



SUPPORTING FAMILIES in Mental Illness

New Zealand

April 2017

Update from the Chair of SFNZ

By Dick Brown

During late January and early February, I took the opportunity to meet with some of the smaller SF member society (branch) committees to discuss their concerns regarding the SFNZ AGM decision to agree to work towards the establishment of a single national organisation with formal regional representation. I was heartened by the work these member societies were doing and at the same time disappointed by the poor communication within some societies, more on this later.

I do thank the committees who hosted me along with Ernie Tait who accompanied me to SF Aoraki and Chris Lilley who came with me to SF Wairarapa. What most impressed me with these visits was the strong interest and commitment to the local communities and good working relationships with DHB contract planners. This reminded me that this is what built our SF organisation with its member societies. Another aspect that impressed me was the willingness for

societies to take on contracts other than the family/whanau support contracts when the need arose in their community. Smaller communities have less agencies available than, larger centres to take on contracts involving mental health. Concerns expressed about the proposal to restructure the organisation in to one rather than, the 13 separate societies we presently have were, often based on the possible loss of the ability to meet the specific needs of their smaller communities and concentrate only on the family/whanau support contracts.

This restructure proposal that is currently being developed for consultation with all member societies is to ensure in to the future that, SF has a strong professional national presence. As a national body SFNZ do have access to influential staff in the MOH and this I believe is essential if the family/whanau voice is to be heard by the decision makers. I recently attended a meeting with a MOH official along with Fiona Perry and Kate Yesberg to, discuss the Narrative report and was impressed with the attention the official gave to us and also to the sharing of information that alerted us to future consultation documents to be released by the ministry. Without a strong national

presence this type of contact could be in jeopardy.

While visiting the member societies I also became aware of the lack of communication members of these societies felt came from SFNZ. Some committee members were completely unaware of this newsletter and therefore I make a plea to presidents/chairs of SF member societies to ensure this newsletter is available for every committee member. To assist with this communication, I suggest that consideration be given to adding the SFNZ Newsletter as an agenda item for the member society committee meetings following release of this newsletter. This could assist members to attain a better understanding of national initiatives. For example, how many members are aware of Fiona Perry's inputs into a workshop to identify issues and concerns with the administration of the Mental Health (Compulsory Assessment and Treatment) Act 1992 in terms of compliance with the NZ Bill of Rights. As a result of this workshop a consultation document was circulated to all SF member societies for input earlier this year and thank you to those societies who provided feedback. Also that Fiona attended a series of workshops led by the

MOH to consider system wide solutions to address the increased demand on mental health services of the higher end of primary and community care. This information was reported in the December 2016 newsletter and I believe it is essential for member society boards to understand the efforts that are being made at the national level for the benefit of families with a member who experiences a mental illness.

Further to improving communications I make a plea for us all as members of SF that we aim to make a better effort. I have been told that too often people in our organisation have to follow up requests for information and not only once, because they have not received an acknowledgement that the original request has been received. This can take a lot of the initiators time and I too know that I can improve my communications.

Let's all work on this, keep communications timely and if you cannot provide the requested information in the time requested please say so, this will save someone time and effort. Finally, April will provide a good opportunity to communicate regarding the proposed restructure, consultation will be offered to every member society and I look forward to helpful feedback.

The Economic Value of Informal Mental Health Caring in Australia¹



Informal mental health carers are contributing \$13.2bn annually by caring for people with mental illness – 1.7 times more than Australian governments invest in mental health services each year, a report from the University of Queensland has found.

The report, The Economic Value of Informal Mental Health Caring in

Australia, was commissioned by community mental health service provider Mind Australia and will be launched at Parliament House in Canberra on Thursday.

Researchers from the university's school of public health collected data on the number of informal mental health carers in Australia, and the total hours of care provided by them. They then used national award wage rates to determine the cost to replace this care with formal services.

The total annual replacement cost for all informal mental health carers in 2015 would have been \$14.3bn, they found. After adjusting for the \$1.1bn offset in Centrelink payments, the researchers determined it would cost governments \$13.2bn to offset the unpaid informal care provided by the friends and families of people with a mental illness.

It is the first time an economic value has been placed on informal mental health care in Australia.

"The intention is never for government to completely replace the care provided by mental health carers," the report said. "Rather, a replacement cost analysis is a method used to quantify the economic value of informal care, and in turn highlight the importance of carers."

The report also found the majority of mental health carers are women (54.4%) and that most of these women are of working age. Of primary mental health carers, such as a spouse, 40% provide 40 hours or more hours of care on average each week.

A national mental health commissioner, Prof Ian Hickie, said mental health care remained "one of the greatest unrecognised contributions in the health area". "We must grow the community support services available to people because we rely on families and friends to provide great majority of support outside of hospitals," Hickie said.

"They require support, training and backup services and they require respite, and increasingly we take their care and

contribution for granted. When governments retreat, it is families who are left to provide support."

Informal mental health carers provided substantial emotional support to their loved ones on top of practical support, said the chief executive of Mind Australia, Dr Gerry Naughtin.

A family member known to Supporting Families loves to use poetry as a creative outlet in her life. Some years ago she had to deal with a particularly tragic life event and she processed her feelings by composing poetry. One of the feelings that engulfed her was 'Guilt'. We have all experienced the overwhelming power of guilt, and its ability to drain the life from us. Here is what she wrote:

GUILTY

Why do I feel this pain
That just continues to be fed,
With questions, unanswered questions
Going around in my head.

Some say don't feel guilty
For you were not to blame,
The decision he made was his,
And you should feel no shame.

But whatever way you view it
The choices one makes seem wrong,
If they cause a life to end
Because they didn't feel they belong.

We make decision all the time,
On the journey along life's way,
But when a life, a precious life is lost
Confidence just slips away.

I gain my strength in doing,
All the things that must be done.
Caring for my family,
Trying to make their life a happy one.

And as I go through each day
I pray that I will find,
A place where I can live again,
And the sun will once more shine.

The family member wishes to remain anonymous, but we can report that the sun is definitely now shining for this resilient woman once more.

40 years of Supporting Families



In 1977 a group of families met in Christchurch to set up the first branch of the Schizophrenia Fellowship. Others soon followed. The aim of the organisation was to provide a supportive and caring environment for the family and whānau of those affected by schizophrenia. That spirit of fellowship that first brought families together remains strong to this day.

This year will see 40 years of SF, supporting families in communities across New Zealand. In recognition of this achievement we would like to celebrate the work of our staff and volunteers, both young and old.

To celebrate our 40-year Anniversary, we are considering a review of 'The Code of Family Rights' and hold a celebration.

One suggestion is to hold a launch of the Code, in Wellington at an event and invite key stakeholders, another is to hold events simultaneously around the country and connect via Skype. We would welcome your suggestions about an event so please contact Fiona Perry at sfnatcouncil@gmail.com

New Resource aimed at preventing male Māori Suicide



The first ever resource booklet by Māori aimed at supporting whānau and rohe (regions) in their efforts to prevent suicide amongst Māori men has been launched.

Te Pātūtū Oranga - Successful initiatives to suicide prevention amongst Tāne Māori by author Dr Jordan Waiti highlights Māori interventions and initiatives that strengthen protective factors that lessen or eliminate the risk of male Māori suicide.

Within the booklet, Dr Jordan has devised a Māori framework called Whakaoranga Whānau to assist whanau with protective factors under Whanaungatanga (relationships), Pūkenga (Skills and Abilities), Tikanga (Values and Beliefs) and Tuakiri-ā-Māori (Cultural Identity).

The resource was commissioned by Te Rau Matatini, who spearhead Aotearoa's national Māori and Pasifika suicide prevention programme, Waka Hourua.

According to the latest Suicide Mortality Review Committee report (2016), There were more Māori men than non-Māori who died by suicide.

Youth had the highest suicide rate, with Māori youth 2.8 times the rate than non-Māori youth.

The launch was hosted by Tāne Ora ki Waikato, in conjunction with Mana Taane Ora o Aotearoa in Thames.ii

New Forms for Enduring Powers of Attorney (EPA).

An EPA is a document that allows you (the "donor" of the EPA) to appoint another person (your "attorney") to make decisions on your behalf in case you are later incapable of making those decisions yourself. There are two types of EPA – EPAs in relation to property, and EPAs in relation to personal care and welfare. There are some differences between when each type of EPA can come into effect, and

who can be appointed as your attorney.

From 16 March 2017, new EPAs must be made using the new forms to ensure they comply with changes to the Protection of Personal and Property Rights Act 1988 and the Protection of Personal and Property Rights (Enduring Powers of Attorney Forms and Prescribed Information) Regulations 2008.

Information about the new regulations and the forms can be downloaded from:

<http://superseniors.msd.govt.nz/finance-planning/enduring-power-of-attorney/index.html>

Updates:-

1. Human Rights and The Mental Health Act.

At the end of 2016, a discussion document was circulated with an opportunity to provide feedback to a working party that has been set up to consider what advice if any should be given to the Minister of Health. Fiona Perry, attended the workshop held last year and collated a combined response to the working party. Thank you to all those who took the time to provide feedback on the questionnaire that accompanied the discussion document. A second workshop is currently being planned for early May. Fiona will attend.

2. Transforming Respite: Disability Support Services Draft Respite Strategy 2017-2022.

The draft strategy was released last month for consultation, at either the meetings held in Wellington, Auckland or Christchurch or by making a submission. While respite funded by DHB mental health services and ACC were specifically excluded from the review, we believe that there needs to be a consistent approach across services and that carers should be able to access similar services without distinction of why respite is needed. Chris Lilly and Fiona Perry have

prepared a report on Respite and a copy has been provided to the review team and Derek Thompson, Manager of the Mental Health Team, Systems Outcomes Group.

Lastly:



Awards will be presented during National Volunteer Week in June.

For more information go to:-

<http://www.health.govt.nz/new-zealand-health-system/minister-health-volunteer-awards>

The 2017 Minister of Health Volunteer Awards are now open for nominations, and are an opportunity to celebrate the work of volunteers.

