

# Looking Forward

Strategic Directions for the  
Mental Health Services

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MANATŪ HAUORA

# He Mihi

E nga iwi, e nga mana, e nga reo  
Kei te mihi atu kia tatou  
i runga i o tatou aitua maha  
o nga marae katoa o te whenua  
Ka apiti hono ratou te hunga mate kia ratou  
Ka apiti hono tatou te hunga ora kia tatou  
No reira,  
Tena Koutou, tena tatou Katoa

# Minister's Foreword

Mental health services are in need of a clear direction for their future development. For too long they have failed to meet the needs of consumers, carers and the community at large. This message is not new. There have been many reports in recent years that have pointed out deficiencies in mental health services.

The Government accepts mental health as a priority area for achieving health gains. This means that a comprehensive strategy is needed which sets out directions for mental health services over the next six to 10 years. It must be realistic, well planned and achievable.

This booklet is part of the overall strategy for mental health. It sets out Government's goals, principles and objectives for mental health services. It confirms the fundamental change in direction which has been occurring from a hospital-based service to a community-based service.

Following a comprehensive review of the adequacy of mental health services, Government has agreed on a number of priority areas for service development. The priority service areas are community mental health teams and community residential services for respite care and for people with high dependency needs. The priority groups are Māori, young people and people with severe psychiatric disabilities.

The Government is committed to the successful implementation of its mental health strategy. The key to this success lies with the purchasing decisions of the regional health authorities and the availability of resources to gain increases in both the quantity and quality of mental health services. Adequate mental health services will require better utilisation of existing mental health expenditure and, through recognition of mental health as a health gain priority area, the shifting of health resources to mental health. The Government also recognises mental health as a priority area for new health funding.

Now that Government has established a strategic direction for mental health services I look forward to some substantial gains. To achieve the best results there is a need for ongoing consultation, particularly by regional health authorities, on the most appropriate models of care and patterns of service delivery for different areas in New Zealand. I invite you to participate in such debates.

Hon Jenny Shipley  
Minister of Health  
June 1994

# Contents

Mihi	iii
Minister's Foreword	iv
<b>1 Overview to the Strategic Directions</b>	<b>1</b>
Problems with the current services	1
Mental health services and the new health system	2
Setting "benchmarks"	2
Looking forward	3
<b>2 Key Goals and Principles</b>	<b>4</b>
Why reduce prevalence	4
Why reducing prevalence will improve health status	4
The principles	5
<b>3 Strategic Directions</b>	<b>6</b>
Key strategic directions	6
Strategic Direction 1: Implementing community-based and comprehensive mental health services	6
Strategic Direction 2: Encouraging Māori involvement in planning, developing and delivering mental health services	9
Strategic Direction 3: Improving the quality of care	10
Strategic Direction 4: Balancing personal rights with protection of the public	12
Strategic Direction 5: Developing a national alcohol and drugs policy	13
<b>4 The Pattern of Future Services</b>	<b>15</b>
Priority areas for RHAs	15
Community mental health services	15
Residential mental health services	16
Primary mental health services	16
Alcohol and drug services	16
Children and young persons mental health services	17
Forensic psychiatric services	17



# 1 Overview to the Strategic Directions

The Government has decided to develop a set of strategic directions for New Zealand's mental health services. There are a number of serious and deep-seated problems with the current mental health services, which can only be overcome by a co-ordinated and integrated strategy. This strategy must have clear goals, common underlying principles, and clearly defined national objectives to make sure the needs of those who use mental health services are met. As part of the overall strategy, "benchmarks" have been set for some areas and are being developed for others so that specific service levels can be determined.

This document outlines the goals, principles and national objectives that will reshape New Zealand's mental health services.

## Problems with the current services

New Zealand's mental health system does not provide adequate services to the community. Until relatively recently, mental health services were concentrated in specialist institutions which were often remote from the communities and consumers they were meant to serve. Māori were particularly poorly served, as the mental health system cut them off from their whānau and culture.

Over the last 40 years there has been a shift away from institutional care, a shift towards providing mental health services in the community. This change in focus has had significant resource implications. The mental health institutions were not well funded in the first place. As well, not enough funds were redirected to community services to deal with the increasing numbers of patients who were being transferred to community care. The result is that there are now greater numbers of mental health consumers in the community, and there are insufficient and unsuitable resources available for their care.

Since the 1988 Mason Report on forensic psychiatric services, there have been a number of major reviews of mental health services. In summary, the reviews have revealed these major concerns about mental health services:

- the low level of resources currently available to community mental health services
- a lack of provider responsiveness to the needs of consumers, caregivers and their families
- poor delivery of appropriate services to Māori
- a lack of resources for services targeted at children and their families
- disproportionate demands upon mental health services from groups such as youth, Māori, and those in the criminal justice system
- poor co-ordination between community-based and hospital-based mental health services

- uneven resource allocation between the competing needs of community and institutional services as the process of deinstitutionalisation has continued
- difficulties in the recruitment of mental health staff – particularly Māori staff and clinical specialists
- the lack of a systematic database that would show who uses the mental health services, and a lack of detailed information about who would potentially use the mental health services
- unclear lines of accountability between the various agencies which deliver mental health services.

## Mental health services and the new health system

There is now an opportunity to achieve a more coherent delivery of mental health services through the purchasing role of the regional health authorities (RHAs). More coherent delivery of services will also be assisted by properly co-ordinating the activities undertaken by the RHAs, the Public Health Commission, and the Department of Social Welfare.

### Setting “benchmarks”

“Benchmarks” set a target for the level of mental health services to be provided. They are worked out using an estimate of the percentage of the population who need mental health services, which in turn is based on information about the prevalence and incidence of mental disorders in the population.

In New Zealand, benchmarks of 3 percent have been established for the general adult population (and their families) and for youth (and their families). Benchmarks have yet to be set for other groups within the general population – the most important of which are children (and their families), older people, and those who require alcohol and drug treatment.

The 3 percent benchmark for mental health services for the general population and for youth was adapted from international studies, in particular a New South Wales estimate (the “Tolkein” Report) that 2.6 percent of the population require **general** mental health services for adults, youth and children. (This estimate excluded forensic services, alcohol and drug treatment, and services for older people.) The New South Wales figure has been adapted for New Zealand by taking into account demographic factors, the prevalence rates for Māori, and service-use patterns.

Benchmarks will need to be reviewed as more information becomes available on where mental health services are needed.

## **Looking forward**

It is now internationally recognised that community-based care is the best and, ultimately, the most cost-effective way of providing mental health services. The Government is committed to a community-based model for mental health services, backed up by sufficient inpatient services for acute and secure care. The measure of that commitment is the strategic directions set out in this document.

## 2 Key Goals and Principles

Two key goals will guide the work of the mental health services:

- to *decrease the prevalence* of mental illness and mental health problems within the community
- to *increase the health status* of and reduce the impact of mental disorders on consumers, their families, caregivers, and the general community.

### Why reduce prevalence?

By focusing on reducing the **prevalence** of mental illness, mental health services now have a clear goal that unifies and links together their various efforts.

Prevalence describes the number of people who are “ill” at any one time. For many people, their mental disorder is recurrent and long-standing. Even if there were no new cases of mental disorders, mental health services would still have to deal with people with existing mental illness or disability.

In decreasing the prevalence of mental disorders, emphasis will be placed on prevention, early intervention, treatment and support, and on lessening any stigma, stereotyping, and prejudice towards people with mental illness or disability.

### Why reducing prevalence will improve health status?

Effective types of treatment and support at an early stage will reduce the impact of mental disorders on consumers, their families, caregivers, and the community generally. This will improve health status.

In the longer term, the two key goals will result in the creation of more effective and efficient mental health services – that is, services which can more easily respond to the needs of individuals and families. Specific services that are appropriate for Māori will also be developed.

#### **The direction for mental health services**

The major shift in direction is away from services dominated by psychiatric hospitals and towards community mental health teams. Primary health services will be more closely linked with community mental health teams and with alcohol and drug services.

An increased range of services will be available to children and young people and Māori.

## The principles

Clear principles will define the quality standards to be met by the mental health services. They will also make sure that the services respect the cultural values, human rights requirements, and needs of consumers and their families, of caregivers, and of the wider community.

The 14 principles which will help shape the direction of the mental health services have been drawn up after wide consultation with representatives from mental health consumers, caregivers, Māori, Pacific Island people, youth, community and voluntary organisations, and professional bodies. These principles are also consistent with the Government's policy guidelines, policy statements and legislation in the health sector.

The principles aim to improve and maintain the quality of life for people with mental disorders. They can be summarised as:

- encouraging services that **empower** individual consumers and their families/whānau and caregivers
- encouraging services that enable people of any age, culture, gender, or individual interest to **fully participate** in society
- encouraging the development of **better specifications** for services purchased and provided to meet the needs of different groups of consumers and their families/whānau and caregivers
- ensuring **Māori involvement** in the planning of mental health services for Māori and in designing services appropriate to Māori needs
- ensuring **consistent safety standards** to protect the health of consumers and the public
- improving the **cultural safety** of services and ensuring that services accommodate cultural differences, especially for Māori
- improving people's **access** to appropriate services of an acceptable quality
- encouraging services to contribute to the **best possible outcomes** for consumers and their families
- respecting **personal dignity** and privacy
- encouraging services to be delivered in a way that **minimises disruption** to the lives of people with mental health problems or disabilities
- increasing the **sensitivity** of services and support systems to the changing needs and preferences of people
- giving priority to **cost-effective** services that provide the best value in terms of health gains
- encouraging service provision to be **integrated** at all levels and to be focused on achieving maximum wellness and independence for all consumers
- assuring the **rights of people** with mental disorders and disabilities within the context of overall community needs and rights.

# 3 Strategic Directions

To guide the development of services, the Government has set a series of national objectives. These are more specific than the goals and principles – their role is to tackle the deficiencies and problems that previous reviews of the mental health services have identified.

## Key strategic directions

The national objectives will act as aims for the mental health services over the next three to 10 years. They form the basis of five strategic directions:

- implementing community-based and comprehensive mental health services
- encouraging Māori involvement in planning, developing and delivering mental health services
- improving the quality of care
- balancing personal rights with protection of the public
- developing a national alcohol and drugs policy.

## Strategic Direction 1: Implementing community-based and comprehensive mental health services

**This strategic direction will see a full range of treatment and support services for mental health care available in the community as a core part of a comprehensive health service. Services offered would cover health promotion and mental illness prevention, assessment and early intervention, treatment, rehabilitation, and continuing care.**

The aim is to make sure that all the structural elements of a community-based mental health service are maintained. This will require a coherent system for allocating resources, clear lines of accountability between agencies, an adequate workforce, and sufficient information about target populations and priority areas.

Priority areas for these services will be the general population, youth, and children – and will include the families of these three groups. Māori will also be a priority for mainstream mental health services, as well as being involved in developing their own specialist services (see Strategic Direction 2).

<p><b>Other strategic directions focus on:</b></p> <ul style="list-style-type: none"><li>• greater Māori involvement</li><li>• better quality of care</li><li>• personal rights and public protection</li><li>• an alcohol and drugs policy</li></ul>
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## National objectives

The national objectives that support this strategic direction are:

- to increase specialist mental health services for people (in the community, in their homes or in hospital) towards benchmark levels for:
  - the general adult population and their families
  - youth and their families

and to maintain these services at such levels;

*and*

to do the same for:

- children and their families
- older people
- those who require drug and alcohol treatment

*once* benchmarks for services for these groups have been developed

- to improve the provision of and access to primary health providers, by co-ordination between specialist mental health services and primary health providers

- to decrease the current incidence of suicide, particularly of younger people, through early intervention and improved service delivery
- to change the balance of mental health services by increasing community services and reducing hospital admissions or re-admissions.

### The principles that relate to Strategic Direction 1 are:

- encouraging services that **empower** individual consumers and their families/whānau and caregivers
- encouraging services that enable people of any age, culture, gender, or individual interest to **fully participate** in society
- encouraging the development of **better specifications** for services purchased and provided to meet the needs of different groups of consumers and their families/whānau and caregivers
- improving people's **access** to appropriate services of an acceptable quality
- increasing the **sensitivity** of services and support systems to the changing needs and preferences of people
- giving priority to **cost-effective services** that provide the best value in terms of health gains
- encouraging service provision to be **integrated** at all levels and focused on achieving maximum wellness and independence for all consumers.

## Priority areas

### Mental health services for the general adult population and their families

The recent *Review of the Adequacy of Community Mental Health Services* reported that the level of community-based services was well below the benchmark in almost all areas of New Zealand.

Crisis intervention services are to be improved – with more emphasis on acute inpatient services, a 24-hour emergency response by services, and better coverage in rural areas. Improvements in the level of services are also being looked for in outpatient and outreach services, day programmes, home-based services, and prevention and early intervention services.

The needs of people with psychiatric disabilities will be given more attention, as they often lose out to people with acute or short-term mental disorders.

Because their need for mental health services is so great, Māori will be a particular focus for mainstream services that deal with the general adult population and their families.

### **Specialised mental health services for youth**

New Zealand has an alarming rate of youth suicide. There are very few specialist mental health services aimed specifically at young people. Most young people have to use services designed for either adults or children. A youth service will be developed as part of a comprehensive mental health service. It will be based on regional community-based mental health teams, it will make use of day-based services for back-up, and it will have access to regional inpatient beds in a specialised unit as part of a general hospital. Services will be targeted towards both Māori and non-Māori youth.

### **Mental health services for children and their families**

Prevention and early intervention to deal with potential mental health problems have tremendous benefits in terms of long-term health gain. Mental health services for children and their families have an important role to play as the “fence at the top of the cliff”. Key areas to be tackled as part of the strategy are regional accessibility to services, the range and number of providers, and a co-ordinated approach by the Ministry of Health, the Department of Social Welfare and the Ministry of Education in the development of services.

### **Other priority areas**

Other priority areas under this strategic direction are:

- Pacific Island people
- refugees
- older adults
- people who use primary mental health services.

More research is needed on the specific needs of these groups before the most appropriate types of services can be developed. Over the next three years work will begin on service development, with implementation occurring throughout the next five to 10 years of the strategy period.

## Strategic Direction 2: Encouraging Māori involvement in planning, developing and delivering mental health services

This strategic direction is aimed at improving the mental health of Māori, so that it is at least as good as that of New Zealanders as a whole. The prevalence of mental disorders is considerably higher for Māori than for the rest of the population. Māori rates of first admission and re-admission to psychiatric services have risen steadily, while Pākehā rates have stabilised or fallen.

Mental health institutions in the past have not provided for the holistic healing needs of Māori. Mental health services are still mainly monocultural with an emphasis on clinical treatment. Services in the future will need to be culturally safe and be able to provide treatment at a spiritual, physical, emotional, and cultural level. This will apply to both mainstream mental health services and any services managed or delivered by Māori themselves.

### Other strategic directions focus on:

- community-based services
- better quality of care
- personal rights and public protection
- an alcohol and drugs policy

### National objectives

The national objectives that support this strategic direction are:

- to reduce the level of mental illness for Māori so that it is no higher than that of the general community
- to increase Māori involvement in the delivery of mental health services
- to increase the responsiveness of mainstream mental health services to the special needs of Māori.

### Priority areas

#### Primary mental health services

Māori have high rates of treatment in psychiatric units or hospitals. By the time they seek help, Māori are more seriously ill than the general population and their treatment and rehabilitation takes longer. To improve the use by Māori of primary mental health services, there is an urgent need to develop:

- appropriate prevention and early intervention programmes
- appropriate assessment and treatment services
- appropriate community-based services.

#### Workforce development

There are few Māori mental health workers. Training programmes are needed in all areas of mental health – in particular, to increase the number of Māori who can provide community mental health services.

## Quality assurance

Feeling safe culturally and clinically is an important issue for those Māori who use the mental health services. The increasing use of cultural assessments as part of a consumer's overall clinical assessment is a beginning, as is training providers of mental health services to think in terms of tikanga Māori and Māori mental health issues. But **all** services need to find better ways of involving Māori in policy development, decision making and service delivery.

### The principles that relate to Strategic Direction 2 are:

- encouraging services that **empower** individual consumers and their families/whānau and caregivers
- encouraging services that enable people of any age, culture, gender, or individual interest to **fully participate** in society
- ensuring **Māori involvement** in the planning of mental health services for Māori and in designing services appropriate to Māori needs
- improving the cultural safety of services and ensuring that services accommodate cultural differences, especially for Māori
- improving people's **access** to appropriate services of an acceptable quality
- encouraging services to be delivered in a way that **minimises disruption** to the lives of people with mental health problems or disabilities
- increasing the **sensitivity** of services and support systems to the changing needs and

## Strategic Direction 3: Improving the quality of care

**This strategic direction will begin to overcome some of the obvious gaps in services that occurred in the past. Service standards, quality assurance programmes and performance indicators to monitor effectiveness and efficiency will make sure that the national objectives are being achieved.**

Workforce development will be required to bring the numbers of community mental health workers up to benchmark levels.

### Other strategic directions focus on:

- community-based services
- greater Māori involvement
- personal rights and public protection
- an alcohol and drugs policy

Responding to the needs of people with severe psychiatric disabilities is an important part of quality of care. This is to make sure that the needs of those with psychiatric disabilities – needs which they often cannot advocate for themselves – are heard and recognised.

## National objectives

The national objectives that support this strategic direction are:

- to establish and revise mechanisms for the monitoring of community mental health needs and services
- to promote co-ordination between all agencies involved in the mental health system and to ensure that clear lines of accountability exist
- to develop data collection and analysis systems which provide adequate information for continued long-term planning within the mental health system
- to review and revise if necessary the Government's objectives every five years.

## Priority area

### People with severe psychiatric disabilities

People with severe psychiatric disabilities have been the group most neglected in the past pattern of services. The new strategic direction will focus more clearly on their need for:

- co-ordinated assessment and other services
- personal and social support services
- caregivers' support services
- residential and hospital services
- rehabilitative services (including training, educational and vocational services)
- continuing management of their illness.

*A New Deal* sets out the Government's direction for services for people with psychiatric disabilities.

### The principles that relate to Strategic Direction 3 are:

- encouraging services that **empower** individual consumers and their families/whānau and caregivers
- encouraging the development of **better specifications** for services purchased and provided to meet the needs of different groups of consumers and their families/whānau and caregivers
- ensuring **consistent safety standards** to protect the health of consumers and the public
- improving the **cultural safety** of services and ensuring that services accommodate cultural differences, especially for Māori
- encouraging services to contribute to the best possible outcomes for consumers and their families
- encouraging services to be delivered in a way that **minimises disruption** to the lives of people with mental health problems or disabilities
- giving priority to **cost-effective services** that provide the best value in terms of health gains
- encouraging service provision to be **integrated** at all levels and focused on achieving maximum wellness and independence for all consumers.

## Strategic Direction 4: Balancing personal rights with protection of the public

This strategic direction aims to more clearly strike a balance between the mental health consumer's right to live in the community and the public's right for protection.

Someone with a mental disorder who is incapable of giving informed consent, or who refuses to do so, may need to be compulsorily assessed and treated. In these cases, restrictions are placed on consumers only when it is essential for their own protection or that of the public.

Forensic psychiatry is the branch of the mental health services which specialises in the compulsory assessment and treatment of people who have mental disorders and who have committed a criminal offence.

The aim of the forensic psychiatric services is to provide a comprehensive range of care for consumers that serves both their needs and the safety of themselves and others. The ultimate goal is to place consumers back in the community, with full back-up and support, as part of the process of treatment and rehabilitation.

### Other strategic directions focus on:

- community-based services
- greater Māori involvement
- better quality of care
- an alcohol and drugs policy

### National objectives

The national objectives that support this strategic direction are:

- to review the legal framework for mental health services as appropriate every five years in order to maintain the right balance between consumers' rights and community safety
- to decrease the stigma currently attached to mental illness and psychiatric disability, and to change public attitudes so that early recognition and intervention can occur.

### The principles that relate to Strategic Direction 4 are:

- encouraging services to contribute to the **best possible outcomes** for consumers and their families
- respecting **personal dignity** and privacy
- encouraging services to be delivered in a way that **minimises disruption** to the lives of people with mental health problems or disabilities
- increasing the **sensitivity** of services and support systems to the changing needs and preferences of people
- encouraging service provision to be **integrated** at all levels and focused on achieving maximum wellness and independence for all consumers
- assuring the **rights of people** with mental disorders and disabilities within the context of overall community needs and rights.

## Priority area

### Forensic psychiatric services

Following the publication of the Mason Report in 1988, forensic psychiatric services in New Zealand have been significantly expanded.

The Mason Report recommended a network of regional forensic services in the main centres. These regional services would provide minimum- and medium-secure units, a liaison service in the courts and prisons, forensic community services, and a liaison service to the general psychiatric services. Most of these structures and services are now operating.

Because of the risks to the community if forensic services are neglected, the continuing development of these services remains a priority. Needs assessments of patients will determine whether further minimum- or medium-secure units are required. Planning is underway for the future provision of maximum-secure care. Greater integration between community-based forensic services and other community mental health teams is an important future path.

## Strategic Direction 5: Developing a national alcohol and drugs policy

**This strategic direction will lead to better integration of existing alcohol and drug services, will use more efficiently the mix of residential and outpatient treatment options, and will provide more systematic care for people who have both an addiction and some form of mental disorder.**

New Zealand has a well-developed range of alcohol and drug treatment services. A mix of outpatient and residential assessment and treatment services are available in all the main centres, making them accessible to most New Zealanders. Service coverage is adequate for most types of drug and alcohol addictions. The main exception is services for people with opiate addictions – methadone treatment services are not available in all areas.

### Other strategic directions focus on:

- community-based services
- greater Māori involvement
- better quality of care
- personal rights and public protection

### National objective

The national objective that supports this strategic direction is:

- to establish a national drugs and alcohol policy by December 1995.

### Priority areas

#### Funding integration

There are currently five major funders and purchasers of alcohol and drug assessment and treatment services. The intention is to have regional health authorities purchase all these services in the future. This will lead to greater efficiencies. It will also mean that a clear policy can be developed on who should have access to alcohol and drug assessment and treatment services.

### **Better mix of services**

Emphasis on early intervention – particularly by general practitioners – is likely to result in more people using outpatient services. Residential services will be targeted at people with multiple dependencies and co-existing mental disorders which require specialist programmes and staff.

### **Access to services**

Alcohol dependency and abuse is the way that many Māori come into contact with the mental health services. There are very few Māori initiatives for providing alcohol and drug treatment services. There are also no treatment programmes specifically for Māori youth. Ways need to be found for encouraging the development of Māori providers of alcohol and drug education, assessment, and treatment services.

Women (particularly with dependent children), youth, people with existing mental disorders, and people with opiate addictions are other groups who have difficulty in gaining access to appropriate services.

### **Monitoring of services**

There has never been an adequate information system for collecting data on the effectiveness of alcohol and drug services. The Ministry of Health's national minimum dataset should be extended to monitor the performance of these services and to assess their ability to meet consumer demand.

### **The principles that relate to Strategic Direction 5 are:**

- encouraging services that **empower** individual consumers and their families/whānau and caregivers
- encouraging the development of **better specifications** for services purchased and provided to meet the needs of different groups of consumers and their families/whānau and caregivers
- improving people's **access** to appropriate services of an acceptable quality
- encouraging services to contribute to the **best possible outcomes** for consumers and their families
- respecting **personal dignity** and privacy
- giving priority to **cost-effective services** that provide the best value in terms of health gains
- encouraging service provision to be **integrated** at all levels and focused on achieving maximum wellness and independence for all consumers
- assuring the **rights of people** with mental disorders and disabilities within the context of overall community needs and rights.

## 4 The Pattern of Future Services

**Regional health authorities will play a key role in shaping the pattern of future mental health services. It is the RHAs which will buy the mix of mental health services in their region.**

### Priority areas for RHAs

The Government has set five priority areas for the types of services RHAs will have to buy from mental health service providers. These priority areas are:

- improved access to multidisciplinary teams which cover the whole of an RHA's geographical area
- more and better-quality high-dependency residential services
- an improved range of services for Māori at a level that is in proportion to their needs – either through better and more appropriate mainstream services or by Māori providing their own specialist services
- the creation of community-based multidisciplinary teams to provide regional specialist services for young people – these teams will be based in the main centres and will offer day programmes
- an improved range of services for young Māori – either through better and more appropriate mainstream services or by Māori providing their own specialist services for young people.

These priority areas and the Government's goals, principles and national objectives will create a pattern of mental health services very different from what we have today. Community health teams will be at the centre of the system, with other more specialist services radiating out from this core. Mental health services will no longer be driven by the needs of isolated, rural psychiatric hospitals. Some of the likely major changes in the pattern of key services are set out in the rest of this section.

### Community mental health services

Community mental health services will become the linchpin for the mental health system. They will be the primary focus for care, providing services to all members of the community. Use will still be made of residential services – with consumers moving back and forth between community and residential care depending on their needs.

In most areas, the community mental health services will consist of a group of teams, each dealing with different specialities. However, in areas with a smaller population these teams may be combined or even operate as a general team. Many of the teams already exist, usually as part of a residential unit.

## **Residential mental health services**

The shift to community-based mental health services will fundamentally change the role of psychiatric hospitals. Instead of being at the centre of the system, psychiatric hospitals will become a specialist service which links in with the more broadly based community health teams.

As part of the back-up for community teams, psychiatric units will continue to function within general hospitals and some psychiatric hospitals will still exist. More stress will be placed on supplying high-dependency residential services for those with psychiatric disabilities. There is a serious gap in services for people with a psychiatric disability when they move from hospital-based care to community care. These people still need intensive care, but in a community setting. Providing more high-dependency residential services is a major way that people with psychiatric disabilities can be integrated back into the community.

## **Primary mental health services**

Primary mental health services (which includes general practice, mental health private consultancies, counselling services, nursing services, and support groups) have largely operated outside the general mental health system. Now, with the possibility of these services contracting with RHAs to provide mental health services, it is likely they will become part of the general mental health system.

Closer links between community mental health teams and primary mental health care will give quicker access to specialist services: primary providers (especially general practitioners) often see people in the first stages of a mental disorder.

Primary mental health services could well provide significant levels of outpatient treatment – especially for alcohol and drug dependencies and other less severe mental disorders.

## **Alcohol and drug services**

The majority of alcohol and drug services are currently based at residential facilities, which can be some distance from where the consumer lives. These types of services are also largely kept separate from other mental health services.

Future alcohol and drug services will be delivered by specialist outpatient alcohol and drug services based in the local community and working alongside community mental health teams. These specialist outpatient alcohol and drug services will manage treatment and will be able to make referrals to residential services. They will also have close links with the primary mental health services.

## **Children and young persons mental health services**

There is a serious shortage of mental health services for children and young people. The first priority is to increase the community mental health services for **young** people – including Māori. Youth mental health teams would be the main provider of these services.

It is also appropriate to locate inpatient services for young people within a general hospital rather than a specialist psychiatric facility. This should be done wherever possible – although children or young people with more serious disorders should still be admitted to acute or forensic services.

The development of mental health services for children will involve close consultation with the Department of Social Welfare and agencies in the education sector.

## **Forensic psychiatric services**

Over the last few years, forensic psychiatric services have undergone a planned and well-funded development programme. The only change in the immediate future is for the regional community-based forensic services to be closely linked with other community-based mental health teams.