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ASHBURTON Minutes Tuesday 22nd May 2007

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| <u>Apologies:</u> | Rod Beavan, Chris Clark, Cate Kearney |
| <u>Welcome:</u> | Char Macpherson, ADANZ. |
| <u>Service Updates:</u> | |
| Rob Hooper | NZ Police. Boy racers and alcohol are a challenge for all communities, not huge in Ashburton but keeping an eye out. Wheels event recently but no lift in youth driving incidents. Winter, wait for trends. |
| Jan Thomas | Needle Exchange 5 th birthday. <ul style="list-style-type: none">• For most of that time, the service has run smoothly; one resignation and some time out for staff only.• 1 for 1 sales increasing – 3 ml syringes.• Rate of returns up.• Harm reduction use filters now 50c each, now sell up to 60 per week.• In negotiation for the next funding round re contract with DHB hoping to get more direct funding for Ashburton NE. |
| Chris Levitt | Counsellor at ACADS. Adult clinical – busiest ever. There are a number of people wanting to reapply for drivers licences, must go through LTNZ. |
| Lyn Campbell | Social Worker for Presbyterian Support, works in primary schools. |
| Pam Eaden | New Public Health Nurse beside Jacky Winterbourn. |
| Ngare Tinning | Ashburton District Council Road Safety Person. Her position is now permanent. <ul style="list-style-type: none">• Mt Hutt College Road Crash Forum• Coming up After Ball Function• Getting Home Safely – being highlighted. |
| Paul Wilksons | Mt Hutt College Guidance Counsellor. ACADS comes to school for 1 – 1. Road Crash forum. A local boy recently died in a road accident – impact on students. Ball this week. SADD meeting this week – issue drink driving Concern re younger year 10 – 11 kids and marijuana. Different from Ashburton, Mt Hutt gets going during early to late winter. Visitors / temp workers bring in drugs especially cannabis - impact on young people. |
| Sandy Jackson-Dolan | ACADS Youth. Running a group at College Really busy at present. Starting a group in Mt Hutt. Education at Mt Hutt with year 10, (4 th form). Also work at Methven and Ashburton. Youth forum here, a discussion with youth. Youth Health Clinic. Referrals from probation. |
| Raewyn Barclay | Youth Services. |
| DISCUSSION ON THE INCREASING NUMBERS ACCESSING AOD SERVICES | |
| Comment | - Young people, cannabis and clinical dependence. - Young men though mid 20's – 30's life styles changing – families, work etc. wanting to change their behaviour. - More people aware of services available; more able to ask for help, more men as well. Lifestyles more holistic. People feel safer seeking help. - Mental Health & Depression Awareness - Couples coming, wanting to work together. |
| PRESENTATIONS | |
| Tony Vainerere | Presbyterian Support. Youth Children and Families Tancred St, Ashburton. 481 Pacific Island in Ashburton. One of the main issues noted - Pacific Island people cannot get enrolled with GPs. This leads to issues from a Health Promotion perspective – can't figure out the number of people with problems if not able to register. The figures suggest half the Pacific Island population are registered leaving half not. Māori community 623 – not registered with GPs either. |
| Comment: | New to the area: it is extremely difficult for ' <u>anyone</u> ' to register with a Medical Practitioner. One practice is open to new clients – Moore St, all others are full. Pacific Island peoples coming into town for work at CMP meat works. Families are not registered can't see the doctor. Can't use the hospital unless through a Doctor. There is always an after hours GP but this is expensive. |

Comment: Social workers spend a lot of time seeking funding – this is not ok. Industries are bringing people in but the infrastructure is not able to cope. An alternative is to travel to the Doctor but this is an added expense.

Tony Working on short term fixes. Strategies to improve health care also with CMP as the employer of many.

- Child care is an issue, especially with 2 parents working on the same shifts or cross over shifts.
- Pacific Island community don't have funding for it.
- Youths drinking at weekends is a problem.
- Pacific Islanders have a different way of thinking from other cultural groups.
- Spend a lot of time at work, earn a lot of money, at the end of the week approximately 40 % is spent on alcohol which leads to violence.
- Having to work with the result.
- Issues, such as family violence, are kept within the family. Hitting children is part of bringing up family – cultural connections – hard to adjust to the NZ system. Seeking help is not readily acceptable.

Comment: Important that services are here to meet needs and understand the different needs of particular cultural groups such as Pacific Island peoples. Marae Health Clinic in Timaru works well and possibly a better fit for Pacific Island families, access difficult at the moment but is being improved. It was noted that PHO supposedly have the funds to cover the cost of travel. Some Maori and Pacific Island women don't feel they fit in the classroom. Young women not staying in school.

ACADS Seeing more Pacific clients, detect different cultural needs but can't quite identify what they are.

A: What about a Pacific Island nurse?

A: Pacific Trust in Christchurch is willing to help – the problem will be getting people there, are considering this option.

Q: How many people are committing to the area? Are they here for short seasonal cycles?

A: CMP have noted this issue, people come down for one season, earn enough to pay the bills and then return to the North Island.

Tony Encouraging people to stay for at least 4 seasons. Pacific Island people access GPs usually later - when more ill.

- Housing is an issue for Pacific Island and Māori
- Heating an issue also – very cold leads to decreased health
- Language an issue – CMP working with this.
- Families not picking up on services to help with settling in to the area e.g. budgeting etc.

Stephanie Butchard **Ashburton Community and Mental Health. Clinical Coordinator**
 Is one of six country teams in Canterbury – 4 in Christchurch. The teams cover Kaikoura to Rakaia.
 Managed from Christchurch
 Small team: 3 nurses FTE, 1 social worker, 1 psychiatrist one day a week, (2 psychiatrists regional).
 Service to 3% severe spectrum of Mental Health: Assess / diagnose up to 90 people from referrals.
 Expect others, such as GPs, to service those not in the severe 3%.
 Service gets referral, ask what other services accessed, what other anti-depressants or medications? Consider what other social services required e.g. relationship services etc.
 The Psychiatric Emergency Team – usual case management for those aged 18 – 65 years. Will go out to people outside of this range for emergencies e.g. an older person who has dementia the team can be called out by police during an acute situation.
 Under the Mental Health Act – a person needs to be assessed in an acute situation e.g. psychotic state, (eg person is manic) for Mental Health Act to be used; if required to be admitted, extends for another 5 days can stop at anytime.
 Admission beds in Timaru. Kensington staff can be there for several hours with police - difficult with a small team. Clear clinical responsibility cycle.
 Sometimes admit people to Christchurch, for specific reasons may be family in Christchurch. Sometimes in acute sense person is intoxicated. Cannot assess someone intoxicated, it can cloud the psychiatric issues e.g. suicidal comments. Won't come out to someone intoxicated – will have to remain in custody or family will have to remain in that situation until the person is sober / straight.
 Threats to harm kill. Is there a psych aspect to this - not always a mental illness involved could be anger or situational therefore the Mental Health Service is not the correct service. Often the Police service more appropriate – de-escalation involved. Work collaboratively with the police.

Diagnostic – comprehensive history. AOD – aids diagnosis. What comes first e.g. the depression or the drink drugging DSM 1V categories / criteria. Identify AOD use strong in history. Name, had treatment before or not, if yes what?

Encourage links with other services e.g. AOD or relationships with other services. 6 weekly meetings to talk about common clients, very important. Both teams need support.

Admitting units – often see young people.

Under 18 referred to Youth and Family or Youth Speciality team when strong psychotic issues. That team will encourage links to AOD.

Psych Team can only treat people with DSM Axis I diagnosis. AOD dependence is Axis II.

Major issue for where people (especially young people under 18) fit – a big group.

Require knowledge. Require services for young people who have been excluded from schools often have conduct disorders etc. For older people those with borderline personality disorders.

Comment:

Attendance: 12

Further information and agendas available on www.adanz.org.nz.

Please note: These minutes are a summary of opinions expressed by meeting attendees. If anyone would like further information please contact Cate Kearney at cate.kearney@adanz.org.nz.

Attendance List

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| Char Macpherson | ADANZ | P O Box 13496 03 3798626 Chch | char.macpherson@adanz.org.nz |
| Chris Levitt | ACADS | P O Box 596, Ashburton 03 308 1270 | |
| Jan Thomas | NEAR (Needle Exchange) | Box 944, Timaru 027 660 0658 | nextimaru@xtra.co.nz |
| Lyn Campbell | Presbyterian Support | P O Box 581, Ashburton 03 308 5868 | lync@psusi.org.nz |
| Ngairé Tinning | Ashburton District Council | P O Box 94 Ashburton 03 307 7784 | ngairet@adc.govt.nz |
| Pam Eaden | Public Health Nursing Service | P O Box ?, Ashburton 03 308 8783 | pam.eaden@cdhb.govt.nz |
| Paul Wilkins | Mt Hutt College, Methven Guidance Counsellor | Main Road, Methven | wilkins@mthuttschool.nz |
| Raewyn Barclay | CYFS | 03 308 1270 | raewyn.barclay001@cyf.govt.nz |
| Rob Hooper | NZ Police | P O Box 34, Ashburton | robert.hooper@police.govt.nz |
| Sandy Jackson-Dolan | ACADS | P O Box 596, Ashburton, 027 660 658 | |
| Stephanie Butchard | Ashburton Community & Mental Health | | Stephanie.butchard@cdhb.govt.nz |
| Tony Vainerere | Presbyterian Support | P O Box 581, Ashburton 03 308 5868 | |