In Confidence

Office of the Minister of Health

Cabinet Social Policy Committee

SUPPORTING MENTAL HEALTH SERVICES IN CANTERBURY

Proposal

1. Within the context of the Government’s overall contribution to the Canterbury recovery process, this paper proposes providing additional targeted support for Canterbury that will assist the existing psychosocial recovery process by boosting current mental health services provided, including the community wellness All Right? campaign. It also proposes a partnership arrangement with the Christchurch City Council relating to its Christchurch Earthquake Mayoral Relief fund.

Executive Summary

2. The Government has made a strong contribution across a number of sectors to rebuilding Christchurch in the wake of the earthquakes. This has included contributions to infrastructure and the physical rebuild, education and a range of welfare services ranging from telephone counselling services to dedicated advice from IRD. For health, this has included providing Canterbury district health board (DHB) with approximately $86 million of deficit funding in addition to the $254 million increase in population based funding over the last seven years. This additional support has been provided to help the DHB continue to deliver high quality services to Cantabrians and meet earthquake-related costs. The Government is also delivering the largest hospital redevelopment project in New Zealand’s history. The close to $1 billion redevelopment includes a new hospital at Burwood, which will open in the middle of this year, a new Outpatients facility and Acute Services Building on the Christchurch Hospital campus, expected to open in 2018.

3. Psychosocial recovery from a disaster is inherently linked to other parts of the recovery process. This has become particularly evident in Canterbury as the rebuild process has taken longer than many people originally anticipated.

4. The recent 14 February 2016 earthquake (and subsequent aftershocks) that occurred in the region was a sharp reminder of the continued nature of seismic events that have been occurring in Christchurch. Reports are that these recent earthquakes have been a considerable setback for the mental health of many Cantabrians. The continued need for a robust psychosocial recovery programme was further emphasised.

5. Following the 14 February earthquake, I directed Ministry of Health officials to work with Canterbury DHB and other local agencies to advise on what further assistance was required to assist the wellbeing of the Canterbury population. Following these discussions a package of ten initiatives is proposed that would boost current mental health services. The proposed package largely involves providing additional localised resource in the form of 19 clinical and 8 non-clinical FTE, as well as further funding for current programmes such as telehealth support and workforce wellbeing support. The additional funding being sought is $1.37 million in 2015/16 and $5.48 million per annum for three years from 2016/17.
6. Also proposed is a contribution of approximately $1.0 million per annum to the Christchurch City Council’s Earthquake Mayoral Relief fund for three years from 2016/17. This will match the $1.0 million that the Council plans to invest as part of its 2016/17 Annual Plan.

7. Finally, the All Right? campaign, a successful community wellness initiative, will be continued over the next few years and will be funded by the Ministry of Health.

Background

Psychosocial recovery process

8. Since the major earthquakes in Christchurch in 2010 and 2011, a range of local and central government agencies and organisations have been contributing to efforts to improve resilience, help communities reconnect, and provide targeted support services to avoid long-term mental health issues. These activities and programmes have been community-led and focussed on reducing the psychosocial impacts of the earthquakes and rebuilding the lives of individuals, families and communities. Much of the effort has also resulted from come from changes to baseline services, for example, Ministry of Education specialist services has been shaped by the psychosocial recovery needs of the children and young people provided services.

9. At a local level, the Canterbury earthquake recovery process is continuing. The physical rebuild is progressing well, however the ongoing disruption to peoples’ lives, including relocation or loss of facilities (e.g. sporting facilities, shops), dislocation and the sense of living in an extensively damaged environment continues to impact on the psychosocial recovery of people in Canterbury.

10. As noted in paragraph 3, psychosocial recovery is dependent on other aspects of the recovery process. The recovery process impacts on most people in Greater Christchurch, including people responsible for delivering services (health, social services, justice, education, rebuilding). For the Ministry of Social Development (MSD) in particular this has meant reorienting its services to assist and promote recovery. At the same time, individuals responsible for delivering services have often been asked to face increased demand for their services, as well as managing any issues in their own lives. For instance, Canterbury DHB and the Education sector are reporting high levels of fatigue among their staff.

11. International evidence notes that psychosocial recovery following a major disaster can take five to ten years. By this rationale we are likely to be at the halfway point towards recovery. The diagram below illustrates where we are in the recovery process (circled area):
12. The activities specifically directed at psychosocial recovery reflect the fact that most people will recover over time, with the support of their families and communities. For most people, the best intervention is at the earliest opportunity and at the lowest level possible, in order to try and stop problems escalating, becoming entrenched and more costly to resolve. For some people, more targeted interventions are needed. The activities surrounding psychosocial recovery are set out in *Community in Mind: Shared Programme of Action*, published in June 2014 by the Canterbury Earthquake Recovery Authority (CERA) in consultation with local communities. The programme of action is intended to improve community and individual resilience, deliver positive outcomes and support people to shape and lead their own recovery. The relationship between some of the activities delivered by Government agencies, and the levels of intervention needed to support psychosocial recovery, are set out in the attached A3.

13. The Community in Mind Strategy provides a balanced set of measures that seeks to strengthen the capacity across the continuum of psychosocial recovery. It is for this reason the engagement of the City Council in the lower levels of the pyramid and the continuation of the All Right? campaign are critical (and set out in more detail later in the paper).

![Programme of Action Diagram]

14. The responsibility for Canterbury’s psychosocial recovery has now transitioned from the CERA to the Ministry of Health (the Ministry) and Canterbury DHB. Cabinet also directed the Chief Executive of DPMC to convene regular meetings of relevant chief executives from central government agencies to consider psychosocial recovery progress and the whole of government response [CAB-15-MIN-0066 refers].

15. The agreed process for managing psychosocial recovery also includes the establishment of a local Psychosocial Governance Group to manage this responsibility. The Group has membership from all three local authorities, as well as Ngāi Tahu, Ministry of Health, Ministry of Education, MSD, Ministry of Business Innovation and Employment, and CERA (to be replaced by DPMC) and the Canterbury DHB. This membership reflects the ongoing contribution of those stakeholders to psychosocial recovery. It also confirms the importance of a broad, cross-government approach to recovery from a disaster.

**Canterbury DHB**

16. Since the earthquakes that began in late 2010, Canterbury DHB has played a key role in the psychosocial recovery process, at all levels. At the same time, it has had to manage increased demand in mental health services. To continue to do this effectively, the DHB has made significant changes to its mental health model of care and reprioritise resources, including funding. The changes have resulted in an increasingly integrated...
system approach to the continuum of care and are a good example of the proposed future direction for mental health services nationally.

17. The demand for mental health services for the Canterbury population is consistent with international evidence which notes that psychosocial recovery following a major disaster can take five to ten years. The table below shows the DHB reporting a particularly high increase over time for children and adolescents accessing mental health services.

**Table 1: Child, Adolescent & Family (CAF) Urban Case Starts (0 – 17 or 18 years if still at school)**

<table>
<thead>
<tr>
<th>CAF Urban Case Starts</th>
<th>1 Yr change</th>
<th>2 Yr change</th>
<th>3 Yr change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>1137</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>1097</td>
<td>-3.5%</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>1290</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>2012/13</td>
<td>1492</td>
<td>16%</td>
<td>36%</td>
</tr>
<tr>
<td>2013/14</td>
<td>1817</td>
<td>22%</td>
<td>41%</td>
</tr>
<tr>
<td>2014/15</td>
<td>2238</td>
<td>23%</td>
<td>50%</td>
</tr>
</tbody>
</table>

18. Similarly, the DHB has reported adult mental health presentations in the Christchurch Hospital Emergency Department have increased by 125% in the last three years.

**Table 2: Adult psychiatric emergency assessments at the ED**

<table>
<thead>
<tr>
<th>Adult psychiatric emergency assessments at the ED (unique cases)</th>
<th>Year to 31 Dec 2012</th>
<th>Year to 31 Dec 2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>579</td>
<td>1301</td>
<td>124.7%</td>
</tr>
</tbody>
</table>

19. In general, children and young people are durable but are particularly sensitive to their environment, particularly within their families/whanau. Housing and insurance struggles, frequent relocation (including change of school) and parents who are under pressure are key stressors for children and young people. A lack of accessible recreation spaces and facilities, all add further challenges to the wellbeing of children, young people and their families. Additional pressures (e.g. divorce) may be less readily dealt with. Parents who have been in ‘survival mode’ for the last five years will be less likely to have been able to devote time and energy to provide all the support they would under other circumstances.

20. A locality case study undertaken as part of part of the evaluation of the Prime Minister’s Youth Mental Health Project, indicates that children and young people continue to be negatively impacted by social and parental distress. This will be included in the final evaluation report of the Prime Minister’s Youth Mental Health Project later this year.

21. Adult service demand, while initially increasing, appears to have reached a peak but the services remain under pressure. There have been periods when demand for inpatient care has meant that patients have been “boarded out” to other wards. There is also concern that the threshold for access into specialist services is higher and that community based services such as general practices and community-based support workers are seeing people with higher need and complexity. The proposed package seeks to address this by increasing capacity in primary care and providing for alternatives to hospitalisation.
Comment

22. The recent 14 February 2016 earthquake and subsequent aftershocks were a sharp reminder of the continued nature of seismic events that have been occurring in Christchurch and of the need for a robust and continuing psychosocial recovery programme. I immediately directed Ministry officials, led by the Director of Mental Health, to work with the Canterbury DHB and other local agencies, including the Christchurch City Council, to advise me on what further assistance was required to assist the wellbeing of the Canterbury population.

23. Ministry officials have now advised me that a further package of targeted support to boost current mental health services would further assist in improving local outcomes. This would include:

   A. providing additional localised resources to **boost a number of local primary and community mental health services**, information services (e.g., telehealth support, online mental health services) and workforce wellbeing support;

   B. **partnering with the Christchurch City Council to boost the existing Mayoral Earthquake Relief fund**, which would be used to assess mental health need and commission earthquake related support services over the next three years; and

   C. further **extending the current All Right? campaign** funded by the Ministry of Health.

24. A detailed description of the package is attached as Appendix Two.

A. Mental Health Services Support Package

25. Ministry officials have been working closely with the DHB to assess the current state of the mental health service levels in Canterbury, with the aim of clarifying what further assistance might be required. As part of this assessment, the DHB have engaged their Mental Health Service Level Alliance Team, which includes representatives of the specialist services, primary care, non-government organisations, peer support and consumers.

26. Following this collaborative work, a package of ten additional initiatives is proposed that will provide additional localised resource and boost a number of local primary and community mental health services, information services and workforce wellbeing support. Specific measures relate to:

   - Child Adolescent and Family Services;
   - Community Mental Health/Alcohol and Drug (AOD) Community and Peer Support Workers for children, young people and their families;
   - Primary Mental Health/AOD Clinicians – adult;
   - Primary Mental Health/AOD Clinicians – child and youth;
   - Child Youth and Family Liaison Clinical Position;
   - Extended GP consults;
   - Whai ora Online -Online support for Maori exiting AOD Treatment;
   - Telehealth Support (including Canterbury Support Line);
   - Workforce Wellbeing Support; and
   - Alternatives to hospital inpatient care.

27. The key outcomes that this package of measures is expected to result in include:
• Improved responsiveness and support to children, young people and their families;
• Increased support to keep people at home and using primary and community services in order to reduce burden on inpatient and specialist secondary services;
• Increased support for post-treatment rehabilitation and reduced readmissions;
• Improve workforce wellbeing; and
• Increase provision of mental health information and awareness of services.

28. The proposed package largely involves providing additional localised resource in the form of 19 clinical and 8 non-clinical FTE, as well as further funding for current programmes such as telehealth support and workforce wellbeing support. The funding being sought is $1.37 million in 2015/16 and $5.48 million per annum for three years from 2016/17.

29. Monitoring of the additional resources will be added to existing Canterbury DHB monitoring arrangements by the Ministry, and an additional report to the Psychosocial Governance Committee. I have asked officials to work through the details with the DHB and the Governance Committee. Furthermore, the DHB will be reimbursed for the cost of the additional services once resources are in place.

30. The Ministry considers that there is some risk in quickly recruiting the proposed increase in full time established clinical and non-clinical roles. The DHB inform that there is sufficient additional capacity available within the Canterbury region to recruit quickly for the additional roles in primary care. The proposed mental health specialty additional roles may take some time to recruit, however the DHB propose to begin the recruitment process as soon as possible, and get the new support services up and running.

B. Partnering with Christchurch City Council

31. The Christchurch City Council is a significant and valued partner in the psychosocial recovery in Christchurch. The Mayor of the Council recently wrote to me with a proposal involving repurposing the special earthquake relief fund set up under the auspices of the Mayor’s Office in 2011 (the Christchurch Earthquake Mayoral Relief fund) with a view to focusing mental health and wellbeing issues arising across the Greater Christchurch area.

32. I asked Ministry officials to assess this proposal. I am advised that the proposal involves partnering with the Council to provide a city-wide mechanism for assessing need and commissioning earthquake-related mental health support services. It would likely involve contributing approximately $1.0 million to the fund for three years from 2016/17, which would match the $1.0 million that the Mayor of Christchurch informs me the Council plans to invest as part of its 2016/17 Annual Plan.

33. I consider that this proposal is worth exploring further and I have asked officials to work through the details in the form of a business case, that will be approved jointly by me as Minister of Health and the Minister of Finance, as to how the funding is governed and accounted for. For instance, the Council is already a member of the Psychosocial Governance Group which is responsible for the overall psychosocial recovery process, and it would be important that efforts (and services) are not duplicated.

C. All Right? campaign

34. Since its inception in 2012, the All Right? campaign continues to play an important role in the recovery process and is a key source of general advice and support for the public.
The messages developed by the Campaign are also used by a wide range of agencies and industries (e.g. schools, the construction industry) to help support staff and their families.

35. The wellbeing focus of the All Right? campaign reflects the advice delivered shortly after the earthquakes by the Prime Minister’s Chief Science Advisor, Professor Sir Peter Gluckman:

“A comprehensive and effective psychosocial recovery programme needs to support the majority of the population who need some psychosocial support within the community (such as basic listening, information and community-led interventions) to allow their innate psychological resilience and coping mechanisms to come to the fore.” - Professor Sir Peter Gluckman

36. The messages delivered through the All Right? campaign continue to change in response to the changing needs in Canterbury and as a direct result of feedback from Canterbury communities. For example, messages and resources for Māori were changed in response to feedback that Māori would prefer to be represented by photographs rather than by cartoon figures. Much of the feedback is immediate, by way of social media. The campaign undertakes regular research to assess how people in Canterbury are feeling as the recovery progresses. Their latest research (February 2016) indicates that the earthquakes and recovery-related stressors (primarily relating to the rebuild and to insurance negotiations) are still having a very real impact on Cantabrians’ mental health.

37. Discussions with the DHB, and public health staff in particular, have indicated that there is support for the campaign to potentially expand its activities into increasing awareness of mental health issues and offering support, including to frontline health workers and employers. This latter activity would not be a discrete workplace wellbeing initiative, but would build on the ability of workplaces to reach a wider population. It would also have synergies with existing work such as the Mental Health Foundation’s ‘working well’ project, which provides a package of supports for employers to create mentally healthy workplaces.

38. The Ministry has a contract with the Canterbury DHB for the campaign and has provided approximately $1.0 million per annum ($3.1 million since 2013). The Ministry is intending to shortly engage the DHB to extend the contract for a further three years from 2016/17. Funding of the Campaign will continue to be found in the Ministry’s baseline funding. The Campaign is expected to assist in improving awareness as part of wider psychosocial recovery efforts.

Next steps

39. If Cabinet agrees to the proposals in this paper, the next steps will involve working with the DHB and Council to get the additional resources in place quickly. Further discussions with the Psychosocial Governance Group will also be required to ensure agencies are clear on accountabilities and service provision is not unnecessarily duplicated.

Consultation

40. The Treasury, the Department of Prime Minister and Cabinet, the Ministry of Education, the Ministry of Justice, the Ministry of Social Development Inland Revenue and the Ministry of Business Innovation and Employment were consulted on this paper. The Canterbury DHB has been involved in developing the mental health service proposals outlined in this paper and support the proposals. The Mayor of Christchurch City Council has also been informed.
Financial Implications

41. These proposals seek additional funding of $6.48 million per annum for three years from 2016/17. If agreed, this would also include the pro-rated amount of $1.37 million for 2015/16 (for the mental health services package). The total additional funding amount is $20.81 million.

42. The proposal to extend the All Right? campaign will require the Ministry to engage with Canterbury DHB to discuss exact funding requirements, which would be met from Ministry baselines.

Human Rights

43. The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Legislative Implications

44. The proposals in this paper do not have any specific legislative implications.

Regulatory Impact Analysis

45. The regulatory impact analysis requirements do not apply to the proposals in this paper as they do not include options for creating, amending or repealing legislation.

Gender Implications

46. The proposals in this paper have no gender implications.

Disability Perspective

47. The proposals in this paper have no disability implications.

Publicity

48. All communications, including any media releases, will be managed by my office.

Recommendations

49. The Minister of Health recommend that the Committee:

1. note that while the physical rebuild is progressing well, the ongoing disruption to peoples' lives continues to impact on the psychosocial recovery of people in Canterbury;

2. note that local and central government agencies and organisations have been contributing to efforts to improve resilience, help communities reconnect, and provide targeted support services to avoid long-term mental health issues;

3. note that responsibility for Canterbury’s psychosocial recovery has now transitioned from the Canterbury Earthquake Recovery Authority (CERA) to the Ministry of Health and Canterbury district health board (DHB);

4. note that a Psychosocial Governance Group has been established to manage the psychosocial recovery, which includes representatives from all three local Territorial Authorities, Ngāi Tahu, Ministry of Health, Ministry of Education, Ministry of Social Development, Ministry of Business Innovation and Employment, CERA, and Canterbury DHB;
5. **note** that, since the 2010 and 2011 earthquakes, Canterbury DHB has had to manage increased demand from its population for mental health services;

6. **note** that, following my request for advice, Ministry of Health officials, led by the Director of Mental Health, have informed me that a further package of targeted support to boost current mental health services would further assist the wellbeing of the Canterbury population;

7. **agree** to the following package of targeted support to improve the mental health and well-being of the population of Canterbury:
   
   A. providing additional localised resources to boost a number of local primary and community mental health services, information services and workforce wellbeing support;
   
   B. partnering with the Christchurch City Council to boost the existing Mayoral Earthquake Relief fund, which would be used to assess mental health need and commission earthquake related support services over the next three years; and
   
   C. further extending the current ‘All Right?’ campaign contract funded by the Ministry of Health.

8. **note** that the cost of recommendations 7.A and 7.B above would be $1.37 million for 2015/16 and $6.48 million in 2016/17, 2017/18 and 2018/19, and that this is additional funding sought outside Canterbury DHB and Ministry of Health baselines;

9. **note** that agreement of 7.B is dependent on a Christchurch City Council business case being approved jointly by the Minister of Health and the Minister of Finance;

10. **note** that Ministry of Health officials will, pending approval of the business case, establish monitoring measures for recommendation 7.B with the Christchurch City Council to the Psychosocial Governance Committee;

11. **note** that the cost of recommendation 7.C is to be determined following Ministry of Health discussions with the Canterbury DHB to extend the contract for the ‘All Right?’ campaign, and that this will be met by the Ministry of Health;

12. **note** that the Ministry of Health will monitor recommendations 7.A and 7.C, as part of its existing accountability arrangements with Canterbury DHB and with Canterbury DHB will agree monitoring measures to be jointly reported to the Psychosocial Governance Committee;

13. **approve** the following changes to appropriations and net assets, with a corresponding impact on the operating balance:

<table>
<thead>
<tr>
<th>Vote Health</th>
<th>$million – increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Departmental Operating Expense: Health and Disability Support Services – Canterbury DHB</td>
<td>1.370  5.480  5.480  5.480  17.810</td>
</tr>
<tr>
<td>National Mental Health Services</td>
<td>-  1.000  1.000  1.000  3.000</td>
</tr>
<tr>
<td><strong>Total Operating</strong></td>
<td>1.370  6.480  6.480  6.480  20.810</td>
</tr>
</tbody>
</table>

14. **agree** that the proposed changes to appropriations and projected balances of net assets for 2015/16 above be included in the 2015/16 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;
15. note that the Minister of Health will direct officials to work with Canterbury DHB, the Christchurch City Council and other central government and local agencies as required to implement Cabinet’s decisions.

Hon Dr Jonathan Coleman
Minister of Health

_____/______/______
Appendix 1 – Agency contributions to psychosocial services and initiatives

Ministry of Social Development

The Canterbury Social Support Fund (formerly the Canterbury Earthquake Recovery Fund) has supported psychosocial services in the Greater Christchurch area since September 2010. The services provided through the Fund are:

- The Earthquake Support Coordination Service, since 2011. This provides assistance to individuals and families
  - displaced due to the quake and who have had to move out while homes are repaired and/or land remediated
  - who have lost their home completely and require assistance to move
  - where there is potential displacement and people are in uncertain situations awaiting clarity from for example, EQC and Insurance companies.
- The 0800 Canterbury Support Line, since September 2010
- Trauma Counselling services to the greater Christchurch area. This includes both telephone counselling and face to face counselling.
- Funding for community based organisations providing both individual and family support, and community resilience initiatives.

A range of outcomes are expected as a result of the services provided through the Fund, ranging from meeting social support needs (including trauma counselling) for individuals and families, to building the capacity and capability for agencies leading the community recovery in the NGO sector.

In anticipation of demand for these services reducing as time goes on, the Fund is a diminishing resource. Demand for the Earthquake Support Coordination Service peaked in 2013. Volumes continue to diminish annually as they are linked to household claims settlements. However, in 2016, funding for the Earthquake Support Coordination Service was increased in order to provide dedicated social work support for the most vulnerable, particularly the elderly and those with mental health needs. It had become apparent that this was essential to help support them to navigate their repair or rebuild claims.

The number of calls to the 0800 Canterbury Support Line dropped from 4,775 in 2013 to 1,987 in 2015.

Counselling demand is difficult to forecast and is monitored monthly to ensure that there is sufficient availability. There are currently no reported waitlists or unmet demand. Between 1 July 2015 and 31 January 2016, 1,522 counselling sessions were delivered to 384 people.

MSD funding to support core psychosocial services and initiatives in Canterbury is a total of $13.5 million as follows:

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$5.25m</td>
<td>$3.75m</td>
<td>$2.75m</td>
<td>$1.75m</td>
</tr>
</tbody>
</table>

There is currently no funding allocated for Canterbury psychosocial services beyond 2017/18.
Ministry of Education

The Ministry of Education's core role in this area is to support schools to promote wellbeing for students. The Ministry does this through offering a range of programmes and supports to children, students and adults, including Positive Behaviour for Learning - a range of programmes developed in response to the Prime Minister’s Youth Mental Health initiative.

The Ministry continues to provide specialist services to children and students with additional needs alongside the Resource Teachers Learning & Behaviour Service (RTLB), which works with schools, teachers and Years 1-10 students with learning and behaviour difficulties. We continue to support Early Childhood facilities and schools to support teachers to understand the impact of stress on children.

Greater Christchurch has been prioritised for access to these and other programmes in response to the earthquakes.

The collaborative development of the School Based Mental Health Team to work with schools was a direct response to a wide range of student and family needs, which included the effects of the earthquakes.

As part of our work, consideration was given to the impact of vulnerable and stressed adults on children's behaviour and the overall impact of ongoing wellbeing issues on the educational outcomes for the community. At the same time, we acknowledged that change is stressful so not only are we supporting people who experienced the earthquakes but those for whom secondary stressors have resulted from changes to home and school.

There is substantial evidence to support the need to focus on supporting adults’ resilience so they can support children and youth in times of recovery. So much of the work we’ve been doing is around supporting children by supporting the adults responsible for teaching them and running their schools.

Many people in education communities require ongoing support as a result of the earthquakes and changes which have been made in response to them. We are reinforcing the Public Health messages and working with Health, MSD and NGOs as part of a whole community wellbeing response and we remain focussed on changes reported from services supporting schools to ensure needs are identified and services can be directed or developed accordingly.

Summary of specific Education initiatives

<table>
<thead>
<tr>
<th>Title</th>
<th>Additional Resource Teacher: Learning and Behaviour (RTLB) support in Christchurch East.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong>:</td>
<td>RTLB provide support to teachers for referred students who have behavioural and/or learning difficulties. An additional RTLB position responds to the need for additional support for students in Christchurch East schools, specifically the Mairehau Cluster which will increase the support to schools in East Christchurch.</td>
</tr>
<tr>
<td><strong>Outcomes</strong>:</td>
<td>Support provided by Mairehau School to schools within their cluster. 28 RTLB usually provide services in the Christchurch East schools. The additional positions now makes it 29 RTLB. From 2011 to 2014 two additional RTLB were provided.</td>
</tr>
<tr>
<td><strong>Cost and term of investment</strong>:</td>
<td>estimate $140,000 per year plus overheads 2011-2014 and $70,000 plus overheads 2015/and 2016. Total: $560,000 plus overheads since 2011.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Group teen Triple P, targeted at school communities most affected by the earthquakes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong>:</td>
<td>Group Teen Triple P is a broad-based parenting intervention delivered over eight weeks for parents of teenagers up to 16 years old and who are interested in learning a variety of parenting skills. Parents may be interested in promoting their teenagers development and potential or they may</td>
</tr>
</tbody>
</table>
have concerns about their teenager’s behaviour. The program involves four (2 hour) group sessions for up to 12 parents. Parents actively participate in a range of exercises to learn about the causes of adolescent behaviour problems, setting specific goals, and using strategies to promote a teenager’s skills development, managing inappropriate behaviour and teaching emotional self-regulation. Parents also learn how to plan around risk-taking behaviour or risky situations.

**Outcomes:** Parents are better able to proactively support prosocial behaviour patterns and increase self regulation

**Evaluation:** Being completed by University of Canterbury

**Cost:** $48,000

**Term of investment:** July 2013 to June 2016 with potential to extend to June 2017

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**Title:** FRIENDS resilience programme

**Description:** FRIENDS helps children and young people cope with feelings of fear, worry, and depression by building resilience and self-esteem and teaching cognitive, behavioural, and emotional skills in a simple, well-structured format suitable for their age and development.

My Friends Youth is run through PB4L. Fun Friends and Friends for Life is available for schools where the need is identified

**Outcomes:** Increased resilience and reduced risk of anxiety-related behaviours

**Cost:** Approximately $3000 for resources and teacher release time, although there have been no requests this financial year.

**Term of investment:** June 2012 to June 2016 with potential to extend to June 2017

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**Title:** A Positive Start

**Description:** Designed to support more successful transitions to school where Early Childhood Centres and schools have identified children aren’t ready for school

**Outcomes:** Smoother and more successful transitions for 5 year olds; better relationships across the Early Childhood and school sectors

**Cost:** $25,000 in 2014/15; small contributions to teacher release time in 2015/16; staffing to support facilitation.

**Term of investment:** Ongoing as need is identified.

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**Title:** Workforce support package

**Description:** Counselling support for all staff in schools in Canterbury

**Outcomes:** The adults who support children and young people at school have better skills and knowledge to support them (knowing that adult behaviour impacts that of children)

**Cost and Term of investment:**

- 13/14 - $3.1 million
- 14/15 - $3.1 million
- 15/16 - $2.4 million
- 16/17 - $1.5 million
<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Role</th>
<th>Expected Outcomes</th>
<th>Evaluation or impact</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Support Services</td>
<td>The New Zealand Council of Victim Support Groups Inc. (Victim Support) is contracted by the Ministry of Justice to provide support to victims of crime. As an independent organisation, they also provide a community response to help victims of trauma caused by such things as a natural disaster or a major accident. From February to May 2011, following the Canterbury earthquake, Victim Support helped almost 3,170 people locally, along with 7,000 earthquake-related victims located in other parts of the country, assessing their needs and providing support and referral. The Ministry of Social Development reimbursed Victim Support for their time and expenses over and above normal operations.</td>
<td>Canterbury citizens more supported in times of trauma. Canterbury citizens have their needs assessed and are referred to other agencies.</td>
<td>Canterbury citizens more aware of the legal advice available to them.</td>
<td>Justice has a specific appropriation for Victim Support of $6.032m. The appropriation is limited to the provision of services to victims of crime and trauma. Victim Support do not receive government funding for their role in supporting people affected by non-criminal trauma, and we have been very clear that Justice funding is for victims of crime. Apart from a small amount of funding from Health for those affected by suicide, Justice is the only government agency to fund Victim Support.</td>
</tr>
<tr>
<td>Community legal services</td>
<td>Justice funds Community Law Centres across New Zealand to provide free legal advice to local communities. Following the 2011 Canterbury earthquake, the Canterbury Community Law Centre provided support and information to Canterbury residents who had legal issues as a result of the earthquake. Justice is not able to say how much of this funding was used to provide support to earthquake victims, given that MSD and charities were also providing funding. Justice does not have information on how Victim Support applied their overall funding to Canterbury. Justice did not purchase specific post-earthquake services from Victim Support.</td>
<td>Justice is not able to say how much of this funding was used to provide support to earthquake victims, given that MSD and charities were also providing funding. Justice does not have information on how Victim Support applied their overall funding to Canterbury. Justice did not purchase specific post-earthquake services from Victim Support.</td>
<td>Justice does not collect specific information on the number of clients that have been helped for matters related to the Christchurch earthquake.</td>
<td>In terms of Community Law Centres, Canterbury Community Law is funded $1.09m pa to provide services to those who would not otherwise be able to get legal advice.</td>
</tr>
</tbody>
</table>
Appendix 2: Mental Health Support Options Table including costs

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>EXPECTED OUTCOME</th>
<th>APPROX COST PER ANNUM</th>
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<tbody>
<tr>
<td>1. Child Adolescent and Family Services</td>
<td>Increased specialist staff to provide improved consult/liaison, triage and brief intervention to people presenting in crisis anywhere in the system. Increased School Based Mental Health Team capacity to provide engagement with more schools and more direct clinical work with children and young people.</td>
<td>Improved responsiveness to child young people and their families.</td>
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</tr>
<tr>
<td>2. Community Mental Health/Alcohol and Drug (AOD) Community and Peer Support Workers for children, young people and their families</td>
<td>Increased capacity of support work to allow more direct access from primary care.</td>
<td>Increase support provision to people in their own homes and reduce need for admissions to inpatient services.</td>
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<tr>
<td>3. Primary Mental Health/AOD Clinicians - adult</td>
<td>Increased clinical capacity in primary care settings to work with a higher level of need and follow up suicide attempters in addition to current Brief Intervention Teams. (Two of these roles are to replace positions funded via the WINZ Helpline and currently providing AOD brief intervention. Funding ends 30 June 2016).</td>
<td>A wider range of options available to keep people well in their own communities and out of inpatient services</td>
<td></td>
</tr>
<tr>
<td>4. Primary Mental Health/AOD Clinicians – child and youth</td>
<td>Increased clinical capacity in primary/community settings to support children and young people with a higher level of need and provide follow up to suicide attempters in addition to current Brief Intervention Teams.</td>
<td>More children young people and families supported in community and reduced demand for specialist services.</td>
<td></td>
</tr>
<tr>
<td>5. Child Youth and Family Liaison Clinical Position</td>
<td>Increased consult/liaison for children and families at risk</td>
<td>Children young people and families at risk get support they need earlier</td>
<td></td>
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<tr>
<td>6. Extended GP consults</td>
<td>Increased capacity within general practice to provide support for people with mental health/AOD issues</td>
<td>More people supported in general practice and demand on specialist services reduced.</td>
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<tr>
<td>7.</td>
<td>Whai ora Online - Online support for Maori exiting AOD Treatment</td>
<td>A mechanism to continue engagement with Maori whanau who have completed a Kaupapa Maori AOD intervention and monitor outcomes.</td>
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<tr>
<td></td>
<td></td>
<td>Increased support post treatment and reduced re-admissions</td>
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<tr>
<td>8.</td>
<td>Telehealth Support (including Canterbury Support Line)</td>
<td>This helpline provides someone to talk to and provides advice (access to information about health services, business community, housing and social services information). Currently funded by MSD but ends 20 June 2016.</td>
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<tr>
<td></td>
<td></td>
<td>Include mental health resources/support as part of helpline.</td>
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<tr>
<td>9.</td>
<td>Workforce Wellbeing Support</td>
<td>A range of programmes to support the mental health/AOD Workforce across primary, community, specialist services.</td>
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<td></td>
<td></td>
<td>Improved workforce wellbeing</td>
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<tr>
<td>10.</td>
<td>Alternatives to hospital inpatient care</td>
<td>Packages of care for people with complex needs to enable them to move from inpatient services to supported living in the community.</td>
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<tr>
<td></td>
<td></td>
<td>Increases flow of people from inpatient services to community settings.</td>
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<td></td>
<td></td>
<td>Reduces number of stranded consumers in inpatient settings and frees up specialist resources.</td>
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**Mental Health Support Services Sub Total:**

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<td>11.</td>
<td>Boost the Christchurch City Council Mayoral Earthquake Relief fund, Partnering with the City Council to boost the existing Mayoral Earthquake Relief fund, which would be used to assess mental health need and commission earthquake related support services over the next three years.</td>
<td>Improved assessment of mental health need and wellbeing</td>
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**Christchurch City Council Partnership Sub Total:**

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<td>12.</td>
<td>Extend All Right? campaign</td>
<td>Ministry will extend the All Right? Campaign contract (from within current baselines)</td>
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<td></td>
<td></td>
<td>Improve awareness as part of wider psychosocial recovery efforts</td>
</tr>
</tbody>
</table>

**All Right? Campaign Sub Total:**