

**Grey Matter: A Collection of Recent NGO, Think Tank, and International Government Reports**

Issue 8, 2014 March

Welcome to Grey Matter, the Ministry of Health Library’s Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly hone in on their key areas of interest. Email library@moh.govt.nz to subscribe.

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### Service Delivery

[**Community services: How can they transform care?**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/community-services-nigel-edwards-feb14.pdf)

“This paper looks at the changes needed to realise the full potential of community services for transforming care.” *Source: King’s Fund*

**[The delivery of 21st century services – The implications for the evolution of the healthcare science workforce](http://hee.nhs.uk/wp-content/uploads/sites/321/2014/02/Healthcare-Science-A-21st-century-worforce.pdf)**

“The way services are delivered is changing driven by new technology, the drive to relocate service into primary care and the community and broader range of providers. This will all have major implications for how the healthcare science workforce evolves over the next 20 years and how it will look by 2030. Scientists need to be proactive in driving change and the changes described in this report will bring exciting opportunities to enrich their careers and working lives.” *Source: Health Education England*

[**Shine: Improving the value of local healthcare services**](http://www.health.org.uk/public/cms/75/76/313/4692/Shine%20-%20improving%20the%20value%20of%20local%20healthcare%20services.pdf?realName=VVh5L4.pdf)

“The report shows what can be done at a local level to improve quality and reduce costs with a relatively small amount of money and within a short timescale of just over a year. It demonstrates the effectiveness of clinically-led improvement projects to improve services.” *Source: The Health Foundation*

[**Many to many: how the relational state will transform public services**](http://www.ippr.org/images/media/files/publication/2014/02/Many-to-many_Feb2014_11865.pdf)

“This report sets out a new agenda for public service reform – one that is better able to deal with this complexity, by devolving power, connecting services and deepening relationships.” *Source: Institute for Public Policy Research*

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### Child, Youth, & Maternal Health

[**Maternity Care Experiences of Teen, Young, Maori, Pacific and Vulnerable Mothers at Counties Manukau Health**](http://www.countiesmanukau.health.nz/News_Publications/Reports/maternitycarereview/Counties%20Manukau%20Health%20Maternity%20Care%20Experiences%20Report.pdf)

“This project specifically sought the views and input of Maori and Pacific mothers, and women of childbearing age who live in areas of high socio-economic deprivation.” *Source: Counties Manukau*

[**Hapū Ora: Wellbeing in the early stages of life**](http://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Humanities%20and%20Social%20Sciences/Shore/reports/Hapu%20Ora%208%20Nov%202013.pdf?5A9AFFDACFECCCC2FA05619339139AEE)

“Hapū Ora draws on life course, epigenetic and social determinants approaches, along with Māori concepts of pregnancy and wellbeing, to identify key priorities for future Māori maternal health research.” *Source: Whāriki Research Group*

[**Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia**](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc-ip08.pdf)

“This paper provides a review of prevention and early intervention research literature that is focused on improving outcomes for Australian Indigenous children in the early childhood years.” *Source: Australia Institute for Health and Welfare*

[**GenerationR: Young People Improving Research**](http://viewer.zmags.co.uk/publication/62b8f2e9#/62b8f2e9/1)

“How children, young people and families have improved the design, development and delivery of paediatric research.” *Source: National Institute for Research*

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### Health Systems, Innovation, & Costs

[**The Changing National Role in Health System Governance: A case-based study of 11 European countries and Australia**](http://www.euro.who.int/__data/assets/pdf_file/0006/187206/e96845.pdf)

“This study provides an overview of recent changes in the national government’s

role in the governance of the health systems in 12 countries.” *Source: WHO*

[**Your hospital’s path to the second curve: integration and transformation**](http://www.aha.org/content/14/your_hospitals_path_second_curve.pdf)

“Hospital and care system leaders are being called upon to set the course for the nation’s health care system. While paths to future success may be different, hospitals can use the framework in this report to dramatically improve care delivery and population health and reduce the total cost of care over the next five years by up to 25 percent.” *Source: American Hospital Association*

[**On the Redwood Coast: A Collaborative Approach to Health Blossoms**](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf410374)

“In a remote corner of Northern California, physicians, patients and hospitals have been experimenting with new ways to work together. Their discoveries should interest anyone looking to transform health care.” *Source: Journalists on Quality*

[**Implications for the NHS of inward and outward medical tourism: a policy and economic analysis using literature review and mixed-methods approaches**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0018/104067/FullReport-hsdr02020.pdf)

“The study examined the implications of such outward [medical tourism] flows for the NHS across a range of specialties and services including dentistry, bariatric surgery, fertility services and cosmetic surgery. The study also focused on inward flows of international patients being treated within NHS private facilities. It focused on booked and planned treatments for which trusts had expectations of reimbursement (with pre-payment or a ‘letter of guarantee’ from an embassy or insurer).” *Source: National Institute for Health Research*

[**Variations in Outcomes and Costs in NHS Hospitals**](http://www.journalslibrary.nihr.ac.uk/hsdr/volume-2/issue-1)

“In England, patient-reported outcomes measures (PROMs) are collected from patients undergoing one of four elective procedures: unilateral hip replacement, unilateral knee replacement, groin hernia repair and varicose vein surgery. [The authors] identify variation in patient-reported outcomes (PROs) across hospitals, assess the relationship between the cost and outcomes among NHS hospitals for these procedures, and determine the extent to which variations in outcomes and costs are due to differences in hospital performance.”

[**Economics of Medicines optimisation**](http://www.eepru.org.uk/EEPRU%20Report%20Economics%20of%20Medicines%20Optimisation%20Feb%202014-1.pdf)

“The objectives of this work are, firstly, to undertake a scoping review relating to the suboptimal use of medicines in the NHS, both in terms of the scale, costs and health lost; and, secondly, to review the extent of the evidence on effectiveness and cost-effectiveness of interventions to address suboptimal use of medicines.” *Source: Centre for Health Economics*

[**The Trans Pacific Partnership Agreement Negotiations and the Health of Australians**](http://hiaconnect.edu.au/wp-content/uploads/2014/02/TPP-policy-brief-FINAL-17-FEB-2014.pdf)

“This policy brief outlines the evidence about the potential health effects on the Australian community of actions related to the TPPA, based on publicly available and recently leaked negotiating documents.” *Source: Public Health Association Australia*

[**NHS payment reform: lessons from the past and directions for the future**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140220_payment_reform_policy_response.pdf)

“This policy response… presents recommendations for the longer-term development of the NHS payment system.” *Source: Nuffield Trust*

[**The NHS Payment System: Evolving Policy and Emerging Evidence**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140220_nhs_payment_research_report.pdf)

“This research report reviews different approaches to payment for health services in the English NHS. It explores the evidence on whether recent payment initiatives have met their goals.” *Source: Nuffield Trust*

[**Study on Corruption in the Healthcare Sector**](http://ec.europa.eu/dgs/home-affairs/what-is-new/news/news/docs/20131219_study_on_corruption_in_the_healthcare_sector_en.pdf)

“The objectives of the study are: to enable a better understanding of the extent, nature

and impact of corrupt practices in the healthcare sector across the EU; and to assess

the capacity of the MSs to prevent and control corruption within the healthcare system

and the effectiveness of these measures in practice.” *Source: European Commission*

[**Wellbeing: Why it matters to health policy**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative__January_2014_.pdf)

“A fresh and innovative approach to policy making that supports the Whitehall review of the policy profession.” *Source: Department of Health*

[**Measuring and Reducing Red Tape in the Not-for-profit Sector**](http://apo.org.au/files/Research/ACNC_ForumReportMeasuringAndReducingRedTapeInTheNotForProfitSector_Feb_2014.pdf)

“The Australian Charities and Not-for-profits Commission (ACNC) held the forum Measuring and Reducing Red Tape in the Not-for-profit Sector on Wednesday 4 December 2013 at the Australian National University. This report is a summary of the forum and the red tape reduction recommendations arising from it.” *Source: Australian Charities and Not-for-profits Commission*

[**What can the UK learn from healthcare innovation in India?**](http://www.health.org.uk/public/cms/75/76/313/4699/What%20can%20the%20UK%20learn%20from%20healthcare%20innovation%20in%20India.pdf?realName=x1RAco.pdf)

“This thought paper is the result of a week-long study tour to India, facilitated by IPIHD for senior leaders of healthcare systems and industry to learn from what is working in

healthcare delivery.” *Source: Health Foundation*

[**Health at all costs? How health-first paternalism is promoted by government to corrode choice**](http://www.ipa.org.au/portal/uploads/131212-PAPER-Healthatallcosts%282%29.pdf)

“This report argues that government-funded health lobbying is leading to increased regulation of any behaviour deemed detrimental to health.” *Source: Institute of Public Affairs*

[**The Importance of Multimorbidity in Explaining Utilisation and Costs Across Health and Social Care Settings: Evidence from South Somerset’s Symphony Project**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP96_multimorbidity_utilisation_costs_health_social%20care.pdf)

“This work forms a basis for identifying groups that would most benefit from improved integrated care, which might be facilitated by integrated financial arrangements and better pathway management. The more co-morbidities that a person has, the more likely they are to require care across diverse settings, and the higher their costs.” *Source: Centre for Health Economics*

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### Nutrition, Physical Activity, & Obesity

[**Turning the Tide of Inactivity**](http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf)

“This report provides the first detailed analysis of physical inactivity, both at a national and local level. It examines the rate of inactivity in each top tier local authority and analyses its relationship with premature mortality, cost and spend, leisure facilities and green spaces.” *Source: UK Active*

[**Time to #choosecycling**](http://www.britishcycling.org.uk/zuvvi/media/bc_files/campaigning/CHOOSECYCLING_DIGITAL_SP.pdf)

“Time to #ChooseCycling sets out British Cycling’s 10 proposals to turn

Britain into a true cycling nation. [The authors] have listed the specific and practical

measures that are needed to make cycling an attractive and viable option for

millions more people.” *Source: British Cycling*

[**Lower-Calorie Foods: It's Just Good Business**](http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404136)

“The findings of this study clearly demonstrate that between 2006 and 2011 lower-calorie

foods and beverages were the key growth engine for the restaurants studied.” *Source: Hudson Institute*

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### Health Information & Technology

[**Leading the information revolution in cancer intelligence: why the National Lung Cancer Audit (NLCA) is the key to transforming lung cancer outcomes**](http://www.roycastle.org/Resources/Roy%20Castle/Documents/PDF/leading-the-information-revolution-in-cancer-intelligence.pdf)

“This report examines the value of the NLCA, highlighting the contribution it has made to

improvements in lung cancer services to date, and the vital importance of it being continued in future years.” *Source: Roy Castle Lung Cancer Foundation*

[**A Report on the Use of Social Media to Prevent Behavioral Risk Factors Associated with Chronic Disease**](http://www.ehidc.org/chcf-chronic-disease-social-media-form)

“Social media has the potential to reduce chronic disease and correct high-risk behavior. The report examines the impact of social media and role of online communities in enhancing health education and behavior change efforts to promote wellness, healthy eating, and active living to prevent chronic disease.” *Source: eHealth Initiative*

**\*fill in form to download**

[**Digital Health Innovations for Medicaid Super-Utilizers: Consumer Feedback to Steer New Technologies**](http://www.chcs.org/usr_doc/Digital_Health_Issue_Brief_final_web1.pdf)

“A plethora of digital tools has emerged in recent years to help individuals take charge of their own health; yet few of these tools are designed to meet the unique needs of Medicaid’s highest-need, highest-cost beneficiaries. To better understand how digital technology might be able to support this population, the Center for Health Care Strategies (CHCS) conducted a series of consumer focus groups in the spring of 2013.” *Source: CHCS*

[**Digital First: Clinical Transformation through Pathology Innovation**](http://www.england.nhs.uk/wp-content/uploads/2014/02/pathol-dig-first.pdf)

“The Digital First report highlights innovation in the use of digital systems and processes used in pathology across the country. Systems and processes which have an impact on the quality of care the NHS provides to patients; such as early diagnosis to prevent premature mortality; the care and management of long term conditions and making results visible and easy to interpret for patients.” *Source: NHS England*

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### Long-Term Conditions

[**Heart health: improved services and better outcomes for Victorians**](http://docs.health.vic.gov.au/docs/doc/1239A810B135D1A9CA257C70007C179C/%24FILE/1310038%20Improved%20Services%20Heart%20Health_PP_web.pdf)

This report “builds on Victoria’s existing system of cardiac care and the impressive advances made in recent decades to treat heart disease.” *Source: State of Victoria, Department of Health*

[**Prevention of Cardiovascular Disease (Evidence Update)**](http://www.evidence.nhs.uk/evidence-update-50)

This publication highlights new evidence since the original NICE guidelines were published, relating to the prevention of cardiovascular disease. *Source: NICE*

[**Type 2 diabetes in Australia's children and young people: a working paper**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129546359)

“Type 2 diabetes in Australia's children and young people identifies and describes national data sources to monitor incidence and prevalence of type 2 diabetes in children and young people and assesses their suitability for this task. This working paper also presents, for the first time, national incidence and prevalence estimates of type 2 diabetes in Australia's children and young people.” *Source: Australia Institute for Health and Welfare*

[**Diabetes Atlas**](http://www.idf.org/sites/default/files/EN_6E_Atlas_Full_0.pdf)

“The 6th Edition of the IDF Diabetes Atlas generates estimates using new studies that became available in the last year, and updated population estimates. The new estimates follow the same upward trajectory evidenced by previous editions of the Atlas, and add urgency to the need for effective prevention, treatment, and an end to silence and discrimination.” *Source: International Diabetes Federation*

[**Generating a report card for type 2 diabetes in Australia**](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/news_8423.pdf)

“The aim of this RESEARCH ROUNDup is to generate a report card for diabetes type 2 based on nationally representative data.” *Source: Primary Health Care Research and Information Service’*

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### Primary Care

[**Commissioning and funding general practice: Making the case for family care networks**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/commissioning-and-funding-general-practice-kingsfund-feb13.pdf)

“As England’s population both expands and ages, so the demands on primary care will grow. Within the current commissioning and funding system innovative models of primary care provision are already being used. This report describes examples of these through four case studies in different areas of England. It also highlights how the existing system is imperfectly understood, particularly regarding contracts.” *Source: King’s Fund*

[**Commissioning primary care: Transforming healthcare in the community**](http://www.nhscc.org/wp-content/uploads/2014/02/Commissioning-primary-care-final-pdf-for-website.pdf)

“This briefing outlines case studies where clinical commissioners are already

making a difference [in community care].” *Source: NHS Clinical Commissioners*

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### Health of Older People

[**Healthy ageing in the 21st century: the best is yet to come**](http://www.birmingham.ac.uk/Documents/research/policycommission/healthy-ageing/Healthy-Ageing-Policy-Commission-Report.pdf)

“In 2011 the University of Birmingham launched a policy commission on healthy ageing to explore different expectations for flourishing in later life and how good health in later life can be promoted. This Report first presents [the] key findings and then sets out the Commission’s recommendations for healthy ageing in the UK’s 21st Century super-diverse society.” *Source: University of Birmingham*

[**Nutrition and Dementia: A Review of Available Research**](http://www.alz.co.uk/sites/default/files/pdfs/nutrition-and-dementia.pdf)

The authors “have reviewed a number of areas in existing research regarding the relevance of nutritional factors to primary and secondary prevention of dementia, undernutrition in dementia and interventions to improve the nutrition of people living with dementia.” *Source: Alzheimer’s Disease International*

[**It's about time: tackling substance misuse in older people**](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/ItsAboutTimeWeb.pdf)

“This briefing brings together information about older people and substance misuse, which [the authors] take to include use of alcohol, illicit drugs and prescribed and over-the-counter medications.” *Source: DrugScope*

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### Health Quality & Safety

[**The Francis Report: One Year On**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140206_the_francis_inquiry.pdf)

“This report explores how acute trusts are responding to the Francis Inquiry report, one year on from Robert Francis QC’s original report into the failings in Mid Staffordshire hospitals.” *Source: Nuffield Trust*

[**Regulating quality and safety of health and social care: international experiences**](http://www.rand.org/content/dam/rand/pubs/research_reports/RR500/RR561/RAND_RR561.pdf)

“Taking a range of six countries, [the authors] review the regulatory mechanisms that have been implemented to ensure that essential standards of care are applied and are being adhered to, and consider the range of policy instruments used to encourage and ensure continuous quality improvement.” *Source: Rand Europe*

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### Evidence-Based Practice

[**Evidence based policy: a quixotic challenge?**](http://www.pmcsa.org.nz/wp-content/uploads/Sussex_Jan-21_2014_Evidence-in-Policy_SPRU.pdf)

In this speech, Dr. Peter Gluckman “considers the issues of evidence informed policy development and derives some general principles”. *Source: Office of the Prime Minister’s Science Advisory Committee*

[**How do government agencies use evidence?**](http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19163/2013-6-38.pdf)

“This brief review highlights known areas of strength in the research base for evidence-based policies and programs, together with matters where there are significant research gaps hindering a solid understanding of evidence-use by government agencies in social policy-making and program development.”  *Source: Swedish National Board of Health and Welfare*

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### Management

[**Saying what you do and doing what you say: The performative dynamics of lean management theory**](http://virgo.unive.it/wpideas/storage/2013wp35.pdf)

“Rooted at the intersection of inquiries into management fashions and into performativity, [the authors] investigate the case of the Québec public health care system, where a managerial theory – that of “lean management” – has recently emerged, gained saliency and become dominant in organizational practice.” *Source: Department of Management at Università Ca’ Foscari Venezia*

[**The Lean Management Enterprise**](http://www.mckinsey.com/insights/operations/~/media/mckinsey/dotcom/insights/operations/the%20organization%20that%20renews%20itself%20lasting%20value%20from%20lean%20management/2014%20lean%20management%20enterprise%20compendium%20with%20links.ashx)

“The Lean Management Enterprise: A system for daily progress, meaningful

purpose, and lasting value considers how organizations will fare now that more of their

competitors may be starting to hear about—and use—the management principles once known as “lean manufacturing.” *Source: McKinsey Institute*

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### Public Health

[**Public health transformation nine months on: bedding in and reaching out**](http://www.local.gov.uk/documents/10180/5854661/Public%2Bhealth%2Btransfornation%2Bnine%2Bmonths%2Bon%2B-%2Bbedding%2Bin%2Band%2Breaching%2Bout%2B-%2Bpublication/ce0b8b36-c81d-44f7-ba91-b0836a9b4822)

“This resource commissioned by the LGA and PHE describes how public health

in a number of councils has started to use the opportunities of a local government setting to

improve health and wellbeing. The case studies [in this report] were chosen because they show a range of ways in which public health in councils is approaching its new roles.” *Source: Public Health England & Local Government Association*

**[International Tobacco Control Policy Evaluation Project](http://www.itcproject.org/node/90)**

“This Report provides a detailed picture of the tobacco control landscape in the United States over the past decade using cohort survey data from the International Tobacco Control Policy Evaluation Project (the ITC Project).” *Source: International Tobacco Control Policy Evaluation Project*

[**Community beliefs and misconceptions about male sexual assault**](http://apo.org.au/files/Research/AIFS_CommunityBeliefsAndMisconceptionsAboutMaleSexualAssault_Dec_2013.pdf)

The authors “outline four central assumptions concerning male sexual assault, and we identify research and data that dispel these assumptions.” *Source: Australian Centre for the Study of Sexual Assault*

[**Domestic violence and abuse : summary and recommendations**](http://eif.org.uk/images/eifdvreview/EIFDVAsummaryandrecommendations%20.pdf)

“Therefore, in this report as well as assessing the effectiveness of existing services aimed at prevention of [Domestic Violence & Abuse] DV&A, we have asked whether the broader suite of Early Intervention services can be effective in addressing DV&A or whether the existence of DV&A undermines their effectiveness.” *Source: Early Intervention Foundation*

[**City health check: How design can save lives and money**](http://www.architecture.com/Files/RIBAHoldings/PolicyAndInternationalRelations/Policy/PublicAffairs/RIBACityHealthCheck.pdf)

“Do our cities support healthy, active choices on a daily basis? Does the architecture and urban design of our cities impact on public health? In this health check we compare serious health problems in nine of the most populated cities in England and how these problems relate to our urban environment and levels of exercise.” *Source: Royal Institute for British Architects*

[**Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively**](http://www.nice.org.uk/nicemedia/live/14384/66668/66668.pdf)

“This guidance aims to help identify, prevent and reduce domestic violence and abuse. Violence and abuse perpetrated on children by adults ('child abuse') is not dealt with in this guidance, but it does include support for children who are affected by domestic violence and abuse.” *Source: NICE*

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### Mental Health & Addiction

[**Exploring methamphetamine trends in Europe**](http://www.emcdda.europa.eu/attachements.cfm/att_222738_EN_TDAU14001ENN.pdf)

“Concerns about the availability and use of methamphetamine in Europe have been growing for some time. Historically, the use of methamphetamine has been confined largely to the Czech Republic and Slovakia; however, recent signs of the spread of methamphetamine linked to different European countries have sparked further investigation of this topic.” *Source: European Monitoring Centre for Drugs and Drug Addiction*

[**2014 Work Programme - European Monitoring Centre for Drugs and Drug Addiction**](http://www.emcdda.europa.eu/attachements.cfm/att_223124_EN_EMCDDA%20Work%20Programme%202014.pdf)

This document describes “the agency’s work to better support Europe in responding to its drug problems.” *Source: European Monitoring Centre for Drugs and Drug Addiction*

[**Psychosis and Schizophrenia in Adults: The NICE Guideline on Treatment and Management**](http://www.nice.org.uk/nicemedia/live/14382/66529/66529.pdf)

“This guideline will be relevant for adults with psychosis and schizophrenia and covers the care provided by primary, community, secondary, tertiary and other healthcare professionals who have direct contact with, and make decisions concerning the care of, adults with psychosis and schizophrenia.” *Source: NICE*

[**Service transformation: Lessons from mental health**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/service-transformation-lessons-mental-health-4-feb-2014.pdf)

“Mental health services have undergone radical transformation in the past 30 years. A community-based care model has largely replaced the acute and long-term care provided in large institutions.” *Source: King’s Fund*

[**London mental health : the invisible costs of mental ill health**](https://www.london.gov.uk/sites/default/files/FINAL%20-%20LMH%20-Full%20Report.pdf)

“This report aims to, where possible, quantify the impact of mental ill health in London in order to highlight the scale of the problem. It does this through analysing the wider economic and social impacts of mental ill health.” *Source: Mayor of London*

[**Multidimensional family therapy for adolescent drug users: a systematic review**](http://www.emcdda.europa.eu/attachements.cfm/att_222780_EN_TDAU13008ENN.pdf)

“For those who develop substance use disorders, family has a vital role to play in addressing this issue. This EMCDDA Paper focuses on a form of inclusive therapy that involves the young person, their family and their environment. Based on five studies carried out in the United States and the EU, the holistic approach encapsulated by Multidimensional family therapy delivers promising results that are visible both during therapy and after it has ended.” *Source: European Monitoring Centre for Drugs and Drug Addiction*

[**National pharmaceutical drug misuse framework for action (2012-2015): a matter of balance**](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/9C52D7D6E2C14A72CA257C3F001F009D/%24File/National%20PDM%20Framework.pdf)

“The Framework provides a holistic approach, in keeping with the complex range of factors that contribute to pharmaceutical drug misuse.” *Source: National Drug Strategy*

[**Women and alcohol in Aotearoa/New Zealand**](http://www.ahw.org.nz/resources/Briefing%20papers/2013/WomenAlcoholReport%20%28jenny%20rankin%29%202013.pdf)

“The Women and alcohol/Te waipiro me ngā wāhine project included a literature review of women’s alcohol consumption, influencing factors, alcohol problems and interventions. It also included focus groups and key informant interviews with 41 health and welfare providers from organisations working with women affected by alcohol.” *Source: Alcohol Healthwatch and Women’s Health Action*

[**Reducing Prescription Drug Abuse: Lessons Learned from an NGA Policy Academy**](http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1402ReducingPrescriptionDrugAbuse-Paper.pdf)

“This paper highlights lessons learned from the policy academy that can inform other states’ efforts to combat [prescription drug abuse].” *Source: National Governor’s Association*

[**Mental health and crisis care**](http://www.nhsconfed.org/Publications/Documents/mental-health-crisis-care.pdf)

“This Briefing provides a summary of the key principles and commitments in the [Mental Health Crisis Care] Concordant and highlights how stronger local partnerships can work together to deliver improved crisis care [in mental health]. *Source: NHS Confederation*

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### Palliative Care

[**Improving access to palliative care in Ontario**](http://www.mcmasterhealthforum.org/docs/default-source/Product-Documents/citizen-briefs/access-to-palliative-care-in-ontario-cb.pdf?sfvrsn=2)

“This brief was produced by the McMaster Health Forum to serve as the basis for discussions by the citizen panel on how to improve access to palliative care in Ontario.” *Source: McMaster Health Forum*

[**Strengthening of palliative care as a component of integrated treatment throughout the life course**](http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_28-en.pdf)

“This report describes the current status globally of palliative care and measures that are crucial to its development with a public health approach.” *Source: WHO*

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