## 5. MENTAL HEALTH COMMUNITY TRAINING

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The purpose of this report is to inform Board members of the mental health training co-ordinated for community workers in Spreydon/Heathcote Board area, and delivered by the Mental Health Foundation.

This project contributes to meeting the Council's Social Well-being Policy and to creating healthy communities.

### **BACKGROUND**

Changes in care of people with mental illness (consumers) and deinstitutionalisation came into effect in the 1970s. At that time provision had not been made for the needs of consumers within the community. As this became apparent, local church groups developed community services to meet the needs of consumers and many of these services are still operating today. The Government then began funding community services and local non-government organisations (NGOs).

## **STATISTICS**

- One in five New Zealanders have mental illness.
- Three per cent of the New Zealand population have serious on-going mental illness.
- Four to twenty per cent of other New Zealanders are being seen by primary health professionals (eg. GPs).
- Depression will be the second leading cause of disability worldwide by 2020.
- Youth mental health problems are being highlighted.
- There are issues of access to services for young people, Maori and Pacific peoples.
- The mental health services are required to provide services for 3% of the population, but are only funded for approximately 1.7%.
- Emphasis from Ministry of Health and Mental Health Commission for services to work using strengths or recovery model, as it empowers people with experience of mental illness.

# **MENTAL HEALTH FOUNDATION**

The Mental Health Foundation (MHF) promote good health for all New Zealanders. They have projects such Like Minds Like Mine (to counter stigma and discrimination), SPINZ (youth suicide prevention), Youth Mental Health, training around mental illness, promotion of mentally healthy schools, promoting mentally healthy workplaces, upskilling and training for consumers and families, and presenting a positive face about mental illness.

## **CURRENT SITUATION**

The focus on people with mental illness living as independently as possible within the community means that people are accessing a wider range of community services, eg recreation, spiritual and support groups.

The diversity of groups working with mental health consumers ranges from small volunteer groups, such as the cottages or community gardens, to larger groups such as Women's Refuge, Lifeline or church groups.

However, many of these groups have not had the opportunity of training for working with this specialised population.

It was with this in mind that training needs were identified and a process of specific needs and how these could be best met was undertaken.

The MHF, in consultation with local groups, created a training package of eight 1.5 hour sessions. The training covered all types of mental illness, useful strategies, stigma and discrimination, Maori perspective on working with consumers, networks of mental health service providers, including how to seek further information, knowledge and appropriate referral, and had a regular attendance of 12 to 15 people. The MHF will undertake an evaluation at the completion of the training course in August 2003.

Mental health awareness requires education in many sectors, including social services and community-based organisations. Unfortunately, Canterbury District Health Board (CDHB) training funding to the MHF has only been contracted for services which already receive mental health funding, which means that other community groups are not able to access this training.

Demographic information shows that groups experiencing economic and social disadvantage have higher mental health problems than other groups. Research shows that low socio-economic status and poverty, in particular, make it more difficult for people to maintain good mental health.

## **FUNDING**

The cost of providing this training (eight sessions of 1.5 hours each) is \$2,160 for a group of 12 to 15 people. This training began in March 2003, with the MHF picking up the full cost. However, as previously outlined, they are unable to provide any further requests for training from groups that are not specifically funded for mental health services already.

The benefits of this training go beyond those attending, with wider benefits to the community.

### WHERE TO FROM HERE?

This training was, in a sense, a pilot. It was developed initially for specific community groups that indicate the need.

Based on past success, it is envisaged there may be future need to run additional programmes in the community.

It is important that education is available for the wider community, particularly key workers, so they can understand and be better able to respond to people in their environment with mental illness.

#### Staff

**Recommendation:** That the information be received.