

# Frontline

The community mental health and addiction sector  
at work in New Zealand





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# 1. Introduction

In the current social and economic environment the Government is looking for new solutions to old problems. We are told that our current health and disability services are not sustainable and we cannot afford what we have got<sup>1</sup>. The Horn Report talks about new models of care, in particular, care closer to home<sup>2</sup>.

As Non Government Organisations (NGOs) account for one-third of the national mental health/addictions expenditure<sup>3</sup>, they are a significant part of the solution. The role, function, current and potential capability of community organisations<sup>4</sup> that deliver mental health and addictions services is not widely understood by Government, by some District Health Boards, other government agencies and by many citizens.

The aim of this paper is to describe the NGO sector (defined as independent community organisations<sup>5</sup>); and to describe key attributes, stimulate interest and encourage increased sector, Government, and funder engagement. We will show that many NGOs are innovators, run successful community enterprises that employ significant numbers of New Zealanders, are flexible, and well-placed to deliver the Government's objectives while meeting the needs of individuals, families and communities.

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<sup>1</sup> Tony Ryall, The Government's response to the Ministerial Review Group's Report Meeting the Challenge 12 October 2009, [www.beehive.govt.nz](http://www.beehive.govt.nz)

<sup>2</sup> *Meeting the Challenge: Enhancing Sustainability and the Patient and Consumer Experience within the Current Legislative Framework for Health and Disability Services in New Zealand*, Report of the Ministerial Review Group, July 2009

<sup>3</sup> Platform Inc. (2006) NGOIT 2005 Landscape Survey. Te Pou Auckland

<sup>4</sup> The words 'NGOs', 'community agencies' and 'community organisations' are used interchangeably in this document with the preferred term being community organisations

<sup>5</sup> Ibid

## 2. Good mental health matters to New Zealand

It is increasingly acknowledged that the mental health of a nation's people **really** matters. The 2001 World Health Report stated the challenge posed by poor mental health: worldwide, 20 percent of individuals may experience mental health problems in their lifetime, and such disorders account for approximately one-third of all years lived with disability<sup>6</sup>. As the often-quoted World Health Organization (WHO) statement notes: *'There is no health without mental health'*<sup>7</sup>.

In the UK, McDaid et al (2008) note that in recent years policy-makers in high-income countries have placed an increasing emphasis on the value of maintaining good mental health, recognising the contribution this makes to the overall quality of life of citizens, whilst ever mindful of the socioeconomic consequences of poor mental health. *'Getting the message across that investment in mental health can generate economic as well as quality of life benefits is vital to its inclusion on the agenda for economic development. This is no easy task, since barriers to effective mental health care start with barriers in the mind'* (p.9)<sup>8</sup>.

### FACTS

- The New Zealand Mental Health Survey<sup>9</sup> showed that:
  - o 4.7 percent of New Zealanders will experience severe mental health and addiction problems requiring District Health Board (DHB) and/or NGO services
  - o 9.4 percent will experience moderate problems requiring NGO and/or primary mental health care
  - o 46 percent will meet the criteria for mental health disorders at some point in their lives, with one in five people affected within one year
  - o mental health and addiction problems also affect families/whānau, who must be considered as part of any journey to recovery.
- The social and financial costs of mental health problems for any country are immense<sup>10</sup>. Mental health disorders make up five of the 10 leading causes of disability and some 40 percent of all disability (physical and mental) is due to mental illness<sup>11</sup>.

New Zealand's national mental health strategy is viewed positively by key international health commentators<sup>12</sup>. New Zealand is fortunate to have excellent strategic guidance through Ministry of Health documents such as *Te Tāhuhu – Improving mental health 2005-2015: The Second New Zealand Mental Health and Addiction Plan (2005)*, *Te Kokiri: The Mental Health and Addiction Action Plan 2006-2015 (2006)*, *Te Puawaitanga: Māori Mental Health National Strategic Framework (2002)*, and *Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006-2009 (2004)*<sup>13</sup>.

These documents (along with reports from the Mental Health Commission such as *Te Hononga 2015: Connecting for greater well-being*, 2007) and work on Pacific people's health, provide a sound foundation for service development both now and in the future. New Zealand was the first country to establish 'recovery' as the philosophical basis of the national vision and has since been followed by other countries (e.g. England, Scotland and the USA).

In addition there are two key national public mental health activities which highlight the importance of mental health issues to New Zealand communities (Like Minds Like Mine – the campaign to counter stigma and discrimination – and the National Depression Initiative featuring John Kirwan, which includes a website 'The Lowdown' for youth with depression<sup>14</sup>).

The current strengthening of the primary mental health care sector gives further options for early intervention, ongoing support and opportunities to improve collaborative care for people with mental health and addiction problems<sup>15</sup>.

### Case study

*One Sunday in 1998, Kjell Magne Bondevik found he could not get out of bed. He realised that he was too depressed to go to work.*

*The problem was that he was Norway's Prime Minister.*

*Bondevik did something that is inconceivable ... He went public about his depression and took time off to recover. Not only was his return to his job welcomed by a sympathetic public, but he won another election*<sup>16</sup>.

<sup>6</sup> McDaid D, Knapp M & Raja S. Barriers in the mind. World Psychiatry. June 2008, & (20, 79-86

<sup>7</sup> Mental health: new understanding; new hope, World Health Report, World Health Organisation, 2001

<sup>8</sup> McDaid et al (2008)

<sup>9</sup> Te Rau Hinengaro

<sup>10</sup> New Horizons, NHS, UK, 2009

<sup>11</sup> Murray and Lopez 1997 World Health Organization

<sup>12</sup> McDaid et al (2008)

<sup>13</sup> www.moh.govt.nz

<sup>14</sup> Ibid

<sup>15</sup> Ministry of Health. 2009. Towards optimal primary mental health care in the new primary care environment: A draft guidance paper. Wellington: Ministry of Health

<sup>16</sup> Mental health stigma in politics and business, Guardian, www.guardian.co.uk, 23/9/09

### 3. Delivering services closer to home

The core business of many NGOs is to support people who have mental health and addiction problems to live the best possible life in their community of choice, despite the (at times) disabling consequences of mental illness, addiction and the public's discriminatory attitudes. This means serving and responding to people across their lifespan and at different stages in their illness and recovery. It includes working alongside clinical staff from DHBs and primary health, general practice, disability support services and other agencies that might be age or culture-specific. It also includes providing (or finding) accommodation, education, employment and other ways to assist people to find 'a life worth living'.

#### FACTS

- Around 90 percent of people access only community services (including residential care) according to the Mental Health Information Collection, with the remaining 10 percent receiving a mixture of community and inpatient services<sup>17</sup>.
  - Seventy percent of funding (\$759.2 million in 07-08) goes to the DHB provider arm to support people on an intermittent basis in times of acute illness.
  - Thirty percent of funding (\$336.9 million in 07-08) goes to NGOs who work with large numbers on a daily basis to help them stay well and/or mitigate the disabling consequences of illness.
  - The community is the location of choice to live and receive support and services for people with mental health and/or addiction problems<sup>18</sup>.
  - Community agencies are responsive to people with long-term disabling mental health problems (and their families/whānau) including the medical, social, economic, cultural and educational impact of mental illness<sup>19</sup>.
  - The community is the best place to activate health promotion, prevention, early detection and intervention programmes<sup>20</sup>.
  - Advances in, and increasing connectivity and portability of, medical and information technologies are making community based monitoring and interventions even more viable<sup>21</sup>.
- Community agencies can provide the whole range of services required by people who experience mental health problems, including:
    - o responding to people's mental health crises (e.g. crisis respite houses, peer support, home-based treatment)
    - o telephone support lines (e.g. Warmline)
    - o peer support services
    - o home-based interventions (e.g. addiction counselling in the home, psychological therapy)
    - o packages of care designed to meet the individual's needs
    - o mobile services where staff travel to where the person is
    - o residential services for people requiring greater live-in support
    - o emphasis on skills for work such as computing, technical skills, or language skills
    - o housing services and tenancy management
    - o links with disability services (particularly for people who have hearing, sight and mobility problems)
    - o links with other community health providers such as GPs and pharmacists
    - o cultural support linking people to Māori, Pacific, Asian and other culturally-based agencies
    - o employment services supporting people into part- or full-time work
    - o facilitating people to use existing services in their community of choice (e.g. Alcoholics Anonymous, support groups, gyms, language classes, Age Concern or educational options)
    - o alternatives to hospitalisation for people who are acutely unwell.



<sup>17</sup> Ministry of Health. 2009. Office of the Director of Mental Health: Annual Report 2008. Wellington: Ministry of Health

<sup>18</sup> [www.moh.govt.nz](http://www.moh.govt.nz)

<sup>19</sup> Platform Inc. (2006) *NGOIT 2005 Landscape Survey*. Te Pou Auckland

<sup>20</sup> [www.moh.govt.nz](http://www.moh.govt.nz)

<sup>21</sup> Rosen A, Gurr R & Fanning P. The future of community health services in Australia. Paper written for the NSW Government in 2008

## Mind Matters Trust

[www.mindmatters.org.nz](http://www.mindmatters.org.nz)

Mind Matters is a community alternative to hospital for young people (15 to 25 years) who are experiencing mental health problems. The house is surrounded by native bush and sea views in West Auckland, offering a tranquil healing environment. Mind Matters caters for up to five clients staying overnight and a further three clients attending for the Monday to Friday day programme. Early intervention and recovery approaches are delivered through individual interventions including living skills, goal-setting, recovery plans, one-to-one counselling and therapy, youth-friendly activities, recreational activities, and accessing the local community resources. Family involvement is included in the process where possible. Mind Matters is very much a part of (and well-supported by) the local community in West Auckland. Mind Matters welcomes self-referrals from prospective clients and families/whānau, and takes referrals from a variety of sources including mental health services and general practitioners.

## Tupu Ake

[www.pathways.co.nz](http://www.pathways.co.nz)

Tupu Ake is the first peer-led mental health service of its kind in New Zealand. Located in South Auckland, it provides a peaceful, friendly environment for people to have time out when they are struggling with life at home – usually as an alternative to a hospital admission. Peer support specialists offer a unique understanding and relationship with guests, as they too have experience of mental illness and have had training in how to use their experiences to support others on their recovery journey. Tupu Ake caters for up to 10 guests overnight plus an additional five during the day. Each guest has their own room during their stay which is usually around one week. During that time staff offer support during the day and night – whether preparing meals or offering a listening ear.

## Webhealth

[www.webhealth.co.nz](http://www.webhealth.co.nz)

Webhealth is an innovation by Linkage Trust, increasing access to local health and social service information through online access. It aims to connect the whole of New Zealand as more regions seek to launch local arms. Webhealth kiosks provide a ‘one touch’ access to a wealth of local and social services and are dotted around public spaces (e.g. shopping malls, medical centres). People do not need computer skills to use these as they are very user-friendly. Feedback has been very positive and Webhealth has won a host of innovation, health and business awards, with the most recent being the ‘Best of Health Award 2008’.

## Affinity Services: Maternal Respite Service

[www.affinityservices.co.nz](http://www.affinityservices.co.nz)

Affinity Services has established a Maternal Respite unit in Manurewa in partnership with Counties Manukau DHB. The service includes a three-bedroom residence as well as support that comes to a woman’s own home. Mothers are able to remain with their babies when they are experiencing a mental health crisis. The service is designed to support mothers to stay in their community and prevent the need to be admitted to hospital. Affinity staff work alongside mothers to help them stay well, reduce anxiety and distress and maintain their safety at this often vulnerable time. Support staff are experienced in mental health and parenting skills and are trained in the Strengths<sup>22</sup> and WRAP<sup>23</sup> recovery approaches. The service has been operating for over a year and receives very positive feedback.

<sup>22</sup> Rapp, Charles A. The strengths model: Case management with people suffering from severe and persistent mental illness. New York, NY, US: Oxford University Press. (1998). xvi, 224 pp

<sup>23</sup> [www.mentalhealthrecovery.com/wrap\\_values\\_ethics.php](http://www.mentalhealthrecovery.com/wrap_values_ethics.php)

## 4. Enhancing people lives

When people experience a significant mental illness they may also experience many other losses, such as loss of: a sense of identity; employment; a home; physical health; finance; status; being valued by friends, family, workmates; educational opportunities; and in some cases they may lose their liberty, contact with their culture and their place in the community.

Now, more than ever, having timely access to health and social services is critical to minimise the impact of those losses. International evidence shows a connection between increasing levels of unemployment and financial hardship, and rising rates of anxiety, depression and substance abuse<sup>24</sup>.

NGOs are very well placed to help address such losses by supporting people at every level in their community and linking them to appropriate agencies, such as clinical or medical services or community organisations. Employment, for example, is an important part of good mental health. For many people, paid employment is fundamental to living a rich and fulfilling life. The NGOs that focus on employment help people build the skills, confidence and resilience to become valued members of the workforce. Help may be as simple as a telephone help-line, or it may be direct face-to-face assistance with issues associated with housing, jobs or relationships.

### FACTS

- Many people may have problems with both addiction and mental illness (co-existing disorders) and community organisations are able to work effectively with such individuals.
- Some people may need to re-learn the skills they need to communicate well, make friends, have hobbies, connect with people of their own culture and maintain a healthy lifestyle – community agencies are able to work alongside people to achieve these aims.
- People are encouraged to work towards financial independence and reduce benefit dependency as soon as practicable and be fully included in and actively contribute to society<sup>25</sup>.

### Warmline

[www.wellink.org.nz](http://www.wellink.org.nz)

Operated by Wellink Trust in Wellington and described as 'Help And Hope At The End Of The Telephone Line'. Warmline is a special service, because it is run by people who have used mental health services themselves. Having been through a similar situation, they understand how distressing and isolating the experience of mental illness can be. Warmline is free and confidential, and the volunteers are well-trained and supervised. Warmline is available from 7pm–1am Tuesday to Sunday, all year round.

### Workwise Employment Agency

[www.workwise.org.nz](http://www.workwise.org.nz)

Workwise Employment Agency supports people with experience of mental illness and/or traumatic brain injury to choose, get and keep jobs. The service was developed in direct response to requests from people using mental health services who said they wanted support to access real work with real pay. Using a model known as Individual Placement and Support (IPS), Workwise works alongside people as they search to find employment and enjoy all the benefits that come from working; financial and personal independence, social inclusion, fun, a sense of achievement and purpose. A recent research paper (Developing high performing employment services for people with mental illness. International Journal of Therapy and Rehabilitation Volume 16, September 2009) compared the results of Workwise Hawke's Bay with other international data, confirming the organisation as an expert in the delivery of IPS. It found more Workwise Hawke's Bay clients got jobs, kept their jobs longer and worked more hours than comparable services internationally.

[continued on page 6 . . .](#)

<sup>24</sup> International Roundtable: Impact of the Recession on the Mental Health of Workers and Their Families. Summary Report of the Meeting held in Ottawa, 16 & 17 August 2009 hosted by the Mental Health Commission of Canada and IIMHL, 2009

<sup>25</sup> Marion Blake, Platform, personal communication, September 2009



### **Comcare Charitable Trust: Home Rescue Service**

For over 20 years Christchurch-based Comcare Trust has provided affordable, stable accommodation in the community for adults with mental illness. Comcare's unique Home Rescue Service is another example of innovative work by an NGO. The only scheme of its kind in New Zealand, it helps ensure people who experience mental illness have a home to return to when they recover. Social housing is one of the six service areas provided by this active mental health NGO. With strong consumer voice within the organisation, Comcare recognised that assisting

people secure good housing was as critical as being an effective housing provider. The local environment, with their DHB Planning and Funding open to innovation, enabled Comcare to develop Home Rescue as part of a group of creative, consumer-focused services to practically assist people's recovery. Clients are either people from Hillmorton Psychiatric Hospital or those receiving care from specialist mental health services. With the client's agreement, Home Rescue works on many issues from liaising with landlords to resolve tenancy, financial or other challenges to providing practical help such as cleaning a property or making it more secure. Thus homes are 'rescued' and ready for when the person comes home.

## 5. Offering stability and continuity

Many of today's community agencies grew because individuals or groups were motivated to take responsibility for people in their community. Some of these organisations were in place before the large institutions closed but others were established to provide accommodation and support for thousands of New Zealanders as they left the psychiatric institutions. During this time the focus was on housing not therapy<sup>26 27</sup>.

Today NGOs can support people to get the help they require, whether it is therapeutic, medical, accommodation, education, employment or cultural support.

Community organisations have weathered significant changes in approaches to service delivery, government policy, health structures and legislation. They have responded flexibly and effectively to such changes over time.

### Facts

- In New Zealand around 90 percent of people with mental illness and addictions are cared for in the community.
- NGOs have been part of New Zealand communities for many years (e.g. PACT 100 years, Richmond Fellowship 30 years, Pathways 20 years, and Wellink 20 years).
- Ninety-five percent of NGOs have formally elected or appointed boards<sup>28</sup> and attract community leaders to provide governance oversight.
- NGOs are regularly audited against the standards described within the Health and Disability Services (Safety) Act 2001.
- Community organisations in New Zealand currently support thousands of people on a daily basis to live in their communities.

### Pact

[www.pactgroup.co.nz](http://www.pactgroup.co.nz)

PACT was established over 100 years ago, initially to assist the rehabilitation of prisoners. Today Pact provides support for about 800 people with intellectual disabilities or recovering from mental illness. It employs more than 300 staff, providing services in the West Coast, Otago and Southland regions. Pact offers a range of support for children, youth and adult clients in a range of settings including: supported accommodation services with on-site staffing; supported landlord services; peer-led services; day programmes and activity centres; community support for people in their own homes; respite care and carer support; specialist Māori services; holiday programmes for youth; and help into employment.

### Walsh Trust

[www.walsh.org.nz](http://www.walsh.org.nz)

WALSH Trust has been a leader in the provision of community-based mental health support services in West Auckland since 1988. It is a uniquely home-grown service which is proud of its community-based origins. The West Auckland communities are at the heart of WALSH Trust and represent its life-blood. The funding for WALSH Trust includes government contracts as well as donations from individuals and organisations. WALSH Trust is governed by board members who come from various backgrounds, bringing diverse skills and rich governance experience to the Trust. Established at the time large psychiatric hospitals (such as Carrington and Kingseat) were closing down, WALSH Trust now offers a range of innovative mental health support services to around 300 people who experience mental ill health. Services include mobile community teams, residential support, employment and training and personal development skills. WALSH Trust has won many awards including the 'Training & Development in Business Award' in the 2008 BNZ Waitakere Business Awards.

<sup>26</sup> Dr Peter McGeorge, Mental Health Commission, personal communication, September 2009

<sup>27</sup> Lois Ford, personal communication, September 2009

<sup>28</sup> Platform Inc. (2006) *NGOIT 2005 Landscape Survey*. Te Pou Auckland

## 6. Employing a significant health workforce

NGOs provide the frontline of the mental health and addictions workforce. They have largely developed their own workforce and now employ a skilled and competent workforce which is a strong and fertile mix of professions and support workers. The importance of this workforce to the delivery of services is recognised in key Ministry of Health strategic documents (e.g. *Te Kokiri and He Korowai Oranga*)<sup>29</sup>. NGOs strive to ensure that a significant proportion of the workforce is from Māori, Pacific, or Asian communities as well as other cultures. People who have lived experience of mental illness are often employed as peer workers or advisors. Family members also work as support workers and advisors. The workforce is complementary to, and frequently works in partnership with, DHB clinicians.

A dwindling clinical mental health/addictions workforce is a critical problem worldwide<sup>30 31</sup>. In New Zealand the clinical workforce (employed largely by DHBs) cannot currently respond to the need. Primary mental health care is a growing area in New Zealand but again the workforce does not yet meet the need. Recent actions taken in health workforce planning are primarily about doctors and nurses<sup>32 33 34</sup> and merely touch on the community sector.

In the mental health and addiction arena community services receive one-third of the sector's funding<sup>35</sup>. In a recent report from Australia it was suggested that in an ideal world, hospital to community workforce funding ratio in the mental health and addiction sector would be the other way around (i.e. 30:70)<sup>36</sup>. Greater investment in a frontline community workforce is needed if New Zealand is to have a sustainable mental health and addictions service into the future.

### Facts

- Platform estimates that the community sector has in excess of 10,000 staff (based on contact with mental health, addiction and disability agencies).
- Registered health professionals such as psychologists, counsellors, social workers, nurses, general practitioners and a few psychiatrists are employed in the NGO sector<sup>37</sup>.
- The NGOIT 2007 Workforce Survey across the mental health and addiction sector showed an increasingly

qualified, culturally diverse workforce in which 77 percent have undergraduate certificates, diplomas or postgraduate qualifications and degrees<sup>38</sup>.

- NGOs have made a significant investment in their own workforce development.

### Walsh Trust

[www.walsh.org.nz](http://www.walsh.org.nz)

WALSH Trust was evaluated by their staff as being a 'great employer' and was named 'Employer of Choice' at the Waitakere Business Awards in 2007.

### Blueprint for Learning

[www.blueprint.co.nz](http://www.blueprint.co.nz)

Blueprint for Learning is a private training establishment created 11 years ago. Originally to provide skilled training for the emerging support workforce, Blueprint now designs and delivers flexible, tailored learning experiences to a wide target group.

Blueprint is NZQA accredited and ISO 9001 registered. Over the last year its achievements included:

- 190 workshops delivered for 16 providers
- 2540 people trained from across the sector
- an average completion rate of 90 percent for academic programmes
- 41 people completed the level 4 National Certificate in Mental Health Support Work
- 21 people completed the Advanced Executive and Leadership Management Programme and obtained a post graduate certificate in Management Studies
- 22 people completed the Executive Leadership and Management programme
- 18 people completed the Consumer Advisor Training Programme.

Last year Blueprint led the design of New Zealand's first mental health literacy programme (called MH 101) for the frontline government and social sector and a National Certificate in Business (First Line Management) Level 4 for the sector.

<sup>29</sup> [www.moh.govt.nz](http://www.moh.govt.nz)

<sup>30</sup> Ensuring US Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders, May, 2009, SAMSHA

<sup>31</sup> Review of health workforce education funding in New Zealand, Gorman et al, April 2009

<sup>32</sup> Letter from the Office of Tony Ryall, 18 August 2009

<sup>33</sup> DHB Chief Executive Group. Our Health Workforce: Today and the Future, April 2009

<sup>34</sup> Gorman D, Horsborough M & Abbot M. A review of how the training of the New Zealand health workforce is planned and funded: a proposal for a reconfiguration of the Clinical Training Agency. Report of the Minister of Health's Taskforce, April 2009

<sup>35</sup> Ministry of Health. 2009 Director of Mental Health: Annual Report 2008

<sup>36</sup> Mental health funding methodologies: Roundtable discussion paper, a collaboration of the Australian Healthcare & Hospital Association, the MHS and PriceWaterHouseCoopers, 2008

# 7. Managing successful community enterprises

Many community sector agencies are operating highly successful enterprises whose longevity is a tribute to their business acumen. Many have proven able to respond quickly to the needs of the day and have endured where many others have been less adaptable to change. In the current climate many are diversifying their client base, their funding streams and service range in order to continue to meet the needs of the people they serve.

All operate under the same legislation as any business; registration with the Charities Commission means additional standards of accountability are required. Many have robust information technology that enables their response to the complex reporting requirements of government funders. Most are continually searching for greater efficiencies through innovative use of technology, with an increasing focus on the use of shared service arrangements.

## Facts

- In 2009 the combined revenue of the 12 largest mental health and addiction NGOs in New Zealand was in excess of \$150,000 million<sup>39</sup>.
- Most NGOs contracted to the Crown are registered with the Charities Commission.
- Many NGOs are benchmarked against best practice and receive awards in competition with mainstream business and private sector organisations.
- Most larger NGOs are accredited through national and international quality agencies (e.g. ISO 901:2000, Quality Health, TELARC SAI and Te Wana).

## Workwise

[www.workwise.org.nz](http://www.workwise.org.nz)

Workwise is a supported employment agency that has been recognised as the top of its field. Workwise has been recognised internationally as a leader in the delivery of Individual Placement and Support with a research paper, Developing high performing employment services for people with mental illness, published in the September edition of the International Journal of Therapy and Rehabilitation. The organisation has also recently picked up a number of sector awards at both the Ministry of Social Development's Mainstream Employment Awards (Mainstream Employment Programme provides packages of subsidies, training and support to help people with significant disabilities get work in the state sector) and the 2009 Association for Supported Employment in New Zealand Awards.

## Framework Trust

[www.framework.org.nz](http://www.framework.org.nz)

Framework Trust delivers community-based mental health and intellectual disability services in Greater Auckland from strategic locations throughout the city. Among non government agencies, it is a leader in adopting an integrated approach, utilising the Strengths Model<sup>40</sup>, to its delivery of services. Services are closely aligned with community resources, families and employers to get mental health consumers back into employment and society, in jobs and housing of their choice. Operating since 1984, Framework's vision, 'Recovery through Partnership', is demonstrated by the provision of innovative recovery programmes.

## Richmond New Zealand

[www.richmondnz.org](http://www.richmondnz.org)

Richmond New Zealand Incorporated (Richmond) is a major national provider of community mental health, addiction and disability support services. Richmond has an annual turnover of approximately \$30 million and is one of New Zealand's largest mental health and addiction NGOs. Richmond has a staff of approximately 550 and provides a wide range of services in New Zealand, with strong links internationally to similar agencies and the global network of Richmond Fellowship.

<sup>37</sup> Platform Inc. (2007) NGOIT 2007 Workforce Survey.

<sup>38</sup> Ibid

<sup>39</sup> Platform Trust, personal communication November 2009

<sup>40</sup> Rapp, Charles A. The strengths model: Case management with people suffering from severe and persistent mental illness. New York, NY, US: Oxford University Press. (1998). xvi, 224 pp.

## 8. Forging successful partnerships

Many community organisations have seen the value in collaborating with others: similar agencies; government organisations; voluntary agencies; secondary and primary care providers; and the private sector. These partnerships have been forged for many reasons including: administrative efficiencies; support to DHB-wide service planning and development; provision of efficient transition for service users between hospital and community services; and to provide improved communication and collaboration. Leaders in the NGO sector have also played a critical role supporting central government develop and implement policy.

### Facts

- WISE Management Services has completed a year-long project with its technology partner, Microsoft, to streamline its business practices.
- CareNZ works with Corrections and has established therapeutic communities in New Zealand prisons to support people with addiction issues.
- Counties Manukau Mental Health and Addictions Partnership (CHAMP) is a collaboration across contracted NGO mental health and addiction services in Counties Manukau (CM), the CMDHB Provider Arm, CMDHB Funder

& Planner, and Consumer Representatives from the CM Consumer Networks. Their mandate is to support service development.

- Navigate is a group of Mental Health and Addiction NGO providers who meet on a monthly basis to foster collaboration, sector development, co-ordination and communication across NGO providers in the Northern Region. Navigate links with Northern region DHBs and the Northern DHB Support Agency and connects with local, district and national NGO networks to identify shared issues and opportunities. All mental health and addictions providers are welcome to participate in and join the group. Members are across the region, ranging from large national NGOs through to small local NGOs.
- The Arc Group is a formal collaboration of Comcare Trust (Christchurch), Pact Group (Dunedin), Wellink Trust (Wellington) and WALSH Trust (Auckland). Members of the Arc Group have made a commitment to establishing benchmarks of quality, to share 'what works' and 'what could work better' between member organisations, as a way to assist them to implement their strategies and ensure the success of each other<sup>42</sup>.

The sector works in a multitude of strong collaborative arrangements with DHBs and the Ministry of Health.



<sup>42</sup> Rob Warriner, personal communication, November 2009

## 9. Meeting the funding challenges

Most community organisations are government funded through contract, with some agencies supplementing this through donations and fundraising. The NGOit report<sup>43</sup> outlines many of the difficulties with the contracting environment from the perspective of NGOs. The report describes their frustrations with cumbersome reporting and audit regimes, the delays in completing contract negotiations, the uneven application of price adjustments, variations in prices paid for the same service and the high turnover in funding and planning staff which frustrates longer-term service development.

The recent announcement by Hon. Paula Bennett to trial a 'high trust' model of contracting with community organisations is a breath of fresh air<sup>44</sup>. The Minister describes the model as giving providers more flexibility, creating simple contracting procedures and focusing on the will to work together. The model includes such features as the provider describing the results that they are seeking to achieve, payment in advance for services and reduced reporting requirements.

Despite the difficulties NGOs are used to 'doing more with less' and have worked within the contracting constraints to drive innovations that are considered best practice internationally (e.g. peer support services, peer respite services, packages of care).

### Facts

- The contracting practices of the last decade have created a provider environment characterised by a large number of small providers many of whom do not operate sustainable businesses.
- The highly prescriptive nature and rigid purchase models have inhibited innovation.
- Good national, regional and even local service planning has been compromised by devolving purchasing to 21 DHBs.
- Different prices between NGO and DHB providers for the same services have disadvantaged NGOs in the competition for the scarce workforce.
- The community sector is eager to embrace the 'high trust' model noted above.

### 'Packages of Care'

Packages of Care are tailored, flexible and responsive support packages that help people who have mental illness and or addictions navigate through complex situations by co-ordinating support from a number of agencies and offering practical individual support and advocacy as required. The design and development of these packages has relied on collaboration between funders and NGOs to ensure that funding is used efficiently to give the greatest value to the greatest number of service users.

### ConnectSR Auckland

[www.connectsr.org.nz](http://www.connectsr.org.nz)

'Care Packages' offered by ConnectSR based on Auckland's North Shore<sup>45</sup> are made to measure, a way of funding to 'fit the customer'. This is one of the ways to ensure that people with mental health problems get the right services at the right time.

### Counties Manukau Mental Health and Addictions Partnership (CHAMP)

CHAMP is a collaborative entity that receives funds from the DHB for one-off service development projects. An example was the Interim Housing pilot project which was funded for 12 months. The project funded accommodation for up to five people who required very short-term accommodation until something more permanent was established. CHAMP issued a tender and funded an organisation to run the pilot. The initiative was then formally evaluated and a recommendation made to the DHB funder as to the future for this type of model. This collaboration uses funds to pilot, evaluate and progress services.

<sup>43</sup> Platform Charitable Trust (2009). *NGOIT 2008 NGO-DHB Contracting Environment*.

<sup>44</sup> Cited in [www.platformtrust.com](http://www.platformtrust.com), 6/10/09

<sup>45</sup> [www.connectsr.org.nz](http://www.connectsr.org.nz)

# 10. Driving innovation

Key mental health leaders have described NGOs in New Zealand as 'drivers of innovation' in the mental health and disability sector<sup>46</sup>. Key examples are that of peer support (i.e. services in which people who have experienced mental illness are training in, and work as, peer support workers), culturally appropriate services for Māori and Pacific communities, and employment services. A key national leader in Australia recently noted: *'NGOs in New Zealand have created a powerful constituency for lobbying and also have developed a broad range of effective community services. By comparison community mental health services in Australia are being retracted to hospital sites making them into sedentary traditional outpatients again and we are losing the community culture'*<sup>47</sup>.

NGOs in New Zealand have striven to be creative in service provision and this has drawn national and international interest. Recent statements from both the Prime Minister and the Minister of Finance have acknowledged the innovation that is typically driven by the private and community sectors. Community agencies are well-placed to assist government, and Minister English has noted that this Government is open to good ideas and suggested that the private sector and the NGO sector might have ideas that the Government could use<sup>48</sup>.

## Facts:

- NGOs have a national agency (Platform Trust) which enhances sharing of innovation and collaboration across agencies.
- Peer support is internationally acknowledged as best practice and in New Zealand it has been suggested that we are leading the world in this type of service provision<sup>49</sup>.
- In the UK investment in the NGO (or Third Sector as it is known there) is growing, as this sector is seen as able to provide flexible, values-driven, innovative local solutions<sup>50</sup>.

## Refugees as Survivors (RASNZ)

[www.rasnz.co.nz](http://www.rasnz.co.nz)

This humanitarian agency was established in 1995 as a lead specialist health provider for UN quota and convention refugees accepted for resettlement in New Zealand. The aim is to deliver for refugees entering and resettling in New Zealand high quality, culturally appropriate mental health services including assessment, treatment and follow-up. The focus is on addressing pre and post-migration stress, and assisting healing from experiences of trauma or torture and to deliver quality, culturally fitting health promotion, health education and primary prevention services to address key needs of safety and wellbeing. RASNZ provides an extensive range of high quality clinical, community, sports-related and community development and capacity-building activities for a diverse number of refugee and migrant communities. It was the first refugee service to achieve full TELARC accreditation (of quality assurance and management processes and systems)<sup>51</sup> through Quality Health New Zealand. RASNZ also operates a research section which contributes to the international literature on refugee health, and, in partnership with Asian Health of the Waitemata DHB, developed the national CALD (Cultural and Linguistic Diversity – [www.cald.org.nz](http://www.cald.org.nz)) training in cultural competencies for health practitioners<sup>52</sup>.

## Care NZ

[www.carenz.co.nz](http://www.carenz.co.nz)

As a national addiction treatment NGO, Care NZ delivers many innovative and proven interventions that support those in trouble with alcohol or other drug use. One area that demonstrates their innovation is their work with an often-ignored and under-served group: those involved in the criminal justice system as a result of their addiction problems. With 2700 people supported in our communities each year by Care NZ, including the therapeutic communities in New Zealand prisons, they are acutely aware of the barriers to integrating care across the silos of Health and Corrections and continue to initiate strategies to overcome this.

<sup>46</sup> Dr Janice Wilson, Ministry of Health (cited in [www.platformtrust.com](http://www.platformtrust.com), 10/9/09)

<sup>47</sup> Dr Alan Rosen, University of Sydney

<sup>48</sup> Reported in *NZ Herald*, 24/9/09

<sup>49</sup> Dr Daniel Fisher, USA, personal communication, October 2009

<sup>50</sup> A Future Vision for Mental Health, Mental Health Providers Forum, 2009

<sup>51</sup> [www.telarcsl.com](http://www.telarcsl.com)

<sup>52</sup> [www.rasnz.co.nz](http://www.rasnz.co.nz)

<sup>53</sup> Christine Kalin, personal communication, October 2009

## Kakariki House

[www.wisegroup.co.nz](http://www.wisegroup.co.nz)

Kakariki House is the Hamilton hub for the WISE Group, housing a number of (currently nine) community-based mental health and wellness organisations. Working together in the retro-fitted sustainable building has many benefits for the organisations, including allowing them to share resources and ideas. Kakariki House has also been recognised for the sustainable approach - transforming the building from a neglected Hamilton warehouse to the unique community hub it is today. It's one of only a handful of buildings nationwide certified by the New Zealand Green Building Council (Green Star Office Design Four Star rating) and has picked up several architectural and sustainability awards. (Merit in the Ignite Architects Special Purpose category at the 2009 Property Council New Zealand Awards and triple honours at the New Zealand Architecture Awards (Waikato Bay of Plenty Architecture Awards for Sustainable Architecture and Commercial Architecture and the Resene Colour Award).

## Odyssey House Trust

[www.odyssey.org.nz](http://www.odyssey.org.nz)

Odyssey House Auckland has built an enviable reputation for excellence, professionalism, and getting results, that has seen the organisation grow strongly to become one of New Zealand's foremost drug, alcohol, and gambling addiction treatment provider. Although Odyssey House receives some government funding, its services are also reliant on sponsorship and donations. Today, Odyssey House Auckland offers a diverse range of programmes and services operating from eight treatment centres in Auckland City, Manukau City, and Whangarei, and employs approximately 110 people. Services are for youth, adults and families and include: a Family Centre, Co-Existing Disorders Services (for people with mental health and addiction or gambling problems), adult residential programmes, youth residential programmes, school-based services for young people, and a range of community services. The Co-Existing Disorders Services aim to provide support on a 'whatever it takes' basis to clients living in the community. All professionals employed within this service at Odyssey House teach clients coping skills and help them to access appropriate community supports, to maintain employment, and to maintain a healthy lifestyle<sup>33</sup>.

## Comcare Charitable Trust: The Active Life Programme

The Active Life Programme was named the Supreme Winner at the Canterbury DHB's recent quality improvement and innovation awards. The programme supports people with experience of mental illness make healthier life choices. An evaluation of the programme showed that most participants became more active and continue to have a healthier lifestyle than prior to joining the programme.

## Tui Ora

[www.tuiora.co.nz](http://www.tuiora.co.nz)

Tui Ora Ltd is an established Māori Development Organisation (MDO) operating as a 'Lead Contractor' with a 'for Māori by Māori' focus, on the specific needs of Māori in Taranaki. It is an umbrella organisation for: Māori Health and Social Service Providers, providing support in contract negotiations with funders; and, Māori workforce development. Along with developing best practice methods, and monitoring Māori Provider Services, the primary objective of Tui Ora Ltd is to improve Māori health status in Taranaki, through provision of health and social services as well as economic and health promotion programmes. In this regard, Tui Ora Ltd has extensive experience in building service provider capacity, working with Māori communities and dealing with a wide range of funding agencies, to provide a genuine inter-sector perspective in the delivery of its services and programmes. Typically, services and programmes are delivered through a network of affiliated service providers with each provider having strong linkages to the communities they serve. Tui Ora Trust is a 50 percent owner of Hauora Taranaki Primary Health Organisation in partnership with Taranaki Primary Health Provider Inc., a network of general practitioners. The partnership provides opportunities to improve access to services for Māori and high-need populations through the delivery of a wide range of health services and programmes.

# 11. Measuring impact

There have been many attempts nationally and internationally to quantify the size, shape and impact of the NGO sector.

New Zealand is reported as having the seventh largest non-profit sector workforce in the world (covering all areas of health and disability)<sup>64</sup>. It is generally acknowledged that community organisations provide value for money. *‘NGO services are characterised by innovation, flexibility, and responsiveness to community need. The NGO share of Vote Health has been estimated at nearly \$2 billion of which 60-70 percent is spent on staffing. For example, the 2004 VAVA report identified that in general such groups provide \$3 to \$5 worth of service for every \$1 of funding’<sup>65</sup>.*

Documenting the size of the sector is one challenge. Measuring the impact of community agencies for people who experience mental health and addiction issues is a more complex task. A recent Harvard Business Review article challenges NGOs to confront a few essential, interdependent questions: Which results will we hold ourselves accountable for? How will we achieve them? What will this cost? How do we build the organisation we need to deliver results?<sup>66</sup>

Many community agencies in New Zealand see measurement as a critical part of the quality process and have developed innovative ways to do just this, along with sophisticated information systems to assist the process. Most acknowledge the importance of gathering evidence as to their impact.

Internationally, countries are planning how they might ‘pay by results’ in mental health service provision and primary care<sup>67</sup> and, in New Zealand, community agencies are keen to be part of such work.

## Facts

- The community sector collects activity data as required by the Ministry of Health for PRIMHD – Programme for the Integration of Mental Health data and more recently a number of organisations have participated in pilot programmes to report on Key Performance Indicators (KPIs); in the future further KPIs will be added for employment and housing.
- Measuring the outcomes of complex health and social service interventions is a challenge universally.
- Good progress is being made in New Zealand to identify outcome measures and develop systems for reporting on these.

## Odyssey House Auckland

[www.odyssey.org.nz](http://www.odyssey.org.nz)

This agency operates two sets of outcomes measures, one for clients in treatment and another for clients in the Aftercare Programmes. The ‘progress in treatment’ project shows (as measured by a battery of tests) that the higher the level reached while the client is in the therapeutic community, the greater the improvement the client shows. Depression levels fall significantly, socialisation (as measured by the CAS<sup>®</sup> and SAS<sup>®</sup> tests) improves, and re-entry to the community is more likely to be successful.

In addition, change over time in the Aftercare service shows that clients have preserved the gains made during treatment. The project allows Odyssey to track client progress and, where appropriate, make adaptations to the services/programmes to improve client outcomes.

## Equip

[www.equip.net.nz](http://www.equip.net.nz)

Equip is a non-profit trust associated with Windsor Park Baptist Church, providing rehabilitative support for individuals experiencing major mental disorders in the Greater Auckland region. Equip has developed its own database and produces an annual Outcome report that examines the ongoing impact of their interventions.

## Walsh Trust

[www.walsh.org.nz](http://www.walsh.org.nz)

WALSH Trust currently uses several outcome indicators for people who are using their employment and support services and all are able to be graphed showing change over time.

They include:

- Annual Service User Satisfaction Survey
- Life Skills Profile
- Satisfaction With Life Scale (self report)
- Mastery Scale (self report).

## Richmond New Zealand

[www.richmondnz.org](http://www.richmondnz.org)

Formerly Richmond Fellowship, this agency is a national NGO which has been providing community-based mental health, addiction and disability support services for over 30 years. Over the past 18 months the organisation has been actively involved in driving evidence-informed practice across the organisation – including developing and implementing methodologies that provide a strong evaluation platform for generating data about ‘what works’, how services contribute to client outcomes, and establishing evidence-based links between practice and outcomes.

# 12. Contributing to the health of communities

Community agencies are in every part of New Zealand. They often collaborate with business, government and voluntary sector leaders to address broader community issues such as poverty, homelessness and addiction.

In Canada such initiatives are called the 'communities agenda'<sup>54</sup> and, through collaboration, community leaders seek long-term solutions and novel approaches to community issues. In New Zealand experience suggests that having a clear purpose for collaboration can facilitate organisations working together<sup>55</sup>.

The experience, core skills and responsibilities of mental health and addiction support workers employed in New Zealand NGOs<sup>56</sup> provides a rich community resource. The training of this workforce focuses on achieving outcomes by using community (psychosocial) methods and interventions. With greater connection and integration with Primary Care this could lead to more effective use of this workforce.

## Facts

- Community agencies are accountable to our communities through our elected boards (which include significant peer, Māori, Pacific and other key groups as members) and cover most areas of New Zealand.
- Mental health and addiction NGOs interact with DHB services, primary care, Māori, Pacific, Asian communities, other ethnic groups and community and disability agencies, statutory agencies and voluntary organisations every day.
- Because community agencies are community-based they are in a position to enact, collaborate with and enhance government policy across a range of policy areas (e.g. Health, Housing, Justice, Police, Ministry of Social Development – WINZ) and also collaborate with government public policy (e.g. anti-violence, anti-discrimination, road safety).
- All government policy should be aligned so that people who experience mental health/addiction problems can expect the same high-quality service throughout their recovery journey through mental health, health, primary care, sport and recreation, housing, WINZ, education, Police and other services.



## Te Whare Mahana

Te Whare Mahana which means 'The Warm House' in Te Reo Māori. This is matched by the beliefs and actions of the people involved at Te Whare Mahana. This NGO provides a range of community-based mental health services in the Nelson-Marlborough area and is known for its excellent service within this community. For example:

- a residential DBT (Dialectical Behaviour Therapy) programme aimed at people with difficult-to-treat and complex issues including borderline personality disorder, ongoing severe depression, self-harm and suicidal behaviour, and ongoing problems with emotion regulation and interpersonal relationships (often as a result of abuse and/or neglect)
- a rural community mental health outreach service which includes the provision of case-management and ongoing support to individuals and families, and a 24-hour on-call crisis service
- co-ordination of accommodation for people with mental health problems
- co-ordination of community support and peer support groups in the community (e.g. education and support groups)
- an outreach employment service that assists people with mental health issues to find employment and training, and supports them in their employment if they need this.

<sup>54</sup> [www.ideasshop.wordpress.com](http://www.ideasshop.wordpress.com), 29th October 2009

<sup>55</sup> *Meeting the Challenge*

<sup>56</sup> Bradach JL, Tierney TJ & Stone N. *Delivering on the Promise of Nonprofits*. Harvard Business Review, December 2008, pages 1-9

<sup>57</sup> [www.dh.gov.uk](http://www.dh.gov.uk) Practical Guide to Preparing for Mental Health Payment by Results, Department of Health, June 2009

<sup>58</sup> Client Assessment Summary

<sup>59</sup> Staff Assessment Summary

<sup>60</sup> Torjman S, Social Profits, Essay, Caledon Institute of Social Policy, September 2008

<sup>61</sup> Community Engagement for Primary Care Organisations, Paper for the Primary Health Advisory Council, April 2009

<sup>62</sup> Pace, B.D.M. (2009). Organisational views of the Mental Health Support Worker role and function. International Journal of Psychosocial Rehabilitation. Vol 14(1). 29-33



# 13. Conclusion

**“Our intentions are good; our actions must be even better;  
and our achievements will be outstanding”<sup>63</sup>.**

We compiled this report with the intention of describing and celebrating the important work that is carried out on a daily basis by many of New Zealand’s NGOs. We understand that significant redesign of the health system has been signalled and welcome a focus on providing services closer to home.

The significant growth in the mental health and addiction sector over the past two decades has been in part a response to the closure of the large institutions and much of the focus of mental health planning ( in particular) has been on meeting the need of the those with the most severe illness ( 3% of the population). We welcome the change which is shifting the focus to a more proactive response to supporting people at all stages of their illness or addiction experience. We see the challenge for the next decade as forging stronger partnerships with primary care providers and other community agencies.

We have shown in this report that many of the NGOs have been around for decades responding to the changing needs of New Zealanders. They have shown themselves to be flexible and innovative, to have made a huge commitment to the frontline workforce and to operate successful community enterprises that have achieved national and international recognition.

We accept that in this economic environment that there will be higher expectations on us to demonstrate the difference we make and the value we add. Not all providers will survive in this environment. However, we are confident that we have a wealth of experience and capability and the commitment and vision to continue to provide excellent mental health and addiction services in New Zealand.

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<sup>63</sup> Tariana Turia’s speech at the launch of Good Intentions, May 2009.

**We would like to thank all Platform member organisations for the information that has assisted us in putting this publication together as it is the combined understanding of the services delivered that has informed its contents.**

ADANZ  
Affinity Services  
Arahura Trust  
Arataki Ministries  
Atareira  
Beth-Shean Trust  
Blueprint for Learning  
Care NZ  
Comcare  
Connect Supporting Recovery  
Corstorphine Baptist Community Trust  
EQUIP  
Fairleigh Lodge  
Framework  
Gateway Housing Trust  
Healthcare NZ  
Kites Trust  
Koputai Lodge  
Linkage Trust  
M.A.S.H Inc  
MASH Trust Board  
Mental Health Foundation  
Mental Health Services  
Mental Health Education & Research Centre  
Mind Matters Trust  
Northpoint Trust  
Oasis Network  
Odyssey House Trust  
PACT  
Pathways  
Porch Ltd  
Problem Gambling Foundation  
Progress to Health  
Psychiatric Consumers Trust  
Q-nique Ltd  
Regional Consumer Network  
Richmond NZ  
Rubicon Youth  
SF Auckland  
SF Otago  
SF Pegasus Bay  
Skylight Trust

Step Ahead Trust  
Stepping Stone Trust  
Take 5 Te Whare Marama  
Te Pou  
Te Rau Pani  
Te Roopu Pookai Taaniwhaniwha  
Te Runanga o Kirikiriroa  
Te Whare Atawhai  
Te Whare Mahana  
Timaru Mental Health Support Trust  
Tirohia Te Kopere Trust  
Tui Ora Ltd  
Valley Transitionz  
WALSH Trust  
Wellington Aftercare Assn Inc  
Wellington Refugees As Survivors Trust  
Wellink Trust  
Wise Management Services  
Workwise Employment Agency

