Building DHB Service Responsiveness

National Zero Suicide Forum 2018

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OUTLINE

- Background WDHB
- Responsiveness-Cultural
- -NGO-DHB partnership
- Therapy
- Acute service response
- Zero Suicide





Waitemata District

- Population (2018) 630,000
- Maori 9.9% Asian 21.7% Pacific 7%
- High density urban centers
- Large rural area
- Pockets of social deprivation
- 2 inpatient units (67 beds) >1000 admissions/yr
- 3 community hubs, 2 satellites





District Map







Population Growth by Locality 2015 to 2025

	2015	2020	2025	Total increase over 10 years
Rodney	112,091	126,265	138,924	26,833
North Shore	244,218	261,300	274,556	30,338
Waitakere	220,107	242,615	264,033	43,926
Total	576,416	630,180	677,513	101,097





Change Pressures



Population (Demand)

- Urban pressures (eg, Metro Auckland
- Ageing population
- Multiple morbidities
- · Chronic conditions
- Ethinic diversity (with different age structures)
- Variable geographic distribution of ethnic groups



System (Supply)

- Meeting increased demand for services within fiscal restraints
- · Increasing inequities
- Stigma and social exclusion
- The role of social determinants
- Life-course approach
- · Early intervention
- Seamless service delivery



Workforce

- Ageing workforce
- Generalists and specialists
- Changes in stocks and flows
- Provider competition for labour
- Time lags between demand and supply

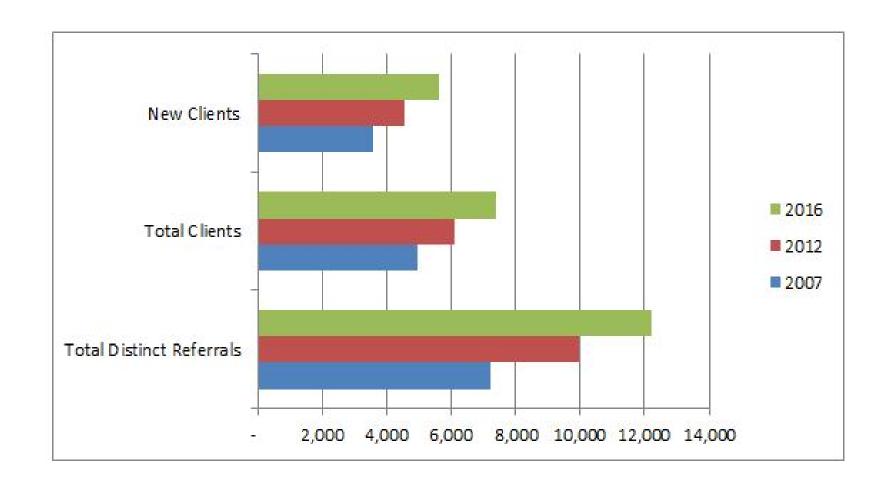


The work

- Changing service user expectations
- Evidence based practice
- Technological advances
- Individualised care via individualised funding
- Mobility
- · Flexibility
- Networks











CULTURAL APPROACH

- Maori family
- Multiple members with SMI
- Isolated rural area
- Reactive crisis contact
- Police and hospital
- Compulsion
- Cross boundaries

- Extended family hui on a marae
- Cultural worker input
- Maori NGO worker
- Proactive 4 monthly whanau hui on marae
- No admissions in 12/12
- Informal (on depot)
- Continuity of care





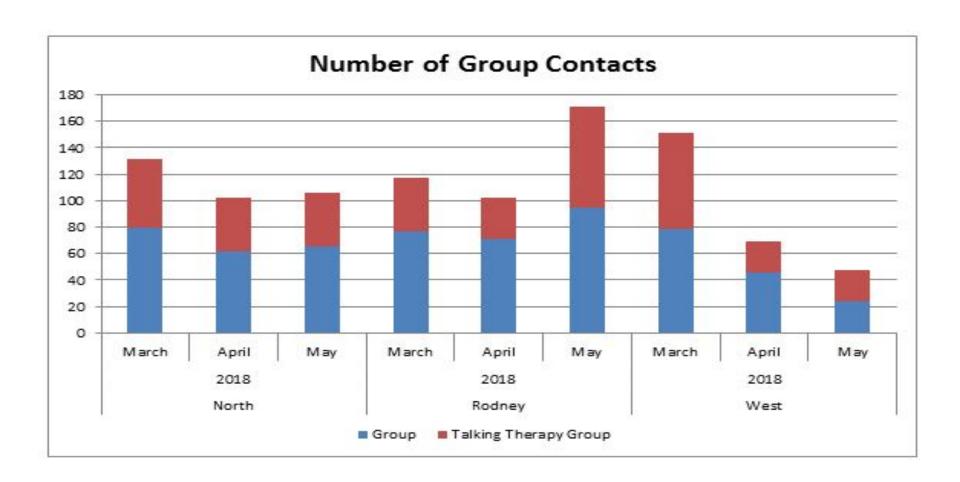
NGO – DHB partnership

- Eg CSW embedded within DHB community acute team
- More actively address social stressors contributing to the crisis and assist with supports
- Integral member of the team, fully aware of clinical and risk issues
- Facilitate transition acute team to community





Therapy







Acute Care Provision

- Increased nursing presence into emergency departments
- Piri-pono :NGO-Peer led service with clinical staff :acute alternative to inpatient care
- Reducing further trauma-police cells and seclusion





National Mental Health (1M) and Attempted/Threatened Suicide (1X) Incidents (non-offenders)

Report Period: 92 days, 1/01/2017 - 31/03/2017

1. 1M/1X Calls for Service and Attendance

	Calls for Service (1M)	Calls for Service (1X)	Calls for Service (1M+1X)	Events Attended (1M)	Events Attended (1X)
Northland	244	138	382	117 (48%)	126 (91%)
Waitemata	750	491	1,241	328 (44%)	451 (92%)
Auckland	794	311	1,105	289 (36%)	286 (92%)
Counties Manukau	509	373	882	246 (48%)	349 (94%)
Waikato	723	424	1,147	334 (46%)	380 (90%)





National Mental Health (1M) and Attempted/Threatened Suicide (1X) Incidents (non-offenders)

Report Period: 92 days, 1/01/2017 - 31/03/2017

3. Detentions of adults (17 yo or older) for 1M/
1X only

and youth (16 yo or younger)

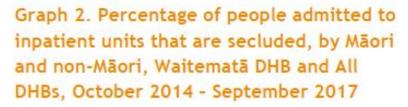
	Total in Custody/ ALL Calls for Service	Total in Custody	Total in Custody/ ALL Calls for Service	Total in Custody
Northland	9.4%	36	0.8%	3
Waitemata	0.2%	3		0
Auckland	3.9%	43	0.1%	1
Counties Manukau	0.3%	3		0
Waikato	5.6%	64	0.3%	4

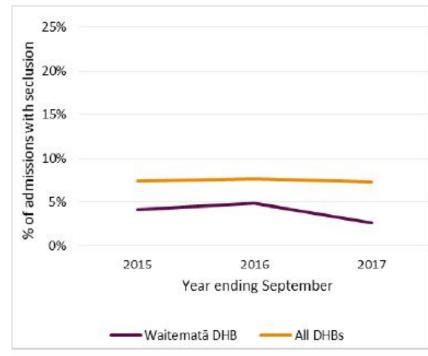


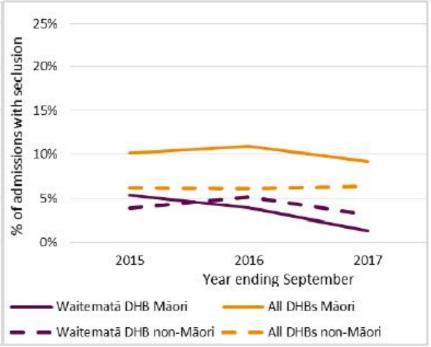


Seclusion rates – overall and by ethnicity

Graph 1. Percentage of people admitted to inpatient units that are secluded, Waitematā DHB and All DHBs, October 2014 - September 2017

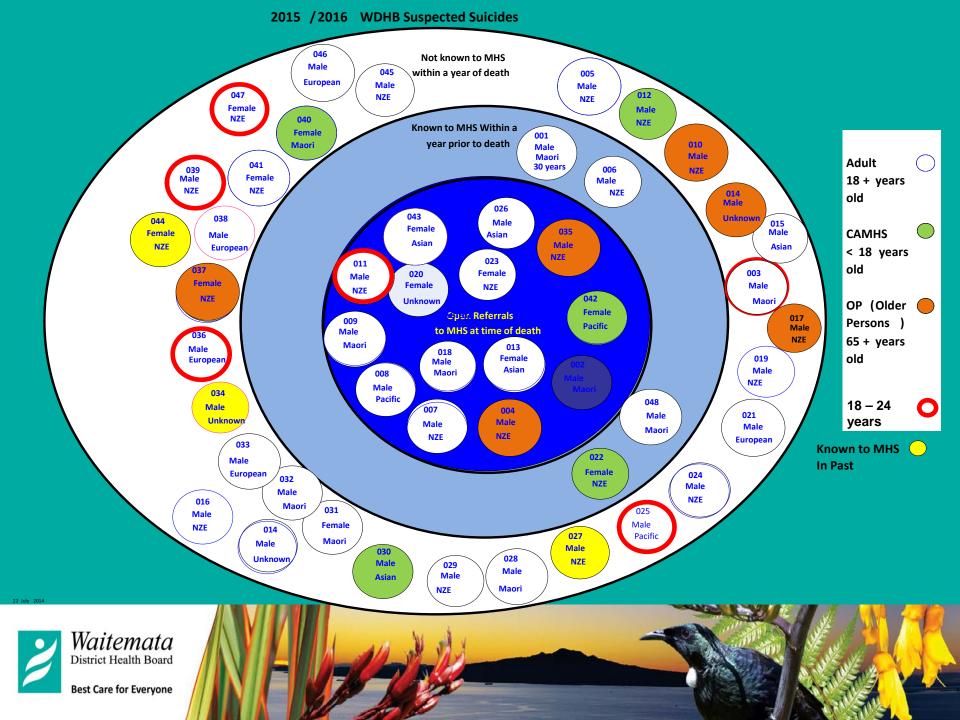




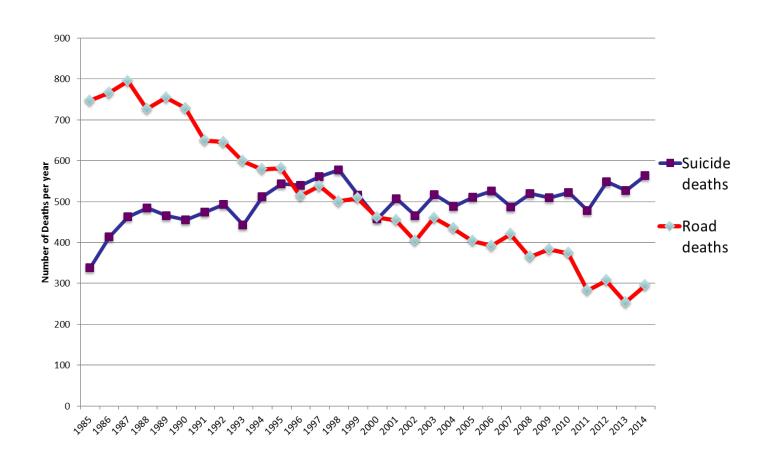








NZ All Age Mortality







Road toll v Suicide

- Better cars
- Seatbelt campaigns
- Better roads
- Cycle lanes
- Drink/drive campaigns
- Checkpoints
- Speed camera
- Red light cameras
- Emergency responseswestpac helicopter

- Lifekeepers training-LeVa
- Public awareness campaigns
- GP training
- Safeguarding suicide sites
- Reducing access to lethal means
- Zero suicide-pathways to effective treatments and services





DHB Responsiveness

- Clinical-cultural approach
- NGO-DHB working in partnership (PHO)
- Responsive Acute and Hospital services
- Effective Therapy-Groups & Individual
- Zero suicide approach-systematic quality improvement ,assessment, formulation and evidenced based brief interventions for suicidal ideation



