding

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Child and Adolescent (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
		Work collaboratively with other key stakeholders to make appropriate information and supports available for Pacific children and young people whose parents are AOD dependant or have mental health issues.	30 June 2010	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division	CMDHB Mental Health and Addictions Planning and Funding
		Work collaboratively with Pacific providers and community groups to improve the availability and appropriateness of parenting support for AOD dependant Pacific parents and parents with mental illnesses.	30 June 2011	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division	CMDHB Mental Health and Addictions Planning and Funding
	To actively support and initiate inter-sectoral initiatives designed to provide quality interventions to Pacific young people and their families with mental health, alcohol and other drug, tobacco and gambling-related problems and their families.	Work collaboratively with other key stakeholders to implement appropriate mental health and addiction services for young people.	Ongoing	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division.	CMDHB Mental Health and Addictions Planning and Funding

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area

Addiction Services

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Pacific people and their families in Counties Manukau are able to access effective and appropriate addictions services.	Alcohol and Other Drug Build alcohol and drug services in Counties Manukau, to achieve appropriate service capacity for Pacific peoples.	CMDHB will support the NDSA to undertake projects to ensure AOD specialised services, i.e. Inpatient Detoxification Unit, activities are meeting the needs of Pacific people	30 June 2009	NDSA, NGOs CMDHB Mental Health and Addictions Planning and Funding, Provider Arm, Pacific Health Division	NDSA
		Subject to outcome of review CMDHB will work in partnership with other key stakeholder groups to improve and develop culturally specific alcohol and other drug services for Pacific peoples in Counties Manukau.	30 June 2012	CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, NGOs	CMDHB Mental Health and Addictions Planning and Funding
		CMDHB will develop and implement alcohol and other drug services and/or programmes as appropriate for Pacific peoples in Counties Manukau with a particular focus on: <ul style="list-style-type: none"> • Prevention and promotion • Early intervention • Youth specific interventions 	31 December 2009	CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding, Provider Arm	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Addiction Services (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
	Tobacco				
	Increase smoke-free environments for Pacific peoples in Counties Manukau.	CMDHB will develop and implement a Tobacco Control Plan which will have Pacific communities as a priority target group.	30 June 2012	CMDHB Smokefree Team, Pacific Health Division	CMDHB Pacific Health Division, Smokefree Team
		Subject to MOH approval, CMDHB will implement and evaluate a primary care based Pacific smoking cessation model.	30 June 2010	CMDHB Pacific Health Division	CMDHB Pacific Health Division, MOH
		CMDHB will ensure that 90% of LotuMoui churches will have a trained smokefree health promoter in place and will have a smokefree policy in place.	30 June 2010	CMDHB Pacific Health Division, Smokefree Team	CMDHB Pacific Health Division, Smokefree Team
		CMDHB will promote smokefree environments through community events including the ASB Polyfest (Auckland secondary schools Maaori and Pacific cultural festival).	30 June 2009	CMDHB Pacific Health Division, Smokefree Team	CMDHB Pacific Health Division, Smokefree Team
	Gambling				
	Seek alignment with MOH gambling service plan and implement strategies where appropriate.	Liaise with Ministry of Health to discuss CMDHB alignment with current Gambling strategies	30 June 2009	CMDHB Pacific Health Division, Mental Health Planning and Funding	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Older People

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Older Pacific people and their families in Counties Manukau are able to access effective and appropriate Mental Health and Addictions services.	Determine the specific service needs of older Pacific people and their families.	Undertake a needs analysis of the mental health and addiction needs for older Pacific peoples and their families.	31 December 2008	CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding, Provider Arm, Health of Older Persons	CMDHB Pacific Health Division
		Further development and planning of mental health services for older people and their families will be informed by the results of the needs analysis.	31 December 2009	CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding, Provider Arm, Health of Older Persons	CMDHB Mental Health and Addictions Planning and Funding
		CMDHB will work with LotuMoui churches to ensure that they have access to information, education and support on how to care for older people and their families who have a mental illness.	30 June 2009	CMDHB Pacific Health Division, Health of Older Peoples Programme Manager	CMDHB Pacific Health Division
		Build workforce capacity within the Provider arm, Mental Health and NGO sector.	31 December 2010	CMDHB Mental Health Planning and Funding, Provider arm, NGO sector	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area

Workforce Development

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Competent mental health and addiction workforce supporting Pacific people in Counties Manukau who are affected by mental illness and addictions.	Establish a comprehensive Pacific mental health and addictions workforce development programme, which includes initiatives to strengthen the consumer workforce.	Align plan to the Seitapu Pacific MH&A Cultural and Clinical Competencies Framework, Pacific Workforce Development Plan and the Te Ara Whanaketanga. Attend the Mental Health & Addictions steering group and ensuring plans align.	Ongoing	CMDHB Workforce Development, Mental Health and Addictions Planning and Funding, Pacific Health Division, Tertiary providers, students	CMDHB Pacific Health Division, Mental Health and Addictions Planning and Funding.
		Undertake a stock take and needs analysis of Pacific mental health and addictions workforce across DHB and community sector.	31 December 2008	CMDHB Mental health Planning and Funding, Provider Arm, Pacific Health Division, Community providers NGO	CMDHB Pacific Health Division
		Identify and support Pacific staff to complete <ul style="list-style-type: none"> • Mental Health • Addictions • Management and Leadership qualifications 	Ongoing	CMDHB Mental health Planning and Funding, Provider Arm, Pacific Health Division, Community providers NGO, National Workforce development programmes ⁹	CMDHB Pacific Health Division
	To strengthen the cultural capability of workers in mainstream primary care and secondary mental health and addictions services to work effectively with Pacific peoples	Develop a CCT programme specific to the needs of the Pacific and non-Pacific mental health workforce across the hospital and community sector.	30 June 2010	CCT team, CMDHB Pacific Health Division, Provider Arm	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

⁹These include Matua Raki, Te Pou, Te Rau Matatini, Le Vā and the Werry Centre.

Action Area

Workforce Development (cont.)

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
		<p>Seek and secure resources and funding to support allocation of scholarships or internships for Pacific undergraduate and postgraduate students studying:</p> <ul style="list-style-type: none"> • Mental Health • Addictions • Management 	On-going	CMDHB Mental Health Addictions Planning and Funding, Pacific Health Division, South Auckland Health Foundation, Workforce Development	CMDHB Pacific Health Division
		Ensure Pacific mental health workforce is promoted via all CMDHB workforce promotion activities such as the school programme, careers expo and strategic Pacific events.	June 2008-2012	CMDHB, Mental Health Workforce, Pacific Health Division	CMDHB Pacific Health Division
		Develop the capability of Pacific Mental Health and AOD services to undertake screening, brief intervention and refer to specialist services in culturally appropriate ways for Pacific clients and their families.	31 December 2008	AOD services, CMDHB Mental Health and Addictions Planning and Funding, Pacific Health Division, NGO, Provider Arm	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Action Area Quality Improvement: Information and Research

Goal	Objectives	Deliverables	Date of Completion	Stakeholders	Lead Responsibility
Mental health and addictions services for Pacific peoples in Counties Manukau are based on the philosophy of Quality Improvements re: Triple Aim.	CMDHB to support increasing the availability of information and information systems to underpin service development, which support decision-making and improve services for Pacific people.	CMDHB will inform Pacific providers about local, regional and national information systems projects.	On-going	CMDHB Mental Health and Addiction Planning and Funding, Pacific Health Division, Provider Arm	CMDHB Pacific Health Division
	CMDHB will actively foster a research and evaluation based approach.	CMDHB will implement evaluation processes where appropriate.	On-going	CMDHB Mental Health and Addiction Planning and Funding, Pacific Health Division, Provider Arm	CMDHB Pacific Health Division
	To contribute to the Pacific mental health and addictions evidence base.	Undertake a scoping project to identify issues and service gaps for Pacific women affected with post natal depression.	31 December 2009	CMDHB Pacific Health Division, Child Health, Pacific Women's Research and Development Unit	CMDHB Pacific Health Division
	Identify Pacific research agenda and resource appropriately.	Develop Pacific research capacity within CMDHB through supporting research projects.	30 June 2009/2010	CMDHB Mental Health and Addictions Planning and Funding, Provider arm, Pacific Health Division, Le Va	CMDHB Pacific Health Division
		CMDHB will undertake a scoping project to develop a cultural formulation tool relevant to the Pacific population within CMDHB.	30 June 2009	CMDHB Mental Health Planning and Funding, Pacific Health Division	CMDHB Pacific Health Division

Note: Lead Responsibility does not necessarily assume funding responsibility.

Appendix A

Monitoring Template for CMDHB Pacific Mental Health & Addictions Implementation Plan

Action Area	On Track (Yes/No)
Key Deliverable	Reporting Period
Responsibility	Report Author
1 : ACTIVITIES	
List and describe progress for the quarter and activities achieved/ completed	
2 : ISSUES & RESOLUTIONS	
Briefly outline any issues, conflicts, or risks to completing the deliverable	Briefly outline your proposed mitigating strategies
3 : NEXT STEPS	
List and describe project activities planned for next quarter	
4 : AREAS FOR STAKEHOLDER FORUM INPUT	
List below any issues or queries requiring a response from the stakeholders forum	Deadline for response

Appendix B: CMDHB Outcomes Framework

NB: A number of the initiatives and actions included in an outcome area could also be included in other outcome areas, but have only been listed once to avoid duplication.

The Outcomes Framework							
To work in partnership with our communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health inequalities							
Long term outcomes	Outcome 1 Improve community wellbeing	Outcome 2 Improve child and youth health	Outcome 3 Reduce the incidence and impact of priority conditions	Outcome 4 Reduce health inequalities	Outcome 5 Improve health sector responsiveness to individual and family/whānau need	Outcome 6 Improve the capacity of the health sector to deliver quality services	
Medium term outcomes	Achieve the outcomes in the Let's Beat Diabetes Plan	Improve maternal wellbeing	Increase access to structured programmes to reduce the impact of disease for the priority conditions	Address the systemic origins of inequalities	Increase access to services so they align with national levels	Ensure the health workforce meets the community's need for services	
	Increase levels of physical activity	Improve health outcomes for infants and pre-school children	Reduce the incidence and impact of diabetes by implementing the Let's Beat Diabetes Plan	Implement specific initiatives to reduce inequalities	Improve access to and management of elective services	Improve health professionals communication skills in their dealings with patients and their families/whānau	
	Increase healthy school environments	Improve weight management in children and young people	Reduce the incidence and impact cancer	Improve the capacity of all providers to deliver services to the populations they serve	Increase primary care utilisation	Ensure that services and facilities are planned to meet the future needs of the community	
	Increase smokefree environments	Decrease the incidence and impact of risk taking actions by young people	Improve outcomes for people severely affected by mental illness	Improve the capacity of all providers to deliver services to the populations they serve	Increase primary care utilisation	Support information exchange amongst health professionals	
	Develop healthy communities by working intersectorally				Improve the continuum of care for services provided to older people	Ensure the delivery of safe and effective services	
	Improve access to information to enable the community to make informed choices				Reduce the number of people admitted to hospital who could have been cared for in the community	Ensure the efficient use of resources	

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A holistic approach to health and wellbeing....

Pacific people have a holistic view of health where a person is in tune with his/her environment and community. Health is achieved when there are positive and balanced relationships between these three elements: Atua (God), Tagata (people) and Laufanua (land/environment). Health is the state in which a person's physical, mental and spiritual needs are in balance and the person is able to meet their obligations to themselves, their family, village and community (Lui, 2003).





