

Mental Health & Disability Support Services Interface Project

**South Island
Shared Service Agency Limited**

*Supporting the South Island District Health Boards
E tautoko ana ngā Pōari Hauora ki Te Waipounamu*



MANATŪ HAUORA

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Acronyms

- **SISSAL** – South Island Shared Services Agency (other regional Shared Service Agencies: NDSA, Midland Network, Central TAS)
- **MoH** – Ministry of Health
- **DSS** – Disability Support Services
- **NASC** – Needs Assessment Service Co-ordination organisation
- **RIDCA** – Regional Intellectual Disability Care Agency
- **MH** – Mental Health
- **IDDD** – Intellectual Disability Dual Diagnosis

What does Dual Disability mean in respect of this project

- This group includes children, adults and older people who have both a diagnosed Mental Health condition and a disability including diagnosed Intellectual Disability (or developmental delay if <7).
- Diagnosed means that a diagnostic assessment has been undertaken by an appropriate health professional in accordance with internationally recognised diagnostic standards such as ICD, DSM and AAMR.
- Specifically in the scope of this project, those who are eligible to receive support services from both DHB Mental Health Services and NASC ID Services.



What is the project about

- Working with the sector both individually (MH & DSS) and together to identify difficulties with the interface between disability support services and mental health services in both service provision and funding areas.
- Identifying aspects where joint service provision and funding works well.
- Identifying a sensible way of working together moving forward.

History

- The South Island Regional Mental Health Network identified interface difficulties between disability support services and mental health services in the southern region. These were identified as both service provision and funding issues.
- It was also identified that people with disabilities, particularly intellectual disabilities have a greater vulnerability to mental illness than the general population. Additionally that the needs of this consumer group are highly complex, often displaying as highly disturbed, with longer lasting problems requiring greater resources for a longer period. (This is not news but doing something about this is challenging).
- They decided to undertake a piece of work to examine the interface and work toward recommendations for a pathway forward. SISSAL took up the challenge.
- They approached the Ministry for support and the Ministry (both MH and DSS) agreed this was a worthwhile project, but that these issues were national and not SI specific. Ministry agreed to make this a shared DHB MoH project with joint sponsorship from MH and DSS.
- From the February 2010 discussion paper the project was born.



Aims of the project

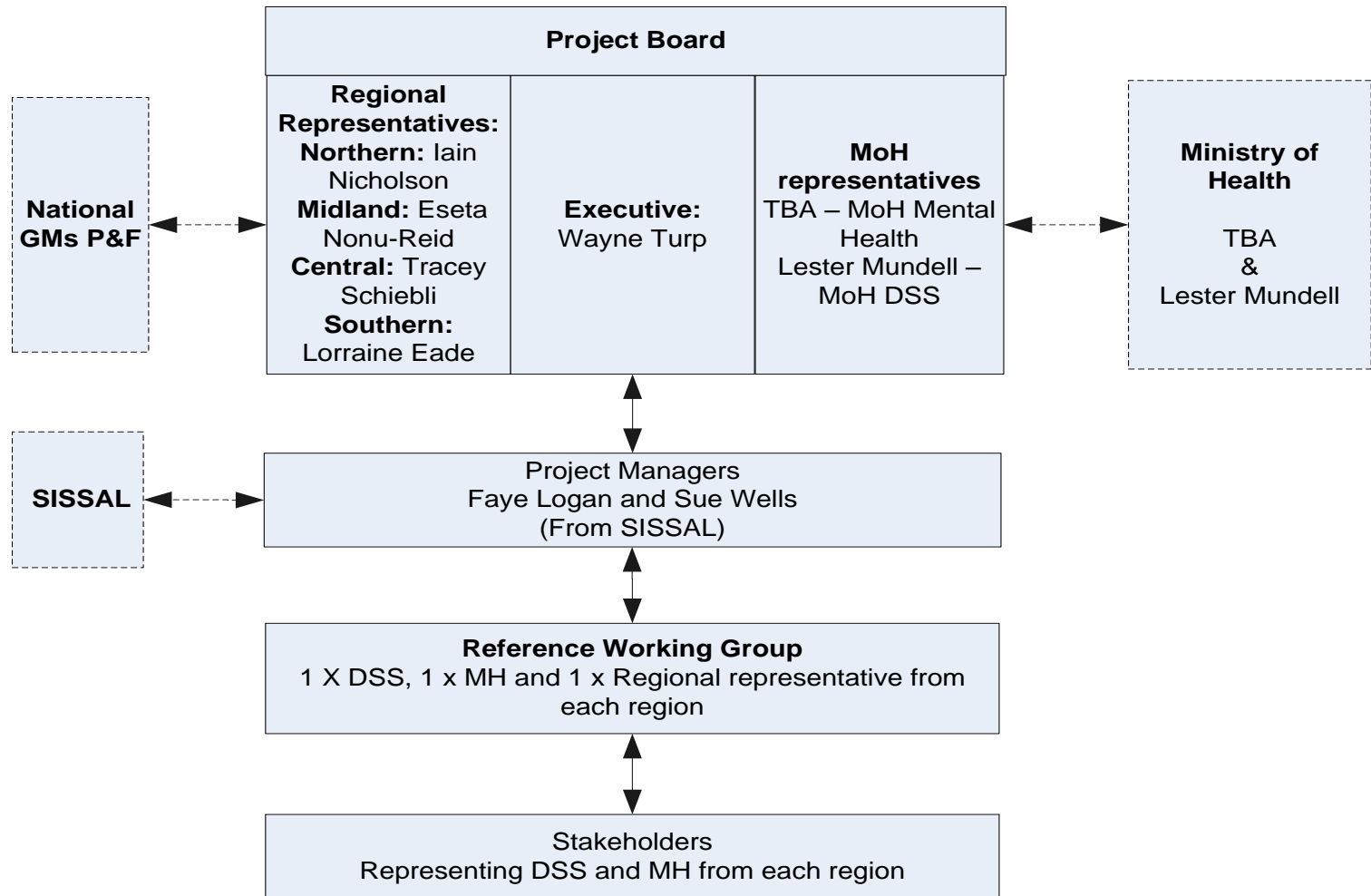
- Confirm what clinical and support services are currently provided and pathways to access these services.
- Identify barriers to accessing services and options for addressing these barriers.
- Identify key mental health and disability sector service gaps and areas of good practice to inform future service development.
- Recommend respective responsibilities within the health and disability sector for delivery of the agreed service delivery frameworks.



Why MoH think this is important

- This is a challenging interface that is known to be problematic. (Recognition and Acknowledgement)
- These challenges demonstrate poor use of resources and highlight services gaps and overlaps. (Better resource allocation)
- Also considerable regional variance leading to inequitable service delivery. (Equity)
- We want to support collaborative DHB initiatives that bring about sensible strategies to better support people with complex presentations. (Quality outcomes, better systems and service delivery)

How is it being undertaken





How can I participate

- Attend regional workshop.
 - Northern - held 12th August
 - Midland - scheduled for 31st August
 - Central – scheduled for 2nd September
 - Southern – scheduled for 23rd September
- If you are unable to attend make a submission to your regional representative.
- If you are in the Northern region and have missed your forum and workshop you can still provide information to your regional representative.



Where is it up to

- Regional focus groups completed. (Identify issues and what works well)
- First (Northern) Regional Workshop complete. (Solutions)
- Survey complete and ready for population.



Mental Health Services say that:

- **They want to support those people most severely affected by mental illness, and help them on their journey of recovery, but:**
 - The majority of mental health staff do not have the knowledge and skills required to support people with a dual disability.
 - It is frustrating when the person stays longer in mental health than necessary because of the time it takes to arrange appropriate supports.
 - MH services think there is an over reliance on inpatient services for people with dual disability.



Disability Support services say:

- **They want to keep the person in their home for as long as possible, but:**
 - It is made more difficult because it is hard to access mental health services.
 - The DSS providers are support carers, they are not clinical and are not trained in mental health issues.
 - It takes time to understand the underlying issues that present themselves as challenging behaviour.



Issues raised at the Focus Groups

- Workforce
- Increasing demand for Dual Disability services
- Challenging Behaviours
- Access
- Processes
- Primary Diagnosis vs Dual Disability
- Communication
- Service Gaps
- Policies/Funding
- Needs Assessment & Service Coordination



What Works Well

- Dual Disability teams
- Complex case conferences
- When there is an agreed dual diagnosis
- Joint assessments and treatment planning
- Single point of entry to NASC
- Interagency collaboration
- Dual funding
- Regular provider forums



What Works Well continued

- Treatments plans shared with involved agencies e.g. Police, emergency psychiatric services.
- Clear roles and responsibilities.
- Regular review meetings including all stakeholders.
- Strengthening Families process for children and youth.
- Dual diagnosis beds (Dunedin & Christchurch)

What will happen to the information from this project (Outcomes)

- Take recommendations to joint Ministry MH and DSS forum.
- Agree recommendations? And accordingly responsibilities.
- Identify if existing resources need reallocation or redistribution.
- Identify if new resource is required:
 - Policy
 - Pathways and/or service development
 - Funding (are bids for additional \$ appropriate?)
- Prioritise

Contacts

Region	MH	DSS
Northern	Glenda Schnell Iain Nicholson	Mark Johansson
Midland	Lynda Grady-Thomson Connie Hui	Mark Johansson Kim Holt
Central	Andrea Bunn	Jon Gaupset David Darling
Southern (C)	Cate Kearney	Jon Gaupset
Southern (Sth)	Elaine Chisnall	Jon Gaupset

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