the WERRY CENTRE for child & adolescent mental health

WORKFORCE DEVELOPMENT

What to do, how to do it and everything in between

A resource for Youth Consumer Advisors

2009

What to do, how to do it and everything in between

A Resource for Youth Consumer Advisors

The Werry Centre for Child and Adolescent Mental Health Workforce Development

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Contents

Introduction

The aim of this resource is to explain things about being a Youth Consumer Advisor to new (and current) advisors as fast as possible and in ways they will understand.

Introduction

In 2004 there was research into youth consumer and family/whānau participation in child and adolescent mental health services which found that there was a lack of positions and processes for finding and keeping advisors [1]. That's how the Werry Centre Youth Consumer Advisor Project came about. The project aims to increase the numbers of Youth Consumer Advisors and encourage effective youth consumer participation in New Zealand within Child and Adolescent Mental Health (CAMH) and Alcohol and other Drug (AoD) services.

In 2007 the document "Not Just Another Participation Model…Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand" [2] was published. It was written based on literature and policies overseas and in New Zealand as well as lots of conversations with youth services and young people. It discussed heaps of things about youth consumer participation and is a step by step guide. Following that, eight workshops were held across the country teaching people how to plan and start youth consumer participation in their service.

Why was this resource written? One of the barriers to youth consumer participation is around young people not having a lot of knowledge of mental health and AoD services, and the other things they need to know about the mental health system in New Zealand. It is often the first job, or at least the first office job that a young person may have had, which means they have to fit into adult ways of doing things, and use their own experiences to comment on things they may not know heaps about. Their ideas and opinions are extremely valid, and the more knowledge they have, the more they can contribute to make real changes within services. Young people often don't stay in these jobs for years and years, particularly if mental health is not their career choice. Youth Consumer Advisor roles also tend to be part time rather than full time which may mean it takes longer to learn the needed information.

This resource isn't designed to be read from cover to cover. Pick a chapter, or flick through to find particular pieces of information that are relevant. The first chapter includes questions and information that are relevant to being a Youth Consumer Advisor. The second chapter covers some of the daily skills or things a Youth Consumer Advisor may have to do. After that is a chapter about the mental health and AoD sector in New Zealand, followed by a chapter briefly explaining how the money currently flows through the system. Chapter Five covers many of the important and relevant documents that either historically or currently influence mental health services. Finally there is a chapter explaining many terms and concepts that are used in the sector. There is also a quiz at the end to check your knowledge.

References

1. Burdett, J., Birkin, C., Kent, V., & Ashton, L. (2004). *Research on consumer and family involvement in child and adolescent mental health services.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

2. Clarke, S. (2007). *Not Just Another Participation Model. Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AOD Services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

Chapter One

About Youth Consumer Participation and Being a Youth Consumer Advisor

- What are some things a Youth Consumer Advisor can do?
- Where can Youth Consumer Advisors get more support?
- What are other Youth Consumer Advisors doing?
- What can you do about tokenism?

These questions and many more addressed in this chapter.

About Youth Consumer Participation and Being a Youth Consumer Advisor

What is youth consumer participation?

You can define youth consumer participation as young consumers 'having an active say' in youth mental health and AoD services.

Youth consumer participation is when a young person with an experience of using a youth mental health or addiction service, works with services to ensure that service delivery and development is 'youth consumer-friendly'.

Whilst young consumers 'participate' in their individual treatment, youth consumer participation is the next level of involvement – input into the way services run and the way they develop and change.

What is a Youth Consumer Advisor?

A Youth Consumer Advisor is the job title for a young person who has had experience of a mental illness or drug or alcohol issue, has used a CAMH or AoD service, and is now participating in some way in developing and improving services. The role is sometimes called 'peer representative', 'youth advocate' or 'youth representative'. The term 'Youth Consumer Advisor' is chosen as we think it is the best term to describe what we do.

So advising is pretty much giving your opinion based on your experience (in using youth mental health services) and from your knowledge (what you know about other young people's experiences of using mental health services). You might not want to represent other young people as it's difficult to do without spending heaps of time talking to lots of other young people. However you can still use what you learn and hear from other people's experiences to guide your own opinion.

What is the role of a Youth Consumer Advisor?

To express opinions and perspectives from a youth consumer perspective. This should occur by actively participating in meetings, commenting on all parts of a service, and having a say in any of the decisions that impact on the children, young people and the families/whānau using the service.

What isn't the role of a Youth Consumer Advisor?

A Youth Consumer Advisor is definitely not an 'advocate' which is pretty much someone that goes between 'consumers' and 'staff' with complaints, and stands up for the 'consumers'. This is difficult to do and you should never be asked to do this. If anyone comes to you with a complaint or an issue you should refer them to check the complaints procedure for their organisation. If they've already done that, there are Health and Disability advocacy and support services around the country who will assist with concerns. For more info go to: *www.mhc.govt.nz* and search 'complaints'.

What is ACTIVE participation?

Active participation means that Youth Consumer Advisors get the opportunity to have a say about service delivery and development and their voices are heard and acted on. Active participation is not when the Youth Consumer Advisor role is token or when they are only allowed to make decision-less decisions (un-important things) for example deciding on the posters that are in the waiting room area.

Why young people should be involved and why it's important

There are a number of documents including New Zealand policy documents that highlight the importance of youth consumer participation. Chapter Five will go through many of these documents. The *National Mental Health Sector Standards* [1] is one document that has been relevant to youth consumer participation. The *Mental Health Sector Standards* talk about 18 standards that services have to meet, and standard nine is specifically around consumers being involved in every level of mental health services to make sure they are meeting people's needs. These standards are currently in the process of joining with the Health and Disability Sector Standards.

Youth consumer participation is also really beneficial not only for services and making sure they are more youth friendly, but also for the young people involved. Here are the benefits from *"Not Just Another Participation Model…"* [2].

> Benefits for young people

Effective youth consumer participation:

- Builds confidence and self esteem by giving young people the opportunity to influence things that affect them.
- Helps make services youth friendly which means they're more likely to be beneficial to other young people and make a positive difference in their lives.
- Breaks down barriers between young people and adults, promoting positive attitudes towards each other.
- Promotes young people to be more aware of the things that affect them, which can help them take action to maintain their wellbeing and promote that of their peers.
- Offers young people a job to provide their expert youth consumer perspective.
- Provides young people with an experience of working in mental health which is beneficial if they want to later work in mental health or a similar field.
- Develops young people's skills which are transferable to other jobs.
- Provides the potential for good opportunities such as public speaking, conferences etc.

> Benefits for services:

Effective youth consumer participation:

- Makes sure services (and their policies) are more responsive to young people's issues, needs and strengths.
- Saves money by making sure resources and services are better targeted and right the first time.
- Assists services to achieve service goals and maintain a good service.

- Contributes enthusiasm, energy and different ideas.
- Challenges services and service culture which, through change, can help to better meet the needs of young people.
- Helps prevent the 'revolving door' (that is, young people continue to re-enter the service for whatever reason).
- Improves access.
- Teaches others what is important and what the current issues are for young people.
- Improves a service's integrity and credibility (makes the service look better).
- Means services become more accountable and more responsible.
- Means young people can notice and suggest ideas that have been missed by others as young people see things through different eyes.
- Increases the potential to develop relationships with other organisations that are involved in youth participation. Services (including non-mental health ones) working together are encouraged.

What are some things a Youth Consumer Advisor can do?

It can be a little overwhelming when you start your role as a Youth Consumer Advisor, and if you're the first one your service has had, some people may be a little hesitant about the idea. Also, both you and your service may not quite know what to expect, so you and the person you report to may need to spend some time working out expectations and a job description (if you don't already have one) to avoid future confusion. If you do have a job description, it's good to go through it so everyone's on the same page about what you're expected to do in your job.

After that's sorted out, it's a good idea to start off doing something relatively easy that can be done without too much stress. These are called 'quick wins'.

- If your service doesn't already have one, developing a youth-friendly brochure that welcomes new young people to the service and explains what it does and who works there in words that they understand.
- Another thing that many new Youth Consumer Advisors do first is to work on a pack for young people that are entering the service. It tends to include the brochures and pamphlets that are necessary to give out such as 'Your Rights', 'How to complain' etc., as well as your 'youth-friendly brochure' that describes the service.
- Make contact with other Youth Consumer Advisors in New Zealand and find out what they're doing. One way to do this is to make contact with the Youth Advisory team at the Werry Centre if you haven't already, and we can put you in touch with others, and let you know about upcoming Youth Consumer Advisor forums.
- Read this resource and anything else that's relevant and interests you (including websites). There are some ideas at the back of this resource.
- Introduce yourself to other staff via email, in person and at staff meetings. Make yourself available to meet with staff or assist them by providing a youth consumer perspective in any of their projects.
- Work out some ways to get feedback from the young people that go to your service. This might be different depending on the service you work for and might take a bit more time and planning than other 'quick wins'.

Who will be supporting Youth Consumer Advisors in the work environment and job tasks?

This is really dependent on your service. The person that has identified that they are interested in setting up youth consumer participation in the first place is likely to be the person that supports you and whom you report to. Otherwise you might be situated within the adult consumer team, or you might report directly to the Service Manager. Make sure you find someone that is supportive of you and your role and talk to them regularly!

Who will Youth Consumer Advisors be working with?

Internal and external (key stakeholders)

Youth Consumer Advisors work with a huge variety of people. They are likely to have contact with other young consumers, adult Consumer Advisors, Family/Whānau Advisors anyone that works within the service including admin, clinical, non-clinical, management and other advisors. Youth Consumer Advisors may also have contact with different roles and people outside the service as well. This could include clinicians/workers from other services, organisations involved in mental health such as the Mental Health Foundation, Mental Health Commission or organisations/people from other sectors such as CYFS, Ministry of Youth Development, or local organisations including NGOs.

How can I expect to be treated?

You should expect to be treated as any other employee of your service with access to resources, computer, phone, training, support and anything else you might need. You should expect regular meetings with whoever you report to, regular feedback in how you are doing in your job and help or support to organise your work and how you might go about achieving the things set out in your job description.

Tokenism – what can I do about it?

You may (or may not) encounter tokenism at some point while you are a Youth Consumer Advisor. Tokenism is a word used to describe inadequate consumer participation. Sometimes Consumer Advisors (including youth) feel that they aren't consulted effectively, have limited say in decision making, or aren't given enough information to effectively advise. It may also mean that some staff are reluctant to give you any or much control.

Usually there'll be some staff that are really pro-youth consumer participation, and some that don't quite understand the role and what it's for. Most probably, whoever you report to will be enthusiastic about your role, so will advocate for it as well as you. Seek out the people that are pro-youth consumer participation, they'll be the people that come to you and ask for your input and opinions.

Ask to be invited to meetings, project working groups etc. This job does require you to be proactive at times to seek out work – sometimes people forget to ask young people what they think about the things that affect them.

"My biggest challenge in this role has been getting other staff I work with to acknowledge that I have something important and worthwhile to contribute. They find it difficult to see my input, thoughts and ideas as useful and sometimes don't have much respect for my opinion. I guess it is hard for them to understand that someone who has a mental illness and has used their service can contribute effectively like any other person in the team."

Stephanie, Youth Consumer Advisor

Who could a Youth Consumer Advisor talk to when they need help/support?

You could argue that the best kind of support is that of peers – people in similar positions who know what you're talking about. Usually only one Youth Consumer Advisor is employed within a service, therefore they need to be proactive in finding supports. There are currently a number of Youth Consumer Advisors across New Zealand who may also feel isolated. We just need to be creative in how we keep in touch with each other whether it's face to face, via email/phone or the internet. Don't forget you can also contact the Youth Advisory Team at the Werry Centre to put you in contact with other Youth Consumer Advisors. Some mental health services also have Family/Whānau Advisors who may also be a great form of support for you and your role.

Another option is supervision. You may not be offered supervision when you start in your role, so you should consider asking for it. Supervision is basically meeting regularly with someone more experienced than you (a supervisor doesn't have to be another Youth Consumer Advisor) to talk through how you're doing in your job. They might be someone external to your service, or someone already working in it, and whom you trust.

"For the first 18 months I was in the YCA [Youth Consumer Advisor] role I wasn't aware I was able to have supervision, and I slowly fell apart from stress. It is a support I can't talk highly enough of, and think people should be aware of what it is and if they have it as an option."

Bridget, Youth Consumer Advisor

Case Study

Saving money

"One Youth Consumer Advisor in New Zealand described how her active involvement saved their organisation money. A group of staff and the Youth Consumer Advisor decided to develop a psycho-education resource. The Youth Consumer Advisor developed the content, with lots of consultation with other young people and a number of staff. When the content was decided on, a couple of staff worked on the layout and presentation. When the Youth Consumer Advisor saw the result, she said that it wouldn't appeal to young people, and would not get picked up. She took it away and worked on it and made it more colourful and youth appropriate, which the staff approved of. After publishing the resource there was much positive feedback and many young people picked the resource up, so many more copies needed to be printed. This is one case where the service may have otherwise organised an evaluation of the resource when they discovered it wasn't being used and had to re-do the resource, costing more money. It is evident that the Youth Consumer Advisor saved the organisation money by ensuring their resource would appeal to young people and be utilised by them, getting it right first time." [2] (p 14).

How are DHBs and NGOs doing youth consumer participation?

Services are doing a range of things. The most ideal approach is highlighted in *"Not Just Another Participation Model…Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand. 2nd Edition"* [2]. This basically consists of one or more young people employed as Youth Consumer Advisors, with a consultation or reference group that meet regularly. Some services are on the way to implementing this, some have just appointed Youth Consumer Advisors. Others have more casual youth involvement, inviting them to focus groups when they want youth input rather than anything formal.

Currently, not all services have youth consumer participation. This isn't necessarily from not wanting to do it, but from the barriers and challenges involved in setting it up. There is more info about this in the document *Not Just Another Participation Model* [2].

What previous Youth Consumer Advisors have done

These ideas come from *"Not Just Another Participation Model…Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand. 2nd Edition."* [2]

- Create, develop and provide consultation on pamphlets and psycho-education resources.
- Be on selection panels for new staff.
- Facilitate focus groups.
- Look at templates of service forms, surveys and questionnaires.
- Suggest ideas about how to improve the service and/or make it youth friendly. This can be as simple as the way the waiting room looks, or more 'high-level' such as about service policies.
- Meet with new staff/students to help them understand the importance of youth consumer participation and how they can integrate this into their own work.

"My biggest delight [in my job] would have been seeing one young man read my newsletter in the waiting room and then come up and introduce himself and talk to me. He was obviously quite unwell but was still able to make an effort to speak with me."

Stephanie, Youth Consumer Advisor

What are other Youth Consumer Advisors around NZ or the world doing?

Although numbers have increased in the last couple of years, there are still not huge numbers of Youth Consumer Advisors in New Zealand. Internationally as well, there aren't many roles like Youth Consumer Advisors. There are however mental health projects where young people are the drivers, or are heavily involved. For example in Canada, The New Mentality *(www.kidsmentalhealth.ca*) and the Dare to Dream Program *(www.daretodreamprogram.ca)* are both youth led mental health projects. The Dare to Dream Program is the Canadian version of RISE (*www.rise.org.nz*). There are a number of youth participation initiatives occurring in Australia including some youth consumer participatory ones such as 'Images of a Hero'.

Māori youth consumer participation

Māori are overrepresented in mental health statistics, and are underrepresented in the rates of accessing CAMH and AoD services [3]. The inclusion of Māori youth consumer participation will strengthen CAMH services to improve the outcomes for young people [4].

A series of focus groups which we hosted found rangatahi agreed that an ideal way to have Māori youth consumer participation and for rangatahi to feel most comfortable, was through a Rangatahi Roopu. A Rangatahi Roopu is a group of young Māori and may include young people from other ethnicities (if appropriate) that have used a CAMH or AoD service, advising the service from a youth consumer's perspective.

"Having a group [is best] because everyone has different experiences and backgrounds."

Aroha, Māori Youth Consumer.

An adult mentor (approved by the Rangatahi Roopu) can advocate for the group and liaise with management and other staff from the service as well as work with the Rangatahi Roopu on projects and activities etc. The Rangatahi Roopu should receive appropriate compensation for their time and expertise e.g. transport to/from hui, petrol vouchers, food, vouchers, money etc.

Māori youth consumer participation is important in acknowledging the three principles in the *Treaty of Waitangi*, the founding document of New Zealand.

The New Zealand Health & Disability Services (Safety) Act 2001 explained these as:

- ***kāwanatanga*** (partnership) – active partnership in service delivery with a guaranteed share in power for Māori in decision making
- ***rangatiratanga*** (protection) – protection and improvement of the Māori health status and
- ***ōritetanga*** (participation) – participation at all levels of the health sector leading to equal outcomes.

More recommendations on Māori youth consumer participation can be found in *"Not Just Another Participation Model…Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand. 2nd Edition."* [2].

Pacific youth consumer participation

Almost half of New Zealand's Pacific population is under 20, and it's growing [5]. Pacific youth are more likely to experience mental health disorders than other Pacific people, and show higher need for mental health services than other young people in New Zealand, yet the rates of accessing mental health services are much lower then they should be [6].

Young Pacific people agree that there are a few aspects that differ between Pacific and other ethnic groups when considering youth consumer participation [2]. Some of the main points that were more important for Pacific young people included:

- A combination of being consulted as a group, and working on a one to one basis, depending on what the issue or task was.
- Having the choice around their welcome and prayer procedure.
- The acceptance of a continuum from traditional through to more adapted palagi (European) cultural orientation.
- The recognition that family is the basic unit of social organisation in Pacific communities through which values and beliefs are transmitted.
- Having family members, friends and church elders as important support people.

One service worker stated that the Pacific family as a communal entity and its influence on service delivery "excludes the involvement or experiences of youth, particularly New Zealand-born youth consumers, from being included in definitions of what may help them to get well." [7] (p 44)

More recommendations on Pacific youth consumer participation can be found in *"Not Just Another Participation Model…Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand. 2nd Edition."* [2].

Paid?

Ideally your service has employed you, you're on a salary, you have an employment agreement and a job description. Many of your service's staff will also belong to a union, which has some benefits including

employment protection and support in meetings with your employers if you have any employment issues.

If you are in an unpaid position, check out your organisation's policies about reimbursement. You should be getting at least your travel to and from meetings reimbursed (paid for).

What is professional development?

Professional development is basically the development of the skills and knowledge that you need for work. As an employee you should be able to access training that will help with your professional development. It could be attending an interesting or relevant conference or a course for a particular computer programme or how to write a report.

Language – what are they saying?

Don't worry – it'll take a while to work out what people are talking about. That's why there's a chapter in this resource called 'Supersize my Vocab' that might help. If people are continually using acronyms (letters instead of words) or words/concepts you're unfamiliar with – just let them know. It's a reminder for them that not everyone is up with all the terms. Chances are – you're not the only one who won't know what they're talking about. New staff, students and other Consumer Advisors may feel the same way too!

What about working with people that were involved in your treatment?

Ok this can be tricky. It's always going to be a little weird to be in a meeting with someone that was involved in your "treatment". There are a couple of things you can do that can help to make it a little easier. The clinician is probably feeling a little uncomfortable too, and may not know how you want them to act toward you.

If you are working at a place with a previous therapist, you may consider having a meeting with them to have a chat about how you want it to work. You probably want them to treat you like they treat their other colleagues. It seems to work out ok for most people as long as everyone is open and honest.

Other people prefer to just get on with the job and they find that their previous therapist takes your lead, and treats you like another colleague.

The other thing that might help is de-briefing with someone you trust if you find yourself feeling uncomfortable after attending a work meeting with a previous therapist. It may also be helpful for whoever you report to to know (if they don't already).

> "Some of my biggest challenges include working with some of my former clinicians in an environment that could be triggering and getting staff who didn't support the idea of consumer participation 'on-side'."

Bridget, Youth Consumer Advisor

Importance of the consumer movement

You will most probably have contact with Adult Consumer Advisors at some point and you'll find out that being an Adult Consumer Advisor and being a Youth Consumer Advisor are really different things. Being an Adult Consumer Advisor can mean taking into account the past number of decades of mental health services in New Zealand. Youth Consumer Advisors are more likely to focus on just the recent and current years, however, it is also important to have some context i.e. mental health services of today have been shaped by what has occurred in the past. To find out more about this stuff check out Chapter Three. The consumer movement has been around in New Zealand for over 20 years and has developed and changed in this time. There is now less focus within the movement on 'consumer participation' and much more talk about 'consumer leadership' which is consumers leading and driving change in mental health services and the sector. One way this occurs is through peer support services and a variety of other consumer led organisations called 'peer specialist services'. While the youth consumer movement is still new, perhaps in a few years we can be encouraging youth consumer leadership more than just participation.

Your mental health

It is likely that you'll be asked during your interview or soon after you begin, what you'd like if your mental health became an issue during your time in your role. It is a good idea to name the things you'd like. Perhaps it's exactly the same as what other staff receive if they are going through a difficult time such as time off, reduced hours, reduced work etc. Spend some time thinking about what might make a difference in maintaining your mental health as well.

If it's not brought up, it may be a good idea to talk about it with the person you report to and find out if your organisation has any policies about employing consumer staff – just in case.

You also might like to consider having a written plan or agreement with your employer about this. Many services/organisations will have Employee Assistant Programmes which provide a certain number of free support sessions if needed.

Under the Human Rights Act (1993), you have the right to 'reasonable accommodations' because of your experience of mental illness. This means that your employer must accommodate your needs based on your mental illness unless there is a particular reason for not doing so. It is worthwhile checking with the Human Rights Commission if you are unsure about what reasonable accommodations you can ask for.

It is a good idea to talk to your Manager earlier rather than later if you're finding things difficult or if you feel your mental health is affecting your job.

Succession planning

While it may be a little early to think about succession planning when you first start your job, it may be a good idea to bring it up with the person you report to. No one loses if there is a plan in place to ensure effective youth consumer participation continues even after you leave. This may mean that after you're settled in your role, been there a little while and feel like you've got the hang of it, you start talking about finding another young person to work alongside you. You would mentor this person, and ideally when you leave, they could hold the reigns and mentor another new Youth Consumer Advisor.

References

1. Ministry of Health (2001). *National Mental Health Sector Standard: He Whariki Oranga Hinengaro*. Wellington: Ministry of Health.
2. The Werry Centre (2009). *Not Just Another Participation Model...Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AOD Services in New Zealand. 2nd Edition.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.
3. Ramage, C., Bir, J., Towns, A., Vague, R., Cargo, T., & Faleafa, M. (2005). *Stocktake of child and adolescent mental health services in New Zealand*. Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, University of Auckland.
4. Te Rau Matatini (2007). *Whakapakari ake te tipu: Māori child and adolescent mental health and addiction workforce strategy*. Palmerston North: Te Rau Matatini.
5. Ministry of Health (2008). *Pacific Peoples and Mental Health: A paper for the Pacific Health and Disability Action Plan Review.* Wellington: Ministry of Health.
6. Oakley Browne, M., Wells, J., & Scott, K. (Eds.). (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.
7. Agnew, F., Pulotu-Endemann, F., Robinson, G., Suaalii-Sauni, T., Warren, H., Wheeler, A., Erick, M., Hingano, T. & Schmidt-Sopoaga, H. (2004). *Pacific Models of Mental Health Service Delivery in New Zealand ("PMMHSD") Project.* Auckland: Health Research Council of New Zealand.

Chapter Two

Day to Day Stuff

This section includes a number of “how-to’s”.

Being a Youth Consumer Advisor is often a young person’s first office job and you may be doing some of these things for the first time.

Most of these “how to’s” are written from our own experiences, but there are also resources on the internet to guide you through.

Don't forget that if you're holding a workshop or doing something biggish (especially if it'll require some money), get agreement from the person you report to, to make sure everybody thinks it's a good idea and can be resourced.

How to set up a youth workshop/focus group

1. **Decide on the purpose for the group**

   e.g. improve awareness about youth mental health, youth perspectives on service delivery etc.

2. **Organise dates and times**

   Think about: The age group the event is aimed at - is it going to affect young people's attendance at school, study or jobs. Also make sure that the time/date works for anyone who is coming to support you on the day and that the venue is available.

3. **Find venues to hold the event**

   Think about: The venue must be convenient for the people attending. Is it close to bus or train services and in a relatively central area? You'll also have to consider the cost of hiring the venue. The process of hiring a venue will be different for different organisations – you'll need to ask someone such as an administrator or your Manager about this.

4. **Write and design flyers/posters for promotion and application forms**

   Think about: Who will design your flyers/posters? Think about how to make them as youth friendly as possible. Consider – do you want to include all the details (venue, date, time, purpose) and wait and see how many people turn up on the day? Or do you want to advertise some of the details and ask for RSVPs so you know how many people to cater for? If you can only have a small amount of people, then you might want people to submit application forms and pick the applications that are most suitable for the group. Don't forget to include your contact details.

5. **Organise catering**

   Food is important in terms of attracting young people to attend your workshop/focus group. Again check out with someone about how your service/organisation orders and pays for catering.

6. **Develop an agenda for the workshop/focus group**

   Think about: What icebreakers and interactive activities you will use to make sure everyone stays interested. Consider when the games will be, the eating times and other parts of your workshop.

7. **Send flyers**

   Send flyers to relevant people/organisations and ask them to talk to young people and encourage them to attend. Think about: How are you going to do that? Email or snail mail? Are you going to shoulder tap some people to encourage them to come?

8. **Reimbursement**

   Find out about your organisation's policy about reimbursing youth and family consumer consultation.

9. **Transport**

   Organise transport for attendees if needed. Don't forget to organise your own transport as well! Offering to pay for transport might help someone decide to come.

10. RSVPs

Wait for application forms or RSVPs to come in, answering any questions people might have.

11. Application Process

Select the people who will be attending the event if you have an application form process.

12. Challenges

Have a discussion about potential challenges with the person you report to. E.g what will you do if someone asks a question you don't know the answer to, or what will you do if someone in the group is unwell etc.

13. Resources

Plan what to take on the day. Prepare anything that you need on the day. e.g. slideshow presentation, laptop, data show projector, documents, items for games, cell phone, taxi chits, paper plates, coffee/tea/milk/sugar, cups etc.

14. Rehearsal

If you've never run a workshop/focus group before, consider doing a run through with other workers or friends.

15. On the day

Set up technology, chairs/tables, resources and have fun running your youth forum/workshop!

16. Feedback

If you're running a workshop, get some feedback from the participants about how they found it. You can be creative about how you ask them, it could be a survey with a couple of questions, or some big sheets of paper on the wall for the participants to write their replies to "I enjoyed…", "I didn't enjoy…" etc.

17. Pack up

Don't forget that it also takes time and energy to pack up and clean up afterwards. Organise someone to help you out with that especially if you have to be out of the venue by a certain time.

Case Study

Organising a youth forum.

Youth forums were organised as a means of gathering ideas about what to include in this resource as well as providing forums for role related peer support. In the style of youth participation – the forums were youth initiated and youth led.

Venues were picked that were youth friendly (a library, an arts centre and a community centre). Someone designed a colourful flyer (with youth input) including an application form to send to people's networks. After accepting participants, transport was organised. The workshops were interactive and the groups were small enough for the young people to feel comfortable relatively quickly and are able to contribute to discussion from the beginning. Forums were facilitated by two young people, one with more experience than the other. The feedback at the end of the forums was positive in terms of getting the rare opportunity to meet and hang out with similar minded and passionate people who were facing similar challenges in their roles. All were given a voucher to show appreciation of their input as well as morning tea and lunch.

How to set up a consultation group

A consultation group is a little different to a workshop, forum or focus group which tend to be more one off events. A consultation or reference group meet regularly and the same people usually attend each time, either weekly, monthly or every three months.

If you're having trouble getting enough people for a consultation group, you could encourage each member to find and introduce one newcomer.

Case Study

Consultation Group

"I set up a youth governance group as part of an NGO. The group was for 13-25 year olds who had experienced a mental illness themselves, or had a parent or sibling who had. It was started so that young people could have a say in the organization's youth service provision and development, with the hopes of eventually providing feedback to mental health services in the region. The entire process was youth directed, from writing the initial proposal, developing a recruitment strategy, and developing a strategic plan. The NGO provided financial support, as well as help with planning a budget, writing job descriptions, and setting up payments for the group members.

I sent youth friendly flyers to all schools, mental health services, health services, and youth and consumer friendly organizations that young people may use. Each set of flyers sent out also had a letter explaining to the receiving organization the purpose of the group so they could feel involved and support the idea. There was also a lot of networking with these groups to really get the idea out there. One of the really important parts of the process was being clear about the group's intended purpose, including the fact that it was not group therapy, and would not be tokenistic.

Interested young people could phone or email for more information and an application form. I initially planned to advertise for members for one month, but ended up advertising for more than two because the applications were really slow in coming.

Another youth consumer was recruited to co-facilitate the group, brought in when it was time to interview applicants. Interviews took place on weekends and evenings so they didn't get in the way of work, school, or university. They were nice and informal, and focused on getting to know the applicant as a person. 10 young people were selected.

The group met for the first time at the end of 2005, and has been meeting fortnightly since!"

Bridget, Youth Consumer Advisor

How to write a proposal

Here's a sample outline of what to include in a proposal for a new project or event. Your organisation may already have a template they use for proposals, so check that out first!

1. Start with a background and discussion (explain where the project idea came from and why it's necessary). Talk about the benefits for young people and the service.

2. Outline (this section describes all aspects of your project)
   - Project aim (sum up into one sentence)
   - Project concept/description
   - Objectives (this is kind of why you want to do it and what the overall achievement would be e.g. improve awareness of the Youth Consumer Advisor role to young consumers)
   - Outputs (the actual things that will be achieved by the project e.g. flyer developed to advertise Youth Consumer Advisor role)
   - Resources (what you'll need e.g. photocopying, a venue, people's time)

3. Project plan
   - Project management (who will run it/carry it out and the timeframe for completing it)
   - Budget (see below)

4. Tasks and milestones (task by task breakdown of all the things you need to do to achieve the project. This may not necessarily be included in the proposal. You might want to work on this after your proposal is accepted.)

How to do a budget

Here's a sample template. Be as specific as possible and it also looks better if you can show you've done some research on how much things will cost.

Items you will need	**How much will it cost?**
Venue hire	$240
Printing out 20x A4 colour fliers	$ 20
Packet of felt tip pens	$ 4.50
5x $20 Warehouse vouchers for koha	$ 100
Catering for lunch	$100
Total	$ 464.50

Project planning

Here's one way to plan how you are going to carry out a project.

Milestone	Tasks	Due Date	People Involved
1. Distribute flyers to young consumers about the Youth Consumer Advisor role.	Develop the flyer.		
	Double check it with supervisor.		
	Get quotes for 100 copies.		
	Get flyers printed.		
	Put a pile in the waiting room.		
	Hand out flyers to young consumers in the waiting room.		
2.			

You might also want to consider the potential risks or barriers you might encounter. If you think about them and put some work into what you might do if they occur, you won't need to stress if they do happen.

How to evaluate a project

You need to think about how you will measure the successes of your project. The best way to measure success is to be really clear about what your project will achieve. E.g. educate others, increase awareness, change behaviour etc.

Once you've decided on one or two big goals that your project will achieve, you will need to match this with a way to measure success. **HOW** to do this depends a lot on your project and **WHAT** you plan to measure. Some examples include:

- Find out people's attitudes before and after participating in your project. Remember to use open-ended questions to get more information (such as "why" or "how").
- Use a smiley face scale to find out how people benefited from or enjoyed your project.
- Ask people to share their experiences.
- Ask people a few specific questions – you can be creative about the way you do this e.g. big sheets of paper, jars where people post their feedback.

Whatever you choose to do, you need to get permission to ask for feedback and be careful about the way you collect information (anonymously is sometimes best) and be sensitive about how you share the feedback that people gave you. Once your feedback is collected, look at it carefully to work out what people have told you about how well the goal was achieved.

Also remember it's the **ASKING** for feedback which is really important and all feedback, good and not-so-good, is important to find out.

How to write a report

Reports are for describing a particular subject or subjects and making recommendations according to what you've found out. Keep in mind who you are writing it for – if it is for other young people, you may consider using different language in comparison to a report for a Manager.

This is a good description of a report and how to structure one. *www.csu.edu.au/division/studserv/learning/report/*

Referencing

When you are writing a report or document that includes statistics, quotes or ideas that you have got from somewhere else, you need to acknowledge where or who you got it from. This is called referencing and you may reference books, articles, journal articles, magazines, websites and personal communications etc.

There is a basic page located on the website of the Faculty of Medical and Health Sciences at Auckland University about how to reference in the style that is most often used in mental health. Visit *www.fmhs.auckland.ac.nz* and type 'APA Referencing' into the search function to find the .pdf document entitled 'APA Guide'.

Running a meeting

This is one of those things you tend to learn from watching or helping other people do it. Formal meetings have a lot of structure but you probably would never have to do that in your role. If you ever have to run a meeting, it's probably going to be with young people, who wouldn't be so familiar with formal meetings. It pays to be familiar with some of the meeting lingo however.

An agenda is a list of the things that will be talked about during the meeting. Minutes are a summary of points that are talked about during the meeting. Somebody usually would take notes during the meeting. It is important to keep a record of what happens and is talked about as sometimes you have to go back and refer to it, or clarify some points at a later date.

Minute taking

If you're running a meeting, you might want to ask someone else to take the minutes, as doing both jobs at the same time can be tricky!

1. Bring paper and a pen or laptop with you.
2. Some more formal meetings "call the meeting to order" and you would have to write down the time, day and date the meeting began. Record who was there, and who sent apologies (couldn't attend).
3. You might want to check everyone knows how long the meeting is for, and what the confidentiality agreement is, if appropriate.
4. Someone may go through the agenda for the meeting or there may be a set agenda for every meeting.
5. In some formal meetings, the minutes from the previous meeting may be read. There may also be things that needed to be followed up from the last meeting (matters arising).

6. Record the key points of the discussion. Even though you are taking the minutes, you may still participate in the discussion. When you are writing what is discussed, leave out unimportant detail. Make a note of key action points and who is responsible for them.

7. Note what time the meeting finished (if it has been recorded what time the meeting began).

8. Type up the minutes as soon as possible after the meeting, so everything is fresh in your mind.

9. Before distributing the minutes to all those invited to the meeting (including those that weren't present), get them checked by the person running the meeting.

10. Store the minutes somewhere that you can add to as your meetings continue.

Public speaking

You may have to do some form of this, whether it's speaking within a meeting or presenting at a conference. It is likely you'll be asked to speak about something in front of a group of people at some time. People do quite like to hear from young people, especially as we don't talk so formally and just read bullet points off a powerpoint presentation about a boring subject.

Watch how other people speak, particularly the people you think are good speakers. Copy what they do and/or attend a public speaking or presentation course. Community centre and adult learning courses (often held at schools in the evenings) might have some cheap ones. If you are thinking of pursuing public speaking as a career, there are definitely more intensive courses out there.

"As nervous as I always get (even in meetings) I like the idea that people have to sit and listen to what I'm saying whether it's just a sentence, or an hour presentation. They might not hear everything you say, but they'll usually take something away. My conFidence grew the more I spoke publicly. Practice makes perfect I guess."

Shona, Youth Consumer Advisor

Presentations

People really like hearing young people do presentations or speeches. People are used to hearing other adults talk and read things off powerpoint slides, so aim to be as creative as you can and you'll be a hit. Young people are vibrant, don't speak in "policy" language, and often have better powerpoint presentation skills. If you feel uncomfortable about reading your speech or presentation, then try out having your key ideas/points on powerpoint slides (with pictures) – it sounds heaps better. It'd be even more interesting if you know how to do animations, put on videos, sounds or anything else. The more interactive it is, the more likely you'll keep people engaged and listening to you.

Researching

This of course depends on what you're looking for. An internet search engine would do the trick a lot of the time. Researchers utilise online databases that are free through universities or if your work place pays for access. Some popular ones include: PsychINFO, PubMed, PsychMed, MedLine. If you're wanting an academic journal but don't have access to a University website, you could try Google Scholar which has access to some academic publications. Journals exist in libraries, though there tends to be more of the older versions that aren't loaded onto the web. However, you're not likely to need to use the kind of research that is on those databases. If you're looking for a particular policy document, the best way to find it is by going to the website of the organisation that wrote/published it. For example, you'd find this document on the Werry Centre website. A handy trick to find some more information about stuff is to check out the reference section at the back of the book or document you're reading. This is a list of the documents, books, websites and any other resource that was utilised in the writing of that document/book. You can find some interesting relevant stuff that way!

Oh and libraries are also good – they have books that you can hold and don't have to read on a computer screen (or mp4 or ipod or portable whatzit)! Old school but cool.

In terms of reading giant documents that look complicated and boring, most have something at the front called an 'Executive Summary' that will summarise the main and important stuff. Then you can go straight to the chapters that look more interesting or relevant.

How to invoice

If you get asked to do some work separate to your Youth Consumer Advisor job, you may need to invoice. One way to do this is utilise one of the templates that are under Microsoft Word. Once you're in Word, go to File, then new document, and there are a list of templates you can pick from including 'invoice', 'flyer', 'agenda', 'letter', 'minutes', and many more. These are much easier that doing a Google search to find an easy template.

You may need to check with your employer if you are going to be doing work for another organisation as some employers will have policies about this e.g. conflict of interest.

Chapter Three

About the Mental Health Sector

Having some context and background to what has shaped mental health services is important. An understanding of what has occurred in the past and how it influences services today can help us in our own work.

This chapter also talks about some of the stuff about the mental health sector that people assume you already know, such as info about NGOs and a typical organisational structure.

About the Mental Health Sector

Extremely brief history of mental health

International

Internationally, ideas and perceptions of mental health have changed and fluctuated a lot over the course of human existence. The treatment of people who were incarcerated (locked up in institutions) has also fluctuated between good and incredibly bad. The way people perceive and think about mental illness has also alternated between being thought of scientifically (brain disorder) or relating to religion (possessed by a demon).

A couple of thousand years B.C., the way to deal with 'mad' people was through prayer (to the appropriate God) or sacrificing the person (killing them). Later, madness, it was thought, was the consequence of breaking one of the rules of society and sinning [1].

With the replacement of supernatural theories with reason, also came the most famous doctor, Hippocrates, who was among the first to develop a medical model of mental illness we know today. This involves categorising unusual or distressing human behaviours into sets of illness [1].

A few centuries A.D, there was a return to the idea of religious concepts for madness. Most people are familiar with the killing of (mostly) women who were considered 'witches'. In 1486, a witch-hunting manual was even published [1]. Were these people evil, possessed by a demon, or just a bit different to the norm?

During the Renaissance (a cultural movement during the 14th to 17th centuries) there was a return again to reason and science. However, although medical science once again dominated (through to the present day), violence towards the 'mad' continued [1]. There was a quest to discover the physiological cause of mental illness (and therefore physical treatment) with little consideration for social explanations.

Asylums or hospitals were built to hold the "deviant" people in the 18th and 19th centuries [2]. The large hospitals in Europe and the UK housed thousands of patients. People who were different to others were incarcerated, and the asylums became a form of social control. Those that were incarcerated had a variety of problems, they may not have had any mental illness but may have been homeless, a bit different, alcoholic or even had epilepsy.

History has seen times and places where the "mentally ill" have been persecuted (mistreated) or killed so that society's gene pool is protected. The 'mad' have been sterilised (made infertile), tortured and murdered. Some of the painful and morally bad things experienced were considered the best way to treat people at the time, such as blood letting, purging and electroshock treatment without anaesthetic. However the 'euthanasia' or 'mercy killings' of thousands of mentally ill people in Europe in the 1940's has largely been ignored [1].

There were a number of people who weren't so keen on the treatments used at the time, and took the approach of more moral treatment. Also fortunately, our understanding of mental health and illness and the way people are treated has vastly changed, due in part to the growth of the consumer movement.

New Zealand

New Zealand, as well as other Western countries, was incarcerating people with the aim of curing the people who were admitted. The Lunatics Ordinance (1846) was the first legislation relating to the mentally ill in New Zealand and between 1854 and 1872 a number of asylums were established throughout the country [3]. In New Zealand in the late 19th century, hospitals were filling up and even over flowing. Therefore, the hospitals became more about holding people, as opposed to getting them better [1]. It got to a point that once you were incarcerated it was considered that you wouldn't get better, would be regarded "insane" and quite probably incarcerated for the rest of your life. This was partially about ensuring that the general public was protected from the "lunatics". (Interestingly, the word 'lunatic' comes from the belief that people became 'crazier' when it was a full moon [1]). Medication became more widely used by the late 1960's, though these early ones had more significant (sometimes long term) side effects than many of the ones that are frequently used today.

Up till about the early 1980's in New Zealand, mental health services were mainly provided through hospitals such as Sunnyside, Kingseat and Porirua hospitals [2]. The idea of not hospitalising people and treating them in the community instead was a new idea that gained popularity in the 1980's.

Treating people in the community was taking place internationally and was informed by the social justice movements that were occurring at the time. It was also thought that treating people in the community would be a cheaper option than hospitalising them. New Zealand began a process of "de-institutionalisation" in the 1980's which was pretty much complete by the late 1990's. The big hospitals were drastically downsized and eventually closed down. This process didn't go particularly smoothly and there wasn't enough money allocated to make sure that it did. It was planned that hospitals would then be only for those in "crisis". People who had spent most of their life within one of these hospitals and were therefore "institutionalised" now had to go and live and function in the community and not all had families to support them. Some of these people also had long term effects from the drugs they were given or previous treatments such as ECT or brain surgery.

On a side note, a confidential forum for former in-patients, families and staff members of psychiatric hospitals before 1992 was set up to give people the chance to talk about their experiences. A report was published (*Te Āiotanga*) [4], with very clear themes on aspects of people's experiences of institutions including their culture, treatment, experiences of particular groups of people and the impact of their experiences.

That brings us up to the time of the *Mason Report* and subsequent changes to the mental health sector.

The first mental health strategy for New Zealand was published in 1994 (yes it was before the *Mason Report*) and was called *Looking Forward: Strategic Directions for the Mental Health Services* [5] and was a basis for the following developments in the mental health sector. An implementation plan was published three years later. These documents stated that mental health was a priority and included a focus on specific groups including child and youth and Māori.

In 1995 there was an inquiry into mental health services in New Zealand which collected submissions from a number of organisations, groups and individuals about their opinions of the mental health sector. The report which came out of this inquiry is commonly referred to as the *Mason Report* (named after Judge Ken Mason who led the inquiry) [6] and was critical of the services for people with mental illness. Services were said to be under-resourced in terms of money and skill. The *Mason Report* recommended that a Mental Health Commission be set up to assist with improving mental health services. The report also recommended some extra funding for "sector improvements" which is now called 'Blueprint funding', and an anti-discrimination campaign which became the 'Like Minds Like Mine' campaign. You would have seen the advertisements on television with the various celebrities such as John Kirwan and maybe you've seen the posters or heard the radio ads. The *Mason Report* also discussed the need to include and work with other governmental departments whose services impacted on those with mental illness e.g. health, education, housing etc.

Up until this time, money for mental health was not separately accounted for. The *Mason Report* highlighted that general health was utilising some of the mental health money and this lack of money was contributing to some of the problems within the mental health sector. This is how mental health money came to be ring-fenced. See Chapter Five for more info on the *Mason Report*.

One of the initial functions of the Mental Health Commission was to produce a 'blueprint' for the development of mental health services. In 1998 the *Blueprint* was published. Mental health money was increased each year (called 'Blueprint' money) until service targets for numbers of staff and access rates are reached. This commitment to the targets in the *Blueprint* still continues today [7]. Child and youth services are still underfunded however as 29% of the population is 0-19 [8], but only receive 10-12% of the mental health budget.

The *Blueprint* also recommended that mental health services be provided for the 3% of people with the highest need and most severe disorders, and not the full 20% of people that might experience mental ill health at any one time. It was thought that the remaining 17% would not access public mental health services, but use private counselling, GPs and other social services.

Central to the *Blueprint* was the concept of 'recovery' which is defined in the *Blueprint* as "happening when people can live well in the presence or absence of mental illness." [9]. In some ways, this was a new way of thinking about mental illness, as 'recovery' promotes having hope and the idea that mental illness is not the end to a productive and fulfilling life.

It wasn't until 2000 that the current health structure came into place with the establishment of 21 DHBs. All 21 DHBs have adult mental health and CAMH services. As some of the smaller DHBs can't afford some specialist health services, the idea is that DHBs can collaborate to provide some regional services such as inpatient units.

In 2005 *Te Tāhuhu* [10] the second national mental health and addiction plan was published. It guides development towards recovery oriented mental health and addiction services. *Te Kōkiri* [11] describes the implementation plan needed to meet *Te Tāhuhu's* goals. These two documents are hugely important as they are plans for up to the year 2015. The objectives need to be actioned by mental health services and the wider sector during this time.

The depth and breadth of services has grown hugely over the years. Institutions or private therapists were once the limit in terms of available mental health services and now there are public services for specific populations. This includes ethnicity specific such as Kaupapa Māori, Pacific and Refugee and Migrant services. There has been an increase especially in specialist services (for particular issues) such as forensic, services for older people, child and adolescent, maternal mental health and disorder specific such as eating disorders, personality disorders and addictions/AoD. There has also been a growth in the NGO sector, and more cross-sectoral collaboration (mental health and sectors such as Justice, Education, Health etc.). In recent years there has been a growth in service user run services which includes peer support, consumer participation/leadership, drop-in services, employment support and project work.

Youth Mental Health

Documents such as the *Blueprint* [9] and *New Futures* [12], and later *Te Tāhuhu* [10] and *Te Kokiri* [11], highlighted that young people's needs needed to be further addressed. Early intervention was also beginning to be recognised as important to ensuring "mental illness" was not a life long disruption.

Te Rau Hinengaro [13] New Zealand's first mental health survey, highlighted that 16-24 year olds had the highest prevalence of any mental health disorder. Half of the most commonly occurring mental health disorders have begun by the age of 18. The median age of the start of an anxiety disorder is 13 years, for eating disorders it is 17 years and for substance use disorders, 18 years [13].

Organisational Structure

Here's one of the common organisational structures that exists in the mental health sector for those that work in DHB services.

There are other people in an organisation that are important in the day to day running of the service, and sit in various places of the flowchart according to the service (e.g. Admin). Youth Consumer Advisors can also sit at different levels depending on the service.

Different job titles and professions

Mental health services are provided by a range of professionals. These include: Social Worker, Nurse, Occupational Therapist, Alcohol and Drug Worker, Youth Worker, Psychiatrist, Psychologist, Counsellor, Family/Whānau Advisor, Family Therapist, Cultural Advisor and Community Support Worker. These are all in the glossary, but for more information (and some videos) of what people in these jobs do, and where to study, check out *www.realjobsforrealpeople.org.nz.*

What DHBs and NGOs do and who they cater for

There are 21 DHBs that cover all of New Zealand. The government, through the MoH has oversight of what the DHBs do. Like adult services, DHB CAMH services are for the 3% that need them the most. These services are mostly made up of clinical staff and do things like provide assessment, referral to other services, therapies, medication, access to hospital etc, and various forms of emotional, behavioural and social treatments including family therapy.

DHB CAMH services usually work from 9-5 weekdays, so adult crisis teams (CAT team) are utilised during the weekend and evenings.

NGO's on the other hand often work quite differently. They tend to have access to different funding streams and are made up primarily of non-clinical staff and do a huge variety of things depending on the NGO and what it was set up to do. Some NGOs have residential houses or respite houses for young people to stay at for short or longer periods of time with support. Others are more focused on things such as adventure therapy, AoD issues, employment support or providing support workers that visit people and support them in their day to day tasks. There has also been a more recent growth in peer specialist (consumer run) services providing a variety of services including peer support and other project work.

There are other general services that are specifically for young people who may also have mental health issues. There are a number of services across New Zealand that are called 'One Stop Shops' or in other words, drop-in services that young people can go to that address all sorts of life issues. This could include employment, study, mental health, health, addictions issues, housing and a whole lot more. These seem to be working pretty well (internationally too) and some young people feel less stigmatised going to one of these places as opposed to a mental health service!

More about NGOs

Many NGOs providing mental health services in New Zealand were set up during deinstitutionalisation and often by community initiatives, family members and existing iwi organisations. Kaupapa Māori services are by Māori for Māori and recognise that mental health and culture are connected. Many Kaupapa Māori mental health services began at this time due to concern about the number of Māori accessing psychiatric facilities. Many Kaupapa Māori services are delivered by NGO services and are integrated with other Kaupapa Māori community services.

For more info on Māori models of health, check out: *www.maorihealth.govt.nz* click on 'Addressing Maori Health' > 'Maori Health Models'.

For more info on Pacific models of mental health service delivery, check out: *www.tepou.co.nz* and search for the document entitled *' Pacific Models of Mental Health Service Delivery in New Zealand'.*

References

1. Read, J., Mosher, L. R., & Bentall, R. P. (2004). *Models of Madness. Psychological, Social and Biological Approaches to Schizophrenia.* East Sussex: Brunner-Routledge.
2. Brunton, W. (2001). *A Choice of Difficulties. National Mental Health Policy in New Zealand 1840-1947.* University of Otago, Dunedin.
3. The Porirua Hospital Museum and Resource Centre Trust. (2008). The Origins of Mental Health Care in New Zealand and Wellington. Retrieved April 30, 2009, from http://www.poriruahospitalmuseum.org.nz/content/origins-mental-health-care-new-zealand-and-wellington
4. Mahony, P., Dowland, J., Helm, A., & Greig, K. (2007). *Te Āiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals.* Wellington: Department of Internal Affairs.
5. Ministry of Health (1994). *Looking forward: Strategic directions for the mental health services.* Wellington: Ministry of Health.
6. Mason, K., Johnstone, J., & Crowe, J. (1996). *Inquiry under Section 47 of the Health and Disability Services Act 1993 in respect of Certain Mental Health Services. Report of the Ministerial Inquiry to the Minister of Health Hon Jenny Shipley.* Wellington: Ministry of Health.
7. Mental Health Commission (2007). *Te Haererenga mo te Whakaōranga 1996-2006: The Journey of Recovery for the New Zealand Mental Health Sector.* Wellington: Mental Health Commission.
8. Bir, J., Vague, R., Cargo, T., Faleafa, M., Au, P., Vick, M., & Ramage, C. (2007). *The 2006 stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, The University of Auckland.
9. Mental Health Commission (1998). *Blueprint for mental health services in New Zealand: How things need to be.* Wellington: Mental Health Commission.
10. Minister of Health (2005). *Te Tāhuhu - improving mental health 2005-2015: The second New Zealand mental health and addiction plan.* Wellington: Ministry of Health.
11. Minister of Health (2006). *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015.* Wellington: Ministry of Health.
12. Ministry of Health (1998). *New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand.* Wellington: Ministry of Health.
13. Oakley Browne, M., Wells, J., & Scott, K. (Eds.). (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.

Chapter Four

Letting the Cat Out of the Bag - $$$ Flow

So, how does money flow from the government all the way down to paying the therapist a young person is seeing?

This chapter will tell you all you ever wanted to know about the money that goes through the mental health sector and some other things that nobody tells you.

Letting the Cat Out of the Bag - $$$ Flow

It starts with the Ministry of Health (MoH) which reports to the Minister of Health. The MoH gets money from Treasury which comes from the taxes we all pay. The MoH is divided into 10 directorates. At the moment, mental health is situated under the Population Health Directorate. The MoH structures are not set in stone, so are subject to change and this can depend on who is the Minister and which political party is in power etc. Further information about the MoH structures can be found on their website by going to *www.moh.govt.nz* and clicking 'About' > 'Organisation Structure' > 'Directorates'.

The MoH has stated priorities that are updated annually. For example, the health targets for Quarter One 2008/09 included 'Improving mental health services', 'Improving immunisation coverage', 'Improving diabetes and cardiovascular services' and 'Reducing cancer waiting times' [1].

The mental health people from the Population Health Directorate talk to provider arm services (e.g. CAMH services) and NGOs. They aim to inform and influence services about what to do and how they should run.

MoH has a list of services that need to be contracted out (between the DHBs and the NGOs) and each service purchases these services, agreeing to deliver them the way they are described. This list of services is called the Service Specifications and there are different ones for different specialist services. These Service Specifications are currently being reviewed and re-developed.

There is no set way for a service to be structured or to work. The purpose of this is so the service is designed to fit the region and people that it delivers to, so services all over the country will look and work differently.

Mental health gets between 10-15% of the total health government money. Child and youth mental health and addictions gets about 10-12% of that and the rest (88-90%) goes to adults. Therefore the spending within mental health is currently not reflective of the population as 29% of the population is 0-19 years old [2]. This occurs even though there is a lot of evidence that mental health issues usually begin during adolescence or early adulthood and that early access leads to better outcomes [3].

District Health Boards (DHBs)

A DHB is an organisation that has the responsibility of making sure public health and disability services are provided for the people of their specific geographic area (e.g. Counties Manukau area). DHBs aim to do a variety of things including; improve the health of the people in their DHB area, promote good health care, reduce the differences in health of Māori and other population groups, promote the integration of services, purchase services and improve health outcomes.

Each DHB has a board of up to 11 people, seven of which are elected by the public at the same time as the local government elections (when the mayor is voted). Up to four other people can be appointed by the Minister of Health who ensures there is a mix of people balancing ethnicity, gender, age and geographic representation. The board members govern (oversee), making sure the DHBs management and the rest of the DHB meet their objectives within the allocated funding.

DHBs get direct funding from the MoH for the services they provide and according to their population. For example, the three Auckland DHBs cover small areas, but have big populations and therefore get more money than a DHB such as West Coast DHB that covers a large area but has less people.

DHBs have certain rules they must comply with. They are expected to work on the MoH stated priorities, as well as any priorities they have in their own area, e.g. one DHB area may have a bigger Asian population than other DHBs so one of their priorities might be aimed at the Asian population.

Physical health takes a lot more money than mental health. A lot of equipment and machines and tests are needed, which mental health does not require. For a long time, physical health used mental health money if there was a deficit (not enough) which meant mental health services were less able to deliver good services. Now, specific money is set aside for mental health and physical health cannot access it.

DHBs have to develop District Annual Plans (DAPs) each year describing how they will meet the MoH priorities. The government lets DHBs make the decisions about what they'll do and how, and they have the responsibility to enact the priorities.

The money the DHBs are given is spent in different ways:

1. Continuing to fund current services that are always funded. For example, maternal health, hospitals.

2. Funding for more short term things that come and go. For example some immunisation programmes.

3. Some services are re-prioritised. For example, more money may be going into early intervention, and less into later intervention.

There are unavoidably going to be shortfalls, and these exist in every country in some way. Waiting lists are an example of a shortfall. With that can come the increase of privatisation (people choosing to have private rather than public healthcare) and more people have private elective (non-urgent) surgery. This costs money, but you won't sit on a waiting list for months before having the surgery. Similarly, some families see private therapists.

DHBs have to make difficult decisions about what the money is spent on. Public lobby groups may try to influence their decisions.

Funders and Planners within DHBs also have difficult jobs. If there is not enough money, they need to work out what services can be reduced so there's enough money to go round. They often need to make difficult decisions and part of their job is to say 'no' to ideas, services and projects. Therefore, they need to be given the evidence they need to make the best decisions and be persuaded that what their clinicians are saying is a good idea.

DHBs can also fund some things with other DHBs. There is not enough money for every DHB to have a service or a resource for everything. These services that are funded by more than one DHB are called regional services. For example, a number of DHBs will put money into a youth inpatient unit. There is the issue that regional services will be based in one DHB area which means it may be difficult to travel to for people who live in another DHB area. There can also be tension between regional and local services, made worse by differences in the way services work.

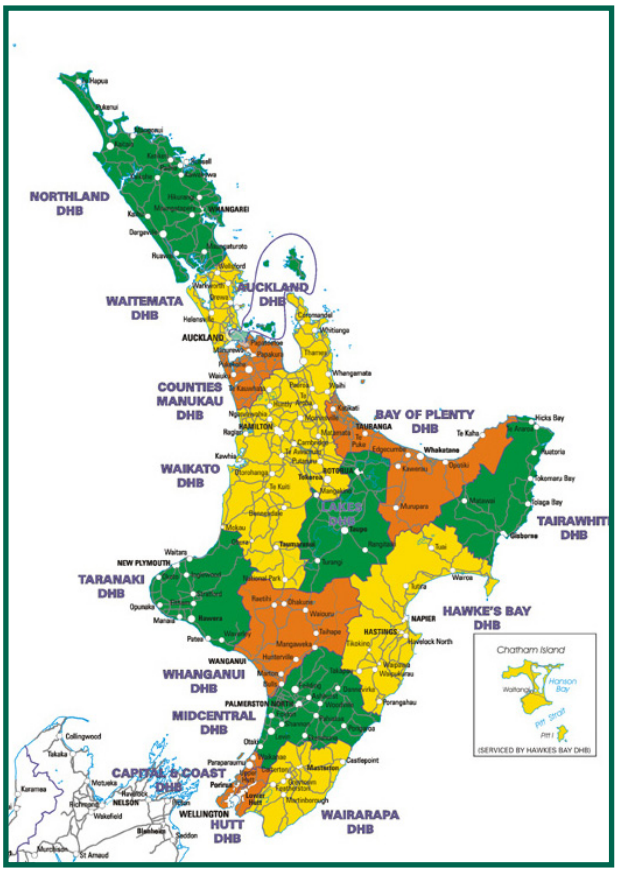
Two different DHBs might utilise an NGO but have very different contracts with them. For example the criteria for a young person to access the NGO might be different for the two DHBs. In these situations the DHBs need to work together to resolve these differences.

For more information about DHBs, go to: *www.moh.govt.nz/districthealthboards*

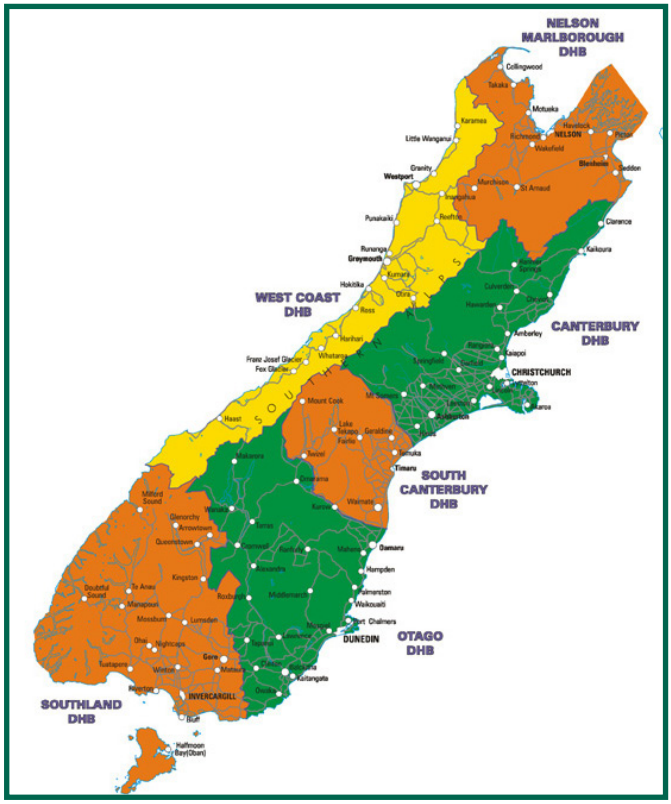
Maps outlining the DHB areas:

(Source: *www.moh.govt.nz)*

North Island



South Island



References

1. Ministry of Health (2009). Health Targets. Retrieved April 15, 2009, from http://www.moh.govt.nz/moh.nsf/indexmh/healthtargets-targets

2. Bir, J., Vague, R., Cargo, T., Faleafa, M., Au, P., Vick, M., & Ramage, C. (2007). *The 2006 stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, The University of Auckland.

3. Ministry of Health (2007). *Te Raukura. Mental health and alcohol and other drugs: Improving outcomes for children and youth.* Wellington: Ministry of Health.

4. Ministry of Health. North Island. Retrieved May 14, 2009, from http://www.moh.govt.nz/moh.nsf/Files/DHBnorthisland2/$file/northisland2.jpg

5. Ministry of Health. South Island. Retrieved May 14, 2009, from http://www.moh.govt.nz/moh.nsf/Files/DHBsouthisland2/$file/southisland2.jpg

Chapter Five

Face(the)book - Relevant Policies and Documents

This section basically summarises and pulls the interesting and important things out of various documents that you'll hear about or may read.

They're ordered in chronological order (the order they were published). Your Service Manager could also be someone to discuss some of these documents with - many of these are behind your service's policies.

Face(the)book - Relevant Policies and Documents

Keep in mind that the summaries in this chapter is from a youth consumer view, and not written by the original authors of the documents.

Treaty of Waitangi/Te Tiriti o Waitangi (1840)

Anything of particular relevance to youth consumer participation?

As *Te Tiriti o Waitangi* is the founding document of New Zealand the principles of kāwanatanga (partnership), rangatiratanga (protection) and ōritetanga (participation) need to be reflected in mental health services. Youth consumer participation fits with these principles in terms of young people having partnership with the mental health services that impact their lives, and participating in the development and delivery of these services.

UNCROC – United Nations on the Convention on the Rights of the Child [1]

What is this Convention about?

UNCROC is a treaty that New Zealand signed up to in 1993 and is about protecting the rights of children and young people. Most countries worldwide have signed the Convention. There are 54 articles on a range of rights for children and young people up to the age of 18. It includes basic rights such as protection from harm, access to things you need to live, and also rights about choices.

Anything of particular relevance to youth consumer participation?

There are a couple of articles that are a little more relevant to youth consumer participation than others. Article 12 is about young people being allowed to have a say in the decisions that affect them and Article 42 is around having the right to know what your rights are.

How easy is it to read?

If you read the child-friendly version that is floating around the internet then it's really easy. The full version is a bit less accessible.

Is there a copy on the internet?

Here's a child-friendly version of it: *www.unicef.org.uk/youthvoice/pdfs/uncrc.pdf*

Looking Forward

Strategic Directions for the Mental Health Services (1994) [2]

Who wrote and/or published it?

Ministry of Health

What is this document/report/book about?

Looking Forward sets out the government goals, principles and objectives for mental health services and confirms the change of direction from hospital-based services to community-based services. It outlines five strategic directions.

Purpose for being written?

By 1994 a number of reports had pointed out that mental health services were not meeting the needs of consumers, their whānau and the community. The purpose of Looking Forward was to begin strategising about mental health services in New Zealand particularly given the recent de-institutionalisation.

Anything of particular relevance to youth consumer participation?

Not really.

How easy is it to read?

Looking Forward isn't too long and not too hard to read, though is quite dated, so maybe put it aside for a rainy day.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

Mason Report

Inquiry Under Section 47 of the Health and Disability Services Act 1993 in Respect of Certain Mental Health Services. Report of the Ministerial Inquiry to the Minister of Health Hon Jenny Shipley (1996) [3]

Who wrote and/or published it?

Mason, K., Johnston. J., & Crowe, J., published by Ministry of Health

What is this document/report/book about?

The *Mason Report* (named after Judge Ken Mason who was one of the authors) was an inquiry into the availability and delivery of mental health services in New Zealand at a time when the media had jumped on a couple of cases which caused a high level of public concern. 720 written submissions were received from individuals and organisations on their opinions and experiences of mental health services which informed the recommendations of the *Mason Report*.

Purpose for being written?

The general public were anxious because of the cases that had been in the media, the morale (how people feel) of those that worked in the sector was low, de-institutionalisation (that is closing the hospitals) was pretty much completed and it was realised that this hadn't been managed as well as it could have been. Something needed to be done to change mental health services in New Zealand.

What are the most important things to take from this document/report/book?

Mental health services in New Zealand weren't in a good place when this was written, and though things have changed a lot, there's still a bit to change. There were only a few recommendations from the *Mason Report*, which have all since been acted on which is great. The *Mason Report* suggested the development of an organisation that would lead the sector (the Mental Health Commission). It also suggested the development of what would become the Mental Health Commission's *Blueprint* document (later in this chapter). There was also a recommendation for a programme that would work on reducing the stigma and discrimination that existed about people with mental illnesses (this became 'Like Minds, Like Mine'). Finally, ring-fencing of mental health money also came about from the *Mason Report* (a certain amount of money is set aside for mental health services that general health can't use).

Anything of particular relevance to youth consumer participation?

Not really, though the recommendations suggested have contributed support for the case for youth consumer participation.

How easy is it to read?

Not the easiest read though worth a flick through. There are a number of quotes from people working within services, family members and consumers that are enlightening.

Is there a copy on the internet?

No.

Code of Health and Disability Services Consumers' Rights (1996) [4]

Who wrote and/or published it?

Health and Disability Commissioner

What is this document/report/book about?

This is a pamphlet outlining the rights people have regarding health services and disability support services in New Zealand. There are 10 rights which need to be followed including 'the right to support', 'right to make an informed choice and give informed consent' and the 'right to services of an appropriate standard'. You should talk to the service you are using or make a complaint if you feel one or more of these rights have been broken.

Purpose for being written?

This particular brochure is like the easy version to the whole *Code* – so most people can understand it. There are also brochures about making complaints.

Check out the Health and Disability Commissioner website. *www.hdc.org.nz*

What are the most important things to take from this document/report/book?

Everything!

Anything of particular relevance to youth consumer participation?

The whole *Code* is really important as it underpins everything that services do. Arguably the right to be fully informed is one that isn't adhered to as much as it should. While you shouldn't be in the position of being an advocate for anyone, you may need to point out some of the rights now and then to remind people.

How easy is it to read?

It's just a pamphlet (you can read the whole *Code* if you like…) and is really important. Read it!

Is there a copy on the internet?

Yes, visit *www.hdc.org.nz* and type 'code leaflet' into the search function.

Moving Forward

The National Mental Health Plan for More and Better Services (1997) [5]

Who wrote and/or published it?

Ministry of Health

What is this document/report/book about?

Moving Forward is based on *Looking Forward* [2] and basically includes the actions needed to ensure there are more and better mental health services.

Purpose for being written?

Following *Looking Forward* [2] and the *Mason Report* [3], there was an increase in funding for community services. Although there was an increase in quantity of services, this did not necessarily mean they were better. *Moving Forward's* objectives gave us a way to measure how well the mental health sector was doing (and how well the mental health strategy was being implemented) building on the strategies of *Looking Forward* [2].

Moving Forward's goals were to decrease prevalence of mental illness and mental health problems and reduce the impact of mental disorders on consumers, their families, caregivers, and the general community.

Anything of particular relevance to youth consumer participation?

One of the objectives, which is about improving responsiveness of mental health services, said that there needed to be involvement of consumers in national and regional planning and policy development by 1998 though it's not much more specific than that.

One of the strategic directions is also interesting in that it states that there needs to be a balance of personal rights with protection of the public. Fortunately this strategic direction would not be relevant today, as there is more of a trend to decrease compulsion (forcing treatments and seclusion), and there is research stating that people with a mental illness are more likely to be victims of crimes rather than commit them [6].

How easy is it to read?

It's well structured, though much longer than *Looking Forward* [2], and again, out of date (though interesting for context) – so leave for a rainy day.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

Blueprint for Mental Health Services in New Zealand.

How Things Need to Be (1998) [7]

Who wrote and/or published it?

Mental Health Commission

What is this document/report/book about?

The *Blueprint* is an important document and still pretty relevant today. It describes what is needed in terms of service development to implement the National Mental Health Strategy. The *Blueprint* is a plan about what kinds and amount of service there needs to be for different people.

What are the most important things to take from this document/report/book?

The *Blueprint* was important in terms of promoting a recovery approach in services which was a shift in thinking at the time, and stated that services should be delivered to the 3% with the most severe disorders or highest need.

The *Blueprint's* access targets were adjusted for the different youth age groups. The targets became 1% for 0-9s, 3.9% for 10-14 and 5.5% for 15-19 year olds. Since Māori and Pacific populations have more young people than other populations access to mental health services is even more important, though their access rates are often lower despite having the most need [8].

Anything of particular relevance to youth consumer participation?

The *Blueprint* suggested that there should be 0.2FTE Consumer Advisory Services and consumer run initiatives for the 15-19 age group per 100,000 people.

How easy is it to read?

It's a bit of a long document, and some of the resource guidelines are a bit confusing, but worth a skim read.

Is there a copy on the internet?

Yes, visit*: www.mhc.govt.nz* , click on 'resources', then select the year of publication to find a copy you can download.

Recovery Competencies for New Zealand Mental Health Workers (2001) [9]

Who wrote and/or published it?

Mental Health Commission

What is this document/report/book about?

The *Recovery Competencies* build on the idea of recovery that was outlined in the *Blueprint*. It explains what recovery is, and how it came about. It also explains how a mental health worker can meet each of the ten recovery competencies, with plenty of examples and extra resources to access if you want more information.

Purpose for being written?

To guide those who teach mental health workers, to include 'recovery principles' in their curricula, and to promote the recovery approach being used in the mental health sector.

What are the most important things to take from this document/report/book?

There are 10 recovery competencies and they're all important. More recently competency frameworks have been developed for everyone working in the sector [10, 11].

Some of the competencies include; recognising peoples personal resourcefulness, actively protecting service users' rights, understanding the recovery principles, discrimination and social exclusion and the diverse views of mental illness and treatments.

Anything of particular relevance to youth consumer participation?

The recovery approach was beneficial to shift the attitude that mental illness was a lifelong disability, toward the idea that people can live great lives with or without symptoms of mental illness. Whilst the concept of recovery is still very relevant in New Zealand, and the above recovery competencies fit with young people, there is also a need to think differently about young people's experience of mental health, illness and services in this day and age. Some people prefer to think the concept of 'resiliency' is more applicable to young people than 'recovery'.

How easy is it to read?

This book is definitely not as bad to read as you'd think. Most of it is taken up with extra resources that relate to each of the competencies, so you can get all the info in the 1st third of the book. You have to read page 7 at least (and preferably the introduction as well)!

Is there a copy on the internet?

Yes, visit*: www.mhc.govt.nz* , click on 'resources', then select the year of publication to find a copy you can download.

Youth Development Strategy Aotearoa (2002) [12]

Who wrote and/or published it?

Ministry of Youth Affairs

What is this document/report/book about?

This is a strategy about how the government, youth organisations and the general public can support young people aged 12-24 to be a positive part of our society. It is for agencies to take into account when developing policies about young people.

There are six principles of youth development, three aims and four goals which all endeavour to ensure positive youth development for all young people.

Purpose for being written?

To shift the thinking from the negative stereotypes and the attitude that young people are a problem, to the idea that young people can be fantastic contributors to our society when there is positive youth development, which is something everyone plays a part in.

Anything of particular relevance to youth consumer participation?

One of the principles of youth development in this strategy is "Youth Development is triggered when young people fully participate." [12] (p 8). The strategy goes on to explain the importance of young people having control over what happens to them and around them. Skills are developed and participation is beneficial for both young people and their community. These things are just as relevant if young people participate in mental health and AoD services.

How easy is it to read?

It's not the shortest document ever, though isn't too wordy. I'd suggest skimming it or finding the bits that interest you.

Is there a copy on the internet?

Yes, visit*: www.myd.govt.nz* , click on 'publications' then select the publication from the alphabetical list to find a copy you can download.

Keepin' it Real (2003) [13]

Who wrote and/or published it?

Ministry of Youth Affairs

What is this document/report/book about?

Keepin' it Real is a simple and easy guide to youth participation. It describes how to increase youth participation in organisations (both governmental and non-governmental) and policy development (though not specifically in health or mental health services).

Purpose for being written?

Organisations were asking how to effectively have youth participation in their services and programmes, so the Ministry of Youth Affairs wrote a little handy book.

What are the most important things to take from this document/report/book?

Opportunities for young people to influence and shape ideas or activities that contribute to their positive development. The book argues that youth participation means that services and programmes better meet their needs as well as being a benefit to the young people involved.

Anything of particular relevance to youth consumer participation?

It's all about youth participation - so very relevant, though you probably already know it all!

How easy is it to read?

It's really short and is pretty youth-friendly. Definitely read it!

Is there a copy on the internet?

Yes, visit*: www.myd.govt.nz* , click on 'publications' then select the publication from the alphabetical list to find a copy you can download.

Our Lives in 2014

A recovery vision from people with experience of mental illness. (2004) [14]

Who wrote and/or published it?

Mental Health Commission

What is this document/report/book about?

Our Lives in 2014 is a vision for mental health services for 2014 which recognises the autonomy (personal power) of people with experience of mental illness more than services had so far. It talks about tāngata motuhake (consumers) leading their own 'recovery' and about social inclusion.

Purpose for being written?

To influence the development of the second mental health plan (*Te Tāhuhu*) and that of services and other sectors that are related to people who experience mental illness.

What are the most important things to take from this document/report/book?

Our Lives in 2014 is different to other documents. It's written by and contributed to by consumer leaders and is much more about consumers taking leadership and having more power than is usually the case around personal treatment, right to social inclusion, service delivery and development. It's much more recovery focused and hopeful than other documents too.

Anything of particular relevance to youth consumer participation?

Youth are included in this vision. Page 17 is particularly important and outlines that tāngata motuhake (including youth) are entitled to be in control of decisions about the services they receive, and also take the lead in consumer participation stuff (e.g. development of policy, planning and funding, education, research etc.).

How easy is it to read?

A very short book and really important as it's the vision that tāngata motuhake have for 2014 and is definitely worth a read to get an idea of what would be ideal for all service users.

Is there a copy on the internet?

Yes, visit*: www.mhc.govt.nz* , click on 'resources', then select the year of publication to find a copy you can download.

Child and Adolescent Mental Health in Aotearoa/New Zealand

An Overview (2005) [15]

Who wrote and/or published it?

Lucassen, M., Doherty, I. & Merry, S.,

What is this document/report/book about?

This is a resource for people to learn basic stuff about child and adolescent mental health. It's an interactive learning resource and includes a workbook and 3 CDs. It covers child and adolescent development including; attachment, personality, thinking and reasoning and emotions and feelings. There are also a number of learning exercises and videos of actors and people working in the sector to watch.

Anything of particular relevance to youth consumer participation?

Not really. This resource is more helpful to learn some basic stuff about child and adolescent mental health, or if you're meeting with students it could be helpful to have some idea about what they are learning.

How easy is it to read?

If you don't know anything about child and adolescent mental health and want to know what on earth the workers at your service are talking about, here is the resource for you. It has learning exercises, plenty of pictures, simple explanations, and short videos/interviews. You'll learn lots of stuff in this resource if you're studying child development or something relating to mental health.

Is there a copy on the internet?

No. The Werry Centre is developing an e-learning version, so watch this space!

Service User Workforce Development Strategy for the mental health sector 2005-2010 (2005) [16]

Who wrote and/or published it?

Mental Health Commission

What is this document/report/book about?

This strategy describes what the service user workforce is, why there needs to be service user workforce development and what the service user workforce is currently like. It also defines the vision for 2010 and how to get there.

Purpose for being written?

This strategy is to ensure that service user workforce continues to develop in terms of numbers, how effective it is, and the variety of roles available.

Anything of particular relevance to youth consumer participation?

This strategy doesn't mention anything specifically about youth consumer participation, though it's still somewhat relevant to your role as a Youth Consumer Advisor.

How easy is it to read?

It's pretty short and simple to read once you have your head around what 'workforce development' is.

Is there a copy on the internet?

Yes, visit*: www.mhc.govt.nz* , click on 'resources', then select the year of publication to find a copy you can download.

Tauawhitia te Wero Embracing the Challenge

National mental health and addiction workforce development plan 2006-2009 (2005) [17]

Who wrote and/or published it?

Ministry of Health

What is this document/report/book about?

This document was written for Managers, Clinical Directors and leaders in mental health and addiction workforce development in New Zealand. It identifies areas of the mental health workforce in need of development; it talks about the relationships between mental health services as well as the roles they should play. Important points are raised regarding recruitment, retention and training within the workforce, including training for service-user peer support models.

Purpose for being written?

This document is a plan that aims to provide a framework of direction and actions for the development of the mental health workforce for the years 2006-2009. This document is focussed more at a broader 'high-level' (national planning) and doesn't replace the more detailed regional planning.

What are the most important things to take from this document/report/book?

The important things to understand from this document are the types of roles and relationships different organisations hold and have with one another. Also note the goals the mental health workforce is working towards – the points they emphasize (e.g. supporting the development of a service user workforce) so you can hold them to their word!

Anything of particular relevance to youth consumer participation?

One of the key points for building a more capable workforce is supporting the development of a 'service-user' workforce. Though it doesn't specifically mention youth consumer participation, consumer participation is seen as an important area of needed growth in the mental health workforce.

How easy is it to read?

This document is aimed mainly at Managers and Clinical Directors so the language can be a bit wordy. Some of the diagrams and tables can be hard to understand, but the information is there for you to make sense of.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

The Addiction Treatment Workforce Development Programme

Strategic Plan for 2005 - 2015. (2005) [18]

Who wrote and/or published it?

Matua Raki

What is this document/report/book about?

This document is a strategy for workforce development in the addiction sector for the years 2005-2015. There is also the need for working with other sectors including primary care, mental health and justice. This document goes through each of the aspects of workforce development and the objectives required to meet the vision for the addiction sector (which includes increasing the numbers of people).

Purpose for being written?

To ensure there continues to be development in terms of workforce development for the addiction sector, with a broadening of what this sector looks like.

Anything of particular relevance to youth consumer participation?

There is an acknowledgement of the consumer workforce making up about a quarter of the addiction workforce, and the considerations around supporting this workforce. There is also a specific commitment to the people that work with young people with addiction issues.

How easy is it to read?

Read it if you work in the addictions sector, otherwise another to leave for a rainy day – it's not too bad to read, though kind of long.

Is there a copy on the internet?

Yes, visit*: www.matuaraki.org.nz* locate the publication under the 'documents' heading.

Te Tāhuhu

Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan. (2005) [19]

Who wrote and/or published it?

Ministry of Health

What is this document/report/book about?

This document is the strategic plan for all mental health and addiction services in New Zealand. This plan explains the outcomes that the New Zealand Government is aiming to achieve over the next few years (2005- 2015). Mental health in New Zealand is quite a broad subject, this document breaks it down into 10 different areas of focus that are seen as priorities by the Ministry of Health (e.g. promotion and prevention, building mental health services, responsiveness, workforce and culture for recovery, Māori mental health, primary health care, addiction, funding mechanisms for recovery, transparency and trust, working together). Each priority area has approximately one page describing what the government is hoping to achieve and what the public can expect from mental health services in New Zealand.

Purpose for being written?

To inform all New Zealanders about the outcomes mental health services in New Zealand aim to achieve (2005-2015). This document is the Strategic Plan which the Action Plan (*Te Kokiri*) [20] is based on (see next document).

What are the most important things to take from this document/report/book?

The priority areas and strategies identified by the Ministry of Health for the development of mental health in New Zealand, also understanding the reflections of these in mental health and addiction services.

Anything of particular relevance to youth consumer participation?

It is mentioned that the development of a service-user workforce is a good example of recent change.

How easy is it to read?

In comparison to other documents, this one is easy to read, short and a lot of it is in bullet-point form.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

Te Kokiri

The Mental Health and Addiction Action Plan 2006-2015 [20]

Who wrote and/or published it?

Ministry of Health

What is this document/report/book about?

Te Kokiri is the implementation plan for Te Tāhuhu [19] and identifies specific actions, people who will be affected the most by these actions and the organisations responsible for them. This document also describes milestones/ measures and sets timeframes for achieving these actions.

Purpose for being written?

The purpose of this action plan is to progress with the next steps on how to best meet the 10 leading challenges mentioned in *Te Tāhuhu* (Strategic Plan 2005-2015) [19].

Anything of particular relevance to youth consumer participation?

As with *Te Tāhuhu* [19], there is a specific action regarding implementing "initiatives to strengthen and develop a service user workforce" [20] (p 38).

How easy is it to read?

Not the easiest read, but has lots of tables and diagrams to help. Plus, it's another one of those documents that are really important and you can hold your services to!

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

Stocktake of Child and Adolescent Mental Health Services in New Zealand (2005, 2007 and 2009) [21, 22 & 23]

Who wrote and/or published it?

2005 – Ramage, C., Bir, J., Towns, A., Vague, R., Cargo, T. & Niumata-Faleafa, M., published by The Werry Centre

2007 – Bir, J., Vague, R., Cargo, T., Faleafa, M., Au, P., Vick, M. & Ramage, C., published by The Werry Centre

2009 – The Werry Centre

What are these document/report/book about?

These documents aim to find out more about the people that work in child and adolescent mental health services in New Zealand, as well as the people that use them. The 2005 *Stocktake* covers information about accessing (and barriers to accessing) services, the workforce and their demographics (ethnicity, age, role) and specific stuff around Māori and Pacific young people and their families/whānau.

The 2007 *Stocktake* is not as comprehensive as the first though it includes workforce and access information split into the four regions in New Zealand.

There is a third *Stocktake* published in 2009, which has up to date information on the workforce and shows the trends from the previous *Stocktakes.*

Purpose for being written?

To provide a "snapshot of who is providing and accessing mental health services" and to see the trends over time [22] (p 3).

Anything of particular relevance to youth consumer participation?

These documents don't include stats on Youth Consumer Advisors. However, they're very useful documents to reference and back up your points or for general information about the CAMH/AoD workforce in New Zealand.

How easy is it to read?

These are huge! Do a 'ctrl F' (computer word search) to find what you're looking for or look up the contents page. The 2005 *Stocktake* has a literature review that discusses a lot of the issues for youth mental health services which is pretty interesting.

Is there a copy on the internet?

Yes, visit: *www.werrycentre.org.nz* and go to 'resources and publications' to see the list of Werry Centre Workforce Development Publications.

Whakamārama Te Huarahi - To Light the Pathways

A Strategic Framework for Child and Adolescent Mental Health Workforce Development 2006-2016. (2006) [24]

Who wrote and/or published it?

Wille, A., published by The Werry Centre

What is this document/report/book about?

This outlines a national approach around workforce development for the child and adolescent mental health and addictions sector. The aim is to increase the number and the ability of those that work in the sector through a number of recommendations that come under eight goals.

Purpose for being written?

To plan and address the issues around workforce in the child and adolescent mental health and addictions sector.

Anything of particular relevance to youth consumer participation?

This document discusses and highlights the importance of youth consumer participation, particularly around youth consumer roles (such as Youth Consumer Advisors). It explains that there are barriers, but that effective participation is beneficial to both services and young people. Two of the recommendations from this *Strategic Framework* relate to youth consumer participation including promoting service leadership development (which includes consumers) and service improvement through consumer participation.

How easy is it to read?

Not the easiest read – it's written in high-level, strategic language. Go to page 64 for the two recommendations relating to youth consumer participation.

Is there a copy on the internet?

Yes, visit*: www.werrycentre.org.nz* and go to 'resources and publications' to see the list of Werry Centre Workforce Development Publications.

Te Rau Hinengaro

The New Zealand Mental Health Survey. (2006) [25]

Who wrote and/or published it?

Oakley Browne, M., Wells, J. & Scott, K., published by the Ministry of Health.

What is this document/report/book about?

Te Rau Hinengaro is the results and discussion of a survey of 13,000 people over 16 years old. It includes lots of statistics about the prevalence (how often it occurs) of particular disorders, and how they compare across different ages, genders and ethnicities. It also has information about the barriers to mental health services.

One issue with *Te Rau Hinengaro* is that there wasn't any information gathered for people under 16. The statistics in the book are grouped into age groups, the youngest age group is 16-24 year olds.

Purpose for being written?

Usually information and statistics from overseas are used to inform the development of policies in New Zealand. This kind of information is also used in planning for more services, and better ones. *Te Rau Hinengaro* is the first survey in New Zealand to find out about the people that experience mental illnesses which could help build services that better support New Zealanders.

What are the most important things to take from this document/report/book?

Younger people have a higher prevalence of disorder in any 12 months (young people have mental illnesses more often than people of other ages). However the youngest age group was less likely to have contact with a 'treatment' service.

The prevalence of disorder is higher for Māori and Pacific than for other ethnicities.

Anything of particular relevance to youth consumer participation?

Te Rau Hinengaro states that half of all mental health disorders have begun by the age of 18. Therefore it seems important that mental health services are accessible and are working as well as possible for young people (which can be more likely if there is youth consumer participation).

How easy is it to read?

It's really long, so you might not want to read it from start to end. Looking up relevant bits, or doing a 'ctrl F' (word search if it's on a computer) to find what you're looking for is definitely the way to go. There is also a brief summary document that is much easier (and shorter) to read.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

Kia Puāwai Te Ararau

National Māori Mental Health Workforce Development Strategic Plan (2006) [26]

Who wrote and/or published it?

Te Rau Matatini

What is this document/report/book about?

Kia Puāwai describes a vision with a number of strategic directions, the existing Māori mental health workforce and its relationship with other strategies and the challenges of mental illness for Māori.

Purpose for being written?

To provide direction for Māori mental health workforce development and to bring this in line with Māori mental health needs.

Anything of particular relevance to youth consumer participation?

There is a whole strategic direction about tāngata whaiora participation and talks about young people wanting to participate as well.

How easy is it to read?

At least read the direction about tāngata whaiora participation – it's not a short document.

Is there a copy on the internet?

You can order hard copies from the Te Rau Matatini website: *www.matatini.co.nz*

Te Haererenga mo te Whakaōranga

1996-2006. The Journey of Recovery for the New Zealand Mental Health Sector. (2007) [8]

Who wrote and/or published it?

Mental Health Commission

What is this document/report/book about?

Te Haererenga describes the changes, highlights and issues in the mental health sector in the 10 years since the *Mason Report* was published. It includes a number of perspectives and stories from a variety of people who have worked in the sector as well as those who have used services.

Purpose for being written?

To celebrate the achievements over this decade as well as identifying the challenges for the future.

Anything of particular relevance to youth consumer participation?

There's a chapter that talks about the strengthening in the position of service users from participatory to one of leadership. It also mentions youth consumer participation and a couple of the difficulties involved.

How easy is it to read?

Very readable even though it's long - the stories, highlights and voices of those that have worked in the sector make it even more interesting. Plus it's a really good way to get a bit more of an understanding of some of the history of the mental health sector and how different people/organisations have influenced it.

Is there a copy on the internet?

Yes, visit*: www.mhc.govt.nz* , click on 'resources', then select the year of publication to find a copy you can download.

Te Raukura

Mental health and alcohol and other drugs: Improving outcomes for children and youth. (2007) [27]

Who wrote and/or published it?

Ministry of Health

What is this document/report/book about?

Te Raukura brings the current issues for child and youth mental health and AoD services together. It covers what these services currently look like, and widens the scope from that of *New Futures* [28] to include mild to moderate mental illness and to include health (such as primary health care) and other sectors such as education. It also includes discussion around the nationally identified problem areas e.g. reducing inequalities, access etc.

Purpose for being written?

With identifying the key issues for action, the aim of *Te Raukura* is to increase the pace of the development of this sector in the next 3-5years.

Anything of particular relevance to youth consumer participation?

It's kind of interesting to see the types of services that DHBs can and do purchase along with some of the funding information that you don't see in other places.

The key issue "workforce" includes the priority from *Te Kōkiri* regarding developing initiatives supporting service user involvement in services.

How easy is it to read?

It's not that long and not too wordy, so not too bad in terms of getting a relatively recent summary of the issues and priorities for the youth mental health and AoD sector.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

Not Just Another Youth Participation Model…

Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand (2007 and 2009) [29, 30]

Who wrote and/or published it?

The Werry Centre

What is this document/report/book about?

These guidelines are for anyone who is wanting to or planning to implement youth consumer participation in their CAMH or AoD service. It goes through everything you need to know beginning with the benefits for both services and young people. It then describes a 'how-to' model to follow over three phases, plus other strategies to be put in place to ensure youth consumer participation is effective and working well. There's also a section on why there needs to be youth consumer participation, pulling together all the key policies and strategic documents in New Zealand. Finally there is a discussion of potential barriers for both services and young people and how to minimise these.

A second edition published in 2009 includes chapters specifically on Māori and Pacific youth consumer participation.

Purpose for being written?

To guide services that are beginning to, or are in the process of, implementing youth consumer participation.

Anything of particular relevance to youth consumer participation?

This is currently the only document in New Zealand (possibly the world?) about how to have effective youth consumer participation. If you go to the references section at the back of the book, there's also a list of reports/articles etc. that were read when researching these Guidelines, so check that out if you want more info on consumer or youth participation.

How easy is it to read?

It's aimed at services and the people that work within them, though it is also written by a young person and aims to be somewhat youth-friendly. It's also laid out differently to a normal document so a bit more engaging than most. Read it!!!

Is there a copy on the internet?

Yes, visit*: www.werrycentre.org.nz* and go to 'resources and publications' to see the list of Werry Centre Workforce Development Publications.

Whakapakari Ake Te Tipu

Māori child and adolescent mental health and addiction workforce strategy. (2007) [31]

Who wrote and/or published it?

Te Rau Matatini

What is this document/report/book about?

Whakapakari Ake Te Tipu provides practical strategies and ways forward for the Māori child and adolescent mental health workforce in New Zealand. This document highlights a pathway for the child and adolescent mental health workforce that is specific to Māori, identifying needs and priorities that are important to Māori which may be different to mainstream population needs. It gives a background on what is in place now regarding Māori workforce in this area, and also has a brief look at the Māori child and adolescent mental health profile and stats in New Zealand.

Purpose for being written?

To assist and guide the development of the Māori CAMHS workforce in New Zealand.

What are the most important things to take from this document/report/book?

That mainstream CAMH services have philosophies and strategies that may not work best for all people. Māori have come up with alternative strategies that are likely to benefit Māori more than mainstream strategies. Māori have different considerations and look at health from a more holistic viewpoint. Also, Māori mental health stats are different to mainstream so other approaches need to be taken.

Anything of particular relevance to youth consumer participation?

Included in the strategy is a section on tāngata whaiora and whānau participation, stressing the importance of tāngata whaiora (mental health service consumers) and taiohi (youth) participation in the design, delivery and monitoring of mental health services. It outlines priority actions and has examples of taiohi involvement in projects.

How easy is it to read?

This document isn't difficult to read, though not short. There's also a great glossary at the back that includes the Māori words used in the document.

Is there a copy on the internet?

Yes, visit*: www.matatini.co.nz* and enter the title in the the search function to find a copy you can download.

Te Puāwaiwhero

The Second Māori Mental Health and Addiction National Strategic Framework 2008-2015 (2008) [32]

Who wrote and/or published it?

The Ministry of Health

What is this document/report/book about?

This document is a national framework for Māori mental health and addiction in New Zealand. It provides direction for mental health and AoD services as we work towards achieving better outcomes for whānau and tāngata whaiora. It talks about different areas of mental health and identifies a focus on aspects specific to Māori and ways organisations can work to benefit Māori more.

Purpose for being written?

This document approaches the unique needs of tāngata whaiora from a Māori point of view to achieve whānau ora. Whānau ora means that services see tāngata whaiora as part of a family and as part of their environment, and often achieving maximum wellbeing depends on their relationship with their family and their environment.

Anything of particular relevance to youth consumer participation?

While there isn't anything specific about youth consumer participation it talks about building on the gains of Māori participation in the health sector and about Māori being a young population.

How easy is it to read?

The document isn't too long, very readable and there is a helpful glossary at the back for the unfamiliar words.

Is there a copy on the internet?

Yes, visit*: www.moh.govt.nz* and enter the title in the the search function to find a copy you can download.

United Nations Convention on the Rights of Persons with Disabilities [33]

What is this convention about?

This Convention is a treaty that New Zealand ratified (consented to be a part of) in 2008 to promote equal rights and freedom by all people with disabilities. While you wouldn't necessarily think mental illness is a disability, this convention does include those with mental illness.

Purpose for being written?

The things outlined in the convention aren't exactly new rights in fact many of them are basic human rights, however there wouldn't need to be a convention if these rights were respected.

What are the most important things to take from this document/report/book?

There is a strong theme of fundamental (basic) freedom which impacts on some of the mental health practices that occur e.g. such as putting people in hospital, in seclusion rooms and restraint.

It's also important to note that this Convention argues that disability exists because of the attitudes and other barriers that prevent people from participating in society like everyone else.

Anything of particular relevance to youth consumer participation?

While there is stuff about mobility and access to resources, there is also lots that relate to young people with mental health issues. This includes not discriminating, autonomy (independence and empowerment) and freedom.

There are also repercussions in terms of shifting away to more autonomous services, which means service users making decisions not just about their own treatment, but on service delivery and development and policy development.

How easy is it to read?

If you read the easy read version it's like it says "an easy read". The full convention is more informative though more difficult to get through, so maybe go with the plain English version.

Is there a copy on the internet?

Yes, visit: www.*ratifynow.org* and select *'CRPD in Plain Language'* from the page menu on the left.

Real Skills Plus

A Competency Framework for the Infant, Child and Youth Mental Health and Alcohol and other Drug Workforce (2009) [11]

Who wrote and/or published it?

The Werry Centre for Child and Adolescent Mental Health Workforce Development

What is this document/report/book about?

"This document presents *Real Skills Plus CAMHS*, a knowledge and skills competency framework for the Infant, Child and Youth Mental Health and Alcohol and other Drugs (AoD) sector for people in Practitioner roles who work with infant, children and young people with moderate to severe mental health concerns, and their whānau." (p 5)

Purpose for being written?

Real Skills Plus CAMHS sits alongside the other "competency frameworks" such as *'Let's get real: Real skills for people working in mental health and addictions'*[10]. *Let's Get Real* is the foundation document for all people who work in mental health, with *Real Skills Plus CAMHS* being specific to people working with infants, children, young people and their families/whānau. There are also frameworks specifically for the Māori, Pacific and addictions workforces.

The idea is to ensure that all the clinical people that work in CAMHS, regardless of their job title, work at a particular level. In *Real Skills Plus CAMHS,* there are skills, attitudes and knowledge that practitioners are expected to have, as well as more advanced ones that more experienced people might have or work towards.

Anything of particular relevance to youth consumer participation?

Real Skills Plus CAMHS doesn't include anything for Youth Consumer Advisors, though it is helpful to know what to expect from mental health/AoD workers in terms of knowledge, skills and attitudes. There are a couple of skills, attitudes and knowledge that are related to youth participation however.

How easy is it to read?

It is quite long, though it is important to know what is expected of mental health/AoD workers in CAMH services.

Is there a copy on the internet?

Yes, visit*: www.werrycentre.org.nz* and go to 'resources and publications' to see the list of Werry Centre Workforce Development Publications.

References

1. United Nations. United Nations Convention on the Rights of the Child. Retrieved 24 April, 2009, from http://www2.ohchr.org/english/law/pdf/crc.pdf
2. Ministry of Health (1994). *Looking forward: Strategic directions for the mental health services.* Wellington: Ministry of Health.
3. Mason, K., Johnstone, J., & Crowe, J. (1996). *Inquiry under Section 47 of the Health and Disability Services Act 1993 in respect of Certain Mental Health Services. Report of the Ministerial Inquiry to the Minister of Health Hon Jenny Shipley.* Wellington: Ministry of Health.
4. Health and Disability Commissioner. (1996) *Code of Health and Disability Services Consumers' Rights.* Auckland: Health and Disability Commissioner.
5. Ministry of Health (1997). *Moving forward: The national mental health plan for more and better services.* Wellington: Ministry of Health.
6. Mental Health Commission (2002). Crime and Mental Illness Fact Sheet One. Mental Illness and Violent Crime. Retrieved 16 December, 2008, from http://www.mhc.govt.nzdocuments/0000/0000/0081/MI_AND_VIOLENT_CRIME_FS.PDF
7. Mental Health Commission (1998). *Blueprint for mental health services in New Zealand: How things need to be.* Wellington: Mental Health Commission.
8. Mental Health Commission (2007). *Te Haererenga mo te Whakaôranga 1996-2006: The Journey of Recovery for the New Zealand Mental Health Sector.* Wellington: Mental Health Commission.
9. Mental Health Commission (2001). *Recovery Competencies for New Zealand Mental Health Workers.* Wellington: Mental Health Commission.
10. Ministry of Health (2008). *Let's get real: Real Skills for people working in mental health and addiction.* Wellington: Ministry of Health.
11. The Werry Centre (2009). *Real Skills Plus. A Competency Framework for the Infant, Child and Youth Mental Health and Alcohol and Other Drug Workforce.* Auckland: The Werry Centre.
12. Ministry of Youth Affairs (2002). *Youth Development Strategy Aotearoa: Action for Child and Youth Development.* Wellington: Ministry of Youth Affairs.
13. Ministry of Youth Affairs (2003). *"Keepin' it real": A resource for involving young people.* Wellington: Ministry of Youth Affairs.
14. Mental Health Commission. (2004). *Our Lives in 2014. A recovery vision from people with experience of mental illness.* Wellington: Mental Health Commission.
15. Lucassen, M., Doherty, I. & Merry, S. (2005). *Child and Adolescent Mental Health in Aotearoa/New Zealand. An Overview.* Auckland: Pearson Education New Zealand.
16. Mental Health Commission (2005). *Service User Workforce Development Strategy for the mental health sector 2005-2010.* Wellington: Mental Health Commission.
17. Ministry of Health (2005). *Tauawhitia te wero. Embracing the challenge. National mental health and addiction workforce development plan 2006-2009.* Wellington: Ministry of Health.
18. Matua Raki (2005). *The Addiction Treatment Workforce Development Programme. Strategic Plan for 2005 - 2015.* Wellington: Matua Raki.
19. Minister of Health (2005). *Te Tāhuhu - improving mental health 2005-2015: The second New Zealand mental health and addiction plan.* Wellington: Ministry of Health.
20. Minister of Health (2006). *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015*. Wellington: Ministry of Health.
21. Ramage, C., Bir, J., Towns, A., Vague, R., Cargo, T., & Faleafa, M. (2005). *Stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, University of Auckland.
22. Bir, J., Vague, R., Cargo, T., Faleafa, M., Au, P., Vick, M., & Ramage, C. (2007). *The 2006 stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, The University of Auckland.
23. The Werry Centre (2009). *The 2008 Stocktake of Child and Adolescent Mental Health Services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, The University of Auckland.
24. Wille, A. (2006). *Whakamārama te huarahi: To light the pathways. A strategic framework for child and adolescent mental health workforce development 2006-2016.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

25. Oakley Browne, M., Wells, J., & Scott, K. (Eds.). (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.

26. Te Rau Matatini (2006). *Kia Puawai Te Ararau. National Māori Mental Health Workforce Development Strategic Plan 2006-2010.* Hamilton: Kaitoro Publishers.

27. Ministry of Health (2007). *Te Raukura. Mental health and alcohol and other drugs: Improving outcomes for children and youth.* Wellington: Ministry of Health.

28. Ministry of Health (1998). *New Futures. A strategic framework for specialist mental health services for children and young people in New Zealand.* Wellington: Ministry of Health.

29. Clarke, S. (2007). *Not Just Another Participation Model. Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

30. The Werry Centre (2009). *Not Just Another Participation Model...Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand. 2nd Edition.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

31. Te Rau Matatini (2007). *Whakapakari ake te tipu: Māori child and adolescent mental health and addiction workforce strategy.* Palmerston North: Te Rau Matatini.

32. Ministry of Health (2008). *Te Puāwaiwhero. The Second Māori Mental Health and Addiction National Strategic Framework 2008-2015.* Wellington: Ministry of Health.

33. United Nations. Convention on the Rights of Persons with Disabilities. Retrieved 24 April, 2009, from http://www.in.org/disabilities/documents/convention/convoptprot-e.pdf

Chapter Six

Supersize My Vocab

This section is a giant list of words, phrases and concepts that you may run into in your job. Some are even in this resource. Feel free to add your own ones to the end of the list.

Most of the words in this section have definitions, though most of the acronyms are just expanded out due to the difficulty in defining them in a couple of sentences.

Supersize My Vocab

A

Access

Access means entering a mental health service. The Ministry of Health encourages services to increase their access (or number of people they see), though access is not necessarily the best way to measure how well a service is doing, as it doesn't take into count the work done with young people, or how much work is put into referring people to more appropriate services.

Addiction

An addiction (at its most severe) is a chronic condition where a person compulsively seeks a substance or an activity. Addiction services include alcohol and other drug services and may include problem gambling services [1].

ADHD or ADD

Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder

Advance Directive

Instructions written by someone in case they become unwell and aren't able to express what they want to happen. The instructions will include the treatments you'd like or would not like, or name someone who you would like to make decisions for you. Advance directives are used for general health as well as mental health. Find out more from *www.mhc.govt.nz*

ALAC

Alcohol Advisory Council of New Zealand. ALAC is a crown entity whose purpose is to "encourage responsible use and minimise misuse" of alcohol.

Alcohol and Other Drugs (AoD) Worker

AoD Workers help people who are experiencing issues with alcohol or drugs. AoD Workers can come from a variety of professional backgrounds such as nursing, social work, youth work, counselling and cultural support work. [2]

Anti-pychotic drugs

Medication specifically for those who have psychosis or suspected psychosis. Many have a number of side effects, though the newer ones that are prescribed more often have potentially less side effects than the older ones, some of which had long term effects (e.g. tardive dyskinesia – involuntary movements).

AoD

Alcohol and other Drugs

B

BI	Brief Intervention
Binz	This is an email based forum in which consumers share news, views, resources, and to network with New Zealand tāngata whaiora, consumers and users of mental health services. Binz has many meanings e.g. 'Beyond Insanity New Zealand' and is also a reference to the old psychiatric institutions which were sometimes called Bins. Here's the address to join: binz-subscribe@yahoogroups.com. From there you'll be asked to confirm you've used a mental health service.
Blueprint [3]	This refers to the document *Blueprint for Mental Health Services in New Zealand: How things need to be*. (see Chapter 5 – Face(the)Book for more info).
BPD	Borderline Personality Disorder

C

CADS	Community Alcohol and Drug Service
CAFS	Child, Adolescent and Family Service. This term is sometimes used instead of CAMHS.
CAMHS	Child and Adolescent Mental Health Service. CAMH services can refer to either DHB or NGO child and adolescent mental health and AoD services.
CAPA model	Choice and Partnership Approach [4]. A service model where CAMHS staff and service users work together in partnership, to achieve agreed goals so young people and their families have more choices.
Carer	A person that cares for someone with a mental health issue. A carer is usually a family member or a friend and usually isn't paid. This word is used in Australia more than New Zealand.
Care plan	A care plan outlines the goals and 'treatment' for a person and their mental health service. It includes a set of actions which 'resolve' problems that are outlined in the person's initial assessment. Some services use different names for the same type of plan e.g. wellness plan, relapse prevention plan.

Case Management	Refers to a model of caring for someone with a mental health issue. This could include different professions and different services.
CATT or CAT Team -	Crisis Assessment and Treatment Team. A person (or their family/whānau) may call the CAT Team if they are "in crisis" or in a lot of distress and needing support. It is used as an urgent option and the team asks questions to assess the person's need, offer support over the phone or they will sometimes visit. This is a 24/7 service as community services are usually only open 9-5.
CBT	Cognitive Behavioural Therapy
CD	Clinical Director
Clinical	A clinical worker is trained in various types of approaches to help people with mental health issues and their family/whānau.
CMHC	Community Mental Health Centre. Mental health services for adults 16 years and up.
Co-morbid	See co-occurring.
Co-occurring	More than one disorder e.g. a person may have an AoD issue and depression.
Community Support Worker (CSW)	Community Support Workers help people in their regular daily activities and involvement in their community. They build relationships with service users and support them to manage their health and wellbeing. CSWs support the work of clinically trained staff working with children and young people with mental health issues and their families/whānau [5].
Compulsory Treatment Order (CTO)	This means that someone has been placed under the Mental Health Act by a Judge, and they can be required to have a particular treatment e.g. medication, hospitalisation.
Consultation/liaison	Mental health workers provide advice, assessment and support in mental health settings. For example, consult/liaison workers can work within hospitals.
Consumer	See mental health consumer.
Counsellor	Counsellors work with people who are having difficulties or experiencing distress. Counsellors listen to the difficulties from the person's point of view and can help them to understand what the issues are and support possible changes that may help someone to feel better. [6]

Cultural Advisor	Cultural Advisors promote and enhance the wellbeing of Māori, Pacific and other cultures accessing mental health services. They do this by drawing on their experience and knowledge to encourage service staff to use cultural best practice models, supporting positive outcomes for those accessing services and by regularly meeting with ethnicity based community groups [7].
CYF	Child, Youth and Family services.

D

DAO	Duly Authorised Officer. This is a trained mental health professional who is authorised to exercise the Mental Health Act. Their role involves providing information and advice on someone's mental health needs and the services they may require.
DAP	District Annual Plan. The plan that DHBs are required to have that explains how the DHB will address the Minister of Health's priorities and plans of how they will meet the needs of the people in their area.
DAPAANZ	Drug and Alcohol Practitioners' Association of Aotearoa-New Zealand
DBT	Dialectical Behaviour Therapy
De-institutionalisation	The process that took place in New Zealand in the 80's and 90's where the big hospitals were closed and mental health care became more 'community focused'.
Detox	When someone is waiting for alcohol/drugs to leave their system and overcome their dependence on drugs or alcohol. There are specialist community and residential centres to help people detox.
DHB	District Health Board DHBs are responsible for funding and providing health services which include a variety of mental health services such as community, hospitals and NGOs. New Zealand is divided into 21 DHBs (see Chapter 4 for links to maps of the DHBs).
Diagnosis	A diagnosis is the description and name given to a group of problems or behaviours someone is experiencing. Some of these names include schizophrenia, depression, anxiety, bi-polar disorder, eating disorder, ADHD etc.
District Inspector	Everyone that is placed under the Mental Health Act will be visited by a District Inspector who will inform them of the process and their rights etc.

DSM

Diagnostic and Statistical Manual of Mental Disorders. The DSM is an American Psychiatric Association handbook for mental health professionals worldwide that lists different categories of mental disorders and the criteria for diagnosing them. We are currently on DSMIV TR (a revised version of the 4th edition) [8].

E

ECT

Electro Convulsive Treatment or Electroshock therapy. "ECT involves the brief passage of an electrical current through the brain via electrodes applied to the scalp to induce a generalised seizure (a fit or convulsion)". [9] (p 20). ECT is still used though is a controversial treatment because of how invasive it is and the potential for life long side effects. A person needs to consent to ECT these days and can choose to have the treatment, however people are no long required to have ECT unless it's recommended while you are being treated under the Mental Health Act.

Epidemiology

The study of the causes and frequency of different diseases.

EBP

Evidence based practice. Using research to decide the best way to help service users. Things that are more 'scientifically sound' should arguably be used more often. If mental health workers use practices that have been researched and proven effective, they make sure they're not doing anything risky or harmful and do things that have worked for other people. However, if only evidence based practice is used, then innovative beneficial things might not get an opportunity to be used.

F

Family Therapist

Family Therapists work with families/whanau that are experiencing distress. Family Therapists can come from a variety of training and clinical backgrounds including nursing, social work, psychology, psychiatry and counselling. The therapist should have also received some specific training in family therapy [10].

Family/Whānau Advisor

Family/Whānau Advisors are people who have personally had a family member experience mental health or addictions issues. They work in mental health services at a planning and consultation level to represent the needs of family/whanau of children and young people using the services [11].

Forensics	Forensics doesn't mean CSI! Young people with highly challenging behaviours who have come to the notice of the justice system and who also have mental health issues. Youth Forensic Mental Health is the assessment and treatment of those who have both mental health issues and whose behaviours have led or lead to offending. "Mental health" can be a broad or narrow term and can include issues such as suicidality, risk of violence, psychosis, major mental illness, general mental illness, substance abuse and sexual offending [12].
FTE	Full time equivalents. How many hours a week an employee works. i.e. 1 FTE is 40hrs (full time) 0.1FTE = 4 hrs per week.
	G
GP	General practitioner. A doctor that provides medical services at your local doctor's surgery.
	H
HDC	Health and Disability Commissioner
HEADSS assessment	HEADSS is a youth health assessment tool referring to Home, Education, Activities, Drugs, Sexuality and Suicide [13].
Holistic	Thinking about more than just an individual by themselves. Therefore you would take into account a person within their environments and all the aspects of their lives such as family/whānau, health, education etc.
HoNOSCA	Health of the Nation Outcome Scale for Children and Adolescents – an outcome measurement tool for New Zealand child and adolescent mental health services.
HPCA Act	Health Practitioners Competency Assurance Act 2003. HPCA provides a framework for making sure health practitioners are competent and fit to practice their professions.
HRC	Health Research Council
HRC	Human Rights Commission

I

ICD

International Classification of Diseases. The ICD categorizes and gives codes to all diseases and includes information about symptoms, statistics etc. It is published by the World Health Organisation (WHO) and is currently on its 10th version. While there is a mental disorder section of the ICD, the DSM is used more often [14].

Informed Consent

Having access to information (that's described so you can understand it) about any kind of treatment that you might receive and agreeing to have that treatment.

Institutionalisation

Usually refers to people hospitalised in one of the large institutions for a long time before they were closed in the '90's. A person can also be 'institutionalised' today, if they have spent a lot of time in inpatient units and lose touch with their communities.

K

KPI

Key Performance Indicators. A way to measure how well someone is performing in their job by setting outcomes that they work towards.

L

LeVa

Pacific mental health workforce development unit within Te Pou.

M

Matua Raki

Matua Raki is a national workforce development programme aiming to support the specialist addiction treatment workforce and related workforces that work with people with alcohol and drug issues.

MDT

Multi Disciplinary Team. A team of people from a variety of disciplines or professions. A mental health MDT could include Nurses, Occupational Therapists, Psychologists, Psychiatrists, Social Workers, Cultural Workers etc.

Medical Model	An approach to thinking about and working with mental health and illness that is biologically and medically based. The medical model describes mental illness in terms of symptoms and there is more of a focus on biological causes and treatments i.e. the influence of genetics and medication for treatment.
Mental Health Act	"The Mental Health (Compulsory Assessment and Treatment) Act 1992 defines the circumstances in which a person may be required to undergo compulsory psychiatric assessment and treatment. This Act aims to ensure that both vulnerable individuals and the public are protected from harm. It defines the rights of patients and proposed patients and aims to protect those rights." [15]
Mental Health Consumer	A person who is using or has used a mental health service. Also referred to as a service user or tāngata whaiora.
Mental Health Sector/System	Refers to all the people and organisations that work in mental health such as mental health services, education and primary health organisations with a mental health focus. It also includes people that use services and their families/whanau.
Mental State Assessment	Series of questions and/or tests used by mental health professionals to assess a person's mental health and wellbeing.
MHAC	Mental Health Advocacy Coalition
MHC	Mental Health Commission
MHF	Mental Health Foundation
MHINC	Mental Health Information National Collection. MHINC is a database of information collection by the Ministry of Health. It includes info on what services are funded by the government (though not on primary mental healthcare e.g. GPs) and info about people such as their ethnicity etc, diagnosis and who is gaining access to what services. All this is useful in developing policies and for research.
MoE	Ministry of Education
MoH	Ministry of Health
MST	Multi-Systemic Therapy
MYD	Ministry of Youth Development

N

NAMHSCA

National Association of Mental Health Services Consumer Advisors. Body of mental health Consumer Advisors from the adult sector in New Zealand.

New Ethicals Catalogue [16]

The New Ethicals is published twice a year and has all the basic info essential for prescribing drugs. It includes all the precautions, potential reactions and interactions between other drugs for every pharmaceutical available in New Zealand. You can also look up drugs used for particular disorders.

NGO

Non Governmental Organisation

NHI

National Health Index. About 95% of New Zealanders have a unique NHI number which is used by health workers to identify all people who access health services. It includes your demographic information and medical warnings though the NHI is not a health record.

Non-clinical workers

Non-clinical workers differ from clinical ones in terms of what they've studied and for how long. Non-clinical workers can include Community Support Workers, Peer Support Workers and Youth Consumer Advisors.

NZAAHD

New Zealand Aotearoa Adolescent Health and Development. NZAAHD is a national network organisation for people who work with young people (those aged 12 to 25). NZAAHD also organises and promotes national Youth Week every year.

Nurse

Nurses assess the wider health needs of children and young people with mental health issues, and provide treatment advice and support to them and their families/whanau in managing their health [17].

O

Occupational Therapist (OT)

Occupational Therapists (OTs) help people who are having difficulty with their lives and day to day activities to find ways to deal with them and improve their health and wellbeing. [18]

Outcome measure

This is usually a questionnaire to test a specific thing, for example, how anxious a person is. They are sometimes tested more than once to see changes over time. Such tests are researched to make sure that the questions relate to the problem and that the results are consistent. An example is the Becks Depression Inventory (BDI).

P

PDD	Pervasive Development Disorder
PHARMAC	PHARMAC is the governmental organisation that funds drugs in New Zealand. As they can't subsidise all of the drugs, they have a process for deciding which medicines they will partly fund, for different medical issues.
PHO	Primary Health Organisation. PHOs are the local organisations that deliver primary health care services to their community. They include GPs and nurses, and may have other health professionals such as health promoters, Māori health workers, pharmacists, physiotherapists and counsellors.
Primary health	The first level of contact with the health system. Primary services include GPs.
Psychiatrist	Psychiatrists are trained medical doctors who specialise in assessing and providing treatment for people with emotional, mental and behavioural issues. Psychiatrists prescribe and administer medication and usually hold the legal responsibility under the Mental Health Act for the children and young people they work with [19].
Psychologist	Psychologists assess people's emotional, social, behavioural and mental wellbeing and provides treatment to help with this. A person trained and educated to perform psychological research, testing, and therapy [20].
Psychology	The study of what makes people 'tick', includes "talking therapies" designed to help a person change their thinking, behaviour and feelings.

R

RADS	Regional Alcohol and Drug Services
Rangatahi	Youth
Real Skills Plus CAMHS	The Real Skills Plus CAMHS framework describes the knowledge, skills and attitudes that a health practitioner needs to work with infants, children and young people that have moderate to severe mental health and/or alcohol or other drug (AoD) difficulties, their whānau and their community [21].

Recovery	The ability to live well in the presence or absence of one's mental illness. Recovery is different for different people, and dependent on each person to define what 'living well' is for them. Mental health and addiction services are expected to utilise the recovery approach in all aspects of their work.
Recovery Model/Approach	An approach to thinking about mental illness that has come into use in the last couple of decades. The recovery approach is much more hopeful than previous attitudes about mental illness as it was often seen as a life long disabling disease.
Resilience	Resilience is a concept or an approach to thinking about youth mental health or ill health. It's about how everyone has protective factors (such as positive relationships with people) that are likely to help them cope with difficulties. The more protective factors there are the more likely a person will bounce back from hard times. Using the concept of resilience conveys that whatever a young person is experiencing doesn't need to be a major disruption in their life, just a glitch.
Respite	Literally means a temporary relief, especially from distress. In mental health, usually respite will refer to a service where someone who is in "crisis" or really distressed, can go. It is usually an alternative to hospital and 24 hour support is available for a short period of time, such as a few days.
RFP	Request for Proposal. A RFP is when an organisation with funding asks for other organisations to put in a bid to provide a new product or service.
RN	Registered Nurse
RTLB	Resource Teachers: Learning and Behaviour

SACS	Substances and Choices Scale. SACS is an AoD screening and outcome measurement for young people developed and tested in NZ. It allows young people to reflect and consider their own drug taking behaviour [22].
Seclusion	Seclusion is used in one of three different ways: containment, where a person is shut in a room until clinical staff allow them to leave, isolation, where a person is in a room alone and reduction in sensory input, where a person is in a room with little in it (ie a bed) [23]. There are also three different reasons for using seclusion; for therapy, for containment or for punishment. Seclusion is a very controversial method, and some consumers argue that seclusion goes against human rights.

Service Delivery	The ways and types of service a service provides. Improving service delivery means improving the service(s) a young person and their family/whanau receive.
Service User	See Mental Health Consumer.
Seven Helpful Habits (7HH)	Seven Helpful Habits of Effective CAMHS [4]. This is a book and an approach which includes seven things you can do to improve CAMH services which make a real improvement for service users and staff. www.camhsnetwork.co.uk
SF	Supporting Families. "We support families and whanau to provide the best possible quality of life and recovery to their loved one who has a mental illness including schizophrenia, bipolar disorder, anxiety and phobias, depression, personality disorders and borderline personality disorder." [24].
SGC	School Guidance Counsellor
Social Inclusion	Where all people enjoy the opportunity to fulfil their potential, and participate as equals in their communities and country. When people aren't included, they may experience social exclusion.
Social Worker	Social Workers provide advice, advocacy and support to children and young people and families/whanau to find solutions and supports for personal and/or social issues they may be facing [25]. Social workers can also work in health or care and protection services such as CYF.
SSRI	Selective serotonin reuptake inhibitors. A type of anti-depressant, used for depression and other disorders by increasing the amount of serotonin in the brain. Serotonin is a brain chemical (neurotransmitter).
Stakeholder	A person or group that has an interest in something. Stakeholders may be consulted in different projects. Consumers/service users would ideally be the main stakeholder in mental health consultation.
Steering group	A steering group is not when everyone sits around staring at each other! It's a group that 'steers' (drives) or is responsible for a piece of work.
Strengths Model /Approach	The Strengths Model or approach is about building upon and reinforcing the strengths and inherent good qualities a person has rather than a more medical model focus on what is wrong with them. It's about using their skills, talents and experience to help improve their quality of life. There is also a strong focus on utilising the resources in the community [26].

T

Taiohi	Be young, youthful
Taitamariki	Teenagers, young person, adolescent
Tamariki	Children, youth
Tāngata Motuhake	Literally – a unique person. Another term that is sometimes used instead of tāngata whaiora, consumer or service user.
Tāngata Whaiora	When translated means 'seekers of wellness'. (See mental health consumer for more info).
Te Rau Matatini	"Te Rau Matatini supports Māori workforce development to enhance whānau ora, mental health and wellbeing. [They] provide national and local workforce policy, research, training, career advancement, bursary programmes, scholarships and regularly updated information and resources for people accessing or working in health both now and in the future." [27].
Te Pou	Te Pou is the National Centre of Mental Health Research, Information and Workforce Development. Te Pou aims to build a strong mental health/addictions workforce and encourage continuous improvement of services [28].
Te Whare Tapa Wha	Te Whare Tapa Wha is a holistic Māori health model, or a way of thinking about health. Te Whare Tapa Wha is made of four walls (to make the whare) and represents four aspects of health. They include: Te Taha Hinengaro (psychological health), Te Taha Wairua (spiritual health), Te Taha Tinana (physical health) and Te Taha Whānau (family health)." [29]. This model was developed by Mason Durie [30].
Tokenism	A practice that is often used to describe inadequate consumer participation. Sometimes Consumer Advisors (including youth) feel that they aren't consulted effectively, have limited say or decision making, or aren't given enough information to effectively advise. They feel that their role is just a token gesture to claiming there is consumer participation.
Treatment	"Treatment' is anything that is used to help a person back to being well and healthy. This could include things such as medication, various therapies such as CBT, DBT, psychotherapy, family, traditional cultural practices, art, alternative therapies such as acupuncture or massage or even lifestyle changes such as exercise and good nutrition.

Triage

Triage is the process of sorting people based on the urgency of their need. Someone who is suicidal will probably be seen before someone who is experiencing mild anxiety.

W

Wellbeing

Health that includes more than just physical or mental health and includes a more holistic view of health.

Werry Centre

The aims of the Werry Centre are to improve the mental health of New Zealand young people by: providing training of a high quality to mental health professionals; promoting research in child and adolescent mental health; advocating for mental health needs of children and adolescents in New Zealand; and supporting the child and adolescent mental health workforce nationally. [31]

Whānaungatanga

Relationship, kinship, sense of family connection

Whānau Ora

"Whānau ora is about Māori families being supported to achieve their maximum health and well-being. Each whānau member, including older people and young, is valued and plays an integral part in whānau life. Essential to that definition are the structures of hapū, iwi and waka." [32].

World Health Organisation (WHO)

WHO provides leadership on health matters that affect people all over the world within the United Nations. It does this through research, settings standards and monitoring trends in health [33].

Workforce Development

In mental health, workforce development is about increasing the numbers and improving the knowledge and skills of people that work with people with mental health issues. This can be via training, thinking about how to recruit and retain (keep) staff, research, infrastructure and developing organisations.

WRAP

Wellness Recovery Action Plan. WRAP is a plan developed you develop to help you to stay well, and feel better when you're not so well. The aim is to increase control over your own life and personal responsibility for your wellness. It was developed by Mary Ellen Copeland [34].

Y

Youth Advisor

A Youth Advisor is someone who advises an organisation/service or other people on issues around youth, from a young person's perspective.

Youth Consumer Advisor

A general term for a young person who has had experience of a mental illness, used a CAMH or AoD service, and is now participating in some way in developing and improving the service. Some other terms are also used such as 'Peer Representative', 'Youth Advocate', 'Youth Representative' 'Consumer Consultant' and 'Consumer Advisor' (relating to a young person).

Youth Worker

Youth Workers initiate, develop and maintain positive relationships with young people. They provide a range of programmes and recreational activities to support young people to build relationships and connect with their families/whanau, community and culture [35].

Your own list of words:

Word, term, acronym	Meaning or description

References

1. Matua Raki (2005). *The Addiction Treatment Workforce Development Programme. Strategic Plan for 2005 - 2015*. Wellington: Matua Raki.
2. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Alcohol and Drug Worker. Retrieved March 26, 2009, from http://www.realjobsforrealpeople.org.nz/?t=363
3. Mental Health Commission (1998). *Blueprint for mental health services in New Zealand: How things need to be*. Wellington: Mental Health Commission.
4. York, A., & Kingsbury, S. (2006). T*he 7 HELPFUL Habits of Effective CAMHS and The Choice and Partnership Approach: A Workbook for CAMHS. 2nd Edition.* London: CAMHS Network.
5. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Community Support Worker. Retrieved 26 March, 2009, from http://www.realjobsforrealpeople.org.nz/?t=372
6. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Counsellor. Retrieved March 26, 2009, fromhttp://www.realjobsforrealpeople.org.nz/?t=371
7. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Cultural Advisor. Retrieved March 26, 2009, from http://www.realjobsforrealpeople.org.nz/?t=370
8. American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR (4th ed, text revision).* Washington, DC: American Psychiatric Association.
9. Mahony, P., Dowland, J., Helm, A., & Greig, K. (2007). *Te Aiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals.* Wellington: Department of Internal Affairs.
10. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Family Therapist. Retrieved March 26, 2009, from http://www.realjobsforrealpeople.org.nz/?t=367
11. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Family/Whānau Advisor. Retrieved March 26, 2009, from http://www.realjobsforrealpeople.org.nz/?t=361
12. Heaston, C., Jenuwine, M., Walsh, D. N., & Griffin, G. (2003). Mental Health Assessment of Minors in the Juvenile Justice System. *Washington University Journal of Law and Policy*, 11, 141-156.
13. Central Sydney Division of General Practice. The HEADSS Assessment. Retrieved March 26, 2009, from http://www.csdgp.com.au/Youth%20Reach/04.%20Adolescent%20HEADSS%20Assessment.pdf
14. World Health Organisation (1992). *The ICD-10 classification of mental and behavioural disorders : clinical descriptions and diagnostic guidelines.* Geneva: World Health Organisation.
15. Family Court of New Zealand. Mental Health. Retrieved March 26, 2009, from http://www.justice.govt.nz/family/what-familycourt-does/mentalhealth/default.asp
16. MediMedia (N.Z.) Ltd. (2009). *MIMS New Ethicals.* Auckland: MediMedia (NZ) Ltd.
17. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Nurse. Retrieved March 27, 2009, from http://www.realjobsforrealpeople.org.nz/?t=373
18. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Occupational Therapist. Retrieved March 27, 2009, from http://www.realjobsforrealpeople.org.nz/?t=369
19. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Psychiatrist. Retrieved March 27, 2009, from http://www.realjobsforrealpeople.org.nz/?t=364
20. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Psychologist. Retrieved March 27, 2009, from http://www.realjobsforrealpeople.org.nz/?t=368
21. The Werry Centre (2009). *Real Skills Plus. A Competency Framework for the Infant, Child and Youth Mental Health and Alcohol and Other Drug Workforce.* Auckland: The Werry Centre.
22. Christie, G., Marsh, R., Sheridan, J., Wheeler, A., Suaalii-Sauni, T., Black, S., et al. (2006). The Substances and Choices Scale Manual. Retrieved March 27, 2009, from http://www.sacsinfo.com/docs/SACSUserManualNoPrint.pdf
23. Mental Health Commission (2004). *Seclusion in New Zealand Mental Health Services.* Wellington: Mental Health Commission.
24. SF Auckland (2007). Retrieved March 27, 2009, from http://www.sfauckland.org.nz/
25. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Social Worker. Retrieved March 27, 2009, from http://www.realjobsforrealpeople.org.nz/?=365
26. Rapp, C., & Goscha, R. (2006). *The strengths model : case management with people with psychiatric disabilities.* New York: Oxford University Press.

27. Te Rau Matatini (2008). Retrieved March 27, 2009, from http://www.matatini.co.nz/about_us/index.asp

28. Te Pou o Te Whakaaro Nui (2008). Retrieved March 27, 2009, from http://www.tepou.co.nz/12-About-Us

29. Headspace.org.nz (2009). Māori Mental Health. Retrieved November 3, 2008, from http://headspace.org.nz/Maori-mental-health.htm

30. Durie, M. (1985). A Māori perspective of health. *Social Science Medicine*, 20(5), 483-486.

31. The Werry Centre for Child and Adolescent Mental Health (2008). About the Werry Centre. Retrieved March 27, 2009, from http://www.werrycentre.org,nz/277/About_The_Werry_Centre

32. Mental Health Commission (2008). Whānau ora: Māori families achieving well-being. Retrieved 3 November, 2008, from http://www.mhc.govt.nz/our_work/topics/show/59-whanau-ora-Māori-families-achieving-well-being

33. World Health Organization (2009). About WHO. Retrieved March 27, 2009, from http://www.who.imt/about/en/

34. Copeland Center for Wellness and Recovery. What is WRAP? Retrieved April 15, 2009, from http://www.copelandcenter.com/whatiswrap.html

35. The Werry Centre for Child and Adolescent Mental Health Workforce Development. Youth Worker. Retrieved March 27, 2009, from http://www.realjobsforrealpeople.org.nz/?t=366

Conclusion

Hopefully this resource has taught you some things, and maybe even inspired you in your challenging and rewarding job of being a Youth Consumer Advisor.

Check out the quiz to see what you've learnt, what you need to find out more about as well as helping you to find out more specific stuff relating to your service.

The final words go to a young person about her experience of being a Youth Consumer Advisor:

"You get to do something you are passionate about, with each day being different and never the same. Helping other young people out there is such a nice feeling and to know you are making a difference. I hope to make sure the young people don't have to go through the same things I did, without having anyone to voice my needs."

Joyce - Youth Consumer Advisor

Quiz

This quiz is to test your knowledge of some of the stuff in this resource. There are some questions where you'll need to look up the answers relating to your service. If you get stuck, look at the hints on the page after the quiz.

1. What does CAMHS stand for?

2. Which region is your CAMH service in?

   a) Northern Region b) Midland Region c) Central Region d) Southern Region

3. What is the name of a DHB in the same region as your service?

4. According to the Blueprint what percentage of 15-19 year olds should be accessing your CAMHS service?

   0 - 9years? 10 - 14years?

5. What are some of the different types of youth consumer participation in New Zealand?

6. Name three barriers to implementing youth consumer participation for services:
   1.
   2.
   3.

7. List some of the professions that may work at your service:

8. What is the name of an NGO that works in the same region as your service?

9. What is an access rate?

10. What is the actual access rate for young people (0-19) in the region your service is in?

11. What percentage of 0-19 year olds accessing services in your region is Māori?

12. Do more males or females access your service? What age group accesses your service the most?

13. Per 100,000 people what FTE should there be for consumer and family advisory services and initiatives for 15-19year olds?

14. In 2006, what was the percentage of the total Māori population that was under 15?

15. Which main ethnic group was the highest proportion of children aged 0-14 years?

    a) Māori b) Pakeha c) Pacific d) Asian

16. What is the definition of recovery?

17. In the past 12 months, what is the prevalence of any disorder for the 16-24 year age group according to Te Rau Hinengaro?

18. In the past 12 months, what is the prevalence of any substance use disorder for the 16-24 year age group?

19. What are the four dimensions of Te Whare Tapa Wha and what do they stand for?

    1.

    2.

    3.

    4.

20. Finish this heading found in the Recovery Competencies written by the Mental Health Commission:

    "A competent mental health worker understands and accommodates the……."

21. Which of the six key principles of youth development according to the *Youth Development Strategy Aotearoa* is most relevant to youth consumer participation?

22. In the C*ode of Health and Disability Services Consumers' Rights*, what is Right number Six?

23. In your own words, what is an advance directive? (also found in the above code)

24. Which directorate does mental health sit under in the Ministry of Health?

25. Who are the main groups of people that refer young people to CAMHS services?

26. What does ring-fenced money mean?

Answers and hints

1. Child and Adolescent Mental Health Service
2. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
3. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
4. See Blueprint. Find it here: *www.mhc.govt.nz*
5. See Youth Consumer Participation Guidelines. Find it here:*www.werrycentre.org.nz*
6. See Youth Consumer Participation Guidelines. Find it here:*www.werrycentre.org.nz*
7. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
8. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
9. The percentage of the public that access/enter a service
10. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
11. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
12. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
13. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
14. See Census *www.stats.govt.nz*
15. C) Pacific
16. See Recovery competencies. Find it here: *www.mhc.govt.nz*
17. See Te Rau Hinengaro. Find it here: *www.moh.govt.nz*
18. See Te Rau Hinengaro. Find it here: *www.moh.govt.nz*
19. See *www.headspace.org.nz/Māori-mental-health.htm*
20. See Recovery competencies. Find it here: *www.mhc.govt.nz*
21. See Youth Development Strategy. Find it here: *www.myd.govt.nz*
22. See Code of Health and Disability Services Consumers' Rights. Find it here: *www.hdc.org.nz*
23. See Code of Health and Disability Services Consumers' Rights. Find it here: *www.hdc.org.nz*
24. Ministry's Population Health Directorate
25. See Stocktake of child and adolescent mental health services. Find it here: *www.werrycentre.org.nz*
26. See Chapter 3

Websites to go to for more useful information:

The Werry Centre	www.werrycentre.org.nz
RISE	www.rise.org.nz
Mental Health Commission	www.mhc.govt.nz
Mental Health Foundation	www.mentalhealth.org.nz
Ministry of Youth Development	www.myd.govt.nz
Like Minds, Like Mine	www.likeminds.org.nz
Ministry of Health	www.moh.govt.nz
World Health Organisation	www.who.int
Te Pou	www.tepou.co.nz
Matua Raki	www.matuaraki.org.nz
Te Rau Matatini	www.matatini.co.nz
LeVa	www.leva.co.nz

References:
Important documents referenced in this resource

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR (4th ed, text revision).* Washington, DC: American Psychiatric Association.

Bir, J., Vague, R., Cargo, T., Faleafa, M., Au, P., Vick, M., & Ramage, C. (2007). *The 2006 stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, The University of Auckland.

Health and Disability Commissioner. (1996) *Code of Health and Disability Services Consumers' Rights.* Auckland: Health and Disability Commissioner.

Mahony, P., Dowland, J., Helm, A., & Greig, K. (2007). *Te Āiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals.* Wellington: Department of Internal Affairs.

Mason, K., Johnstone, J., & Crowe, J. (1996). *Inquiry under Section 47 of the Health and Disability Services Act 1993 in respect of Certain Mental Health Services. Report of the Ministerial Inquiry to the Minister of Health Hon Jenny Shipley.* Wellington: Ministry of Health.

Matua Raki (2005). *The Addiction Treatment Workforce Development Programme. Strategic Plan for 2005 - 2015.* Wellington: Matua Raki.

MediMedia (N.Z.) Ltd. (2009). *MIMS New Ethicals*. Auckland: MediMedia (NZ) Ltd.

Mental Health Commission (1998). *Blueprint for mental health services in New Zealand: How things need to be.* Wellington: Mental Health Commission.

Mental Health Commission (2001). *Recovery Competencies for New Zealand Mental Health Workers.* Wellington: Mental Health Commission.

Mental Health Commission (2004). *Seclusion in New Zealand Mental Health Services.* Wellington: Mental Health Commission.

Mental Health Commission (2005). *Service User Workforce Development Strategy for the mental health sector 2005-2010.* Wellington: Mental Health Commission.

Mental Health Commission (2007). *Te Haererenga mo te Whakaōranga 1996-2006: The Journey of Recovery for the New Zealand Mental Health Sector.* Wellington: Mental Health Commission.

Minister of Health (2005). *Te Tāhuhu - improving mental health 2005-2015: The second New Zealand mental health and addiction plan.* Wellington: Ministry of Health.

Minister of Health (2006). *Te Kokiri: The Mental Health and Addiction Action Plan 2006–2015.* Wellington: Ministry of Health.

Ministry of Health (1994). *Looking forward: Strategic directions for the mental health services.* Wellington: Ministry of Health.

Ministry of Health (1997). *Moving forward: The national mental health plan for more and better services.* Wellington: Ministry of Health.

Ministry of Health (1998). *New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand.* Wellington: Ministry of Health.

Ministry of Health (2005). *Tauawhitia te wero. Embracing the challenge. National mental health and addiction workforce development plan 2006-2009.* Wellington: Ministry of Health.

Ministry of Health (2007). *Te Raukura. Mental health and alcohol and other drugs: Improving outcomes for children and youth.* Wellington: Ministry of Health.

Ministry of Health (2008). *Let's get real: Real Skills for people working in mental health and addiction.* Wellington: Ministry of Health.

Ministry of Health (2008). *Pacific Peoples and Mental Health: A paper for the Pacific Health and Disability Action Plan Review.* Wellington: Ministry of Health.

Ministry of Health (2008). *Te Puāwaiwhero. The Second Māori Mental Health and Addiction National Strategic Framework 2008-2015.* Wellington: Ministry of Health.

Ministry of Youth Affairs (2002). *Youth Development Strategy Aotearoa: Action for Child and Youth Development.* Wellington: Ministry of Youth Affairs.

Ministry of Youth Affairs (2003). *"Keepin' it real": A resource for involving young people.* Wellington: Ministry of Youth Affairs.

Oakley Browne, M., Wells, J., & Scott, K. (Eds.). (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.

Ramage, C., Bir, J., Towns, A., Vague, R., Cargo, T., & Faleafa, M. (2005). *Stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, University of Auckland.

Te Rau Matatini (2006). *Kia Puawai Te Ararau. National Māori Mental Health Workforce Development Strategic Plan 2006-2010.* Hamilton: Kaitoro Publishers.

Te Rau Matatini (2007). *Whakapakari ake te tipu: Māori child and adolescent mental health and addiction workforce strategy*. Palmerston North: Te Rau Matatini.

The Werry Centre (2009). *The 2008 stocktake of child and adolescent mental health services in New Zealand.* Auckland: The Werry Centre for Child and Adolescent Mental Health.

The Werry Centre (2009). *Not Just Another Participation Model...Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AoD Services in New Zealand. 2nd Edition.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

The Werry Centre (2009). *Real Skills Plus. A Competency Framework for the Infant, Child and Youth Mental Health and Alcohol and Other Drug Workforce.* Auckland: The Werry Centre.

Wille, A. (2006). *Whakamārama te huarahi: To light the pathways. A strategic framework for child and adolescent mental health workforce development 2006-2016.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

World Health Organisation (1992). *The ICD-10 classification of mental and behavioural disorders : clinical descriptions and diagnostic guidelines.* Geneva: World Health Organisation.

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