



AOD Provider
Collaborative

ADDICTIONS & MENTAL HEALTH

ANNUAL RESEARCH SYMPOSIUM &
SUPPLEMENTARY WORKSHOPS
13-15 JUNE 2017

Tāmaki Campus, University of Auckland



**MEDICAL AND
HEALTH SCIENCES**
CENTRE FOR ADDICTION RESEARCH

CHAMP

Counties Manukau Mental Health
and Addictions Partnership

The 2017 Addictions & Mental Health Research Symposium is funded by



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AOD Provider
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AOD Provider Collaborative

Funded by Counties Manukau Health since 2009, the AOD Provider Collaborative 'works together to maximise positive outcomes' for people with AOD (alcohol and other drug) issues in Counties Manukau.

The Collaborative brings together members from 17 AOD treatment services, along with other key stakeholders, to plan and implement projects which are aligned with the Counties Manukau mental health and addiction strategy, and improve service delivery to the community.

These system-level initiatives are developed for AOD services, as well as other professional sectors in Counties Manukau who support people with their AOD issues, and have included commissioning research or reports, providing professional development opportunities, and developing written resources.

Counties Manukau Mental Health and Addictions Partnership (CHAMP)

Counties Manukau Mental Health and Addictions Partnership (CHAMP) is a partnership group representing 22 NGOs and clinical provider services in the mental health and addictions sector working across the Counties Manukau region, and contracted by Counties Manukau Health. CHAMP's purpose is to collectively identify and address the fundamental issues that we cannot address by working as individual organisations.

Since its inception in 2003, CHAMP has established initiatives that support efficiencies, improve services and enhance consumer outcomes. Our current work initiatives are centred around: Workforce Development, Sector Development and Social Housing.

By sharing information and creating connections, we hope to build stronger partnerships that will improve the health and wellbeing of tangata whaiora, whānau and communities.

The Centre for Addiction Research (CFAR)

The Centre for Addiction Research (CFAR) is committed to enhancing the health and wellbeing of all New Zealanders by providing sound evidence to inform policy and practice in the understanding, prevention and treatment of addictive consumptions.

The Centre brings together researchers from across the Faculty of Medical and Health Sciences at the University of Auckland who are exploring the effects of dangerous consumptions – such as tobacco, alcohol, other drugs and gambling – on individuals, their families/whānau, communities, and society. Working closely with treatment providers, CFAR's broad, multi-disciplinary approach (from molecular research right through to societal research) brings a unique and practical perspective.



The 2017 Addictions & Mental Health Annual Research Symposium and Supplementary Workshops are proudly funded by Counties Manukau Health.

Getting the most out of the 2017 Addictions & Mental Health Research Symposium:

The purpose of today's Symposium is to give the Counties Manukau mental health and addictions workforce, and other health professionals supporting people living with mental health and addictions issues, an opportunity to learn about recent New Zealand and Australian research that may be of relevance to their practice, to provide an opportunity for the workforce to discuss this research in the light of their own experiences, and to help foster links between researchers and practitioners.

We have asked presenters to particularly focus on the clinical and practical relevance of their research and how it might inform practice. We have also built in discussion time throughout the day to encourage conversations about the relevance and impact of this research on everyday practice.

To cater for the varied interests of our audience, we are providing four breakout sessions that allow for presentations and discussion of research in smaller groups. Each breakout session offers a choice of two concurrent streams. We recommend that you work with your colleagues to ensure your organisation is represented in relevant streams. We will also be recording presentations and making these available online (with slides) where possible, so content can be shared with colleagues who might be unable to attend on the day.

Visit www.aodcollaborative.org.nz for Symposium materials.

[Today's schedule can be viewed on the inside back cover.](#)

Today's programme builds on the success of the 2014, 2015 and 2016 AOD Provider Collaborative Research Symposia. Each year we gather your valuable feedback and endeavour to make enhancements based on this. This year, we are offering an additional keynote plenary session, and have reduced the number of concurrent streams from three to two to make the decision-making easier! However, we've increased the number of sessions, so hopefully you'll be going home full to the brim with some great insights and fresh ideas for your practice. Among the breakout sessions, we are also introducing two practice-initiated sessions, so that you will have an opportunity to hear from colleagues and peers who have embarked on research themselves – what motivated them to consider research, and what they have learnt during the research process.

You will find an evaluation survey tucked inside this programme. Please do complete this to help us with future event planning. We welcome your feedback – thank you!

Once again, this year's Addictions and Mental Health Research Symposium would not be possible without the generous financial support of Counties Manukau Health. We also gratefully acknowledge the support of CHAMP, the Centre for Addiction Research and the School of Population Health at the University of Auckland in the organisation of this event.

Kia ora koutou

It's great to be able to support this year's Addictions and Mental Health Research Symposium. As in previous years we are confident that you will all find real value in taking time out from your busy work to join together in sharing and learning from one another of new research findings in the mental and addiction sector. The networking and collaboration that evolves from this symposium is vital to support our growing workforce develop and enhance our skills, knowledge and expertise. Improving outcomes for those we work with and their experience of care in a "limited" funding environment challenges us all to re-think about what we do and how we do it. New insights that research brings and the translation of these into practice is a key to making progress and achieving our goals.

As always many thanks to all those that are brave enough to present and to the hard work of those who have organized the symposium. We trust the day is a roaring success!



Tess Ahern

General Manager
Integrated Mental Health & Addictions
Counties Manukau Health



Dr Pete Watson

Clinical Director
Integrated Mental Health & Addictions
Counties Manukau Health

Welcome

We are delighted to welcome you all here today to our fourth Research Symposium.

The Addictions and Mental Health Research Symposium has evolved over several years but remains true to its original intention: to provide an opportunity for people working within addiction and mental health services and related fields to hear about innovative research approaches that will inform practice.

In providing opportunities to learn from others with local, regional, national or international perspectives, we like to think that the Symposium also encourages discussions that prompt us to consider new approaches to how we might go about our work and better serve the people who come to us for help.

We invite you to take this moment to build closer relationships with like minded professionals to further develop your individual practice, and to consider enhancements to your service informed by best practice evidence and insights.

Once again, we gratefully acknowledge our Symposium partners the Counties Manukau Mental Health and Addictions Partnership and the Centre for Addiction Research, and our generous funder Counties Manukau Health.

Enjoy your day!



Karyn Munday

General Manager, Southern Region
Connect Supporting Recovery
Co-Chair, AOD Provider Collaborative



Will Ward

General Manager
Improvement & Development, Odyssey
Co-Chair, AOD Provider Collaborative

Tēnā koutou katoa

It is with great pleasure that I welcome you all to the University of Auckland for the fourth Counties Manukau Addictions and Mental Health Research Symposium.

The Centre for Addiction Research is dedicated to conducting research which provides sound evidence to inform policy and practice related to addictive consumptions. With this in mind, we feel privileged to partner with the AOD Provider Collaborative and the Counties Manukau Mental Health and Addiction Partnership (CHAMP) to bring new research to support the work of practitioners and others working in the addictions and mental health fields in Counties Manukau.

Today you will hear about many exciting and relevant research projects, and I encourage you all to take this excellent opportunity to share your thoughts and insights with the presenters and your peers. By sharing our experience and knowledge, and discussing current practice and future directions, we can advance our practice, together.

Kia ora tātou,



Professor Janie Sheridan

Director, Centre for Addictions Research
University of Auckland

Greetings

As Chair of the Counties Manukau Mental Health & Addictions Partnership (CHAMP), I am delighted again to be joining the AOD Provider Collaborative and the University of Auckland in hosting this Research Symposium. Following on from the overwhelming success of previous Symposiums, it is a great opportunity for all of us to learn from the latest research and utilise evidence to enhance our practice and to progress our knowledge and improve services.

By sharing information, creating connections and working together closely, we can do so much more for those we have been entrusted to support.

We hope to build stronger partnerships, significantly increase our focus on health outcomes, as well as support a continuous drive for quality improvement that will improve the health and wellbeing of tangata whaiora, whānau and communities.



Theodora Despotaki

Chair



Professor Peter Adams

University of Auckland

The AOD Provider Collaborative and CHAMP would like to thank Professor Peter Adams for joining us as MC today.

Peter is Deputy Head, School of Population Health and an Associate Director of the Centre for Addiction Research. Peter trained initially as a clinical psychologist and practiced in hospital, community and private practice settings for over 13 years before joining the University of Auckland in 1991. Peter has published four sole-authored books, including most recently, *Moral Jeopardy: Risks of Accepting Money from the Alcohol, Tobacco and Gambling Industries* (Cambridge University Press, 2016). His research interests include: social theory, family impacts of addictions, industry conflicts of interest, and public health approaches to gambling.

We also welcome Faculty of Medical and Health Sciences kaumātua **Hēmi Pene** and thank him for joining us today at the Symposium.

The AOD Provider Collaborative thanks the Research Symposium workgroup for their contribution to this year's Symposium:

Sophie Ball, *Counties Manukau Primary Care Governance Group*

Edit Horvath, *Counties Manukau Mental Health and Addictions Partnership (CHAMP)*

Barbora Klementova, *Emerge Aotearoa: Phoenix Centre*

Raewyn Knowles, *Te Ātea Marinō*

Kitty Ko, *Counties Manukau Health*

Cassandra Laskey, *Counties Manukau Health*

Supriya Maharaj, *Emerge Aotearoa: Phoenix Centre*

Dr David Newcombe, *Centre for Addiction Research, University of Auckland*

Karyn Munday, *Connect Supporting Recovery*

Nicki Paull, *University of Auckland and Odyssey*

Willise Ruha, *Whitiki Maurea: Māori Mental Health & Addictions*

Dr Sean Sullivan, *Abacus*

Debby Sutton, *Odyssey*

Thomas Thompson, *Mahitahi Trust*

Netini Vaeau, *Takanga A Fohe: Pacific Mental Health & Addictions*

Will Ward, *Odyssey*

Donna Williams, *Mahitahi Trust*

**Dr Jack Noone**

Research Fellow, Centre for Social Impact, Australia

Social outcome measurement: What is it, how is it used and who's involved in the journey?

How do we know if we are achieving the intended outcomes for the people we work with? What are the challenges for measuring social outcomes? How is outcome data used to inform policy and practice? These questions are discussed in the context of a collaborative approach to address the complex issues of mental health and addiction. For organisations working in these (and other) areas, it is becoming increasingly important to report on social outcomes to funders and other stakeholders. However, the outcome measurement space is not easy to navigate. This presentation unpacks the key issues using The Compass¹, the Centre for Social Impact's (UNSW Sydney) guide to social impact measurement. It discusses the preliminary steps for a longer journey and the importance of measurement culture, systems thinking, collaboration and shared measurement, for facilitating that journey. Ultimately, the substantial resources needed to implement outcome measurement must be balanced against the potential benefits it carries for programme efficiency and effectiveness in delivering social outcomes. Critical to this process is recognising that different stakeholders (e.g., consumers, case workers, researchers and policy makers) each have a role to play in outcome measurement and how outcome data is used to improve people's lives.

***Dr Jack Noone (PhD)** is a Research Fellow at the Centre for Social Impact, University of New South Wales in Sydney, Australia. He works with the vision to reduce health and employment inequalities, particularly with respect to socioeconomic status, gender and age. Jack is an internationally recognised scholar in retirement planning and has also been awarded competitive funding to undertake research into unpaid caregiving, work ability, the psychosocial work environment, workers' mental health and financial wellbeing. Since joining CSI, he has worked extensively in the development of outcome measurement frameworks with The Salvation Army, the New South Wales (NSW) Police Force, Financial Literacy Australia, the NSW Government and providers of age care. He has also taught in research methods, health psychology, social policy and societal ageing, in Australia and New Zealand.*

¹ www.csi.edu.au/media/uploads/CSI_The_Compass.pdf



Ben Birks Ang

Odyssey and NZ Drug Foundation

1A: The PeerCrowd youth research project: implications for services

Ben Birks Ang, Odyssey and NZ Drug Foundation

Understanding young people is a fundamental, yet often overlooked, part of promoting wellbeing among young people. Too often young people are either seen as a homogenous group or by groups defined by their gender, age or ethnicity, without appreciating anything more about who they are, who they identify with, and what really matters to them. During a life-stage when identity development and “fitting in” is at its most prominent, using a more youth-relevant and effective methodology is crucial to understand how to best support young people. There are still young New Zealanders who do not see schooling, support services, and wellbeing messages as relevant to them and the impacts of this can last a lifetime.

A group of health and social support organisations, led by the AOD Provider Collaborative, worked together with Rescue – a behaviour change agency – to undertake research into peer crowds primarily in Counties Manukau with teenagers (13 to 18 years) and young adults (18 to 25 years). Peer crowds are the macro-level connections between peer groups with similar interests, lifestyles, influences and habits, shared across geographic areas. Come along to hear the findings, and be involved in discussing how we can use these findings to better engage young people.

***Ben** has extensive experience working with young people using drugs and alcohol, and has led the development of treatment and early intervention services for young people in New Zealand. This includes establishing and overseeing school-based, community, and residential drug and alcohol treatment programmes.*

He works as the National Youth Services Adviser for the New Zealand Drug Foundation and Odyssey Trust, and is also the Deputy Chair of dapaanz, the Addiction Practitioners’ Association of Aotearoa New Zealand.

Ben is passionate about empowering communities to create space for young people to grow and develop.



Helen Lockett

Wise Group



Candace Bagnall

Te Pou o te Whakaaro Nui

1B: Using research to inform the actions of the Equally Well collaborative: an evidence update

Helen Lockett, the Wise Group, and Candace Bagnall, Te Pou o te Whakaaro Nui

In 2013, Te Pou o te Whakaaro Nui published *The physical health of people with a serious mental illness and/or addiction: An evidence review* (Te Pou, 2014). This drew together for the first time, the NZ and international evidence on the extent of the mortality and morbidity gap between people who experience mental health issues and/or addiction and the general population, identified the major contributory factors to this health disparity, and the evidence on how to effectively address this gap. At the same time, the Equally Well collaborative was launched. Now a network of more than 100 organisations, predominantly from NZ but also including organisations from overseas, who are all committed to taking action in their sphere of influence to address this health disparity. Four years on, Te Pou are in the process of updating that initial evidence review. This workshop will be the opportunity to hear the findings from the evidence update and an opportunity to discuss what this means for practice and policy.

Helen has been working with Te Pou o te Whakaaro Nui over these four years to initiate and sustain the Equally Well programme of collaborative action. She works on this on a part-time basis alongside her job as strategic policy advisor to the Wise Group. In working on the initial literature review, the evidence for the relatively poor health outcomes for people who experience a mental illness and/or addiction became very clear, and through Equally Well, she is committed to working with others to find ways to improve outcomes. Helen's interest and the focus for much of her work is on connecting research, policy and practice and in particular to address the systemic barriers which create inequalities. Helen has been working in mental health services for nearly 20 years, starting her career as a support worker in a small day service in England, where she saw the positive impact getting a job had on people's lives and learnt how we could offer better support to enable people to fulfil their vocational aspirations. She became interested in service development and research after that and specialised in understanding the evidence base for implementing effective employment support programmes. She has a degree in psychology and a Masters in Business Administration and is currently a doctoral student at the University of Auckland.

Candace has 25 years' experience in using research to inform public health and mental health policy, planning and service development. She has worked in Melbourne in child protection and women's health, was the Director of the Health Promotion Forum for five years, and has held senior leadership positions in regional health authorities and the Ministry of Health. She developed, managed and led the National Depression Initiative for six years. Since leaving the Ministry in 2011, Candace has worked on a range of public health and mental health projects, including at Te Pou o te Whakaaro Nui, on Equally Well. Throughout her working life, Candace has demonstrated a strong commitment to social justice, and specifically, to reducing health inequalities.



Dr Sione Vaka

Massey University

2A: Ūloa: an alternative model of care for mental health services

Dr Sione Vaka, Massey University

The New Zealand Mental Health Survey, Te Rau Hinengaro (Oakley-Browne, Wells, & Scott, 2006), reported that Tongan people have high prevalence rates of mental illness, do not utilise mental health services, and the risks of mental illnesses were different between Tongan people born in Tonga and those who were born in New Zealand. The risks were higher for those who were born in New Zealand. This research explores the meanings of mental illness amongst Tongan people in Aotearoa New Zealand (A/NZ) and asks how they perceive, interpret, construct, define, and conceptualise mental illness.

The Tongan cultural framework *talanoa* was used as a conceptual framework to inform this research and also as a method for collecting the data. This research found that Tongans in New Zealand perceive and interpret mental illness in three ways: through traditional Tongan interpretations, through Western and biomedical influences, and also through an intersection of Tongan interpretations and Western/ biomedical influences.

The research findings, therefore, highlight challenges associated with applying a biomedical linear, individually focused Western mental health system to a traditional Tongan, circular, and collective community in A/NZ. This presentation will discuss the findings of this study and introduce *ūloa*, a cultural model proposed for working with Tongan people experiencing mental distress.

References:

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- Puloka, M. H. (1998). A commonsense perspective on Tongan folk healing. *International Journal of Mental Health*, 26(3), 69-93.
- Vaka, S., Stewart, M., Foliaki, S., & Tu'itahi, M. (2009). Walking Apart But Towards the Same Goal? The View and Practices of Tongan Traditional Healers and Western-Trained Tongan Mental Health Staff. *Pacific Health Dialogue*, 15(1), 89-95.

Sione hails from the Kingdom of Tonga and migrated to New Zealand in 1999. He had been working in different areas of mental health including acute inpatient, crisis services, early interventions, liaison psychiatry, and cultural services. Sione's research interests are mental health, Pacific health, men's health and youth. Sione completed his PhD, exploring the meanings of mental distress amongst Tongan people. He won an Emerging Pacific Researcher Award from Health Research Council in 2016 to test the effectiveness of *ūloa*, a cultural model. Sione is now lecturing at Massey University.



Ian Garrett

Department of Corrections

2B: Comorbid substance use disorders and mental health disorders among New Zealand prisoners

Ian Garrett, Department of Corrections

Offenders are screened for drug and alcohol issues and mental health problems on reception to prison but, these conditions are treated in parallel or serially. Understanding the extent of comorbidity is critical to providing the best possible treatment to the prisoner population. It is acknowledged that diagnosis of comorbid drug/alcohol problems and mental health issues can be difficult, as the symptoms related to drug use and those related to mental health disorders can be confused.

In 2016, the Department of Corrections published one of the most thorough and extensive reviews of substance use and mental health disorders ever undertaken among New Zealand prisoners.

The study, which is the first of its kind undertaken since 1999, involved assessing more than 1200 prisoners across 13 prisons and found that 62 percent of prisoners had some form of mental health or substance abuse disorder in the last 12 months and 20 percent of those had both. These disorders were often undetected or not treated properly.

The results have enabled the Department to support improved delivery of forensic mental health services within prisons; and they will assist the Department in assessing prisoners and ensuring that all forms of treatment, both psychiatric and rehabilitative, are delivered in an integrated way.

***Ian Garrett** joined the Department of Corrections in 2012 when he moved from the UK to New Zealand as a Psychologist. He was appointed as Director Practice Delivery for the Northern Region in 2015 and leads a team of specialists focused on best practice delivery of a range of corrections services: Custodial, Community Corrections, Psychological Services, Health and Case Management.*

Ian began his career in the UK Probation Service in 1995 and after qualifying as a Forensic Psychologist, worked in a number of UK prisons mostly with young male offenders and women. Prior to joining Corrections, Ian worked in a national office role for the National Offender Management Service in the UK, as the Head of High Risk Violence Programmes.



Dr Simon Bennett

Massey University

3A: Culturally Adapted Cognitive Behaviour Therapy for Māori:

What do we know about it and what implications can we draw for the treatment of addictions?

Dr Simon Bennett, Massey University

A strong case can be made for adapting cognitive-behavioral therapy (CBT) for ethnic and cultural minority groups. In North America literature is readily available for CBT practitioners wanting to adapt their practice when working with ethnic minority groups (e.g., Latino, African-American, and Native American groups). In other countries such as New Zealand, literature of this sort is scarce and thus the empirical foundation for CBT adaptation is weak. This presentation describes the development and core tenets of an empirically validated CBT treatment programme (Bennett, Flett & Babbage, 2014, 2016) tailored for Māori clients suffering from depression in New Zealand. In describing this process a series of considerations for clinicians endeavouring to provide culturally competent CBT with culturally diverse populations is identified and organised into four domains. Two case studies are presented to illustrate the practical application of the approach. Links are made and implications will be drawn to the treatment of addiction and how these findings might guide more effective treatment of Māori with addictions.

References:

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- Bennett, S. T.,** Flett, R. A., & Babbage, D. R. (2016). Considerations for Culturally Responsive Cognitive-Behavioural Therapy for Māori With Depression. *Journal of Pacific Rim Psychology*, 10, e8.

Simon completed an undergraduate degree in Psychology and then completed his postgraduate training in Clinical Psychology at Massey University. Upon completion of clinical training Simon worked for several years as a Clinical Psychologist at Te Whare Marie, a Māori Mental Health team that services the greater Wellington region, before returning to academia completing his PhD under the auspices of the HRC Clinical Research Fellowship. Simon is currently a Senior Lecturer at Massey University and has been the Coordinator of Clinical Psychology training at Massey's Wellington campus over the past five years. Simon's Māori whakapapa traces to Te Arawa (Ngāti Whakaue) on his father's side and to Ngāpuhi (Patu Harakeke) and Kai Tahu (Kati Waewae) on his mother's side.



David Prentice

CADS



Dr Vicki Macfarlane

CADS

3B: Practice-initiated research 1:

We're delighted to be able to offer two breakout sessions this year (3B Practice-initiated research 1 and 4B: Practice-initiated research 2), featuring research initiated by practitioners working within addiction and mental health services. These sessions will follow a slightly different format to the other breakout sessions on offer this year.

Our speakers will present a snapshot of their research project (which may be at different stages of completion), but will also share details about their motivations for embarking on the project, as well as insights into challenges, milestones, tips and tricks encountered so far. Following the short presentations by researchers, there will be a combined Q&A.

The Auckland Alcohol Detoxification Outcomes Study

Dr Vicki Macfarlane and David Prentice, CADS

Published studies have consistently shown that the quality of life (QOL) of clients with alcohol dependence is lower than those without alcohol dependence and that QOL tends to improve after detoxification and treatment. QOL worsens after relapse. There is currently no data on the outcomes of clients who have a medicated withdrawal from alcohol in New Zealand.

We commenced the Auckland Alcohol Detoxification Outcomes Study to look at both the outcomes for clients following a withdrawal from alcohol and opportunities for improvement in service delivery.

80 clients admitted to the inpatient unit at Pitman House between March and September 2016 for a medicated alcohol withdrawal were assessed for both severity of alcohol dependence using the SADQ and AUDIT and quality of life using the WHO-QOL BREF tool. Clients will be followed up after 3 months and 1 year. At follow up assessment of alcohol use and a repeat WHO-QOL BREF will be complete. We will present the results from the 3 month follow up.

David Prentice is the Associate Clinical Charge Nurse of the CADS Community and Home Detox Service (CHDS) and has worked at CADS for nearly 12 years. Part of the philosophy of CHDS as with all CADS services focuses on:

- Being client focused
- Evidence based practice

David has an interest in adding to the evidence base for the way service provision outcomes are measured. Current research that David is involved with regarding outcomes from in-patient alcohol detoxification will inform future Medical Detox service delivery.

Dr Vicki MacFarlane is a Fellow of the Royal College of General Practice, with more than 15 years' experience as a General Practitioner. She is also a Fellow of the Chapter of Addiction Medicine with the Royal Australasian College of Physicians. During the last six years, Dr Macfarlane has worked as the Lead Clinician for the Medical Detoxification Services of CADS Auckland.

The CADS Medical Detoxification Service provides inpatient detoxifications in a stand-alone 11 bed unit and community detoxifications via a specialist nursing team, with a catchment area covering the greater Auckland region.



Vicky Totua

CADS



Karen Fraser

CADS

Sensory Modulation: Invaluable skill based tool or misuse of addiction resources?

Vicky Totua and Karen Fraser, CADS

This research aims to evaluate a trial commenced through Medical Detoxification Services at Waitemata District Health Board (WDHB) with the approval of the Community Alcohol and Drug Services (CADS) Clinical Governance. In the Inpatient setting a sensory modulation space and modalities were provided alongside education to clients and staff to determine if sensory modulation is a transferable and effective skill within the specialist area of addiction medicine. Sensory modulation equipment/space was made available within the medical detox inpatient unit (IPU) for clients who were experiencing symptoms of substance withdrawal and/or emotional dysregulation. Initial analysis of results indicated that there is significant improvement in client mood through the use of sensory modulation techniques and an incidental observation of an increase in self-efficacy through the development of skills that assist in self-regulation.

Vicky Totua is a registered nurse who has been working in the field of addiction over the last five years. She is currently based at CADS Auckland with the Community Home Detox Service (CHDS). Vicky holds post graduate qualifications in Educational Leadership and Management, Clinical education and supervision, Mental Health and Addictions and is currently in the process of completing the Master of Health Practice (Mental Health and Addiction) at AUT University.

Karen Fraser is a registered Physiotherapist. She has been working in the addiction field at CADS, for the last six years. Karen works within both the Community and Inpatient detox teams. Karen leads Sensory Modulation through CADS. Karen has previously worked in Paediatrics in the education setting, utilizing similar skills of Sensory Integration.



Left: People's Choice Award Winner: Tupu Team and Takanga A fohe. **Middle:** Judges' Choice Oral Presentation Winner: Raukura o Hauora o Tainui. **Right:** Judges' Choice Poster Presentation Winner: The Cottage CMHC and Mangere Health Centre.

CHAMP 2017 Innovation Awards: Quickfire presentations

Chair: Robert Steenhuisen, Regional Manager, CADS

In 2007, Counties Manukau Health launched the CHAMP Celebrate Innovation and Excellence in Mental Health and Addictions Awards. This year marks the ten year anniversary of the awards as the sector continues to embrace the opportunity to promote and encourage a culture of learning and research.

An invitation to submit an entry to the awards was distributed to people with lived experience of mental distress, staff working in mental health and addiction services, and family/whānau. They were invited to showcase new and improved developments they have been involved in within the Counties Manukau region.

On 31 May, finalists gathered at the MIT Pasifika Community Centre to present their projects showcasing and celebrating improved outcomes for people accessing the services in Counties Manukau Health region through innovation and excellence. Awards were presented for Judges' Choice Oral Presentation (Winner and Runner Up) and Judges' Choice Poster Presentation (Winner and Runner Up), as well as a People's Choice Award (from either the oral or poster categories).

At today's Symposium, we will hear from the People's Choice and Judges' Choice Oral Presentation winners. We also invite you to view the poster entries in the Function Hall.

CHAMP

Counties Manukau Mental Health
and Addictions Partnership



Dr Hester Wilson

Langton Centre, Sydney

4A: Evaluation of a GP and drug and alcohol shared care programme

Dr Hester Wilson, Langton Centre, Sydney

Many GPs find it difficult to care for patients with drug and alcohol issues in the Australian GP setting. While drug and alcohol (D&A) issues are common, affecting all ages and walks of life, many patients with these issues have complex chronic multi-morbidities that make their management challenging. In 2012, a public specialist D&A service in inner city Sydney, Australia set up a GP and drug and alcohol shared care programme (SCP) with local general practices to address this issue. The aim of the programme was:

- To provide support for GPs and their patients in the local area presenting with a range of issues; notably alcohol, prescription drugs, cannabis, opioids and stimulants
- To enhance links and referral pathways for patients
- To build the confidence and expertise of GPs and,
- To change the culture of 'non-co-operation' between general practice and specialist D&A services.

The SCP successfully assisted patients to obtain care in the most appropriate setting. Referral pathways were strengthened and patients remained stable or improved through the programme. This shows that GP and D&A shared care programmes can work well in the Australian setting.

*A Fellow of the Royal Australian College of General Practitioners, **Hester** BMed(Hons) FRACGP FChAM is also a Fellow of the Chapter of Addiction Medicine in the RACP. She completed her Masters in Mental Health in 2013. She has worked in primary health care settings for the last 25 years. She currently works at the Langton Centre in Surry Hills as a Staff Specialist in Addiction and in general practice in Newtown, Sydney. Hester is the chair of the RACGP SI Addiction Medicine Network, clinical advisor to the PRMs programme at the NSW ACI and conjoint lecturer at the University of NSW. She has an interest in improving health outcomes for patients with chronic complex illnesses in the primary care setting. In her role as staff specialist she has developed a GP shared care project aimed at assisting her specialist drug and alcohol service to better engage with general practice leading to better outcomes for patients.*



Jessica Pirie

CADS

4B: Practice-initiated research 2:

Working with Gang Members: Reflections From the AOD Frontline

Jessica Pirie, CADS

Gangs have been a part of the New Zealand social landscape since the 1950s. It is estimated that there are around 4,000 active gang members in New Zealand, which comprise 0.1% of the total population. Over the past six years working for CADS, I have had the opportunity to meet and work with members from multiple gangs. Despite the number of gang members accessing CADS increasing through referrals from both our community probation services and prisons, there is little information available about how AOD clinicians can best support this particular group, and the complex therapeutic needs they can present with.

Guidelines that allow AOD clinicians to better understand the context of gangs in relation to social processes, (norms, beliefs, and values) could aid clinicians in their approach to AOD-focused assessments and groups, similar to other culturally-focused considerations. Greater understanding of gangs has the potential to reduce stigma for clinicians, and in turn remove barriers for gang members, ensuring they are able to safely access and engage with AOD services and have a positive treatment experience. As part of this quick-fire presentation I will share my own experiences with supporting gang members, and why I consider it important to explore how AOD clinicians work with gang members.

Jessica has been employed in the addictions field for the past 12 years, and holds qualifications in psychology and alcohol and drug counselling. Jessica has previously worked for Odyssey House in their Adult and Family Centre programmes. Jessica has been with Community Alcohol and Drug Services for the past 6 years, and her current role features a primary focus on supporting clients accessing AOD counselling through a corrections-based pathway. Jessica's work is based at various community probation sites in the South Auckland area through groups and individual counselling, and more recently at Wiri Men's Prison (Auckland South Correctional Facility).



Carina Walters

University of Auckland

Exploring the experiences of people with pharmaceutical opioid dependence: A longitudinal qualitative study

Carina Walters, University of Auckland

Populations of consumers seeking treatment for opioid dependence have changed substantially in recent years. A significant proportion of those now entering treatment have developed their addiction through legitimate prescription or over-the-counter opioid access. Whilst the experiences of people who consume illicit opioids have been explored, little is known about those of people with non-illicit backgrounds to opioid use when accessing treatment. This presentation will describe a research project which aims to elicit the experiences of non-illicit opioid consumers when accessing treatment, and it is expected that the findings of this study will assist opioid treatment services in NZ to deliver treatment that is both accessible and appropriate for this consumer group.

Carina Walters is a PhD candidate at the University of Auckland studying prescription and over-the-counter opioid dependence, and has previously held a role as senior addictions pharmacist at Community Alcohol and Drug Services in Auckland. She has been an investigator in addiction studies ranging from the treatment of amphetamine dependence to the potential role of community pharmacists in extending health services offered in conjunction with opioid substitution treatment.



Debra Gerrard

AUT

The experience of taiohe and their whānau when admitted to acute mental health services with drug and or alcohol issues.

Debra Gerrard, AUT

Methodology

Indigenous and kaupapa Māori research methodology using decolonisation.

Research design

Data collection: 17 face to face interviews (7 taiohe, 5 whānau, 5 informants) were conducted. A change in research design was necessary to recruit hard to reach individuals.

Data analysis: Thematic inductive analysis (still in progress).

Taiohe (Māori youth 16-24y) are our future kaumātua. They make up over half the total Maori population and half the New Zealand youth population. Therefore, it is essential to sustain taiohe health and wellbeing to support the future of Māoridom in Aotearoa, New Zealand. However, recent evidence suggests a high prevalence of mental health and addiction issues compromise taiohe lifespan development, mental and physical wellbeing. Coupled with substance misuse, poor access to mental health services and non-completion of treatment exacerbates the burden of mental illness for generations to come (Ministry of Health, 2008; Patel, Flisher, Hetrick, & McGorry, 2007). Addressing taiohe mental health and substance misuse now is essential for long-term mental health gain and effective life span development. It is crucial taiohe are supported to fulfill their potential and contribute fully to the development of their communities, hapū and or iwi.

Debra is Te Rarawa Te Apouri descent and has worked as a registered comprehensive nurse for over 30 years. She began working in Australia as a care giver in gerontology in the late 1970's and completed a Nurse Aid Course in the old hospital system in the early 1980's. She returned to New Zealand in the late 1980's and began working in acute medical and infectious diseases. Debra moved into public health/community and whanau ora nursing and went back into the hospital system into CNS and CNE roles. In the last ten years, she has worked in mental health.



Professor Suzanne Fraser

National Drug Research Institute, Australia

Rethinking addiction: Promoting understanding and reducing stigma

Professor Suzanne Fraser, National Drug Research Institute, Australia

Definitions of addiction have never been more hotly contested. The advance of neuroscientific accounts has not only placed into public awareness a highly controversial explanatory approach, it has also shed new light on the diversity of opinion among the many experts who contest it (Fraser, 2015). Proponents argue that calling addiction a 'brain disease' is important because it is destigmatising. Many critics of the neuroscientific approach also agree that disease models can be destigmatising. Considered from the point of view of the sociology of health and illness, the idea that labelling something a disease will alleviate stigma is a surprising one. Disease, as demonstrated in that field of research, is routinely stigmatised. In this presentation I take up the issue of stigma as it plays out in relation to addiction. To do so I draw on a range of research I have conducted in recent years. I begin by discussing addiction screening and diagnostic tools, showing that they do not achieve the objectivity and reliability with which they are usually credited (Dwyer and Fraser, 2016, and under review). Next, analysing recently collected interviews conducted with people in Australia who have been diagnosed with, or consider themselves to have, an alcohol or other drug addiction, dependence or habit, I explore their accounts of stigma, finding experiences of stigma to be extremely common and strikingly diverse (Fraser et al. in press). Examples of these experiences will be presented with the aid of the public website produced from the project, Livesofsubstance.org. Given that, as has been found in previous research, accepting an addiction diagnosis is sometimes a key gateway to services (Moore and Fraser, 2013), I then ask what we need to do to reduce addiction-related stigma. The answer to this question, as I will argue, is not straightforward. Stigma is not simply a stable marker of some kind of self-evident difference between people. At least in the case of addiction stigma, it can be described as a bio-political process – a process in which the body becomes the site of regulation through which proper, productive citizens are produced. From this point of view we need to consider what addiction stigma achieves, whether the very problematisation of 'addiction' in the first place constitutes a stigma process, and if so, what changes must be made for this form of stigma to be overcome.

References:

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Ben Birks Ang

Odyssey and NZ Drug Foundation



Darryl Bishop

Connect Supporting Recovery

Rethinking addiction and mental health: working towards better understanding and inclusion in the New Zealand context

Access to and use of addiction and mental health services are often hindered by varying experiences of stigma – individual, structural and social. As service providers and/or service users, we each have our own experiences of stigma and discrimination.

This panel discussion will explore different perspectives on how we might go about working differently together to enhance understanding and reduce stigma in relation to use of substances and experience of mental health concerns.

Panellists:

Ben Birks Ang, (CHAIR), Odyssey and NZ Drug Foundation *(Please see Ben's bio on page 6)*

Darryl Bishop, Connect Supporting Recovery

Professor Suzanne Fraser, NDRI

Dr Claire Meehan, University of Auckland

Suzy Morrison, Matua Raki

Brody Runga, Odyssey

Gilbert Taurua, NZ Drug Foundation

Darryl Bishop is the CEO of Connect Supporting Recovery and Changeability. He has qualifications in mental health and psychology, and has led large-scale health projects and organisations in England and New Zealand. He has been in New Zealand since 1999, holding leadership roles in central government and in both the DHB and NGO sector during this time.

Darryl has worked in mental health for 25 years and is passionate about changing the way society responds to mental health and addiction. For five years he managed the award winning Like Minds, Like Mine campaign aimed at reducing the stigma and discrimination experienced by people with mental health problems. In 2010 he joined the New Zealand Heart Foundation where he made significant changes to how the organisation structured its regional fund raising and health promotion presence, before returning to his passion of mental health taking on the CEO role at Connect in 2014. Darryl is committed to changing how we work as a sector, as the current configuration does not work well enough for service users, families, providers or funders.



Professor Suzanne Fraser
NDRI



Dr Claire Meehan
University of Auckland



Suzy Morrison
Matua Raki

Professor Suzanne Fraser. Please see page 20 for Suzanne's bio.

Dr Claire Meehan is a Lecturer in Criminology at the University of Auckland. Her research interests include young people's drug use, including their use of the internet to find out information about drugs, disseminate information, purchase drugs and engage with existing drug users.

Claire is interested in drug education in schools and how this drug education can inadvertently perpetuate stigma towards people who use drugs, thus reinforcing the wider War on Drugs. She advocates for harm reduction as a more appropriate mechanism of informing young people about drugs.

At the University of Auckland, Claire teaches in the areas of Critical Studies in Policing (Undergraduate), Crime, Media and Society (Undergraduate) and Cybercrime (Postgraduate).

Suzy Morrison is the Project Lead with responsibility for consumer projects with Matua Raki, the Aotearoa, New Zealand National Addiction Workforce Development Centre within Te Pou o te whakaaro nui.

Suzy has lived experience of addiction and long term recovery. In early recovery, Suzy trained as a social worker and worked for several years as part of the Community AIDS Resource Team (CART) supporting people living with and affected by HIV. During her time with CART, Suzy trained as a counsellor and went on to work as a practitioner in the addiction sector for fifteen years. She has worked in a range of services including Higher Ground, a residential treatment centre, and Auckland Community Alcohol and Drug Service (CADS), a large outpatient service. During her time at CADS, Suzy specialized in working with older people and with family and friends affected by someone else's use of AOD.

Suzy joined the Matua Raki team in August 2013 in a project lead role, participating in and supporting the development of the addiction peer and consumer workforce in New Zealand.



Brody Runga

Odyssey



Gilbert Taurua

NZ Drug Foundation

Brody Runga provides Consumer Leadership for Odyssey with a strong focus on client participation strategy and capacity.

Brody has worked in Consumer roles for the last seven years and brings Consumer participation to both the Counties Manukau AOD Provider Collaborative and DRIVE Consumer Direction Counties Manukau.

Brody is passionate about positive pathways to well-being, especially through creativity and peer to peer approaches. He views his lived experience of mental health and substance use disorders as a Rite of Passage that gifted the seeds of confidence, sensitivity, wisdom and compassion.

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Gilbert Taurua, MPHA, BA (Hons) and Graduate Dip Social Work, University of Canterbury, New Zealand, has 30 plus years' experience working across the broader health, social services, education and justice sectors.

Gilbert has worked extensively within the Māori health sector and has worked in the alcohol and drug area, including mental health. He has significant governance experience, including policy, practice, research and evaluation. Gilbert is currently Principal Adviser with a specific focus on Māori drug policy reform for the New Zealand Drug Foundation.

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8.30	REGISTRATION	
8.55	<i>Move into lecture theatre</i>	
9.00	Karakia - University of Auckland kaumātua - Hēmi Pene	
	Welcome and introduction to the day from Professor Peter Adams , Deputy Head of School of Population Health; Associate Director Centre for Addiction Research, University of Auckland	
8.55	Welcome from Counties Manukau Health Dr Pete Watson, Clinical Director, Integrated Mental Health and Addictions Services	
9.20	MORNING KEYNOTE: Social outcome measurement: What is it, how is it used and who's involved in the journey? Dr Jack Noone, Research Fellow, Centre for Social Impact, University of New South Wales, Australia	
10.15	<i>Move to concurrent sessions</i>	
10.20	CONCURRENT SESSION 1 STARTS	
	1A: The PeerCrowd youth research project: implications for services Ben Birks Ang, Odyssey and NZ Drug Foundation	1B: Using research to inform the actions of the Equally Well collaborative: an evidence update Helen Lockett, the Wise Group and Candace Bagnall, Te Pou o te Whakaaro Nui
11.05	MORNING TEA	
11.25	<i>Move to concurrent sessions</i>	
11.30	CONCURRENT SESSION 2 STARTS	
	2A: Ūloa: an alternative model of care for mental health services Dr Sione Vaka, Massey University	2B: Comorbid substance use disorders and mental health disorders among New Zealand prisoners Ian Garrett, Department of Corrections
12.10	<i>Move to concurrent sessions</i>	
12.15	CONCURRENT SESSION 3 STARTS	
	3A: Culturally Adapted Cognitive Behaviour Therapy for Māori: What do we know about it and what implications can we draw for the treatment of addictions? Dr Simon Bennett, Massey University	3B: Practice-initiated research 1 The Auckland Alcohol Detoxification Outcomes Study Dr Vicki Macfarlane and David Prentice, CADS Sensory Modulation: Invaluable skill based tool or misuse of addiction resources? Vicky Totua and Karen Fraser, CADS
13.00	LUNCH	
13.45	CHAMP INNOVATION AWARDS: QUICKFIRE PRESENTATIONS	

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14.15	<i>Move to concurrent sessions</i>	
14.20	CONCURRENT SESSION 4 STARTS	
	4A: Evaluation of a GP and drug and alcohol shared care programme Dr Hester Wilson, Langton Centre, Sydney	4B: Practice-initiated research: Working with Gang Members: Reflections From the AOD Frontline Jessica Pirie, CADS Exploring the experiences of people with pharmaceutical opioid dependence: A longitudinal qualitative study Carina Walters, University of Auckland The experience of taiohe and their whānau when admitted to acute mental health services with drug and or alcohol issues Debra Gerrard, AUT
15.00	<i>Move to afternoon keynote and panel discussion</i>	
15.05	AFTERNOON KEYNOTE: Professor Suzanne Fraser, National Drug Research Institute, Australia Rethinking addiction: Promoting understanding and reducing stigma	
15.45	PANEL DISCUSSION: Rethinking addiction and mental health: working towards better understanding and inclusion in the New Zealand context Ben Birks Ang (CHAIR), Odyssey and NZ Drug Foundation Darryl Bishop, Connect Supporting Recovery Professor Suzanne Fraser, NDRI Dr Claire Meehan, University of Auckland Suzy Morrison, Matua Raki Brody Runga, Odyssey Gilbert Taurua, NZ Drug Foundation	
16.25	THANKS AND CLOSE	

The following supplementary workshops are also available with the Symposium:

	TUESDAY 13 JUNE
10.00–12.00	Pacific Research Forum , facilitated by Associate Professor Vili Nosa and Dwayne Faletanoai
	THURSDAY 15 JUNE
9.00-12.00	Māori Research Wānanga , facilitated by Terry Huriwai
10.00-12.00	Establishing a GP/specialist drug and alcohol shared care programme , facilitated by Dr Hester Wilson
12.30-15.30	An applied approach to outcomes measurement , facilitated by Dr Jack Noone
12.30-14.30	Harm reduction needs and strategies for couples who inject drugs , facilitated by Professor Suzanne Fraser and Professor Carla Treloar

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